UPDATE

June 1, 2018

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Prepared by the U.S. Department of Health and Human Services,
National Institutes of Health, National Institute of Mental Health
AGE-RELATED RACIAL DISPARITY IN SUICIDE RATES AMONG U.S. YOUTH; NIH-FUNDED STUDY SUGGESTS NEED FOR MORE RESEARCH INTO CONTRIBUTING FACTORS; TARGETED INTERVENTIONS FOR CHILDREN

New research suggests the suicide rate is roughly two times higher for black children ages 5-12 compared with white children of the same age group. The study, funded by the National Institute of Mental Health (NIMH), appeared online May 21 in *JAMA Pediatrics*. Suicide is a major public health problem and a leading cause of death in the United States (U.S.). While suicide among young children is quite rare, it can be devastating to families, friends, and communities. Past patterns of national youth suicide rates revealed higher rates for white compared to black youth. [https://www.nimh.nih.gov/news/science-news/2018/age-related-racial-disparity-in-suicide-rates-among-us-youth.shtml](https://www.nimh.nih.gov/news/science-news/2018/age-related-racial-disparity-in-suicide-rates-among-us-youth.shtml)

INHERITED VARIATIONS IN NONCODING SECTIONS OF DNA ASSOCIATED WITH AUTISM; STUDY SHEDS LIGHT ON PATERNALLY-INHERITED GENETIC RISK FACTORS


BIGGER HUMAN BRAIN PRIORITIZES THINKING HUB – AT A COST; NIH STUDY FINDS INFORMATION INTEGRATION TRUMPS EMOTIONAL, SENSORY, MOTOR FUNCTIONS

Some human brains are nearly twice the size of others – but how might that matter? NIMH researchers and their NIH grant-funded colleagues have discovered that these differences in size are related to the brain’s shape and the way it is organized. The bigger the brain, the more its additional area is accounted for by growth in thinking areas of the cortex, or outer mantle – at the expense of relatively slower growth in lower order emotional, sensory, and motor areas. [https://www.nih.gov/news-events/news-releases/bigger-human-brain-prioritizes-thinking-hub-cost](https://www.nih.gov/news-events/news-releases/bigger-human-brain-prioritizes-thinking-hub-cost)
AFRICAN AMERICANS AND LATINOS ARE MORE LIKELY TO BE AT RISK FOR DEPRESSION THAN WHITES

A new study published in the May 2018 issue of *Preventive Medicine* shows that African Americans and Latinos are significantly more likely to experience serious depression than Whites, but chronic stress does not seem to explain these differences. Dr. Eliseo J. Pérez-Stable, director of the National Institute on Minority Health and Health Disparities (NIMHD), was the senior author of the study, which also found that African Americans and Latinos were more likely to have higher levels of chronic stress and more unhealthy behaviors. NIMHD is part of the National Institutes of Health (NIH). [https://www.nih.gov/news-events/news-releases/african-americans-latinos-are-more-likely-be-risk-depression-whites](https://www.nih.gov/news-events/news-releases/african-americans-latinos-are-more-likely-be-risk-depression-whites)

HIGHER RATE OF SUBSTANCE USE AMONG NATIVE AMERICAN YOUTH ON RESERVATIONS

A survey comparing drug use among Native American youth living on or near reservations to a national sample of American youth found that Native American youth report substantially higher use of alcohol, marijuana, cigarettes, and other illicit drugs. The research from Colorado State University, published in *JAMA Network Open*, was funded by NIDA. [https://www.drugabuse.gov/news-events/news-releases/2018/05/higher-rate-substance-use-among-native-american-youth-reservations](https://www.drugabuse.gov/news-events/news-releases/2018/05/higher-rate-substance-use-among-native-american-youth-reservations)

