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# UPDATE

February 1, 2011

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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*

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## SCIENCE AND SERVICE NEWS UPDATES

### **SAME BEHAVIOR, DIFFERENT BRAIN IN ADOLESCENT AND ADULT RATS**

A study that measured the activity of single cells in the brains of rats found striking differences between adolescents and adults even when both behaved identically on a task motivated by a reward. The finding offers clues to the neurological underpinnings of adolescent behavior and this age group's vulnerability to mental illness.

**Science News:** <http://www.nimh.nih.gov/science-news/2011/same-behavior-different-brain-in-adolescent-and-adult-rats.shtml>

### **NIMH TEAMS UP TO STUDY RATES OF AUTISM SPECTRUM DISORDERS (ASD) RATES IN SOMALI-AMERICAN CHILDREN: MEMBERS OF A FEDERAL ADVISORY GROUP ON AUTISM MOBILIZE IN RESPONSE TO A MOTHER'S PLEA**

NIMH, along with three other National Institutes of Health (NIH) Institutes, will be supporting a joint effort with the Centers for Disease Control and Prevention (CDC) and Autism Speaks, a private advocacy organization, to investigate reports of elevated prevalence of ASD among children born to Somali immigrants living in Minneapolis, Minnesota.

**Science News:** <http://www.nimh.nih.gov/science-news/2011/nimh-teams-up-to-study-asd-rates-in-somali-american-children.shtml>

### **LITTLE-KNOWN GROWTH FACTOR ENHANCES MEMORY, PREVENTS FORGETTING IN RATS: WORKS ONLY IF GIVEN DURING WINDOWS OF MEMORY MALLEABILITY**

A naturally-occurring growth factor significantly boosted retention and prevented forgetting of a fear memory when injected into rats' memory circuitry during time-limited windows when memories become fragile and changeable. In this NIH-funded study, animals treated with insulin-like growth factor (IGF-II) excelled at remembering to avoid a location where they had previously experienced a mild shock.

Researchers report on their discovery in the January 27, 2011 issue of *Nature*.

**Press Release:** <http://www.nih.gov/news/health/jan2011/nimh-26.htm>

### **GENE VARIANTS PREDICT TREATMENT SUCCESS FOR ALCOHOLISM MEDICATION: NIH-SUPPORTED STUDY DEMONSTRATES THE PROMISE OF PERSONALIZED MEDICINE**

The effectiveness of an experimental treatment for alcoholism depends on the genetic makeup of individuals who receive it, according to a new study supported by the National Institute on Alcohol Abuse and Alcoholism (NIAAA). A report of the findings appears online in the *American Journal of Psychiatry*.

**Press Release:**

<http://www.niaaa.nih.gov/NewsEvents/NewsReleases/Pages/Genevariantspredicttreatmentsuccessforalcoholismmedication.aspx>

## **NIH-FUNDED STUDY USES NEW TECHNOLOGY TO PEEK DEEP INTO THE BRAIN: TIME-LAPSE TECHNIQUE CAN SHOW CELLULAR CHANGES RELATED TO PROBLEMS LIKE ADDICTION AND BRAIN TUMORS**

Changes within deep regions of the brain can now be visualized at the cellular level, based on NIH-funded research on mice. Published in *Nature Medicine*, the study used a groundbreaking technique to explore cellular-level changes over a period of weeks within deep brain regions, providing a level of detail not possible with previously available methods. The study was supported by the National Institute on Drug Abuse (NIDA), the National Cancer Institute, and the National Institute of Neurological Disorders and Stroke.

**Press Release:** <http://www.nih.gov/news/health/jan2011/nida-18.htm>

## **FDA APPROVES VIIBRYD TO TREAT MAJOR DEPRESSIVE DISORDER**

The U.S. Food and Drug Administration (FDA) approved Viibryd tablets (vilazodone hydrochloride) to treat major depressive disorder in adults. The most frequent adverse reactions reported by patients taking Viibryd in clinical trials included diarrhea, nausea, vomiting, and insomnia. The drug will be available in 10, 20, and 40 milligram tablets. Viibryd and all other antidepressant drugs have a boxed warning and a patient medication guide describing the increased risk of suicidal thinking and behavior in children, adolescents, and young adults ages 18 to 24 during initial treatment.

