



UPDATE

October 1, 2015

- 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*

NATIONAL SUICIDE PREVENTION MONTH: NIMH 2015 UPDATE

In the year following the release of a *Prioritized Research Agenda for Suicide Prevention* by the National Action Alliance for Suicide Prevention's Research Prioritization Task Force, the National Institute of Mental Health (NIMH) has undertaken a series of initiatives aimed at reducing suicide rates within specific risk groups and settings. The goal is to identify through research the most effective strategies for preventing suicide, for the greatest number of people.

Science Update: <http://www.nimh.nih.gov/news/science-news/2015/national-suicide-prevention-month-update-2015.shtml>

OUR BRAIN'S SECRET TO SUCCESS? UNIQUE SUPPORT SYSTEM PROMOTES CORTEX GROWTH, CONNECTIVITY LINKED TO PROWESS

Discoveries about how the human brain contributes to our success – both as a species and as individuals – are among the first fruit of projects funded under the National Institutes of Health (NIH) BRAIN Initiative program as well as the Human Connectome Project. One study may help to explain the mystery of how our primate brain's outer mantle, or cortex, was able to expand as much as 1000-fold through evolution, compared to other mammals. The other reveals that the more successful we tend to be – score higher on commonly considered positive personal qualities, such as education and income levels and life satisfaction – the more key parts of our brain tend to talk with each other when we're not doing anything in particular.

Press Release: <http://www.nimh.nih.gov/news/science-news/2015/our-brains-secrets-to-success.shtml>

EMBRACING THE SPIRIT OF REDUCING SUICIDE; NIMH AND NIJ COLLABORATE ON JUSTICE SYSTEM STUDY

NIMH, the NIH Office of Behavioral and Social Sciences Research, and the National Institute of Justice have announced a significant collaboration on a new four-year, \$6.8 million study called *Suicide Prevention for at-Risk Individuals in Transition* or "SPIRIT." The study will address a critical gap in evidence-based suicide prevention and focus on the high-risk individuals who are transitioning from jail to community. The study is NIMH's largest major investment in suicide prevention in the justice system.

Press Release: <http://www.nimh.nih.gov/news/science-news/2015/embracing-the-spirit-of-reducing-suicide.shtml>

NIH FRAMEWORK POINTS THE WAY FORWARD FOR BUILDING NATIONAL, LARGE-SCALE RESEARCH COHORT, A KEY COMPONENT OF THE PRESIDENT'S PRECISION MEDICINE INITIATIVE

The NIH Advisory Committee to the Director (ACD) presented to NIH Director Francis S. Collins, M.D., Ph.D., a detailed design framework for building a national research participant group, called a cohort, of one million or more Americans to expand the knowledge and practice of precision medicine. Dr. Collins embraced the design recommendations made by the ACD, noting the need to remain nimble and adaptable as the Initiative progresses. NIH plans to move quickly to build the infrastructure so that participants can begin enrolling in the cohort in 2016, with a goal of enrolling at least one million participants in three to four years.

Press Release: <http://www.nih.gov/news/health/sep2015/od-17.htm>

NIH LAUNCHES LANDMARK STUDY ON SUBSTANCE USE AND ADOLESCENT BRAIN DEVELOPMENT

NIH awarded 13 grants to research institutions around the country as part of a landmark study about the effects of adolescent substance use on the developing brain. The Adolescent Brain Cognitive Development Study will follow approximately 10,000 children beginning at age nine to 10, before they initiate drug use, through the period of highest risk for substance use and other mental health disorders. Scientists will track exposure to substances (including nicotine, alcohol, and marijuana), academic achievement, cognitive skills, mental health, and brain structure and function using advanced research methods.

Press Release: <http://www.drugabuse.gov/news-events/news-releases/2015/09/nih-launches-landmark-study-substance-use-adolescent-brain-development>

NIH AWARDS ~\$144 MILLION IN RESEARCH ON ENVIRONMENTAL INFLUENCES ON CHILD HEALTH AND DEVELOPMENT

NIH has awarded nearly \$144 million in new grants to develop new tools and measures that can be used to investigate more effectively environmental exposures from the womb through later years in a child's life. These projects will enhance the next phase of research on the effects of environmental exposures on child health and development.

