

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



Studies in the News for



California Department of Mental Health

Introduction to Studies in the News

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**NON PROFIT RESOURCE CENTER-GRANT WRITING
CONFERENCES, MEETINGS, SEMINARS**

The Emerging Neuroscience of Autism Spectrum Disorders

Annual Meeting of the American Society of Criminology

2nd Conference on Positive Aging

ZERO TO Three's 25th National Training Institute (NTI)

25th Conference Annual San Diego International Conference on Child and Family Maltreatment.

Annual Meeting American College of Psychiatrists.

ANTIPSYCHOTICS

International Variation in the Usage of Medicines. By Ellen Nolte and others, RAND Corporation. Technical Report. (The Corporation, Santa Monica, California) 2010. 57 p.

[“This report reviews the published and grey literature on international variation in the use of medicines, focusing on osteoporosis, atypical anti-psychotics, dementia, rheumatoid arthritis, cardiovascular disease/lipid-regulating drugs (statins), and hepatitis C. The report aims to inform the Steering Group “Extent and Causes of International Variation in Drug Usage” to guide further analytical work on the extent and causes of international variation in drug usage.

The report was prepared as part of the project “An ‘On-call’ Facility for International Healthcare Comparisons” funded by the Department of Health in England through its Policy Research Programme (grant no. 0510002). The project comprises a programme of work on international health care comparisons that provides intelligence on new developments in other countries, involving a network of experts in a range of OECD countries to inform health policy development in England. It is conducted by RAND Europe, in conjunction with the London School of Hygiene & Tropical Medicine.”]

Full text at:

http://www.rand.org/pubs/technical_reports/2010/RAND_TR830.pdf

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CHILDREN AND ADOLESCENTS

‘Gender differences in the association between pre-adolescent smoking initiation and emotional or behavioral problems.’ By Gea de Meer, Municipal Health Service Fryslân, Leeuwarden, the Netherlands, and others. IN: BMC Public Health, vol. 10, no. 615 (October 18, 2010) pp. 1-25.

[“Background: Emotional and behavioral problems are a risk factor for the initiation of smoking. In this study, we aimed to assess this relationship beyond clinical cut-off

values of problem behavior.

Methods: Cross-sectional national survey among 9-13 year old children with data on smoking and Childhood Behavior Checklist (CBCL) (N=960). Relationships between smoking and tertiles of CBCL-scores were assessed.

Results: Smoking was reported by 5.9% of the children (7.1% boys and 5.0% girls, $P > 0.100$). Relationships between smoking and problem behavior were present in girls, but not in boys. Among girls, smoking was associated with attention problems, thought problems, and delinquent behavior. For attention problems and delinquent behavior the associations were limited to the CBCL-scores in the uppermost 16% which agrees with the subclinical cut-off value.

Conclusion: Pre-adolescent girls more frequently smoke if having attention problems, delinquent behavior, or thought problems.”]

Full text at:

<http://www.biomedcentral.com/content/pdf/1471-2458-10-615.pdf>

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‘A prospective study of weight development and behavior problems in toddlers: the Norwegian Mother and Child Cohort Study.’ By Susan Garthus-Niegel, Norwegian Institute of Public Health, and others. IN: BMC Public Health, vol. 10, no. 626 (October 20, 2010) pp. 1-31.

[“Previous research has suggested that overweight children have a higher risk of behavior problems, but the causal direction of this relationship remains unclear. In a large prospective population study, we investigated whether child behavior problems and body mass index are associated in toddlers and whether overweight is a risk for behavior problems or vice versa.

Methods

The study was part of the Norwegian Mother and Child Cohort Study. The sample consisted of 10 860 toddlers, followed up to age 36 months. We used data from maternal questionnaires from gestation week 17 and at child ages 18 and 36 months, and data from the Medical Birth Registry of Norway. Child height and weight were assessed at child health stations and recorded by mothers. Behavior problems were assessed using shortened subscales from the Child Behavior Checklist. Statistical analyses were conducted using structural equation modeling.