**Press Release:** <http://www.fda.gov/NewsEvents/Newsroom/PressAnnouncements/ucm240642.htm>

## **SAMHSA AND AD COUNCIL EXPAND MENTAL HEALTH AWARENESS EFFORTS TO SUPPORT FAMILIES AND INDIVIDUALS AFFECTED BY DEEPWATER HORIZON OIL SPILL**

The Substance Abuse and Mental Health Services Administration (SAMHSA) in collaboration with the Ad Council expanded efforts to continue to provide information, support, and resources to individuals and families affected by the Deepwater Horizon oil spill. The campaign is designed to raise awareness of the early warning signs of serious emotional distress, and to provide access to free resources to those affected in the Gulf region. The television public service announcement (PSA), featuring Surgeon General Regina Benjamin, and other PSAs aim to help those living in the Gulf states get the assistance they may need to treat and alleviate long-term psychological distress.

**Press Release:** <http://www.samhsa.gov/newsroom/advisories/1101271338.aspx>

## **CDC REPORT DOCUMENTS IMPORTANT HEALTH DISPARITIES, NEED FOR BETTER DATA: HIGHLIGHTS PROGRESS AND CHALLENGES IN ACHIEVING HEALTH EQUITY**

Americans' differences in income, race/ethnicity, gender, and other social attributes make a difference in how likely they are to be healthy, sick, or die prematurely, according to a CDC report. For instance, state-level estimates in 2007 indicate that low income residents report five to 11 fewer healthy days per month than do high income residents, the report says. It also says men are nearly four times more likely than women to commit suicide, that adolescent birth rates for Hispanics and non-Hispanic blacks are three and 2.5 times respectively those of whites, and that the prevalence of binge drinking is higher in people with higher incomes.

**Press Release:** [http://www.cdc.gov/media/releases/2011/p0113\\_healthdisparities.html](http://www.cdc.gov/media/releases/2011/p0113_healthdisparities.html)

## **WHITE HOUSE ANNOUNCES INCREASED MILITARY FAMILY SUPPORT**

The White House put forward nearly 50 commitments by Federal agencies responding to the President's directive to establish a coordinated and comprehensive Federal approach to supporting military families. The directive is outlined in a new report, *Strengthening our Military Families: Meeting America's Commitment*, which presents new programs and initiatives government agencies plan to launch in the pending months. The report identifies the following four key priorities that the government-wide effort plans to focus on: 1) Enhance the well-being and psychological health of the military family; 2) Ensure excellence in military children's education and development; 3) Develop career and educational opportunities for military spouses; and 4) Increase child care availability and quality for the armed forces.

**Press Release:** <http://www.whitehouse.gov/the-press-office/2011/01/24/presidential-initiative-supports-military-families>

**Full report:**

[http://www.defense.gov/home/features/2011/0111\\_initiative/Strengthening\\_our\\_Military\\_January\\_2011.pdf](http://www.defense.gov/home/features/2011/0111_initiative/Strengthening_our_Military_January_2011.pdf)

## RESOURCES: PUBLICATIONS, TOOLKITS, OTHER RESOURCES

### NEW ON NIMH WEBSITE

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#### DIRECTOR'S BLOG: THE ECONOMICS OF HEALTH CARE REFORM

Cost control issues are central to the Patient Protection and Affordable Care Act of 2010, which set in motion a dramatic expansion of health insurance coverage and the creation of a new long-term care insurance program. It also calls for the evaluation of different approaches to restrain health care costs. Such sweeping changes and complex challenges cannot be successfully implemented without reliable research to tell us how to go about it. NIMH-supported research will be a key component in determining what can be done to control mental health care costs while expanding access to high-value care, fostering technological innovation, and maximizing public health.

<http://www.nimh.nih.gov/about/director/2011/the-economics-of-health-care-reform.shtml>

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#### NIMH VIDEO: AMANDA WANG OF RETHINKBPD ON BORDERLINE PERSONALITY DISORDER

Amanda Wang is the lead organizer of RethinkBPD, a peer-led advocacy and support group for Borderline Personality Disorder (BPD). Ms. Wang participated in a lecture series on BPD at NIMH in Bethesda, Maryland. She shared her personal experience in coping with BPD as well as the objectives of RethinkBPD.

