

Subject: Studies in the News: (June 15, 2011)



Studies in the News for



California Department of Mental Health

Introduction to Studies in the News

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AGING

Persons with dementia missing in the community: Is it wandering or something unique? By Meredith A. Rowe, University of Florida, Gainesville, Florida, and others. IN: BMC Geriatrics, vol. 11, no. 28 (June 5, 2011) pp. 1-22.

[“At some point in the disease process many persons with dementia (PWD) will have a missing incident and be unable to safely return to their care setting. In previous research studies, researchers have begun to question whether this phenomenon should continue to be called wandering since the antecedents and characteristics of a missing incident are dissimilar to accepted definitions of wandering in dementia. The purpose of this study was to confirm previous findings regarding the antecedents and characteristics of missing incidents, understand the differences between those found dead and alive, and compare the characteristics of a missing incident to that of wandering.

Methods

A retrospective design was used to analyze 325 newspaper reports of PWD missing in the community.

Results

The primary antecedent to a missing incident, particularly in community-dwelling PWD, was becoming lost while conducting a normal and permitted activity alone in the community. The other common antecedent was a lapse in supervision with the expectation that the PWD would remain in a safe location but did not. Deaths most commonly occurred in unpopulated areas due to exposure and drowning. Those who died were found closer to the place last seen and took longer to find, but there were no significant differences in gender or age. The key characteristics of a missing incident were: unpredictable, non-repetitive, temporally appropriate but spatially-disordered, and while using multiple means of movement (walking, car, public transportation). Missing incidents occurred without the discernible pattern present in wandering such as lapping or pacing, repetitive and temporally-disordered.

Conclusions

This research supports the mounting evidence that the concept of *wandering*, in its formal sense, and *missing incidents* are two distinct concepts. It will be important to further develop the concept of missing incidents by identifying the differences and similarities from wandering. This will allow a more targeted assessment and intervention strategy for each problem.”]

Full text at:

<http://www.biomedcentral.com/content/pdf/1471-2318-11-28.pdf>

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CHILDREN AND ADOLESCENTS

Children’s Mental Health: What Every Policy Maker Should Know. By Shannon Stagman and Janice Cooper, National Center for Children in Poverty. (The Center, New York, New York) April 2010. 8 p.

[“Mental health is a key component in a child’s healthy development; children need to be healthy in order to learn, grow, and lead productive lives. The mental health service delivery system in its current state does not sufficiently meet the needs of children and youth, and most who are in need of mental health services are not able to access them. With the addition of effective treatments, services, and supports, the mental health system can become better equipped to help children and youth with mental health problems, or those who are at risk, to thrive and live successfully.”]

Full text at:

http://nccp.org/publications/pdf/text_929.pdf

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Emotional, Behavioral, and Mental Health Challenges in Children and Adolescents: Knowledge Path. May 2011.

[“This knowledge path directs readers to a selection of current, high-quality resources that analyze data, describe effective programs, and report on policy and research aimed at improving access to and quality of care for children and adolescents with emotional, behavioral, and mental health challenges. Resources tap into the health, education, social services, and juvenile justice literature. This knowledge path can be used by health professionals, program administrators, policymakers, educators, and community advocates to learn more about mental health, for program development, and to locate training resources and information to answer specific questions. Separate resource briefs present resources for families and schools. This knowledge path has been compiled by the [MCH Library](#) at Georgetown University and will be updated periodically.”]

Resources for children and adolescents:

http://www.mchlibrary.info/KnowledgePaths/kp_Mental_Conditions.html

Resources for families:

http://www.mchlibrary.info/families/frb_Mental_Conditions.html

Resources for schools:

http://www.mchlibrary.info/schools/srb_Mental_Conditions.html

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Helping Children Cope with Violence and Trauma: A School-Based Program that Works. By the RAND Corporation. (The Corporation, Santa Monica, California) 2011. 7 p.

