

MENTAL HEALTH WEEKLY

Essential information for decision-makers

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HIGHLIGHTS...

The **National Council of Community Behavioral healthcare** has just completed its **Psychiatric Leadership Development Program** aimed at helping **psychiatrists learn about the business of mental health care** and **acquiring tools for clinical practice improvement**. One **program graduate** discusses his **organization's efforts** to bring **best-practice medicine** to his **community behavioral health setting**. *See story, top of this page.*

A new **Maryland county co-occurring criminal justice project** is helping **offenders with mental health, substance abuse treatment, medical care** and **transportation to outpatient clinics** once they leave **detention**. The **Harford County Detention to Recovery Program**, one of the **first programs** of its **kind in the nation**, is a partnership of key service agencies. *See story, bottom of this page.*

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National Council program promotes psychiatry leadership in community MH

Participants engage in practice improvement

Psychiatrists and other M.D.s who hold executive positions in community mental health organizations are asked to take on multiple tasks, as they don't shed their caseload responsibilities when achieving a leadership role. A group of 15 of these leaders has just concluded a yearlong process in which they learned important lessons about the business of mental health care while also acquiring tools for clinical practice improvement in their organizations.

Selected in a competitive process by the National Council for Community Behavioral Healthcare, the medical leaders attended educa-

tional sessions at last spring's National Council annual meeting, were paired with faculty mentors throughout the year, and conducted a practice improvement project at their home site on an issue of interest to their organization. Earlier this month, the participants in the National Council's first Psychiatric Leadership Development Program convened for a final time to report on the results of their organizations' projects.

"Not all of the organizations were successful in their implementation protocol, but they all learned a great deal," Chris Loftis, the National Council's director of state policy and the staff lead on the program, told *MHW*. "All of the themes that were discussed seemed to res-

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Md. criminal justice project to provide MH, SA services, reduce recidivism

A new Maryland county criminal justice project involving a four-way partnership of key agencies, with the goal to provide offenders with mental health, substance abuse, medical and transportation services, and reduce recidivism, is among the first in the country to offer a comprehensive package of services and links to the community, say program officials.

The Harford County Detention to Recovery Program is a collaboration among the Harford County Office on Mental Health, the Harford County Health Department, and Harford County Sheriff's Office and the Upper Chesapeake Health System through their Healthlink Primary Care Clinic. Harford County is a suburb north of Baltimore.

The detention center houses individuals who are sentenced for about one year for misdemeanors, mostly nonviolent, said officials. The program, which launched in September, is funded with a \$484,000 grant from the Maryland Health Care Commission. Additionally, the Harford County sheriff's department provides funding to offer former inmates transportation to outpatient mental health and substance abuse clinics.

The county sheriff's office estimates that about 30 to 50 percent of offenders may have a dual diagnosis. According to news reports, the detention center has a population of about 460 inmates who are serving sentences of less than a year.

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onate with the group.”

The National Council established the Psychiatric Leadership Development Program to acknowledge psychiatry’s pivotal role in the delivery of effective services in community mental health organizations, as well as to assist organizations in recruitment and retention of psychiatric leaders and psychiatrists in general. Most of the first group of participants consisted of medical directors at community mental health organizations, while some participants were staff psychiatrists, Loftis said.

Those who sought to participate needed a letter of support from their organization’s CEO for a process that would extend over a year and would involve monthly webinars and an extensive clinical improvement project. The Substance Abuse and Mental Health Services Administration (SAMHSA) funded the National Council’s effort, and has committed to funding for a second program.

“This was designed to help psychiatrists build skills to be more of a leader in their local setting,” Loftis said. “This was seen as helping them to be more transformational leaders.”

Bigger-picture view

Program participant Maulik Trivedi, M.D., medical director of

‘We [physicians] tend to overlook the fact that we are in the business of caring.’

Maulik Trivedi, M.D.

the Peace River Center for Personal Development in Bartow, Fla., had foreseen elevating to a leadership position in the field, but probably not as soon as it ended up happening at his organization. He told *MHW* that the program experience gave him a rare opportunity to meet with business school leaders and to consider larger systemic issues in mental health.

