

Subject: Studies in the News: (July 30, 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. If you have trouble accessing the article per the enclosed link, you may contact Peggy Fish at pfish@library.ca.gov
- **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 to request an 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

ANTIPSYCHOTICS

[Antipsychotic Drugs for First-Episode Schizophrenia
Incorporating Evidence from Pharmacologic and Pharmacogenetic Studies
Switch from Conventional to Atypical Antipsychotic Treatment](#)

CHILDREN AND ADOLESCENTS

[America's Children in Brief: Key National Indicators of Well-Being 2010](#)
[The Massachusetts Child Psychiatry Access Project](#)
[Mental Health First Aid Training for High School Teachers](#)
[State Case Studies of Infant and Early Childhood Mental Health Systems](#)

COMMUNITY HEALTH CENTERS

[Enhancing the Community Health Centers to Achieve High Performance](#)

FOSTER CARE

[Sample State Legislation to Extend Foster Care Protections to Young Adults](#)

HEALTH CARE REFORM

[Assessing Health Reform's Impact on Four Key Groups of Americans](#)

HOMELESS

[Addressing the Needs of the Street Homeless](#)
[Assertive Community Treatment in Diverse Settings for Homeless](#)

IMMIGRANT HEALTH

[Work-Family Conflict: Health Implications among Immigrant Latinos](#)

OLDER ADULTS

[OLDER AMERICANS 2010: Key Indicators of Well Being](#)

POLICY

[As Economy Takes Toll, Mental Health Budgets Shrink](#)
[Developing Physician Communication Skills for Patient-Centered Care](#)

POST TRAUMATIC STRESS DISORDER

[Risk factors for Posttraumatic Stress Disorder among US Male Marines](#)

STIGMA

[Dimensions of Loss from Mental Illness](#)

STRESS

[Effect of Stress on Coronary Risk Factors](#)

SUICIDE PREVENTION

[Cultural Dynamics of Copycat Suicide](#)

TECHNOLOGY

[Facts about Young Adults, Mental Health, & Online Information Seeking](#)
[Guest editorial: m-Health: "the Future of Health is Mobile?"](#)
[Internet- versus group-administered cognitive behaviour therapy](#)

NON PROFIT RESOURCE CENTER-GRANT WRITING

CONFERENCES, MEETINGS, SEMINARS

[Summer Institute of Neurodevelopmental Disorders.](#)
[Reinventing Quality Conference](#)
[Southwest Regional Integrated Behavioral Health Conference](#)
[5th Annual UC Davis Conference: Psychotic Disorders](#)

ANTIPSYCHOTICS

“Antipsychotic Drugs for First-Episode Schizophrenia.” By Kayvon Salimi, University of North Carolina at Chapel Hill, and others. IN: *CNS Drugs*, vol. 23, no. 10 (2009) pp. 837-855.

[“Increasingly, it is recognized that first-episode schizophrenia represents a critical stage of illness during which the effectiveness of therapeutic interventions can affect long-term outcome. In this regard, the advent of clozapine and subsequent atypical antipsychotic drugs held promise for improved outcomes in patients with first-episode schizophrenia, given the expectation of improved therapeutic efficacy and a more benign side effect burden compared with typical antipsychotic drugs. A growing number of large clinical trials have evaluated the merits of atypical antipsychotic drugs in the early stages of psychosis. A number of conclusions can be drawn from studies completed to date, with the caveat that data are either limited or unavailable for the antipsychotic drugs most recently approved by the US FDA. Studies of atypical antipsychotic drugs support data obtained with typical agents indicating that positive symptoms of psychosis are very treatment responsive and generally at lower doses than in chronic illness. It also appears that first-episode patients tend to stay on atypical antipsychotic drugs longer than on typical agents when all-cause discontinuation criteria are considered as the primary outcome measure.”]

Full text at:

<http://search.ebscohost.com/login.aspx?direct=true&db=a9h&AN=44255254&site=ehost-live>

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

“Incorporating Evidence from Pharmacologic and Pharmacogenetic Studies of Atypical Antipsychotic Drugs into Advanced Psychiatric Nursing Practice.” By Marilyn A. Davies and others, University of Pittsburg. IN: *Perspectives in Psychiatric Care*, vol. 46, no. 2 (April 2010) pp. 98-107.

