

Subject: Studies in the News: (March 14, 2011)



Studies in the News for



California Department of Mental Health

Introduction to Studies in the News

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AGING AND MENTAL HEALTH

“Psychological Approach to Successful Ageing Predicts Future Quality of Life in Older Adults.” By Ann Bowling, University of London, and Steve Iliffe, University College London. IN: *Health and Quality of Life Outcomes*, vol. 9, no. 13 (March 9, 2011) pp. 1-33.

[“Public policies aim to promote well-being, and ultimately the quality of later life. Positive perspectives of ageing are underpinned by a range of approaches to successful ageing. This study aimed to investigate whether baseline biological, psychological and social approaches to successful ageing predicted future Quality of Life (QoL).

Methods: Postal follow-up in 2007/8 of a national random sample of 999 people aged 65 and over in 1999/2000. Of 496 valid addresses of survivors at follow-up, the follow-up response rate was 58% (287). Measures of the different concepts of successful ageing were constructed using baseline indicators. They were assessed for their ability to independently predict quality of life at follow-up.

Results: Few respondents achieved *all* good scores within each of the approaches to successful ageing. Each approach was associated with follow-up QoL when their scores were analysed continuously. The biomedical (health) approach failed to achieve significance when the traditional dichotomous cut-off point for successfully aged (full health), or not (less than full health), was used. In multiple regression analyses of the relative predictive ability of each approach, only the psychological approach (perceived self-efficacy and optimism) retained significance.

Conclusion: Only the psychological approach to successful ageing independently predicted QoL at follow-up. Successful ageing is not only about the maintenance of health, but about maximising one’s psychological resources, namely self-efficacy and resilience. Increasing use of preventive care, better medical management of morbidity.]

Full text at:

<http://www.hqlo.com/content/pdf/1477-7525-9-13.pdf>

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“Serious Psychological Distress and Mental Health Service Use among Community-Dwelling Older U.S. Adults.” By Beth Han and others, Substance Abuse and Mental Health Services Administration. IN: *Psychiatric Services*, vol.62, no. 3 (March 2011) pp. 291-298.

[“This study examined the prevalence and predictors of past year serious psychological distress and receipt of mental health services among community-dwelling older adults in the United States. *Methods:* The sample included 9,957 adults aged 65 or older from the 2004–2007 National Survey on Drug Use and Health. Serious psychological distress was defined as having a score of 13 or higher on the K6 scale of nonspecific psychological distress. Descriptive analyses and logistic regression modeling were applied. *Results:* Among community dwelling older adults, 4.7% had serious psychological distress in the

past year. Among those with past-year serious psychological distress, 37.7% received mental health services in the past year (4.8% received inpatient services, 15.8% received outpatient services, and 32.1% received prescription medications) (weighted percentages). Logistic regression results suggested that among older adults with serious psychological distress, receipt of mental health services was more likely among women, non-Hispanic whites, those who were married, those who were highly educated, Medicare-Medicaid dual beneficiaries, those with a major depressive episode, and those with more general medical conditions. *Conclusions:* These results suggest the need to screen for mental health problems among older adults and to improve the use and the quality of their mental health services. Since 2008 significant changes have revolutionized payment for mental health care and may promote access to mental health care in this population. Further studies are needed to assess trends in mental health service utilization among older adults and in the quality of their mental health care over time.”]

Full text at:

<http://psychservices.psychiatryonline.org/cgi/reprint/62/3/291>

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CHILDREN AND ADOLESCENTS

Cognitive Behavioral Therapy of Socially Phobic Children Focusing on Cognition: A Randomised Wait-list Controlled Study. By Siebke Melfsen, University of Wuerzburg, Wuerzburg, Germany, and others. IN: Child and Adolescent Psychiatry and Mental Health, vol. 5, no. 5 (February 28, 2011) pp. 1-40.

[“Although literature provides support for cognitive behavioral therapy (CBT) as an efficacious intervention for social phobia, more research is needed to improve treatments for children.