“We [physicians] tend to overlook the fact that we are in the business of caring,” Trivedi said. “This allowed me to look at the bigger financial issues facing my nonprofit operation.”

Trivedi and the other participants learned details of a multi-stage approach to conducting a clinical improvement process. This involves defining a problem and its root causes, identifying potential change agents who can implement a correction, and executing the correction and tracking its results. For his organization, Trivedi identified

an effort to bring best-practice medicine to his community behavioral health setting.

This project focused on strategies that could reduce medication-related costs for the Medicaid population served by Peace River Center, while at the same time improving these clients’ quality of care. Trivedi and his colleagues decided to look at a variety of factors in prescribing patterns in the organization. These included how many medications were being prescribed for each patient (more than three was considered the cutoff for further review), whether a patient was receiving more than one medication in the same class, and whether each medication being prescribed was indicated for the patient’s diagnosis.

Trivedi and his staff devised outcome measures connected to these medication practices, and looked at the practices of physicians who were falling outside the accepted practice standards. Trivedi said this effort has now become a routine part of the organization’s peer review process.

Trivedi believes the organizations participating in the leadership development effort are helping to alter the image of a community mental health operation — one in which it is assumed that a beleaguered staff struggles to serve the

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needs of a low-income population.

“Community mental health can be run as a best-practice model,” he said.

Other organization projects that were taken on by the leaders who participated in the National Council program looked at issues such as improving the care of high-utilizing patients, maximizing billable units in behavioral health services, improving access to child psychiatric services, and improving adult clients’ engagement in a partial hospitalization program. Loftis said two issues that were common in several of the projects were access to care (some leaders looked at whether their centers could offer clients open access to services without setting appointments in discrete time blocks) and prescribing practices, including polypharmacy.

Loftis added that beyond the information sharing among participants that occurred in this month’s meeting, organizers are looking to publish the results of the leadership development effort in an academic journal.

Recruitment concerns

A major driving force behind the National Council’s mentoring

2009 Preview Issue coming... We still need your input!

Participants will be automatically entered into our drawing for a special prize

We’d like to hear from you. There’s still time to contribute to our 2009 Preview Issue of *Mental Health Weekly*, our annual look at topics most likely to affect the field in the coming year. As we have done in the previous years, we will include in this year’s Preview Issue (Jan. 5, 2009) our readers’ direct responses to the questions below:

- What are the most pressing challenges you expect your program or organization to face in the coming year? • How do you plan to address them?
- As 2009 approaches, what are you most excited about?

Be as specific in your response as possible and limit your reply to no more than 200 words. You may e-mail your response to Managing Editor Valerie Canady at vcanady@wiley.com or fax your response to her at (401) 934-1344.

Submissions may be edited for space and content. Please respond by December 29, 2008 for your chance to win a pair of **iHome iHM77 Stereo Mini Speakers** — a compact stereo speaker system for your iPod, iPhone, laptop, and many other uses.

and training program is the challenge community behavioral health organizations face in recruiting and retaining psychiatrists. Trivedi’s agency is located about 45 minutes from two large population centers in Florida but serves mainly a rural population. The agency has been recruiting for two psychiatry positions for about a year, with one position taking eight months to fill and the other still open.

“Are we having difficulty because there is a shortage of providers, or because the psychiatrists choose other work?” Trivedi said. “You have to have a sense of commitment to the public medical

system to work in this environment.”

According to the National Council, the first graduates of the Psychiatric Leadership Development Program agreed at their final meeting this month that the three top items on their wish list are to recruit and retain more medical staff, to improve access to care for persons with mental illness, and to provide integrated behavioral health and primary care services.

Several faculty members participated in the inaugural program, led by Anita Everett, M.D., section director for community and general psychiatry at Johns Hopkins Bayview Medical Center. •

Study provides first long-term look at depression, anxiety care

Nearly five percent of the U.S. population suffer from persistent depression and anxiety disorders, however the rate for follow-up treatment over time was lower than expected, according to researchers, who noted only a modest increase in medication use and no significant increase in counseling.