[“PURPOSE. To present a conceptual framework for incorporating pharmacologic findings and pharmacogenetic evidence related to atypical antipsychotic drugs (AADs) into advanced psychiatric nursing practice. CONCLUSIONS. Three evidence domains lend important information about differential AAD response. These include the pharmacology of AADs, the molecular genetics of metabolizing enzymes, and the molecular genetics of neurotransmitter receptor drug targets. PRACTICE IMPLICATIONS. These evidence domains can be incorporated into nursing practice decisions related to medication planning, patient and family education, and medication monitoring processes. The central focus of the framework is patient outcomes, which include medication adherence, tolerability of the AADs, and demonstrated clinical effectiveness.”]

Full text at:

<http://search.ebscohost.com/login.aspx?direct=true&db=a9h&AN=48786636&site=ehost-live>

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

“The Switch from Conventional to Atypical Antipsychotic Treatment should not be based exclusively on the Presence of Cognitive Deficits. A Pilot Study in Individuals with Schizophrenia.” By Gabriel Selva-Vera, University of Valencia, Spain, and others. IN: BMC Psychiatry, vol.10, no. 47 (June 15, 2010) pp. 1-10.

[“Atypical antipsychotics provide better control of the negative and affective symptoms of schizophrenia when compared with conventional neuroleptics; nevertheless, their heightened ability to improve cognitive dysfunction remains a matter of debate. This study aimed to examine the changes in cognition associated with long term antipsychotic treatment and to evaluate the effect of the type of antipsychotic (conventional *versus* novel antipsychotic drugs) on cognitive performance over time. Methods: In this naturalistic study, we used a comprehensive neuropsychological battery of tests to assess a sample of schizophrenia patients taking either conventional ($n = 13$) or novel antipsychotics ($n = 26$) at baseline and at two years after.

Results: Continuous antipsychotic treatment regardless of class was associated with improvement on verbal fluency, executive functions, and visual and verbal memory. Patients taking atypical antipsychotics did not show greater cognitive enhancement over two years than patients taking conventional antipsychotics.

Conclusions: Although long-term antipsychotic treatment slightly improved cognitive function, the switch from conventional to atypical antipsychotic treatment should not be based exclusively on the presence of these cognitive deficits.”]

Full text at:

<http://www.biomedcentral.com/content/pdf/1471-244X-10-47.pdf>

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

CHILDREN AND ADOLESCENTS

America’s Children in Brief: Key National Indicators of Well-Being 2010. By the Federal Agency Forum on Children and Family Statistics. (The Forum, Washington, D.C.) July 2010. 24 p.

[“Each year since 1997, the Federal Interagency Forum on Child and Family Statistics has published a report on the well-being of children and families. Pending data availability, the Forum updates all 40 indicators annually on its Web site (<http://childstats.gov>) and alternates publishing a detailed report, *America’s Children: Key National Indicators of Well-Being*, with a summary version that highlights selected indicators. The *America’s Children* series makes Federal data on children and families available in a nontechnical, easy-to-use format in order to stimulate discussion among data providers, policymakers, and the public.

The Forum fosters coordination and integration among 22 Federal agencies that produce or use statistical data on children and families and seeks to improve Federal data on

children and families. The *America's Children* series provides accessible compendiums of indicators drawn across topics from the most reliable official statistics; it is designed to complement other more specialized, technical, or comprehensive reports produced by various Forum agencies.

The indicators and demographic background measures presented in *America's Children in Brief* all have been presented in previous Forum reports. Indicators are chosen because they are easy to understand, are based on substantial research connecting them to child well-being, cut across important areas of children's lives, are measured regularly so that they can be updated and show trends over time, and represent large segments of the population, rather than one particular group.

These child well-being indicators span seven domains: *Family and Social Environment, Economic Circumstances, Health Care, Physical Environment and Safety, Behavior, Education, and Health*. This year's report reveals that health insurance coverage rates for children increased, the percentage of preterm births declined for the second straight year, average 8th-grade mathematics scores reached an all-time high, teen smoking was at its lowest since data collection began, and the adolescent birth rate declined after a 2-year increase. However, the percentage of children whose parents had secure employment was the lowest since 1996, and the percentage living in poverty was the highest since 1998. The percentage of children in food-insecure households was the highest since monitoring began. The *Brief* concludes with a summary table displaying recent changes in all 40 indicators.”]

Full text at:

http://www.childstats.gov/pdf/ac2010/ac_10.pdf

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

The Massachusetts Child Psychiatry Access Project: Supporting Mental Health Treatment in Primary Care. By Wendy Holt. DMA Health Strategies. (The Commonwealth Fund, New York, New York) March 2010. 20 p.

