



UPDATE

February 1, 2012

- I. [Science and Service News Updates](#)
- II. [Resources: Publications, Toolkits, Other Resources](#)
- III. [Calendar of Events](#)
- IV. [Calls for Public Input](#)
- V. [Funding Information](#)

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*Prepared by the U.S. Department of Health and Human Services,
National Institutes of Health, National Institute of Mental Health,
Office of Constituency Relations and Public Liaison*

SCIENCE AND SERVICE NEWS UPDATES

ETHNIC DISPARITIES PERSIST IN DEPRESSION DIAGNOSIS AND TREATMENT AMONG OLDER AMERICANS

Older racial and ethnic minorities living in the community are less likely to be diagnosed with depression than their white counterparts, but are also less likely to get treated, according to a recent NIMH-funded analysis published online ahead of print December 15, 2011, in the *American Journal of Public Health*.

Science News: <http://www.nimh.nih.gov/science-news/2012/ethnic-disparities-persist-in-depression-diagnosis-and-treatment-among-older-americans.shtml>

NATIONAL REPORT FINDS ONE-IN-FIVE AMERICANS EXPERIENCED MENTAL ILLNESS IN THE PAST YEAR; SUBSTANCE DEPENDENCE AND ABUSE RATES HIGHER AMONG THOSE EXPERIENCING MENTAL ILLNESS

A new national report from the Substance Abuse and Mental Health Services Administration (SAMHSA) reveals that 45.9 million American adults aged 18 or older, or 20 percent of this age group, experienced mental illness in the past year. The rate of mental illness was more than twice as high among those aged 18 to 25 than among those aged 50 and older. Adult women were also more likely than men to have experienced mental illness in the past year. The National Survey on Drug Use and Health also shows that 11.4 million adults suffered from serious mental illness (SMI) in the past year.

Full Report: http://www.samhsa.gov/data/NSDUH/2k10MH_Findings/

Press Release: <http://www.samhsa.gov/newsroom/advisories/1201185326.aspx>

CDC STUDY EXPLORES ROLE OF DRUGS, DRIVE-BY SHOOTINGS, AND OTHER CRIMES IN GANG HOMICIDES

Gang homicides often occur in public and involve firearms, but are less likely to involve drugs or other crimes than generally believed by the public, according to a report released by the Centers for Disease Control and Prevention (CDC). Gang homicides frequently involve youth as victims and are often retaliatory reactions to gang conflict. This report is the first to compare gang homicides with other types of homicides using city-level data from CDC's National Violent Death Reporting System. This report analyzed 2003-2008 data from large cities in 17 states, and found five cities had the highest levels of gang homicides — Los Angeles, Oklahoma City, Long Beach, Calif., Oakland, Calif., and Newark, N.J.

Press Release: http://www.cdc.gov/media/releases/2012/p0126_gang_homicides.html

RESOURCES: PUBLICATIONS, TOOLKITS, OTHER RESOURCES

NIMH DIRECTOR'S BLOG

BALANCING IMMEDIATE NEEDS WITH FUTURE INNOVATION

NIMH Director Thomas Insel discusses the need to balance short and long-term research needs.

<http://www.nimh.nih.gov/about/director/2012/balancing-immediate-needs-with-future-innovation.shtml>

WE ARE THE GOVERNMENT

NIMH Director highlights the contributions that NIMH employees make to the public good.

<http://www.nimh.nih.gov/about/director/2012/we-are-the-government.shtml>

NEW ON NIMH WEBSITE

VIDEO: 2011 SOCIETY FOR NEUROSCIENCE CONFERENCE HIGHLIGHTS

This NIMH video provides highlights from the annual meeting of the Society for Neuroscience, which took place in 2011 in Washington, D.C. <http://www.nimh.nih.gov/media/audio/2011-society-for-neuroscience-conference-highlights.shtml>

DIRECTOR'S REPORT TO THE 230TH NATIONAL ADVISORY MENTAL HEALTH COUNCIL

The Director's Report provides an overview of new and ongoing initiatives at the National Institutes of Health (NIH) and the NIMH.

