

Subject: Studies in the News: (August 12, 2010)



Studies in the News for



California Department of Mental Health

Introduction to Studies in the News

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- 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

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ANTIPSYCHOTICS

“Influence of Medications and Diagnoses on Fall Risk in Psychiatric Inpatients.” By Stacey M. Lavsa, University of Pittsburg Medical Center, and others. IN: American Journal of Health System Pharmacy, vol. 67, no. 15 (August 1, 2010) pp. 1274-1280.

[“The influence of medications and diagnoses on fall risk in psychiatric inpatients was evaluated. Methods. In this retrospective case-control study, psychiatric inpatients age 18 years or older with a documented fall that was reported served as study cases. These patients were matched to control patients from the same hospital (1:1) by admission year, sex, and age. Psychiatric diagnoses evaluated included major depressive disorder, schizophrenia or schizoaffective disorder, bipolar disorder, Alzheimer's disease and dementia, anxiety or neurosis, delirium, personality disorder, and obsessivecompulsive disorder. Medications assessed as independent variables were conventional antipsychotics, atypical antipsychotics, selective serotonin-reuptake inhibitors, tricyclic antidepressants, atypical antidepressants, monoamine oxidase inhibitors, lithium, anticonvulsants, benzodiazepines, nonbenzodiazepine sleep aids, Alzheimer's disease medications, antihistamines, antiarrhythmics, antihypertensives, benign prostatic hyperplasia medications, oral hypoglycemic agents, histamine H₂-receptor blockers, laxatives and stool softeners, muscle relaxants, nonsteroidal anti-inflammatory drugs, opioids, Parkinson's disease medications, and overactive bladder medications. Univariate logistic regression models were developed for each risk factor to determine its impact on fall risk. Results. A total of 774 patient cases were matched with controls. Most falls occurred on the second day of hospitalization. Medications associated with a higher risk of falls were α -blockers, nonbenzodiazepine sleep aids, benzodiazepines, H₂-blockers, lithium, antipsychotics, atypical antidepressants, anticonvulsants, and laxatives and stool softeners. Patients with a diagnosis of dementia and Alzheimer's disease also had an increased risk of falling. Conclusion. Alpha-blockers, nonbenzodiazepine sleep aids, benzodiazepines, H₂-blockers, lithium, atypical antipsychotics, atypical antidepressants, anticonvulsants and mood stabilizers, conventional antipsychotics, laxatives and stool softeners, and dementia and Alzheimer's disease were significant predictors of inpatient falls in a psychiatric population.”]

Full text at:

<http://search.ebscohost.com/login.aspx?direct=true&db=a9h&AN=52449258&site=ehost-live>

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CHILDREN AND ADOLESCENTS

“Body Weight, Self-Perception and Mental Health Outcomes among Adolescents. By Mir M. Ali, University of Toledo, Toledo, Ohio, and others.” IN: The Journal of Mental Health Policy and Economics, vol. 13, no. 2 (June 2010) pp. 53-63.

[“The prevalence of childhood obesity in the United States has increased three-fold over the last thirty years. During the same period, the prevalence of depressive symptoms in children also rose significantly. Previous literature suggests an association between actual body weight and mental health, but there is little evidence on self-perception of weight and mental health status....After accounting for a wide array of relevant characteristics, we did not find a direct and significant association between actual weight status and mental health outcomes. Instead, our analysis revealed a strongly negative and significant relationship between self-perceived weight status and mental health. The negative relationship between self-perceived weight and depressive symptoms was more pronounced among females. The RSE (Rosenberg Self Esteem) scale was particularly correlated with body weight perceptions, suggesting a potentially important link between weight perception and self-esteem.” **NOTE: This article is available in hard copy only. If you would like a hard copy of this article, please contact the California State Library.**]

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“What are the Parent-Reported Reasons for Unmet Mental Health Needs in Children?” By LeaAnne DeRigne, Florida Atlantic University. **IN: Health & Social Work, vol. 35, no. 1 (February 2010) pp. 7-16.**

[“Parents of children with long-term emotional or behavioral conditions often struggle to access and afford mental health services for their children. This article examines the parent-reported reasons for unmet mental health needs in children using the National Survey of Children with Special Health Care Needs, specifically investigating whether insurance status (insured versus uninsured) and insurance type (private versus public) influences why a child has an unmet mental health need. The sample included children whose parents reported a need for mental health care or counseling in the previous 12 months, focusing on children with long-term emotional/behavioral problems rather than children experiencing episodic events that might only require short-term mental health services. Findings indicate that being uninsured increases the likelihood of parents reporting costs too much as the reason for their child having unmet mental health needs, whereas being insured by public health insurance decreases the likelihood of reporting costs too much as the reason. Policy implications include the need for expansion of health insurance coverage for all children and the need to achieve parity for mental health benefits in private health insurance.”]

