



UPDATE

August 1, 2016

- I. [Science and Service News Updates](#)
- II. [Resources: Publications, Toolkits, Other Resources](#)
- III. [Calendar of Events](#)
- IV. [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*

NIH NAMES DR. JOSHUA GORDON DIRECTOR OF THE NATIONAL INSTITUTE OF MENTAL HEALTH

National Institutes of Health (NIH) Director Francis S. Collins, M.D., Ph.D., announced the selection of Joshua A. Gordon, M.D., Ph.D., as director of the National Institute of Mental Health (NIMH). Dr. Gordon is expected to join NIH in September.

"Josh is a visionary psychiatrist and neuroscientist with deep experience in mental health research and practice. He is exceptionally well qualified to lead the NIMH research agenda to improve mental health and treatments for mental illnesses," said Dr. Collins. "We're thrilled to have him join the NIH leadership team."

As NIMH director, Dr. Gordon will oversee the lead federal agency for research on mental illnesses. With an annual budget of approximately \$1.5 billion, NIMH supports more than 2,000 research grants and contracts at universities and other institutions across the country and overseas. In addition, the NIMH intramural research program supports approximately 300 scientists working on the NIH campuses. The mission of the NIMH is to transform the understanding and treatment of mental illnesses through basic and clinical research, paving the way for prevention, recovery and cure.

Press Release: <https://www.nih.gov/news-events/news-releases/nih-names-dr-joshua-gordon-director-national-institute-mental-health>

TAPPING CROWD-SOURCED DATA UNEARTHS A TROVE OF DEPRESSION GENES; PAY-TO-PLAY GENE TYPING LEVERAGED FOR STATISTICAL POWER

Scientists have discovered 15 genome sites – the first ever – linked to depression in people of European ancestry. Many of these regions of depression-linked genetic variation turn out to be involved in regulating gene expression and the birth of new neurons in the developing brain. But – in a twist – the researchers didn't have to sequence anyone's genes! Instead, they analyzed data already shared by people who had purchased their own genetic profiles via an online service and elected to participate in its research option. This made it possible to leverage the statistical power of a huge sample size to detect weak genetic signals associated with a diagnosis likely traceable to multiple underlying illness processes. This novel use of crowd-sourced data was confirmed with results from traditional genetics approaches in the study, funded by NIH.

Press Release: <http://www.nimh.nih.gov/news/science-news/2016/tapping-crowd-sourced-data-unearts-a-trove-of-depression-genes.shtml>

COPING WITH FAMILIAL MENTAL ILLNESS IN STRESSFUL TIMES: “NIH/NIMH LIFER” SHARES HIS ASIAN AMERICAN FAMILY’S STORY OF RESILIENCE

Former NIMH Deputy Director and Scientific Director, Dr. Richard Nakamura, recently revealed how his family successfully coped with discrimination compounded by bipolar disorder during trying times for Japanese Americans. In a video interview marking National Minority Mental Health Awareness Month, the current director of NIH’s Center for Scientific Review stressed the critical roles of mutual support and treatment. Though painful, Nakamura said he likes to share his family’s story because “mental illnesses are so stigmatized in our society, and particularly in the Asian community.”

Science Update: <http://www.nimh.nih.gov/news/science-news/2016/coping-with-familial-mental-illness-in-stressful-times.shtml>

ELECTROCONVULSIVE THERAPY LIFTS DEPRESSION, SUSTAINS REMISSION IN OLDER ADULTS

An individualized program of follow-up treatment with electroconvulsive therapy (ECT) combined with an antidepressant was effective in preventing relapse in patients 60 years and older who had had a successful initial course of treatment for severe depression. These findings add to evidence of the effectiveness and safety of ECT for depression treatment in this age group and show, moreover, how ECT can be beneficial as a follow-up treatment to sustain recovery. The Prolonging Remission in Depressed Elderly (PRIDE) study, funded by NIMH, was a multi-center clinical trial aimed at comparing two strategies—one with, and one without ECT—for sustaining the effects of ECT treatment for depression in patients over age 60.

Science Update: <http://www.nimh.nih.gov/news/science-news/2016/electroconvulsive-therapy-lifts-depression-sustains-remission-in-older-adults.shtml>

CONNECTOME MAP MORE THAN DOUBLES HUMAN CORTEX’S KNOWN REGIONS; SOFTWARE AUTOMATICALLY DETECTS EACH AREA’S “FINGERPRINT” IN SCANS

Researchers have mapped 180 distinct areas in the brain’s outer mantle – or cortex – more than twice the number previously known. They have also developed software that automatically detects the “fingerprint” of each of these areas in an individual’s brain scans. Funded by NIH through its Human Connectome Project, this software correctly mapped the areas by incorporating data from multiple non-invasive brain imaging measures that corroborated each other.