<http://www.nimh.nih.gov/about/advisory-boards-and-groups/namhc/2012/january/directors-report-to-the-230th-national-advisory-mental-health-council.shtml>

NEW RESOURCES FROM NIDA

NEW NIDA RESOURCE HELPS FAMILIES NAVIGATE ADDICTION TREATMENT OPTIONS

The brochure, *Seeking Drug Abuse Treatment: Know What to Ask*, will help individuals and families struggling with addiction ask the right questions before choosing a drug treatment program. It was developed by the National Institute on Drug Abuse (NIDA) and is available to the public free online or in hard copy. <http://www.nih.gov/news/health/jan2012/nida-17.htm>

PEERX - NIDA FOR TEENS WEBSITE

PEERx is a free, online initiative designed to educate teens in 8th through 10th grades on the dangers of prescription drug abuse. The campaign includes an interactive video series, activity guides, and fact sheets. <http://www.drugabuse.gov/news-events/public-education-projects/peerx>

SAMHSA LAUNCHES TWICE-MONTHLY E-NEWS ALERT

SAMHSA has launched the first edition of *SAMHSA Headlines*, a twice-monthly, e-news alert that provides the latest information on SAMHSA's news, events, and resources.

<http://blog.samhsa.gov/2012/01/20/samhsa-launches-twice-monthly-e-news-alert/>

CDC POSTS DEFINITION OF INTIMATE PARTNER VIOLENCE

CDC defines intimate partner violence (IPV) as violence between two people in a close relationship, including current and former spouses and dating partners. IPV occurs on a continuum from a single episode to ongoing battering and can include physical violence, sexual violence, threats, emotional abuse, stalking, and controlling reproductive health. http://www.cdc.gov/ViolencePrevention/pdf/IPV_Factsheet-a.pdf

AHRQ EFFECTIVE HEALTHCARE PROJECTS

DEVELOPING A RESEARCH FRAMEWORK FOR EVALUATING THE COMPARATIVE EFFECTIVENESS OF HEALTH CARE DELIVERY INTERVENTIONS TO IMPROVE PATIENT OUTCOMES IN SMI

This Agency for Healthcare Research Quality (AHRQ) project seeks to fill the need to develop a coherent care delivery system to improve patient-centered outcomes in people with SMI. In order to achieve this goal, the first step is to develop an integrated model of the service system, and an analytic framework. These efforts can then guide future comparative effectiveness and patient-centered outcomes research for individuals with SMI. <http://www.effectivehealthcare.ahrq.gov/index.cfm/search-for-guides-reviews-and-reports/?pageaction=displayproduct&productid=939>

STRATEGIES TO IMPROVE CARDIOVASCULAR RISK FACTORS IN PEOPLE WITH SMI: A COMPARATIVE EFFECTIVENESS REVIEW

This project involves a comparative effectiveness review of strategies to address cardiovascular risk factors in people with SMI.

<http://www.effectivehealthcare.ahrq.gov/index.cfm/search-for-guides-reviews-and-reports/?pageaction=displayproduct&productid=933>

AHRQ RESEARCH ACTIVITIES

POSTTRAUMATIC STRESS DISORDER ASSOCIATED WITH ELEVATED HEMOGLOBIN A1C LEVELS IN LOW-INCOME AFRICAN AMERICANS WITH DIABETES

The frequency of posttraumatic stress disorder (PTSD) ranges from 10 to more than 50 percent in urban primary care settings where the prevalence of trauma is high. There is also growing evidence that PTSD is linked to chronic disease such as diabetes and heart disease, and with poorer health outcomes. In fact, a recent study found that PTSD was significantly associated with a hemoglobin A1c level (a marker of diabetes control) greater than seven percent among low-income minorities. The researchers recruited men and women with type 2 diabetes from four community-based primary care clinics in Harlem, New York City. In addition to demographic information, participants were screened for depressive symptoms and for lifetime PTSD. <http://www.ahrq.gov/research/feb12/0212RA12.htm>

DEPRESSION, HEARING IMPAIRMENT, AND HEALTH LITERACY INFLUENCE OLDER ADULTS' ABILITIES TO SELF-MANAGE THEIR CARE

The degree to which elderly patients with high blood pressure can effectively assist in their own care is influenced by a set of measurable factors, according to a new study. It found that elderly persons with hypertension were more likely to be activated to self-manage their conditions if they had higher self-ratings of their own health, higher degrees of health literacy, greater receipt of patient-centered care, shorter lengths of stay in long-term care, and lower levels of depression and hearing impairment. <http://www.ahrq.gov/research/feb12/0212RA23.htm>

