

Subject: Studies in the News: (September 15, 2010)



Studies in the News for



California Department of Mental Health

Introduction to Studies in the News

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ANTIDEPRESSANTS

“Illness Risk Following Rapid versus Gradual Discontinuation of Antidepressants.”
By Ross J. Baldessarini, Harvard Medical School, and others. IN: The American Journal of Psychiatry, vol. 168, no. 8 (September 2010) pp. 934-941.

[“Objective: Rapid discontinuation of some psychotropic medications is followed by discontinuation symptoms as well as an increased risk of early illness recurrence. Recurrence occurs earlier after rapid than after gradual discontinuation with lithium and antipsychotics. The authors compared illness recurrence after rapid versus gradual discontinuation of antidepressants.

Method: The authors compared 398 patients with a DSM-IV diagnosis of recurrent major depressive disorder (N=224), panic disorder (N=75), bipolar II disorder (N=62), or bipolar I disorder (N=37). Two-thirds were women, the mean age was 42 years, and patients were treated with antidepressants for a mean of 8.5 months. Antidepressants were discontinued clinically, either rapidly (over 1–7 days; N=188) or gradually (over 14 days or more; N=210), with a mean follow-up duration of 2.8 years; patients who were ill at discontinuation were excluded from the analysis. The authors compared latency to first new

illness episodes using survival analysis and Cox multivariate modeling.

Results: The latency to first illness with rapid discontinuation was 0.4 times that with gradual discontinuation, and the latency after rapid discontinuation was one-fourth the estimated average previous inter episode interval in the same patients. The effect was similar across antidepressant classes and across years; the pace of discontinuation had less effect with drugs of prolonged half-life. The effect also varied by diagnosis (bipolar I \geq panic $>$ bipolar II \geq major depressive disorder) but not by episodes per year, duration of index illness, use of concomitant treatment, or antidepressant dose or duration.

Conclusions: The recurrence risk for depression or panic was much shorter after rapid than after gradual discontinuation of antidepressants. These findings have implications for both clinical management and the design and interpretation of clinical trials.”]

Full text at:

<http://ajp.psychiatryonline.org/cgi/reprint/167/8/934>

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CHILDREN AND ADOLESCENTS

“Early Intervention with Children can Prevent Problems in Later Life.” By Tim McDougall, Northwest NHS. IN: *Mental Health Practice*, vol. 14, no. 1 (July 2010) pp. 30-32.

[“In its One Year On report, the National Advisory Council for Children's Mental Health and Psychological Wellbeing highlights the importance of early intervention for children and young people, families and the economy, and the need to strengthen transitions for

young people moving between services. The author discusses how emotional and mental health problems in childhood can lead to difficulties in adulthood. He calls on all those responsible for children's and adult's mental health services to recognise the importance of early intervention and take a lifespan approach to policy, planning and service delivery.”]

Full text at:

[http://search.ebscohost.com/login.aspx?direct=true&db=a9h&bquery=\(%22early+intervention+with+children+can+prevent+problems+in+later+life%22\)&type=0&site=ehost-live](http://search.ebscohost.com/login.aspx?direct=true&db=a9h&bquery=(%22early+intervention+with+children+can+prevent+problems+in+later+life%22)&type=0&site=ehost-live)

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“Intensive Intervention for Children and Adolescents with Autism in a Community Setting in Italy: A Single Group Longitudinal Study.” By Marco Valenti, University of L’Aquila, Italy, and others. IN: *Child and Adolescent Psychiatry and Mental Health*, vol. 4, no. 23 (September 1, 2010) pp. 1-19.

[“Previous studies have shown favourable results with intensive behavioural treatment for children with autism: evidence has emerged that treatment can be successfully implemented in a community setting and in adolescent participants. The aim of this study was to describe the 2-year adaptive functioning outcome of children and adolescents with autism treated intensively within the context of special autism centres, as well as to evaluate family satisfaction with the activity of the centres.

Methods

Sixty participants with autism (20 females and 40 males, aged between 4 and 18 years) attending the semi-residential rehabilitation centres for autism located in the Abruzzo region (Central Italy) were followed up and their adaptive functioning was evaluated both at baseline and after one and two years using the Vineland Adaptive Behaviour Scales (VABS). Parents’ satisfaction with the service was evaluated using the Orbetello Satisfaction Scale for Children and Adolescent Mental Health....