Press Release: <http://www.nih.gov/news/health/sep2015/od-28.htm>

INJURIES COST THE U.S. \$671 BILLION IN 2013; COSTS ASSOCIATED WITH INJURY UNDERSCORE NEED FOR PREVENTION

The costs associated with fatal injuries was \$214 billion while nonfatal injuries accounted for over \$457 billion, according to two new Morbidity and Mortality Weekly Reports (MMWR) from the Centers for Disease Control and Prevention (CDC). In 2013 in the United States (U.S.), injuries, including all causes of unintentional and violence-related injuries combined, accounted for 59% of all deaths among individuals ages one to 44—that is more deaths than non-communicable diseases and infectious diseases combined. More than three million people are hospitalized, 27 million people are treated in emergency departments (ED) and released, and over 192,000 die as a result of unintentional and violence-related injuries each year.

The two studies include lifetime medical and work loss costs for injury-related deaths, and injuries treated and released in hospitals and EDs, and provide costs by age, gender, and injury intent. Among the key findings, over half of the total medical and work loss costs of injury deaths were attributable to unintentional injuries (\$129.7 billion), followed by suicide (\$50.8 billion), and homicide (\$26.4 billion). Drug poisonings, which includes prescription drug overdoses, accounted for the largest share of fatal injury costs.

Press Release: <http://www.cdc.gov/media/dpk/2015/dpk-injury-costs.html>

NIH RELEASES COMPREHENSIVE RESOURCE TO HELP ADDRESS COLLEGE DRINKING

CollegeAIM, a new resource to help college officials address harmful and underage student drinking, is now available. The CollegeAIM (Alcohol Intervention Matrix) guide and website was developed by the National Institute on Alcohol Abuse and Alcoholism. The centerpiece of CollegeAIM is a comprehensive and easy-to-use matrix-based tool that will help inform college staff about alcohol interventions and guide college staff to evidence-based interventions.

Press Release: <http://www.nih.gov/news/health/sep2015/niaaa-22.htm>

FDA APPROVES NEW DRUG TO TREAT SCHIZOPHRENIA AND BIPOLAR DISORDER

The U.S. Food and Drug Administration (FDA) approved Vraylar (cariprazine) capsules to treat schizophrenia and bipolar disorder in adults. The efficacy of Vraylar in treating schizophrenia was demonstrated in 1,754 participants in three six-week clinical trials. In each of the trials, Vraylar was shown to reduce the symptoms of schizophrenia compared to placebo. The efficacy of Vraylar in treating bipolar disorder was shown in three three-week clinical trials of 1,037 participants. Vraylar was shown to reduce symptoms of bipolar disorder in each of the trials.

Press Release: <http://www.fda.gov/NewsEvents/Newsroom/PressAnnouncements/ucm463103.htm>

CLOZAPINE: DRUG SAFETY COMMUNICATION - FDA MODIFIES MONITORING FOR NEUTROPENIA; APPROVES NEW SHARED REMS PROGRAM

FDA is making changes to the requirements for monitoring, prescribing, dispensing, and receiving the schizophrenia medicine clozapine, to address continuing safety concerns and current knowledge about a serious blood condition called severe neutropenia. There are two parts to the changes in the requirements for treating patients with clozapine. First, FDA clarified and enhanced the prescribing information for clozapine that explains how to monitor patients for neutropenia and manage clozapine treatment. Second, FDA approved a new, shared risk evaluation and mitigation strategy (REMS) called the *Clozapine REMS Program*.

Press Release: <http://www.fda.gov/Drugs/DrugSafety/ucm461853.htm>

MORE AMERICANS CONTINUE TO RECEIVE MENTAL HEALTH SERVICES, BUT SUBSTANCE USE TREATMENT LEVELS REMAIN LOW

In 2014, almost half of the 43.6 million American adults who experienced a mental illness in the past year received mental healthcare, according to a new report from the Substance Abuse and Mental Health Services Administration (SAMHSA). The percentage of adults receiving past year mental health treatment in 2014 was comparable to the 2013 level, which was higher than in past years. For youth who received inpatient or outpatient mental health services, over half reported that they sought mental health treatment due to feeling depressed.

Press Release: <http://www.samhsa.gov/newsroom/press-announcements/201509170900>

SAMHSA PROVIDES UP TO \$312.2 MILLION IN TRIBAL AND STATE YOUTH PROGRAMS TO PREVENT AND TREAT MENTAL AND SUBSTANCE USE DISORDERS

SAMHSA awarded up to \$312.2 million in funding for behavioral health services over the next five years for tribal and state youth programs promoting prevention, treatment, and recovery from mental and substance use disorders. These SAMHSA grants are being awarded to programs in states and communities across the country to expand and enhance their behavioral healthcare services, especially for children, adolescents, and young adults. Some programs are particularly geared to helping prevent youth suicide.