STUDY FINDS POTENTIALLY SUBOPTIMAL USE OF ANTIDEPRESSANTS FOR RESIDENTS IN VA NURSING HOMES

Older residents in Veterans Affairs (VA) Community Living Centers, the equivalent of nursing homes, often fail to get optimal treatment with antidepressant drugs, concludes a new study. It found that 25 percent of the 877 residents with depression did not receive antidepressant drugs. In addition, 58 percent of the 654 residents with depression and receiving antidepressant medication had evidence of possible inappropriate use. Among the 2,815 residents without diagnosed depression, 42 percent received at least one antidepressant drug. Depressed black residents were about half as likely as depressed whites to experience potential inappropriate use, while depressed residents with cancer were less likely to experience either possible underuse or inappropriate use. <http://www.ahrq.gov/research/feb12/0212RA24.htm>

PRESCRIPTION PAIN RELIEVER ABUSE: AGENCIES HAVE BEGUN COORDINATING EDUCATION EFFORTS, BUT NEED TO ASSESS EFFECTIVENESS

This Government Accountability Office report describes recent national trends in prescription pain reliever abuse and misuse, as well as how federal agencies are educating prescribers about potential abuse. <http://www.gao.gov/products/GAO-12-115>

MILITARY KIDS CONNECT WEBSITE

This new Department of Defense website provides military children a safe, fun, interactive place where they can build resilience and learn coping skills to help deal with the challenges of having a deployed family member. <http://militarykidsconnect.org>

NEW RESOURCES FROM THE DEFENSE CENTERS OF EXCELLENCE

NEW MOBILE APP FOR PROVIDERS: CO-OCCURRING CONDITIONS TOOLKIT

A mobile application for smartphones and tablets is now available for the *Co-occurring Conditions Toolkit: Mild Traumatic Brain Injury and Psychological Health* from the Defense Centers of Excellence for Psychological Health and Traumatic Brain Injury (DCoE). This mobile app is designed for use by primary care providers to evaluate and treat patients experiencing a mild traumatic brain injury (TBI) and common co-occurring conditions such as PTSD, depression, chronic pain, and substance use disorder.

<http://www.dcoe.health.mil/NewsArticle.aspx?id=2875>

BLOG: 2012 DEFENSE AUTHORIZATION ACT PUTS FOCUS ON MENTAL HEALTH

This DCoE blog post describes the new provisions in the National Defense Authorization Act for Fiscal Year 2012 which focus on service members and their mental health.

<http://www.dcoe.health.mil/blog/article.aspx?id=1&postid=334>

NEW ARTICLES FROM REAL WARRIORS

COPING WITH SURVIVOR GUILT AND GRIEF

Following the death or severe injury of a fellow service member, friend or loved one, a service member may sometimes feel shock, responsibility for the event, or remorse for surviving. This is a common emotional reaction often called “survivor guilt.” <http://www.realwarriors.net/active/treatment/survivorguilt.php>

VA CAREGIVER BENEFITS AND NATIONAL SUPPORT LINE

Service members returning from deployment may be coping with physical injuries such as TBI or psychological health concerns like combat stress or PTSD, which can affect the entire family – particularly primary caregivers. This article outlines resources for caregivers of veterans.

<http://www.realwarriors.net/family/support/caregiversupport.php>

CALENDAR OF EVENTS

WEBINAR: THERAPEUTIC INTERVENTIONS FOR YOUNG FOSTER CHILDREN AND THEIR CAREGIVERS

FEBRUARY 2, 2012, 12:00 PM ET

This National Child Traumatic Stress Network (NCTSN) Zero to Six Child Welfare Speaker Series webinar will address providing or referring infants, young children, and their caregivers for trauma-sensitive therapeutic interventions, including Child-Parent Psychotherapy, and Attachment and Biobehavioral Catch-Up.

<http://learn.nctsn.org/>

WEBINAR: BULLYING AND SUICIDE PREVENTION

FEBRUARY 2, 2012, 3:00-4:30 PM ET

SAMHSA's Suicide Prevention Resource Center and the Federal Partners in Bullying Prevention will host this webinar to provide the latest research and science on the relationship between bullying and suicide, and will outline some of the shared risk and protective factors. The webinar will also discuss the main principles of a comprehensive whole school approach to bullying prevention.