Conclusions

Our results support the implementation of special autism treatment community centres, based on a parent co-directed rehabilitative, intensive and early intervention. Further experimental research designed to document the effectiveness of services provided to children and in the community is recommended.”]

Full text at:

<http://www.capmh.com/content/pdf/1753-2000-4-23.pdf>

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COMMUNITY MENTAL HEALTH

“A Plan to Reduce Emergency Room Boarding of Psychiatric Patients.” By Vidhya Alakeson, Nuffield Trust, London, UK, and others. IN: *Health Affairs*, vol. 29, no. 9 (September 2010) pp. 1637-1642.

[“Overcrowded U.S. emergency rooms have become a place of last resort for psychiatric patients. Psychiatric boarding, defined as psychiatric patients’ waiting in hallways or other emergency room areas for inpatient beds, is a serious problem nationwide. Boarding consumes scarce emergency room resources and prolongs the amount of time that all patients must spend waiting for services. It is often the result of an inability to gain timely access to community-based care. As policy makers implement the new health reform law, improving access and continuity of community mental health care through health homes must be a priority. We present a seven-point plan to address psychiatric boarding.”]

Full text at:

<http://content.healthaffairs.org/cgi/reprint/29/9/1637>

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“Self-Help and Community Mental Health Agency Outcomes: A Recovery-Focused Randomized Controlled Trial.” By Steven P. Segal, University of California, Berkeley, California, and others. IN: *Psychiatric Services*, vol. 61, no. 9 (September 2010) pp.905-910.

[“Self-help agencies (SHAs) are consumer-operated service organizations managed as participatory democracies. Members are involved in all aspects of organizational management, because a premise of SHAs is that organizationally empowered individuals become more empowered in their own lives, which promotes recovery. The study sought to determine the effectiveness of combined SHA and community mental health agency (CMHA) services in assisting recovery for persons with serious mental illness. *Methods:* A weighted sample of new clients seeking CMHA services was randomly assigned to regular CMHA services or to combined SHA-CMHA services at five proximally located pairs of SHA drop-in centers and county CMHAs. Member clients (N=505) were assessed at baseline and at one, three, and eight months on five recovery-focused outcome measures: personal empowerment, self-efficacy, social integration, hope, and psychological functioning. Scales had high levels of reliability and independently established validity. Outcomes were evaluated with a repeated-measures multivariate analysis of covariance. . . . *Conclusions:* Member-empowering SHAs run as participatory democracies in combination with CMHA services produced more positive recovery-focused results than CMHA services alone.”]

Full text at:

<http://psychservices.psychiatryonline.org/cgi/reprint/61/9/905>

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“The Station Community Mental Health Center Inc. Nurturing and Empowering.” By J. Taylor, University of South Australia, and others. IN: *Rural and Remote Health*, vol. 10, no. 1411 (August 9, 2010) pp. 1-12.

[“Consumer-driven community mental health services play an important role in rehabilitation, recovery, and advocacy in rural and remote Australia. The origins of services often lie in the need to provide options for people with mental illness and their carers when there is a lack of on-the-ground support. This article adds to the information about the strengths and limitations of consumer-driven mental health services by presenting the findings of an evaluation of The Station Inc. in rural South Australia. This consumer-driven mental health service provides a safe and supportive environment, social connections, and activities for its members (those with a lived experience of mental illness). Using a realist evaluation approach, the evaluation identified the contextual factors and the program mechanisms that produce positive outcomes for members.”]

Full text at:

http://www.rrh.org.au/publishedarticles/article_print_1411.pdf

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DEPRESSION

“Improving Responses to Depression and Related Disorders: Evaluation of an Innovative, General, Mental Health Care Workers Training Program.” By Annette L. Graham and others, Monash University, Notting Hill Campus, Victoria, Australia. IN: International Journal of Mental Health Systems, vol. 4, no. 25 (September 8, 2010) pp. 1-39.

