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# UPDATE

July 1, 2010

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To subscribe to receive the **Update** every two weeks, go to:  
<http://www.nimh.nih.gov/outreach/partnership-program/subscribe-to-the-update.shtml>

*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

### **CDC AND SAMHSA: STUDY SHOWS 111 PERCENT INCREASE IN EMERGENCY DEPARTMENT VISITS INVOLVING NONMEDICAL USE OF PRESCRIPTION OPIOID PAIN RELIEVERS IN FIVE-YEAR PERIOD**

Visits to hospital emergency departments involving nonmedical use of prescription narcotic pain relievers more than doubled, rising 111 percent, between 2004 and 2008, according to a study by the Substance Abuse and Mental Health Services Administration (SAMHSA) and the Centers for Disease Control and Prevention (CDC). The study examined emergency department visits for nonmedical use of legal drugs, such as using them without a prescription. The dramatic rise in emergency department visits associated with nonmedical use of these drugs occurred among men and women, as well as among those younger than age 21 and those 21 and older.

Press Release: <http://www.cdc.gov/media/pressrel/2010/r100617.htm>

Full Report: <http://www.oas.samhsa.gov/2k10/DAWN016/OpioidED.htm>

### **SAMHSA: MODEL PROGRAM EFFECTIVE IN HELPING INDIVIDUALS WITH SERIOUS MENTAL ILLNESS GET MEDICAID COVERAGE UPON RELEASE FROM CORRECTIONAL FACILITIES**

A new SAMHSA study reports that a model program, implemented to ensure that eligible individuals with serious mental illness were enrolled in Medicaid upon discharge from state correctional facilities, increased Medicaid enrollment among this group by 15 percent. The effort significantly improved access to mental health treatment and services by reducing barriers to health insurance for eligible individuals leaving state institutions.

Press Release: <http://www.samhsa.gov/newsroom/advisories/1006232101.aspx>

### **SAMHSA: NEW NATIONWIDE STUDY SHOWS A DRAMATIC RISE IN THE PROPORTION OF OLDER AMERICANS ADMITTED FOR SUBSTANCE ABUSE TREATMENT FROM 1992 TO 2008**

A new SAMHSA study reveals that between 1992 and 2008 the proportion of substance abuse treatment admissions involving older Americans (aged 50 and older) nearly doubled -- from 6.6 percent of all admissions in 1992 to 12.2 percent in 2008. The study also shows a sharp rise during this period in the proportion of older Americans admissions related to illicit drug abuse -- even though alcohol abuse is still the leading cause for admissions involving this age group.

Press Release: <http://www.samhsa.gov/newsroom/advisories/1006153959.aspx>

Full Report: <http://oas.samhsa.gov/2k10/229/229OlderAdms2k10.cfm>

## **FDA APPROVES FIRST GENERIC EFFEXOR EXTENDED RELEASE CAPSULES TO TREAT MAJOR DEPRESSIVE DISORDER**

The U.S. Food and Drug Administration (FDA) approved the first generic version of Effexor XR capsules (venlafaxine hydrochloride) to treat major depressive disorder. Venlafaxine hydrochloride extended-release capsules in 37.5 milligram, 75 milligram and 150 milligram strengths have been approved to be manufactured by TEVA Pharmaceuticals, North Wales, Pennsylvania.

**Press Release:** <http://www.fda.gov/NewsEvents/Newsroom/PressAnnouncements/ucm217624.htm>

### **RESOURCES: PUBLICATIONS, TOOLKITS, OTHER RESOURCES**

#### **NIMH DIRECTOR'S BLOG: REDUCING DISPARITIES IN MENTAL HEALTH EQUITY: CLOSING THE GAPS**

Soon after the first *Surgeon General's Report on Mental Health* was published in 1999, a supplement entitled "Mental Health: Culture, Race, and Ethnicity" detailed what was known of the relationship between race and mental illness and mental health care in the United States. This supplement identified critical needs for further investigation into these relationships and for the provision of culturally sensitive mental health care. As noted in the report, health care must continually adapt to meet the needs of the ever-changing population that it serves. Mental health care has no exception from this requirement. While one of America's greatest strengths is its racial and cultural diversity, this diversity produces complex mental health care issues due to the heterogeneity of the population to be served.

