

**Subject:** Studies in the News: (February 16, 2011)

---



## Studies in the News for



## California Department of Mental Health

---

### Introduction to Studies in the News

Studies in the News (SITN) is a service provided for the Department of Mental Health by the California State Library. This service features articles focusing on mental health issues. Prior lists can be viewed from the California State Library's Web site at [California State Library – Studies in the News](#)

**Mental health articles and e-books are also available at the California State Library**

#### How to Obtain Materials Listed in SITN:

- When available on the Internet, the URL for the full-text of each item is provided. If you have trouble accessing the article per the enclosed link, you may contact Peggy Fish at [pfish@library.ca.gov](mailto:pfish@library.ca.gov)
- **California State Employees** may contact the Information Resources and Government Publications section (916-654-0261; [cslinfo@library.ca.gov](mailto:cslinfo@library.ca.gov) with the SITN issue date and title of article to request an article.
- All other interested individuals should contact their local library-the items may be available there, or may be borrowed by your local library on your behalf.

## CONTENTS

### **CHILDREN AND ADOLESCENTS**

[Children Now: California Report Card 2011: Setting the Agenda for Children Commonwealth Fund State Scorecard on Child Health System Performance, 2011](#)

### **COMMUNITY MENTAL HEALTH SERVICES**

[Telehealth in Community Clinics: Three Case Studies in Implementation](#)

[Chronicling an Entry into Telehealth: Open Door Community Health Centers](#)

[Effect of Community Mental Health Services on Hospitalization Rates in Virginia](#)

### **CYBERBULLYING**

[Cyberbullying and State Law](#)

### **HOMELESSNESS**

[Housing for People with Serious Mental Illness](#)

### **POLICY**

[Changes on US Spending on Mental Health and Substance Abuse Treatment, 1986-2005](#)

[On the Road to Better Value: State Roles in Promoting Accountable Care Organizations](#)

### **RURAL ISSUES**

[Creating a Sustainable and Effective Mental Health Workforce in Gippsland, Victoria](#)

[Preference and Intention of Rural Adolescents toward Seeking Help for Mental Health Problems](#)

[Town-level Comparisons may be an Effective Alternative in Comparing Urban and Rural Differences](#)

### **SUICIDE PREVENTION**

[A clinical Trial for Patients with suicidal and self-injurious Behavior](#)

### **VETERANS**

[Mental Health-Related Beliefs as a Barrier to Service Use for Military Personnel and Veterans: A Review.](#)

## NON PROFIT RESOURCE CENTER-GRANT WRITING

### CONFERENCES, MEETINGS, SEMINARS

[Annual Meeting American College of Psychiatrists.](#)

[4<sup>th</sup> Annual Conference: Trading Secrets-Working Together for Individuals with Dual Diagnosis Involved in the Criminal Justice System](#)

[Caring for Veterans with Post Deployment Health Concerns: Past, Present, and Future.](#)

[9<sup>th</sup> Annual UC Davis Clinical Pharmacotherapy](#)

## CHILDREN AND ADOLESCENTS

**Children Now: California Report Card 2011: Setting the Agenda for Children.** By Children Now organization. (The Organization, Oakland, California) January 2011. 108 p.

[“California gets a C- for its efforts to protect and enhance the well-being of its children, as graded by Children Now's [California Report Card 2011](#). The report uses data from the [California Health Interview Survey \(CHIS\)](#) in its assessment, with grades ranging from Ds for California's K-12 system, oral health care and integrated services, to the only B achieved -- a B+ for afterschool care. Children Now says grades have remained low year-over-year largely due to disproportionate state budget cuts to children's programs and services relative to other budgetary items.”]

Full text at:

[http://www.childrennow.org/uploads/documents/reportcard\\_2011.pdf](http://www.childrennow.org/uploads/documents/reportcard_2011.pdf)

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

**Securing a Healthy Future: The Commonwealth Fund State Scorecard on Child Health System Performance, 2011.** By Sabrina K.H.How and others, The Commonwealth Fund. (The Fund, New York, New York) February 2011. 92 p.

[“The *State Scorecard on Child Health System Performance, 2011*, examines states’ performance on 20 key indicators of children’s health care access, affordability of care, prevention and treatment, the potential to lead healthy lives, and health system equity. The analysis finds wide variation in performance across states. If all states achieved benchmark performance levels, 5 million more children would be insured, 10 million more would receive at least one medical and dental preventive care visit annually, and nearly 9 million more would have a medical home. The findings demonstrate that federal and state policy actions maintained and, in some cases, expanded children’s insurance coverage during the recent recession, even as many parents lost coverage. The report also highlights the need for initiatives specifically focused on improving health system performance for children. The report includes state-by-state insurance coverage projections for children once relevant provisions of the Affordable Health Act are implemented.”]