[“Australian General Practitioners have been beneficiaries of extensive training in mental health care delivery over the last few years but less so other workers who support those with mental illness. Training is needed as it is widely recognized that the most effective interventions to prevent and treat mental disorders are often not readily available. The Mental Health Aptitudes into Practice (MAP) training package is a broad, innovative, interdisciplinary, general mental health training aimed at improving responses to individuals with depression and related disorders. The modular structure of this training program meant that such training could be targeted at those with varied backgrounds. Two hundred and seventy one days of free MAP training was delivered across Victoria in 2004/2005. The evaluation reported here assessed whether changes occurred in the trainees’ confidence, mental health literacy, attitudes towards effective treatments, mental health knowledge and skills and community mental health ideology following training.”]

Full text at:

<http://www.ijmhs.com/content/pdf/1752-4458-4-25.pdf>

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FOSTER YOUTH AND HOMELESSNESS

My So-Called Emancipation: From Foster Care to Homelessness for California Youth. By Elizabeth Calvin, and others, Human Rights Watch. (The Watch, New York, New York) May 2010. 76 p.

[“When children in foster care turn 18, they are, for the most part, on their own. “Emancipated,” they are legally adults and free from the foster care system. Most entered foster care because abuse or neglect at home triggered the duty of the state to step in and protect them. The state becomes parent; in that role, it must provide special measures of protection. The state must ensure that children in foster care have adequate food, clothing, shelter, health care, and education. But no less important is the responsibility to provide the guidance and support necessary for children to grow into independent adults. When the state fails in its responsibility to protect children wholly dependent on it by not providing for their developmental needs, there are grim consequences. While exact estimates vary, research suggests that somewhere around 20 percent of the approximately 20,000 youth leaving foster care nationally each year will become homeless. For youth who leave foster care with no job or income, few educational prospects, and little emotional support or community connections, emancipation can mean nowhere to turn and no place to go.”]

Full text at:

<http://www.hrw.org/en/reports/2010/05/12/my-so-called-emancipation>

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INTEGRATED HEALTH CARE SYSTEMS

Genesys Healthworks: Pursuing the Triple Aim through a Primary-Care Based Delivery System, Integrated Self-Management Support, and Community Partnerships. Case Study: Organized Health Care Delivery System. By Sarah Klein and Douglas McCarthy, Issues Research Inc. (Commonwealth Fund, New York, New York) July 2010. 32 p.

[“Genesys HealthWorks is a model of care developed by Genesys Health System in metropolitan Flint, Michigan, to improve population health and the patient experience of care while reducing or controlling increases in the per capita cost of care. These are the objectives of the Institute for Healthcare Improvement’s Triple Aim initiative, in which Genesys participates. Genesys is pursuing these aims by engaging community-based primary care physicians in a physician–hospital organization that emphasizes care coordination, preventive health, and efficient use of specialty care. It also promotes health through the deployment of health navigators, who help patients adopt healthy behaviors, and by partnering with a county health plan to extend access to primary care and other services to low-income, uninsured county residents.”]

Full text at:

http://www.commonwealthfund.org/~media/Files/Publications/Case%20Study/2010/Jul/Triple%20Aim%20v2/1422_McCarthy_Genesys_triple_aim_case_study_v2.pdf

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“Primary care-mental health integration in healthcare in the Department of Veterans Affairs.” By Andrew S. Pomerantz, VA Medical Center, White River, Vermont, and Steven L. Sayers, Philadelphia VA Medical Center. IN: *Families, Systems, and Health*, vol. 28, no. 2 (June 2010) pp. 78-82.

[“The U.S. Department of Veterans Affairs (VA) has been undergoing tremendous transformation in the past 15 years with regard to the delivery of health care. This special issue describes one aspect of this transformation of the largest health system in the U.S.; the system-wide efforts to integrate mental health treatment into the primary care setting in VA. This primary care-mental health integration (PC-MHI) is being accomplished through the central VA system support and implementation of three primary models developed in the field: the White River Collocated models, the Behavioral Health Laboratory, and TIDES (Translating Initiatives in Depression into Effective Solutions). The papers in this special issue describe the development of these models, local and regional efforts to prepare medical centers to adapt and implement PC-MHI, and the impact of the integration on mental health care in these settings. These efforts could represent a national model of PC-MHI implementation for health care systems throughout the U.S.”]

