

Subject: Studies in the News: (February 16, 2010)



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 Health 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](#)

Mental health articles and e-books are also available at the California State Library

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 section (916-654-0261; cslinfo@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 IN THIS ISSUE

AMERICAN PSYCHIATRIC ASSOCIATION

[American Psychiatric Association Announces Draft of DSM-V](#)

CHILDREN AND ADOLESCENTS

[Bi-Polar Children and New Diagnosis](#)

[Identification & Treatment of Adolescent Depression](#)

CRIMINAL JUSTICE SYSTEM AND MENTAL ILLNESS

[Addressing the Needs of Justice Involved People with Mental Illness](#)

[Persons Treated for Schizophrenia in Criminal Justice System](#)

DISPARITIES

[Disparities in the Treatment of a Medicaid Population with Schizophrenia](#)

ELDER ABUSE

[The National Elder Mistreatment Study](#)

ELECTRONIC HEALTH RECORDS

[Electronic Health Records in the Age of Social Networks](#)

[Health Care IT](#)

[Impact of Health Information Technology on the Quality of Health Care](#)

HEALTH CARE REFORM

[Health Spending Projections Through 2019](#)

IMMIGRANTS AND HEALTH CARE

[Trends in Health Care Spending for Immigrants in the United States](#)

MENTAL HEALTH RESEARCH

[Mental Health Research Findings](#)

[Mental Illness and Well-Being](#)

PRIMARY CARE

[General Practitioners' Opinions on Improving Treatment of Mental Illness](#)

[Positive Screens for Psychiatric Disorders in Primary Care](#)

RECOVERY AND MENTAL ILLNESS

[Family Network Support and Mental Health Recovery](#)

SUBSTANCE ABUSE

[Illicit Drug Use among Older Adults.](#)

[Perceptions of Risk from Substance Use among Adolescents](#)

SUICIDE PREVENTION

[Gatekeeper Suicide Prevention Program in a School Setting](#)

[Emotional Impact of a Suicide-Based Prevention Program](#)

VETERANS

[Effects of Repeated Deployment to Iraq and Afghanistan on Troops](#)

GRANT INFORMATION/FUNDING INFORMATION

CONFERENCES, MEETINGS, WEBINARS

*******[California Working Families Summit](#)

[23rd Annual Children's Mental Health Research Conference](#)

[40th National Mental Health and Addictions Conference and Expo](#)

[43rd American Association of Suicidology Annual Conference](#)

AMERICAN PSYCHIATRIC ASSOCIATION

American Psychiatric Association (APA) Announces Draft Diagnostic Criteria for the DSM-5. By Chris Fisher, Behavioral Medicine Report. IN: Behavioral Report. (February 10, 2010) pp 1-2.

[“The American Psychiatric Association (APA) today released the proposed draft diagnostic criteria for the fifth edition of Diagnostic and Statistical Manual of Mental Disorders (DSM). The draft criteria represent content changes under consideration for DSM, which is the standard classification of mental disorders used by mental health and other health professionals, and is used for diagnostic and research purposes.”]

Full text at:

http://www.bmedreport.com/archives/9351?utm_source=feedburner&utm_medium=email&utm_campaign=Feed%3A+TheBehavioralMedicineReport+%28The+Behavioral+Medicine+Report%29

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

CHILDREN AND ADOLESCENTS

Children Labeled Bi-Polar May Get New Diagnosis. By Alix Spiegel, National Public Radio. (NPR, Washington, D.C.) February 10, 2010 3 p.

[“Since the mid-1990s, the number of children diagnosed with bipolar disorder has increased a staggering 4,000 percent. And that number has caused a lot of controversy in the world of child psychiatry. Doctors faced with kids struggling with explosive moods felt the diagnosis was appropriate and said that the bipolar medications they gave to children worked. Research psychiatrists worried that the children were being given a label that wasn't right for them, and saddled with the sentence of a serious mental illness for the rest of their lives. In a move that could potentially change mental health practice all over America, the American Psychiatric Association has announced that it intends to include a new diagnosis in its upcoming fifth edition of the Diagnostic and Statistical Manual — and hopes that new label will be used by clinicians instead of the bipolar label. The condition will be called temper dysregulation disorder, and it will be seen as a brain or biological dysfunction, but not as a necessarily lifelong condition like bipolar.”]