Methods: Forty four Caucasian children (ages 8-14) meeting diagnostic criteria of social phobia according to the Diagnostic and Statistical Manual of Mental Disorders (4th ed.; APA, 1994) were randomly allocated to either a newly developed CBT program focusing on cognition according to the model of Clark and Wells (n = 21) or a wait-list control group (n = 23). The primary outcome measure was clinical improvement. Secondary outcomes included improvements in anxiety coping, dysfunctional cognitions, interaction frequency and comorbid symptoms. Outcome measures included child report and clinician completed measures as well as a diagnostic interview.

Results: Significant differences between treatment participants (4 dropouts) and controls (2 dropouts) were observed at post test on the German version of the Social Phobia and Anxiety Inventory for Children. Furthermore, in the treatment group, significantly more children were free of diagnosis than in wait-list group at post-test. Additional child completed and clinician completed measures support the results.

Discussion: The study is a first step towards investigating whether CBT focusing on cognition is efficacious in treating children with social phobia. Future research will need to compare this treatment to an active treatment group. There remain the questions of

whether the effect of the treatment is specific to the disorder and whether the underlying theoretical model is adequate.

Conclusion: Preliminary support is provided for the efficacy of the cognitive behavioral treatment focusing on cognition in socially phobic children. Active comparators should be established with other evidence-based CBT programs for anxiety disorders, which differ significantly in their dosage and type of cognitive interventions from those of the manual under evaluation (e.g. Coping Cat).”]

Full text at:

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

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“Pathways to child and adolescent psychiatric clinics: a multilevel study of the significance of ethnicity and neighbourhood social characteristics on source of referral.” By Anna Karin Ivert, Malmö University, Malmö, Sweden, and others. **IN: Child and Adolescent Psychiatry and Mental Health, vol. 5, no. 6 (March 7, 2011) pp. 1-33.**

[“In the Swedish society, as in many other societies, many children and adolescents with mental health problems do not receive the help they need. As the Swedish society becomes increasingly multicultural, and as ethnic and economic residential segregation become more pronounced, this study utilises ethnicity and neighbourhood context to examine referral pathways to child and adolescent psychiatric (CAP) clinics.

Methods

The analysis examines four different sources of referrals: family referrals, social/legal agency referrals, school referrals and health/mental health referrals. The referrals of 2054 children aged 11-19 from the Stockholm Child-Psychiatric Database were studied using multilevel logistic regression analyses.

Results

Results indicate that ethnicity played an important role in how children and adolescents were referred to CAP-clinics. Family referrals were more common among children and adolescents with a Swedish background than among those with an immigrant background. Referrals by social/legal agencies were more common among children and adolescents with African and Asian backgrounds. Children with Asian or South American backgrounds were more likely to have been referred by schools or by the health/mental health care sector. A significant neighbourhood effect was found in relation to family referrals. Children and adolescents from neighbourhoods with low levels of socioeconomic deprivation were more likely to be referred to CAP-clinics by their families in comparison to children from other neighbourhoods. Such differences were not found in relation to the other sources of referral.

Conclusions

This article reports findings that can be an important first step toward increasing knowledge on reasons behind differential referral rates and uptake of psychiatric care in an ethnically diverse Swedish sample. These findings have implications for the design and evaluation of community mental health outreach programs and should be considered when developing measures and strategies intended to reach and help children with mental

health problems. This might involve providing information about the availability and accessibility of health care for children and adolescents with mental health problems to families in certain neighbourhoods and with different ethnic backgrounds.

Full text at:

<http://www.capmh.com/content/pdf/1753-2000-5-6.pdf>

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DECLINE IN MENTAL HEALTH SERVICES

As Mental Health Cuts Mount, Psychiatric Cases Fill Jails. By Brandi Grissom, The Texas Tribune. IN: The Texas Tribune (February 24, 2011) pp. 1-3.

[“...As lawmakers consider deeper cuts this year to deal with a budget shortfall estimated at \$15 billion to \$27 billion, jail officials across Texas are deeply concerned that proposed reductions in community-based mental health treatment will worsen the problem. Without resources in the community, more mentally ill Texans are likely to end up on the streets, in emergency rooms and behind bars and it will cost local taxpayers even more to care for them.