The study, conducted by UCLA researchers, appears in this month’s *Psychiatric Services*. Although effective treatments are available for people suffering from chronic depression and anxiety, very little is known about the national conditions or about treatment in this population, said researchers.

The study was based on data from Healthcare for Communities, a nationally representative household survey of adults in the U.S. Researchers conducted telephone surveys during 1997 and 1998 and again, an average of 32 months later. The surveys assessed diagnosis, quality of life, treatment satisfaction, medical conditions, suicidal ideation, insurance, medications and treatment use.

In the study, “Persistent Depression and Anxiety in the United States: Prevalence and Quality of Care,” researchers obtained data from 1,642 adults who met the criteria for one or

more disorders. A total of 1,148 respondents had a primary diagnosis of major depression, 175 had dysthymia, 172 had panic disorder and 147 had generalized anxiety disorder. A total of 1,092 respondents were interviewed again at follow-up.

While the study highlights the need for strategies to increase treatment use and intensity for people with persistent depressive and anxiety disorders, it also points out the need for improved access to mental health specialists. Persistent depression and anxiety are common and associated with substandard reduc-

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tions in quality of life and high rates of suicidal ideation, said researchers.

Researchers estimate that the national prevalence of a persistent depression or anxiety disorder was 4.7 percent. In this subgroup, approximately 87 percent had a chronic comorbid medical disorder. During the past year, 88 percent of respondents had seen a primary care practitioner and 22 percent had seen a mental health specialist.

According to the study, between the baseline and follow-up, the percentage using appropriate medication increase from 21 to 29 percent, but there was no significant change in the use of appropriate counseling (23 percent to 19 percent). Only 12 percent of respondents were receiving both appropriate medication and counseling at follow-up.

Researchers note that very few studies have surveyed nationally representative samples at more than one point. This is the first study, they said, to provide national estimates of treatment use and quality of care for people with persistent anxiety and depressive disorders.

“The goal of the study is to understand how depression and anxiety affect people over time, Alexander Young, M.D., professor of psychiatry at UCLA and director of health services for the Department of Veterans Affairs Desert Pacific Mental Illness Research, Education and Clinical Center, told *MHW*. “We know very little about how people do over time,” Young said. The study is among the first of its kind, said Young. Very few studies are conducted that provide long term follow-up, he noted.

Researchers were surprised that the people who remained ill were not more likely to be receiving treatment over time, said Young. Simultaneous use of psychotherapy and medication provide the best treatments for severe anxiety, said Young. One out of 10 respondents with anxiety was receiving both

counseling and medication.

Young noted that the rate was much lower than expected, citing previous studies which indicated that people often preferred counseling to medication. “The problem is that counseling often requires ongoing visits over time,” he said. “When they’re faced with that reality, they sometimes change their mind and go for the medications first, because it’s easier [for them],” he said.

Treatment use

Researchers found that primary care visits were common, with 84 percent of respondents having at least one visit. The rates of primary care did not differ in the group that remained ill from a psychiatric disorder nor did the rate change at

follow-up.

Specialty mental health visits were much less common. About 19 percent of respondents that recovered saw specialists at baseline, and 25 percent of the population that remained persistently ill. Researchers found that over time, specialty care decreased markedly in the group that recovered but did not change among those who remained ill. Among those who remained ill at baseline, 37 percent recovered with no treatment.

“If you have diabetes, hypertension and are not responding to treatment, you’re always referred to a specialist,” said Young. “We had hoped in the mental health [arena] the same would be happening — that individuals with mental illness would be

Ramstad as SAMHSA administrator?

Rep. Jim Ramstad (R-Minn.) has been talked about as director of the Office of National Drug Control Policy under the upcoming Obama administration, but what he really wants is the job of administering the Substance Abuse and Mental Health Services Administration (SAMHSA).