[“Massachusetts has successfully demonstrated the Massachusetts Child Psychiatry Access Project (MCPAP), a program that provides timely telephonic psychiatric and clinical guidance to primary care providers (PCPs) treating children with mental health problems. The program allows enrolled PCPs to get assistance for any child in their care. On the basis of an initial phone consultation, MCPAP may provide an in-person psychiatric or clinical assessment, transitional therapy, and/or facilitated linkage to community resources. Six regional teams based in academic medical centers reach out to and support enrolled PCPs in their catchment area. The program has enrolled most primary care practices, representing an estimated 95 percent of all youth in the state, and has high rates of PCP participation. PCPs report higher ratings of their ability to serve children with mental health problems as a result of the program.”]

Full text at:

http://www.commonwealthfund.org/~media/Files/Publications/Case%20Study/2010/Mar/1378_Holt_MCPAP_case_study_32.pdf

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

“Mental Health First Aid Training for High School Teachers: A Cluster Randomized Trial.” By Anthony F. Jorm and others, University of Melbourne, Australia. IN: BMC Psychiatry, vol. 10, no. 51 (June 24, 2010) pp. 1-34.

[“Mental disorders often have their first onset during adolescence. For this reason, high school teachers are in a good position to provide initial assistance to students who are developing mental health problems. To improve the skills of teachers in this area, a Mental Health First Aid training course was modified to be suitable for high school teachers and evaluated in a cluster randomized trial.

Methods

The trial was carried out with teachers in South Australian high schools. Teachers at 7 schools received training and those at another 7 were wait-listed for future training. The effects of the training on teachers were evaluated using questionnaires pre- and post-training and at 6 months follow-up. The questionnaires assessed mental health knowledge, stigmatizing attitudes, confidence in providing help to others, help actually provided, school policy and procedures, and teacher mental health. The indirect effects on students were evaluated using questionnaires at pre-training and at follow-up which assessed any mental health help and information received from school staff, and also the mental health of the student.

Results

The training increased teachers’ knowledge, changed beliefs about treatment to be more like those of mental health professionals, reduced some aspects of stigma, and increased confidence in providing help to students and colleagues. There was an indirect effect on students, who reported receiving more mental health information from school staff. Most of the changes found were sustained 6 months after training. However, no effects were found on teachers’ individual support towards students with mental health problems or on student mental health.

Conclusions

Mental Health First Aid training has positive effects on teachers’ mental health knowledge, attitudes, confidence and some aspects of their behaviour.”]

Full text at:

<http://www.biomedcentral.com/content/pdf/1471-244X-10-51.pdf>

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

State Case Studies of Infant and Early Childhood Mental Health Systems : Strategies for Change. By D. Russell Lyman and others, DMA Health Strategies. (The Commonwealth Fund, New York, New York) July 2010. 36 p.

[“This report examines the efforts made in Colorado, Indiana, Massachusetts, and Rhode Island to develop mental health systems of early identification and intervention for children from birth to age 5. While each state is in a different stage of development, together they provide a picture of progress and opportunities for national change in this evolving area of health care. The study focuses on the process of change and identifies

common strategies for achieving innovation. State profiles, examples of major initiatives, and descriptions of exemplary practices illustrate ways that states can improve services and policies. Conclusions underscore the value of articulating a national vision of comprehensive infant and early childhood developmental and mental health systems of care, in which child and family well-being are promoted and needs are identified and treated as early as possible in life.”]

Full text at:

http://www.commonwealthfund.org/~media/Files/Publications/Fund%20Report/2010/Jul/1427_Lyman_state_case_studies_child_mental_hlt.pdf

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

COMMUNITY HEALTH CENTERS

Enhancing the Capacity of Community Health Centers to Achieve High Performance: Findings from the 2009 Commonwealth Fund National Survey of Federally Qualified Health Centers. By Michelle Doty and others, the Commonwealth Fund. (The Fund, New York, New York) May 2010. 45 p.