Reworking the Book of Mental Disorders

When clinicians see a patient with mental health issues, part of their job is to determine if the patient is experiencing temporary emotional struggles or if the patient has an illness. To do this, doctors rely on the bible of psychiatry, a book called the Diagnostic and Statistical Manual of Mental Disorders. The DSM lists all the mental disorders recognized by the American Psychiatric Association.

The book is also used by insurance companies to decide which treatments they'll pay for, and by courts to help determine insanity or other mental conditions.

The APA is releasing a new draft of the DSM Wednesday, the first major revision since 1994. This latest version of the book, the DSM-V, proposes some significant changes to the following disorders: [Asperger's Syndrome](#) ["Cutting"](#) [Binge Eating](#) .}

Full text at:

<http://www.npr.org/templates/story/story.php?storyId=123544191>

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

Improving Early Identification & Treatment of Adolescent Depression: Considerations and Strategies for Health Plans. By the National Institute for Health Care Management Foundation. NIHCM Foundation Issue Brief. (The Foundation, Washington, D.C.) February 2010. 20 p.

[“According to a review by the National Adolescent Health Information Center, the most common mental health disorder among adolescents is depression with over 25 percent of adolescents affected by at least mild symptoms. Mental health problems pose significant financial and social burdens on the individual as well as on families and society. Adolescents with unidentified mental disorders are in poorer physical health and engage in more risky behaviors than their peers, such as unsafe sexual activity, fighting and weapon carrying. These youths are also at the highest risk for committing suicide; studies indicate that 90 percent of teens who die by suicide were suffering from an identifiable mental disorder at their time of death, typically depression.³ Early identification and treatment can prevent the loss in productivity and high medical costs of depressed individuals, as well as the associated burdens on family members and caregivers.

Improving Early Identification and Treatment of Adolescent Depression: Considerations and Strategies for Health Plans reviews recommendations and tools for primary care health professionals to identify and treat adolescent depression and shares opportunities for health plans to support them. The issue brief was produced by the National Institute for Health Care Management Research and Educational Foundation with support from the Health Resources and Services Administration's Maternal and Child Health Bureau in support of the goals of the National Initiative to Improve Adolescent Health by 2010, a collaborative effort to improve the health, safety, and well-being of adolescents and young adults. Topics include the prevalence of adolescent depression, consequences of unidentified depression, and costs of screening and treatment. Graphs, charts, and tables present data from a variety of sources, as well as information on how to access selected screening tools.”]

Full text at:

http://nihcm.org/pdf/Adol_MH_Issue_Brief_FINAL.pdf

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

CRIMINAL JUSTICE SYSTEM AND MENTAL ILLNESS

CALL TO ACTION: Ending an American Tragedy: Addressing the Needs of Justice Involved People with Mental Illnesses and Co-Occurring Disorders. By the National Leadership Forum on Behavioral Health/Criminal Justice Services. (The Forum, Rockville, Maryland) September 2009. 8 p.

[“The National Leadership Forum on Behavioral Health/Criminal Justice Services (NLF) was established in 2008 to address common barriers to successful diversion and reentry – the lack of accessible, quality and appropriate services that help individuals remain and succeed in the community. Forum members represent leading experts in the fields of criminal justice, consumer advocacy, and mental health. These individuals are consumers, directors and CEOs of national consumer organizations, judges and public defenders, mental health practitioners, state mental health agency representatives, state department of corrections directors, and other national leaders in the field. Meetings are used to review the condition of the criminal justice and mental health systems, draft methods for improving key areas of these two systems, organize materials and documents created by the NLF for dissemination, and review the impact these documents have on fostering change in criminal justice/mental health policy and practice at the federal, state, and community levels....

The first report, *Ending an American Tragedy: Addressing the Needs of Justice-Involved People with Mental Illnesses and Co-Occurring Disorders*, provides 4 recommendations for immediate action. These recommendations include:

- The President should appoint a Special Advisor for Mental Health/Criminal Justice Collaboration;
- Federal Medicaid policies that limit or discourage access to more effective and cost-efficient health care services for individuals with serious mental illnesses and co-occurring substance use disorders should be reviewed and action taken to create more efficient programs;
- All States should create cross-system agencies, commissions, or positions charged with removing barriers and creating incentives for cross-agency activity at the State and local level; and
- Localities must develop and implement core services that comprise an *Essential System of Care*;

Each year the report will be updated to provide details on the state of the field and make further recommendations for action. The NLF will meet once a year to track the progress of the recommendations made from previous years and suggest areas for improvement.”]