<http://www.nimh.nih.gov/about/director/2010/reducing-disparities-in-mental-health-equity-closing-the-gaps.shtml>

#### **NIH RESEARCH MATTERS: DRUG SUBSTITUTES FOR TRAINING TO BLUNT FEARS IN RATS**

Researchers were able to reduce a conditioned fear in rats by using a drug, mimicking the effect of training. The finding suggests new possibilities for treating anxiety disorders.

<http://www.nih.gov/researchmatters/june2010/06212010anxiety.htm>

#### **NIAAA SPECTRUM: TWO MEDS ARE BETTER THAN ONE FOR DEPRESSIVE ALCOHOLICS**

The latest issue of National Institute on Alcohol Abuse and Alcoholism's (NIAAA) online magazine features results from a unique study of co-occurring disorder treatments. Researchers from the Center for the Studies of Addiction at the University of Pennsylvania School of Medicine and the Philadelphia Veterans Affairs Medical Center have shown that more alcohol-dependent people who also suffer from depression were able to stop drinking when they received an antidepressant along with a medication that can help reduce cravings for alcohol than were those who received only one drug or a placebo.

<http://www.spectrum.niaaa.nih.gov/features/MedsDepress.aspx>

## NEW SAMHSA REPORTS AND RESOURCES

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### SAMHSA HRC SPECIAL JOURNAL ISSUES: FUTURE OF HOMELESS SERVICES

SAMHSA's Homelessness Resource Center (HRC) announces the release of a special issue of the *Open Health Services and Policy Journal* on "The Future of Homeless Services." Guest edited by the Homelessness Resource Center, the special issue describes the services and supports needed to help individuals and families exit homelessness and maintain housing. The electronic full-text of articles in the special issue is available through free open access.

<http://homeless.samhsa.gov/Channel/Future-of-Homeless-Services-503.aspx>

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### NATIONAL REPORT REVEALS DRAMATIC PATTERN SHIFTS IN ADMISSION TO SUBSTANCE ABUSE TREATMENT AMONG PREGNANT TEENS BETWEEN 1992 AND 2007

A nationwide report issued by SAMHSA reveals that from 1992 to 2007 there were significant changes in the patterns of substance abuse treatment admissions among pregnant teens both in terms of the kinds of substances involved and among different ethnic and racial groups. Admission rates for pregnant teens abusing marijuana and methamphetamines increased significantly. Rates for substance abuse treatment admissions among Hispanic pregnant teens have risen while rates for Black pregnant teens have dropped.

<http://www.oas.samhsa.gov/2k10/228/228PregnantAdmits2k10.htm>

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### STUDY SHOWS THAT ONLY SIX PERCENT OF SUBSTANCE ABUSE TREATMENT FACILITIES OFFER SPECIALIZED SERVICES FOR GAYS AND LESBIANS

A new SAMHSA study reveals that only 777 of 13,688 (6 percent) substance abuse treatment facilities surveyed across the nation offer special programs for gay and lesbian clients. Privately run treatment facilities, particularly "for-profit" facilities, are more likely to offer special Gay and Lesbian programs than federal government run facilities. Privately run for profit treatment programs, for example, are more than two times as likely as federal facilities to offer these programs. Among state government run facilities 5.5 percent offered specialized services for gays and lesbians, while 5.8 percent of private non-profit run facilities offered these kinds of services. <http://oas.samhsa.gov/spotlight/Spotlight004GayLesbians.pdf>

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### GENDER DIFFERENCES AMONG AMERICAN INDIAN TREATMENT ADMISSIONS AGED 18 TO 25

Among American Indians ages 18 to 25 admitted in 2007 for substance abuse treatment, males were more likely than females to report alcohol or marijuana as the primary substance of abuse; however, females were almost three times more likely than their male counterparts to report primary methamphetamine abuse. Over half of these individuals had been in treatment at least once before. Additionally, only about one third of males and less than one fifth of females were employed.