[“Federally Qualified Health Centers (FQHCs) are community-based health centers that provide comprehensive primary care and behavioral and mental health services to patients regardless of ability to pay. Passage of federal health reform will likely increase demand for FQHC services. To assess these centers’ ability to function as high performing providers of care, in 2009 The Commonwealth Fund surveyed more than 1,000 FQHCs. Four-fifths responded to questions about access to care, coordination of care across settings, engagement in quality improvement and reporting, health information technology (HIT) adoption, and the ability to serve as patient-centered medical homes. Most FQHCs can provide timely on-site care; many have problems accessing off-site specialty care. Adoption of HIT is correlated with ability to monitor and improve patient care. Medical homes demonstrate significant advantages in coordination of off-site care. The survey highlights methods for strengthening FQHCs’ ability to provide care. These include formalizing partnerships with hospitals, improving office systems, adopting the medical home model, and increasing use of HIT.”]

Full text at:

http://www.commonwealthfund.org/~media/Files/Publications/Fund%20Report/2010/May/1392_Doty_enhancing_capacity_community_hlt_ctr_2009_FQHC_survey_v5.pdf

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

FOSTER CARE

Sample State Legislation to Extend Foster Care, Adoption and Guardianship Protections, Services and Payments Young Adults Age 18 and Older. By the

American Bar Association Center on Children and the Law. (The Association, Washington, D.C.) June 2010. 39 p.

[“On October 7, 2008, the *Fostering Connections to Success and Increasing Adoptions Act* (Public Law 110-351) was signed into law. Unanimously passed by both houses of Congress, Fostering Connections represents the most significant child welfare reform legislation in more than a decade. The act’s numerous improvements are intended to achieve better outcomes for children and young adults who are at risk of entering or have spent time in foster care. Fostering Connections promotes, among other things, extension of foster care, adoption and guardianship beyond age 18; permanent families for children; important links to family; sibling connections; educational stability and coordinated health planning; expanded protection and supports for American Indian children; and new training opportunities for a broad group as individuals working with children and young adults involved with the child welfare system.

A number of important provisions in Fostering Connections are designed to positively impact the lives of, and outcomes for, older children and young adults in foster care and those transitioning out of care. The new law recognizes important steps that are needed to meet the needs of older children and young adults as they prepare to leave foster care. Congress heard from young people who were alumni of foster care, from states that are responding to the needs of older youth in care, and from researchers who have documented the benefits to youth who stay in foster care longer and have improved their chances of success when they leave care.”]

Full text at:

<http://www.clasp.org/admin/site/publications/files/FINAL-Sample-State-Leg-to-Extend-Foster-Care-Adoption-and-Guardianship.pdf>

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

HEALTH CARE REFORM

“Assessing Health Reform’s Impact on Four Key Groups of Americans.” By Joseph P. Newhouse, Harvard University. IN: *Health Affairs*, vol. 29, no. 9 (July 22, 2010) pp. 1-11.

[“Health reform can be assessed from the perspective of four groups that collectively include most Americans. For those who are now in Medicaid or who are uninsured, reform will be a major gain. For those who obtain health insurance in the individual and small-group markets, reform should bring improvements. For those who have health insurance from midsize- and large-group insurers, reform will bring little change. Finally, for Medicare beneficiaries, reform promises to bring positive change. However, financing future health spending overall, and Medicare spending in particular, poses a formidable challenge. Although not a panacea, all-payer rate setting, in which a federal or state agency establishes standard payment rates for each class of payer, may be the only feasible alternative, at least in the short run.”]

Full text at:

<http://content.healthaffairs.org/cgi/reprint/hlthaff.2010.0595v1>

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

HOMELESS

“Addressing the Needs of the Street Homeless: A Collaborative Approach.” By Vicky Stergiopoulos, St. Michael’s Hospital, Toronto, Canada, and others. IN: International Journal of Mental Health, vol. 39, no. 1 (Spring 2010) pp. 3-15.

[“This article describes a collaborative interagency multidisciplinary outreach team, designed to house individuals who are absolutely homeless (living outdoors), have not successfully responded to other programs, and who have either a severe and persistent mental illness, personality disorder, developmental challenge, or untreated medical needs. The collaborative care model was adapted for an urban Canadian setting from the U.S. Housing First model to meet the housing and treatment needs of chronically homeless persons and to address the unique characteristics and service needs of those living outdoors. Preliminary outcomes and implications for service delivery to this vulnerable group are discussed.”]

Full text at:

<http://search.ebscohost.com/login.aspx?direct=true&db=a9h&AN=49069481&site=ehost-live>

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

“Implementing Assertive Community Treatment in Diverse Settings for People Who Are Homeless With Co-Occurring Mental and Addictive Disorders: A Series of Case Studies.” By Steven Neumiller, Inland Northwest Proposal Development, and others. IN: Journal of Dual Diagnosis, vol. 5, no. 3-4 (July-December 2009) pp. 239-263.

