

MENTAL HEALTH WEEKLY

Essential information for decision-makers

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In the first of a two-part series *MHW* looks at a prevention and recovery initiative in Northern California that is helping young individuals diagnosed with or at risk of schizophrenia. The Prevention and Recovery in Early Psychosis (PREP) initiative at the Family Service Agency of San Francisco is achieving notable outcomes in participating communities. Program officials cite a 70 percent reduction in hospitalizations and psychiatric crises within one year of PREP implementation, along with improvements in cognitive and social functioning.

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Program targeting early psychosis shatters long-held assumptions

First of two parts

The CEO of Family Service Agency of San Francisco would never downplay or devalue the hard work that clinical mental health program staff members contribute at service locations all over the country. But Robert Bennett also doesn't hesitate to express frustration over the substance of the activities that occupy most of these workers' time when the patient they're assisting has received a psychotic illness diagnosis.

"When you hear that the person has schizophrenia, mostly you do palliative care," Bennett told *MHW*. "You try to get the person into stable housing; you try to make sure you

Bottom Line...

The Prevention and Recovery in Early Psychosis (PREP) initiative in Northern California is built on the premise that early intervention can dramatically change the trajectory for young individuals diagnosed with or at risk of schizophrenia.

keep the person from killing himself. You conclude that the person's life is going to be defined by the fact that he has schizophrenia."

At Family Service Agency of San Francisco, however, "We're challenging that," Bennett insists.

Seeing the heavy lifetime toll that

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S.C., Calif. court rulings drive more attention to need for prison MH reform

Two class-action lawsuits resulting in court rulings that South Carolina and California officials make much-needed changes in the mental health care of inmates with serious mental illness have focused attention on the need for broader systemic changes, which would include crisis intervention training, discharge planning, additional resources for community-based care and more coordination between corrections and mental health officials.

South Carolina Circuit Judge Michael Baxley, in a ruling on Jan. 8,

wrote that the mental health program at the South Carolina Department of Corrections (SCDC) is severely understaffed, particularly with respect to mental health professionals, to such a degree as to impede the proper administration of mental health services.

The ruling follows a class-action lawsuit, *T.R., P.R., K.W., et al. v. South Carolina Department of Corrections*, filed in 2005 by South Carolina Protection and Advocacy for People with Disabilities. The lawsuit, brought on behalf of 3,500 state inmates with serious mental illness, alleged inadequate mental health treatment for prisoners held statewide by the SCDC. Plaintiffs asked the court to require the SCDC to design and

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Bottom Line...

Discharge planning, crisis intervention training and better coordination between corrections and public mental health systems are needed to address mental health care in prisons and jails.

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psychotic illness takes on his organization's own patients, and experiencing dismay over what he saw as inadequate treatment for one of his own family members as well, Bennett in the mid-2000s set out to explore a new approach emphasizing early intervention for young individuals.

Gathering some of the best research evidence on approaches to schizophrenia treatment that were not yet making it into everyday practice (with much of the key research having been conducted overseas), Bennett and colleagues designed a cluster of evidence-based services that would form the Prevention and Recovery in Early Psychosis (PREP) initiative.

A series of fortuitous funding opportunities would allow the initiative to expand from San Francisco County to four other Northern California counties as well (Alameda, San Mateo, Monterey and San Joaquin). In May, PREP will receive formal recognition at the National Council for Behavioral Health annual conference as an Award of Excellence recipient in the "Science to Service" category.

"Our focus is to return the client to a normal life, as defined by *them*," Bennett said. "Our goal is to enroll every kid who's developing schizophrenia in this effort."

Delivering hope

PREP targets individuals ages 14 to 29 who either are fewer than two years out from having been diagnosed with schizophrenia or a related disorder or who are exhibiting symptoms that place them at high risk for developing the disorder.

"When a young person has sub-clinical symptoms, he might say, 'I know this sounds crazy, but I think my teacher can read my mind,'" Bennett said. "When the person has full-blown schizophrenia, he will say, 'My teacher can read my mind.'"

- cognitive behavioral therapy for psychosis, a derivative of cognitive behavioral therapy developed by the Insight Institute in the United Kingdom to assist individuals in symptom management using a goal-oriented approach;
- strength-based and motivational care management, an effort to assist the client and family in building a long-term treatment plan that prioritizes educational, vocational and personal goals; and

'Our goal is to enroll every kid who's developing schizophrenia in this effort.'

Robert Bennett

Bennett said his organization hired its first therapist for PREP when it decided to tap into funds that had been slated to be used to replace a departing administrator. Through The Felton Institute, its in-house resource for implementing evidence-based practices, Family Service Agency of San Francisco trains its PREP treatment team in the suite of evidence-based practices for early psychosis. Some of these evidence-based practices are:

- the Individual Placement and Support model of supported employment developed by experts at Dartmouth College, offering one-on-one support for achieving educational and job goals. "We emphasize return to employment and education right away," Bennett said.
- He emphasized that the first key component of success in PREP is a sound diagnosis. The agency has close working relationships with



Essential information for decision-makers

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community entities that tend to see young people with or at risk of psychotic illness, such as local hospital units and emergency departments. Once an individual is referred to the agency, a thorough assessment spanning three to six hours and involving two clinicians, the client and at least one family member takes place. This allows the team to obtain a complete picture of all associated issues affecting the individual.

"If at that point we tell you that you have schizophrenia, you have schizophrenia," Bennett said. "The high-risk state we can also diagnose."

PREP is achieving notable outcomes in participating communities. In its application for the National Council award, Family Service Agency of San Francisco cited a 70 percent reduction in hospitalizations and psychiatric crises within one year of

PREP implementation, along with a near-doubling of participation in school and work and improvements in cognitive and social functioning.