Results

Behavior problems in toddlers were not associated with higher body mass index cross-sectionally at either age 18 or 36 months, and there was no indication that behavior problems caused increasing body mass index over time or vice versa.

Conclusions

The association between behavior problems and body mass index found in older children did not appear in toddlers up to age 36 months. Future studies should focus on the age span from 3 to 6 years, which includes the period of adiposity rebound.”]

Full text at:

<http://www.biomedcentral.com/content/pdf/1471-2458-10-626.pdf>

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COMPARATIVE EFFECTIVENESS REVIEWS

Conducting Qualitative Synthesis When Comparing Medical Interventions: AHRQ and the Effective Health Care Program. Methods Guide for Comparative Effectiveness Reviews. By Rongwei Fu, Oregon Health and Science University, and others. (Agency for Healthcare Research and Quality, Rockville, Maryland) October 2010. 21 p.

[“Comparative effectiveness reviews (CERs) are systematic reviews that summarize comparative effectiveness and harms of alternative clinical options, and aim to help clinicians, policy makers, and patients make informed treatment choices. Quantitative synthesis, or meta analysis, is often essential for CERs to provide scientifically rigorous summary information. Quantitative synthesis should be conducted in a transparent and consistent way, and methodologies reported explicitly. Reasons for this were made clear during the controversy around the safety of rosiglitazone, where a systematic review that found increased risk for myocardial infarction¹ spurred heated debate on issues around choosing appropriate methods for quantitative syntheses;²⁻⁴ and the subsequent Congressional hearings⁵ brought these issues further into spotlight. This story highlighted the fact that basic issues in quantitative syntheses, such as choice of an effect measure or a model or how to handle heterogeneity, remain crucial considerations and are often the subject of controversy and debate.”]

Full text at:

<http://effectivehealthcare.ahrq.gov/ehc/products/243/554/MethodsGuide--ConductingQuantitativeSynthesis.pdf>.

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CULTURAL COMPETENCY

Improving Care for Individuals with Limited English Proficiency: Facilitators and Barriers to Providing Language Services in California Public Hospitals. By Romana Hasnain-Wynia, Northwestern University, and others. (The California Endowment, Los Angeles, California) October 2009. 30 pages.

[“Evidence shows that effective communication between patients, clinicians, and other health care professionals is a critical component of providing high quality care. Providing individuals with limited English proficiency (LEP) the means to communicate effectively with their health care providers is critical to improving their experience in the health care setting, the quality of care they receive, and their health outcomes. (“LEP” is the acronym for both “limited English proficiency” and “limited English proficient.” The U.S. Census Bureau’s operational definition of LEP is a patient’s self-assessed ability to speak English less than “very well.”) Yet, health care providers throughout the country have reported challenges, such as inadequate funding of language services, to be major barriers in providing LEP patients with high-quality care.

Our objective was to better understand the impact of the efforts undertaken by California public hospitals to improve language access to all Californians, and ultimately to identify strategies that engage hospitals in facilitating organizational change to address the provision of language services. According to the 2000 Census, 12.4 million people in California speak a primary language other than English at home, with 6.2 million being identified as LEP. These numbers resonate with health care providers and clinicians, as several studies have found that patients who cannot speak English well receive less than optimal health care.”]

Full text at:

http://www.calendow.org/uploadedFiles/Publications/By_Topic/Culturally_Compent_Health_Systems/Language_Access/CalifPublichosp-LanguageServicesReport.pdf

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DISPARITIES

Disparities in Trauma and Mental Health Service Use. Dissertation. By Sarah J. Gaillot, Pardee RAND Graduate School. (RAND Corporation, Santa Monica, California) September 2010. 78 p.

[“A burgeoning literature suggests that significant disparities in posttraumatic stress disorder (PTSD) risk may exist, especially for racial-ethnic minorities and women. Individuals with PTSD report more barriers to care than those with other anxiety disorders, and only about half of those with PTSD receive even minimally adequate treatment. However, little is known about the interaction of race-ethnicity and gender in trauma and PTSD or about PTSD treatment patterns and preferences by demographic group.