At a parity victory celebration held at SAMHSA last month, Rep. Patrick Kennedy (D-Mass.) said that the Minnesota congressman would make a great SAMHSA administrator. Since then, it’s been a topic of discussion, with no comment made by Representative Ramstad, who is retiring from Congress. While the role of SAMHSA administrator goes far beyond upholding parity, there is some feeling that having a parity champion in Congress (Rep. Kennedy) and at the helm of SAMHSA (Rep. Ramstad) would not hurt.

“If Ramstad becomes the SAMHSA appointee for administrator, we would be thrilled,” William Emmet, director of the Campaign for Mental Health Reform, told *MHW*. His appointment “would elevate the status of SAMHSA in the eyes of members of Congress and assure greater attention to our issues both on the hill and within the Administration.”

“It’s a very exciting prospect,” Andrew Sperling, director of federal legislative policy for the National Alliance of Mental Illness (NAMI), told *MHW*. “Ramstad has served Congress for many years and has been a huge supporter of mental health and addiction disorder issues. He would be an outstanding choice in the Obama Administration.”

Last week President-elect Barack Obama formally announced his choice of former Sen. Tom Daschle to lead the U.S. Department of Health and Human Services. Obama, who said that health care must be addressed in order to fix the economy, also tapped Daschle to serve as the director of the White House Office of Health Reform. The Obama transition team has not said who it is considering for SAMHSA administrator or ONDCP director.

referred to a specialist in order to get the treatment they need.”

Other key findings

Of the 1,092 respondents interviewed again at follow-up, adults with major depression, dysthymia, panic disorder or generalized anxiety disorder, about 59 percent of the respondents no longer met the criteria for having a psychiatric disorder, 32 months later. Among those who remained ill, there were only modest increases in medication use and no statistically significant increase in the use of counseling for their disorders — measures that are known to significantly improve outcomes, especially when used in combination.

The national estimated prevalence of a persistent depressive or anxiety disorder was 4.7 percent. In this subgroup:

- 87 percent had a chronic,

‘Very few studies are conducted that provide long term follow-up.’

Alexander Young, M.D.

co-morbid medical disorder.

- In the prior year, 88 percent had seen a primary care practitioner, but only 22 percent had consulted a mental health specialist.
- 51 percent had suicidal thoughts at follow-up.
- Men and those with less education received less treatment.

According to the study, family income and medical insurance had no overall effect on receipt of treatment. However, private insurance

that did not involve managed care was associated with greater use of appropriate counseling. Medicaid was associated with greater use of appropriate medication.

Researchers note that education is needed to inform clinicians and the public regarding the effectiveness of psychotherapy and to ensure that clinicians are competent to provide evidence-based psychotherapies.

According to researchers, improving the treatment of people with persistent depressive and anxiety disorders may require changes in policy and services, including support for care models that systematically increase treatment intensity when patients do not respond to initial treatment. A better understanding of problems in the quality of treatment could inform the development of interventions and policy to improve care, researchers wrote. •

Medicare group advises Obama health team to protect consumers

The Medicare Rights Center, an organization of health care information and assistance, last week called on the incoming Obama Administration to enact basic consumer protections under Medicare private health and drug plans.

“Senator [Tom] Daschle and his impressive health care team can tackle the immense challenge of making our fractured, costly and dysfunctional health care system work for all Americans,” said Medicare Rights Center President Robert M. Hayes. “From day one, we look to the Obama Administration to reverse the Bush Administration’s failure to protect the interests of Medicare consumers.”

Hayes added, “The new president and his health care team should be ready to promulgate sensible rules that, together with smart enforcement, will force improved care and enhanced value from private Medicare health and prescription drug plans.”

The Medicare Rights Center’s transition memo proposed 10 actions that the new leadership of the Centers for Medicare and Medicaid Services (CMS) can take in the coming months. The recommendations are:

1. Ensure that all Medicare “Advantage” health plans provide adequate financial protection for enrollees who have high out-of-pocket costs for medical services.
2. Require Medicare Advantage plans that serve people with low incomes or chronic illnesses to provide adequate care coordination.
3. Allow state insurance departments a greater role in preventing and punishing abusive marketing by Medicare Advantage plans.
4. Prevent pharmacy benefit managers from inflating the price of drugs under the Part D prescription drug benefit.