Press Release: <http://www.nimh.nih.gov/news/science-news/2016/connectome-map-more-than-doubles-human-cortexs-known-regions.shtml>

NIH AWARDS \$55 MILLION TO BUILD MILLION-PERSON PRECISION MEDICINE STUDY

NIH announced \$55 million in awards in fiscal year 2016 to build the foundational partnerships and infrastructure needed to launch the Cohort Program of President Obama's Precision Medicine Initiative (PMI). The PMI Cohort Program is a landmark longitudinal research effort that aims to engage one million or more United States (U.S.) participants to improve the ability to prevent and treat disease based on individual differences in lifestyle, environment, and genetics. The awards will support a Data and Research Support Center, Participant Technologies Center, and a network of Healthcare Provider Organizations. An award to Mayo Clinic, Rochester, Minnesota, to build the biobank, another essential component, was announced earlier this year. With these awards, NIH is on course to begin initial enrollment into the PMI Cohort Program in 2016, with the aim of meeting its enrollment goal by 2020.

Press Release: <https://www.nih.gov/news-events/news-releases/nih-awards-55-million-build-million-person-precision-medicine-study>

NIH FUNDS PRECISION MEDICINE RESEARCH WITH A FOCUS ON HEALTH DISPARITIES

The National Institute on Minority Health and Health Disparities (NIMHD), part of the NIH, has committed approximately \$31 million over five years, pending available funding, to launch a new program for Transdisciplinary Collaborative Centers for health disparities research exploring the potential for precision medicine to promote health equity and advance the science of minority health and health disparities.

Press Release: <https://www.nih.gov/news-events/news-releases/nih-funds-precision-medicine-research-focus-health-disparities>

RESEARCHERS IDENTIFY BRAIN CIRCUITS THAT HELP PEOPLE COPE WITH STRESS

NIH-supported research has identified brain patterns in humans that appear to underlie "resilient coping," the healthy emotional and behavioral responses to stress that help some people handle stressful situations better than others. People encounter stressful situations and stimuli everywhere, every day, and studies have shown that long-term stress can contribute to a broad array of health problems; however, some people cope with stress better than others and scientists have long wondered why.

Press Release: <https://www.nih.gov/news-events/researchers-identify-brain-circuits-help-people-cope-stress>

VA CONDUCTS NATION'S LARGEST ANALYSIS OF VETERAN SUICIDE

The Department of Veterans Affairs (VA) has undertaken the most comprehensive analysis of Veteran suicide rates in the U.S., examining over 55 million Veteran records from 1979 to 2014 from every state in the nation. The effort extends VA's knowledge from the previous report issued in 2010, which examined three million Veteran records from 20 states that were available. Based on the data from 2010, VA estimated the number of Veteran deaths by suicide averaged 22 per day. The current analysis indicates that in 2014, an average of 20 Veterans a day died from suicide.

Press Release: <http://www.va.gov/opa/pressrel/pressrelease.cfm?id=2801>

HHS ANNOUNCES NEW ACTIONS TO COMBAT OPIOID EPIDEMIC

The U.S. Health and Human Services (HHS) announced several new actions the Department is taking to combat the nation's opioid epidemic. The actions include expanding access to buprenorphine, a medication to treat opioid use disorder, a proposal to eliminate any potential financial incentive for doctors to prescribe opioids based on patient experience survey questions, and a requirement for Indian Health Service prescribers and pharmacists to check state Prescription Drug Monitoring Program databases before prescribing or dispensing opioids for pain. In addition, the HHS is launching more than a dozen new scientific studies on opioid misuse and pain treatment, and soliciting feedback to improve and expand prescriber education and training programs.

Press Release: <http://www.hhs.gov/about/news/2016/07/06/hhs-announces-new-actions-combat-opioid-epidemic.html>

HHS OFFICE OF MINORITY HEALTH AWARDS \$2.8 MILLION TO HELP CHILDREN EXPOSED TO TRAUMA

The HHS Office of Minority Health (OMH) announced new grant awards totaling approximately \$2.8 million to seven organizations to promote healthy behaviors in minority and/or disadvantaged children who have been exposed to trauma. The Communities Addressing Childhood Trauma initiative will promote healthy behaviors for youth, ages five to 15 years at the start of the five-year program, who are at risk for poor health and life outcomes because of childhood trauma.

Press Release: <http://www.minorityhealth.hhs.gov/omh/browse.aspx?lvl=2&lvlid=79>

REPORT REVEALS THAT YOUNG ADULTS ARE LESS LIKELY TO RECEIVE MENTAL HEALTH SERVICES THAN ADULTS

A new Substance Abuse and Mental Health Services Administration (SAMHSA) report indicates that young adults aged 18 to 25 with any mental illness (AMI) are less likely to receive mental health services than adults in other age groups. The study found about two-thirds (66.4 percent) of young adults with AMI are not receiving mental health services. While about one third (33.6 percent) of young adults with AMI receive mental health services, higher percentages of older adults with AMI receive mental health services (44.2 percent for adults aged 26 to 49 and 49.9 percent for adults aged 50 or older). In addition, the report revealed that of young adults with AMI, about one in four received prescription medication (25.5 percent) and one in five received outpatient services (21.3 percent). About 3.7 percent of young adults with AMI received inpatient services in the past.