Press Release: <http://www.samhsa.gov/newsroom/press-announcements/201509211200>

SAMHSA AWARDS UP TO \$46.8 MILLION TO PREVENT SUICIDE AND MEET THE EMOTIONAL NEEDS OF THOSE AFFECTED BY DISASTER

SAMHSA is providing up to \$46.8 million in funding over the next several years to support programs that help prevent suicide and meet the emotional needs of those who have been affected by natural or man-made disasters.

Press Release: <http://www.samhsa.gov/newsroom/press-announcements/201509181200>

SAMHSA IS PROVIDING UP TO \$73 MILLION TO SUPPORT PEOPLE WITH MENTAL AND SUBSTANCE USE DISORDERS IN THE CRIMINAL JUSTICE SYSTEM

SAMHSA is providing up to \$73 million over three years for programs offering treatment services to people involved in the criminal justice system that have mental or substance use disorders. This includes individuals who are incarcerated, on parole or probation, or who have been accused of an offense. Treatment services can help divert people with mental and/or substance use disorders from the criminal justice system and into more appropriate resources like counseling and behavioral health service programs.

Press Release: <http://www.samhsa.gov/newsroom/press-announcements/201509241200>

HHS GRANTS AIM TO REDUCE OPIOID OVERDOSES IN RURAL COMMUNITIES

The U.S. Department of Health and Human Services (HHS) announced \$1.8 million to support rural communities in reducing morbidity and mortality related to opioid overdoses. The Rural Opioid Overdose Reversal Grant Program supports the purchase and placement of naloxone (a drug that reverses symptoms of a drug overdose), and training for its use by licensed healthcare professionals and emergency responders in rural areas.

Press Release: <http://www.hhs.gov/news/press/2015pres/09/20150917b.html>

HHS AWARDS NEARLY \$500 MILLION IN AFFORDABLE CARE ACT FUNDING TO HEALTH CENTERS TO EXPAND PRIMARY CARE SERVICES

HHS announced nearly \$500 million in Affordable Care Act funding to support health centers nationwide in providing primary care services to those who need them most. The awards include approximately \$350 million for 1,184 health centers to increase access to services such as medical, oral, behavioral, pharmacy, and vision care. Nearly \$150 million will be awarded to 160 health centers for facility renovation, expansion, or construction to increase patient or service capacity.

Press Release: <http://www.hhs.gov/news/press/2015pres/09/20150915a.html>

U.S. DEPARTMENT OF EDUCATION AND HHS RELEASE GUIDANCE ON INCLUDING CHILDREN WITH DISABILITIES IN HIGH-QUALITY EARLY CHILDHOOD PROGRAMS

The U.S. Department of Education and HHS released guidance urging early learning programs to include children with disabilities. The guidance sets a vision for action that recommends states, districts, schools, and public and private early childhood programs prioritize and implement policies that support inclusion, improve their infrastructure and offer professional development to strengthen and increase the number of inclusive, high-quality early childhood programs nationwide. The Departments crafted the guidance with the input of early learning professionals, families, and early learning stakeholders. The policy statement also includes free resources for states, local districts, early childhood personnel, and families.

Press Release: <http://www.ed.gov/news/press-releases/us-departments-education-and-health-and-human-services-release-guidance-including-children-disabilities-high-quality-early-childhood-programs>

NIMH: LATEST EDITION OF INSIDE NIMH

NIMH publishes *Inside NIMH* in conjunction with each meeting of the National Advisory Mental Health Council, which advises the HHS Secretary and the NIH and NIMH Directors, on all policies and activities relating to the conduct and support of mental health research, research training, and other programs of the Institute. This issue provides updates on NIMH initiatives and activities.