<http://www.oas.samhsa.gov/2k10/239/239AmInd2k10.cfm>

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## SUBSTANCE USE AMONG AMERICAN INDIAN OR ALASKA NATIVE ADULTS

The rate of past month alcohol use was lower among American Indian or Alaska Native adults than the national average for adults; the rates of past month binge alcohol use and illicit drug use, however, were higher among American Indian or Alaska Native adults than the national averages. The percentage of American Indian or Alaska Native adults who needed treatment for an alcohol or illicit drug use problem in the past year was higher than the national average for adults. One in eight American Indian or Alaska Native adults in need of alcohol or illicit drug use treatment in the past year received treatment at a specialty facility; this rate did not differ significantly from the national average of 10.4 percent.

<http://www.oas.samhsa.gov/2k10/182/AmericanIndian.cfm>

## NEW ONLINE TRAINING TOOL ON TBI, PTSD AND EMPLOYMENT

America's Heroes at Work has released a new web-based training module on TBI, PTSD and employment. This interactive, step-by-step tool is designed to educate human resource professionals, managers and others about TBI and PTSD in the workplace, and to illustrate that employment can play a very helpful role in the road to recovery of wounded warriors. It features basic clinical information about TBI and PTSD, scenario-based learning, and links to tools and resources that can help ensure a successful employment environment – for employers, employees and co-workers who may have TBI and/or PTSD. The training is free and available 24/7 on the America's Heroes at Work website. It takes approximately 45 minutes to complete and offers a printable certificate of completion at the end of the module.

<http://www.americasheroesatwork.gov/forEmployers/presentations/TBIptsd/>

## NEW VIDEOS REVEAL HOW NIH IDENTIFIES THE MOST PROMISING RESEARCH APPLICATIONS

The National Institutes of Health's Center for Scientific Review (CSR) released a new video to show new applicants and others how NIH assesses over 80,000 grant applications each year to help find those with the most merit. With the majority of NIH's \$31 billion budget supporting grants to researchers, these assessments help ensure investments lead to significant advances in science and health. CSR also has released a companion video: *NIH Tips for Applicants*. In this video, the reviewers and NIH staff members featured in the *NIH Peer Review Revealed* video provide advice to new applicants.

Both videos incorporate many of the recent enhancements to the NIH peer review and grants systems. They replace a similar CSR video that has been viewed by thousands online and used by hundreds of research institutions across the country and abroad to train and educate new and established researchers.

<http://www.csr.nih.gov/video/video.asp>

## REPORTS FROM AGENCY FOR HEALTHCARE RESEARCH QUALITY

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### FINDINGS ON CHILDREN'S HEALTH CARE QUALITY AND DISPARITIES: FACT SHEET

This fact sheet presents information about care for children with depression and other issues drawn from the *2009 National Healthcare Quality Report* and *National Healthcare Disparities Report* for selected health care quality measures related to children. It complements work being carried out as a result of the Children's Health Insurance Program Reauthorization Act of 2009. Included in this fact sheet are data from measures relevant to childhood immunizations, obesity and overweight prevention, dental care, quality of care for asthma, and care for children with depression.

<http://www.ahrq.gov/qual/nhqrd09/nhqrdchild09.htm>

### EPILEPSY DRUGS DO NOT APPEAR TO INCREASE SUICIDE RISK IN PATIENTS WITH BIPOLAR DISORDER

Patients with bipolar disorder often benefit from taking drugs normally taken by people with epilepsy. Antiepileptic drugs commonly used in bipolar patients include gabapentin, divalproex, and felbamate, as well as others. Recently, the U.S. Food and Drug Administration issued warnings about the increased risk of suicide related to the use of these drugs. However, a new study funded in part by the Agency for Healthcare Research Quality shows that antiepileptic drugs do not increase the risk of suicide in patients with bipolar disorder. <http://www.ahrq.gov/research/jul10/0710RA16.htm>

### 2010 ANNUAL STATUS REPORT: NATIONAL PREVENTION, HEALTH PROMOTION AND PUBLIC HEALTH COUNCIL

This Annual Status Report presents guiding principles, data on the leading and underlying causes of death, examples of current federal programs, and brief descriptions of types of interventions that will form the basis of the National Prevention and Health Promotion Strategy. The Affordable Care Act mandates the creation of the National Prevention, Health Promotion and Public Health Council and the development of the National Prevention and Health Promotion Strategy. The Strategy's impact will take a community health approach to prevention and wellness — identifying and prioritizing actions across many sectors to reduce the incidence and burden of the leading causes of death and disability.