Press Release: <http://www.samhsa.gov/newsroom/press-announcements/201607140900>

REPORT PROVIDES RATES OF MAJOR DEPRESSIVE EPISODES AMONG ADOLESCENTS IN EVERY STATE AND THE DISTRICT OF COLUMBIA

A new SAMHSA report provides state-by-state results on adolescents who experienced at least one major depressive episode in the past year. Based on combined 2013 and 2014 data, the report shows the prevalence of major depressive episodes among adolescents residing in various states – from a high of 14.6 percent (annual average) in Oregon to a low of 8.7 percent (annual average) in the District of Columbia. Differences over time are also reported. A major depressive episode occurs when a person experiences a depressed mood or loss of interest, or pleasure in daily activities and has at least some other symptoms such as problems with sleeping, eating, or concentrating for a period of two or more weeks. Nationally, 2.7 million adolescents (11 percent) experienced a major depressive episode in the past year – roughly one out of every nine adolescents. Among the 10 states with the highest rates of adolescents experiencing a major depressive episode four were in the West (listed in order of highest prevalence - Oregon, Arizona, Utah, and Washington), three were in the Northeast (Rhode Island, Maine, and New Hampshire), two were in the Midwest (Wisconsin and Indiana) and one was in the South (Virginia).

Press Release: <http://www.samhsa.gov/newsroom/press-announcements/201607071200>

LAUNCHING THE DATA-DRIVEN JUSTICE INITIATIVE: DISRUPTING THE CYCLE OF INCARCERATION

Every year, more than 11 million people move through America's 3,100 local jails, many on low-level, non-violent misdemeanors, costing local governments approximately \$22 billion a year. In local jails, 64 percent of people suffer from mental illness, 68 percent have a substance abuse disorder, and 44 percent suffer from chronic health problems. Communities across the country have recognized that a relatively small number of these highly-vulnerable people cycle repeatedly not just through local jails, but also hospital emergency rooms, shelters, and other public systems, receiving fragmented and uncoordinated care at great cost to American taxpayers, with poor outcomes. To break the cycle of incarceration, the Administration is launching the Data-Driven Justice Initiative with a bipartisan coalition of 67 city, county, and state governments that have committed to using data-driven strategies to divert low-level offenders with mental illness out of the criminal justice system and change approaches to pre-trial incarceration, so that low-risk offenders no longer stay in jail simply because they cannot afford a bond.

Release: <https://www.whitehouse.gov/the-press-office/2016/06/30/fact-sheet-launching-data-driven-justice-initiative-disrupting-cycle>

HRSA AWARDS MORE THAN \$149 MILLION TO GROW THE NATION'S PRIMARY CARE WORKFORCE AND EXPAND HEALTH PROFESSIONS TRAINING

The Health Resources and Services Administration (HRSA) announced more than \$149 million in new awards through 12 workforce programs to prepare the next generation of skilled, diverse primary care providers to serve communities in need across the country. HRSA's education and training grants support the development of a workforce that can meet 21st century needs through an emphasis on diversity, distribution of clinicians, and quality services that encourage innovative team-based and interprofessional approaches. The awards include the "Graduate Psychology Education" program designed to prepare psychologists to use an integrated and interprofessional approach to specifically address the behavioral health needs of underserved and/or rural populations, and to integrate behavioral health into primary care practice.

Press Release: <http://www.hhs.gov/about/news/2016/07/20/hrsa-awards-more-149-million-grow-nation-s-primary-care-workforce-and-expand-health-professions.html>

RESOURCES: PUBLICATIONS, TOOLKITS, OTHER RESOURCES

NEW FROM NIMH

NEW WEBPAGE: TECHNOLOGY AND THE FUTURE OF MENTAL HEALTH TREATMENT

Technology has opened a new frontier in mental health support and data collection. Mobile devices like cell phones, smartphones, and tablets are giving the public, doctors, and researchers new ways to access help, monitor progress, and increase understanding of mental wellbeing. On this new NIMH webpage learn about the pros and cons of the latest technology and how to decide which apps might work best for you.

<http://www.nimh.nih.gov/health/topics/technology-and-the-future-of-mental-health-treatment/index.shtml>

COULD I HAVE ADHD? FINDING AN ANSWER TO ADHD AS AN ADULT

This new online resource explains how attention-deficit/hyperactivity disorder (ADHD) affects adults, including signs and symptoms, how it is diagnosed, and treatments options.