5. Stabilize Part D drug coverage for low-income people with Medicare.
6. Ensure that low-income people with Medicare are enrolled in drug plans that best meet their needs.
7. Allow prescription drug plans to cover uses of drugs that are supported by clinical evi-

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Mental Health Weekly

welcomes letters to the editor from its readers on any topic in the mental health field. Letters should be no longer than 350 words.

Submit letters to: Valerie A. Canady, managing editor, Mental Health Weekly, 111 River Street, Hoboken, New Jersey 07030-5774; e-mail: vcanady@wiley.com. Letters may be edited for space or style.

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- dence in peer-reviewed medical journals.
- 8. Strengthen consumers' ability to appeal when coverage of medically necessary medicines is denied by Part D drug plans.
- 9. Require Part D drug plans to

automatically reimburse low-income enrollees for excess premiums and copayments paid.

- 10. Collect data from Part D plans to ensure appeals and transition policies prevent disruptions to drug regimens.
- All the transition memo propos-

als can be implemented by the new administration without changes to legislation, according to the Medicare Rights Center. •

The full transition memo text is available at www.medicarerights.org/Obama_Administration_Transition_Memo.pdf.

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"We formed linkages with the community to ensure inmates are appropriately linked to mental health services," Sharon Lipford, executive director of Harford County Office of Mental Health, told *MHW*. "We partnered with a local hospital outpatient clinic [in order to provide] a medical home" for offenders, she said. The wraparound program will also help offenders who might have such conditions as diabetes or high cholesterol, she added.

"We saw a revolving door," Lipford said. Former inmates with co-occurring conditions typically tend to not follow through with their treatment once they leave the detention center, she said. Through the program, licensed social workers and mental health case managers were assigned to the jail to identify and assist inmates with dual diagnoses, she said.

The Harford County Health Department runs the substance abuse program. Lipford's agency provides mental health services. Various providers in the community, including Alliance Inc., an outpatient mental health clinic, are also assisting with the program. "We're looking at opportunities to really blend our systems together," she said. "The goal is to reduce arrest and reincarceration at the detention center."

Transportation is a big issue, Lipford said. "Once a person is released from the detention center they're just let go," she noted. "They're more likely to engage in treatment once you provide transportation." Former offenders can be transported to outpatient mental

health or substance abuse clinic or medical care.

Increasing follow-up activity

Very often people who receive treatment and services in a detention center get released with a referral and are advised to contact an outpatient program to continue treatment, said Yngvild Olsen, M.D., medical director and acting deputy health officer for the Harford County Health Department. "The follow-up from that kind of service is very small," Olsen told *MHW*.

'We're looking at opportunities to really blend our systems together.'

Sharon Lipford

"We've put together a system where we can identify and access individuals in a detention center for substance abuse problems and mental health disorders," said Olsen. Once an offender in need of treatment and services is released, he or she is provided with transportation to outpatient mental health or substance abuse clinic or medical care with the goal of systematically creating seamless transportation in the continuity of care, she noted.

While there are many detention centers and prisons across the country and in Maryland that offer substance abuse treatment and psychiatric care for inmates, inmates often

do not follow-up on referrals made for ongoing care upon their release, she said.

"There are a couple of places in Maryland, Baltimore County and Howard County, specifically, that have provided linkages between detention centers and outpatient substance abuse treatment programs, but they do not include the mental health or medical piece that we have," said Olsen.

Social workers also assist inmates with identifying housing and employment resources, forming part of a comprehensive package for offenders upon their release, said Olsen.

Since the program's inception, officials have received more than 150 referrals to the program from the detention center, including self-referrals from inmates, Olsen said. About 40 to 50 inmates have been assessed and evaluated. Many still remain at the detention center, she said. About 10 former inmates have been released and have followed up with us, she added.