<http://www.nimh.nih.gov/media/video/amanda-wang.shtml>

### SUICIDE PREVENTION AMONG LGBT YOUTH: A WORKSHOP FOR PROFESSIONALS WHO SERVE YOUTH

*Suicide Prevention among LGBT Youth*, published by SAMHSA's Suicide Prevention Resource Center, is a free workshop kit to help staff in schools, youth-serving organizations, and suicide prevention programs take action to reduce suicidal behavior among lesbian, gay, bisexual, and transgender (LGBT) youth.

<http://www.sprc.org/LGBTYouthWorkshopKit.asp>

### NIDA INFOFACTS: SPICE

This NIDA fact sheet provides an overview about "Spice." Spice is used to describe a diverse family of herbal mixtures marketed under many names, including K2, fake marijuana, Yucatan Fire, Skunk, Moon Rocks, and others. These products contain dried, shredded plant material and presumably, chemical additives that are responsible for their psychoactive effects. While Spice products are labeled "not for human consumption," they are marketed to people who are interested in herbal alternatives to marijuana.

<http://www.drugabuse.gov/Infofacts/Spice.html>

## AHRQ NEWS AND NUMBERS REPORT: APPROXIMATELY FIVE PERCENT OF SENIORS REPORT ONE OR MORE COGNITIVE DISORDERS

Agency for Healthcare Research and Quality (AHRQ) *News and Numbers* reports provide statistical highlights on the use and cost of health services and health insurance in the United States. The latest *News and Numbers* report that slightly over five percent of the nearly 39 million Americans age 65 and older in 2007 reported one or more cognitive disorders, such as senility or dementia. Seniors age 85 and older were the most likely to have reported one or more cognitive disorders, compared to seniors ages 75 to 84 and seniors ages 65 to 74. <http://www.ahrq.gov/news/nn/nn012611.htm>

## NEW REPORTS FROM SAMHSA

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### EMERGENCY DEPARTMENT VISITS INVOLVING PATIENTS SEEKING DETOXIFICATION OR SUBSTANCE ABUSE TREATMENT SERVICES

During 2008, an estimated 177,879 drug-related emergency department (ED) visits were made by patients seeking either detoxification or substance abuse treatment services. Most of these ED visits were made by males, and more than two in five visits were made by adults aged 21 to 34. Compared with females in the same age group, males aged 21 or older seeking treatment services were more likely to make ED visits related to the use of alcohol in combination with other drugs and to illicit drug use. Pharmaceuticals were involved in about two-thirds of ED visits among persons aged 20 or younger and persons aged 65 or older. <http://oas.samhsa.gov/2k11/DAWN012/SeekingDetox.cfm>

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### SUBSTANCE ABUSE TREATMENT ADMISSIONS RECEIVING PUBLIC ASSISTANCE

In 2008, 7.5 percent of individuals aged 18 to 54 admitted to substance abuse treatment reported public assistance as their main source of income. Admissions among individuals on public assistance were more likely than others to report primary abuse of heroin or cocaine. These individuals were more likely than other individual admissions to have a psychiatric disorder in addition to their substance use problem. Discharges among individuals on public assistance were less likely than other discharges in 2007 to have completed treatment and were more likely to have dropped out of treatment. <http://oas.samhsa.gov/2k11/300/300PubAssist2k11.cfm>

## NEW QUARTERLY NEWSLETTER: SERVICES FOR TRIBAL YOUTH

*Native Horizons* is a new, quarterly newsletter from the Administration for Children and Family's National Clearinghouse on Families and Youth, which addresses topics and issues of interest to members of Tribal organizations, and Native and non-Native programs that serve Tribal youth. Each issue will highlight successful Tribal and Native programs and initiatives, conferences, and training opportunities, and funding sources relevant to Tribal and Native groups. <http://ncfy.acf.hhs.gov/node/665/preview>

## EVALUATING THE EFFECTIVENESS OF FAMILY CONNECTIONS

*Family Connections* is a multifaceted program that works with at-risk families in their homes to prevent child abuse and neglect. Piloted in 1996, the program showed such promising results that a replication was designed and sponsored by the U.S. Department of Health and Human Service's Children's Bureau with 5-year cooperative agreements at three sites. A recent special issue of the journal *Protecting Children* profiles lessons learned from these replication projects.