Full text at:

<http://gainscenter.samhsa.gov/html/nlf/pdfs/AmericanTragedy.pdf>

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

“Involvement in the US Criminal Justice System and Cost Implications for Persons Treated for Schizophrenia.” By Haya Ascher-Svanum and others, Elli Lilly & Company. IN: BMC Psychiatry, vol. 10, no. 11 (January 28, 2010) pp. 1-31.

[“Individuals with schizophrenia may have a higher risk of encounters with the criminal justice system than the general population, but there are limited data on such encounters and their attendant costs. This study assessed the prevalence of encounters with the criminal justice system, encounters, and the estimated cost attributable to these encounters in the one-year treatment of persons with schizophrenia.

Methods

This post-hoc analysis used data from a prospective one-year cost-effectiveness study of persons treated with antipsychotics for schizophrenia and related disorders in the United States. Criminal justice system involvement was assessed using the Schizophrenia Patients Outcome Research Team (PORT) client survey and the victimization subscale of the Lehman Quality of Life Interview (QOLI). Direct cost of criminal justice system involvement was estimated using previously reported costs per type of encounter. Patients with and without involvement were compared on baseline characteristics and direct annual health care and criminal justice system-related costs.

Results

Overall, 278 (46%) of 609 participants reported at least 1 criminal justice system encounter. They were more likely to be substance users and less adherent to antipsychotics compared to participants without involvement. The 2 most prevalent types of encounters were being a victim of a crime (67%) and being on parole or probation (26%). The mean annual per-patient cost of involvement was \$1,429, translating to 6% of total annual direct health care costs for those with involvement (11% when excluding crime victims).

Conclusions

Criminal justice system involvement appears to be prevalent and costly for persons treated for schizophrenia in the United States. Findings highlight the need to better understand the interface between the mental health and the criminal justice systems and the related costs, in personal, societal, and economic terms.”]

Full text at:

<http://www.biomedcentral.com/content/pdf/1471-244x-10-11.pdf>

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

DISPARITIES

“Racial and Ethnic Disparities in the Treatment of a Medicaid Population with Schizophrenia.” By Marcela Horvitz-Lennon, University of Pittsburgh Medical School, and others. IN: Health Services Research, vol. 44, no. 6 (December 2009) pp. 2106-2122.

[“Objective. To assess *health* care disparities among black and Latino adults with schizophrenia receiving services during the period July 1994–June 2006, and to evaluate trends in observed disparities. Data Sources. Administrative claims data from the Florida *Medicaid* program. Data sources included membership files (demographic information), medical claims (diagnostic, service, and expenditure information), and pharmacy claims (prescriptions used and expenditures). Study Design. We identified adults with at least two schizophrenia claims during a fiscal year. We used generalized estimating equation models to estimate disparities in spending on psychotropic drugs, psychiatric inpatient services, all *mental health* services, and all *health* services. Principal Findings. Spending on psychotropic drugs, *mental health*, and all *health* was 0.9–70 percent lower for blacks and Latinos than for whites. With the exception of blacks with substance use disorder comorbidity, minorities were less likely than whites to use psychiatric inpatient services. Psychiatric inpatient spending among users did not differ by race/ethnicity. With the exception of psychiatric inpatient utilization/spending, trend analyses showed no change or modest reductions in disparities. Conclusions. Black and Latino *Medicaid* recipients diagnosed with schizophrenia experience *health* care disparities. Some but not all disparities narrowed modestly over the study period.”]

Full text at:

<http://search.ebscohost.com/login.aspx?direct=true&db=a9h&AN=45163297&site=ehost-live>

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

ELDER ABUSE

“Prevalence and Correlates Emotional, Physical, Sexual, and Financial Abuse and Potential Neglect in the United States: The National Elder Mistreatment Study.” By Ron Aciero and others, Medical University of South Carolina. IN: *American Journal of Public Health*, vol. 100, no. 2 (February 2010) pp. 292-297.

[“Objectives. We estimated prevalence and assessed correlates of emotional, physical, sexual, and financial mistreatment and potential neglect (defined as an identified need for assistance that no one was actively addressing) of adults aged 60 years or older in a randomly selected national sample.

Methods. We compiled a representative sample by random digit dialing across geographic strata. We used computer-assisted telephone interviewing to standardize collection of demographic, risk factor, and mistreatment data. We subjected prevalence estimates and mistreatment correlates to logistic regression.

