

**Subject:** Studies in the News: (December 15, 2010)

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## Studies in the News for



## California Department of Mental Health

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ANTIPSYCHOTICS

**“Differences between children and adolescents in treatment response to atomoxetine and the correlation between health-related quality of life and Attention Deficit/Hyperactivity Disorder core symptoms: Meta-analysis of five atomoxetine trials.”** By Peter M. Wehmeier, Lilly Deutschland GmbH, Medical Department, Bad Homburg, Germany, and others. IN: *Child and Adolescent Psychiatry and Mental Health*, vol.4, no. 30 (December 6, 2010) pp. 1-45.

**Objectives:** To explore the influence of age on treatment responses to atomoxetine and to assess the relationship between core symptoms of attention deficit/hyperactivity disorder (ADHD) and health-related quality of life (HR-QoL) outcomes....

**Results:** Data of 794 subjects (611 children, 183 adolescents) were pooled. At baseline, adolescents showed significantly ( $p < 0.05$ ) greater impairment compared with children in the Family Involvement, Satisfaction with Self, and Academic Performance sub domains of the CHIP-CE. Treatment effect of atomoxetine was significant in both age groups for the Risk Avoidance domain and its sub domains. There was a significant age-treatment interaction with greater efficacy seen in adolescents in both the Risk Avoidance domain and the Threats to Achievement sub domain. Correlations between ADHD-RS and CHIP-CE scores were generally low at baseline and moderate in change from baseline and were overall similar in adolescents and children.

**Conclusions:** Atomoxetine was effective in improving some aspects of HR-QoL in both age groups. Correlations between core symptoms of ADHD and HR-QoL were low to moderate

Full text at:

<http://www.capmh.com/content/pdf/1753-2000-4-30.pdf>

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**Multi-State Study on Psychotropic Medication Oversight in Foster Care.** By Laurel K. Leslie and others, Tufts Clinical and Translational Science Institute. (The Institute, Boston, Massachusetts) September 2010. 24 p.

[“This study examined *state policies and practices regarding oversight of psychotropic medication use* (i.e., use of medication for the treatment of behavioral and mental health problems) for children and adolescents ages 2 to 21 years (hereafter “youth”) in foster care.

Over the past decade, psychotropic medication use in youth has increased 2-3 fold<sup>1</sup> and polypharmacy (i.e., the use of more than one psychotropic medication at the same time) has increased 2.5-8 fold.<sup>2</sup> Estimated rates of psychotropic medication use for youth in foster care, however, are much higher (ranging from 13-52%)<sup>3-8</sup> than those for the general youth population (4%).<sup>2</sup> Recent research also has shown that

there is a great deal of variation in rates of medication use for youth in foster care in different geographic communities.9-11 There is therefore rising concern about the appropriate use (both over- and under-use) of psychotropic medications for youth in foster care.”]

Full text at:

[http://160.109.101.132/icrhps/prodserv/docs/Executive\\_Report\\_09-07-10\\_348.pdf](http://160.109.101.132/icrhps/prodserv/docs/Executive_Report_09-07-10_348.pdf)

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## **BULLYING**

**“Bullying in School and Cyberspace: Associations with Depressive Symptoms in Swiss and Australian Adolescents.”** By Sonja Perren, University of Zurich, Zurich, Switzerland, and others. IN: **Child and Adolescent Psychiatry and Mental Health**, vol. 4, no. 28 (November 23, 2010) pp. 1-29.

[“Cyber-bullying (i.e., bullying via electronic means) has emerged as a new form of bullying that presents unique challenges to those victimised. Recent studies have demonstrated that there is a significant conceptual and practical overlap between both types of bullying such that most young people who are cyber-bullied also tend to be bullied by more traditional methods. Despite the overlap between traditional and cyber forms of bullying, it remains unclear if being a victim of cyber-bullying has the same negative consequences as being a victim of traditional bullying.

### **Method**

The current study investigated associations between cyber versus traditional bullying and depressive symptoms in 374 and 1320 students from Switzerland and Australia respectively (52% female; Age: M = 13.8, SD = 1.0). All participants completed a bullying questionnaire (assessing perpetration and victimisation of traditional and cyber forms of bullying behaviour) in addition to scales on depressive symptoms.

### **Results**

Across both samples, traditional victims and bully-victims reported more depressive symptoms than bullies and non-involved children. Importantly, victims of cyber-bullying reported significantly higher levels of depressive symptoms, even when controlling for the involvement in traditional bullying/victimisation.