“We can’t not respond,” said Dr. Michael Seale, executive director of health services at the Harris County Sheriff’s Office. “We can’t not put people in jail.”

Although he disdains the idea of further cutting mental health funding, Representative Garnet Coleman, Democrat of Houston, said lawmakers who are determined to close the budget gap without raising taxes have few other options when it comes to reducing health care expenditures.”]

Full text at:

http://www.nytimes.com/2011/02/25/us/25ttmentalhealth.html?_r=1&src=twrhp

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DISPARITIES

“From Politics to Parity: Using a Health Disparities Index to Guide Legislative Efforts for Health Equity.” By Bryant Cameron Webb, Wake Forest University School of Medicine, and others. IN: American Journal of Public Health, vol. 101, no. 3 (March 2011) pp. 554-560.

[“Objectives. We created an index quantifying the longitudinal burden of racial health disparities by state and compared this index to variables to guide the construction of, and validate support for, legislative efforts aimed at eliminating health disparities. Methods. We evaluated 5 focus areas of greatest racial disparities in health from 1999 to 2005 and compiled state health disparities index (HDI) scores. We compared these scores with variables representing the purported social determinants of health.

Results. Massachusetts (0.35), Oklahoma (0.35), and Washington (0.39) averaged the fewest disparities. Michigan (1.22), Wisconsin (1.32), and Illinois (1.50) averaged the greatest disparities. The statistical reference point for nationwide average racial disparities was 1.00. The longitudinal mixed model procedure yielded statistically significant correlations between HDI scores and Black state population percentage as well as with the racial gap in uninsured percentages. We noted a trend for HDI correlations with median household income ratios.

Conclusions. On the basis of the HDI-established trends in the extent and distribution of racial health disparities, and their correlated social determinants of health, policymakers should consider incorporating this tool to advise future efforts in minority health legislation.”]

Full text at:

<http://ajph.aphapublications.org/cgi/reprint/101/3/554>

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EARLY ONSET OF PSYCHOSES

“The Early Natural History of Bipolar Disorder: What we have learned from Longitudinal High-Risk Research.” By Anne Duffy, MD. IN: Canadian Journal of Psychiatry, vol. 54, no. 8 (August 2010) pp. 477-485.

[“Longitudinal high-risk research has provided convergent evidence that major mood and psychotic disorders often develop from nonspecific antecedents in predisposed people over time and development. For example, bipolar disorder (BD) appears to evolve from nonspecific childhood antecedents, including anxiety and sleep problems, followed by adjustment and minor mood disturbances through **early** adolescence, culminating in major mood episodes in later adolescence and **early** adulthood. Therefore, the current cross-sectional symptom-based diagnostic approach requires rethinking: it considers neither the familial risk nor the longitudinal clinical course, with the consequence that the **early** stages of illness are not recognized as belonging to the end-stage disorder. Emerging evidence of identifiable clinical stages in the development of BD has tremendous potential for **early** identification, development of stage-specific treatments, and advancing our understanding of the pathophysiology associated with illness **onset** and progression. The clinical staging model also has direct implications for the optimal organization of clinical services for high-risk youth. Specifically, specialty psychiatric programs are needed that break down traditional institutional barriers to provide surveillance and timely comprehensive psychiatric assessment during the entire risk period, from childhood through to **early** adulthood. In this regard, the development of specialty psychiatric programs aiming to identify youth in the **early** stages of evolving psychosis are substantially ahead of services for youth in the **early** stages of evolving major mood disorders.”]

Full text at:

<http://search.ebscohost.com/login.aspx?direct=true&db=a9h&AN=54017015&site=ehost-live>

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HOMELESSNESS

“Housing for People with Serious Mental Illness: Approaches, Evidence and Transformative Change.” By Geoffrey Nelson, Department of Psychology, Wilfred Laurier, Waterloo, Ontario, Canada. 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=psyh&AN=2010-26304-006&site=ehost-live>

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“Out of the Frying Pan, into the Fire: Trauma in the Lives of Homeless Youth Prior to and During Homelessness.” By John Coates and Sue McKenzie-Mohr, Department of Social Work, St. Thomas University. IN: *Journal of Sociology & Social Welfare*, vol. 37, no.4 (December 2010) pp. 65-96.