<http://www.nimh.nih.gov/health/publications/could-i-have-adhd-qf-16-3572/index.shtml>

NEW FROM NIH

CREATIVE MINDS: HELPING MORE KIDS BEAT ANXIETY DISORDERS

NIH Director Francis Collins describes the research of an NIH Director's Early Independence awardee seeking to bridge the gap between basic neuroscience and clinical interventions to treat children and adolescents with persistent anxiety and stress-related disorders. While earning her Ph.D. in clinical psychology, Dylan Gee often encountered children and adolescents battling phobias, panic attacks, and other anxiety disorders. Most overcame them with the help of psychotherapy. But not all of the kids did, and Gee spent many an hour brainstorming about how to help her tougher cases, often to find that nothing worked. What Gee noticed was that so many of the interventions she pondered were based on studies in adults. Little was actually known about the dramatic changes that a child's developing brain undergoes and their implications for coping under stress. Gee doesn't anticipate any direct clinical interventions to emerge directly from her initial studies. But she hopes that a firmer foundation for understanding the brain during childhood and adolescence will yield new insights about treatment strategies that stand the best chance of helping kids overcome anxiety. <https://directorsblog.nih.gov/2016/07/21/creative-minds-helping-more-kids-beat-anxiety-disorders/#more-6186>

NIH DIRECTOR'S BLOG: EXERCISE RELEASES BRAIN-HEALTHY PROTEIN

Exercise seems be important for a strong and healthy mind, boosting memory and learning, while possibly delaying age-related cognitive decline. Researchers have assembled a growing body of evidence that suggests skeletal muscle cells secrete proteins and other factors into the blood during exercise that have a regenerative effect on the brain. NIH Director Francis Collins describes results from an NIH-supported study which has identified a new biochemical candidate to help explore the muscle-brain connection: a protein secreted by skeletal muscle cells called cathepsin B. <https://directorsblog.nih.gov/2016/06/28/exercise-releases-brain-healthy-protein/>

NIDA EDITORIAL SUPPORTS USE OF BUPRENORPHINE IMPLANT FOR OPIOID USE DISORDER

An editorial by National Institute of Drug Abuse (NIDA) Director Dr. Nora Volkow and NIDA Deputy Director Dr. Wilson Compton discusses the importance of the new long-acting buprenorphine implant technology as an added tool in opioid addiction treatment. Buprenorphine is a medication for opioid dependence, originally approved as a tablet for daily use. The authors also summarize current prevention and treatment efforts to address the opioid overdose epidemic and heroin crisis occurring across the U.S. today. <https://www.drugabuse.gov/news-events/news-releases/2016/07/nida-editorial-supports-use-buprenorphine-implant-opioid-use-disorder>

NEW FROM CDC

SUICIDE RATES BY OCCUPATIONAL GROUP — 17 STATES, 2012

To inform suicide prevention efforts, the Centers for Disease Control and Prevention analyzed suicide by occupational group, by ascribing occupational codes to 12,312 suicides in 17 states in 2012 from the National Violent Death Reporting System. The frequency of suicide in different occupational groups was examined and rates of suicide were calculated by sex and age group for these categories. Persons working in the farming, fishing, and forestry group had the highest rate of suicide overall (84.5 per 100,000 population) and among males (90.5); the highest rates of suicide among females occurred among those working in protective service occupations (14.1). Overall, the lowest rate of suicide (7.5) was found in the education, training, and library occupational group. <http://www.cdc.gov/mmwr/volumes/65/wr/mm6525a1.htm>

TRENDS IN METHADONE DISTRIBUTION FOR PAIN TREATMENT, METHADONE DIVERSION, AND OVERDOSE DEATHS — U.S., 2002–2014

The prescription opioid methadone used for pain has been identified as an important contributor to the rise in opioid-related overdose deaths. In recent years, a number of actions to reduce methadone use for pain have been taken. This CDC study found that after 2006, as the use of methadone for pain declined, there was a corresponding decrease in methadone-related overdose deaths and methadone diversion. In fact, the 3,400 methadone overdose deaths in 2014 are the lowest they have been in the U.S. since 2003. Importantly, these declines appear to be appropriately linked to the use of methadone for pain and not impeding access to methadone for the treatment of opioid use disorder.

<http://www.cdc.gov/mmwr/volumes/65/wr/mm6526a2.htm>

CDC VETOVILLE: COMMUNITY SIMULATION TOOL

Vetoville, a “Community HealthSim tool,” is the newest resource in the *VetoViolence* website suite of tools and trainings. Vetoville represents “Anytown, USA.” This tool is a game-like experience that demonstrates the connections between violence and community issues. Users are given the chance to serve as a consultant to Vetoville, a city working to address issues many communities face: rising health care costs, safety concerns, education challenges, and limited resources with which to address them. One decides how to spend those resources and then get a glimpse—15 years in the future—of how these choices and investments affect the long-term success of Vetoville. <http://vetoviolence.cdc.gov/apps/community-healthsim/>

NEW FROM SAMHSA

TRAUMATIC EXPERIENCES ARE ASSOCIATED WITH ADULT HEALTH CHALLENGES

A new SAMHSA Report highlights the correlation of exposure to traumatic events, the occurrence of post-traumatic stress symptoms (PTSS), and negative health and behavioral health outcomes. This report was developed from a study on the characteristics of adults exposed to potentially traumatic events and adults who had PTSS, and their association with health and behavioral health conditions.