### **Conclusions**

Overall, cyber-victimisation emerged as an additional risk factor for depressive symptoms in adolescents involved in bullying.”]

Full text at:

<http://www.capmh.com/content/pdf/1753-2000-4-28.pdf>

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## **CHILDREN AND ADOLESCENTS**

**“Clinician-rated Mental Health in Outpatient Child and Adolescent Mental Health Services: Associations with Parent, Teacher and Adolescent Ratings.” By Ketil Hanssen-Bauer, Centre for Child and Adolescent Mental Health, Eastern and Southern Norway, and others. IN: Child and Adolescent Psychiatry and Mental Health, vol. 4, no. 29 (November 23, 2010) pp. 1-34.**

[“Clinician-rated measures are used extensively in child and adolescent mental health services (CAMHS). The Health of the Nation Outcome Scales for Children and Adolescents (HoNOSCA) is a short clinician-rated measure developed for ordinary clinical practice, with increasing use internationally. Several studies have investigated its psychometric properties, but there are few data on its correspondence with other methods, rated by other informants. We compared the HoNOSCA with the well-established Achenbach System of Empirically Based Assessment (ASEBA) questionnaires: the Child Behavior Checklist (CBCL), the Teacher’s Report Form (TRF), and the Youth Self Report (YSR).

**Methods**

Data on 153 patients aged 6–17 years at seven outpatient CAMHS clinics in Norway were analysed. Clinicians completed the HoNOSCA, whereas parents, teachers, and adolescents filled in the ASEBA forms....

**Results**

We found moderate correlations between the total problems rated by the clinicians (HoNOSCA) and by the other informants (ASEBA) and good correspondence between eight of the nine HoNOSCA scales and the similar ASEBA scales. The exception was HoNOSCA scale 8 *psychosomatic symptoms* compared with the ASEBA *somatic problems* scale....

**Conclusion**

This study supports the concurrent validity of the HoNOSCA. It also demonstrates that parents, teachers and adolescents all contribute unique information in relation to the clinician rated HoNOSCA, indicating that the HoNOSCA ratings reflect unique perspectives from multiple informants.”]

Full text at:

<http://www.capmh.com/content/pdf/1753-2000-4-29.pdf>

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**Strengthening Preventive Care to Better Address Multiple Health Risks among Adolescents. By the National Alliance to Advance Adolescent Health. Report No. 5. (The Alliance, Washington, D.C.) November 2010. 15 p.**

[“Unhealthy behaviors among today’s adolescents place them at considerable risk for poor health outcomes. Yet, they are not receiving the clinical preventive care they need. This report summarizes the presentations and discussions at the Adolescent Preventive Services Institute held at the American College of Preventive Medicine 2010 Annual Meeting. In addition to presenting new research on multiple risk behaviors among adolescents and the underutilization of preventive services, speakers addressed effective

strategies for improving clinical and community-based services and opportunities through health reform implementation to strengthen adolescent preventive care.”]

Full text at:

<http://www.thenationalalliance.org/Reports/report5.pdf>

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## COMMUNITY-BASED TREATMENT

**“The effectiveness of functional family therapy for youth with behavioral problems in a *community* practice setting.”** By Thomas Sexton, Indiana University, and Charles W. Turner, Oregon Research Institute. IN: *Journal of Family Psychology*, vol. 24, no. 3 (June 2010) pp. 339-348.

[“The study examined the effectiveness of Functional Family Therapy (FFT), as compared to probation services, in a *community* juvenile justice setting 12 months post treatment. The study also provides specific insight into the interactive effects of therapist model specific adherence and measures of youth risk and protective factors on behavioral outcomes for a diverse group of adolescents. The findings suggest that FFT was effective in reducing youth behavioral problems, although only when the therapists adhered to the *treatment* model. High-adherent therapists delivering FFT had a statistically significant reduction of (35%) in felony, a (30%) violent crime, and a marginally significant reduction (21%) in misdemeanor recidivisms, as compared to the control condition. The results represent a significant reduction in serious crimes 1 year after *treatment*, when delivered by a model adherent therapist. The low-adherent therapists were significantly higher than the control group in recidivism rates. There was an interaction effect between youth risk level and therapist adherence demonstrating that the most difficult families (those with high peer and family risk) had a higher likelihood of successful outcomes when their therapist demonstrated model-specific adherence. These results are discussed within the context of the need and importance of measuring and accounting for model specific adherence in the evaluation of *community-based* replications of evidence-based family therapy models like FFT.”]