NIH STUDY EXPLAINS WHY OPIOID THERAPY MAY NOT ALWAYS WORK WELL FOR CHRONIC PAIN

Researchers have shown that pain-induced changes in the rat brain’s opioid receptor system may explain the limited effectiveness of opioid therapy in chronic pain and may play a role in the depression that often accompanies it. These findings clearly show the impact of chronic pain on the brain and its relation to depression. The study, conducted by NIH scientists and colleagues from McGill University, Montreal, Quebec, Canada, was published in the journal *Pain*. [https://www.nih.gov/news-events/news-releases/nih-study-explains-why-opioid-therapy-may-not-always-work-well-chronic-pain](https://www.nih.gov/news-events/news-releases/nih-study-explains-why-opioid-therapy-may-not-always-work-well-chronic-pain)
MALE DEPRESSION MAY LOWER PREGNANCY CHANCES AMONG INFERTILE COUPLES; STUDY ALSO LINKS WOMEN’S USE OF NON-SSRI ANTIDEPRESSANTS TO EARLY PREGNANCY LOSS

Among couples being treated for infertility, depression in the male partner was linked to lower pregnancy chances, while depression in the female partner was not found to influence the rate of live birth, according to an NIH-funded study. The study also linked a class of antidepressants known as non-selective serotonin reuptake inhibitors (non-SSRIs) to a higher risk of early pregnancy loss among females being treated for infertility. SSRIs, another class of antidepressants, were not linked to pregnancy loss. Neither depression in the female partner nor use of any other class of antidepressants were linked to lower pregnancy rates.

METHOD TO IDENTIFY UNDETECTED DRUG SUICIDES WINS TOP NIDA ADDICTION SCIENCE AWARD

A project that identified and tested a bioinformatics program that can help identify underreported suicides linked to drug overdoses was awarded the first-place distinction at the 2018 Intel International Science and Engineering Fair — the world’s largest science competition for high school students. The awards are coordinated by the National Institute on Drug Abuse (NIDA) and Friends of NIDA, a coalition that supports NIDA’s mission.

FDA APPROVES THE FIRST NON-OPIOID TREATMENT FOR MANAGEMENT OF OPIOID WITHDRAWAL SYMPTOMS IN ADULTS

The U.S. Food and Drug Administration (FDA) approved Lucemyra (lofexidine hydrochloride) for the mitigation of withdrawal symptoms to facilitate abrupt discontinuation of opioids in adults. While Lucemyra may lessen the severity of withdrawal symptoms, it may not completely prevent them and is only approved for treatment for up to 14 days. Lucemyra is not a treatment for opioid use disorder (OUD), but can be used as part of a broader, long-term treatment plan for managing OUD.
https://www.fda.gov/NewsEvents/Newsroom/PressAnnouncements/ucm607884.htm
NEW FROM NIMH

DIRECTOR’S MESSAGE: HOW AWARE ARE WE, REALLY, ABOUT MENTAL ILLNESS?

In a message on the importance of mental health awareness, NIMH Director Dr. Joshua Gordon recounts how he came to be aware of the personal impact of mental illnesses. [Link](https://www.nimh.nih.gov/about/director/messages/2018/how-aware-are-we-really-about-mental-illness.shtml)

NEW FROM NIH

NIDA DIRECTOR’S BLOG: NIDA-SUPPORTED SCIENCE LEADS TO FIRST FDA-APPROVED MEDICATION FOR OPIOID WITHDRAWAL

NIDA Director Dr. Nora Volkow discusses the recent FDA approval of lofexidine, the first medication targeted specifically to treat the physical symptoms associated with opioid withdrawal. NIDA’s medications development program helped fund the science leading to the drug’s approval. Lofexidine could benefit the thousands of Americans seeking medical help for their opioid addiction, by helping them stick to their detoxification or treatment regimens. [Link](https://www.drugabuse.gov/about-nida/noras-blog/2018/05/nida-supported-science-leads-to-first-fda-approved-medication-opioid-withdrawal)

NIDA BLOG POST: DRUG USE AND MENTAL HEALTH PROBLEMS: WHAT’S THE CONNECTION?