<http://newsletter.samhsa.gov/2016/06/21/health-risks-traumatic-events-ptsd/>

ACCOMMODATING MENTAL ILLNESS IN THE WORKPLACE

Mental illness can present unique challenges to employment. Unlike physical disabilities that can be seen and recognized, employers may not realize that a person with a mental health condition is experiencing an issue and needs a workplace accommodation to remain employed and productive.

<http://newsletter.samhsa.gov/2016/06/22/mental-illness-in-the-workplace/>

CRIMINAL JUSTICE TO BEHAVIORAL HEALTH

New resources are available to help communities identify and divert people with mental or substance use disorders to treatment. <http://newsletter.samhsa.gov/2016/07/18/criminal-diversion-programs-resources/>

BEHAVIORAL HEALTH RESOURCES ON ZIKA

The SAMHSA Disaster Technical Assistance Center has created resources to learn about how to cope with feelings of anxiety caused by Zika, and understand the risks.

<https://content.govdelivery.com/accounts/USSAMHSA/bulletins/153e062>

BLOG POST: CAN TECHNOLOGY IMPROVE OUR MENTAL HEALTH?

SAMHSA Center for Mental Health Services Director Paolo del Vecchio describes the potential role of technology to improve mental health. The mobile app industry along with virtual reality may prove to be a crucial component for the future of mental health. Many patients are able to take advantage of technology that allows them to schedule appointments, look up health information, and monitor symptoms, leading to a strong provider-client relationship. With workforce shortages and financial constraints limiting access to trained mental health professionals, software developers are attempting to develop technology to extend or replace traditional diagnosis and treatment. <http://blog.samhsa.gov/2016/06/28/can-technology-to-improve-our-mental-health/>

MOTIVATIONAL ENHANCEMENT THERAPY AND COGNITIVE BEHAVIORAL THERAPY SUPPLEMENT: SEVEN SESSIONS OF COGNITIVE BEHAVIORAL THERAPY FOR ADOLESCENT CANNABIS USERS

This resource presents a seven-session cognitive behavioral therapy approach to teaching coping skills to teen marijuana users. It includes step-by-step procedures for implementing the treatment protocol and reproducible posters, handouts, and therapist rating forms.

<http://store.samhsa.gov/product/Motivational-Enhancement-Therapy-and-Cognitive-Behavioral-Therapy-Supplement-7-Sessions-of-Cognitive-Behavioral-Therapy-for-Adolescent-Cannabis-Users/SMA15-3954>

NEW FROM THE ADMINISTRATION FOR CHILDREN AND FAMILIES

SPOTLIGHT ON SECONDARY TRAUMA AND PROFESSIONAL'S WELL-BEING

This issue of the Administration for Children and Families Children's *Bureau Express* features a series of guest articles addressing the topic of secondary traumatic stress at different levels of child welfare, as well as other resources focusing on secondary trauma and the well-being of child welfare professionals.

<https://cbexpress.acf.hhs.gov/index.cfm?event=website.viewSection&issueID=178&subsectionID=70>

BEHAVIORAL HEALTH AND WELLNESS WEB SECTION

The new “Behavioral Health and Wellness” section on the Child Welfare Information Gateway website covers topics such as substance use disorders, psychotropic medications, behavioral health, and co-occurring issues, and more. It also provides examples of evidence-based practices, information on support services, and other resources.

<https://www.childwelfare.gov/topics/systemwide/bhw/?hasBeenRedirected=1>

NEW FROM HHS

BLOG POST: HEALTH AND MENTAL HEALTH SERVICES VITAL TO SUCCESSFUL RE-ENTRY OF PREVIOUSLY INCARCERATED INDIVIDUALS

Each year, more than 700,000 individuals, the vast majority of them men, return to communities throughout the U.S. after serving time in federal and state prisons, and another 11.4 million cycle through local jails. Research shows that, within three years of their release, as many as two-thirds of those who have completed their sentences are likely to be re-arrested, and within five years the proportion increases to three-fourths. After being released, previously incarcerated individuals often face many barriers when re-entering society. With the lack of a competitive resume or employment credentials, income, housing, and health care, they find themselves facing many of the same risk factors that may have been contributing factors to conditions leading to their original offenses. This HHS OMH blog post in observance of Men’s Health Month describes resources available to help previously incarcerated individuals with opportunities to successfully re-enter their communities. Doing so will require a commitment to improving employment prospects, but also a focus on behavioral health.