Full text at:

<http://www.commonwealthfund.org/Content/Publications/Fund-Reports/2011/Feb/State-Scorecard-Child-Health.aspx>

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

## COMMUNITY SERVICES

**Telehealth in Community Clinics: Three Case Studies in Implementation.** By Christine Duclos and others, JSI Research and Training Institute, Inc. (CALIFORNIA HEALTHCARE FOUNDATION, Oakland, California) November 2010. 44 p.

[“In 2007, the CALIFORNIA HEALTHCARE Foundation funded the “Telemedicine in Clinics” project with the goal of exploring the role that a telehealth system could play in improving access to specialty care services for patients of community health centers (CHCs). The three CHCs participating in the project—Open Door Community Health Centers (Open Door) based in Arcata, LaClinica de La Raza (La Clinica) based in Oakland, and the Southside Coalition of Community Health Centers (Southside) in South Los Angeles—represented three different settings in which to explore the challenges of planning and implementing telehealth programs to improve access to care...

The case studies in this report highlight the experience and lessons of each of the three community health organizations as they planned and implemented their telehealth programs. Each case study addresses facilitators and barriers to program implementation and operation, and reports on patient and provider satisfaction.”]

Full text at:

<http://www.chcf.org/~media/Files/PDF/T/PDF%20TelehealthClinicCaseStudies.pdf>

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

**Chronicling an Entry into Telehealth: Open Door Community Health Centers.** By Julie Hook and Michael Rodriquez, JSI Research and Training Institute, Inc. Issue Brief (CALIFORNIA HEALTHCARE FOUNDATION, Oakland, California) April 2010. 11 p.

[“California’s safety net of more than 800 community clinic and health center (CCHC) sites is a principal provider or primary care and specialty medical services for the state’s large population of uninsured patients. More than one out of every three (37.4 percent) state residents under the age of 65 went without health insurance for all of part of the two-year period 2007-2008. With the recent deep recession and rise in unemployment, these safety net providers saw an increase of 10 to 50 percent in newly uninsured patients in 2009. The pressure to provide services to more patients challenges the CCHCs to improve access, a problem heightened in many rural areas by a scarcity of providers.”]

Full text at:

<http://www.chcf.org/~media/Files/PDF/O/PDF%20OpenDoorTelehealth.pdf>

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

**"The Effect of Community Mental Health Services on Hospitalization Rates in Virginia." By Tanya Nicole Wanchek, Weldon Cooper Center for Public Service, and others. IN: Psychiatric Services, vol.62, no. 2 (February 2011) pp. 194-199.**

[“This study examined the relationship between the availability of mental health outpatient services provided by 40 publicly funded community service boards (CSBs) and the use of inpatient mental health treatment among Medicaid recipients. *Methods:* Three-year data were obtained for Medicaid recipients aged 18–64 from the Medicaid claims database for the Commonwealth of Virginia. Medicaid recipients who had a mental disorder diagnosis and who had received at least one community mental health service were included in the sample. A multivariate regression model was used for the analyses. *Results:* Of the 11,107 individuals included, 27% had schizophrenia-related disorders and 32% had affective psychoses; 60% were white and 37% were black; and the average age was 40.1±13.1 years. In this sample, greater use of outpatient mental health services, but not greater variety of services available, was correlated with fewer inpatient hospital days for mental health treatment (–1.0±.2 days of hospitalization). *Conclusions:* Virginia’s CSBs provide a range of outpatient mental health services that are designed to enable individuals to remain in their community. The availability of community-based mental health services was correlated with lower rates of inpatient hospitalization for mental illness. More research, however, is needed to establish causality and to determine which services are most effective at reducing the need for inpatient care.”]

Full text at:

<http://psychservices.psychiatryonline.org/cgi/reprint/62/2/194>

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

## CYBERBULLYING

**Cyberbullying and State Law. Capitol Facts & Figures. By the Council of State Governments. (The Council, Washington, D.C) December 2010. 2 p.**

[“The Cyberbullying Research Center defines cyberbullying as “willful and repeated harm inflicted through the use of computers, cell phones and other electronic devices.” A study in 2010 showed approximately 20 percent of 11- to 18-year-old students were victimized and 10 percent reported they had been both an offender and a victim of cyberbullying. Outcomes of cyberbullying often include the victim feeling depressed, afraid or embarrassed to go to school, low self-esteem, academic problems, suicidal thoughts and, in extreme cases, suicide. Cyberbullying differs from traditional bullying because sometimes the victim is unaware who the bully is or why he is being bullied. Also, the actions can be viewed by a much greater population than traditional bullying.”]