<http://cbexpress.acf.hhs.gov/index.cfm?event=website.viewArticles&issueid=122&sectionid=1&articleid=3039>

## DEFENSE CENTERS OF EXCELLENCE (DCOE): FAMILY MATTER BLOG POSTINGS

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### T2 AIMS TO HELP THOSE WITH PTSD THROUGH NEW VIRTUAL WORLD

The National Center for Telehealth and Technology (T2), a DCoE component center, created the *Virtual PTSD Experience* based in Second Life, to help combat veterans and others experiencing post-traumatic stress disorder (PTSD). Visitors enter the virtual world through a Department of Defense (DoD) virtual space to learn about PTSD causes, symptoms, and resources. One of the major benefits of this virtual space is that the service member remains anonymous, which can reduce the perceived stigma of seeking help for PTSD. Families and friends can also benefit from this technology; T2 designed the *Virtual PTSD Experience* to help them better understand how PTSD affects their loved ones.

<http://www.dcoe.health.mil/blog/article.aspx?id=1&postid=189>

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### NEW MILD TBI CASE STUDY AVAILABLE: ASSESSING THE INDIVIDUAL WITH PERSISTENT SYMPTOMS

Health care professionals who complete this new mild traumatic brain injury (TBI) Web-based case study can earn one free continuing education unit. The newest case study, *Assessing the Individual with Persistent Symptoms*, is available to both DoD healthcare professionals and civilian providers. These case studies, developed by the Departments of Defense and Veterans Affairs, provide an opportunity for providers to gain additional understanding about assessment and treatment of mild TBI in a self-paced environment.

<http://www.dcoe.health.mil/blog/article.aspx?id=1&postid=187>

## CALENDAR OF EVENTS

### HEALTH OBSERVANCE: CHILDREN OF ALCOHOLICS WEEK

FEBRUARY 13 - 19, 2011

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SAMHSA has made this guide available to provide materials to raise awareness of the effects that alcohol abuse and alcoholism can have on children and families during Children of Alcoholics Week. The kit includes talking points, a fact sheet, story ideas, drop-in articles, print and radio PSAs, and other resources.

<http://store.samhsa.gov/product/MS939>

### WEBINAR: ENGAGING AND INVOLVING YOUTH IN WRAPAROUND

FEBRUARY 22, 2011, 2:00-3:30PM ET

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This SAMHSA National Wraparound Initiative (NWI) webinar will focus on concrete strategies that can be used to increase the extent to which young people participate meaningfully on their own wraparound teams. The webinar also will focus on providing coaching/training to people who carry out these strategies, and evaluating the quality and impact of these efforts to increase youth participation.

Register at <https://www1.gotomeeting.com/register/812294817>

### SAMHSA ADS CENTER TRAINING TELECONFERENCE: HOUSING, HOMELESSNESS, AND SOCIAL INCLUSION: ESSENTIAL ELEMENTS OF HEALTHY COMMUNITIES

FEBRUARY 23, 2011, 3:00–4:30 PM ET

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This SAMHSA ADS Center teleconference will educate participants about current trends and practices in the field, recent precedent-setting court rulings to address violations of the Americans with Disabilities Act and Olmstead, and the central role of social connectedness, social capital, and social inclusion as the foundation for developing programs that support people who have been homeless. Participants will also hear how one person moved from being homeless to being a homeowner and the lessons that can be learned from his recovery journey. Registration will close at 5:00 PM ET on February 20, 2011.