Full text at:

<http://search.ebscohost.com/login.aspx?direct=true&db=pdh&AN=fsh-28-2-78&site=ehost-live>

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A Tale of Two Systems: A Look at State Efforts to Integrate Primary Care and Behavioral Health in Safety Net Settings. By Mary Takach and others, National Academy for State Health Policy. (The Academy, Washington, D.C.) May 2010. 30 p.

[“Integrated behavioral health and primary care is often described as occurring when behavioral health specialty and general medical care providers work collaboratively to address both the physical and behavioral health needs of patients. States can foster the provision of integrated care for the underserved and develop models that may hold promise for broader application by developing policies that support integration through their safety net providers. Federal community health centers are uniquely positioned to partner with the community mental health system to deliver integrated care and to address behavioral health issues as part of a comprehensive medical home.

However, the key safety net systems for the delivery of primary care and behavioral health—community health centers and community mental health centers (CMHCs)—have developed largely in isolation from each other, with different mandates and different funding structures. While the two systems may be in the same community serving mostly the same population, the result can be fragmented systems in parallel and nonintegrated settings, creating challenges and barriers to integrated care. This report focuses on how two states have approached integration and provides useful lessons for other states

seeking to integrate the two health care delivery systems. Recent work with Tennessee and Missouri—two states that are part of NASHP’s National Cooperative Agreement with the federal Health Resources and Services Administration, Bureau of Primary Health Care (HRSA/BPHC)—helped identify efforts that focus on integrating primary care and behavioral health. Site visits to explore integration efforts in Tennessee and Missouri informed this analysis.”]

Full text at:

http://www.integratedprimarycare.com/TwoSystems_0.pdf

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MEDICAID

“Medicaid Beneficiaries Using Mental Health or Substance Abuse Services in Fee-for-Service Plans in 13 States, 2003.” By Henry T. Ireys, Mathematica Policy Research, and others. IN: *Psychiatric Services*, vol. 61, no. 9 (September 2010) pp. 871-877.

[“This study identified Medicaid beneficiaries using mental health or substance abuse services in fee-for-service plans in 13 states in 2003 (N=1,380,190) and examined their use of medical services. *Methods:* Administrative and fee-for-service claims data from Medicaid Analytic eXtract files were analyzed to identify mutually exclusive groups of beneficiaries who used either mental health or substance abuse services and to describe patterns of medical service use. *Results:* Overall, 11.7% of Medicaid beneficiaries were identified as using mental health or substance abuse services (10.9% and .7% used each of these services, respectively), with substantial variation across age and eligibility groups. Among beneficiaries using mental health services, 47.4% had visited an emergency room for any reason, 7.8% were treated for their disorder in inpatient settings, 13.8% received inpatient treatment for problems other than their mental or substance use disorders, and 70.4% received prescriptions for psychotropic medications. Among beneficiaries using substance abuse services, 60.7% had visited an emergency room, 12.6% were treated for their disorder in inpatient settings, 24.7% received other inpatient treatment, and 46.1% received prescriptions for psychotropic medications. Among beneficiaries not using either mental health or substance use services, 29.0% had visited an emergency room, 12.7% received inpatient treatment, and 10.1% received prescriptions for psychotropic medications. *Conclusions:* Beneficiaries who used mental health or substance abuse services entered general inpatient settings and visited emergency rooms more frequently than other beneficiaries.”]

Full text at:

<http://psychservices.psychiatryonline.org/cgi/reprint/61/9/871>

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MENTAL HEALTH AND LEGAL ISSUES

“Medical-Legal Partnerships: Transforming Primary Care by Addressing the Legal Needs of Vulnerable Populations.” By Megan Sandel, Boston University School of Medicine, and others. IN: *Health Affairs*, vol. 29, no. 9 (September 2010) pp. 1697-1705.

[“Health care is undermined when patients don’t receive the benefit of laws intended to address social determinants of health, such as housing and food. Medical-legal partnerships, which now exist in more than 200 clinical sites in the United States, integrate lawyers into health care to address legal problems that create and perpetuate poor health. This paper describes how such medical-legal partnerships can change clinical systems—for example, by adding legal form letters to electronic health records to help low-income patients rectify substandard housing conditions. We recommend the integration of medical-legal partnerships into federal health care programs.”]