Full text at:

<http://search.ebscohost.com/login.aspx?direct=true&db=pdh&AN=fam-24-3-339&site=ehost-live>

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**“Women's Use of Multisector *Mental Health* Services in a *Community-based* Perinatal Depression Program.”** By Sarah Kye Price, Virginia Commonwealth University. IN: *Social Work Research*, vol. 34, no. 3 (September 2010) pp. 145-155.

[“Low-income and ethnic minority women have been described as at risk for experiencing depression during and around the time of pregnancy, a finding complicated

by low levels of *mental health* service use within this population. This study retrospectively examined data from a *community-based* perinatal depression project targeting low-income women in which many barriers to care were removed and a range of services could be elected from social work, specialty *mental health*, primary care, and peer support. The study focused on 206 women who self-referred to the project after *community-based* screening. In this sample, the mean age was 25.49 years, with 53% of participants identified as women of color, and 76% had income at or below 185% of the poverty level. The characteristics within this sample most strongly associated with service use varied among sectors of care. Women of color and women with elevated psychosocial risk were significantly more likely to use social work home visiting, whereas current depressive symptom level predicted specialty *mental health* sector *treatment* but not other sectors of care. Findings from this study compel future research to consider the complex factors influencing women's use of *mental health* services among multiple sectors of care.”]

Full text at:

<http://search.ebscohost.com/login.aspx?direct=true&db=a9h&AN=54649533&site=ehost-live>

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## FOSTER CARE

**“Identification of Social-Emotional Problems among Young Children in Foster Care”. By Sandra H. Jee, University of Rochester Medical Center, and others. IN: Journal of Child Psychology and Psychiatry, vol. 51, no. 12 (2010) pp. 1351-1358.**

[“Little is known about how best to implement behavioral screening recommendations in practice, especially for children in foster care, who are at risk for having social-emotional problems. Two validated screening tools are recommended for use with young children: the Ages and Stages Questionnaire: Social Emotional (ASQ-SE) identifies emotional problems, and the Ages and Stages Questionnaire (ASQ) identifies general developmental delays in five domains, including personal-social problems. The current study examined: (1) whether systematic use of a social-emotional screening tool improves the detection rate of social-emotional problems, compared to reliance on clinical judgment; (2) the relative effectiveness of two validated instruments to screen for social-emotional problems; and (3) the patterns of social-emotional problems among children in foster care. Methods: We used retrospective chart review of children in foster care ages 6 months to 5.5 years: 192 children before and 159 after screening implementation, to measure detection rates for social-emotional problems among children. The ASQ-SE and the ASQ were used in multivariable logistic regression analyses to examine associations between children with social-emotional problems. Results: Use of the screening tool identified 24% of the children as having a social-emotional problem, while provider surveillance detected 4%. We identified significantly more children with social-emotional problems using the ASQ-SE than using the ASQ, and agreement between the instruments ranged from 56% to 75%, when data were stratified by age group. Multivariable modeling showed that preschool children were

more likely to have a social-emotional problem than toddlers and infants (aOR = 3.4, 95% CI = 1.1– 10.8). Conclusions: Systematic screening using the ASQ-SE increased the detection rate for social emotional problems among young children in foster care, compared to provider surveillance and the ASQ. A specific social-emotional screening tool appears to detect children with psychosocial concerns who would not be detected with a broader developmental screening tool.”]

Full text at;

<http://onlinelibrary.wiley.com/doi/10.1111/j.1469-7610.2010.02315.x/pdf>

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## HEALTHY PEOPLE 2020

**Healthy People 2010. By Office of Disease Prevention and Health Promotion. (Department of Health & Human Services, Washington, D.C.) 2010. 4 p.**

[“*Healthy People* are a set of goals and objectives with 10-year targets designed to guide national health promotion and disease prevention efforts to improve the health of all people in the United States. Released by the U.S. Department of Health and Human Services each decade, *Healthy People* reflects the idea that setting objectives and providing science-based benchmarks to track and monitor progress can motivate and focus action. *Healthy People 2020* represents the fourth generation of this initiative, building on a foundation of three decades of work.

*Healthy People* is used as a tool for strategic management by the federal government, states, communities, and many other public- and private-sector partners. Its comprehensive set of objectives and targets is used to measure progress for health issues in specific populations, and serves as (1) a foundation for prevention and wellness activities across various sectors and within the federal government, and (2) a model for measurement at the state and local levels.”]