Full text at:

<http://search.ebscohost.com/login.aspx?direct=true&db=sih&AN=48834497&site=ehost-live>

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CHILDREN EXPOSED TO VIOLENCE REPORT

National Evaluation of Safe Start Promising Approaches: Assessing Program Implementation. By Dana Schultz, RAND Corporation, and others. (The Corporation, Santa Monica, California) 2010. 269 p.

[“Safe Start Promising Approaches (SSPA) was the second phase of a planned four-phase initiative focusing on preventing and reducing the impact of children’s exposure to violence and sponsored by the U.S. Department of Justice’s Office of Juvenile Justice and Delinquency Prevention (OJJDP). The RAND Corporation conducted the national evaluation of the SSPA phase of the initiative, in collaboration with the national evaluation team: OJJDP, the Safe Start Center, The Association for the Study and Development of Communities, and the 15 program sites. The evaluation design involved three components: A process evaluation, including a cost analysis; an evaluation of training; and an outcomes evaluation. This document provides the results for the process and training evaluations. It documents the activities of the 15 SSPA programs for the first two years of implementation. In the main body of this report, we synthesize information across all 15 sites to describe the program and community settings, interventions, and implementations....These results will be of interest to clinicians, practitioners, policymakers, community leaders, and others interested in implementing programs for children exposed to violence.”]

Full text at:

http://www.rand.org/pubs/technical_reports/2010/RAND_TR750.pdf

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COMMUNITY HEALTH CENTERS

Trends in Behavioral Health Care Service Provision by Community Health Centers, 1998-2007. By Rebecca Wells, Department of Health Policy and Management, and others. IN: *Psychiatric Services*, vol. 61, no. 8 (August 2010) pp. 759-764.

[“The federal government boosted support for community health centers in medically underserved areas in 2002–2007. This investigation compared trends in behavioral health services provided by community health centers nationwide during the first several years of that initiative with immediately prior trends. *Methods:* Data were extracted from the Health Resources and Services Administration’s Uniform Data System on community health centers for 1998–2007 (2007, N=1,067). Regression analyses revealed trends in individual community health centers’ likelihood of providing on-site specialty mental health care, crisis services, and substance abuse treatment. Aggregate data were used to show national trends in numbers of behavioral health encounters, patients, and encounters per patient. *Results:* The number of federally funded community health centers increased 43% between 2001 and 2007, from 748 to 1,067, over twice the annual growth rate between 1998 and 2001. However, trends in individual community health centers’

likelihood of providing different types of behavioral health care were generally consistent across the two time periods. In 2007, 77% of community health centers offered specialty mental health services, 20% offered 24-hour crisis intervention services, and 51% offered substance abuse treatment. The mean number of mental health encounters per mental health patient at community health centers in 2007 was 2.9. *Conclusions:* The behavioral health care safety net has widened through rapid recent growth in the number of community health centers as well as a continuing increase in the proportion offering specialty mental health services.”]

Full text at:

<http://psychservices.psychiatryonline.org/cgi/reprint/61/8/759>

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HOMELESS

“Assessing Trauma, Substance Abuse, and Mental Health in a Sample of Homeless Men.” By Mimi M. Kim, Shaw University, and others. **IN: Health & Social Work, vol. 35, no. 1 (February 2010) pp.39-48.**

[“This study examined the impact of physical and sexual trauma on a sample of 239 homeless men. Study participants completed a self-administered survey that collected data on demographics, exposure to psychological trauma, physical health and mental health problems, and substance use or misuse. Binomial logistic regression analyses were used to examine the relative significance of demographic factors and the four types of trauma exposure associated with three outcomes: mental health, substance abuse, and physical health problems. The authors found that trauma history was significantly associated with more mental health problems but was not associated with substance abuse problems for homeless men. This study reinforces service providers' perceptions that because many homeless men experience the long-term, deleterious effects of not only current stressors, but also abuse and victimization that often begin in childhood, homeless men are a subpopulation in need of proactive prevention services that emphasize long-term continuity of care rather than sporadic crisis-based services. Study findings suggest that mentally ill, homeless men need proactive services that address the sequelae of abuse with care that is specialized and distinctly different from care for homeless adults with substance abuse or physical health care issues.”]