<http://www.minorityhealth.hhs.gov/Blog/BlogPost.aspx?BlogID=153>

HHS PARITY WEBSITE

HHS recently launched a website about the Mental Health and Substance Use Disorder Parity Task Force.
<http://www.hhs.gov/about/agencies/advisory-committees/parity/index.html>

NEW FROM AHRQ

STRATEGIES TO DE-ESCALATE AGGRESSIVE BEHAVIOR IN PSYCHIATRIC PATIENTS

This small, systematic review from the Agency for Healthcare Research and Quality (AHRQ) addresses interventions to prevent or de-escalate aggressive behavior, and to reduce use of seclusion and restraint for aggressive behaviors in psychiatric patients. The review focused on studies in acute health care settings, and was concerned with the effectiveness of different available alternative strategies to *prevent aggressive behavior* and with the effectiveness of alternative strategies compared with each other, or with seclusion and restraints to *de-escalate aggressive behaviors or improve health outcomes for those who are acutely aggressive*. <https://www.effectivehealthcare.ahrq.gov/search-for-guides-reviews-and-reports/?pageaction=displayproduct&productID=2256>

PLAYBOOK ON INTEGRATING BEHAVIORAL HEALTH CARE IN AMBULATORY CARE SETTINGS

AHRQ's *Integration Playbook*, a new interactive guide to support the integration of behavioral health care in ambulatory care practices, is now available on the Academy for Integrating Behavioral Health and Primary Care portal. The free guide provides tips, resources, and real-world examples of how practices are integrating behavioral health care; pitfalls to avoid; an interactive self-assessment checklist; and access to an online forum for peer-to-peer networking and sharing.

<https://integrationacademy.ahrq.gov/playbook/about-playbook>

VA: EVIDENCE BRIEF: PHARMACOGENOMICS-GUIDED ANTIDEPRESSANT TREATMENT VERSUS USUAL CARE FOR MAJOR DEPRESSIVE DISORDER

Genetic variation has long been explored as a potential contributor to individual differences in antidepressant treatment outcome. Whether using genetic information can help predict how an individual might respond to a particular antidepressant – referred to as 'pharmacogenomics' – is of great interest for further advancing precision medicine efforts. The clinical rationale behind using pharmacogenomic data to inform antidepressant therapy is that a patient's unique genetic profile may help predict whether a patient will tolerate or respond to a drug, or help tailor the dose that will have the best effectiveness and tolerability. For this evidence brief, investigators with VA's Evidence-based Synthesis Program conducted a review to examine the use of pharmacogenomic testing for antidepressant treatment for adults with depressive disorders. Specifically, investigators assessed the comparative effectiveness, harms, and cost-effectiveness of pharmacogenomic-guided antidepressant treatment versus usual care.

<http://www.hsrd.research.va.gov/publications/esp/pharmacogenomics.cfm>

BUREAU OF JUSTICE STATISTICS: REPORT ON CO-OFFENDING AMONG ADOLESCENTS IN VIOLENT VICTIMIZATIONS

The Bureau of Justice Statistics has released a new report presenting estimates of nonfatal violent victimizations that adolescents ages 12 to 17 committed during 2004 to 2013. This report compares the characteristics of violent victimizations that adolescents committed acting alone, with other adolescents, and with young adults ages 18 to 29. The report highlights victim, offender, and incident characteristics, including type of crime, weapon use, victim injury, and whether the incident was reported to the police.

<http://www.ojjdp.gov/eneews/16juvjust/160720.html>

DCOE BLOG POST: FEELING OVERWHELMED BY THE NEWS? YOU'RE NOT ALONE

Do you feel overwhelmed by the recent reports of violence in the world? From international terrorist attacks to national civil unrest and violence, social media feeds and news outlets are flooded with powerful imagery, videos, and heated debate. For our warriors, terrorism and violence are not new topics. Strong opinions and images of violence can be emotional triggers for those who have served in conflicts, or for family members who have lost loved ones in similar attacks. Posttraumatic stress disorder (PTSD), anxiety, depression, and intense feelings can resurface when something unsettling happens. The Defense Centers of Excellence for Psychological Health and Traumatic Brain Injury offers these tips and resources to help manage those situations.

http://www.dcoe.mil/blog/16-07-19/Feeling_Overwhelmed_by_the_News_You_re_Not_Alone.aspx

EVENTS

WEBINAR: INTEGRATED SERVICE SETTINGS OPEN DOORS FOR YOUTH EXPERIENCING HOMELESSNESS

AUGUST 4, 2016, 12:00-1:30 PM ET

Join this SAMHSA-HRSA Center for Integrated Health Solutions webinar to enhance knowledge and skills for working with youth experiencing homelessness, and with the social service agencies key to securing housing and other supports. After this webinar, participants will appreciate the risk factors for homelessness among youth and understand its life cycle; understand the complex array of health, behavioral, and social issues that need to be addressed during clinical encounters with youth experiencing homelessness; have the knowledge of how to engage homeless youth and earn their trust; identify and collaborate with partners at the community and/or state level that can facilitate access to shelter, housing, and other key supports for youth experiencing homelessness; and use specific tools and interventions to identify, and improve outcomes for, youth experiencing homelessness. <https://goto.webcasts.com/starthere.jsp?ei=1111045>