Full text at:

[http://www.healthypeople.gov/2020/TopicsObjectives2020/pdfs/HP2020\\_brochure.pdf](http://www.healthypeople.gov/2020/TopicsObjectives2020/pdfs/HP2020_brochure.pdf)

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## HOMELESSNESS

**“Universal Health Insurance and Health Care Access for Homeless Persons.” By Stephen W. Hwang, St. Michael’s Hospital, Toronto, Canada, and others. IN: *American Journal of Public Health*, vol.100, no. 8 (August 2010) pp. 1454-1461.**

[“We examined the extent of unmet needs and barriers to accessing health care among homeless people within a universal health insurance system. Methods. We randomly selected a representative sample of 1169 homeless individuals at shelters and meal programs in Toronto, Ontario. We determined the prevalence of self-reported unmet needs for health care in the past 12 months and used regression analyses to identify

factors associated with unmet needs. Results. Unmet health care needs were reported by 17% of participants. Compared with Toronto's general population, unmet needs were significantly more common among homeless individuals, particularly among homeless women with dependent children. Factors independently associated with a greater likelihood of unmet needs were younger age, having been a victim of physical assault in the past 12 months, and lower mental and physical health scores on the 12-Item Short Form Health Survey. Conclusions. Within a system of universal health insurance, homeless people still encounter barriers to obtaining health care. Strategies to reduce nonfinancial barriers faced by homeless women with children, younger adults, and recent victims of physical assault should be explored.”]

Full text at:

<http://ajph.aphapublications.org/cgi/reprint/100/8/1454>

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## INTEGRATED HEALTH CARE DELIVERY

**Integrated Care Delivery for Vulnerable Populations. By Deborah Chase, Issues Research Inc. (The Commonwealth Fund, New York, New York) October 2010. 20 p.**

[“Montefiore Medical Center, an academic medical center in New York City, has created an integrated system of care for its primarily low-income patients. This patient-centered system of hospitals, community clinics, and school-based clinics uses innovative practices for managing chronic disease, provides access to high-quality specialty hospital care, and employs targeted care management and robust health information technology in support of integrated care. Although close to 80 percent of its payer mix is Medicaid and Medicare, Montefiore has been able to achieve financial and organizational sustainability. Factors that contribute to this success include: care management that allows for integration across the system; building successful primary care that combines traditional and new models; and medical systems that focus on population health and community accountability.”]

Full text at:

[http://www.commonwealthfund.org/~media/Files/Publications/Case%20Study/2010/Oct/1448\\_Chase\\_Montefiore\\_Med\\_Ctr\\_case\\_study\\_v2.pdf](http://www.commonwealthfund.org/~media/Files/Publications/Case%20Study/2010/Oct/1448_Chase_Montefiore_Med_Ctr_case_study_v2.pdf)

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## RURAL HEALTH

**“Expressions of Depression Rural Women with Chronic Illness.” By C. A. Winters and others, Montana State University of Nursing. IN: Rural and Remote Health, vol. 10, no. 1533 (November 30, 2010) pp. 1-14.**

[“Globally, chronic conditions have become the most prevalent and costly of health problems, imposing a growing drain on healthcare delivery systems and healthcare

financing. Depressive symptoms and disorders are one of the most common complications of chronic illness and negatively impact one's perceived quality of life. In recent years, depression has been recognized as a major health problem for rural women. The purpose of this article is to describe the experience of depression in a sample of chronically ill rural women who participated in an online social-support and health education research project.”]

Full text at:

[http://www.rrh.org.au/publishedarticles/article\\_print\\_1533.pdf](http://www.rrh.org.au/publishedarticles/article_print_1533.pdf)

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**WHO Recommendations to Improve Retention of Rural and Remote Health Workers - Important for all Countries. By J. Rourke, Memorial University of Newfoundland, Newfoundland, Canada. IN: Rural and Remote Health, vol. 10 (November 18, 2010) pp. 1-4.**

[“The World Health Organization 2010 Global Policy Recommendations: ‘Increasing Access to Health Workers in Remote and Rural Areas through Improved Retention’ is a notable milestone in rural health policy<sup>1</sup>. This report, with preface by WHO Director General Dr. Margaret Chan, recognizes at the very highest level that the half of the world's population that lives in rural and remote areas faces enormous difficulties in accessing appropriate and equitable health care.”]