Results. We analyzed data from 5777 respondents. One-year prevalence was 4.6% for emotional abuse, 1.6% for physical abuse, 0.6% for sexual abuse, 5.1% for potential neglect, and 5.2% for current financial abuse by a family member. One in 10 respondents reported emotional, physical, or sexual mistreatment or potential neglect in the past year. The most consistent correlates of mistreatment across abuse types were low social support and previous traumatic event exposure.

Conclusions. Our data showed that abuse of the elderly is prevalent. Addressing low social support with preventive interventions could have significant public health implications.”]

Full text at:

<http://search.ebscohost.com/login.aspx?direct=true&db=a9h&AN=47521826&site=ehost-live>

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

ELECTRONIC HEALTH RECORDS

“Electronic Health Records in the Age of Social Networks and Global Telecommunications.” By Aviv Shachak and Alejandro R. Jadad, University of Toronto. IN: Journal of the American Medical Association, vol. 303, no. 5 (February 3, 2010) pp.452-453.

[“ON AUGUST 20, 2009, THE US GOVERNMENT announced \$1.2 billion in new grants as part of the American Recovery and Reinvestment Act to promote “meaningful use” of electronic health records (EHRs) by all individuals in 2011,¹ and to support the development of mechanisms for information sharing through EHRs in the United States. This investment is happening at a time of massive reduction in the costs of data collection, exchange, and storage; of convergence of technologies; and massive public adoption of smart telephones and online social media.

In this Commentary, we propose some components for consideration during the development of the EHR network that will emerge in the United States. This proposal recognizes that these important trends create a unique opportunity for the emergence of a national system of interconnected EHRs in the United States and for a rethinking of how EHRs are constructed and used, and to promote a truly people-centered health care system.² This proposed framework includes 7 components based on resources and knowledge that exist today, and may contribute to current efforts to provide the public with access to tools that meet the public’s needs and expectations.”] **NOTE: Please contact the CA State Library for an electronic copy of this article.**

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

“Health Care IT: Supporting Cost Efficiencies in Tough Times.” By Bruce Hochstadt and David Keyt, Mercer’s Total Management Practice. IN: Benefits Quarterly, vol. 25, no. 4 (Fourth Quarter 2009) pp. 7-9.

[“An *electronic* medical *records* (EMR) system is a key information technology that will help lead to management information systems that go a long way in attacking *health* care inflation. This article explains some the ways EMR can be used to drive these efficiencies, especially given the recent shift in workforce demographics. These efficiencies include increasing prescription drug compliance, reducing gaps in care, and providing safe redirection from the emergency room to other more appropriate care

settings. The authors assert that even though the larger role of information technology is not so easily heard amid the ongoing private/public debate about U.S. *health* care reform, it nonetheless is essential to controlling *health* care costs and establishing new frontiers of efficiency and innovation.”]

Full text at:

<http://search.ebscohost.com/login.aspx?direct=true&db=a9h&AN=44959682&site=ehost-live>

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

“The Impact of Health Information Technology on the Quality of Medical and Health Care: A Systematic Review.” By Aziz Jamal and others, Queensland University of Technology, Australia. IN: *Health Information Management*, vol. 38, no. 3 (2009) pp. 26-37.

[“The aim of this study was to systematically review the published evidence of the impact of *health* information technology (HIT) or *health* information systems (HIS) on the quality of healthcare, focusing on clinicians' adherence to evidence-based guidelines and the corresponding impact this had on patient clinical outcomes. The review covered the use of *health* information technologies and systems in both medical care (i.e. clinical and surgical) and other areas such as allied *health* and preventive services. Studies were included in the review if they examined the impact of *Electronic Health Record* (EHR), Computerized Provider Order-Entry (CPOE), or Decision Support System (DS); and if the primary outcomes of the studies were focused on the level of compliance with evidence-based guidelines among clinicians. Measurements considered relevant to the review were either of changes in clinical processes resulting from a change of the providers' behavior, or of specific patient outcomes that demonstrated the effectiveness of a particular treatment given by providers. Of 23 studies included in the current review, 17 assessed the impact of HIT/HIS on *health* care practitioners' performance. A positive improvement, in relation to their compliance with evidence-based guidelines, was seen in 14 studies. Studies that included an assessment of patient outcomes, however, showed insufficient evidence of either clinically or statistically important improvements. Although the number of studies reviewed was relatively small, the findings demonstrated consistency with similar previous reviews of this nature in that wide scale use of HIT has been shown to increase clinician's adherence to guidelines.”]