WEBINAR: PROGRESS REVIEW ON IMPROVING HEALTH OUTCOMES THROUGH INCLUSION AND PARTICIPATION

AUGUST 11, 2016, 12:30 PM ET

To be healthy, individuals need opportunities to participate in meaningful daily activities that add to their growth, development, fulfillment, and community contribution. Individuals with disabilities face challenges to achieving full social inclusion and participation. Health-related quality of life and well-being include domains related to both physical and mental functioning, as well as positive emotions and life satisfaction. This Healthy People 2020 webinar will highlight how public health efforts are improving inclusion, participation, and health-related quality of life and well-being for Americans with and without disabilities. The webinar will also feature the Montana Disability and Health Program – a community-based initiative with a proven track record of improving health outcomes. https://hhs-hp.webex.com/mw3100/mywebex/default.do?nomenu=true&siteurl=hhs-hp&service=6&rnd=0.6708315899398487&main_url=https%3A%2F%2Fhhs-hp.webex.com%2Fec3100%2Feventcenter%2Fevent%2FeventAction.do%3FtheAction%3Ddetail%26confViewID%3D1756714907%26%26EMK%3D4832534b00000002e6ca489da9c75a874bbd41c6f1e159dab290a24b558156bfcc306db1d043665f%26%26encryptTicket%3DSDJTSwAAAAIF3ZVFMoMtCyg3Ao3bYMoxy8ZrxYwDLI7EboSFYLnvEg%26%26siteurl%3Dhhs-hp

FEDERAL BULLYING PREVENTION SUMMIT: KEEPING KIDS SAFE: PROMOTING TOLERANCE AND INCLUSION AMONG STUDENTS TO PREVENT BULLYING

AUGUST 12, 2016, WASHINGTON, DC

The upcoming Federal Bullying Prevention Summit will focus on the strategies that schools, students, parents, and community members can use to ensure that all students – particularly those who may be discriminated against on the basis of race, color, national origin, sex, disability, and religion – have supportive educational environments within which to learn. This year, the Summit is putting a special emphasis on the issues facing transgender youth and students with disabilities as well as Muslim and Sikh students. Administrators from state education agencies and local education agencies, teachers, and partner community-based organizations are encouraged to attend. <http://fpbpsummit.com/>

WEBINAR: SHARED DECISION MAKING: CHANGING THE CONVERSATION

AUGUST 16, 2016, 1:00-2:00 PM ET

This SAMHSA webinar will provide an overview of shared decision making as a concrete example of recovery-oriented behavioral health practice. The presenters will demonstrate how adopting shared decision making in an integrated care practice serving individuals with opioid use issues, anxiety, and depression, contributes to improved communication and more collaborative care. Participants will learn how shifting from giving information to collaborative dialogue impacts relationships and outcomes for all involved. https://ahpnet.adobeconnect.com/e1vql2l6xj2/event/event_info.html

WEBINAR: SHARED DECISION MAKING: A PROCESS NOT A PROGRAM

AUGUST 23, 2016, 1:00-2:00 PM ET

This SAMHSA webinar will explore expanded perspectives on what the shared decision making process encompasses and provide examples of how it can be adopted by a variety of practitioners in diverse practice situations. The presenters will show how to look for and create opportunities for engaging in shared decision making in everyday practice. They will provide strategies and personal examples of helping practitioners embrace the process, even in the absence of a structured shared decision making “program.”

https://ahpnet.adobeconnect.com/e54cxl28ibx/event/event_info.html

WEBINAR: SHARED DECISION MAKING DIALOGUES: ENGAGING INDIVIDUALS AND FAMILIES IN DECISION MAKING

AUGUST 30, 2016, 1:00-2:00 PM ET

This SAMHSA webinar will draw from examples at two different service settings—a peer-run recovery center and a program that serves young adults experiencing psychosis—and to illustrate ways to help individuals and families make the most of healthcare conversations. The presenters will highlight how they use the framework of shared decision making to guide services delivery and engage people using their services to become active in all aspects of their healthcare.

https://ahpnet.adobeconnect.com/e3wrc5y25og/event/event_info.html

WEBINAR: MENTAL HEALTH DISPARITIES RESEARCH AT NIMH

AUGUST 31, 2016, 2:00-3:00 PM ET

The NIH recognizes the importance of reducing and eliminating mental health disparities in communities across the country. This webinar will present exemplary studies that highlight the strategic objectives of the *NIMH Strategic Plan for Research*. NIMH-funded researchers who have investigated mental health disparities will present their preliminary findings. <http://www.nimh.nih.gov/news/science-news/2016/webinar-series-2016-office-for-research-on-disparities-and-global-mental-health.shtml>