Many people have both drug problems and mental health issues. Compared with the general population, people addicted to drugs are about twice as likely to suffer from mental health disorders, and vice versa. This NIDA Drugs and Health blog post describes the connection between the two. [Link](https://teens.drugabuse.gov/blog/post/drug-use-and-menthal-health-problems-connection)

NEW FROM SAMHSA

THE DIALOGUE: THE EFFECTS OF TRAUMA ON FIRST RESPONDERS

This issue of *The Dialogue* highlights the challenges first responders experience throughout all phases of disaster response. [Link](https://content.govdelivery.com/accounts/USSAMHSA/bulletins/1f12289)
NEW FROM CDC

FEATURE: YOUR CHILD IS AT RISK FOR MENTAL HEALTH ISSUES AFTER A DISASTER

After a disaster, children may experience anxiety, fear, sadness, sleep disruption, distressing dreams, irritability, difficulty concentrating, and anger outbursts. Learn the signs of children’s mental stress to help them cope after a disaster. https://www.cdc.gov/features/disasters-mental-health/index.html

NEW FROM AHRQ

REVIEW: PSYCHOLOGICAL AND PHARMACOLOGICAL TREATMENTS FOR ADULTS WITH PTSD

A new evidence review from the Agency for Healthcare Research and Quality (AHRQ), conducted in partnership with the Patient-Centered Outcomes Research Institute, identified several therapies that decrease post-traumatic stress disorder (PTSD) and depression symptoms. Those therapies include psychotherapies such as cognitive behavioral exposure therapies and cognitive behavioral therapies with mixed components, and certain medications such as paroxetine, fluoxetine, and venlafaxine. According to the report, however, most studies had limited information about adverse events related to therapy or medications. Evidence was insufficient on how treatments compare with each other, or to determine how treatment choices might be guided by the type of trauma experienced. https://effectivehealthcare.ahrq.gov/topics/ptsd-adult-treatment-update/research-2018

NEW FROM THE VA

FOCAL BRAIN STIMULATION FOR PTSD

This issue of the PTSD Research Quarterly from the Department of Veterans Affairs (VA) reviews the current literature on transcranial magnetic stimulation, transcranial direct current stimulation, and deep brain stimulation for PTSD. https://www ptsd.va.gov/professional/newsletters/research-quarterly/V29N2.pdf
EVENTS

PTSD AWARENESS MONTH
JUNE 2018

The purpose of PTSD Awareness Month is to encourage everyone to raise public awareness of PTSD and effective treatments. The VA National Center for PTSD makes available resources to support awareness activities, including printable materials and social media posts. https://www.ptsd.va.gov/about/ptsd-awareness/promo_materials_awareness.asp

WEBINAR: MENTAL HEALTH APPS ON YOUR SMARTPHONE: DO THEY WORK?
JUNE 5, 2018, 12:00-1:00 PM ET

Thousands of mobile applications propose to be able to reduce stress, increase happiness, address anxiety, and decrease depression. This Substance Abuse and Mental Health Services Administration (SAMHSA) Recovery to Practice webinar reviews the current state of mental health apps in light of evidence-based treatment strategies such as cognitive-behavioral therapy, mindfulness, and problem-solving therapy that have been translated into app formats. Registration Link

WEBINAR: THE INTERSECTION OF OPIOID ABUSE, OVERDOSE, AND SUICIDE: UNDERSTANDING THE CONNECTIONS
JUNE 5, 2018, 3:00-4:30 PM ET