Full text at:

<http://search.ebscohost.com/login.aspx?direct=true&db=sih&AN=48835569&site=ehost-live>

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JUVENILE OFFENDERS

“Substance Abuse, Familial Factors, and Mental Health: Exploring Racial and Ethnic Group Differences among African American, Caucasian, and Hispanic

Juvenile Offenders.” By Roslyn M. Caldwell, California Polytechnic State University, and others. IN: The American Journal of Family Therapy, vol. 38, no. 4 (July-September 2010) pp. 310-321.

[“The present study examined racial, ethnic, and gender differences in family composition substance abuse, and mental health issues, such as depression and self esteem among adjudicated juvenile offenders. Results revealed a negative relationship between depression and self-esteem among all ethnicities and family compositions. Caucasians reported greater incidence of substance abuse than did African American and Hispanic youth. Moreover, in reconstituted families, Caucasians had lower self-esteem scores than did other ethnicities. The findings illustrate the complexities of risk to substance use among high-risk populations, particularly as they relate to familial factors and the importance of intensive family therapy among this population.” **NOTE: This article is available in hard copy only. If you would like a hard copy of this article, please contact the California State Library.**]

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MENTAL HEALTH PROFESSIONALS

“Comorbid Mental Health Symptoms and Heart Diseases: Can Health Care and Mental Health Professionals Collaboratively Improve the Assessment and Management?” By Amy L. Ai, University of Pittsburg, and others. IN: Health & Social Work, vol. 35, no. 1 (February 2010) pp. 27-38.

[“On the basis of current epidemiological and clinical research, this article describes how mental health symptoms are associated with heart disease, a major chronic condition that occurs primarily in middle and late life. The article describes the culturally, and historically important link between heart and mind. It then describes depression and anxiety, both as manifestations of heart disease and as contributors to the disease prognosis. In addition to discussing risk factors, the article discusses factors that protect against the co-occurrence of mental health problems and heart disease such as positive attitudes, coping mechanisms, social supports, and spirituality. Further, the article highlights issues concerning the clinical assessment of mental health symptoms and interventions to address them. Finally, it summarizes the collaborative chronic care model, in which health care professionals--including medical, mental health, gerontological, and community social workers--assess and manage patients with comorbid mental health symptoms and heart disease.”]

Full text at:

<http://search.ebscohost.com/login.aspx?direct=true&db=sih&AN=48835568&site=ehost-live>

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POLICY

Mental Health Status and Use of Mental Health Services by California Adults. By David Grant, UCLA Center for Health Policy Research, and others. Health Policy Research Brief. (The Center, Los Angeles, California) July 2010. 8 p.

[“In 2005, nearly one in five adults in California, about 4.9 million people, said that they needed help for mental or emotional health problem. Approximately one in 25, or over one million Californians, reported symptoms associated with serious psychological distress (SPD). Of those adults with either perceived need or SPD, only one in three reported visiting a mental health professional for treatment. This policy brief, based on data from the 2005 California Health Interview Survey (CHIS 2005), presents the first comprehensive overview of mental health status and service use in California, and highlights difference by age, gender, race/ethnicity, income and insurance status. It also demonstrates the critical need for continued efforts to expand mental health services and threats to such services caused by the ongoing state budget crisis.”]

Full text at:

http://www.healthpolicy.ucla.edu/pubs/files/MentalHealth_PB_072810.pdf

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RURAL AND REMOTE HEALTH

“A National View of Rural Health Workforce Issues in the USA.” By M. MacDowell, University of Illinois College of Medicine, Rockford, and others. IN: Rural and Remote Health, Vol. 10, no. 1531 (July 26, 2010) pp. 1-12.

[“Regional or state studies in the USA have documented shortages of rural physicians and other healthcare professionals that can impact on access to health services. The purpose of this study was to determine whether rural hospital chief executive officers (CEOs) in the USA report shortages of health professions and to obtain perceptions about factors influencing recruiting and retention.