<http://www.hhs.gov/news/reports/nationalprevention2010report.pdf>

### THE AFFORDABLE CARE ACT'S NEW PATIENT'S BILL OF RIGHTS

This fact sheet describes the new Patient's Bill of Rights under the Affordable Care Act, which will help children (and eventually all Americans) with pre-existing conditions gain health care coverage and keep it, protect all Americans' choice of doctors and end lifetime limits on the care consumers may receive.

[http://healthreform.gov/newsroom/new\\_patients\\_bill\\_of\\_rights.html](http://healthreform.gov/newsroom/new_patients_bill_of_rights.html)

## NEW ARTICLES ON THE REAL WARRIORS WEB SITE

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### 8 BATTLEFIELD SKILLS THAT MAKE REINTEGRATION CHALLENGING

James Munroe, Ed.D., of the Department of Veterans Affairs Boston Health Care System, provides advice and information in this article on eight battlefield skills that families can educate themselves about to better understand the common reintegration challenges of returning service members.

<http://www.realwarriors.net/active/afterdeployment/combat skills.php>

### HOW GUARD AND RESERVE VETERANS GET SUPPORT FROM VA

Members of the National Guard and Reserve provide a unique service to our nation by serving as both citizens and warriors. To ensure that these service members receive the best possible care after serving in Operation Enduring Freedom and Operation Iraqi Freedom, the Department of Veterans Affairs (VA) provides a specialized set of benefits and services. Warriors who have served in the National Guard or Reserve can use the information at the link below to find out how to begin receiving care and benefits from VA. <http://www.realwarriors.net/guardreserve/reintegration/VAbenefits.php>

### HOW PARENTS OF WARRIORS CAN SUPPORT REINTEGRATION

Parents of warriors are not alone. There are many resources to help them support service members as they reintegrates after a deployment. <http://www.realwarriors.net/family/support/parents.php>

### MILITARY FAMILY LIFE CONSULTANTS EASE WARRIOR TRANSITIONS

Balancing the demands of a military career with family responsibilities can be challenging for many warriors. One of the resources provided by the Department of Defense is the Military Family Life Consultant program, which offers trained, professional counselors for service members and their families to speak with — and all conversations are confidential and free of charge. <http://www.realwarriors.net/family/change/MFLC.php>

## CALENDAR OF EVENTS

### CMHS REGIONAL CONSUMER/SURVIVOR MEETING

JULY 29, 2010, ATLANTA, GEORGIA

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SAMHSA's Center for Mental Health Services (CMHS) is sponsoring this regional meeting to: 1) identify the needs, issues, and concerns of people with mental illnesses (also known as consumers, survivors, and clients); 2) gather input and suggestions for CMHS activities; and 3) facilitate networking to foster transformation in mental health systems. All are invited to participate but the focus of the meeting will be on the following states: Alabama, Florida, Georgia, Kentucky, Mississippi, North Carolina, South Carolina and Tennessee. Seating is limited for the 1-day meeting and will be on a first-to-register basis.

<http://www.wciconferences.com/AtlantaRegional>

### SAVE THE DATE: NIDA NATIONAL DRUG FACTS WEEK—SHATTER THE MYTHS!

NOVEMBER 8-14, 2010

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National Drug Facts Week (NDFW) is a health observance week for teens. The goal of NDFW is to shatter the myths about drugs and drug abuse. NDFW encourages community-based events that give teens a physical or virtual space to ask questions about drugs and get factual answers from a scientific expert. NDFW is an initiative of the National Institute of Drug Abuse, which supports most of the world's research on the health aspects of drug abuse and addiction. <http://drugfactsweek.drugabuse.gov/>

### 2010 JOINT MEETING ON ADOLESCENT TREATMENT EFFECTIVENESS: JOINING WITH FAMILIES, YOUTH, AND COMMUNITIES TO PROMOTE AND IMPROVE ADOLESCENT ALCOHOL AND OTHER DRUG TREATMENT AND RECOVERY

