

Subject: Studies in the News: (March 30, 2010)



Studies in the News for



California Department of Mental Health

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CHILDREN AND ADOLESCENTS

“Controversies Concerning the Diagnosis and Treatment of Bipolar Disorder in Children.” By Erik Parens and Josephine Johnston, the Hastings Center. *IN: Child and Adolescent Psychiatry and Mental Health*, vol. 4, no. 9 (March 10, 2010) pp. 1-31.

[“This commentary grows out of an interdisciplinary workshop focused on controversies surrounding the diagnosis and treatment of bipolar disorder (BP) in children. Although debate about the occurrence and frequency of BP in children is more than 50 years old, it increased in the mid 1990s when researchers adapted the DSM account of bipolar symptoms to diagnose children. We offer a brief history of the debate from the mid 90s through the present, ending with current efforts to distinguish between a small number of children whose behaviors closely fit DSM criteria for BP, and a significantly larger

number of children who have been receiving a BP diagnosis but whose behaviors do not closely fit those criteria. We emphasize one emerging approach, which gives part or all of that larger number of children a new diagnosis called Severe Mood Dysregulation or Temper Dysregulation Disorder with Dysphoria. Three major concerns arose about interpreting the DSM criteria more loosely in children than in adults. If clinicians offer a treatment for disorder A, but the patient has disorder B, treatment may be compromised. Because DSM's diagnostic labels are meant to facilitate research, when they are applied inconsistently, such research is compromised. And because BP has a strong genetic component, the label can distract attention from the family or social context. Once a BP diagnosis is made, concerns remain regarding the primary, pharmacological mode of treatment: data supporting the efficacy of the often complex regimens are weak and side effects can be significant. However, more than is widely appreciated, data do support the efficacy of the psychosocial treatments that should accompany pharmacotherapy. Physicians, educators, and families should adopt a multimodal approach, which focuses as much on the child's context as on her body. If physicians are to fulfill their ethical obligation to facilitate truly informed consent, they must be forthcoming with families about the relevant uncertainties and complexities.”]

Full text at:

<http://www.capmh.com/content/pdf/1753-2000-4-9.pdf>

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A Public Health Approach to Children’s Mental Health: A Conceptual Framework. By Jon Mills, Searchlight Consulting and others. (Georgetown University, Center for Child and Human Development, Washington, D.C.) 2010. 1-141 p.

[“A Public Health Approach to Children's Mental Health: A Conceptual Document presents a framework, based on well-established public health concepts that communities can use to strengthen the mental health and resilience of all children. The monograph was produced by the National Technical Assistance Center for Children's Mental Health at Georgetown University's Center for Child and Human Development with support from the Substance Abuse and Mental Health Services Administration's Center for Mental Health Services. It was written for a broad range of leaders who have a role in bringing about change in their systems or organizations and influencing children's mental health and well-being. The first five chapters of the monograph provide background information and justification for a public health approach to children's mental health, a foundation upon which collaborators can build a common language, a brief overview of public health, a sense of how public health is applicable to children's mental health, and a conceptual framework for a public health approach to children's mental health. The last chapter provides leaders with strategies to put the public mental health intervention framework into action.”]

Full text at:

<http://gucchdtacenter.georgetown.edu/publications/PublicHealthApproach.pdf?CFID=4150182&CFTOKEN=89131034>

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The Teen Depression Awareness Project: Building an Evidence Base for Improving Teen Depression Care. By RAND Corporation Health. (The Corporation, Santa Monica, California) 2010. 7 p.

[“As many as 20 percent of American teenagers experience depression by the age of 18. Although effective treatments are available, most teens with depression have limited access to specialty mental health care. Most of those who receive care are treated in primary care, which makes these settings promising venues for efforts to improve access to care and outcomes for depressed teens. Yet the evidence base to support such efforts has significant gaps. Much of what we know about depression’s effects and treatment comes from studying adults. Depression’s effects on adolescent functioning and family burden are not well understood; there is also limited understanding of teens’ and parents’ attitudes and knowledge about depression, how these and other factors influence readiness for treatment, and the barriers to care that teens and their parents encounter.”]

Full text at:

http://www.rand.org/pubs/research_briefs/2010/RAND_RB9495.pdf

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What Works for Older Youth During the Transition to Adulthood: Lessons from Experimental of Programs and Interventions. By Alena Hadley and others, Child Trends. Child Trends Fact Sheet. Publication #2010-06. (Trends, Washington, D.C.) March 2010. 15 p.

[“Major strides have been made in the field of youth development. However, youth transitioning into adulthood have not received similar attention. These older youth have frequently been overlooked by policymakers and practitioners who have been more focused on designing programs and services for adolescents and young children. Because older youth face a unique set of challenges and risks as they move into adulthood, it is important to identify intervention strategies that can enhance the development and success of these individuals in domains such as employment, independent living, drug and alcohol use, pregnancy, parenting, life skills, mental health, release from the foster care system, homelessness, violence, education, and literacy.