[“The Assertive Community Treatment model (ACT) was developed more than 30 years ago to treat individuals with serious and persistent mental illness. This qualitative study highlights practical challenges encountered when establishing ACT teams in diverse settings serving people who are homeless with co-occurring mental and addictive disorders (COD). Program administrators and evaluators from nine programs located in seven states completed a survey on implementation challenges, fidelity, modifications to the ACT model, and program successes. Challenges encountered related largely to staffing and funding limitations as well as to difficulties with implementing the ACT model without modifications. Several modifications to the model were believed beneficial to recruiting and retaining consumers. These included emphasizing housing, adding staff positions not prescribed by ACT, implementing mini-teams within the program, delivering in-office services in a group format, and placing time-limited services by transitioning consumers to less intensive settings. Successes included reduction in hospitalizations, psychiatric symptoms, and substance abuse. Stabilization of

consumers was attributed largely to housing assistance and maintenance; medication adherence; and delivery of intensive, multidisciplinary services including substance abuse treatment. Implications of this study suggest the need to adapt the ACT model for people who are homeless with COD by tailoring program staffing and service delivery. Furthermore, there is a need for a measure capable of assessing ACT fidelity in the context of both housing models and integrated treatment for the homeless population.”]

Full text at:

<http://search.ebscohost.com/login.aspx?direct=true&db=a9h&AN=45222253&site=ehost-live>

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

IMMIGRANT HEALTH

Work-Family Conflict : Experiences and Health Implications among Immigrant Latinos. By Elizabeth J. Munoz, University of North Texas-Dallas. IN: **Business Journal of Hispanic Research**, vol. 4, no. 1 (2010) pp. 84-89.

[“This is an executive summary of a study reported by Grzywacz, J. G., Arcury, T. A., Marin, A., Carrillo, L., Burke, B., Coates, M. L. and Quandt, S. A. (2007) that showed the relation of national culture, type of industry, experiences of work family conflict, and reports of physical and *mental* health illnesses of nonprofessional workers. Results of this study indicated that immigrant Latinos reported infrequent work-family conflict in the poultry processing industry. However, women reported job pressures that negatively impacted their family life. These results expand our understanding of the work and family life experiences of nonprofessional workers. A discussion is offered about how the results of this study are contrary to the stereotypes of Latinos' work values. Future research is suggested to further understand Latino's strategies for dealing with work and family responsibilities.”]

Full text at:

<http://search.ebscohost.com/login.aspx?direct=true&db=bth&AN=50375703&site=ehost-live>

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

OLDER ADULTS

OLDER AMERICANS 2010: Key Indicators of Well Being. By Federal Interagency Forum on Aging-Related Statistics. (The Forum, Washington, D.C.) July 2010. 174 p.

[“*Older Americans 2010: Key Indicators of Well-Being (Older Americans 2010)* is the fifth in a series of reports produced by the Federal Interagency Forum on Aging-Related Statistics (Forum) that describe the overall status of the U.S. population age 65 and over. Once again, this report uses data from over a dozen national data sources to construct broad indicators of well-being for the older population and to monitor changes in these

indicators over time. By following these data trends, more accessible information will be available to target efforts to improve the lives of older Americans.

With the exception of the indicator on nursing home utilization, for which new data are not available at this time, all indicators from the last edition reappear in *Older Americans 2010*. The Forum hopes that this report will stimulate discussions by policymakers and the public, encourage exchanges between the data and policy communities, and foster improvements in federal data collection on older Americans. By examining a broad range of indicators, researchers, policymakers, service providers, and the federal government can better understand the areas of well-being that are improving for older Americans and the areas of well-being that require more attention and effort.”]

Full text at:

http://www.agingstats.gov/agingstatsdotnet/Main_Site/Data/2010_Documents/Docs/OA_2010.pdf

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

POLICY

As Economy Takes Toll, Mental Health Budgets Shrink. By Christine Vestal, Stateline Staff Writer. IN: Stateline.org: State Policy and Politics. (July 19, 2010) pp. 1-4.

[“Mental health policies in America have changed radically over the past 60 years. A one-time emphasis on caring for patients in large institutions has shifted to treating them in outpatient settings in the community. The ways mental disorders are diagnosed and categorized have changed. And the use of psychotropic medications is more prevalent than it used to be.