Full text at:

[http://knowledgecenter.csg.org/drupal/system/files/CR\\_FF\\_Cyberbullying.pdf](http://knowledgecenter.csg.org/drupal/system/files/CR_FF_Cyberbullying.pdf)

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

## HOMELESSNESS

**“Housing for People with Serious Mental Illness: Approaches, Evidence, and Transformative Change.”** By Geoffrey Nelson, Wilfred Laurier, Department of Psychology. IN: *Journal of Sociology & Social Welfare*, vol. 37, no. 4 (December 2010) pp. 123-146.

[“The evolution of housing approaches for people with serious mental illness is described and analyzed. A distinction is made between three different approaches to housing: (a) custodial, (b) supportive, and (c) supported. Research evidence is reviewed that suggests the promise of supported housing, but more research is needed that compares supported housing with different supportive housing approaches. It is argued that the current move to a supported housing approach represents a fundamental shift or transformative change in mental health policy and practice. Strategies to facilitate this shift are discussed.”]

Full text at:

<http://search.ebscohost.com/login.aspx?direct=true&db=a9h&AN=56545265&site=ehost-live>

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

## POLICY ISSUES

**“Changes on US Spending on Mental Health and Substance Abuse Treatment, 1986-2005, and Implications for Policy.”** By Tami L. Mark, Thompson Reuters, and others. IN *Health Affairs*, vol. 30, no. 2 (February 2011) pp. 284-292.

[“The United States invests a sizable amount of money on treatments for mental health and substance abuse: \$135 billion in 2005, or 1.07 percent of the gross domestic product. We provide treatment spending estimates from the period 1986–2005 to build understanding of past trends and consider future possibilities. We find that the growth rate in spending on mental health medications—a major driver of mental health expenditures in prior years—declined dramatically. As a result, mental health and substance abuse spending grew at a slightly slower rate than gross domestic product in 2004 and 2005, and it continued to shrink as a share of all health spending. Of note, we also find that Medicaid’s share of total spending on mental health grew from 17 percent in 1986 to 27 percent in 2002 to 28 percent in 2005. The recent recession, the full implementation of federal parity law, and such health reform related actions as the planned expansion of Medicaid all have the potential to improve access to mental health and substance abuse treatment and to alter spending patterns further. Our spending estimates provide an important context for evaluating the effect of those policies.”]

**NOTE: If you have difficulty accessing this article, please contact the State Library for a copy. See the first page of Studies in the News for contact information.]**

Full text at:

**On the Road to Better Value: State Roles in Promoting Accountable Care Organizations.** By Kitty Purington and others, National Academy for State Health Policy. (The Commonwealth Fund, New York, New York) February 2011. 48 p.

[“Lack of coordination, fragmentation, and disparities in the cost and quality of care are pervasive in the U.S. health system. As purchasers of health care, states are keenly aware of the need to create more coherent and value-driven systems of care through improved payment and delivery systems. The accountable care organization (ACO) model is a mechanism that can promote better value in health care spending. This report examines the development of the ACO model, focusing on Colorado, Massachusetts, Minnesota, North Carolina, Oregon, Vermont, and Washington. The report highlights five key areas in which states have played a role in supporting the development of the ACO model (data, designing and promoting new payment methods, accountability measures, identifying and promoting systems of care, and supporting a continuum of care, including the patient-centered medical home) and is intended to provide state and national policymakers with information that can stimulate further innovation”]

Full text at:

[http://www.commonwealthfund.org/~media/Files/Publications/Fund%20Report/2011/Feb/On%20the%20Road%20to%20Better%20Value/1479\\_Purington\\_on\\_the\\_road\\_to\\_better\\_value\\_ACOs\\_FINAL.pdf](http://www.commonwealthfund.org/~media/Files/Publications/Fund%20Report/2011/Feb/On%20the%20Road%20to%20Better%20Value/1479_Purington_on_the_road_to_better_value_ACOs_FINAL.pdf)

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

## RURAL ISSUES

**“Creating a Sustainable and Effective Mental Health Workforce in Gippsland, Victoria: Solutions and Directions for Strategic Planning.”** By K.P. Sutton, and others, Monash University, Victoria, Australia. IN: *Rural and Remote Health*, vol. 11, no. 1585 (January 24, 2011) pp. 1-11.