Full text at:

<http://content.healthaffairs.org/cgi/reprint/29/9/1697.pdf>

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“Mental and Behavioral Health Legal Preparedness in Major Emergencies.” By James G. Hodge, Arizona State University, and others. IN: *Public Health Reports*, vol. 125. (September/October 2010) pp. 759-762.

[“In this installment of *Law and the Public’s Health*, we assess the U.S. legal environment underlying the identification, accommodation, response, and treatment of mental illnesses and behavioral conditions before, during, and after major emergencies. Following a background and overview, we discuss implications for public health policy and practice.” **NOTE: If you would like an electronic copy of this article, please request from the California State Library.**]

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STIGMA

“Consumer Focus Groups: A Key to Transforming Behavioral Health Systems?” By Sharon Bowland, University of Louisville, and others. IN: *International Journal of Mental Health*, vol. 39, no. 1 (Spring 2010) pp. 16-28.

[“Background: Consumer organizations involved in the Eastern Region Behavioral Health Initiative of the St. Louis Regional Health Commission sought to ensure that services were streamlined, easily accessible, and focused on consumer needs. To this end, in February 2007, they solicited feedback from consumers and family members affected by *mental illness* and substance abuse through a series of focus groups. Methods: Fifty-

five individuals with severe *mental illness* and their family members, from across the St. Louis Region, shared their experiences and struggles in the *mental* health and substance abuse systems. The data, which were coded for six focus groups, were analyzed, summarized, and presented to system providers and community stakeholders. Results: Substantial problems still remain with medication management services, quality of inpatient care, and stigmatization. Conclusions: Consumer input is imperative to the successful implementation of any work related to systems change to both affirm and redirect organizational priorities. *Stigma* emerged as a pervasive theme throughout the six focus groups and was subsequently incorporated as a priority for improving services in the system. *Stigma* and cultural competency training is needed for health-care staff workers at all levels to increase access effectively to services.”]

Full text at:

<http://search.ebscohost.com/login.aspx?direct=true&db=psyh&AN=2010-09382-002&site=ehost-live>

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SUBSTANCE USE

Changing Substance Abuse Patterns among Older Admissions: 1992-2008. By the Office of Applied Studies. The Treatment Episode Data Set Report (TEDS). (The Office, Arlington, Virginia) June 17, 2010. 6 p.

[“Health care providers often overlook substance abuse and misuse among older adults. Diagnosis may be difficult because symptoms of substance abuse in older individuals sometimes mimic symptoms of other medical and behavioral disorders common among this population, such as diabetes, dementia, and depression. Based on National Survey on Drug Use and Health (NSDUH) data from 2006 to 2008, an estimated 4.7 percent of adults aged 50 or older used illicit drugs in the past year in 2008, an estimated 2.9 percent of this age group were either dependent on or abused alcohol. Because the U.S. population is aging, and because the number of older adults with substance abuse problems is expected to grow, it is important for public health officials and policy makers to closely monitor the treatment needs of this population.

Data from the Treatment Episode Data Set (TEDS) can be used to examine substance abuse treatment admissions aged 50 or older (hereafter referred to as "older admissions"). This report focuses on the changing substance abuse patterns among older admissions between 1992 and 2008. Older admissions increased from 6.6 percent of all admissions 12 years of age or older in 1992 to 12.2 percent in 2008.”]

Full text at:

<http://www.oas.samhsa.gov/2k10/229/229OlderAdms2k10.htm>

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“Maternal Substance Use and Integrated Treatment Programs for Women with Substance Abuse Issues and their Children.” By Karen Milligan, Integra, Toronto, Ontario, and others. IN: Substance Abuse Treatment, Prevention, and Policy, vol. 5, no. 21 (September 1, 2010) pp. 1-44.