[“Anecdotal evidence from those who work with homeless youth indicates that trauma permeates these young people's lives. This paper presents the findings from a study of 100 homeless youth regarding the presence of trauma in their lives, both before and during homelessness. Participants living in the Maritime Provinces volunteered to take part in a semi-structured interview lasting one to two hours. The interview questionnaire was conducted by a trained interviewer, and was composed of standardized and adapted survey instruments, as well as questions regarding demographics, experiences prior to becoming homeless, assistance received while dealing with stressors, and current needs. The results indicate that trauma is both a cause and a consequence of youth being homeless, as a large majority of participants experienced a number of types of highly stressful events both preceding and during homelessness, and that trauma in the lives of

both male and female homeless youth should be understood as a pervasive reality with serious implications. Implications for service delivery are discussed.”]

Full text at:

<http://search.ebscohost.com/login.aspx?direct=true&db=sih&AN=56545263&site=ehost-live>

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POSTTRAUMATIC STRESS DISORDER

Generalized Anxiety Disorder and Panic Disorder (With or without Agoraphobia in Adults: Management in Primary, Secondary and Community care. By the National Institute for Health and Clinical Excellence. (The Institute, London, United Kingdom) January 2011. 56 p.

[“Generalised anxiety disorder (GAD) is one of a range of anxiety disorders that includes panic disorder (with and without agoraphobia), post-traumatic stress disorder, obsessive–compulsive disorder, social phobia, specific phobias (for example, of spiders) and acute stress disorder. Anxiety disorders can exist in isolation but more commonly occur with other anxiety and depressive disorders. This guideline covers both ‘pure’ GAD, in which no comorbidities are present, and the more typical presentation of GAD comorbid with other anxiety and depressive disorders in which GAD is the primary diagnosis. NICE is developing a guideline on case identification and referral for common mental health disorders that will provide further guidance on the identification and treatment of comorbid conditions.”]

Full text at:

<http://www.nice.org.uk/nicemedia/live/13314/52599/52599.pdf>

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PREVENTION

“Prevention of Mental Disorders, Substance Abuse and Problem Behaviors: A Developmental Perspective.” By William R. Beardslee, Harvard Medical School, and others. IN: Psychiatric Services, vol. 62, no. 3 (March 2011) pp. 247-254.

[“Robust scientific evidence shows that mental, emotional, and behavioral disorders can be prevented before they begin. This article highlights and expands points from a 2009 Institute of Medicine report to provide a concise summary of the literature on preventing mental illness. Because prevention requires intervention before the onset of illness, effective preventive approaches are often interdisciplinary and developmental. Evidence-based preventive strategies are discussed for the different phases of a young person’s life. Specific recommendations to focus on parenting, child development, and the prevention of depression are made for a target audience of practicing psychiatrists and mental health professionals. Further systemic recommendations are to prioritize prevention and to

coordinate and facilitate research on preventive practices in order to reduce suffering, create healthier families, and save money.”]

Full text at:

<http://psychservices.psychiatryonline.org/cgi/reprint/62/3/247>

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RURAL HEALTH

“Study Protocol: Evaluating the Impact of a Rural Australian Primary Health Care Service on Rural Health.” By Rachel Tham, Monash University School of Rural Health, Victoria, Australia, and others. IN: BMC Health Services Research, vol. 11, no. 52 (March 1, 2011) pp. 1-14.

[“Rural communities throughout Australia are experiencing demographic ageing, increasing burden of chronic diseases, and de-population. Many are struggling to maintain viable health care services due to lack of infrastructure and workforce shortages. Hence, they face significant health disadvantages compared with urban regions. Primary health care yields the best health outcomes in situations characterised by limited resources. However, few rigorous longitudinal evaluations have been conducted to systematise them; assess their transferability; or assess sustainability amidst dynamic health policy environments. This paper describes the study protocol of a comprehensive longitudinal evaluation of a successful primary health care service in a small rural Australian community to assess its performance, sustainability, and responsiveness to changing community needs and health system requirements.”]