[“Violence is one of our most significant public health issues. Between 20 percent and 50 percent of children in the United States are touched by violence, either as victims or, even more commonly, as witnesses. Even more are exposed to natural disasters, accidents, and traumatic losses. The emotional impact may be profound. Children exposed to violence

frequently develop post-traumatic stress symptoms. They are more likely to have behavioral problems, poorer school performance, more days of school absence, and feelings of depression and anxiety. Violence affects all racial, ethnic, and economic groups, but its burden falls disproportionately on poor and minority children—the very children whose mental health needs are least likely to be met by the health care system. School officials are often willing to provide help at school. But these professionals face an important question: What works? Until recently, there was no evidence base for determining the effectiveness of interventions to address these problems.”]

Full text at:

http://www.rand.org/pubs/research_briefs/RB4557-2.html

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What Every Leader for School Improvement Needs to Know about Student and Learning Supports. By the Center Health in Schools at UCLA. (The Center, Los Angeles, California) June, 2011. 6 p.

[“Every school is confronted with many concerns about improving students’ achievement and well-being and enhancing school climate. While the emphasis shifts, there is constant pressure to do more about learning problems; bullying, harassment, and other forms of violence and acting out behavior at school; substance abuse; disconnected students; nonattendance; dropouts; teen pregnancy; suicide prevention; and on and on. Clearly, schools and districts that have many students who manifest problems such as these are especially challenged when it comes to increasing achievement test score averages.

Prevailing efforts to address such problems are not well conceived in school improvement policy and practice. Based on previous Center policy and practice analyses, this brief report provides a synthesis of (1) some key challenges for school improvement related to addressing barriers to learning and teaching and (2) implications for improving how schools deal with such challenges. Also included are (a) references to the Center analyses from which this synthesis was derived and (b) guides for leadership development.”]

Full text at:

<http://smhp.psych.ucla.edu/pdfdocs/whateveryleader.pdf>

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COLLABORATION BETWEEN PRIMARY CARE AND MENTAL HEALTH

“Collaboration between General Practitioners and mental health care professionals: a qualitative study.” By Terje Fredheim, Department of General Practice, University of Oslo, Norway, and others. IN: International Journal of Mental Health Systems, vol. 5m, no. 13 (May 23, 2011) pp. 1-22

[“Collaboration between general practice and mental health care has been □ organization as necessary to provide good quality healthcare services to people with mental health problems. Several studies indicate that collaboration often is poor, with the result that patient’ needs for coordinated services are not sufficiently met, and that resources are inefficiently used. An increasing number of mental health care workers should improve mental health services, but may complicate collaboration and coordination between mental health workers and other professionals in the treatment chain. The aim of this qualitative study is to investigate strengths and weaknesses in today’s collaboration, and to suggest improvements in the interaction between General Practitioners (GPs) and organization mental health service.”]

Full text at:

<http://www.ijmhs.com/content/pdf/1752-4458-5-13.pdf>

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COMMUNITY HEALTHCARE

Connecting Those at Risk to Care: A Guide to Building a Community “Hub” to Promote a System of Collaboration, Accountability, and Improved Outcomes. By the Community Care Coordination Learning Network. (Agency for Healthcare Research and Quality, Rockville, Maryland) September 2010. 99 p.

[“This guide is intended to help improve the system by which at-risk individuals within a community are identified and connected to appropriate health care and social services. The audience includes a diverse set of public and private stakeholders involved in coordinating care for at-risk individuals. This guide may be of interest to Federal, State, and local governmental agencies and community-based organizations, such as safety net clinics, hospitals, public health departments, and charitable organizations. It may also interest private practitioners and private businesses.

The guide describes current problems in serving at-risk populations and the implications of these challenges. It then lays out a step-by-step process interested organizations can use to develop the infrastructure within a local community to improve the quality, efficiency, and coordination of services. Wherever possible, this guide includes brief descriptions of initiatives that have built this type of infrastructure, along with links to related tools and resources.”]