This study examined racial-ethnic and gender disparities in trauma and PTSD, barriers to mental health care, and mental health service utilization. The research employed the Collaborative Psychiatric Epidemiology Surveys, a large, national dataset containing 20,013 diagnostic interviews; 1,194 of those interviewed met criteria for PTSD at some point in their lives. Analyses consisted of design-corrected cross tabulations and recycled predictions from regression models that controlled for a vector of sociodemographic characteristics.

Significant racial-ethnic and gender disparities were found in trauma and PTSD that are largely unexplained by sociodemographic differences, and there are racial-ethnic and gender interactions for both trauma and PTSD. Perceived barriers with significant racial-ethnic differences for those with PTSD include uncertainty about who to see, the problem not bothering them much, and treatment not working before; there are gender differences in worry about what others will think and inability to get an appointment. Mental health service use for those with PTSD is not significantly different by race ethnicity after

adjusting for sociodemographic characteristics, but men with PTSD have significantly fewer visits and are less likely to receive minimally adequate treatment than women.

Existing PTSD studies frequently focus on select subpopulations or types of trauma, so this research builds on the literature by using the first studies sufficiently large and diverse to examine disparities in mental health and health services. Results can be used to better target trauma prevention and intervention efforts, improve quality of care and health outcomes for those with PTSD, and inform funding and policy decisions to eliminate disparities in trauma and mental health services.”]

Full text at:

http://www.rand.org/pubs/rgs_dissertations/2010/RAND_RGSD272.pdf

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DSM-V

“What should be done with antisocial personality disorder in the new edition of the Diagnostic and Statistical Manual of Mental Disorders (DSM-V)?” By Morton Hesse, Centre for Alcohol and Drug Research, University of Aarhus, Copenhagen, Denmark. IN: BMC Medicine, vol. 8, no. 66 (October 27, 2010) pp. 1-13.

[“Antisocial personality disorder, psychopathy, dissocial personality disorder and sociopathy are constructs that have generally been used to predict recidivism and dangerousness, alongside being used to exclude patients from treatment services. However, 'antisocial personality disorder' has recently begun to emerge as a treatment diagnosis, a development reflected within cognitive behavior therapy and mentalisation-based psychotherapy. Many of the behavior characteristics of antisocial personality disorder are, at the same time, being targeted by interventions at criminal justice settings. A significantly higher proportion of published articles focusing on antisocial personality concern treatment when compared to articles on psychopathy. Currently, the proposal for antisocial personality disorder for the Diagnostic and Statistical Manual of Mental Disorders, fifth edition, suggests a major change in the criteria for this disorder. While the present definition focuses mainly on observable behaviors, the proposed revision stresses interpersonal and emotional aspects of the disorder drawing on the concept of psychopathy. The present commentary suggests that developments leading to improvement in the diagnosis of this type of disorder should, rather than focusing exclusively on elements such as dangerousness and risk assessment, point us to ways in which patients can be treated for their problems.”]

Full text at:

<http://www.biomedcentral.com/content/pdf/1741-7015-8-66.pdf>

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EMPLOYMENT AND MENTAL ILLNESS

“Harnessing the expertise of experience: increasing access to employment within mental health services for people who have themselves experienced mental health problems.” By Rachel Perkins, St. George’s Mental Health NHS Trust, UK, and others. IN: *Diversity in Health & Care*, vol. 7, no. 1 (2010) pp. 13-21.

[“The User Employment Programme, which was established in 1995, was designed to increase access to employment within mental health services for people with mental health problems. This paper describes the individual and organizational outcomes of the programme between 1995 and 2007. Demographic, clinical and employment data were collected. Confidential equal opportunities monitoring data enabled an evaluation of the effectiveness of the programme. The results showed that between 1995 and 2007, 142 people were supported in 163 posts within the trust, of whom 86% continued to work or were engaged in professional training. At the time of appointment, people with schizophrenia had been unemployed for significantly longer periods. There was no significant association between length of time for which support was provided, job type, job grade or success in sustaining employment. In 2007, 23% of all recruits to the trust had experienced mental health problems. The data indicate that recruits with mental health problems were more numerous among those recruited to higher-grade positions in the organization. In conclusion, it seems that mental health services have a major role as employers as well as service providers in enabling people with mental health problems to access employment. This is particularly important in relation to the public-sector duty to promote disability equality.”]