SAMHSA’s Center for the Application of Prevention Technologies and Suicide Prevention Resource Center are co-hosting this webinar to explore the connections between opioid abuse, overdose, and suicide. Presenters will examine current research on the relationship between these problems, discuss opportunities for cross-sector collaboration to address them, and feature examples from the field where this work is already underway. This webinar is the first of a two-part series. The second webinar will explore the relationship of chronic pain to opioid abuse, overdose, and suicide, and will take place on June 28, 2018. https://captconnect.edc.org/event/10056
WEBINAR: SPECIALIZED HEALTH CARE HOMES FOR YOUTH AND YOUNG ADULTS WITH COMPLEX BEHAVIORAL HEALTH NEEDS

JUNE 6, 2018, 12:00-1:00 PM ET

This SAMHSA Recovery to Practice webinar explores how health homes can be customized for children and young adults with serious behavioral health challenges, and offers successful examples from two states: New Jersey and Oklahoma. Participants will learn why this approach is useful to young people and their families, how these programs can be successfully implemented, and what technical assistance resources are available. Registration Link

INTERDEPARTMENTAL SERIOUS MENTAL ILLNESS COORDINATING COMMITTEE VIRTUAL PUBLIC MEETING

JUNE 8, 2018, 9:00 AM-5:00 PM ET

Members of the public can attend the open, public portion of the Interdepartmental Serious Mental Illness Coordinating Committee (ISMICC) meeting via telephone or webcast. The ISMICC reports to Congress and federal agencies on issues related to serious mental illness and serious emotional disturbance. The meeting can be accessed via webcast on the U.S. Department of Health and Human Services Live Stream channel. https://content.govdelivery.com/accounts/USSAMHSA/bulletins/1f0da0a

WEBINAR: UNDERSTANDING THE COMPLEX LIVES AND NEEDS OF PEOPLE WITH CO-OCCURRING MENTAL ILLNESS AND INTELLECTUAL/DEVELOPMENTAL DISABILITIES

JUNE 12, 2018, 12:00-1:00 PM ET

Individuals diagnosed with co-occurring intellectual/developmental disability and mental illness have complex needs that can challenge service systems. This SAMHSA Recovery to Practice webinar will deepen and expand participants’ understanding about key issues when providing services to these individuals. The prevalence and impact of trauma will be addressed along with workforce development considerations. Registration Link
WEBINAR: VETERANS’ EXPERIENCED BARRIERS TO ENGAGEMENT IN PTSD PSYCHOTHERAPY

JUNE 12, 2018, 1:00-2:00 PM ET

This VA webinar will use qualitative interview data from Veterans with PTSD to examine barriers to engagement in evidence-based psychotherapies for PTSD. The presenters will compare Veterans’ reasons for refusal of psychotherapy and reasons for dropout from psychotherapy, and discuss implications for the organization of health service delivery and interventions to increase uptake of psychotherapy.

https://register.gotowebinar.com/register/1694546819814382338

WEBINAR: AN OVERVIEW OF THE NIH ALL OF US RESEARCH PROGRAM

JUNE 21, 2018, 1:00-2:00 PM ET

This Mid-Atlantic Regional Health Equity Council webinar focuses on providing the audience with an overview of the NIH All of Us Research Program. All of Us is a participant-engaged, data-driven enterprise supporting research at the intersection of human biology, behavior, genetics, environment, data science, computation, and much more to produce new knowledge with the goal of developing more effective ways to treat disease. The webinar also will highlight the program’s engagement efforts with community and health care provider organizations. The audience will learn about how to become involved with All of Us and will be able to share information with those they serve and/or represent. https://events-na11.adobeconnect.com/content/connect/c1/1312818331/en/events/event/private/1313011123/1841699290/event_landing.html?_charset_=utf-8&co-id=1841663648

NIMH CONFERENCE TO EXPLORE MENTAL HEALTH SERVICES RESEARCH

AUGUST 1-2, 2018, ROCKVILLE, MD

NIMH is hosting the 24th Mental Health Services Research (MHSR) Conference with the theme: “What’s the Next Big Thing?” MHSR is organized every other year by the Services Research and Clinical Epidemiology Branch, part of NIMH’s Division of Services and Intervention Research. The conference aims to promote high-priority areas in mental health services research and identify opportunities with potential for significant impact for people with mental disorders. https://www.nimh.nih.gov/news/science-news/2018/nimh-conference-to-explore-mental-health-services-research.shtml
NATIONWIDE RECRUITMENT

CONCERNED THAT YOUR TEENAGER HAS DEPRESSION? NIH RESEARCH

Join a research study seeking to find causes and treatments of depression in teenagers.