Full text at:

<http://www.innovations.ahrq.gov/guide/HUBManual/CommunityHUBManual.pdf>

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“A cross-sectional study of patients with and without substance use disorders in Community Mental Health Centres.” By Linda E Wusthoff, University of Oslo, Norway, and others. IN: BMC Psychiatry, vol. 11, no. 93 (May 23, 2011) pp. 1-27.

[“Epidemiological studies have consistently established high comorbidity between psychiatric disorders and substance use disorders (SUD). This comorbidity is even more prominent when psychiatric populations are studied. Previous studies have focused on inpatient populations dominated by psychotic disorders, whereas this paper presents findings on patients in Community Mental Health Centres (CMHCs) where affective and anxiety disorders are most prominent. The purpose of this study is to compare patients in CMHCs with and without SUD in regard to differences in socio-demographic characteristics, level of morbidity, prevalence of different diagnostic categories, health services provided and the level of improvement in psychiatric symptoms.”]

Full text at:

<http://www.biomedcentral.com/content/pdf/1471-244X-11-93.pdf>

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“A realist evaluation of the role of communities of practice in changing healthcare Practice.” By Geetha Ranmuthugala, University of New South Wales, Sidney, Australia, and others. IN: Implementation Science, vol. 6, no. 49 (May 23, 2011) pp. 1-22.

[“Healthcare organizations seeking to manage knowledge and improve organizational performance are increasingly investing in communities of practice (CoPs). Such investments are being made in the absence of empirical evidence demonstrating the impact of CoPs in improving the delivery of healthcare. A realist evaluation is proposed to address this knowledge gap. Underpinned by the principle that outcomes are determined by the context in which an intervention is implemented, a realist evaluation is well suited to understand the role of CoPs in improving healthcare practice. By applying a realist approach, this study will explore the following questions: What outcomes do CoPs achieve in healthcare? Do these outcomes translate into improved practice in healthcare? What are the contexts and mechanisms by which CoPs improve healthcare?”]

Full text at:

<http://www.implementationscience.com/content/pdf/1748-5908-6-49.pdf>

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CRIMINAL JUSTICE

“Selecting Performance Indicators for Prison Health Care.” By Steven M. Asch, RAND Corporation, and others. IN: Journal of Correctional Health Care, vol.17, no. 2 (April 2011) pp. 138-149.

[“Improving prison health care requires a robust measurement dashboard that addresses multiple domains of care. We sought to identify tested indicators of clinical quality and access that prison health managers could use to ascertain gaps in performance and guide quality improvement. We used the RAND/UCLA modified Delphi method to select the best indicators for correctional health. An expert panel rated 111 indicators on validity and feasibility. They voted to retain 79 indicators in areas such as access, cardiac

conditions, geriatrics, infectious diseases, medication monitoring, metabolic diseases, obstetrics/gynecology, screening/prevention, psychiatric disorders/substance abuse, pulmonary conditions, and urgent conditions. Prison health institutions, like all other large health institutions, need robust measurement systems. The indicators presented here provide a basic library for prison health managers developing such systems.”]

Full text at:

<http://jcx.sagepub.com/content/17/2/138.full.pdf+html>

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“Transitions between Jail and Community-Based Treatment for Individuals With Co-occurring Disorders.” By Sheryl Pilot Kodiak, Michigan State University, and others. IN: Psychiatric Services, vol. 62, no. 6 (June 2011) pp. 679-681.

[“This study assessed transitions to community mental health services among individuals with co-occurring disorders upon release from jail. *Methods:* Data from jail and public mental health systems in Wayne County, Michigan, were merged to identify 677 individuals diagnosed as having a serious mental illness and substance use disorder who had been jailed a total of 1,774 times over 48 months starting in 2003. *Results:* Only 33% of incarcerations (N= 573) were followed by community based treatment; 44% (N=803) were followed by treatment during a subsequent incarceration, and 23% (N=398) by no treatment. Generalized estimating equations found that individuals with schizophrenia and substance dependence were the most likely to obtain community treatment. *Conclusion:* By integrating discharge planning, community mental health providers and jails may ensure a continuum of care that facilitates treatment engagement, limits repeated incarcerations, and improves well-being.”]