Methods: A nationwide US survey was conducted of 1031 rural hospital CEOs identified by regional/state Area Health Education Centers. A three-page survey was sent containing questions about whether or not physician shortages were present in the CEO’s community and asking about physician needs by specialty. The CEOs were also asked to assess whether other health professionals were needed in their town or within a 48 km (30 mile) radius. Analyses from 335 respondents (34.4%) representative of rural hospital CEOs in the USA are presented.... Similarities in shortages and attributes influencing recruitment across regions suggest that major policy and program interventions are needed to develop a rural health professions workforce that will enable the benefits of recent US health reform insurance coverage to be realized. Substantial and targeted programs to increase rural healthcare professionals are needed.”]

Full text:

http://www.rrh.org.au/publishedarticles/article_print_1531.pdf

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STIGMA

Attitudes towards Mental Illness-35 States, District of Columbia, and Puerto Rico, 2007. By Centers of Disease and Prevention Control. Morbidity and Mortality Weekly Report. (The Centers, Atlanta, Georgia) July 14, 2010. 5 p.

[“Negative attitudes about mental illness often underlie stigma, which can cause affected persons to deny symptoms; delay treatment; be excluded from employment, housing, or relationships; and interfere with recovery.¹ Understanding attitudes toward mental illness at the state level could help target initiatives to reduce stigma, but statelevel data are scant. To study such attitudes, CDC analyzed data from the District of Columbia (DC), Puerto Rico, and the 35 states participating in the 2007 Behavioral Risk Factor Surveillance System (BRFSS) (the most recent data available), which included two questions on attitudes toward mental illness. Most adults (88.6%) agreed with a statement that treatment can help persons with mental illness lead normal lives, but fewer (57.3%) agreed with a statement that people are generally caring and sympathetic to persons with mental illness. Responses to these questions differed by age, sex, race/ethnicity, and education level. Although most adults with mental health symptoms (77.6%) agreed that treatment can help persons with mental illness lead normal lives, fewer persons with symptoms (24.6%) believed that people are caring and sympathetic to persons with mental illness. This report provides the first state-specific estimates of these attitudes and provides a baseline for monitoring trends.” **NOTE: An electronic copy of this article may be requested from the California State Library.]**

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“Stigmatizing Experiences of Parents of Children with a New Diagnosis of ADHD”. By Susan dosReis, University of Maryland School of Pharmacy, and others. IN: *Psychiatric Services*, vol. 61, no. 8 (August 2010) pp. 811-816.

[“The experiences of parents of a child who received an initial diagnosis of attention-deficit hyperactivity disorder (ADHD) were examined to determine the ways in which they may have encountered stigmatizing situations. *Methods:* Forty-eight parents of children aged six to 18 years were interviewed about their experiences leading up to their child’s ADHD diagnosis, including their decisions to seek treatment. All interviews were recorded, transcribed, and analyzed using grounded theory methods. Codes were identified using a constant comparative approach, which led to theoretically defined thematic constructs of stigma. *Results:* Stigmatizing experiences were noted by 77% of the sample. Nearly half (N=21, 44%) were concerned about how society would label their child, 40% (N=19) felt social isolation and rejection, and 21% (N=10) perceived health care professionals and school personnel as being dismissive of their concerns. Parents’

own attitudes about ADHD treatment were shaped by their exposure to negative media (N=10, 21%), their mistrust of medical assessments (N=8, 17%), and the influence of general public views (N=3, 6%). These stigmatizing views were related to parental concerns about the impact that diagnosis and treatment would have on their child's self-esteem and opportunities for future success. *Conclusions:* The range of ways in which parents in the study experienced stigma highlights the need for multiple perspectives for community outreach and public health programs that are aimed at addressing and eliminating mental health stigma. Even though stigma is a well-established barrier to mental health service use, the anticipated benefits of treatment may outweigh parents' experiences with stigma.”]

Full text at:

<http://psychservices.psychiatryonline.org/cgi/reprint/61/8/811>

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SUBSTANCE ABUSE

“Violent Behavior in Mental Illness: The Role of Substance Abuse.” By Jan Volavka, New York University School of Medicine, and Jeffrey Swanson, Duke University School of Medicine. IN: *Journal of the American Medical Association*, vol. 304, no. 5 (August 4, 2010) pp. 563-564.