<http://www1.gotomeeting.com/register/512217688>

DOD/VA SUICIDE PREVENTION CONFERENCE 2012 – PRESENTATION SUBMISSIONS

JUNE 20-22, 2012, WASHINGTON, DC

The theme of this year's VA and DCoE conference is, *Back to Basics: Enhancing the Well-Being of our Service Members, Veterans, and their Families*. The deadline for presentations is February 16, 2012.

http://www.suicidology.org/c/document_library/get_file?folderId=236&name=DLFE-490.pdf

WEBINAR: IMPLICATIONS FOR IMPLEMENTING AND SUSTAINING INTERVENTIONS IN CHILD WELFARE AND CHILD MENTAL HEALTH SERVICE SYSTEMS

FEBRUARY 22, 2012, 12:00 PM ET

This NCTSN Implementing and Sustaining Evidence-Based Practice Speaker Series webinar will continue the series' goal of raising awareness and understanding of issues arising from the use evidence-based practices within child welfare and mental health organizations. <http://learn.nctsn.org/>

PCORI NATIONAL PATIENT AND STAKEHOLDER DIALOGUE

FEBRUARY 27, 2012, WASHINGTON, DC

The Patient-Centered Outcomes Research Institute (PCORI) will hold a National Patient and Stakeholder Dialogue on its first draft *National Priorities for Research and Research Agenda*. The event will dedicate three and a half hours to receiving public comment, and include presentations by PCORI and a roundtable discussion involving patient advocates, clinicians, and others from the healthcare community. A webcast and teleconference will be provided. Individuals can register to attend and provide public comment on this webpage: <http://www.pcori.org/dialogue-registration/>

WEBINAR: BREAKING THE POVERTY CYCLE: CREATING SOCIAL AND ECONOMIC OPPORTUNITIES

FEBRUARY 28, 2012, 3:00-4:30PM ET

This SAMHSA Resource Center to Promote Acceptance, Dignity and Social Inclusion Associated with Mental Health webinar will provide an opportunity for participants to learn about innovative, multifaceted interventions that assist people along the path to breaking the poverty cycle by addressing a number of intersecting determinants of health. Registration will close at 5 pm Eastern time, on Monday, February 27, 2012.

<http://www.promoteacceptance.samhsa.gov/teleconferences/archive/training/teleconference02282012.aspx>

WARRIOR RESILIENCE CONFERENCE IV: RESTORING READINESS: INDIVIDUAL, UNIT, COMMUNITY, AND FAMILY

MARCH 29-30, 2012, WASHINGTON, DC

The mission of this DCoE conference is to restore readiness and enhance resilience within the individual, unit, family, and community. Conference attendees will engage in plenary, panel, and breakout sessions where presenters will provide information and share experiences that augment and build readiness skills. Attendees will receive tools and resources that can be used by service members, units, families, and communities to enhance resilience whether at home or in the field.

<http://www.dcoe.health.mil/Training/WarriorResilienceConferenceIV.aspx>

ADOLESCENT TREATMENT EFFECTIVENESS CONFERENCE

APRIL 10-12, 2012, WASHINGTON, DC

The Office of Juvenile Justice and Delinquency Prevention will cosponsor the Joint Meeting on Adolescent Treatment Effectiveness. Conference sessions will include presentations on juvenile justice, school-based services, recovery services, treatment and recovery systems collaboration and integration, youth and families, evidence-based practices, and special topics. <http://www.jmate.org/jmate2012/>

CALLS FOR PUBLIC INPUT

NATIONAL PRIORITIES FOR RESEARCH AND RESEARCH AGENDA

Patient-Centered Outcomes Research Institute (PCORI) released for public comment a first draft of its *National Priorities for Research and Research Agenda*, which will be used to guide funding announcements for comparative clinical effectiveness research that will give patients and those who care for them the ability to make better-informed health decisions. Comments accepted until March 15, 2012.

<http://www.pcori.org/provide-input/priorities-agenda/>

COMMENTS SOUGHT FOR AHRQ EFFECTIVE HEALTH CARE PROGRAM REPORTS

The AHRQ Effective Health Care Program encourages the public to participate in the development of its research projects. The Program uses these comments to help focus its research and ensure that the final comparative effectiveness reviews answer the most important questions that clinicians, patients, consumers, and policymakers have about a given treatment, test, or procedure. The Program is currently seeking comments for:

DRAFT REPORT: FUTURE RESEARCH NEEDS FOR ATTENTION DEFICIT HYPERACTIVITY DISORDER: EFFECTIVENESS OF TREATMENT IN AT-RISK PRESCHOOLERS (COMMENTS DUE 2/14/2012)