[“The Gippsland region of Victoria, in common with other Australian rural and regional areas, is experiencing a shortage of qualified mental health professionals. Attracting mental health professionals to work in such areas is a major concern for service providers, policy-makers and rural/regional communities. Previous studies have focused on identifying factors contributing to the maldistribution of the health workforce, principally medical practitioners. Recent reviews have highlighted the strengths and weaknesses of evidence for the effectiveness of initiatives designed to address workforce shortages in underserved locations. The reported study sought the views of mental health organisation leaders from Gippsland to identify current approaches and potential solutions to the challenges of workforce recruitment, retention and training. A key goal of

the study was to inform a strategic regional approach to the development of a more sustainable and effective mental health workforce.”]

Full text at:

[http://www.rrh.org.au/publishedarticles/article\\_print\\_1585.pdf](http://www.rrh.org.au/publishedarticles/article_print_1585.pdf)

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

**“Preference and Intention of Rural Adolescents toward Seeking Help for Mental Health Problems.”** By C.P. Boyd, Center for Youth Mental Health, Melbourne, Australia, and others. IN: *Rural and Remote Health*, vol. 11, no. 1582 (February 14, 2011) pp. 1-13.

[“In Australia, rural adolescents still face barriers to obtaining professional psychological help due to poor availability and accessibility of services in rural areas when delay in seeking help for mental health problems can lead to poorer treatment outcomes. The aims of this study were to: investigate the preferences and intentions of rural Australian youth towards seeking help for mental health problems; determine predictors of help-seeking intention among rural adolescents; and verify results from previous qualitative research on the barriers to help-seeking in a rural context....

**Conclusions:** The findings verify previous research on help-seeking among rural youth and reinforce that these young people face additional barriers to help-seeking by virtue of living in a rural environment. The availability of services for rural youth needs to be improved, as do young people’s knowledge of service availability and access (especially travel options). It must be taken into account that rural adolescents of different ages and sex may differ in their help-seeking preferences. Finally, mental health promotion work with rural youth should consider the influence of rural culture on help-seeking intentions.”]

Full text at:

[http://www.rrh.org.au/publishedarticles/article\\_print\\_1582.pdf](http://www.rrh.org.au/publishedarticles/article_print_1582.pdf)

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

**“Town-level Comparisons may be an Effective Alternative in Comparing Urban and Rural Differences: A Look at Accidental Traumatic Brain Injuries in North Texas Children.”** By B. D. Robertson, Children’s Medical Center Dallas, Texas and C.E. McConnel, UT Southwestern Medical Center, Dallas, Texas. IN: *Rural and Remote Health*, vol. 11, no. 1521 (January 27, 2011) pp. 1-10.

[“Rural areas in the USA are generally poorer, more isolated, less populated, have older populations, and also unique work dynamics that fundamentally set them apart from urban areas. Additionally, funding and resources are limited in rural areas; a problem that may be exacerbated when looking specifically at town-level resources. One of the key problems in comparing US rural and urban areas, particularly at the county level, is that the resources available to individual towns within a particular county may not accurately reflect the resources available to the county as a whole. This leads to questions about the

validity of county level comparisons between rural and urban areas because of differences in town sizes and the resources availability at this level. The authors of this study attempted to assess this difference by analyzing data previously collected for a study examining pediatric traumatic brain injury among four levels of rurality: urban city, large town, small town, and isolated town.”]

Full text at:

[http://www.rrh.org.au/publishedarticles/article\\_print\\_1521.pdf](http://www.rrh.org.au/publishedarticles/article_print_1521.pdf)

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

## SUICIDE PREVENTION

**“Dialectical Behavioral Therapy for Adolescents (DBT-A): a clinical Trial for Patients with suicidal and self-injurious Behavior and Borderline Symptoms with a one-year Follow-up.”** By Christian Fleischhaker and others, Albert Ludwig University Medical Center Freiburg, Freiburg, Germany. IN: *Child and Adolescent Psychiatry and Mental Health*, vol. 5, no. 3 (January 28, 2011) pp. 1-26.

[“To date, there are no empirically validated treatments of good quality for adolescents showing suicidality and non-suicidal self-injurious behavior. Risk factors for suicide are impulsive and non-suicidal self-injurious behavior, depression, conduct disorders and child abuse. Behind this background, we tested the main hypothesis of our study; that Dialectical Behavioral Therapy for Adolescents is an effective treatment for these patients....