Full text at:

<http://search.ebscohost.com/login.aspx?direct=true&db=sih&AN=48637566&site=ehost-live>

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INEQUALITY IN HEALTHCARE

“Inequalities in Healthcare Provision for People with Severe Mental Illness.” By David Lawrence and Stephen Kisely, Telethon Institute for Child Health Research, Perth, Western Australia. IN: *Journal of Psychopharmacology*, vol. 24, no.11 (2010) pp. 62-68.

[“There are many factors that contribute to the poor physical health of people with severe mental illness (SMI), including lifestyle factors and medication side effects. However, there is increasing evidence that disparities in healthcare provision contribute to poor physical health outcomes. These inequalities have been attributed to a combination of factors including systemic issues, such as the separation of mental health services from other medical services, healthcare provider issues including the pervasive stigma associated with mental illness, and consequences of mental illness and side effects of its treatment. A number of solutions have been proposed. To tackle systemic barriers to healthcare provision integrated care models could be employed including co-location of physical and mental health services or the use of case managers or other staff to undertake a co-ordination or liaison role between services. The health care sector could

be targeted for programmers aimed at reducing the stigma of mental illness. The cognitive deficits and other consequences of SMI could be addressed through the provision of healthcare skills training to people with SMI or by the use of peer supporters. Population health and health promotion approaches could be developed and targeted at this population, by integrating health promotion activities across domains of interest. To date there have only been small-scale trials to evaluate these ideas suggesting that a range of models may have benefit. More work is needed to build the evidence base in this area.

Full text at:

http://jop.sagepub.com/content/24/4_suppl/61.full.pdf+html

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INTEGRATED HEALTH CARE SYSTEMS

“Different Setting, Different Care: Integrating Prevention and Clinical Care in School-Based Health Centers.” By Serena Clayton and others, California Schools Health Care Association. IN: *The American Journal of Public Health*, vol. 100, no. 9 (September 2010) pp. 1592-1596

[“School-based health centers (SBHCs) are widely credited with increasing students' access to care by making health services affordable and convenient. SBHCs can also provide a qualitatively different type of health care for children and adolescents than that delivered by community providers. Health services offered in a school setting can integrate clinical care with public health interventions and environmental change strategies. This ability to reach outside the walls of the exam room makes SBHCs uniquely positioned to address the multiple determinants of health. We describe innovative California SBHC programs focusing on obesity prevention, asthma, mental health, and oral health that represent new models of health care for children and adolescents.”]

Full text at:

<http://search.ebscohost.com/login.aspx?direct=true&db=f5h&AN=53732625&site=ehost-live>

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Future Research Needs for the Integration of Mental Health/Substance Abuse and Primary Care. By T.S. Carey and others, RTI International–University of North Carolina at Chapel Hill Evidence-based Practice Center. *Effective Health Care Program*. (Agency for Healthcare Research and Quality, Rockville, Maryland) September 2010. 81 p.

[“The Effective Health Care Program was initiated in 2005 to provide valid evidence about the comparative effectiveness of different medical interventions. The object is to help consumers, health care providers, and others in making informed choices among treatment alternatives. Through its comparative effectiveness reviews, the program supports systematic appraisals of existing scientific evidence regarding treatments for high-priority health conditions. It also promotes and generates new scientific evidence by identifying gaps in existing scientific evidence and supporting new research. The program puts special emphasis on translating findings into a variety of useful formats for different stakeholders, including consumers.”]