Full text at:

<http://search.ebscohost.com/login.aspx?direct=true&db=a9h&AN=44900511&site=ehost-live>

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

HEALTH CARE REFORM

Health Spending Projections Through 2019: The Recession’s Impact Continues. By <http://www.ahrq.gov/research/mentalth.pdf> Christopher J. Truffer and others,

Centers for Medicare and Medicaid Services. IN: Health Affairs, Web First Edition (February 2010) 6 p.

[“The economic recession and rising unemployment—plus changing demographics and baby boomers aging into Medicare—are among the factors expected to influence health spending during 2009–2019. In 2009 the health share of gross domestic product (GDP) is expected to have increased 1.1 percentage points to 17.3 percent—the largest single-year increase since 1960. Average public spending growth rates for hospital, physician and clinical services, and prescription drugs are expected to exceed private spending growth in the first four years of the projections. As a result, public spending is projected to account for more than half of all U.S. health care spending by 2012.”]

Full text at:

<http://content.healthaffairs.org/cgi/content/full/hlthaff.2009.1074v1>

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

IMMIGRANTS AND HEALTH CARE

“Trends in Health Care Spending for Immigrants in the United States.” By Jim P. Simpson, University of North Texas Health Science Center in Forth Worth, and others. In: Health Affairs, published online on February 11, 2010. pp. 1-4.

[“The suspected burden that undocumented immigrants may place on the U.S. health care system has been a flashpoint in health care and immigration reform debates. An examination of health care spending during 1999–2006 for adult naturalized citizens and immigrant noncitizens (which includes some undocumented immigrants) finds that the cost of providing health care to immigrants is lower than that of providing care to U.S. natives and that immigrants are not contributing disproportionately to high health care costs in public programs such as Medicaid. However, noncitizen immigrants were found to be more likely than U.S. natives to have a health care visit classified as uncompensated care.”]

Full text at:

<http://content.healthaffairs.org/cgi/content/abstract/hlthaff.2009.0400>

MENTAL HEALTH RESEARCH

Mental Health Research Findings. By the Agency for Healthcare Research and Quality (AHRQ). Program Brief. (The Agency, Rockville, Maryland) September 2009. 24 p.

[“About one in four adults in the United States suffers from a mental disorder in a given year, with about 6 percent suffering from a serious mental illness. These problems typically take a toll on overall health. For example, patients diagnosed with a serious

mental disorder die 25 years earlier than the general population. Related behavioral issues such as substance abuse or domestic violence also remain persistent problems. For example, nearly one third of U.S. adults suffer from some type of mental illness or substance abuse. In addition, an estimated 1.3 million women are physically abused by their intimate partners each year and about 1 million abused children are identified each year. Care costs for these problems are significant. Mental disorders were one of the five most costly conditions in the United States in 2006, with care expenditures rising from \$35.2 billion in 1996 to 57.5 billion in 2006. Treatment settings are also changing. For example, a growing number of children and adults are being diagnosed and treated for mental illness by primary care clinicians. Also, use of telepsychiatry and new medications are extending the reach and type of treatment available....

This program brief presents findings from a cross-section of AHRQ supported extramural and intramural research projects on mental health, which were published between 2007 and 2009. An asterisk at the end of a summary indicates that reprints of an intramural study or copies of other publications are available from AHRQ. See the last page of this program brief to find out how to get more detailed information about AHRQ's research programs and funding opportunities.”]

Full text at:

<http://www.ahrq.gov/research/mentalth.pdf>

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

“Mental Illness and Well-Being: The Central Importance of Positive Psychology and Recovery Approaches.” By Mike Slade, Kings College, London. IN: BMC Health Services Research, vol. 10, no. 26 (January 26, 2010) pp. 1-54.

[“A new evidence base is emerging, which focuses on well-being. This makes it possible for health services to orientate around promoting well-being as well as treating illness, and so to make a reality of the long-standing rhetoric that health is more than the absence of illness. The aim of this paper is to support the re-orientation of health services around promoting well-being. Mental health services are used as an example to illustrate the new knowledge skills which will be needed by health professionals.