[“The rate of women with substance abuse issues is increasing. Women present with a unique constellation of risk factors and presenting needs, which may include specific needs in their role as mothers. Numerous integrated programs (those with substance use treatment and pregnancy, parenting, or child services) have been developed to specifically meet the needs of pregnant and parenting women with substance abuse issues. This synthesis and meta-analysis reviews research in this important and growing area of treatment. **Methods:** We searched PsycINFO, MedLine, PubMed, Web of Science, EMBASE, Proquest Dissertations, Sociological Abstracts, and CINAHL and compiled a database of 21 studies (2 randomized trials, 9 quasi-experimental studies, 10 cohort studies) of integrated programs published between 1990 and 2007 with outcome data on maternal substance use. Data were summarized and where possible, meta-analyses were performed, using standardized mean differences (*d*) effect size estimates. **Results:** In the two studies comparing integrated programs to no treatment, effect sizes for urine toxicology and percent using substances significantly favored integrated programs and ranged from 0.18 to 1.41. Studies examining changes in maternal substance use from beginning to end of treatment were statistically significant and medium sized. More specifically, in the five studies measuring severity of drug and alcohol use, the average effect sizes were 0.64 and 0.40, respectively. In the four cohort studies of days of use, the average effect size was 0.52. Of studies comparing integrated to non-integrated programs, four studies assessed urine toxicology and two assessed self-reported abstinence. Overall effect sizes for each measure were not statistically significant (*d* = -0.09 and 0.22, respectively). **Conclusions:** Findings suggest that integrated programs are effective in reducing maternal substance use. However, integrated programs were not significantly more effective than nonintegrated programs. Policy implications are discussed with specific attention to the need for funding of high quality randomized control trials and improved reporting practices.”]

Full text at:

<http://www.substanceabusepolicy.com/content/pdf/1747-597X-5-21.pdf>

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SUICIDE PREVENTION

"Attentional Bias toward Suicide-Related Stimuli Predicts Suicidal Behavior" By Christine B. Cha, Harvard University, and others. IN: Journal of Abnormal Psychology, vol.119, no.3 (August 2010) pp.616-622.

[“A long-standing challenge for scientific and clinical work on suicidal behavior is that people often are motivated to deny or conceal suicidal thoughts. The authors proposed that people considering *suicide* would possess an objectively measurable attentional bias

toward *suicide*-related stimuli and that this bias would predict future suicidal behavior. Participants were 124 adults presenting to a psychiatric emergency department who were administered a modified emotional Stroop task and followed for 6 months. *Suicide* attempters showed an attentional bias toward *suicide*-related words relative to neutral words, and this bias was strongest among those who had made a more recent attempt. Importantly, this *suicide*-specific attentional bias predicted which people made a *suicide* attempt over the next 6 months, above and beyond other clinical predictors. Attentional bias toward more general negatively valenced words did not predict any *suicide*-related outcomes, supporting the specificity of the observed effect. These results suggest that *suicide*-specific attentional bias can serve as a behavioral marker for suicidal risk, and ultimately improve scientific and clinical work on *suicide*-related outcomes.”]

Full text at:

<http://search.ebscohost.com/login.aspx?direct=true&db=pdh&AN=abn-119-3-616&site=ehost-live>

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"Myths and Facts about Suicide from Individuals Involved in Suicide Prevention." By David R. Schurtz, University of Kentucky, and others. IN: Suicide and Life-threatening Behavior, vol. 40, no. 4 (September 2010) pp. 346-352.

["Myth-busting, in which a so-called myth is presented and dispelled by facts, is used in suicide prevention gatekeeper trainings such as QPR. Evidence from other areas of public health shows this technique leads to memory for myths and not facts. An internet survey was used to determine if the "myths" and "facts" presented in QPR are endorsed as such by the suicidology community and to determine if demographics influenced statement identification. Overall, statements did reflect the opinions of the suicidology community and any type of training increased correct identification. Future research should focus on whether myth-busting is an appropriate strategy for suicidology."

NOTE: A hard copy of this article can be ordered from the California State Library.]

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"Prior Health Care Utilization Patterns and Suicide among U.S. Army Soldiers." By Nicole S. Bell, Social Sectors Developmental Strategies, and others. IN: Suicide and Life-threatening Behavior, vol. 40, no. 4 (September 2010) pp. 407-415.