This synthesis examines the role that programs designed to serve older youth can play in promoting positive development and subsequent self-sufficiency in adulthood. We synthesize the findings from 31 studies that implemented random assignment intent-to-treat experimental evaluations to examine the impacts of various intervention strategies on youth well-being outcomes during the transition to adulthood (ages 18 to 25). While all programs evaluated outcomes for these *emerging adults*, programs varied in the ages of targeted youth: 10 programs targeted youth from as early as 12 years and into their

early twenties; eight programs served youth from 16 years and into their early twenties; and 11 programs began at 18 years of age.”]

Full text at:

http://www.childtrends.org/Files//Child_Trends-2010_03_09_FS_WWOlderYouth.pdf

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EVIDENCE BASED PRACTICES

“Evidence-Based Psychosocial Practices and Recovery from Schizophrenia.” By Glenn D. Shean, College of William & Mary. IN: Psychiatry: Interpersonal and Biological Processes, vol. 72, no. 4 (Winter 2009) pp. 307-320.

[“Pessimistic views about the course and outcome of schizophrenia have been replaced by a more hopeful perspective that emphasizes on providing opportunities for recovery. Recovery, from a provider perspective, means that priority is placed on providing access to treatments and community services that have been proven effective in both decreasing symptoms and assisting individuals to lead maximally productive and personally meaningful lives. In 2004, the Schizophrenia Patient Outcomes Research Team (PORT) published a consensus list of evidence-based practices (EBPs) that includes six psychosocial treatments. These psychosocial interventions in combination with access to pharmacotherapy are important components of comprehensive treatment programs for the seriously mentally ill. This paper summarizes and updates the research basis for the PORT psychosocial EBPs and discusses several additional issues and research topics to be considered in the future.”]

Full text at:

<http://www.atypon-link.com/GPI/doi/pdfplus/10.1521/psyc.2009.72.4.307>

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HEALTH CARE REFORM

Affordable Health Care for America: Key Provisions that Take Effect Immediately. By Office of Speaker Nancy Pelosi. (U.S. Congress, Washington, D.C.) March 18, 2010. 2 p.

[“... some of **the key provisions that will take effect immediately**, under the legislative package the House will consider later this week (the Senate health bill as amended by the reconciliation bill). The reconciliation bill is based largely on the improvements put forward by the President’s proposal – moving towards the House bill in certain critical areas.”]

Full text at:

http://docs.house.gov/energycommerce/IMMEDIATE_PROVISIONS.pdf

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LAW ENFORCEMENT AND MENTAL ILLNESS

Law Enforcement Responses to People with Mental Illness: A Guide to Research-Informed Policy and Practice. By Melissa Reuland and others, Council of State Governments Justice Center. (The Council, New York, New York) 2009. 36 p.

[“The complex nature of law enforcement responses to people with mental illnesses has become an issue of national concern. These calls for service are often time-consuming and difficult to resolve, and, on relatively rare occasions, result in tragic injuries or deaths. Policymakers, community leaders, and the public are demanding better outcomes from these encounters. In the face of this mounting pressure, and with a desire to improve their interactions with people with mental illnesses, law enforcement officers are turning to specialized responses. These efforts show great promise for increasing the safety of everyone involved and connecting individuals to needed mental health supports and services when appropriate. However, policymakers generally implement these programs without the benefit of research and data documenting the scope and nature of the problem in their community, the weakness of past response models, and the relative importance of specific program features.

To ensure law enforcement policies and practices related to people with mental illnesses are data driven and well-informed, this guide summarizes the available research on law enforcement encounters with people with mental illnesses and strategies to improve these interactions.”]

Full text at:

http://www.consensusproject.org/press_releases/new-guide-for-policymakers-and-practitioners-on-using-research-to-craft-better-law-enforcement-responses-to-people-with-mental-illnesses/le-research.pdf

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MENTAL HEALTH SERVICES

Consumer-Led Evaluation Teams: A Peer-Led Approach to Assessing Consumer Experiences with Mental Health Services. By Sara Plachta-Elliott and Jonathon Delman, Consumer Quality Initiatives. (National Empowerment Center, Lawrence, Massachusetts) June 2009. 22 p.

[“Consumer Quality Initiatives was asked by the National Empowerment Center to conduct an exploratory examination of consumer-led evaluation teams in order to identify best practices in consumer-run evaluation. Below we discuss our methodology for conducting this examination, the findings and our identified best practices for approaching this work.