Full text at:

<http://psychservices.psychiatryonline.org/cgi/reprint/62/6/679>

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CULTURAL COMPETENCE

“Components of Cultural Competence in Three Mental Health Programs.” By Carole Siegel, Nathan S. Klein Institute for Psychiatric Research, and others. IN: Psychiatric Services, vol. 62, no. 6 (June 2011) pp. 626-631.

[“The aim of this study was to identify components of cultural competence in mental health programs developed for cultural groups by community and mental health professionals from these groups. Three programs were studied: a prevention program primarily serving African-American and Afro-Caribbean youth, a Latino adult acute inpatient unit, and a Chinese day treatment program in a community-based agency. Nine study-trained field researchers used a semi-structured instrument that captures program genealogy, structure, processes, and cultural infusion. Program cultural elements were identified from field notes and from individual and group interviews of consumers and staff (N=104). A research-group consensus process with feedback from program staff was used to group elements by shared characteristics into the program components of cultural competence. *Results:* Components included communication competencies (with use of colloquialisms and accepted forms of address); staff in culturally acceptable roles; culturally framed trust building (such as pairing youths with mentors), stigma reduction, friendly milieus (such as serving culturally familiar foods and playing music popular with the culture), and services; and peer, family, and community involvement (including use of peer counselors and mentors, hosting parent weekends, and linking clients with senior center and community services). *Conclusions:* Incorporating these components into any program in which underserved cultural populations are seen is recommended for improving cultural competence.”]

Full text at:

<http://psychservices.psychiatryonline.org/cgi/reprint/62/6/626>

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FAMILY MEMBERS OF ADULTS WITH MENTAL ILLNESS

“Outcomes of a Randomized Study of a Peer-Taught Family-to-Family Education Program for Mental Illness.” By Lisa B. Dixon, University of Maryland School of Medicine and others. IN: Psychiatric Services, vol. 62, no. 6 (June 2011) pp. 591-597.

[“The Family-to-Family Education Program (FTF) is a 12-week course offered by the National Alliance on Mental Illness (NAMI) for family members of adults with mental illness. This study evaluated the course’s effectiveness. *Methods:* A total of 318 consenting participants in five Maryland counties were randomly assigned to take FTF immediately or to wait at least three months for the next available class with free use of any other NAMI supports or community or professional supports. Participants were interviewed at study enrollment and three months later (at course termination) regarding problem- and emotion-focused coping, subjective illness burden, and distress. A linear mixed-effects multilevel regression model tested for significant changes over time between intervention conditions. *Results:* FTF participants had significantly greater improvements in problem-focused coping as measured by empowerment and illness knowledge. Exploratory analyses revealed that FTF participants had significantly

enhanced emotion-focused coping as measured by increased acceptance of their family member's illness, as well as reduced distress and improved problem solving. Subjective illness burden did not differ between groups. *Conclusions:* This study provides evidence that FTF is effective for enhancing coping and empowerment of families of persons with mental illness, although not for reducing subjective burden. Other benefits for problem solving and reducing distress are suggested but require replication.”]

Full text at:

<http://psychservices.psychiatryonline.org/cgi/reprint/62/6/591>

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**GAY, LESBIAN, AND BISEXUAL YOUTH
CDC Report Finds Gay, Lesbian and Bisexual Students At Greater Risk for
Unhealthy, Unsafe Behaviors. By the Centers for Disease Control. (The Centers,
Atlanta, Georgia) June 6, 2011. 3 p.**

[“Students who report being gay, lesbian or bisexual and students who report having sexual contact only with persons of the same sex or both sexes are more likely than heterosexual students and students who report having sexual contact only with the opposite sex to engage in unhealthy risk behaviors such as tobacco use, alcohol and other drug use, sexual risk behaviors, suicidal behaviors, and violence, according to a study by the Centers for Disease Control and Prevention.