Full text at:

<http://effectivehealthcare.ahrq.gov/ehc/products/234/534/Future03--Abuse-09-23-2010.pdf>

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Mental Health Services in Primary Care: Tackling the Issues in the Context of Health Care Reform. By Lesley Russell, George Washington University. (Center for American Progress, Washington, D.C.) October 2010. 46 p.

[“The responsibility for providing mental health care is falling increasingly to primary care providers. This may reflect both the treatment preferences of many Americans and the availability and affordability of health care services. Well over half of treated patients now receive some form of primary care for their mental disorder, mostly from a primary care doctor, and primary care is now the sole form of health care used by over one-third of patients with a mental disorder accessing the health care system.

As health care reform focuses on a central role for primary care in the delivery and coordination of health care services, especially for the chronically ill, it is timely to consider how mental health services could be better integrated into primary care, and how the implementation of health care reforms could optimally deliver this. This paper considers the various issues in mental health care and suggests options for reform, highlighting those that are facilitated by the provisions of the Patient Protection and Affordable Care Act, or ACA. The principal focus is on the role of primary care in the delivery of mental health care services and how this can be improved.”]

Full text at:

<http://www.americanprogress.org/issues/2010/10/pdf/mentalhealth.pdf>

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“Practitioners' validation of framework of team-oriented practice models in integrative health care: A mixed methods study.” By Isabelle Gaboury, University of Calgary, Calgary, Canada, and others. IN: BMC Health Services Research, vol. 10, no. 289 (October 14, 2010) pp. 1-33.

[“Biomedical and Complementary and Alternative Medicine (CAM) academic and clinical communities have yet to arrive at a common understanding of what Integrative

healthcare (IHC) is and how it is practiced. The Models of Team Health Care Practice (MTHP) framework is a conceptual representation of seven possible practice models of health care within which teams of practitioners could elect to practice IHC, from an organizational perspective. The models range from parallel practice at one end to integrative practice at the other end. Models differ theoretically, based on a series of hypotheses. To date, this framework has not been empirically validated. This paper aims to test nine hypotheses in an attempt to validate the MTHP framework.

Methods

Secondary analysis of two studies carried out by the same research team was conducted, using a mixed methods approach. Data were collected from both biomedical and CAM practitioners working in Canadian IHC clinics. The secondary analysis is based on 21 participants in the qualitative study and 87 in the quantitative study.

Results

We identified three groups among the initial seven models in the MTHP framework. Differences between practitioners working in different practice models were found chiefly between those who thought that their clinics represented an integrative model, versus those who perceived their clinics to represent a parallel or consultative model. Of the scales used in the analysis, only the process of information sharing varied significantly across all three groups of models.

Conclusions

The MTHP framework should be used with caution to guide the evaluation of the impact of team-oriented practice models on both subjective and objective outcomes of IHC. Groups of models may be more useful, because clinics may not "fit" under a single model when more than one model of collaboration occurs at a single site. The addition of a hypothesis regarding power relationships between practitioners should be considered. Further validation is required so that integrative practice models are well described with appropriate terminology, thus facilitating the work of health care practitioners, managers, policy makers and researchers.”]

Full text at:

<http://www.biomedcentral.com/content/pdf/1472-6963-10-289.pdf>

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INTERVENTIONS

“Development of an intervention program to increase effective behaviors by patients and clinicians in psychiatric services: Intervention Mapping study.” By Bauke Koekkoek, Altrecht Mental Health Care, Zeist, The Netherlands, and others. IN: BMC Health Services Research, vol. 10, no. 293 (October 25, 2010) pp. 1-33.

[“Health clinicians perceive certain patients as 'difficult' across all settings, including mental health care. In this area, patients with non-psychotic disorders that become long-term care users may be perceived as obstructing their own recovery or seeking secondary gain. This negative perception of patients results in ineffective responses and low-quality care by health clinicians. Using the concept of illness behavior, this paper describes the development, implementation, and planned evaluation of a structured intervention aimed

at prevention and management of ineffective behaviors by long-term non-psychotic patients and their treating clinicians.