<http://www.nimh.nih.gov/research-priorities/inside-nimh/2015-autumn-inside-nimh.shtml>

NEW FROM NIH

NIH DIRECTOR'S BLOG: BOLD BLUEPRINT FOR PMI'S RESEARCH COHORT

NIH Director Francis Collins discusses the recently released report from the Precision Medicine Initiative (PMI) Working Group of the Advisory Committee to the NIH Director, which includes the recommendation to build a national research cohort of one million or more Americans over the next three to four years to expand knowledge and practice of precision medicine. <http://directorsblog.nih.gov/2015/09/23/bold-blueprint-for-precision-medicine-initiatives-research-cohort/>

NIDA: TEEN FOSTER CARE PROGRAM REDUCES DRUG USE IN EARLY ADULTHOOD

Multidimensional Treatment Foster Care has demonstrated advantages over group residential placement for teen girls who are mandated to out-of-home care by the juvenile justice system. New findings from a follow-up to a trial supported by the National Institute on Drug Abuse indicate that those benefits extend to a reduction in illegal drug use in young adulthood. <http://www.drugabuse.gov/news-events/nida-notes/2015/09/teen-foster-care-program-reduces-drug-use-in-early-adulthood>

NEW FROM SAMHSA

PROMOTING EMOTIONAL HEALTH AND PREVENTING SUICIDE: A TOOLKIT FOR SENIOR CENTERS

This new publication is a resource for senior center staff and volunteers to connect older adults to a range of critical services and programs. <http://store.samhsa.gov/product/Promoting-Emotional-Health-and-Preventing-Suicide/SMA15-4416>

ONLINE TRAINING FOR SUBSTANCE ABUSE TREATMENT PROFESSIONALS

SAMHSA's National Center on Substance Abuse and Child Welfare has launched an enhanced online tutorial for substance abuse treatment professionals. Through this course, one can learn more about the impact of child welfare and dependency court requirements on parents who are in substance use disorder treatment and who are involved with the child welfare system. The course is designed to highlight key considerations and effective strategies for working with these families to achieve reunification and recovery. This course is approved for 4.5 Continuing Education Units (CEUs). <https://ncsacw.samhsa.gov/tutorials/RegForm.aspx>

BEHAVIORAL HEALTH ON COLLEGE CAMPUSES: ARCHIVED KSOC-TV WEBISODE

The latest KSOC-TV webisode addressed the topic of mental and substance use disorders among college students. The panel addressed a range of issues, including protective factors that promote positive mental health, warning signs that can alert friends and others that someone may be struggling and strategies to intervene, and access to services and supports. <http://fdastudios.com/2015-09-24-ksocvtv/>

FUNDING AND CHARACTERISTICS OF SINGLE STATE AGENCIES FOR SUBSTANCE ABUSE SERVICES AND STATE MENTAL HEALTH AGENCIES, 2013

This new report discusses the organizational structure, policy initiatives, services provided, and financing of single state agencies and state mental health agencies based on Federal, state, and other data, and highlights activities underway to implement health reform. <http://store.samhsa.gov/product/Funding-and-Characteristics-of-Single-State-Agencies-for-Substance-Abuse-Services-and-State-Mental-Health-Agencies-2013/All-New-Products/SMA15-4926>

REGIONAL BEHAVIORAL HEALTH BAROMETERS

This new series of behavioral health barometers divide existing SAMHSA data into separate reports for each of the 10 HHS regions of the U.S. Each report uses data from the National Survey on Drug Use and Health, collected annually. Topics addressed in the reports include youth substance use, youth mental health and treatment, adult mental health and treatment, substance use, and substance use and treatment. <http://www.samhsa.gov/data/browse-report-document-type?tab=46>

LATEST UPDATES TO SUICIDE SAFE APP

An updated version of *Suicide Safe*, the mobile app that helps providers integrate suicide prevention strategies into their practice and address suicide risk among their patients, is available. The app includes new case studies and video resources for children and parents.

<http://content.govdelivery.com/accounts/USSAMHSA/bulletins/11b876d>

BLUEPRINT TO SUCCESS: THE INTEGRATED TREATMENT PLAN

This issue of the SAMHSA-HRSA Center for Integrated Solutions e-newsletter highlights the use of integrated treatment plans to provide quality care and improve health outcomes in integrated care settings. The issue offers key considerations as a blueprint for integrated care providers in creating and maintaining treatment plans that meet the goals and needs of individuals in its practice.

http://www.integration.samhsa.gov/about-us/esolutions-newsletter/esolutions_september_2015#feature_article

NEW FROM CDC

DIAGNOSTIC EXPERIENCES OF CHILDREN WITH ATTENTION-DEFICIT/HYPERACTIVITY DISORDER

This report describes the diagnostic experiences of a sample of children in the U.S. diagnosed with attention-deficit/hyperactivity disorder (ADHD) as of 2011 and 2012. Children with ADHD were diagnosed by a wide variety of healthcare providers, including primary care physicians and specialists. Regardless of age at diagnosis, the majority of children were first diagnosed by primary care physicians. Notable differences were found by age at diagnosis for two types of specialists. Children diagnosed before age six were more likely to have been diagnosed by a psychiatrist, and those diagnosed at ages six and over were more likely to have been diagnosed by a psychologist. Among children diagnosed with ADHD, the initial concern about a child's behavior was most commonly expressed by a family member, but someone from school or daycare first expressed concern for about one-third of children later diagnosed with ADHD. For approximately one out of five children, only family members provided information to the child's doctor during the ADHD assessment.