"This report should be a wake-up call for families, schools and communities that we need to do a much better job of supporting these young people. Any effort to promote adolescent health and safety must take into account the additional stressors these youth experience because of their sexual orientation, such as stigma, discrimination, and victimization," said Howell Wechsler, Ed.D, M.P.H, director of CDC's Division of Adolescent and School Health (DASH). "We are very concerned that these students face such dramatic disparities for so many different health risks."

This report represents the first time that the federal government has conducted an analysis of this magnitude across a wide array of states, large urban school districts, and risk behaviors.”]

Full text at:

http://www.cdc.gov/media/releases/2011/p0606_yrbsurvey.html?source=govdelivery

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HEALTH CARE AND CLIMATE CHANGE

“Readying Health Services for Climate Change: A Policy Framework for Regional Development.” By Erica Bell, University of Tasmania, Australia. IN: **American Journal of Public Health**, vol. 101, no. 5 (May 2011) pp. 804-813.

[“Climate change presents the biggest threat to human health in the 21st century. However, many public health leaders feel ill equipped to face the challenges of climate change and have been unable to make climate change a priority in service development. I explore how to achieve a regionally responsive whole-of-systems approach to climate change in the key operational areas of a health service: service governance and culture, service delivery, workforce development, asset management, and financing. The relative neglect of implementation science means that policymakers need to be proactive about sourcing and developing models and processes to make health services ready for climate change. Health research funding agencies should urgently prioritize applied regionally responsive health services research for a future of climate change.”]

Full text at:

<http://ajph.aphapublications.org/cgi/reprint/101/5/804>

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POLICY

Connect: Patients and the Power of Data. By Sylvia Wyatt and John Loder, The Young Foundation. (The Foundation, London, United Kingdom) 2011. 15 p.

[“The information revolution of the last few decades has the potential to transform the way healthcare functions. Its greatest potential lies in its capacity to change the way that patients interact with the health service, giving them more control over their own health and care. Patients have too often been left in the dark about what is happening to them, and denied the information that they need to fully participate in the decisions about their own health. This participation is not only a patient’s right, but is vital in improving the quality of care.

This discussion paper explores how the tools of the information revolution give patients more control over their own health and care, thereby enabling clinicians and health professionals to enter a more balanced health contract. It shows how organising

information around the patients can lead to better care, how patient control of data can give a fuller, more accurate picture of their health, how patients can make an active contribution to research, drive-up professional standards, draw on their own experiences to help one another, and how proper use of information can deliver more care to the best setting for the patient.”]

Full text at:

http://www.youngfoundation.org/files/images/Connect_-_patients_and_the_power_of_data.pdf

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Health Care Certificate-of-Need Laws: Policy or Politics? By Tracy Yee and others, Center for Studying Health System Change. Research Brief. (National Institute of Health Care Reform, Washington, D.C.) May 2011. 9 p.

[“Originally intended to ensure access to care, maintain or improve quality, and control capital expenditures on health care services and facilities, the certificate of- need (CON) process has evolved into an arena where providers often battle for service-line dominance and market share, according to a new qualitative research study from the Center for Studying Health System Change (HSC). Interviews with respondents from six states with CON laws—Connecticut, Georgia, Illinois, Michigan, South Carolina and Washington—show stakeholder views vary widely about the effectiveness of CON regulations on access, quality and costs. In five of the six states studied—all except Michigan—the CON approval process can be highly subjective and tends to be influenced heavily by political relationships rather than policy objectives. While CON regulations and their administration are by all accounts imperfect, most respondents believe that CON programs should remain in place in their state and would benefit from increased funding for evaluation, improved compliance monitoring and movement toward a process driven more by data and planning rather than political influence.”]

Full text at:

http://www.nihcr.org/CON_Laws.pdf

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SUICIDE PREVENTION

‘Suicidal Behavior and Alcohol Abuse’. By Maurizio Pompili, Sapienza University of Rome, Rome, Italy, and others. IN: International Journal of Environmental Research and Public Health, vol. 7 (March 29, 2010) pp. 1392-1491.