Discussion

New forms of evidence give a triangulated understanding about the promotion of well-being in mental health services. The academic discipline of positive psychology is developing evidence-based interventions to improve well-being. This complements the results emerging from synthesizing narratives about recovery from mental illness, which provide ecologically valid insights into the processes by which people experiencing mental illness can develop a purposeful and meaningful life. The implications for health professionals are explored. In relation to working with individuals, more emphasis on the person's own goals and strengths will be needed, with integration of interventions which promote well-being into routine clinical practice. In addition, a more societal-focused role for professionals is envisaged, in which a central part of the job is to influence local and national policies and practices that impact on well-being.

Summary

If health services are to give primacy to increasing well-being, rather than to treating illness, then health workers need new approaches to working with individuals. For mental health services, this will involve the incorporation of emerging knowledge from recovery and from positive psychology into education and training for all mental health professionals, and changes to some long-established working practices.”]

Full text at:

<http://www.biomedcentral.com/content/pdf/1472-6963-10-26.pdf>

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

PRIMARY CARE

“General Practitioners’ Opinions on how to Improve Treatment of Mental Disorders in Primary Health Care. Interviews with One Hundred Norwegian General Practitioners.” By Arnstein Mykletun, University of Bergen, Bergen, Norway, and others. IN: BMC Health Services Research, vol. 10, no. 35 (February 9, 2010) pp. 1-21.

[“Improvements in treatment of mental disorders are repeatedly called for. General practitioners (GPs) are responsible for the majority of treatment of mental disorders. Consequently, we interviewed GPs about their opinions on how treatment of mental disorders in primary health care contexts could be improved.

Methods

Among GPs affiliated within the Norwegian reimbursement system, we approached 353, and made contact with 246 GP's. One-hundred of these agreed to participate in our study, and 95 of them expressed opinions on how to improve treatment of mental disorders. The telephone interviews were based on open-ended questions, responses were transcribed continuously, and content analysis was applied. Results are presented both as frequency tables of common responses, and as qualitative descriptions and quotations of opinions.

Results

Nearly all (95%) of the GPs had suggestions on how to improve treatment of mental disorders in primary health care. Increased capacity in secondary health care was suggested by 59% of GPs. Suggestions of improved collaboration with secondary health care were also common (57%), as were improvements of GPs' skills and knowledge relevant for diagnosing and treating mental disorders (40%) and more time for patients with mental disorders in GP contexts (40%).

Conclusions

The GPs' suggestions are in line with international research and debate. It is thought-provoking that the majority of GPs call for increased capacity in secondary care, and also better collaboration with secondary care. Some GPs made comparisons to the health care system for physical disorders, which is described as better-functioning. Our study identified no simple short-term cost-effective interventions likely to improve treatment

for mental disorders within primary health care. Under-treatment of mental disorders is, however, also associated with significant financial burdens.”]

Full text at:

<http://www.biomedcentral.com/1472-6963/10/35/abstract>

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

“Positive Screens for Psychiatric Disorders in Primary Care: A Long-Term Follow-Up of Patients who were Not in Treatment.” By Myrna N. Weissman, Columbia University, and others. IN: *Psychiatric Services*, vol.61, no. 2 (February 2010) pp. 151-159.

[“Screening for psychiatric disorders has gained acceptance in some general medical settings, but critics argue about its value. The purpose of this study was to determine the clinical utility of screening by conducting a long-term follow-up of patients who screened positive for psychiatric disorders but who were initially not in treatment. *Methods:*

A cohort of 519 low-income, adult primary care patients were screened for major depression and bipolar, anxiety, and substance use disorders and reassessed with the Structured Clinical Interview for DSM-IV after a mean of 3.7 years by a clinician blind to the initial screen. Data on treatment utilization was obtained through hospital records. The sample consisted of 348 patients who had not received psychiatric care in the year before screening. Among 39 patients who screened positive for major depression, 62% (95% confidence interval=45.5%–77.6%) met criteria for current major depressive disorder at follow-up. Those who screened positive reported significantly poorer mental and social functioning and worse general health at follow-up than the screen-negative patients and were more likely to have visited the emergency department for psychiatric reasons (12.1% and 3.0%, odds ratio [OR]=6.4) and to have major depression (OR=7.6). Generally similar results were observed for patients who screened positive for other disorders. *Conclusions:* Commonly used screening methods identified patients with psychiatric disorders; about four years later, those not initially in treatment were likely to have enduring symptoms and to use emergency psychiatric services. Screening should be followed up by clinical diagnostic assessment in the context of available mental health treatment.”] **NOTE: Please contact the CA State Library for an electronic copy of this article.**

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

RECOVERY AND MENTAL ILLNESS

“Family Network Support and Mental Health Recovery.” By Francesca Pernice-Duca, Wayne State University. IN: *Journal of Marital & Family Therapy*, vol. 36, no. 1 (January 2010) pp. 13-27.