<http://www.cdc.gov/nchs/data/nhsr/nhsr081.pdf>

ED VISITS RELATED TO SCHIZOPHRENIA AMONG ADULTS AGED 18–64: U.S. 2009–2011

This report describes the rate and characteristics of ED visits related to schizophrenia among adults. During 2009 to 2011, an estimated 382,000 ED visits related to schizophrenia occurred each year among adults aged 18 to 64 years old, with an overall ED visit rate of 20.1 per 10,000 adults. The overall rate for ED visits related to schizophrenia for men was approximately double the rate for women. Public insurance (Medicaid, Medicare, or dual Medicare and Medicaid) was used more frequently at ED visits related to schizophrenia compared with ED visits not related to schizophrenia. About one-half of ED visits related to schizophrenia led to either a hospital admission or a transfer to a psychiatric hospital; these percentages were higher than for ED visits not related to schizophrenia. <http://www.cdc.gov/nchs/data/databriefs/db215.htm>

OJJDP: PERCEIVED BARRIERS TO MENTAL HEALTH SERVICES AMONG DETAINED YOUTH

This Office of Juvenile Justice and Delinquency Prevention (OJJDP) bulletin examines the findings of the Northwestern Juvenile Project—a large-scale longitudinal study of youth detained at the Cook County Juvenile Temporary Detention Center in Chicago, IL. The authors examined youth's perceptions of barriers to mental health services, focusing on youth with alcohol, drug, and mental health disorders. Among the key findings, most frequently, youth did not receive services because they believed their problems would go away without outside help. In addition, nearly one-third of youth were not sure whom to contact or where to get help. African American and Hispanic detainees received significantly fewer services in the past compared with non-Hispanic white youth. <http://www.ojjdp.gov/enews/15juvjust/150922.html>

DCOE BLOG POSTS

CLINICIAN'S CORNER: PATIENTS CAN USE SIMPLE TOOL TO IDENTIFY INTENSE EMOTIONS BEFORE SUICIDAL CRISES

In this Defense Centers of Excellence for Psychological Health and Traumatic Brain Injury (DCoE) blog post, providers from the Uniformed Services University of the Health Sciences, Laboratory for the Treatment of Suicide-Related Ideation discuss how an “emotional thermometer” can be used to map the intensity of a patient’s emotions and serve as a guide for early intervention strategies. http://www.dcoe.mil/blog/15-09-29/Clinician_s_Corner_Patients_Can_Use_Simple_Tool_to_Identify_Intense_Emotions_before_Suicidal_Crises.aspx

SLEEP ISSUES BEDEVIL SOLDIERS' HEALTH

This blog post discusses a number of studies addressing the serious issue of lack of sleep for many service members. http://www.dcoe.mil/blog/15-09-25/Sleep_Issues_Bedevil_Soldiers_Health.aspx

PRIMARY CARE AND EMERGENCY PROVIDERS CAN HELP PREVENT SUICIDE

This blog post summarizes a talk at the recent 2015 DCoE summit which highlighted the opportunity for primary care and emergency providers to address suicide. http://www.dcoe.mil/blog/15-09-21/Primary_Care_and_Emergency_Providers_Can_Help_Prevent_Suicide.aspx

MILITARY MEDICINE TACKLES SUICIDE WITH PREVENTION TOOLS

This blog post describes tools available to providers, patients, and family members of active-duty military members and Veterans on DCoE’s website and the Veteran Affairs’ (VA) website which help identify the warning signs of suicidal tendencies. http://www.dcoe.mil/blog/15-09-14/Military_Medicine_Tackles_Suicide_with_Prevention_Tools.aspx

BIPOLAR DISORDER PEDIATRIC RESEARCH STUDY: TREATMENT OF SEVERE MOOD DYSREGULATION

(Inpatient: 12- to 15 weeks) This study tests the efficacy of different treatments for decreasing irritability in children with severe mood and behavioral problems. Participants have symptoms of severe irritability and are not doing well on their current medications. The child must be currently in treatment with a physician, medically healthy and not currently hospitalized, psychotic, or suicidal. The study includes day or full hospitalization to discontinue medication, followed by either methylphenidate plus citalopram, or methylphenidate plus placebo. Recruiting ages 7-17. [09-M-0034]

<http://www.nimh.nih.gov/labs-at-nimh/join-a-study/trials/childrens-studies/citalopram-methylphenidate-bpd.shtml>

For more information on research conducted by the National Institute of Mental Health in Bethesda, MD click here www.nimh.nih.gov/JoinAStudy.