Methods

The principles of Intervention Mapping were applied to guide the development, implementation, and planned evaluation of the intervention. Qualitative (individual and group interviews), quantitative (survey), and mixed methods (Delphi-procedure) research was used to gain a broad perspective of the problem. Empirical findings, theoretical models, and existing evidence were combined to construct a program tailored to the needs of the target groups.

Results

A structured program to increase effective illness behavior in long-term non-psychotic patients and effective professional behavior in their treating clinicians was developed, consisting of three subsequent stages and four substantial components that is described in detail. Implementation took place and evaluation of the intervention is being carried out.

Conclusions

Intervention Mapping proved to be a suitable method to develop a structured intervention for a multi-faceted problem in mental health care.”]

Full text at:

<http://www.biomedcentral.com/content/pdf/1472-6963-10-293.pdf>

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STIGMA

“Mental illness stigma as a mediator of differences in Caucasian and South Asian college students' attitudes toward psychological counseling” By Fred Loya and others, University of California, Berkeley. IN: Journal of Counseling Psychology, vol. 57, no. 4 (October 2010) pp. 484-490.

[“Previous research has established that Asian Americans use mental health services less frequently and hold poorer attitudes toward psychological counseling than Caucasians. The authors directly tested whether stigmatizing beliefs regarding mental illness might explain such differential attitudes toward counseling in a South Asian and Caucasian student sample. Using mediation analyses, the authors examined 2 aspects of stigma posited to affect help-seeking attitudes: personal stigmatizing views and perceptions of the public's stigmatizing views directed toward persons with mental illness. First, the authors found that Caucasian (n = 74) college students revealed more positive attitudes toward counseling than did South Asian (n = 54) students. Second, in terms of mediation, increased personal stigma, but not perceived stigma, expressed by South Asians partially mediated and accounted for 32% of the observed difference in attitudes toward counseling services. These findings support a long-standing conjecture in the literature regarding the increased significance of stigma processes on disparities in majority-minority help-seeking attitudes. They also suggest that efforts to reduce disparities in attitudes toward counseling for South Asian students specifically should incorporate

interventions to reduce the increased stigma expressed by this community, particularly related to a desire for social distance from persons with a mental illness.”]

Full text at:

<http://search.ebscohost.com/login.aspx?direct=true&db=pdh&AN=cou-57-4-484&site=ehost-live>

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SUBSTANCE ABUSE

Hospitalizations for Medication and Illicit Drug-related Conditions on the Rise among Americans Ages 45 and Older. Press Release. (Agency for Healthcare Research and Quality, Rockville, Maryland.) October 25, 2010. 2 p.

[“The number of hospital admissions among Americans ages 45 and older for medication and drug-related conditions doubled between 1997 and 2008, according to a new report released today by the Department of Health and Human Services' (HHS) Agency for Healthcare Research and Quality (AHRQ). Medication and drug-related conditions include effects of both prescription and over-the-counter medications as well as illicit drugs.

Hospital admissions among those 45 years and older were driven by growth in discharges for three types of medication and drug-related conditions—drug-induced delirium; "poisoning" or overdose by codeine, meperidine and other opiate-based pain medicines; and withdrawal from narcotic or non-narcotic drugs.

Admissions for all medication and drug-related conditions grew by 117 percent—from 30,100 to 65,400—for 45- to 64-year-olds between 1997 and 2008. The rate of admissions for people ages 65 to 84 closely followed, growing by 96 percent, and for people ages 85 and older, the rate grew by 87 percent. By comparison, the number of hospital admissions for these conditions among adults ages 18 to 44 declined slightly by 11 percent.”]

Full text at:

<http://www.ahrq.gov/news/press/pr2010/hospmedpr.htm>

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“Maternal *mental health* and Integrated Programs for Mothers with Substance Abuse Issues.” By Allison Niccols, McMaster University, Hamilton, Ontario, and others. IN: *Psychology of Addictive Behaviors*, vol. 24, no. 3 (September 2010) pp. 466-474.