<http://promoteacceptance.samhsa.gov/teleconferences/default.aspx>

## **2011 DOD/VA ANNUAL SUICIDE PREVENTION CONFERENCE: ALL THE WAY HOME: PREVENTING SUICIDE AMONG SERVICE MEMBERS AND VETERANS**

MARCH 14-17, 2011, BOSTON, MA

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The 2011 Department of Defense (DOD) and VA Annual Suicide Prevention Conference is planned for March 2011 in Boston, Massachusetts. The conference will include an engaging and informative series of panels and break-out groups led by various speakers involved in suicide prevention and intervention. This is an opportunity to enhance, share and build upon best practices, community-based tools and support systems across the armed forces and VA. <http://www.dcoe.health.mil/Events/UpcomingConferences.aspx>

## **SAMHSA'S NATIONAL CHILDREN'S MENTAL HEALTH AWARENESS DAY**

MAY 3, 2011

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Join communities, organizations, and individuals nationwide in raising awareness that positive mental health is essential to a child's healthy development. This year, the national event in Washington, DC, on the evening of May 3, will focus on building resilience in young children dealing with trauma. Organizations also can participate in art events at the community level for Awareness Day.

[http://www.samhsa.gov/children/save\\_date\\_2011.aspx](http://www.samhsa.gov/children/save_date_2011.aspx)

### **CALLS FOR PUBLIC INPUT**

## **SAMHSA NATIONAL GAINS CENTER SEEKS COMMUNITIES TO PARTICIPATE IN TRAUMA-INFORMED TRAININGS**

The SAMHSA National GAINS Center is soliciting applications from communities interested in receiving the training, *How Being Trauma-Informed Improves Criminal Justice System Responses to Women and Men with Mental Illness*. The target audiences for this training are community-based criminal justice system professionals, including police, community corrections, and court personnel. The SAMHSA National GAINS Center will offer this training free of charge to three selected communities between April and September 2011. Since the purpose of this training initiative is to pilot test and evaluate the impact of the training on the communities in which it is delivered, there are no fees for registration, tuition, or materials associated with these trainings. Applications are due February 28, 2011.

[http://www.prainc.com/docs/GAINS\\_Trauma\\_Solicitation.docx](http://www.prainc.com/docs/GAINS_Trauma_Solicitation.docx)

## **INTRODUCTION TO ASK SAMHSA!**

Every month SAMHSA will be taking questions from the public on a specific topic through Facebook and Twitter. From the questions received, SAMHSA will select a few to respond to over video on the SAMHSA Blog. The purpose behind this project is to give members of the public an opportunity to hear from some of the nation's experts in behavioral health.

The first topic for *Ask SAMHSA* is mental health and substance abuse treatment services parity. The video response will be posted on the SAMHSA blog on February 4th. Look out for the *Ask SAMHSA* topics on Facebook and Twitter and submit questions. When submitting questions on Twitter, use the hashtag #BHQ. <http://blog.samhsa.gov/2011/01/19/introduction-to-ask-samhsa/>

## **CALL FOR AMERICAN INDIAN AND ALASKA NATIVE ARTISTS**

The Office of Minority Health Resource Center (OMHRC) is in the process of developing American Indian/Alaska Native Youth related digital educational materials. Along with its partners, Kat Communications and the Indian Health Service HIV Program, OMHRC is seeking American Indian and Alaska Native artists that can portray regional and cultural areas. OMHRC is accepting all styles and themes of American Indian/Alaska Native Art. Traditional, contemporary, alternative process, digital, mix processes, and experimental works are welcome. All art must be original and appropriate for conversion to a digital format. Artists chosen to work on the project will be compensated. The deadline to submit work is February 18, 2011. <http://minorityhealth.hhs.gov/templates/content.aspx?lvi=2&lvid=66&ID=8727>

## **FEDERAL COMMUNICATION COMMISSION (FCC) ORDER AND REQUEST FOR COMMENT: REFERENCE TO PERMANENT REASSIGNMENT OF 800-SUICIDE TO SAMHSA**

On December 3, 2010, the DC Circuit Court of Appeals issued a decision vacating the FCC's order to permanently reassign the 800-SUICIDE and two other toll free numbers to SAMHSA, and sending the matter back to the FCC for further consideration. For details: <http://courtlister.com/cadc/VAZ/kristin-brooks-hope-center-v-fcc/>.