[“Family members often provide critical support to persons living with a serious *mental illness*. The focus of this study was to determine which dimensions of the family support

network were most important to the recovery process from the perspective of the recovering person. Consumers of a community *mental* health program completed in-depth structured interviews that included separate measures of social network support and recovery. Consumers named an average of 2.6 family members on the social network, interacted with family on a weekly basis, and were quite satisfied with their contact. This study revealed that support and reciprocity with family members are important dimensions of a personal support network that relates to the recovery process.”]

Full text at:

<http://search.ebscohost.com/login.aspx?direct=true&db=a9h&AN=47444830&site=ehost-live>

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

SUBSTANCE ABUSE

Illicit Drug Use among Older Adults. National Survey on Drug Use and Health. The NSDUH Report. (Substance Abuse and Mental Health Services Administration (SAMSHA), Rockville, Maryland) December 29, 2009. 4 p.

[“High rates of lifetime drug use among the baby boom generation (persons born between 1946 and 1964), combined with the large size of that cohort, suggest that the number of older adults using drugs will increase in the next two decades. It has been predicted that by the year 2020, the number of persons needing treatment for a substance use disorder will double among persons aged 50 or older as the baby boom generation moves into older adulthood.¹ These changes have already begun, as indicated by recent increases in current illicit drug use among persons aged 50 to 59.² Illicit drug use is associated with numerous health and social problems, and age-related physiological, psychological, and social changes make older adults more vulnerable to the detrimental effects of illicit drug use.³ In addition, many older adults use prescription and over-the-counter medications that could interact adversely with illicit drugs and may themselves have the potential for abuse.⁴ Because of the magnitude of these changes and their potential impact, it is increasingly important to understand and plan for the health care needs—including the substance use prevention and treatment needs—of this population.”]

Full text at:

<http://www.oas.samhsa.gov/2k9/168/168OlderAdults.htm>

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

Perceptions of Risk from Substance Use among Adolescents. . National Survey on Drug Use and Health. The NSDUH Report. (Substance Abuse and Mental Health Services Administration (SAMSHA), Rockville, Maryland) November 23, 2009. 4 p

[“Adolescence is a period of significant developmental change when health patterns are being established. Decisions that youths make about tobacco, alcohol, and drug use can

have both immediate and long-term health consequences for themselves, their families, and their communities. Adolescents' attitudes about the risks associated with substance use are often closely related to their substance use, with an inverse association between drug use and risk perceptions (i.e., as the prevalence of risk perceptions decreases, the prevalence of drug use increases). As such, providing adolescents with credible, accurate, and age-appropriate information about the harm associated with substance use is a key component in prevention programming.

Although many factors may influence the initiation of drug or alcohol use, the perception of risk associated with these behaviors also varies by gender, age, and type of drug. Understanding the different patterns of risk perceptions that emerge during adolescent development may help to better target health communication messages and increase the effectiveness of prevention and intervention programs.”]

Full text at:

<http://oas.samhsa.gov/2k9/158/158RiskPerceptions.htm>

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

SUICIDE PREVENTION

“Does a Gatekeeper Suicide Prevention Program Work in a School Setting? Evaluating Training Outcome and Moderators of Effectiveness.” By Tanya L. Tompkins and others, Linfield College. IN: *Suicide and Life Threatening Behavior*, vol. 39, no. 6 (December 2009) pp. 671-681.

[“The current study sought to evaluate the suicide prevention gatekeeper training program QPR (Question, Persuade, and Refer) among school personnel using a non-equivalent control group design. Substantial gains were demonstrated from pre- to post-test for attitudes, knowledge, and beliefs regarding suicide and suicide prevention. Exploratory analyses revealed the possible moderating effects of age, professional role, prior training, and recent contact with suicidal youth on QPR participants’ general knowledge, questioning, attitudes toward suicide and suicide prevention, QPR quiz scores, and self-efficacy. The need for replication using a more rigorous experimental design in the context of strong community collaboration is discussed.”] **NOTE: Please contact the CA State Library for an electronic copy of this article.**