<http://www.effectivehealthcare.ahrq.gov/index.cfm/research-available-for-comment/comment-draft-reports/?pageaction=displaydraftcommentform&topicid=405&productid=924&documenttype=draftReport>

DRAFT REPORT: MULTIDISCIPLINARY POSTACUTE REHABILITATION FOR MODERATE TO SEVERE TRAUMATIC BRAIN INJURY IN ADULTS (COMMENTS DUE 2/9/12)

<http://www.effectivehealthcare.ahrq.gov/index.cfm/research-available-for-comment/comment-draft-reports/?pageaction=displaydraftcommentform&topicid=283&productid=930&documenttype=draftReport>

KEY QUESTIONS: INTERVENTIONS FOR ADULTS WITH SERIOUS MENTAL ILLNESS WHO ARE INVOLVED WITH THE CRIMINAL JUSTICE SYSTEM (COMMENTS DUE 2/15/12)

<http://www.effectivehealthcare.ahrq.gov/index.cfm/research-available-for-comment/comment-key-questions/?pageaction=displayquestions&topicid=406&questionset=204>

CLINICAL TRIAL PARTICIPATION NEWS

NATIONWIDE RECRUITMENT--BIPOLAR DISORDER RESEARCH STUDY: ANTIDEPRESSANT RAPID EFFECTS OF KETAMINE

Individuals who have been diagnosed with bipolar disorder may be able to participate in a trial designed to understand the causes of depression and rapid antidepressant response. Specifically, this study is testing whether ketamine, a drug that affects glutamate in the brain, will improve symptoms of depression within a matter of hours.

Individuals between 18 and 65 years of age who have been diagnosed with bipolar disorder and previously failed to respond to treatment may be eligible for an inpatient trial designed to bring about a rapid antidepressant effect. After completion of the study the participant is transitioned back to a clinician in the community. In addition, all research participation is without cost and NIMH will cover all transportation costs from anywhere in the United States. Compensation is provided for study procedures. To find out more information, please call 1-877-MIND-NIH (1-877-646-3644) or email moodresearch@mail.nih.gov.

For more information on research conducted by the National Institute of Mental Health in Bethesda, MD click here <http://patientinfo.nimh.nih.gov>.

FUNDING INFORMATION

DEVELOPMENT OF TOOLS TO STUDY THE SYNAPTOME

<http://grants.nih.gov/grants/guide/rfa-files/RFA-MH-12-140.html>

NIH HEALTH CARE SYSTEMS RESEARCH COLLABORATORY - COORDINATING CENTER

<http://grants.nih.gov/grants/guide/rfa-files/RFA-RM-11-021.html>

NIH HEALTH CARE SYSTEMS RESEARCH COLLABORATORY - PRAGMATIC CLINICAL TRIALS DEMONSTRATION PROJECTS

<http://grants.nih.gov/grants/guide/rfa-files/RFA-RM-12-002.html>

JOINTLY SPONSORED RUTH L. KIRSCHSTEIN NATIONAL RESEARCH SERVICE AWARD INSTITUTIONAL PREDOCTORAL TRAINING PROGRAM IN THE NEUROSCIENCES

<http://grants.nih.gov/grants/guide/pa-files/PAR-12-084.html>

FY2012 DRUG FREE COMMUNITIES REQUEST FOR APPLICATIONS

<http://www.whitehouse.gov/ondcp/information-for-potential-applicants>

LEARNING DISABILITIES INNOVATION HUBS

<http://grants.nih.gov/grants/guide/rfa-files/RFA-HD-12-203.html>

BUILDING THE SCIENCE OF PUBLIC REPORTING

<http://grants.nih.gov/grants/guide/rfa-files/RFA-HS-12-004.html>



The **Outreach Partnership Program** is a nationwide outreach initiative of the National Institute of Mental Health (NIMH) that enlists state and national organizations in a partnership to help close the gap between mental health research and clinical practice, inform the public about mental illnesses, and reduce the stigma and discrimination associated with mental illness. For more information about the program please visit: <http://www.nimh.nih.gov/outreach/partners>. To subscribe to receive the **Update** every two weeks, go to: <http://www.nimh.nih.gov/outreach/partnership-program/subscribe-to-the-update.shtml>

The information provided in the **Update** is intended for use by NIMH Outreach Partners, National Partners and their associates for the express purpose of exchanging information that may be useful in the development of state and local mental health outreach, information, education and partnership programs.