On January 14, 2011, the FCC issued an "Order and Request for Comment." The agency will now reconsider the case and has re-opened its docket for comments, with a deadline of February 14, 2011. In addition, the FCC temporarily reassigned the three toll free numbers to SAMHSA until June 1, 2011.

[http://hraunfoss.fcc.gov/edocs\\_public/Query.do?numberFld=11-80&numberFld2=&docket=&dateFld=&docTitleDesc](http://hraunfoss.fcc.gov/edocs_public/Query.do?numberFld=11-80&numberFld2=&docket=&dateFld=&docTitleDesc)

## CLINICAL TRIAL PARTICIPATION NEWS

### NIMH BIPOLAR DISORDER (PEDIATRIC) RESEARCH STUDY: CLINICAL TRIAL OF CITALOPRAM AND METHYLPHENIDATE IN SEVERE MOOD DYSREGULATION

This study is testing the effectiveness of methylphenidate plus citalopram vs. methylphenidate plus placebo for decreasing irritability in children with severe mood dysregulation (SMD). Children with SMD display chronic anger, sadness, or irritability, as well as hyperarousal (such as insomnia, distractibility, hyperactivity) and extreme responses to frustration (such as frequent, severe temper tantrums). Children ages seven to 17 with SMD may be eligible to participate in this 12- to 15-week inpatient or outpatient study. This study has four phases. During Phase I participants are gradually withdrawn from all current psychotropic medications. Phase II is a one-week psychotropic medication-free period. During Phase III, which lasts two weeks, participants are treated with methylphenidate alone. Phase IV lasts for eight weeks. During this time, participants continue methylphenidate treatment and are randomly assigned to also receive either citalopram or placebo. At the end of the study, those who received methylphenidate plus placebo will have the opportunity to receive methylphenidate plus active citalopram if clinically appropriate. All procedures and medications associated with the research are provided at no cost to participants, and transportation expenses are reimbursed by NIMH. Schooling will be provided while on the inpatient unit or in day treatment. To learn more information, please call (301) 496-8381 or email [bipolarkids@mail.nih.gov](mailto:bipolarkids@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

SAMHSA: DRUG FREE COMMUNITIES SUPPORT PROGRAM

<http://www.whitehousedrugpolicy.gov/news/press11/011811.html>

CDC: NATIONAL PROGRAMS TO IMPROVE THE HEALTH AND EDUCATIONAL OUTCOMES OF YOUNG PEOPLE

<http://www07.grants.gov/search/search.do;jsessionid=ITpYNC0NDLmgNGVp5wMNVKpMW1pQYGHXpWpSmM3N2jIPQJWYIXV3!1552638500?opId=65234&mode=VIEW>

HRSA: HEALTHY BEHAVIORS IN WOMEN AND FAMILIES

<https://grants.hrsa.gov/webExternal/SFO.asp?ID=16C875FF-273B-488E-8257-391003120233>

NIH: REDUCING HEALTH DISPARITIES AMONG MINORITY AND UNDERSERVED CHILDREN

<http://grants.nih.gov/grants/guide/pa-files/PA-11-104.html> (R01)

<http://grants.nih.gov/grants/guide/pa-files/PA-11-105.html> (R21)

NIJ: RESEARCH ON VIOLENCE AND VICTIMIZATION ACROSS THE LIFE-SPAN  
<http://www.ncjrs.gov/pdffiles1/nij/sl000969.pdf>

ODDJP: MULTI-STATE MENTORING INITIATIVE  
<http://ojjdp.gov/funding/FundingDetail.asp?fi=214>

OJJDP: FIELD INITIATED RESEARCH AND EVALUATION PROGRAM  
<http://ojjdp.gov/funding/FundingDetail.asp?fi=219>

OVW FISCAL YEAR 2011 GRANTS TO ENHANCE CULTURALLY AND LINGUISTICALLY SPECIFIC SERVICES FOR VICTIMS OF DOMESTIC VIOLENCE, DATING VIOLENCE, SEXUAL ASSAULT, AND STALKING PROGRAM  
<http://www.ovw.usdoj.gov/docs/clssp-solicitation-fy2011.pdf>



The **Outreach Partnership Program** 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.