TWITTER MESSAGE

Research Opportunities: Participants needed for studies on pediatric bipolar disorder

<http://www.nimh.nih.gov/labs-at-nimh/join-a-study/children/children-bipolar-disorder.shtml>

EVENTS

HEALTH OBSERVANCE: BULLYING PREVENTION AWARENESS MONTH

OCTOBER 2015

In support of this health observance, SAMHSA is making a number of resources available. The National Child Traumatic Stress Network is providing resources for families, teens, educators, clinicians, mental health professionals, and law enforcement personnel on how to recognize, deal with, and prevent bullying.

<http://www.nctsn.org/resources/public-awareness/bullying-prevention-awareness-month>

SAMHSA's free *KnowBullying* app is available to help parents, caregivers, and educators have important conversations about bullying with children ages three to 18 who are bullied, witness bullying, or bully others. KnowBullying features conversation starters, warning signs of bullying behavior, and resources for educators. <http://store.samhsa.gov/apps/knowbullying/>

HEALTH OBSERVANCE: NATIONAL DISABILITY EMPLOYMENT AWARENESS MONTH

OCTOBER 2015

Held each October, National Disability Employment Awareness Month is a time to celebrate the many and varied contributions of America's workers with disabilities. The theme for this year — which marks 70 years since the first observance — is "My Disability is One Part of Who I Am."

<http://www.dol.gov/odep/topics/ndeam/index.htm>

WEBINAR: MINDFULNESS-BASED STRESS REDUCTION FOR POSTTRAUMATIC STRESS DISORDER (PTSD) AMONG VETERANS: A RANDOMIZED CLINICAL TRIAL

OCTOBER 5, 2015, 3:00-4:00 PM ET

This VA presentation will provide an overview of complementary, integrative health approaches for the treatment of PTSD. <https://attendee.gotowebinar.com/register/1450333167905241090>

WEBINAR: TECHNICAL ASSISTANCE: FOUNDATIONS OF GRANT WRITING

OCTOBER 6, 2015, 3:30 PM ET

This HHS Office of Minority Health Resource Center webinar, for community-based organizations that want to respond to Federal funding opportunity announcements, covers the basics -- from how to register in the System for Award Management (SAM) to the key sections in funding announcements to successful strategies for responding. <https://attendee.gotowebinar.com/register/5683677239576119298>

WEBINAR: OPENING CONGREGATIONAL DOORS TO COMMUNITY NEEDS

OCTOBER 7, 2015, 12:30-1:30 PM ET

As faith and community organizations place a greater emphasis on the health and wellness of their communities and neighborhoods, they are making their playgrounds, meeting rooms, parish halls, and classrooms available for the health needs of their neighbors. In this HHS webinar, learn about a network of congregations that have partnered with Bon Secours Health System to regularly host a primary care clinic for the uninsured in their neighborhoods in Richmond, Virginia. Participants will also hear about resources created by ChangeLab Solutions that highlight faith-based organizations that are embracing "shared use" of their facilities and programs to help create and sustain healthy congregations and communities.

<https://attendee.gotowebinar.com/register/1675475765862269698>

TWITTER CHAT: PEDIATRIC BIPOLAR DISORDER

OCTOBER 8, 2015, 1:00-2:00 PM ET

Learn about the signs, symptoms, and treatment of pediatric bipolar disorder at NIMH's Twitter chat during National Mental Illness Awareness Week. NIMH expert Ken Towbin, M.D., Chief, Clinical Child and Adolescent Psychiatry, Emotion and Development Branch, will be joining the chat to discuss pediatric bipolar disorder and other mood disorders such as severe irritability. Use #NIMHchats to participate.