Outcomes report

The state will require program officials to submit a report every six months, she said. Program officials will report on the impact of the program on various outcomes within 12 months of release. A number of different outcomes will be reviewed. Among them:

- Psychiatric hospitalizations.
- ER usage.
- Types of diagnoses (both medical and psychiatric).
- Re-arrest rates.
- Employment rates.
- Adherence to appointments

(measured by percentage of missed appointments).

“Our hope is to get former offenders systemically linked with mental health, substance abuse and medical support, decrease the rate of re-arrests, and decrease the number of people who end up back in the detention center,” said Olsen.

The office of Maryland Governor Martin O’Malley has also expressed interest in the program and intends to follow along with their progress, said Olsen. They have also received calls from out-of-state and from people directly affected by comorbidity, she noted.

“My hope is that we can have a

positive impact on [former offenders] and keeping them with their families and in their communities,” said Olsen. •

For more information about Harford County Detention to Recovery Program, contact Yngvild Olsen, M.D., at yolsen@dhmh.state.md.us.

AMA to launch national campaign on parity education

The American Medical Association (AMA) has announced plans to launch a nationwide campaign to educate physicians and patients about the new federal mental health parity law.

The AMA made the announcement during its meeting last month in Florida which included unanimous support of a resolution to develop the campaign. Scheduled to launch in early 2009, AMA’s campaign will feature educational materials on its website.

The public will learn about the benefits now afforded to them by the recently passed legislation, Jeremy Lazarus, M.D., psychiatrist and a member of the AMA Board of Trustees. Physicians will learn about

parity law’s impact on patient access and insurance coverage, he added.

“We hope the parity campaign will call to the attention of the public what a terrific achievement this was to finally have this bill passed and to have non-discriminatory treatment for mental illness and substance use,” Lazarus, told *MHW*.

The campaign, noted Lazarus, will be comparable to AMA’s ongoing Campaign for the Uninsured. Launched two years ago during the early presidential primaries, the campaign goal was to raise awareness about the 47 million uninsured Americans and encourage political candidates and voters to focus on the issue.

The public needs to know

about the new law, said Lazarus. Consumers with mental illness who previously would forgo treatment because of financial concerns need to know that insurance companies will be required to provide equal coverage of mental illness as they would physical illnesses, he said.

Following the bill’s passage, the AMA applauded Congress for its efforts to expand access to mental health care. “We would hope that the new parity law would encourage consumers in need of mental health treatment to seek it,” said Lazarus. •

Information about the American Medical Association can be obtained at www.ama-assn.org.

BRIEFLY NOTED

MH problems common among college-age adults, treatment low

A study finds that nearly half of college-aged individuals meet the criteria for substance abuse, personality disorders or another mental health problem, but only one fourth of this group seeks treatment. In a study appearing in the December issue of *Archives of General Psychiatry*, Carlos Blanco, M.D., Ph.D., and colleagues assessed data on over 4,000 young adults ages 19 to 25. The group attending college was more likely to have alcohol use disorders (20 percent) and personality disorders (17.7 percent), whereas those not attending college were

most likely to have personality disorders (21.6 percent) or nicotine dependence (20.7 percent). The authors conclude that “urgent action” is needed to improve detection and early treatment in this group.

Blacks with MH problems tend to rely on family, friends for support

Support from family and friends may protect blacks at risk for mental health problems from developing full-blown symptoms, according to a new study by researchers at the University of Michigan and Michigan State University. However, U-M reported December 10 that such “informal support” may also prevent blacks from seeking the professional help they may require. Lead author Amanda Woodward, Ph.D. and col-

leagues found that among 1,096 African Americans and 372 Caribbean blacks, 23 percent relied on sole support from informal sources and 14 percent used professional services only. Forty-one percent used informal support along with professional services. Men were more likely to rely entirely on informal support. The study appeared in the November issue of *Psychiatric Services*.