["Suicides among U.S. Army soldiers are increasing and, in January 2009, outpaced deaths due to combat. For this study, 1,873 army suicides identified through death, inpatient, and emergency room records were matched with 5,619 controls. In multivariate models, older, male, White, single, and enlisted soldiers with a prior injury (OR=2.04, 95% CI=1.64-2.54), alcohol (OR=3.41, 95% CI=2.32-4.99), or mental health hospitalization (OR=6.62, 95% CI=4.77-9.20) were at increased risk for suicide. Risk was greatest immediately following diagnoses, but remained elevated even after 5 or

more years of follow-up. Most injury hospitalizations were unintentional but, nonetheless, significantly associated with suicide. Interactions indicate soldiers with both mental health and injury history are particularly vulnerable." **NOTE: A hard copy of this article can be ordered from the California State Library.]**

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"Secondary Prevention of Suicide." By Deobrah Ganz, Columbia University, and others. IN: PLoS Medicine, vol. 7, No. 6 (June 2010) pp. 1-4.

["The article discusses the significance and some medical aspects in the prevention of secondary *suicide*. It looks at the recent research on the evaluation of suicidal risk and explores different kinds of secondary *suicide* prevention interventions which will aid in the reduction of risk. It expounds the most effective secondary *suicide* prevention strategies including pharmacological and psychological interventions and depicts the future of secondary *suicide* prevention."]

Full text at:

<http://search.ebscohost.com/login.aspx?direct=true&db=a9h&AN=52730230&site=ehost-live>

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"A Suicide Crisis Intervention Model with 25 Practical Strategies for Implementation." By Darcy Haag Granello, Ohio State University. IN: Journal of Mental Health Counseling, vol. 32, no.3 (July 2010) pp.218-235.

["Suicidal clients are a difficult and challenging population in counseling. This article contains 25 practical, hands-on strategies for mental health counselors to assist in their interactions with suicidal clients. The strategies are situated within a seven-step model for crisis intervention that is specifically tailored to suicidal clients."]

Full text at:

<http://search.ebscohost.com/login.aspx?direct=true&db=f5h&AN=53069869&site=ehost-live>

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VETERANS

"An Examination of the Co-Morbidity Between Chronic Pain and Posttraumatic Stress Disorder on U.S. Veterans." By John D. Otis, VA Boston Healthcare System, and others. IN: Psychological Services, vol.7, no. 3, (August 2010) pp. 126-135.

["The purpose of this study was to assess the comorbidity between chronic pain and posttraumatic stress disorder (PTSD) and examine the extent to which PTSD is associated with changes in the multidimensional experience of pain in a sample of *Veterans* with chronic pain. It was hypothesized that *Veterans* with comorbid chronic pain and PTSD

would report significantly higher scores on measures of pain intensity, pain behaviors, pain-related disability, and affective distress than *Veterans* with pain alone. Data were obtained from 149 *Veterans* who completed self-report questionnaires as part of their participation in a Psychology Pain Management program at a northeastern Department of *Veterans* Affairs health care facility. Analyses indicated that 49% of the sample met criteria for PTSD. A multivariate analysis of covariance was conducted with age, sex, pain duration, and depressive symptom severity as covariates. In partial support of our hypothesis, the presence of PTSD was found to contribute significantly to measures of affective distress, even after controlling for the effects of depressive symptom severity. The implications of these data are discussed."]

Full text at:

<http://search.ebscohost.com/login.aspx?direct=true&db=pdh&AN=ser-7-3-126&site=ehost-live>

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"Defense and Veterans Brain Injury Center: Program Overview and Research Initiatives." By Michael Jaffee and Elizabeth Moy Martin, Walter Reed Army Medical Center. IN: Military Medicine, vol.175, Supplement (July 2010) pp. 37-41.

["For more than 16 years, the Defense and *Veterans* Brain Injury Center (at one time known as the Defense and *Veterans* Head Injury Program) has served to develop and disseminate clinical guidelines and undertake innovative clinical research initiatives and educational programs to serve active duty personnel, their dependents, and *veterans* with traumatic brain injury (TBI). Through educational initiatives and collaboration with civilian institutions, the center is ensuring that critical discoveries surrounding TBI prevention, screening, and treatment are made available to preserve and improve the health of those within and outside the military health system."]