Full text at:

<http://www.biomedcentral.com/content/pdf/1472-6963-11-52.pdf>

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SAMHSA REPORT

Leading Change: A Plan for SAMHSA’S Roles and Actions 2011-2014: Executive Summary and Introduction... By the Substance Abuse and Mental Health Services Administration, (SAMHSA). (The Administration, Rockville, Maryland) Working Draft February 15, 2011. 14 p.

[“The Substance Abuse and Mental Health Services Administration (SAMHSA), an operating division within the U.S. Department of Health and Human Services (HHS) is charged with reducing the impact of substance abuse and mental illness on America’s communities. SAMHSA pursues this mission at a time of significant change. Health reform has been enacted, bringing sweeping improvements in how the United States delivers, pays for, and monitors health care. The evidence base behind behavioral health prevention, treatment, and recovery services continues to grow and promises better outcomes for people with and at risk for mental and substance use disorders. All of this is happening at a time when State budgets are shrinking and fiscal restraint is a top priority.

Recognizing the need to balance these opportunities and challenges, SAMHSA has identified eight Strategic Initiatives to focus its limited resources on areas of urgency and opportunity. The Initiatives will enable SAMHSA to respond to national, State, Territorial, Tribal, and local trends and support implementation of the Affordable Care Act and the Mental Health Parity and Addictions Equity Act. People are at the core of SAMHSA's mission, and these Initiatives will guide SAMHSA's work through 2014 to help people with mental and substance use disorders and their families to build strong and supportive communities, prevent costly and painful behavioral health problems, and promote better health for all Americans.”]

Full text at:

http://www.samhsa.gov/about/sidocs/SAMHSA_SI_ExecSum.pdf

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STIGMA

1 in 5: Overcoming the Stigma of Mental Illness: Workbook and Resource Guide. By Saginaw County Community Mental Health Authority. (The Authority, Saginaw, Michigan) 2010? 16 p.

[“Shame is a powerful human emotion. Your teenage son or daughter might dramatically exclaim that they “died” of shame after some embarrassing incident at a school dance. This is hyperbole, of course. No one dies of shame. But shame can ruin a person's life. And shame can play an important role in preventing people from seeking treatment for a mental illness. One in five Americans have a diagnosable mental illness. Stigma will keep most of them from treatment.

This workbook and resource guide was developed as a companion to the documentary entitled “One in Five: Overcoming the Stigma of Mental Illness.” It is intended as a tool to fight stigma. In it you will find:

- Explanations of some terms used in the program that you may find unfamiliar or confusing.
- Suggestions for ways to fight mental illness stigma.
- Facts to dispel myths about mental illness.
- Brief biographies of individuals shown in the documentary.
- Activities for groups and individuals designed to increase awareness of mental illness and stigma.
- A resource list for more information.”]

Full text at:

http://www.sccmha.org/Anti-Stigma/SCCMHA%201in5_WBRG.pdf

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SUICIDE PREVENTION

“The Association between Bullying and Early Stages of Suicidal Ideation in Late Adolescents in Greece.” By Petros Skapinakis, University of Ioannina, Ioannina, Greece, and others. IN: BMC Psychiatry, vol.11, no. 22 (February 2011) pp. 1-8.

[“Bullying in schools has been associated with suicidal ideation but the confounding effect of psychiatric morbidity has not always been taken into account. Our main aim was to test the association between bullying behavior and early stages of suicidal ideation in a sample of Greek adolescents and to examine whether this is independent of the presence of psychiatric morbidity, including sub-threshold symptoms.

Methods: 5614 pupils 16-18 years old and attending 25 senior high schools were screened in the first phase and a stratified random sample of 2431 were selected for a detailed interview at the second phase. Psychiatric morbidity and suicidal ideation were assessed with the revised Clinical Interview Schedule (CIS-R) while bullying was assessed with the revised Olweus bully/victim questionnaire.