Consumer Quality Initiatives, Inc. (CQI) is a mental health consumer-directed (51% of the board is consumers) and staffed non-profit research and evaluation organization

whose mission is to develop opportunities for the meaningful involvement of consumers and family members in all aspects of mental health research and program evaluation (www.cqi-mass.org). By doing so, we aim to study issues that are relevant to the community, initiate changes to improve the system for all, and narrow the gap between research/evaluation and practice....

The primary selection criteria for indentifying “consumer-led evaluation teams” were that they: 1) be operated independently by consumers and/or family members, and thus not administratively managed by the mental health authority or agency, 2) evaluate mental health programs by learning about the experiences of program clients and/or ex-clients.

Through an extensive internet search for consumer-led evaluation teams we identified several different entities that appeared to fall into this category, many of them in Pennsylvania because of the requirement that there be one in each county. These organizations’ websites were then examined to determine their suitability for inclusion in this analysis. Website content and online reports were reviewed to provide an initial understanding of each consumer-led evaluation team.”]

Full text at:

<http://www.power2u.org/downloads/CET-ReportByCOI.pdf>

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SUICIDE PREVENTION

“Cornell Suicides: Do Ithaca’s Gorges Invite Jumpers?” By Rob Fishman, Associate Editor, Huffington Post. (March 14, 2010) pp. 1-3.

[“...If people in Ithaca seem inured to suicide, that's because they are. For as long as anyone can remember, Cornell's gorges have furnished a wide open casket for those so inclined, and Ithaca, in turn, earned the unwanted distinction of "suicide capital of the combined Ivy League, Big Ten, Little Three, and Seven Sisters," as one local writer put it. Although commensurate with national averages, suicide at Cornell — or to borrow the local vernacular, "gorging out" — has become the stuff of myth. And sometimes reality, as this month, when the university lost three students — in February, [Bradley Ginsburg, 18](#); three weeks later, [William Sinclair, 19](#); and the very next day, [Matthew Zika, 21](#) — in as many weeks to its precipitous gorges. The recent spate of suicides has cast a pall over the campus. "The cumulative effect of this loss of life is palpable in our community," said Susan H. Murphy, the university's vice president for student and academic affairs, in a [video address](#). University staff, Murphy said, were knocking on student doors, and even stationed on the campus bridges.”]

Full text at:

http://www.huffingtonpost.com/rob-fishman/the-gorges-of-cornell-uni_b_498656.html

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TRAUMATIC BRAIN INJURY

Traumatic Brain Injury in the United States: Emergency Department Visits; Hospitalizations and Deaths 2002-2006. By M. Faul, and others, National Center for Injury and Control. U.S. Department of Health and Human Services, Centers for Control and Prevention. (The Center, Atlanta, Georgia) March 2010. 74 p.

[“Traumatic brain injury (TBI) is an important public health problem in the United States. TBI is frequently referred to as the “silent epidemic” because the complications from TBI, such as changes affecting thinking, sensation, language, or emotions, may not be readily apparent. In addition, awareness about TBI among the general public is limited. Through the TBI Act of 1996 (Public Law 104–166), Congress first charged the Centers for Disease Control and Prevention (CDC) with “determining the incidence and prevalence of traumatic brain injury in all age groups in the general population of the United States.” In response, CDC has produced, *Traumatic Brain Injury in the United States: Emergency Department Visits, Hospitalizations and Deaths 2002–2006*.

Population-based data on TBI are critical to understanding the impact of TBI on the American people. This report presents data on TBI-related emergency department visits, hospitalizations, and deaths for the years 2002 through 2006 and can be used to determine the number of TBIs occurring each year, groups most affected, and the leading causes of TBI. This important information can be used to document the need for TBI prevention, to identify research and education priorities, and to support the need for services among individuals living with a TBI.

This report is an update to CDC’s previously published report released in 2004 and is intended as a reference for policymakers, health care and service providers, educators, researchers, advocates, and others interested in knowing more about the impact of TBI in the United States”]

Full text at:

http://www.cdc.gov/traumaticbraininjury/pdf/blue_book.pdf

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VETERANS

"A Roadmap for Rehabilitation Counseling to Serve Military Veterans with Disabilities." By Michael P. Frain, Florida Atlantic University, and others. IN: *Journal of Rehabilitation*, vol. 76, no. 1 (January-March 2010) pp. 13-21.

["Providing rehabilitation services to military *veterans* with disabilities presents unique and rewarding challenges for rehabilitation professionals. The need for these services has grown tremendously with the wars in Afghanistan and Iraq. The rehabilitation field needs a roadmap for understanding how its strengths can uniquely serve military *veterans* most

appropriately. This paper outlines a five-pronged approach that will benefit outcomes for *veterans* with disabilities through: (1) infusing *veterans'* issues into rehabilitation training; (2) focusing on distinct employment needs for *veterans*; (3) using self-management techniques to manage secondary disabilities; (4) using a Family Resiliency Model to address the holistic needs of *veterans* and their families; and (5) the call for rehabilitation to develop researchers that focus on *veterans'* issues."]