Full text at:

[http://www.rrh.org.au/publishedarticles/article\\_print\\_1654.pdf](http://www.rrh.org.au/publishedarticles/article_print_1654.pdf)

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## SUBSTANCE USE

**“Reduction in Mental Distress among Substance Users Receiving Inpatient Treatment.” By Ellen Hoxmark, University Hospital of Northern Norway, and others. IN: International Journal of Mental Health Systems, vol. 4, no. 30 (December 2, 2010) pp. 1-23**

[“**Background:** Substance users being admitted to inpatient treatment experience a high level of mental distress. In this study we explored changes in mental distress during treatment.

**Methods:** Mental distress, as measured by the HSCL-10, was registered at admission and at discharge among 164 substance users in inpatient treatment in Northern Norway. Predictors of reduction in mental distress were examined utilizing hierarchical regression analysis.

**Results:** We found a significant reduction in mental distress in the sample, but the number of patients scoring above cut-off on the HSCL-10 at discharge was still much

higher than in the general population. A more severe use of substances as measured by the AUDIT and the DUDIT, and being female, predicted a higher level of mental distress at admission to treatment as well as greater reduction in mental distress during treatment. Holding no education beyond 10 year compulsory school only predicted a reduction in mental distress.

**Conclusions:** The toxic and withdrawal effects of substances, level of education as well as gender, contributed to the differences in change in mental distress during treatment. Regression to the mean may in part explain some of the findings.”]

Full text at:

<http://www.ijmhs.com/content/pdf/1752-4458-4-30.pdf>

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**Results from the 2009 National Survey on Drug Use and Health: Mental Health Findings. By Substance Abuse and Mental Health Services Administration (SAMHSA). (Office of Applied Studies, Rockville, Maryland) December 2010. 174 p.**

[“According to new results from a national survey, 19.9 percent of American adults in the United States (45.1 million) have experienced mental illness over the past year. The survey conducted by the Substance Abuse and Mental Health Services Administration (SAMHSA) indicates that 11 million adults (4.8 percent) in the U.S. suffered serious mental illness in the past year -- a diagnosable mental disorder has substantially interfered with, or limited one or more major life activities.

SAMHSA’s 2009 National Survey on Drug Use and Health (NSDUH) reveals that 8.4 million adults in the U.S. had serious thoughts of suicide in the past year, 2.2 million made suicide plans, and one million attempted suicide.

The survey also reveals that in many cases those experiencing mental illness, especially those with serious mental illness, also have a substance use disorder (abuse or dependence on alcohol or an illicit drug). Nearly 20 percent (8.9 million) of adults in the U.S. with mental illness in the past year also had a substance use disorder. Among those with serious mental illness in the past year, 25.7 percent had a substance use disorder in the past year -- approximately four times the level experienced by people not suffering from serious mental illness (6.5 percent).”]

Full text at:

<http://oas.samhsa.gov/NSDUH/2k9NSDUH/MH/2K9MHResults.pdf>

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## **SUICIDE PREVENTION**

**Suicides in National Parks---United States, 2003-2009. By the Centers for Disease Control and Prevention. Morbidity and Mortality Weekly Report (MMWR). (The Centers, Atlanta, Georgia) December 3, 2010. 6 p.**

[“In 2007, the year for which the most recent national data on fatalities are available, 34,598 suicides occurred in the United States (rate: 11.3 per 100,000 population); 79% were among males (1). In 2009, an estimated 374,486 visits to hospital emergency departments occurred for self-inflicted injury, of which approximately 262,000 (70%) could be attributed to suicidal behavior. The majority (58%) were among females. Most suicides (77%) occur in the home, but many occur in public places, including national parks. In addition to the loss of life, suicides consume park resources and staff time and can traumatize witnesses. To describe the characteristics of and trends in suicides in national parks, CDC and the National Park Service (NPS) analyzed reports of suicide events (suicides and attempted suicides) occurring in the parks during 2003--2009. During this 7-year span, 84 national parks reported 286 suicide events, an average of 41 events per year. Of the 286 events, 68% were fatal. The two most commonly used methods were firearms and falls. Consistent with national patterns, 83% of suicides were among males. A comprehensive, multi-component approach is recommended to prevent suicide events, including enhanced training for park employees, site-specific barriers, and collaboration with communities.