WEBINAR: SCREENING, ASSESSMENT, AND TREATMENT FOR ADOLESCENTS WITH SUBSTANCE USE DISORDERS

AUGUST 31, 2016, 2:00-3:00 PM ET

Join SAMHSA's Addiction Technology Transfer Center for the third webinar in the quarterly series on new approaches in evidence-based prevention and substance use disorder treatment for youth. This presentation will look at the value of evidence-based screening, assessment, and evidence-based practices for adolescents with substance use disorders. It will review multiple large demonstrations of the feasibility, replicability, effectiveness, and cost effectiveness of several approaches to screening, assessment, treatment, and recovery support services; show that comprehensive assessment is important because most present with multiple co-occurring problems; and examine recent meta analyses and articles demonstrating that a wide range of evidence-based treatment, recovery support, and other practices are associated with better outcomes than treatment as usual. https://events-na9.adobeconnect.com/content/connect/c1/1244116785/en/events/event/shared/default_template/event_landing.html?sco_id=1284627493&_charset_=utf-8

SYMPOSIUM: CELEBRATION OF 60 YEARS OF BEHAVIORAL AND COGNITIVE NEUROSCIENCE IN THE LABORATORY OF NEUROPSYCHOLOGY

OCTOBER 20-21, 2016, BETHESDA, MD

This NIMH symposium will integrate the advances made over the last 60 years in the understanding of the neurobiology of memory, perception, and action. Speakers will share insights from studies of nonhuman primates, humans, and rats using lesions, electrophysiology, imaging, and related techniques. Talks will focus on how these advances led to current scientific understanding, and how that trajectory points the way toward new research questions that will drive the field forward. <http://www.nimh.nih.gov/research-priorities/scientific-meetings/announcements/celebration-of-60-years-of-behavioral-and-cognitive-neuroscience-in-laboratory-of-neuropsychology/index.shtml>

CLINICAL TRIAL PARTICIPATION NEWS

JOIN A RESEARCH STUDY: ENROLLING NATIONALLY FROM AROUND THE COUNTRY

A STUDY OF SCHIZOPHRENIA AND THE BRAIN: A SIX-MONTH INPATIENT EVALUATION STUDY

Have you been diagnosed with schizophrenia or schizoaffective disorder? Are you between 18 and 55 years of age? Would you be willing to live at the Clinical Center on the NIH campus for six months? If so, you may be eligible to participate in a study designed to understand the neurological basis of schizophrenia and to determine which symptoms are related to the illness and which are related to the medications used to treat the illness.

This six-month study has three phases: In the first phase you will participate in many comprehensive medical, neurological, cognitive, and psychiatric evaluations. In the second phase, the research phase, you will be tapered off of your medication for about 4 weeks. In the time that your medication is discontinued, research procedures will allow investigators to distinguish the effects of the illness on the brain without the interference of the medication's effects. In the third phase, you will have the opportunity to stabilize using the treatment selected to be most helpful to you.

To find out if you qualify, email NIMH or call 1-301-435-8970 (1-888-674-6464) [TTY: 1-866-411-1010].

Protocol Number: 89-M-0160

Principal Investigator: Karen Faith Berman

<http://www.nimh.nih.gov/labs-at-nimh/join-a-study/adults/adults-schizophrenia.shtml>

FUNDING INFORMATION

ADVANCED LABORATORIES FOR ACCELERATING THE REACH AND IMPACT OF TREATMENTS FOR YOUTH AND ADULTS WITH MENTAL ILLNESS (ALACRITY) RESEARCH CENTERS

<http://grants.nih.gov/grants/guide/pa-files/PAR-16-354.html>

SOCIAL EPIGENOMICS RESEARCH FOCUSED ON MINORITY HEALTH AND HEALTH DISPARITIES

[http://grants.nih.gov/grants/guide/pa-files/PAR-16-356.html \(R21\)](http://grants.nih.gov/grants/guide/pa-files/PAR-16-356.html)

[http://grants.nih.gov/grants/guide/pa-files/PAR-16-355.html \(R01\)](http://grants.nih.gov/grants/guide/pa-files/PAR-16-355.html)

TARGET ASSESSMENT, ENGAGEMENT AND DATA REPPLICABILITY TO IMPROVE SUBSTANCE USE DISORDERS TREATMENT OUTCOMES

[https://grants.nih.gov/grants/guide/pa-files/PAR-16-352.html \(R33\)](https://grants.nih.gov/grants/guide/pa-files/PAR-16-352.html)

[http://grants.nih.gov/grants/guide/pa-files/PAR-16-353.html \(R21/R33\)](http://grants.nih.gov/grants/guide/pa-files/PAR-16-353.html)

SAFEGUARDING CHILDREN OF INCARCERATED PARENTS: DEVELOPING AND IMPLEMENTING FAMILY STRENGTHENING POLICIES AT CORRECTIONAL INSTITUTIONS AT THE LOCAL AND STATE LEVEL

<http://community.nicic.gov/blogs/nic/archive/2016/06/23/cooperative-agreement-safeguarding-children-of-incarcerated-parents-developing-and-implementing-family-strengthening-policies-at-correctional-institutions-at-the-local-and-state-level.aspx>



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.