Study finds PTSD prevalent among former ICU patients

“The prevalence of post-traumatic stress disorder (PTSD) symptoms in patients following intensive care unit (ICU) is high — about 20 percent,” said the University of Washington’s Dmitry Davydow,

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M.D., lead author of a study that appears in the September-October issue of *General Hospital Psychiatry*. Questionnaires were administered to 1,745 former ICU patients. Entering the ICU with existing mental health issues, especially depression or anxiety, significantly increased an individual's chance of post-ICU PTSD. In addition, ICU sedation with benzodiazepine medications, which can cause disorientation and psychotic experiences, was linked with later PTSD. Since roughly 4 million people visit the ICU each year, says Davydow, this is "a significant public health issue."

STATE WATCH

New Jersey review of children's therapy program falls short

Just one agency has been audited and fined a year after the state vowed to investigate New Jersey's Intensive In-Home Community Treatment and Behavioral Assistance program, reported the Star Ledger on December 7. The \$26.4 million program provides in-home therapy for children with mental illness or serious behavioral problems. A Star Ledger report last year found unqualified therapists and substandard care, and some parents have called the program an "expensive baby-sitting service." State records show only a few reviews completed over two years. A Department of Children and Families spokeswoman said the children's mental health division contin-

ues its review of agencies' operations and finances. State officials claim complaints have dropped significantly in the past year.

Report finds Washington State MH system in serious need of reform

A year-long investigation into Washington State's mental health and criminal justice systems has exposed multiple examples of poor communication, a critical shortage of psychiatric beds, jail diversion programs and secure facilities, and ineffective commitment laws, the Seattle Post-Intelligencer reported December 5. A 160-page report was presented to the Senate Human

Services and Correction Committee by King County Prosecutor Dan Satterberg. A task force leader, Satterberg said the critical lack of capacity will be expensive to address but that other issues, like communication, can be fixed first. "We can start with the (problems) that don't cost any money," he said.

NAMES IN THE NEWS

Stephany Bryan and **Tammy Heinz** have been appointed the first-ever consumer liaisons for the Hogg Foundation. Among other roles, Bryan is a gubernatorial appointee to the Texas Integrated Funding Initiative and chairwoman of the Parent Collaboration Group with the Texas Department of Family and Protective Services. Heinz is the outreach program director for the Mental Health Association of Tarrant County, Fort Worth.

Coming up...

The **American College of Mental Health Administration (ACMHA)** will hold its annual Summit on Behavioral Health, "Behavioral Health: Embracing Health and Wellness," **March 12-14, 2009** in **Santa Fe, N.M.** For more information, visit www.acmha.org.

The **National Council for Community Behavioral Healthcare** will host its 39th annual National Council Conference on **April 6-8, 2009** in **San Antonio, Texas**. For more information, visit www.nationalcouncil.org.

The **National Association of State Mental Health Program Directors Research Institute (NRI)** will hold the 19th annual State Mental Health Research Conference on **April 14-16, 2009** in **Washington, D.C.** with a theme of "Integrated Health Care: Physical and Behavioral Health Services and Systems." Visit www.nri-inc.org/conferences for more information.

Mental Health America will hold its Centennial Conference, "Celebrating the Legacy, Forging the Future," on **June 10-13, 2009** in **Washington, D.C.** Visit www.mentalhealthamerica.net for more information.

The **American Mental Health Counselors Association (AMHCA)** will hold its 2009 Annual Conference, "Connection, Healing and Wholeness: Stengthening Individuals, Families and Communities Through Mental Health Counseling & Advocacy," on **July 23-25, 2009** in **Washington, D.C.** Visit www.amhca.org for more information.

In case you haven't heard...

"Human happiness is not merely the province of isolated individuals," conclude the authors of a study published online December 6 in the British Medical Journal. The researchers used data on 4,739 people followed for 20 years, investigating how social networks were correlated with reported happiness. The happiness of an individual's live-in partner increased their own likelihood of happiness by 8 percent, while having a happy sibling living nearby increased a person's chance of happiness by 14 percent. The happiness effect extended up to three degrees of separation, such that the happiness of "the friend of a friend of a friend" actually increased one's odds of feeling happy.

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