Full text at:

[http://www.cdc.gov/mmwr/preview/mmwrhtml/mm5947a2.htm?s\\_cid=mm5947a2\\_x](http://www.cdc.gov/mmwr/preview/mmwrhtml/mm5947a2.htm?s_cid=mm5947a2_x)

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**“Suicide Research and Prevention in Developing Countries in Asia and the Pacific.”  
By Alison Milner and Diego De Leo, Australian Institute for Suicide Research and Prevention, Griffith University. IN: Bulletin of the World Health Organization, vol. 88, no. 10 (October 2010) pp. 795-796.**

[“The authors opine regarding approaches to suicide prevention and research in developing countries and culturally diverse settings including Asia and the Pacific. The article discusses suicide trends and associated demographics in these areas, social factors and challenges such as poverty and educational limitations that underlie suicidal behavior in these areas, and varying cultural attitudes regarding suicide. Needs for suicide prevention programs are noted to include attention at the highest levels of government and acquisition of financial and human resources support from stakeholders.”]

Full text at

<http://search.ebscohost.com/login.aspx?direct=true&db=a9h&AN=55367866&site=ehost-live>

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**“Treatment Engagement: A Neglected Aspect in the Psychiatric Care of Suicidal Patients”**. By Dana Lizardi, Columbia University, and Barbara Stanley, New York State Psychiatric Institute. IN: *Psychiatric Services*, vol. 61, no. 12 (December 2010) pp. 1183-1191.

[“Suicide remains a serious health problem in the United States and worldwide. Despite changing distributions in sex, race-ethnicity, and age and considerable efforts to reduce the incidence rate, the number of suicides has remained relatively stable. The transition from emergency services to outpatient services is a crucial but often neglected step in treating suicidal individuals. Up to 50% of attempters refuse recommended treatment, and up to 60% drop out after only one session. This point of intervention is crucial for patients at elevated risk of suicide to reduce imminent danger and to increase the chances that patients will follow up on recommended treatment. *Methods*: PubMed, MEDLINE, and PsycINFO databases were searched for empirical investigations of treatment engagement of suicide attempters. Keywords searched included treatment, intervention, engagement, adherence, compliance, utilization, participation, and suicide attempt. Mapped terms were also included. Thirteen articles were selected. *Results*: Studies that have examined the effectiveness of post discharge contact with suicide attempters (phone, letter, and in-person visits) to increase treatment adherence have found some immediate effects after substantial contact that were not sustained. Simple referrals to outpatient care were not effective. Family group interventions for adolescents have improved adherence, as have brief interventions in the emergency department. *Conclusions*: Despite greater public awareness of suicide, heightened prevention effort, and increased efficacy of treatment interventions, success in reducing suicidal behavior has been limited. Developing brief interventions for use in emergency settings that can reduce suicide risk and enhance treatment follow-up has been a neglected aspect of suicide prevention and may help to reduce suicidal behavior.’]

Full text at:

<http://psychservices.psychiatryonline.org/cgi/reprint/61/12/1183>

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## VETERANS

**Medical Care Lacking, Some Veterans Say: Specialty Services Often Require Traveling.** By Yesina Amaro, Reporter for the Merced Sun-Star. (The Sun-Star, Merced, California) November 23, 2010. 3 p.

[“War may be hell, but peace is no little slice of heaven. At least some of the county's military veterans feel that way about their post-service health care. But others say they've been treated fairly once they hung up their uniforms.



BEA AHBECK

Merced Sun-Star - PHOTO BY BEA AHBECK

Larry Garcia, who is retired from the military reserves and served in Iraq in 2004-2005, gets his lungs checked by Dr. Jeanette Paz Kuizon, at the VA Merced outpatient clinic in Merced.

Eli PaintedCrow has complained for years about the lack of medical services available for military veterans in Merced County.

The Veterans Affairs Merced Outpatient Clinic, whose parent company is the VA Central California Health Care System in Fresno, has limited services, PaintedCrow said. "They don't have therapists in Merced, period. The VA has never bothered to look for qualified therapists to work in Merced. They also don't provide physical therapy, which I'm in need of."

PaintedCrow, 50, who served in the U.S. Army and completed two tours of duty in Iraq, has to travel to the main facility in Fresno to get the services she needs -- and that's not easy. In addition to the long travel, appointments can be as much as two months away, she said. "They brag about being the No.1 in the nation, yet they fail to see the places that need correction, even if they've been told year after year about what's not happening in Merced County," she said of the VA Central California. "I really think Merced needs to improve its services."]