[“That comorbid substance use disorders substantially increase the risk for violence in mental illness has been known for decades. However, the prevailing view, based on US and Scandinavian epidemiologic studies, has been that serious mental illness also confers a significant relative risk for violence even in the absence of such comorbidity. Accordingly, a broad clinical consensus has emerged that violence risk management in psychiatric patients with dual diagnoses requires treatment of both the underlying psychopathology and comorbid substance abuse.

Recent epidemiologic studies have prompted reexamination of this prevailing view. These new studies report little if any increased risk for violence associated with serious mental illness (such as schizophrenia, bipolar disorder, or major depressive disorder) unless there is comorbidity with substance use disorder. However, there is substantial evidence that substance use comorbidity is only one of several factors that may increase the risk of violent behavior for individuals with severe mental illness.” **NOTE: An electronic copy of this article may be requested from the California State Library.]**

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SUICIDE PREVENTION

“The Garrett Lee Smith Memorial Suicide Prevention Program.” By David B. Goldston, Duke University School of Medicine, and others. IN: *Suicide & Life Threatening Behavior*, vol. 40, no. 3 (June 2010) pp. 245-256.

[“In response to calls for greater efforts to reduce youth suicide, the Garrett Lee Smith (GLS) Memorial Act has provided funding for 68 state, territory, and tribal community grants, and 74 college campus grants for suicide prevention efforts. Suicide prevention activities supported by GLS grantees have included education, training programs (including gatekeeper training), screening activities, infrastructure for improved linkages to services, crisis hotlines, and community partnerships. Through participation in both local-and cross-site evaluations, GLS grantees are generating data regarding the local context, proximal outcomes, and implementation of programs, as well as opportunities for improvement of suicide prevention efforts.”]

Full text at:

<http://search.ebscohost.com/login.aspx?direct=true&db=a9h&AN=52425785&site=ehost-live>

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Promoting Mental Health and Preventing Suicide: A Tool Kit for Senior Living Communities. By the Substance Abuse and Mental Health Services Administration (SAMHSA). No. SMA (10) 4515. (SAMHSA, Rockville, Maryland) 2010. 12 p.

[“Statistics show that adults age 65 and older have one of the highest suicide rates of any age group in the United States. This new toolkit from the Substance Abuse and Mental Health Services Administration (SAMHSA) teaches staff working in senior living communities how to recognize and take steps to help someone at risk of suicide. The ideas presented in this toolkit can help prevent suicides, promote mental health, and create an environment that will enhance the well-being of residents and staff alike.”]

Full text at:

http://download.ncadi.samhsa.gov/ken/pdf/SMA10-4515/toolkitoverview_final.pdf

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A Guide to Promoting Mental Health and Preventing Suicide in Senior Living Communities. By the Substance Abuse and Mental Health Services Administration (SAMHSA). No. (10) 4515. (SAMHSA, Rockville, Maryland) 2010. 151 p.

[“*A Guide to Promoting Mental Health and Preventing suicide in Senior Living Communities* is written for administrators and managers of departments of nursing, social work, pastoral care, wellness, and staff development in senior living communities. Senior living communities include nursing homes, assisted living facilities, independent living facilities, and continuing care retirement communities. Too often, staffs in senior living communities do not think about suicide prevention until a suicide attempt or death occurs. The Guide will help you be proactive by implementing policies, protocols, programs, and activities that will improve all residents’ quality of life, while also helping

protect vulnerable members of the community from suicide and related mental health problems.”]

Full text at:

http://download.ncadi.samhsa.gov/ken/pdf/SMA10-4515/guide_final.pdf

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TECHNOLOGY

Social Networks in Health Care: Communication, Collaboration, and Insight. By Paul H. Keckley and Michelle Hoffman, Deloitte Center for Health Solutions. Issue Brief. (The Center, Washington, D.C.) 2010. 9 p.

[“At Chirp, Twitter’s first ever developers’ conference held in April 2010, Twitter announced that people were enrolling at a rate of 50,000 per day and that it had more than 100 million unique users. As of June 2010, Facebook boasts 400 million users and has created its own unique cyber culture. Social networking is to the current era what online access was just 20 years ago – a transformational change in how information is accessed and shared.