But throughout the decades, one thing has remained the same. States have taken the lead role in publicly funded care for the mentally ill, and paid the majority of the expenses. Even through recessions, the states have steadily increased their mental health budgets every year to meet increasing demand.

Now, as states face their biggest fiscal challenge in modern history, the trend has reversed. For the first time in more than three decades, mental health funding is declining. The drop-off is translating into a reduction in the number of psychiatric hospital beds, as well as fewer services for mental health emergencies and longer waiting lists for housing for the chronically mentally ill. The cuts are coming just as some experts say economic pressures are creating an increase in mental illness.”]

Full text at:

<http://www.stateline.org/live/details/story?contentId=499181>

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

“Developing Physician Communication Skills for Patient-Centered Care.” By Wendy Levinson, University of Toronto, and others. IN: Health Affairs, vol.29, no. 7 (July 2010) pp. 1310-1318.

[“Growing enthusiasm about patient-centered medical homes, fueled by the Patient Protection and Affordable Care Act’s emphasis on improved primary care, has intensified interest in how to deliver patient centered care. Essential to the delivery of such care are patient-centered communication skills. These skills have a positive impact on patient satisfaction, treatment adherence, and self-management. They can be effectively taught at all levels of medical education and to practicing physicians. Yet most physicians receive limited training in communication skills. Policy makers and stakeholders can leverage training grants, payment incentives, certification requirements, and other mechanisms to develop and reward effective patient-centered communication.”]

Full text at:

<http://content.healthaffairs.org/cgi/reprint/29/7/1310>

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

POSTTRAUMATIC STRESS DISORDER

"Risk factors for Posttraumatic Stress Disorder among Deployed US Male Marines." By Christopher J. Phillips and others, Naval Health Research Center, San Diego, CA. IN: BMC Psychiatry, vol. 10, no. 52 (June 25, 2010) pp. 1-32.

[“Combat exposure has been reported as one of the strongest risk factors for post deployment posttraumatic stress disorder (PTSD) among military service members. Determining the impact of specific deployment-related exposures on the risk of developing PTSD has not been fully explored. Our study objective was to explore the relationship between specific combat exposures and other life experiences with post deployment PTSD.

Methods

This study consisted of male Marines who completed a Recruit Assessment Program (RAP) survey during recruit training at the Marine Corps Recruit Depot in San Diego, California as well as a follow-up survey several years after recruit training. Study participants included those Marines who deployed to the current operations in Iraq or Afghanistan between the baseline and follow-up surveys. Multivariable logistic regression was performed to determine which significant exposures and experiences were associated with post deployment PTSD.

Results

Of the 706 study participants, 10.8% screened positive for post deployment PTSD. Those who reported feeling in great danger of death (odds ratio [OR] = 4.63, 95% confidence interval [CI]: 2.46–8.73), were shot or seriously injured (OR=3.51, 95% CI: 1.58–7.77), saw someone wounded or killed (OR=2.47, 95% CI: 1.08–5.67), and baseline (before recruit training) prior violence exposures (OR=2.99, 95% CI: 1.46-6.10) were at increased odds for reporting PTSD symptoms. Number of deployments, number of close

friends or relatives reported at follow-up and enlisted pay grade were also significantly associated with post deployment PTSD.

Conclusions

Combat exposures, specifically the threat of death, serious injury, and witnessing injury or death are significant risk factors for screening positive for post deployment PTSD among male Marines as well as violence exposures prior to entering the Marine Corps, which are independent of future combat exposures. A thorough history of lifetime violence exposures should be pursued when considering a clinical diagnosis of PTSD.”]

Full text at:

<http://www.biomedcentral.com/content/pdf/1471-244X-10-52.pdf>

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

STIGMA

“Dimensions of Loss from Mental Illness.” By Amy E. Z. Baker and others, University of south Australia. IN: **Journal of Sociology and 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>

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

STRESS

“Effect of Stress on Coronary Risk Factors.” By Antony Thambiraj Thangadurai, Centre for Advanced Research in Indian System of Medicine, and others. IN: **Iranian Journal of Medical Sciences**, vol. 35, no. 2 (June 2010) pp. 162-163.

[“The article presents a *study* concerning the contribution of job stress on coronary heart disease (CHD) risk factors. The *study* consists of 72 bank workers whose job characteristics, including mental stress, and behavioral characteristics, including smoking and alcohol consumption habits, are assessed. Results showed an increase of *blood pressure* with *high* job stress which can alter the metabolic risk factors. Findings conclude an increase CHD incidence due to job stress causing *hypertension*.”]