DECEMBER 14-16, 2010, BALTIMORE, MARYLAND

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SAMHSA has issued a call for presentations for the upcoming 2010 Joint Meeting on Adolescent Treatment Effectiveness (JMATE). Co-sponsored by the Office of Juvenile Justice Delinquency and Prevention and other SAMHSA partners, JMATE seeks to enhance adolescent substance abuse treatment and recovery by providing a forum for the exchange of information among researchers, practitioners, youth and their families, policymakers and community members. <http://www.jmate.org/jmate2010/Presentations.aspx>

## CALLS FOR PUBLIC INPUT

### REQUEST FOR INFORMATION: NIH PLAN TO DEVELOP THE GENETIC TESTING REGISTRY

NIH is seeking input and feedback on its plan to develop the Genetic Testing Registry (GTR), a centralized public resource that will provide information about the availability, scientific basis, and usefulness of genetic tests. Submission of test information to the GTR will be voluntary, and the NIH expects to receive wide interest and participation from researchers, test developers, and manufacturers. Comments are due July 12, 2010. <http://grants.nih.gov/grants/guide/notice-files/NOT-OD-10-101.html>

### NIH REQUESTS COMMENTS ON THE PROPOSED CONFLICT OF INTEREST RULE

NIH is accepting comments on the proposed changes to the Public Health Service (PHS) regulations on the Responsibility of Applicants for Promoting Objectivity in Research. The new rules propose comprehensive changes to the entire set of regulations with a particular focus on three areas, including: 1) Investigators' disclosure of information to institutions regarding significant financial interests; 2) Institutions' management of identified financial conflicts of interest (FCOI) and reporting of FCOI to NIH and other PHS agencies; and 3) Public disclosure of information regarding investigator FCOI. Comments are due July 20, 2010. <http://grants.nih.gov/grants/guide/notice-files/NOT-OD-10-099.html>

### UPDATING THE INTERAGENCY AUTISM COORDINATING COMMITTEE STRATEGIC PLAN FOR AUTISM SPECTRUM DISORDER RESEARCH

On behalf of the Interagency Autism Coordinating Committee (IACC), the NIMH is seeking comments to inform the annual update of the IACC Strategic Plan for Autism Spectrum Disorder Research as required by the Combating Autism Act of 2006. Responses to this RFI are voluntary and will be accepted through July 30, 2010. <http://grants.nih.gov/grants/guide/notice-files/NOT-MH-10-025.html>

### CMS TO EXPAND MEDICARE PREVENTIVE SERVICES AND IMPROVE ACCESS TO PRIMARY CARE IN 2011

The Centers for Medicare & Medicaid Services (CMS) has issued a proposed rule that would implement important provisions in the Affordable Care Act of 2010. The rule would expand preventive services for Medicare beneficiaries, improve payments for primary care services and promote access to health care services in rural areas. New preventative health benefits include coverage for annual wellness visits for seniors and people with disabilities who depend on Medicare for their health care coverage. CMS will accept comments on the proposed rule until August 24, 2010.

[http://www.disability.gov/health/health\\_insurance/medicare](http://www.disability.gov/health/health_insurance/medicare)

## **NATIONAL INSTITUTE OF JUSTICE CALL FOR PAPERS ON RE-ENTRY PROGRAMS**

In an effort to provide rigorous evidence of “what works” in reentry, the National Institute of Justice (NIJ) is planning to conduct one or more experiments of promising re-entry interventions, strategies or programs. These experiments, implemented at multiple sites, will randomly assign re-entering offenders to receive the experimental treatment or to receive “business-as-usual” re-entry services (or some other clearly defined control treatment). For these experiments, NIJ seeks to test the most important, compelling and promising strategies, interventions and programs for reducing recidivism and re-offending among re-entering offenders. With this announcement, NIJ is issuing a call to researchers and others to submit re-entry experiment “best design” papers to help in identifying and fully describing these important, compelling and promising strategies, interventions and programs for experiments in re-entry. The deadline for submission is July 30, 2010. <http://www.ojp.usdoj.gov/nij/funding/2010/reentry-rfd-2010.pdf>