Full text at:

<http://search.ebscohost.com/login.aspx?direct=true&db=a9h&AN=52286643&site=ehost-live>

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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

Navigating California’s Health Information Technology Landscape

Thursday, September 16, 2010

California State Capitol, Room 112

1:00pm-3:00pm

Sacramento, California

[“The forum will begin with an overview of federal HIT policy, its relationship to broader federal health reform efforts, and the recent meaningful use (MU) final rules issued by the Office of the National Coordinator for HIT. This will be followed by a description of California’s HIT efforts and new funding through the American Recovery and Reinvestment Act of 2009 (ARRA), as specified in the Health Information Technology for Economic and Clinical Health Act (HITECH). Then, speakers will describe two key components related to implementation.”]

For more information:

<http://www.cahpf.org/GoDocUserFiles/662.HIT%20agenda%20090910.pdf>

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5th Annual UC Davis Conference: Psychotic Disorders: Advanced Strategies for the Management of Psychosis: A State of the Art Conference for Experienced Clinicians.

September 16, 2010

Hilton Sacramento

Sacramento, California

[“This year’s conference on psychotic disorders has been designed to respond to areas of need as identified through past conference evaluations and annual needs assessment surveys of participants. The program is knowledge and experience-based and designed to update participants on important new approaches to the diagnosis and treatment of psychotic disorders, psychosocial interventions and assisting patients in recovery from psychotic episodes. Program content will address educational or practice gaps in the areas of pharmacologic management of refractory patients, managing young people at risk for

psychosis, understanding the relationship between autism and psychosis and the process and outcomes associated with recovery of functional capacity in psychotic disorders.”]

For more information:

http://www.ucdmc.ucdavis.edu/cme/conferences/pdfs/APSVC11_9-16-10Web.pdf

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15th Annual Conference on Advancing School Mental Health

October 7-9 2010

Hyatt Regency Hotel

Albuquerque, New Mexico

[“The 15th Annual Conference on Advancing School Mental Health will be held in Albuquerque, New Mexico at the Hyatt Regency Hotel. The Conference is the nation's premiere school mental health conference and offers numerous opportunities to network and learn more about best practice in school mental health. The theme for this conference will be "School Mental Health and Promoting Positive School Culture."]

For more information:

http://csmh.umaryland.edu/conf_meet/AnnualConference/index.html

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The Emerging Neuroscience of Autism Spectrum Disorders

San Diego, California

November 11 and 12, 2010

[This meeting will review current knowledge about the molecular and cellular basis of autism spectrum disorders (ASDs). ASDs, which include autism, Asperger syndrome, Rett syndrome, and pervasive developmental disorder – not otherwise specified, typically present with social and language deficits, in addition to proscribed interests and/or stereotyped behaviors. Behavioral interventions remain the first-line treatment for ASDs and can ameliorate symptoms in some individuals. Molecular genetic approaches have begun to identify chromosomal abnormalities and smaller genetic variants that confer high risk for ASDs. These abnormalities can be explored in model systems and are leading to novel rational therapies. Concurrent studies in patients are identifying systems-level changes that implicate neuronal pathways related to specific symptoms of the ASDs. Leading world experts will review all aspects of current research including the possible causes and current treatments of ASDs at this two-day meeting.”]

For more information:

<http://www.brainresearch2010.com/>

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**2nd Conference on Positive Aging
An Interdisciplinary Team Approach for Health Professionals**

**Vancouver, BC, Canada
November 26, & 27, 2010**

[“The aim of the 2nd national conference on positive aging is to bring together an interdisciplinary audience of health professionals and researchers to address some of the issues and challenges facing the aging population today. Hear about the most current research findings from leading experts, learn how research can be translated into practice, and discover useable resources to promote healthier, more positive living for Canada’s older adult population. The importance of purpose and meaning of the later life as well as lessons for health and longevity will be emphasized.

The conference will provide informative lectures, discussions, workshops, poster sessions and ample networking opportunities. A highlight of this conference will be to hear from the Older Adults.”]

For more information:

http://www.interprofessional.ubc.ca/Positive_Aging_2010.html

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

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

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

For more information:

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

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