Full text at:

<http://search.ebscohost.com/login.aspx?direct=true&db=a9h&AN=51360684&site=ehost-live>

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

SUICIDE PREVENTION

“The Cultural Dynamics of Copycat Suicide.” By Alex Mesoudi, University of London, UK. IN: PLoS One, vol. 4, no. 9 (September 30, 2009) pp. 1-9.

[“The observation that suicides sometimes cluster in space and/or time has led to suggestions that these clusters are caused by the social learning of suicide-related behaviours, or ‘copycat suicides’. Point clusters are clusters of suicides localised in both time and space, and have been attributed to direct social learning from nearby individuals. Mass clusters are clusters of suicides localised in time but not space, and have been attributed to the dissemination of information concerning celebrity suicides via the mass media. Here, agent-based simulations, in combination with scan statistic methods for detecting clusters of rare events, were used to clarify the social learning processes underlying point and mass clusters. It was found that social learning between neighbouring agents did generate point clusters as predicted, although this effect was partially mimicked by homophily (individuals preferentially assorting with similar others). The one-to-many transmission dynamics characterised by the mass media were shown to generate mass clusters, but only where social learning was weak, perhaps due to prestige bias (only copying prestigious celebrities) and similarity bias (only copying similar models) acting to reduce the subset of available models. These findings can help to clarify and formalise existing hypotheses and to guide future empirical work relating to real-life copycat suicides.”]

Full text at:

<http://www.plosone.org/article/info%3Adoi%2F10.1371%2Fjournal.pone.0007252>

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

TECHONOLOGY

Facts about Young Adults, Mental Health, & Online Information Seeking. By Pathways, the Graduate School of Social Work, Portland State University. (The School, Portland, Oregon) July 2010. 2 p.

[“In 2008, 72% of young adults 18-29 looked for health information online. 52% looked for information about a specific medical treatment or procedure online. 49% of 18-29 year olds research doctors and other health professionals online. 38% look up information on prescription or over the counter drugs. 34% look up alternative treatments or medicines.”]

Full text at:

<http://www.pathwaysrtc.pdx.edu/pdf/ehealthfactsheet.pdf>

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

Guest Editorial: m-Health: “the Future of Health is Mobile?” By Robyn Whittaker, University of Auckland, New Zealand. IN: Health Care and Informatics Review Online, vol. 14, no. 2 (2010) pp. 1-2.

[“These are exciting times in health information technology and in the emerging field of mobile health (m-Health). m-Health is a reasonably new term that has been defined as “the delivery of health-related services via mobile communications devices” [1, 2]. New Zealand’s recently released Draft National Health IT Plan was remarkably silent on mobile health (m-Health) although ‘mobility’ of patients (and health care providers) may have been implied in the vision for Shared Care [3]. The omission of m-Health was mentioned by three contributors to the excellent discussion forum on the health innovation exchange website (<http://www.hive.org.nz/content/national-health-it-board-draftnational-health-it-plan>) with the authors replying that this would be addressed in the final plan. Surely m-Health is capable of contributing significantly to “better, sooner, more convenient health services for New Zealanders” [4]. m- Health is really about putting the individual at the centre with mobile technology as a tool to support access to appropriate health services and health information. This is starting to be recognized in the literature with recent reviews examining the effects of mobile handheld technologies for hospital physicians [5], the use of mobile phones for health interventions, disease management and improving the process of care [6], text messages for delivering health behavior change interventions [7], and mobile phones in smoking cessation interventions [8].”]

Full text at:

http://www.hinz.org.nz/uploads/file/Journal_Jun10/Editorial_P1.pdf

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

"Internet- versus group-administered cognitive behaviour therapy for panic disorder in a psychiatric setting: a randomised trial." By Jan Bergstrom, Karolinska Institutet, Department of Clinical Neuroscience, Center for Psychiatry Research, Stockholm, Sweden and others. IN: BMC Psychiatry, vol. 10, no. 54, vol. 10, no. 54 (July 2, 2010) pp. 1-32

[“Internet administered cognitive behaviour therapy (CBT) is a promising new way to deliver psychological treatment, but its effectiveness in regular care settings and in relation to more traditional CBT group treatment has not yet been determined. The primary aim of this study was to compare the effectiveness of Internet- and group administered CBT for panic disorder (with or without agoraphobia) in a randomized trial within a regular psychiatric care setting. The second aim of the study was to establish the cost-effectiveness of these interventions.