The study is recruiting participants ages 11-17 who are depressed and have a pediatrician or medical provider. The study begins with an outpatient evaluation (clinical assessment, interviews, and questionnaires). Outpatient study visits include a clinical assessment, research tasks, and brain imaging, up to age 25. Eligible participants may receive treatment of evidence-based cognitive-behavioral therapy (CBT), and if indicated, standard medicines. Enrollment is from across the U.S. Transportation expenses to NIH in Bethesda, MD are reimbursed. There is no cost to participate; compensation is provided.

www.nimh.nih.gov/TeenDepressionStudy

Call 1-301-827-1350 [TTY: 1-866-411-1010] or Email depressedkids@mail.nih.gov

Department of Health & Human Services, National Institutes of Health, National Institute of Mental Health, Protocol Number: 18-M-0037

Social Media Messages:

- **YouTube Video:** https://youtu.be/Ik3qMFWQ9Mg

- **Facebook:**

  Concerned about your teen’s depression?

  Symptoms include depressed mood, loss of pleasure, lack of interest, problems with sleeping, eating, and concentration. Study seeks to find causes and treatments. Parental permission required. Contact us at depressedkids@mail.nih.gov or call 301-827-1350.

  www.nimh.nih.gov/TeenDepressionStudy

- **Twitter:** Concerned about your teens depression? Research study enrolling ages 11-17 for evaluations and treatment. www.nimh.nih.gov/TeenDepressionStudy
REQUEST FOR INFORMATION ON HEALTH INNOVATIONS FOR SUICIDE PREVENTION

The VA Center for Compassionate Care Innovation wants to hear from internal and external stakeholders about treatments focused on reducing the risk and/or incidence of suicide, as well as reducing risk factors significantly correlated with suicide such as chronic pain, depression, and substance abuse. Responses will be used to gain a better understanding of emerging therapies in the health care industry that support VA priorities such as reducing the number of Veteran suicides. Responses accepted through June 18, 2018. https://www.va.gov/HEALTHPARTNERSHIPS/ccinews.asp

COMMENTS SOUGHT FOR AHRQ EFFECTIVE HEALTH CARE PROGRAM REPORT

The AHRQ’s 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:

ADVERSE EFFECTS OF FIRST-LINE PHARMACOLOGIC TREATMENTS OF MAJOR DEPRESSION IN OLDER ADULTS (COMMENTS DUE JUNE 13, 2018)
https://effectivehealthcare.ahrq.gov/topics/depression-harms/draft-report

FUNDING INFORMATION

FISCAL YEAR 2018 CERTIFIED COMMUNITY BEHAVIORAL HEALTH CLINIC EXPANSION GRANTS
https://www.samhsa.gov/grants/grant-announcements/sm-18-019

STRATEGIC PREVENTION FRAMEWORK: PARTNERSHIPS FOR SUCCESS
https://www.samhsa.gov/grants/grant-announcements/sp-18-008

IMPROVING REENTRY FOR ADULTS WITH CO-OCCURRING SUBSTANCE ABUSE AND MENTAL ILLNESS
https://www.bja.gov/funding/CSAMI18.pdf
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 increase the public’s access to science-based mental health information. For more information about the program, please visit: http://www.nimh.nih.gov/outreach/partnership-program/index.shtml. To subscribe to receive the Update every two weeks, go to: http://www.nimh.nih.gov/outreach/partnership-program/news-and-updates-from-the-program.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.