Read more: <http://www.mercedsunstar.com/2010/11/23/1664976/medical-care-lacking-some-veterans.html#ixzz17Y2QNiJe>

Full text at:

<http://www.mercedsunstar.com/2010/11/23/1664976/medical-care-lacking-some-veterans.html>

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**“A multidimensional wellness group therapy program for veterans with comorbid psychiatric and medical conditions.”** By Lawrence M. Perlman, University of Michigan, and others. IN: **Professional Psychology: Research and Practice**, vol. 41, no. 2 (April 2010) pp. 120-127.

[“Development of a healthy lifestyle is an important aspect of *mental* health that is infrequently targeted in outpatient *mental* health settings. Although the interrelationship of psychological and physical factors has often been noted, interventions frequently focus on just one aspect of functioning. This project demonstrated the feasibility of a multidimensional weekly wellness group program focused on the overall health behaviors of patients in a Veterans Affairs *mental* health clinic. The modal participant was a male in his mid-50s, living alone, not employed, depressed, obese, and with many chronic medical problems. Eighty-three patients participated in a 15-week program promoting changes in such areas as stress management (abdominal breathing, muscle relaxation, visualization, and *mindfulness*), physical health care (exercise, nutrition, sleep routine, and substance use), and behavioral activation (activity scheduling, social affiliation, and use of community resources). Substantial improvement was found for most patients, in both psychosocial and physical functioning domains, and was maintained over time. The melding of psychoeducational and skills training into a positive psychology orientation appears to have been beneficial. In addition, the group process was quite effective in encouraging change in these highly comorbid, chronically ill veterans. The feasibility and importance of integrating psychosocial and physical interventions is underscored by this study.”]

Full text at:

<http://search.ebscohost.com/login.aspx?direct=true&db=pdh&AN=pro-41-2-120&site=ehost-live>

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**“Suicide Risk Assessment and Content of VA Health Care Contacts before Suicide Completion by Veterans in Oregon.”** By Lauren M. Dennison, Portland Medical Affairs Veterans Center, and others. *IN; Psychiatric Services*, vol. 61, no. 12 (December 2010) pp. 1192-1197.

[“This study described health care contacts at a Department of Veterans Affairs (VA) medical center in Oregon in the year before death of veterans who completed suicide. *Methods:* Oregon Violent Death Reporting System (OVDRS) data and VA administrative data were linked to identify the 112 veterans who completed suicide in Oregon between 2000 and 2005 and who had contact with a single VA medical center in the year before death. Medical records were reviewed to collect data on clinician assessment of suicide risk and reasons for the last contact. *Results:* In the year before death, 54 veterans (48%) had one or more mental health contacts and 71 (63%) had one or more primary care contacts. The mean age was 57; common diagnoses included mood disorders (38%) and cardiovascular disease (38%). The median number of days between the last contact and date of death was 42 (range=0–358). Thirty-six last contacts (32%) were patient initiated for new or exacerbated medical concerns and 76 (68%) were follow-ups for ongoing problems. Clinicians noted that 41 patients (37%) were experiencing emotional distress at the last contact. Thirteen of the 18 patients (72%) who were assessed for suicidal ideation at their last contact denied such thoughts. *Conclusions:* During their last contact, most veterans were seen for routine medical care and few endorsed thoughts of suicide. Results

underscore challenges that clinicians face in identifying and caring for veterans at risk of suicide in health care settings. Additional research is indicated to identify better ways to facilitate communication of suicidal thoughts when they are present.”]

Full text at:

<http://psychservices.psychiatryonline.org/cgi/reprint/61/12/1192>

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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.

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## **CONFERENCES, MEETINGS AND SEMINAR**

**California Working Families Policy Summit 2011**  
**Making the system work for working families**

**January 12, 2011**  
**Sacramento Convention Center**  
**Sacramento, California**

[“Timed to coincide with the launch of the legislative session, the California Working Families Policy Summit convenes leaders from the Legislature, state and local government, nonprofit and for-profit organizations, and local communities. In 2011, we will focus on the state budget, health care, welfare, school services, early learning, child care, asset building, housing, food stamps, nutrition programs, and paid leave.”]

For more information:

[http://www.newamerica.net/events/2010/california\\_working\\_families\\_policy\\_summit](http://www.newamerica.net/events/2010/california_working_families_policy_summit)

**The 25<sup>th</sup> 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](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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