<http://www.nimh.nih.gov/news/science-news/2015/twitter-chat-on-pediatric-bipolar-disorder.shtml>

WEBINAR: FACTS AND MYTHS ABOUT RDOC

OCTOBER 13, 2015, 1:30-2:30 PM ET

This NIMH webinar, which is geared towards researchers, is free, but space is limited and registration is required. The purpose of the webinar is to clarify the goals behind the Research Domain Criteria (RDoC) project and correct common misperceptions about it. It will present both the perspectives of NIMH RDoC Unit members and well-known researchers in the field that have used RDoC.

<http://www.nimh.nih.gov/news/science-news/2015/webinar-facts-and-myths-about-rdoc.shtml>

WEBINAR: PRELIMINARY RESULTS FROM A RANDOMIZED, CONTROLLED TRIAL OF A SMARTPHONE APPLICATION FOR VETERANS WITH SUICIDAL IDEATION

OCTOBER 13, 2015, 3:00-4:00 PM ET

A "Hope Box" is a therapeutic tool employed by mental health clinicians with patients having difficulty coping with negative thoughts and stress, including patients who may be at risk for suicide or suicide behaviors. This VA webinar will present findings from a pilot study as well as preliminary results from a randomized, controlled trial of a smartphone application, the *Virtual Hope Box*, which was designed to expand the reach of the hope box modality to a mobile platform.

<https://attendee.gotowebinar.com/register/6417084476953350658>

NIH REGIONAL SEMINAR ON PROGRAM FUNDING AND GRANTS ADMINISTRATION

OCTOBER 14-15, 2015, SAN DIEGO, CALIFORNIA

This two-day symposium and optional workshop day is geared to extramural research administrators and new investigators wanting to learn more about the NIH grants application and award processes. Over 50 NIH extramural policy, program, review, and grants management staff from across NIH, as well as HHS staff, will present on a wide variety of topics during the seminar. Attendees can participate in sessions to learn about the latest in tools and resources for applying for funding and managing their award, relevant NIH and HHS policies, special programs and initiatives, as well as topics such as animals and humans in research, data sharing and invention reporting, business and loan repayment programs, research integrity, financial conflict of interest, compliance, and much more. <https://nccih.nih.gov/node/6945>

NIH DIGITAL SUMMIT: OPTIMIZING DIGITAL TO REACH PATIENTS, SCIENTISTS, CLINICIANS, AND THE PUBLIC

OCTOBER 19, 2015, 9:00 AM–3:00 PM ET, BETHESDA, MARYLAND

NIH is presenting its first digital summit, developed to explore how patients, health professionals, and researchers are getting and sharing health and science information in today's technology-driven world. The summit is designed to encourage discussion, so come prepared to ask questions in person or virtually. The organizers welcome participants to use the hashtag #NIHDigital to join the conversation online. Researchers, health professionals, and communications professionals interested in digital health are all encouraged to attend. This summit is open to the public and registration is required for in-person attendance. A live webcast will be available at videocast.nih.gov. <http://www.nih.gov/news/events/digital-summit.htm>

WEBINAR: WHY ALL THE EXCITEMENT ABOUT LOGIC MODELS?

OCTOBER 20, 2015, 3:30 PM ET

This HHS Office of Minority Health Resource Center webinar is being offered for community-based, faith-based, and other organizations that want to learn the basics of creating successful Federal grant applications. This presentation will provide an overview of logic models and when to use them in both applications and evaluations. The webinar will include how to write specific, measurable, attainable, realistic, and timely (SMART) objectives and how to access logic model designs.

<https://attendee.gotowebinar.com/register/1600463788458064642>

WEBINAR: GETTING TO KNOW THE FEDERAL GOVERNMENT AND FUNDING OPPORTUNITIES

NOVEMBER 5, 2015, 3:30 PM ET

In this HHS Office of Minority Health Resource Center webinar, a Federal funders panel reveals best practices in responding to federal funding announcements. Opportunities for Federal funding are identified. <https://attendee.gotowebinar.com/register/1409324687085554946>

CALLS FOR PUBLIC INPUT

NIMH ANNOUNCES CONCEPT CLEARANCE FOR RESEARCH TO EXPAND ZERO SUICIDE EVIDENCE BASE

NIMH has published a rationale for possible future funding of applied research proposals that would bring Zero Suicide to more healthcare systems. The goal of this initiative is to reduce the burden of suicide events in healthcare systems through intervention effectiveness and implementation research. Comments are accepted on this concept clearance on an ongoing basis.