[“To examine the impact of integrated treatment programs (those with substance use treatment and pregnancy-, parenting-, or child-related services) on maternal *mental health*, we compiled a database of studies of integrated programs published between 1990 and 2007 with outcome data on maternal *mental health*. There were 18 cohort studies, 3 randomized trials, and 2 quasi-experimental studies. Of the five studies

comparing integrated to nonintegrated programs, three studies provided enough information to allow for them to be combined in a meta-analysis. The average effect size was 0.23 (95% CI = 0.15 to 0.31, SE = 0.04), $p < .001$. There was no statistically significant heterogeneity among the studies, $Q = 5.66$, $p = .059$. This meta-analysis is the first systematic quantitative review of studies evaluating the impact of integrated programs on maternal *mental health*. Findings suggest that integrated programs may be associated with a small advantage over nonintegrated programs in improving maternal *mental health*. This review highlights the need for further research with improved methodology, study quality, and reporting to improve our understanding of how best to meet the *mental health* needs of mothers with substance abuse issues."]

Full text at:

<http://search.ebscohost.com/login.aspx?direct=true&db=pdh&AN=adb-24-3-466&site=ehost-live>

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The Source. Intervening with Pregnant and Postpartum Women with Substance Use Disorders. By the National Abandoned Infant Assistance Resource Center. (The Center, Berkeley, California) Fall 2010. 44 p.

["The Fall 2010 issue of The Source focuses on intervening with pregnant and postpartum women with substance use disorders. The issue is one in a series of magazines published semi-annually since 1993 by the National Abandoned Infants Assistance Resource Center with support from the Children's Bureau. The series is designed to help professionals provide services to children who are abandoned or at risk for abandonment owing to the presence of drugs, HIV, or both in the family. Topics in the current issue include providing optimal access and comprehensive care to mothers with substance use disorders and their infants, developing a countywide approach to perinatal alcohol and other drugs services, retaining pregnant and postpartum substance abusing women, screening pregnant women for alcohol consumption and other drug use, applying a behavioral risk screening tool, engaging African-American women in substance abuse and mental health treatment, and preventing fetal alcohol syndrome. Information about publications, conferences, training, and other resources is included....

It is a well-established fact that mothers with substance use disorders and their children are at higher risk for myriad problems that threaten their health and wellbeing. Exposure of the developing fetus to psychoactive drugs in utero is a leading cause of mental, physical, psychological and sociologic problems in infants and children (Shankaran et al., 2007). In the prenatal period, maternal substance abuse can lead to fetal growth restriction, abnormal fetal neurologic development and increased risk of preterm labor. These complications may result from drug use and/or withdrawal effects along with a higher incidence of sexually transmitted diseases and obstetric consequences from late or inconsistent prenatal care (Shankaran et al., 2007)."]

Full text at:

<http://aia.berkeley.edu/media/pdf/SourceFall2010.pdf>

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VETERANS

“Challenges and Considerations for Managing Suicide Risk in Combat Zones.” By Craig Bryan, University of Texas Health Center, San Antonio, and others. IN: *Military Medicine*, vol. 175, no. 10 (October 2010) pp. 713-718.

[“As suicide rates in the military rise, increased attention has been placed on the effective management of high-risk service members. Military *mental health* professionals deployed to combat zones face a number of challenges and barriers for effective risk management that are unique to the deployed setting. To date, there exists no body of literature identifying areas in which suicide risk management differs between garrison and combat settings to guide *mental health* professionals in improving clinical decision making with respect to managing suicidal service members in combat zones. On the basis of experience gained during deployments to combat zones, the authors outline several key features of the deployed context that can impact suicide risk and its effective management in combat zones and integrate empirical findings relevant to each issue. Considerations for clinical care and risk management are discussed.”]

Full text at:

<http://search.ebscohost.com/login.aspx?direct=true&db=a9h&AN=54353618&site=ehost-live>

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“Relationship adjustment, PTSD symptoms, and treatment utilization among coupled National Guard soldiers deployed to Iraq” By Laura A. Meis, Minneapolis VA Health Care System, and others. IN: *Journal of Family Psychology*, vol. 24, no. 5 (October 2010) pp. 560-567.