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

“Emotional Impact of a Suicide-Based Prevention Program on Suicidal Viewers and Suicide Survivors.” By Craig J. Bryan and others, Sheppard Air Force Base. IN: *Suicide and Life Threatening Behavior*, vol. 39, no. 6 (December 2009)

[“In light of continuing concerns about iatrogenic effects associated with suicide prevention efforts utilizing video-based media, the impact of emotionally charged videos on two vulnerable subgroups—suicidal viewers and suicide survivors—was explored. Following participation in routine suicide education as a part of the U.S. Air Force Suicide Prevention Program’s video-based community briefing, a sample of young active

duty airmen demonstrated small decreases in positive emotional states and larger decreases in negative emotional states, especially among suicidal females. No evidence of iatrogenic effects were observed among suicidal or survivor subgroups when compared to controls. Results support the use of video-based media as a safe educational strategy that might actually serve to decrease emotional distress among vulnerable subgroups.”] **NOTE: Please contact the CA State Library for an electronic copy of this article.**

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

VETERANS

“Effects of Repeated Deployment to Iraq and Afghanistan on the Health of New Jersey National Guard Troops: Implications for Military Readiness.” By Anna Kline, Department of Veteran Affairs, New Jersey Health Care System, and others. IN: American Journal of Public Health, vol. 100, no. 2 (February 2010) pp. 276-283.

[“We assessed the effects of prior military service in Iraq or Afghanistan on the health of New Jersey Army National Guard members preparing for deployment to Iraq. Methods. We analyzed anonymous, self-administered predeployment surveys from 2543 National Guard members deployed to Iraq in 2008. We used bivariate and multivariate analyses to measure the effects of prior service in Afghanistan (Operation Enduring Freedom [OEF]) or Iraq (Operation Iraqi Freedom [OIF]) on mental and physical health. Results. Nearly 25% of respondents reported at least 1 previous OEF or OIF deployment. Previously deployed soldiers were more than 3 times as likely as soldiers with no previous deployments to screen positive for posttraumatic stress disorder (adjusted odds ratio [AOR]=3.69; 95% confidence interval[CI]=2.59, 5.24) and major depression (AOR=3.07; 95% CI=1.81, 5.19), more than twice as likely to report chronic pain (AOR=2.20; 95% CI=1.78, 2.72) and more than 90% more likely to score below the general population norm on physical functioning (AOR=1.94; 95% CI=1.51, 2.48). Conclusions. Repeated OEF and OIF deployments may adversely affect the military readiness of New Jersey National Guard combat soldiers.”]

Full text at:

<http://search.ebscohost.com/login.aspx?direct=true&db=a9h&AN=47521824&site=ehost-live>

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

GRANT INFORMATION/FUNDING OPPORTUNITIES

The CDC's National Center for Injury Prevention and Control (NCIPC) has a new funding opportunity (also available on www.grants.gov):

[**Prevention of Suicidal Behavior through the Enhancement of Connectedness**](#) (RFA-CE-10-006):

This funding opportunity announcement (FOA) solicits applications from applicant

organizations that target one or more modifiable risk factors for suicidal behavior with a primary prevention strategy that is designed to enhance connectedness and to rigorously assess the efficacy or effectiveness of that strategy. **Awards will be up to \$40,000 per year for 5 years, and the application deadline date is April 29, 2010.**

Eligible organizations include: public and private nonprofit organizations; for profit organizations; small, minority, and women-owned businesses; universities; colleges; research institutions; hospitals; community-based organizations; faith-based organizations; federally recognized or state-recognized American Indian/Alaska Native tribal governments; American Indian/Alaska Native tribally designated organizations; Alaska Native health corporations; urban Indian health organizations; tribal epidemiology centers; and state and local governments.

To access the full announcement and application package, please go to:

<http://www07.grants.gov/search/search.do;jsessionid=75hPLjDHzlFyfzZglFstZ93wvmy1wJdsYLxGSGRYpynKsqRKgrgM!-1299818899?oppId=51411&mode=VIEW>.

(Funding Opportunity Number: RFA-CE-10-006; Catalog of Federal Domestic Assistance (CFDA) number: 93.136.). If you have difficulty accessing the full announcement electronically, please contact CDC's Procurement and Grants Office, Technical Information Management, at 770-488-2700 or PGOTIM@cdc.gov

CONFERENCES, MEETINGS AND SEMINARS

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

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

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>

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