Full text at:

<http://search.ebscohost.com/login.aspx?direct=true&db=a9h&AN=48316133&site=ehost-live>

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"Correlates of Perceived Need for Mental Health Care among Active Military Personnel." By Jitender Sareen, University of Manitoba, and others. IN: Psychiatric Services, vol. 61, no. 1 (January 2010) pp. 50-57.

[" There is increasing concern about mental health problems and need for mental health care among soldiers after deployment. This study examined correlates of self-perceived need for mental health care among active military personnel. Methods: Data were from a 2002 cross-sectional population-based survey of 8,441 active Canadian military personnel (2,592 women) aged 16-54 (response rate 81%). A fully structured lay-administered interview for past-year DSM-IV mental disorders and perceived need for mental health care was conducted. Five domains of self-perceived need were assessed: information, medication, counseling, social intervention, and skills training. Several deployment factors were assessed (length of deployment, number of deployments, and exposure to deployment-related traumatic events), as were long-term restriction in activities because of disability and suicidal ideation. Multiple logistic regression models were used to determine correlates of perceived need. Results: After adjustment for mental disorders, the strongest and most consistent correlates of perceived need were long-term restriction in activities, suicidal ideation, female gender, and regular service versus reserve status) (Adjusted odds ratios ranging from 1.28 to 4.37). Deployment and exposure to combat and witnessing atrocities were moderately associated with an increase in self-perceived need for mental health care. Conclusions: The findings suggest that a range of issues beyond the presence of common mental disorders need to be considered in understanding the factors that contribute to a sense of need for mental health treatment. Postdeployment screening programs should consider systematically assessing self-perceived need for mental health treatment." **NOTE: If you would like a copy of this article, please contact the California State Library for a hard copy.]**

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VA Faces Challenges in Providing Substance Use Disorder Services and is Taking Steps to Improve These Services for Veterans. By Randall B. Williamson, Director of Health, U.S. Government Accountability Office. GAO-10-294R. (GAO, Washington, D.C.) March 10, 2010. 45 p.

[“Substance use disorders (SUD), such as alcohol abuse and drug addiction, are serious health conditions that affect many Americans, including a substantial number of veterans. According to the Department of Veterans Affairs (VA), about 420,000 of the over 5 million veterans receiving health care from VA had SUD diagnoses in fiscal year 2009.1 Both older veterans and veterans of the current military operations in Iraq and Afghanistan are at risk for SUDs, as veterans may use drugs or alcohol to help cope with the effects of stressful events experienced during deployment or with difficulties they encounter in readjusting from wartime military service to civilian life.

The identification and treatment of veterans with SUDs is important, as SUDs can have harmful effects on veterans’ physical, psychological, and social well-being if left untreated. For example, substance use has been shown to be a primary risk factor for both homelessness and suicide among veterans. It is also important to identify and counsel veterans who may not meet the diagnostic criteria for an SUD—that is, they may not abuse or be dependent on alcohol or drugs—but use substances to a degree that puts them at risk for developing an SUD or other health problems.

VA provides SUD services in a range of settings, including inpatient SUD programs that provide acute in-hospital care, which may include detoxification services; residential rehabilitation treatment programs, which provide intensive treatment and rehabilitation services with supported housing; intensive outpatient programs, which provide at least 3 hours of treatment services 3 days per week; and standard outpatient programs, which provide less-intensive outpatient services. VA also provides SUD-related care in non-SUD settings, including primary care clinics and non-SUD residential rehabilitation treatment programs.”]

Full text at:

<http://www.gao.gov/new.items/d10294r.pdf>

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ONLINE COURSES ON MENTAL HEALTH ISSUES

Information and registration:

<http://www.cehd.umn.edu/ceed/profdev/onlinecourses/2010OnlineCourseSchedule.pdf>

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CONFERENCES, MEETINGS AND SEMINARS

American Society of Addiction Medicine’s 41st Annual Medical-Scientific Conference.

April 15-18, 2010

San Francisco, California

For information:

<http://www.asam.org/pdf/conferences/2010%20Conference%20Program%20&%20Registration.pdf>

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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>

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North American Brain Injury Society and the Alaska Brain Injury Network

Alaska Brain Injury Conference

July 28-30, 2010.

For more information:

<http://www.nabis.org/node/84>

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Summer Institute of Neurodevelopmental Disorders.

August 6, 2010

Sacramento, CA

For more information:

http://www.ucdmc.ucdavis.edu/cme/conferences/pdfs/MND2011_SaveDate.pdf

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