### **Results**

In the pilot study, 12 adolescents were treated. At the beginning of therapy, 83 % of patients fulfilled five or more DSM-IV criteria for borderline personality disorder. From the beginning of therapy to one year after its end, the mean value of these diagnostic criteria decreased significantly from 5.8 to 2.75. 75 % of patients were kept in therapy. For the behavioral domains according to the SCL-90-R and YSR, we have found effect sizes between 0.54 and 2.14. During treatment, non-suicidal self-injurious behavior reduced significantly. Before the start of therapy, 8 of 12 patients had attempted suicide at least once. There were neither suicidal attempts during treatment with DBT-A nor at the one-year follow-up.

### **Conclusions**

The promising results suggest that the interventions were well accepted by the patients and their families, and were associated with improvement in multiple domains including suicidality, non-suicidal self-injurious behavior, emotion dysregulation and depression from the beginning of therapy to the one-year follow-up.”]

Full text at:

<http://www.capmh.com/content/pdf/1753-2000-5-3.pdf>

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

## VETERANS

**“Mental Health-Related Beliefs as a Barrier to Service Use for Military Personnel and Veterans: A Review.” By Dawne Vogt, US Department of Veterans Affairs Boston Healthcare System. IN: Psychiatric Services, vol. 62, no 2, (February 2011) pp. 135-142.**

[“Although military personnel are at high risk of mental health problems, research findings indicate that many military personnel and veterans do not seek needed mental health care. Thus it is critical to identify factors that interfere with the use of mental health services for this population, and where possible, intervene to reduce barriers to care. The overarching goal of this review was to examine what is known with regard to concerns about public stigma and personal beliefs about mental illness and mental health treatment as potential barriers to service use in military and veteran populations and to provide recommendations for future research on this topic. *Methods:* Fifteen empirical articles on mental health beliefs and service use were identified via a review of the military and veteran literature included in PsycINFO and PubMed databases. *Results:* Although results suggest that mental health beliefs may be an important predictor of service use for this population, several gaps were identified in the current literature. Limitations include a lack of attention to the association between mental health beliefs and service use, a limited focus on personal beliefs about mental illness and mental health treatment, and the application of measures of mental health beliefs with questionable or undocumented psychometric properties. *Conclusions:* Studies that attend to these important issues and that examine mental health beliefs in the broader context within which decisions about seeking health care are made can be used to best target resources to engage military personnel and veterans in health care.”]

Full text at:

<http://psychservices.psychiatryonline.org/cgi/reprint/62/2/135>

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

## NON PROFIT RESOURCE CENTER-GRANT WRITING

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

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

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

**More information about grant-writing at:**

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

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

## **CONFERENCES, MEETINGS AND SEMINAR**

**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>

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

**4<sup>th</sup> Annual Conference: Trading Secrets-Working Together for Individuals with  
Dual Diagnosis Involved in the Criminal Justice System.**

**March 9<sup>th</sup>, 2011**

**8:00am-4:30pm**

**Hilton Mission Valley**

**San Diego, California**

In California, at least one in five persons with a developmental disability receiving Regional Center services also has a mental health diagnosis. Many individuals with a dual diagnosis (DD-MI) are dually or triply served by multiple service systems including the Criminal Justice System. Emerging Best Practice for persons with DD-MI indicates that cross systems collaboration is the key to providing effective services; Cross Systems collaboration reduces overlapping service costs for involved systems. Cross Systems collaboration increases a person's ability to live in their community and avoid a higher level of care. This statewide conference offers an opportunity to hear from all systems affected in providing care for this specialty population, discuss barriers and solutions, and

identify key ways to improve cross system collaboration and identify resources for better services to the DD-MI criminally involved population.

For further information:

<http://www.mhsinc.org/classes/2011/03/09/4th-annual-conference-trading-secrets-working-together-individuals-dual-diagnosis>

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

### **Caring for Veterans with Post Deployment Health Concerns: Past, Present, and Future.**

**March 30 and 31<sup>st</sup>. 2011**

**West Coast Location-To be determined**

For further information and agenda:

<http://www.warrelatedillness.va.gov/WARRELATEDILLNESS/education/conferences/2011-mar/2011-03-30-31-conference-info.asp>

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

### **9<sup>th</sup> Annual UC Davis Clinical Pharmacotherapy: Practical Information for Physicians, Nurses, and Pharmacists.**

**April 8-10, 2011**

**Napa Valley Marriott**

**Napa, California**

**REGISTER EARLY AS THIS CONFERENCE WILL SELL OUT.**

For more information:

[http://www.ucdmc.ucdavis.edu/cme/conferences/pdfs/PHARM11\\_4-8-11w.pdf](http://www.ucdmc.ucdavis.edu/cme/conferences/pdfs/PHARM11_4-8-11w.pdf)

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