[“Although combat-related posttraumatic stress disorder (PTSD) is associated with considerable impairment in relationship adjustment, research has yet to investigate how PTSD symptoms and relationship distress uniquely and jointly predict utilization of a range of mental health services. The present study sought to examine these issues utilizing a longitudinal sample of National Guard soldiers surveyed 2–3 months following return from deployment to Iraq and again 12 months later (N = 223). Results indicated that PTSD symptom severity, but not relationship adjustment, uniquely predicted greater odds of utilizing individual-oriented mental health services. A significant interaction was found indicating associations between PTSD symptoms and the odds of using services were increased when soldiers reported greater relationship adjustment. For utilization of family-oriented care, greater relationship distress was significantly correlated with greater odds of using services, but associations with PTSD symptoms were non significant. The association between relationship distress and

utilization of family-oriented services did not vary significantly with severity of PTSD symptoms. Results suggest supportive intimate relationships facilitate mental health treatment utilization for soldiers with PTSD symptoms.”]

Full text at:

<http://search.ebscohost.com/login.aspx?direct=true&db=pdh&AN=fam-24-5-560&site=ehost-live>

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Provision of Mental Health Counseling Services Under TRICARE

Committee on the Qualifications of Professionals
Providing Mental Health Counseling Services under
TRICARE, Board on the Health of Select Populations
ISBN: 978-0-309-14766-8, 350 pages, 6 x 9, paperback (2010)



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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

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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American Society of Criminology Crime and Social Institutions

**San Francisco, California
November 17-20, 2010**

“The 2010 meeting will take place **November 17-20, 2010 in San Francisco, California** at the San Francisco Marriott Marquis Hotel. The theme for the meeting is *Crime and Social Institutions*. The American Society of Criminology is an international organization whose members pursue scholarly, scientific, and professional knowledge concerning the measurement, etiology, consequences, prevention, control, and treatment of crime and delinquency.”

For more information:

<http://www.asc41.com/annualmeeting.htm>

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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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ZERO TO THREE’s 25th National Training Institute (NTI) Connecting *Science, Policy and Practice*

**December 9–11, 2010 (Pre-Institute December 8)
JW Marriott Desert Ridge Resort and Spa, Phoenix, AZ**

[“Every year, ZERO TO THREE provides an opportunity for professionals to enhance their knowledge about early childhood development through our National Training Institute (NTI). The NTI is the most comprehensive multidisciplinary conference in the infant-family field, focusing on cutting-edge research, best practices, and policy issues for infants, toddlers, and families.”]

For more information:

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

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The 25th Conference Annual San Diego International Conference on Child and Family Maltreatment.

January 22-28 2011
Town and Country Resort and Convention Center
San Diego, California

[“The San Diego Conference focuses on multi-disciplinary best-practice efforts to prevent, if possible, or otherwise to investigate, treat, and prosecute child and family maltreatment.

The objective of the San Diego Conference is to develop and enhance professional skills and knowledge in the prevention, recognition, assessment and treatment of all forms of maltreatment including those related to family violence as well as to enhance investigative and legal skills. Issues concerning support for families, prevention, leadership, policy making and translating the latest research into action are also addressed.”]

For more information:

http://www.sandiegoconference.org/Documents/2011conf/11SDConf_brochure-1.pdf

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Personality and Temperament: The Building Blocks of Behavior. Annual Meeting
American College of Psychiatrists.

February 23-27, 2011.
Fairmont Hotel
San Francisco, California

[“The American College of Psychiatrists’ Annual Meeting offers Members a chance to exchange information and participate in high-quality continuing medical education programs in a relaxed setting. More than 50 percent of the Members attend the Annual Meeting.

The College organizes each four-day Annual Meeting around a central theme. Typically, the program format includes large general sessions and smaller breakout courses. Faculty members are leading scholars, clinicians, and researchers drawn from The College and the profession at large.”]

For more information:

<http://www.acpsych.org/meetings-and-news/annual-meeting>

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