In this issue brief, we provide a snapshot of social networking’s evolution and explore its current and potential impacts on the health care industry. We believe that social networking is an important trend: Industry stakeholders who do not consider how to incorporate social networks into their future strategies risk being run over on the super-highway of health information sharing.”]

Full text at:

http://www.deloitte.com/assets/Dcom-UnitedStates/Local%20Assets/Documents/US_CHS_2010SocialNetworks_070710.pdf

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VETERANS

“A Systematic Review of Suicide Prevention Program for Military or Veterans.” By Steven C. Bagley, Veterans Affairs Greater Los Angeles Healthcare System, and others. IN: *Suicide & Life Threatening Behavior*, vol. 40, no. 3 (June 2010) pp. 257-265.

[“Military personnel and veterans have important suicide risk factors. After a systematic review of the literature on suicide prevention, seven (five in the U.S.) studies of military personnel were identified containing interventions that may reduce the risk of suicide. The effectiveness of the individual components was not assessed, and problems in methodology or reporting of data were common. Over- all, multifaceted interventions for active duty military personnel are supported by consistent evidence, although of very mixed quality, and in some cases during intervals of declines in suicide rates in the

general population. There were insufficient studies of U.S. Veterans to reach conclusions.”]

Full text:

<http://search.ebscohost.com/login.aspx?direct=true&db=a9h&AN=52425786&site=ehost-live>

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“Is Veteran Status and Suicide Risk Assessed in Community Long-Term Care? A Review of the States' Assessment Instruments.” By Monica M. Matthieu, Washington University in St. Louis, and others. IN: *Suicide & Life Threatening Behavior*, vol. 40, no. 2 (April 2010) pp. 125-132.

[“Given recent policy initiatives to address suicide risk among older persons and veterans, community-based elder serving agencies may serve an important role in identifying and referring individuals at risk for suicide. A review of state-level long-term assessment instruments was conducted to determine whether veteran status and suicide are assessed. Data from forty-three state's Units on Aging instruments were content analyzed. Results indicate that over two thirds of the states in this review included questions about suicide and veterans in their assessments, 69.8% and 67.4% respectively. Suicide risk among elders and veterans must be addressed at local, state, and federal levels so that concerted attention and oversight can be provided for matching elders to the services they need.”]

Full text:

<http://search.ebscohost.com/login.aspx?direct=true&db=a9h&AN=51009800&site=ehost-live>

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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/>

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CONFERENCES, MEETINGS AND SEMINARS

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>

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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/APSUC11_9-16-10Web.pdf

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The Emerging Neuroscience of Autism Spectrum Disorders

**San Diego, California
November 11 and 12, 2010**

[This meeting will review current knowledge about the molecular and cellular basis of autism spectrum disorders (ASDs). ASDs, which include autism, Asperger syndrome, Rett syndrome, and pervasive developmental disorder – not otherwise specified, typically present with social and language deficits, in addition to proscribed interests and/or stereotyped behaviors. Behavioral interventions remain the first-line treatment for ASDs and can ameliorate symptoms in some individuals. Molecular genetic approaches have begun to identify chromosomal abnormalities and smaller genetic variants that confer high risk for ASDs. These abnormalities can be explored in model systems and are leading to novel rational therapies. Concurrent studies in patients are identifying systems-level changes that implicate neuronal pathways related to specific symptoms of the ASDs. Leading world experts will review all aspects of current research including the possible causes and current treatments of ASDs at this two-day meeting.”]

For more information:

<http://www.brainresearch2010.com/>

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2nd Conference on Positive Aging An Interdisciplinary Team Approach for Health Professionals

**Vancouver, BC, Canada
November 26, & 27, 2010**

[“The aim of the 2nd national conference on positive aging is to bring together an interdisciplinary audience of health professionals and researchers to address some of the issues and challenges facing the aging population today. Hear about the most current research findings from leading experts, learn how research can be translated into practice, and discover useable resources to promote healthier, more positive living for Canada’s older adult population. The importance of purpose and meaning of the later life as well as lessons for health and longevity will be emphasized.

The conference will provide informative lectures, discussions, workshops, poster sessions and ample networking opportunities. A highlight of this conference will be to hear from the Older Adults.”]

For more information:

http://www.interprofessional.ubc.ca/Positive_Aging_2010.html

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