Results: Victims of bullying behavior were more likely to express suicidal ideation. This association was particularly strong for those who were bullied on a weekly basis and it was independent of the presence of psychiatric morbidity (Odds Ratio: 7.78; 95% Confidence Interval: 3.05 - 19.90). In contrast, being a perpetrator (“bullying others”) was not associated with this type of ideation after adjustment. These findings were similar in both boys and girls, although the population impact of victimization in the prevalence of suicidal ideation was potentially higher for boys.

Conclusions: The strong cross-sectional association between frequent victimization and suicidal ideation in late adolescence offers an opportunity for identifying pupils in the school setting that are in a higher risk for exhibiting suicidal ideation.”]

Full text at:

<http://www.biomedcentral.com/content/pdf/1471-244X-11-22.pdf>

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Suicide “Postvention” Guidelines: A Framework to Assist Staff in Supporting their School Communities in Responding to Suspected, Attempted, or Completed Suicide. By the Department of Education and Children Services. (The Government of South Australia) 2010. 37. p.

[“This document is designed to assist schools in responding to the tragic occurrence of completed, attempted or suspected suicide within their student community, a process known as postvention. It aims to support communities in grief and to guide schools in recognising and responding to the risk of suicide contagion. Important to achieving both these purposes is the requirement for sensitive sharing of information across government

and non government schools, between mental health agencies and schools and between families and schools.

These guidelines form part of a set of child protection related policies that have been developed collaboratively by the Department of Education and Children's Services, Catholic Education South Australia and the Association of Independent Schools of South Australia. The government and non government school sectors are committed to promoting consistent child protection standards across all South Australian schools. This document should be seen as a resource which complements schools' efforts to promote mental health and supports their critical incident management processes."

NOTE: This publication is printed in two sections. The links for each section are provided below.]

1.) Full text at:

<http://www.decs.sa.gov.au/docs/documents/1/SuicidePostventionGuide-1.pdf>

2.) Full text at:

<http://www.decs.sa.gov.au/docs/documents/1/SuicidePostventionGuideli.pdf>

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VETERANS

Chiarelli Expects Increase in Behavioral Health Needs. By J.D. Leipold. IN: [WWW.ARMY.MIL](http://www.army.mil), The Official Homepage of the United States Army. (Feb. 2, 2011) pp. 1-2.

["The Army's vice chief of staff said with the drawdown in Iraq and eventually in Afghanistan, the country could expect to see an increase in the number of Soldiers suffering from depression, anxiety, Traumatic Brain Injury and post-traumatic stress.

Speaking at the opening of the Reserve Officer Association's National Security Symposium Jan. 30, Gen. Peter W. Chiarelli praised the reserve component for being "truly remarkable" in what he called a nearly decade-long era of "persistent engagement," and added that the health and well-being of U.S. forces was absolutely critical to the security of the nation.

"Soldiers and their families are under tremendous stress and strain, physically and emotionally," he said. "Unfortunately, and I've said this often over the last couple of years, I do think it's going to continue to get harder, at least for a little while longer before it gets easy.""]

Full text at:

<http://www.army.mil/-news/2011/02/02/51178-chiarelli-expects-increase-in-behavioral-health-needs/>

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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.

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CONFERENCES, MEETINGS AND SEMINAR

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

**March 30 and 31st. 2011
Renaissance Seattle Hotel
Seattle, Washington**

For further information and agenda:

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

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9th 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

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Aging in America: Annual Conference of the American Society on Aging.

April 26-30, 2011

San Francisco, California

“With more than 600 workshops spanning over 50 content areas, Aging in America is the most comprehensive multidisciplinary conference on aging available anywhere. Our conference community of more than 3,000 participants includes leaders in aging services, business, government, policy, education and research, in addition to professionals representing more than 150 product and service exhibiting firms.”

For more information at:

http://www.asaging.org/aia11/pdfs/AiA11_announce_FNL.pdf

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