## **CLINICAL TRIAL PARTICIPATION NEWS**

### **NIMH: MAJOR DEPRESSION (ADULT) RESEARCH STUDY: DEPRESSION & NR2A/B**

Individuals who have been diagnosed with major depression may be able to participate in an NIMH research study investigating whether a novel medication can produce a rapid reduction of depressive symptoms in patients with treatment-resistant major depressive disorder. This 7-week inpatient study is being conducted at the NIH Clinical Center in Bethesda, Maryland, and compares the medication to a placebo (inactive salt solution). Adults ages 18-65 who have been diagnosed with major depression and have taken two antidepressants that did not help, may be eligible for this clinical trial. Research evaluations and medications are provided at no cost. Transportation reimbursement is covered from anywhere in the United States. For more information, please call 1-877-MIND-NIH (1-877-646-3644)(TTY: 1-866-411-1010) or [moodresearch@mail.nih.gov](mailto:moodresearch@mail.nih.gov)

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

## **NIH-SUPPORTED STUDY LOOKS FOR EARLIEST CHANGES IN THE BRAIN THAT MAY LEAD TO ALZHEIMER'S DISEASE**

Volunteers are being sought for a clinical study examining the subtle changes that may take place in the brains of older people many years before overt symptoms of Alzheimer's disease appear. Researchers are looking for people with the very earliest complaints of memory problems that affect their daily activities. The study will follow participants over time, using imaging techniques developed to advance research into changes taking place in the structure and function of the living brain, as well as biomarker measures found in blood and cerebrospinal fluid. The National Institute on Aging (NIA), and the NIH Office of the Director are funding the \$24 million, two-year Alzheimer's Disease Neuroimaging Initiative Grand Opportunity study. Researchers seek to recruit 200 volunteers between the ages of 55 and 90 who may be transitioning from normal cognitive aging to an early stage of amnesic mild cognitive impairment), a condition that may progress to Alzheimer's disease. Participants may volunteer at 51 sites across the United States.

To volunteer or learn more about the study, contact the NIA Alzheimer's Disease Education and Referral Center by calling 1-800-438-4380 or by going to [www.nia.nih.gov/Alzheimers](http://www.nia.nih.gov/Alzheimers).

<http://www.nia.nih.gov/Alzheimers/ResearchInformation/NewsReleases/PR20100602ADNI-GO.htm>

### **FUNDING INFORMATION**

ACF: HEALTH AND MENTAL HEALTH, TRAINING AND TECHNICAL ASSISTANCE PROGRAM TO REFUGEE SERVING AGENCIES

<http://www.acf.hhs.gov/grants/open/foa/view/HHS-2010-ACF-ORR-RB-0045>

ACF: MENTORING CHILDREN OF PRISONERS PROGRAM

<http://www.acf.hhs.gov/grants/open/foa/view/HHS-2010-ACF-ACYF-CV-0070>

CDC: ENHANCED RESOURCES FOR FETAL ALCOHOL SPECTRUM DISORDERS (FASD) PREVENTION AND INTERVENTION THROUGH NATIONAL NETWORKING, EDUCATION, AND DISSEMINATION

<http://www.grants.gov/search/search.do?mode=VIEW&oppld=55457>

IHS: AMERICAN INDIANS INTO PSYCHOLOGY

<http://www.grants.gov/search/search.do;jsessionid=wq72MrkpnD2HI7g6gbncG322xpWM3HCgJxQwhW3LLnQqtCJw8323!1680187280?oppld=55539&mode=VIEW>

IHS: AMERICAN INDIANS INTO MEDICINE

<http://www.grants.gov/search/search.do;jsessionid=wq72MrkpnD2HI7g6gbncG322xpWM3HCgJxQwhW3LLnQqtCJw8323!1680187280?oppld=55470&mode=VIEW>



The **Outreach Partnership Program** is a nationwide outreach initiative of the National Institute of Mental Health (NIMH), in cooperation with the National Institute on Drug Abuse (NIDA) and the Substance Abuse and Mental Health Services Administration (SAMHSA), 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.