Methods

Patients referred for treatment by their physician, or self-referred, were telephone screened by a psychiatric nurse. Patients fulfilling screening criteria underwent an in person structured clinical interview carried out by a psychiatrist. A total of 113 consecutive patients were then randomly assigned to 10 weeks of either guided Internet delivered CBT (n=53) or group CBT (n=60). After treatment, and at a 6- month follow-up, patients were again assessed by the psychiatrist, blind to treatment condition.

Results

Immediately after randomization 9 patients dropped out, leaving 104 patients who started treatment. Patients in both treatment conditions showed significant improvement on the main outcome measure, the Panic Disorder Severity Scale (PDSS) after treatment. For the Internet treatment the within-group effect size (prepost) on the PDSS was Cohen's $d=1.73$, and for the group treatment it was $d=1.63$. Between group effect sizes were low and treatment effects were maintained at 6- months follow-up. We found no statistically significant differences between the two treatment conditions using a mixed models approach to account for missing data. Group CBT utilised considerably more therapist time than did Internet CBT. Defining effect as proportion of PDSS responders, the cost effectiveness analysis concerning therapist time showed that Internet treatment had superior cost-effectiveness ratios in relation to group treatment both at post-treatment and follow-up.

Conclusions

This study provides support for the effectiveness of Internet CBT in a psychiatric setting for patients with panic disorder, and suggests that it is equally effective as the more widely used group administered CBT in reducing panic- and agoraphobic symptoms, as well as being more cost effective with respect to therapist time.”]

Trial registration

ClinicalTrials.gov NCT00845260

Full text at:

<http://www.biomedcentral.com/content/pdf/1471-244X-10-54.pdf>

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

NON PROFIT RESOURCE CENTER-GRANT WRITING

[“Our mission is to enhance the resources and improve the management of nonprofit organizations, primarily within California's northern Central Valley and Sierra Nevada regions.

We invite you to visit us often to find resources that will help your nonprofit grow stronger and be more successful -- from information on training opportunities, consultation and technical assistance, to building connections with your peers.

The Nonprofit Resource Center...building a strong, vibrant nonprofit community.”]

More information about grant-writing at:

<http://www.nprcenter.org/>

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

CONFERENCES, MEETINGS AND SEMINARS

Summer Institute of Neurodevelopmental Disorders.

**August 6, 2010
Sacramento, CA**

For more information:

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

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

Reinventing Quality Conference 2010

**August 8-10, 2010
Baltimore, Maryland**

“The Reinventing Quality Conference is the premier gathering place for people with intellectual/developmental disabilities, family members, direct support professionals, administrators of community support agencies, advocates, and government leaders – all committed to a vision of a better future for people with intellectual/developmental disabilities.”

For more information:

<http://www.reinventingquality.org/upcoming/>

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

Southwest Regional Integrated Behavioral Health Conference

**September 8th and 9th, 2010
San Diego, California**

“This conference will provide a forum for exploring the complex social service issues in integrating treatment for clients with addiction and mental health disorders. Internationally known presenters will explore current trends in neurobiology, research on human behavior change, clinical supervision, and evidence based methods to increase client engagement and outcomes in care. Participants will be able to choose from sessions in four tracks: Wellness, Trauma Informed Services, Leadership, and Advanced Clinical Practices.”

For more information:

<http://www.mhsinc.org/events/2010/09/08/southwest-regional-integrated-behavioral-health-conference>

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

5th Annual UC Davis Conference: Psychotic Disorders: Advanced Strategies for the Management of Psychosis: A State of the Art Conference for Experienced Clinicians.

**September 16, 2010
Hilton Sacramento
Sacramento, California**

[“This year’s conference on psychotic disorders has been designed to respond to areas of need as identified through past conference evaluations and annual needs assessment surveys of participants. The program is knowledge and experience-based and designed to update participants on important new approaches to the diagnosis and treatment of psychotic disorders, psychosocial interventions and assisting patients in recovery from psychotic episodes. Program content will address educational or practice gaps in the areas of pharmacologic management of refractory patients, managing young people at risk for psychosis, understanding the relationship between autism and psychosis and the process and outcomes associated with recovery of functional capacity in psychotic disorders.”]

For more information:

http://www.ucdmc.ucdavis.edu/cme/conferences/pdfs/APSYC11_9-16-10Web.pdf

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