[“Suicide is an escalating public health problem, and alcohol use has consistently been implicated in the precipitation of suicidal behavior. Alcohol abuse may lead to suicidality through disinhibition, impulsiveness and impaired judgment, but it may also be used as a means to ease the distress associated with committing an act of suicide. We reviewed evidence of the relationship between alcohol use and suicide through a search of MedLine and PsychInfo electronic databases. Multiple genetically-related intermediate

phenotypes might influence the relationship between alcohol and suicide. Psychiatric disorders, including psychosis, mood disorders and anxiety disorders, as well as susceptibility to stress, might increase the risk of suicidal behavior, but may also have reciprocal influences with alcohol drinking patterns. Increased suicide risk may be heralded by social withdrawal, breakdown of social bonds, and social marginalization, which are common outcomes of untreated alcohol abuse and dependence. People with alcohol dependence or depression should be screened for other psychiatric symptoms and for suicidality. Programs for suicide prevention must take into account drinking habits and should reinforce healthy behavioral patterns.”]

Full text at:

<http://www.ncbi.nlm.nih.gov/pmc/articles/PMC2872355/pdf/ijerph-07-01392.pdf??tool=pmcentrez>

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“Suicide in Older Adults: Nursing Assessment of Suicide Risk.” By Linda Garand, University of Pittsburgh, School of Medicine, and others. IN: Issues in Mental Health Nursing, (May, 2010) pp. 1-12.

[“A fundamental objective of the National Strategy for Suicide Prevention is the prevention of suicide in older adults, especially elderly males, because these individuals are at higher risk for suicide than any other age group. Furthermore, they are the fastest growing segment of the population. The suicide rates for older Caucasian men are particularly high. Because nurses play an important role in the identification of persons at risk for suicide, it is important that they be cognizant of the complex risk factors involved in late life suicide. Toward that end, we review the prevalence of suicidal behaviors in older adults and discuss risk factors that contribute to completed suicide in these individuals. Lastly, we discuss the role of nurses in the identification of older adults at risk for suicidal behavior so that life-saving treatment measures can be implemented.”]

Full text at:

<http://www.ncbi.nlm.nih.gov/pmc/articles/PMC2864075/pdf/nihms192256.pdf??tool=pmcentrez>

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World Suicide Prevention Day-September 10, 2011. By the International Association for Suicide Prevention. (The Association, Oslo, Norway) June, 2011. 3 p.

[“World Suicide Prevention Day is held on September 10th each year. The purpose of this day is to raise awareness around the globe that suicide can be prevented. Disseminating information, improving education and training, and decreasing stigmatization are important tasks in such an endeavour. The theme in 2011 is "Preventing Suicide in Multicultural Societies". The themes of the last two years of the World Suicide Prevention Day have focused on suicide prevention in different cultures across the world. This year's theme aims at raising

awareness of the fact that all countries in the world are multicultural. Many countries harbor different minority groups, in the form of various indigenous and/or immigrant groups, refugees and/or asylum seekers. Some countries comprise many different ethnic groups due to artificial borders having been drawn by former colonial powers. This means that in all countries there are a variety of ethnic and religious groups living in the same society.”]

Full text at:

<http://www.iasp.info/wspd/>

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VETERANS

How is Deployment to Iraq and Afghanistan affecting U.S. Service Members and Their Families? By James Hosek, RAND Corporation. (The Corporation, Santa Monica, California) 2011. 62 p.

[“The conflicts in Iraq and Afghanistan, which have extended over the past decade, have put America’s all-volunteer force to its most severe test since its inception in 1973. In this environment of ongoing demand for battle-ready soldiers, sailors, airmen, and marines, there is concern about the effects and consequences of prolonged stress on the force as a whole and on individual service members and their families. The well-being of troops and the people close to them is an issue of much importance, both because it affects military readiness and the ability of the U.S. armed forces to carry out their mission and because the nation is committed to acting on its appreciation of the sacrifices made by military families. To devise policies effective for facilitating the well-being of this community, there must first be a comprehensive understanding of the myriad issues and consequences that service members and their families may face because of deployment. Yet for much of the 2000s, this understanding was largely lacking. Recognizing the need for analysis, RAND launched a program of research around 2005, its goal being to investigate this topic and, where possible, offer policymakers informed recommendations.”]