<https://www.nimh.nih.gov/funding/grant-writing-and-application-process/concept-clearances/2015/applied-research-towards-zero-suicide-healthcare-systems.shtml>

DRAFT RECOMMENDATION STATEMENT AND EVIDENC REVIEW: SCREENING FOR DEPRESSION IN CHILDREN AND ADOLESCENTS

The U.S. Preventive Services Task Force posted a draft recommendation statement and draft evidence review on screening for depression in children and adolescents. Both are available for review and public comment from September 8, 2015 through October 5, 2015.

<http://www.uspreventiveservicestaskforce.org/Page/Name/us-preventive-services-task-force-opportunities-for-public-comment>

COMMENTS SOUGHT FOR AHRQ EFFECTIVE HEALTH CARE PROGRAM REPORT

The Agency for Healthcare Research and Quality'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:

STRATEGIES TO IMPROVE MENTAL HEALTH CARE FOR CHILDREN AND ADOLESCENTS (COMMENTS ACCEPTED THROUGH OCTOBER 13, 2015)

<http://www.effectivehealthcare.ahrq.gov/search-for-guides-reviews-and-reports/?pageaction=displayProduct&productID=2120>

NONDISCRIMINATION IN HEALTH PROGRAMS AND ACTIVITIES: COMMENTS SOUGHT ON PROPOSED RULE

HHS has issued a proposed rule to advance health equity and reduce disparities in healthcare. The proposed rule, *Nondiscrimination in Health Programs and Activities*, will assist some of the populations that have been most vulnerable to discrimination, and will help provide those populations equal access to healthcare and health coverage. It harmonizes protections provided by existing, well-established federal civil rights laws, and clarifies the standards HHS would apply in implementing Section 1557 of the Affordable Care Act, which provides that individuals cannot be subject to discrimination based on their race, color, national origin, sex, age, or disability. Comments accepted through November 9, 2015.

<http://www.hhs.gov/ocr/civilrights/understanding/section1557/nprmsummary.html>

FEDERAL POLICY FOR THE PROTECTION OF HUMAN SUBJECTS: COMMENTS SOUGHT ON PROPOSED RULE

HHS and other federal agencies propose revisions to modernize, strengthen, and make more effective the *Federal Policy for the Protection of Human Subjects* that was promulgated as a *Common Rule* in 1991. Comments are sought on proposals to better protect human subjects involved in research, while facilitating valuable research and reducing burden, delay, and ambiguity for investigators. This proposed rule is an effort to modernize, simplify, and enhance the current system of oversight. The participating departments and agencies propose these revisions to the human subjects regulations because they believe these changes would strengthen protections for research subjects while facilitating important research. Comments accepted through 5:00 PM ET on December 7, 2015.

<https://www.federalregister.gov/articles/2015/09/08/2015-21756/federal-policy-for-the-protection-of-human-subjects>

FUNDING INFORMATION

BRAIN INITIATIVE: PRE-APPLICATIONS FOR INDUSTRY PARTNERSHIPS TO PROVIDE EARLY ACCESS TO DEVICES FOR STIMULATION AND RECORDING IN THE HUMAN CENTRAL NERVOUS SYSTEM

<http://grants.nih.gov/grants/guide/pa-files/PAR-15-345.html>

BRAIN INITIATIVE: CLINICAL STUDIES TO ADVANCE NEXT-GENERATION INVASIVE DEVICES FOR RECORDING AND MODULATION IN THE HUMAN CENTRAL NERVOUS SYSTEM

<http://grants.nih.gov/grants/guide/rfa-files/RFA-NS-16-010.html>

BRAIN INITIATIVE: NEXT-GENERATION INVASIVE DEVICES FOR RECORDING AND MODULATION IN THE HUMAN CENTRAL NERVOUS SYSTEM

<http://grants.nih.gov/grants/guide/rfa-files/RFA-NS-16-009.html>

AGING RESEARCH ON STRESS AND RESILIENCE TO ADDRESS HEALTH DISPARITIES IN THE U.S.

<http://grants.nih.gov/grants/guide/rfa-files/RFA-AG-16-022.html>

EMERGING DIRECTIONS FOR ADDRESSING HEALTH DISPARITIES IN ALZHEIMER'S DISEASE

<http://grants.nih.gov/grants/guide/pa-files/PAR-15-350.html>

HEALTH DISPARITIES AND ALZHEIMER'S DISEASE

<http://grants.nih.gov/grants/guide/pa-files/PAR-15-349.html>



National Institute
of Mental Health

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 through partnerships with national and state organizations. 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.