Full text at:

http://www.rand.org/pubs/occasional_papers/OP316.html

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Maintaining Mental Health While Serving in the Military. By Magellan Health Services. (Business Wire, San Francisco, California) May 11, 2011. 2 p.

[“It’s no surprise that war and conflict can lead to unique and significant mental health challenges for the service men and women protecting our country. An unfortunate and increasing number of military personnel are returning from deployment with conditions such as post-traumatic stress and substance abuse disorders, yet some reports estimate that only half of those who need treatment seek it despite a variety of resources available from the military and other organizations. Historically high suicide rates among active

duty service members have also called attention to the mental health challenges that service members face while on duty.

Full text at:

<http://www.businesswire.com/news/home/20110511006266/en/Maintaining-Mental-Wellness-Serving-Military>

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“Military veteran mortality following a survived suicide attempt.” By Janet Weiner, University of Pennsylvania, and others. IN: BMC Public Health, vol. 11, no. 374 (May 23, 2011) pp. 1-23

[“Suicide is a global public health problem. Recently in the U.S., much attention has been given to preventing suicide and other premature mortality in veterans returning from Iraq and Afghanistan. A strong predictor of suicide is a past suicide attempt, and suicide attempters have multiple physical and mental comorbidities that put them at risk for additional causes of death. We examined mortality among U.S. military veterans after hospitalization for attempted suicide....

Conclusions

Veterans who have attempted suicide face elevated risks of all-cause mortality with suicide being prominent. This represents an important population for prevention activities.”]

Full text at:

<http://www.biomedcentral.com/content/pdf/1471-2458-11-374.pdf>

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Senators Tell VA to Reduce Suicides. By Rob Hotakainen, McClatchy Newspapers. (Miami Herald, Miami, Florida) 5/25/2011. 2 p.

[“With veterans now accounting for one of every five suicides in the nation, the Department of Veterans Affairs is under pressure from the courts and Congress to fix its mental health services in an attempt to curb the death toll.

"The suicide rate is out of control. its epidemic proportions right now," said Paul Rieckhoff, the executive director of the Iraq and Afghanistan Veterans of America. "There are very few programs that are effective, and there's a serious lack of national awareness."

While the government keeps no official tally of veteran suicides, the VA said last year that veterans account for roughly 20 percent of the estimated 30,000 suicides annually in the United States.”]

Full text at:

<http://www.miamiherald.com/2011/05/25/2235017/senators-tell-va-to-reduce-veteran.html>

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NON PROFIT RESOURCE CENTER-GRANT WRITING

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

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

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

More information about grant-writing at:

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

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CONFERENCES, MEETINGS AND SEMINARS

American Mental Health Counselors Association: Annual Conference: The Power of Partnerships: Effective Pathways to Mental Health.

July 14-16, 2011

San Francisco, California

PARC 55 Wyndham Hotel

on Union Square

[“Each year, AMHCA's conference draws several hundred mental health counselors from across the United States to participate in this educational gathering. AMHCA's is the only conference devoted entirely to the mental health counseling profession, delivering high-quality education, peer connections, relaxation and exploration.”]

Full text at:

http://www.amhca.org/member/annual_conference.aspx

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Sixth Annual UC Davis Conference: Psychotic Disorders: Advanced Strategies for the Management of Psychosis: A State of the Art Conference for Experienced Clinicians.

**Thursday
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**Hilton Hotel Arden West
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For more information at:

http://www.ucdmc.ucdavis.edu/cme/conferences/pdfs/APSYC12_9-15-11w.pdf

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