Expanding the reach

Initial interest in this concept coincided with the emergence of monies for new services in California under the Mental Health Services Act, Bennett said. Programs in San Francisco, Alameda and San Mateo Counties were generally funded through this source.

Monterey and San Joaquin Counties were able to join through a different funding mechanism: the Centers for Medicare & Medicaid Services' Health Care Innovation awards, which are designed to test more effective ways to treat illnesses that generate high costs. The total budget for PREP in the five counties com-

bined stands at about \$4 million.

"PREP is designed as an entirely outpatient model that can be funded sustainably by short-term savings generated through reductions in acute care," Family Service Agency of San Francisco stated in its National Council award application.

Bennett said that the true impact of the initiative is defined in the dramatic changes it is producing in young patients' lives. "This changes their whole life arc," he said. •

Coming next week: The PREP initiative's uncommon approach to medication management for patients with schizophrenia.

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Long-term relief lacking for children with anxiety disorders

A new study examining how children and adolescents respond to treatment for anxiety found that less than half of those who received treatment were in remission after six years. In addition, nearly half of the acute responders relapsed, suggesting the need for more intensive or continued treatment, researchers suggested.

The findings were published online Jan 29 in *JAMA Psychiatry* and scheduled for print on March 5.

Researchers noted that anxiety disorders are highly prevalent in childhood and severely disrupt the developmental trajectories of affected children and adolescents. These disorders are considered gateway disorders in that they predict adult mental health problems, such as anxiety, depression and substance use, they said.

The study, "Naturalistic Follow-up of Youths Treated for Pediatric Anxiety Disorders," is part of the Child/Adolescent Anxiety Multimodal Extended Long-term Study (CAMELS).

Bottom Line...

More intensive or continued treatment for children and youths with anxiety disorders is needed to avoid relapse, suggest researchers.

The CAMELS study examined the long-term outcomes in youths diagnosed with an anxiety disorder who had been randomized to one of four treatment conditions (i.e., CBT [cognitive behavioral therapy], sertraline (Zoloft), combination or pill placebo) as part of the Child/Adolescent Anxiety Multimodal Study (CAMS) — an earlier study involving participants ages 7 to 17 recruited between 2002 and 2007.

The primary aims of the current CAMELS study were to assess whether children and adolescents who responded favorably to short-term treatments for anxiety were more likely to be in remission (i.e., free of all of the study entry anxiety disorders), had lower anxiety symptom severity and had higher functioning than those who did not respond fa-

vorably to these treatments at a mean of six years after randomization.

"This is the first study that has looked at long-term treatment [of CBT] with medication or combination therapy," in youth and adolescents with anxiety disorders, Golda S. Ginsburg, Ph.D., lead author and professor at The Johns Hopkins University School of Medicine, in the Department of Psychiatry and Behavioral Sciences' Division of Child and Adolescent Psychiatry, told *MHW*.

Ginsburg said the current study follows the participants from the earlier CAMS study. The findings of that study were published in the *New England Journal of Medicine* Dec. 25, 2008, and led by John T Walkup, M.D., at The Johns Hopkins Medical Institutions. "We wanted to find out did the treatment last over time? How well did it work?" she noted.

Study method

Researchers recruited 288 eligible participants, ages 11 to 26, from 465 youths who participated in

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CAMS. All participants met diagnostic criteria for social, separation or generalized anxiety disorder and had undergone treatment for six years.

Recruitment for CAMELS began in January 2011 and will end in 2015, researchers noted. Recruited participants are assessed every six months. Each year there is a “long visit” that includes a semistructured diagnostic interview by an independent evaluator and numerous questionnaires completed by youths, parents and study staff.

The second annual questionnaire is a “short visit,” in which participants are sent questionnaires to complete at home and contacted by telephone to assess service use. Data for the current study were based on participants’ first CAMELS long visit.

The study examined a number of predictors of remission, anxiety severity and functioning. The most consistent predictors of remission were family functioning (based on parent reports) at baseline and male sex. Specifically, youths whose parents reported that their family had clear rules, more trusts and higher-quality interactions when they entered CAMS were more likely to be in remission at this six-year follow-up.

Results

The study found that nearly half of the participants (46.5 percent) were in remission a mean of six years after randomization. Relapse occurred in 48 percent of acute responders, suggesting the need for more intensive treatment for a size-

able proportion of anxious youth.

Among CAMELS participants, 46.9 percent received both medication and therapy at some point between CAMS and CAMELS, 14.9 percent received only medication, 9 percent received only psychological therapy and 28.1 percent received no interim mental health services (six participants did not complete the service use form).

The results also revealed that male participants were consistently more likely than female participants to be in remission and have lower anxiety severity scores at six-year

‘I was surprised that so few kids — only one-half — were in remission. I expected that rate to be higher.’

Golda S. Ginsburg, Ph.D.

follow-up. The greater risk for female participants parallels sex differences in the rates of anxiety and depressive disorders among older adolescents and adults, the study stated.

This pattern of heightened risk for female participants was also found in a study examining the long-term outcomes in youths treated for depression. Ginsburg said she and her colleagues at this time are unable to explain why females tended to relapse more frequently than

boys in the anxiety treatment study.

“There’s good news and not so good news,” Ginsburg said. “The finding is that one-half of the kids were free at this follow-up. [What’s] not so good is that the other 50 percent still had anxiety disorder or one-half relapsed even if they got better.” Youth who did better in their treatment were more likely to be in remission at the follow-up, said Ginsburg.

Researchers hypothesized that CAMS treatment responders (compared with nonresponders) and those receiving combination treatment (compared with other treatment arms) would more likely be in remission, have lower anxiety severity and have higher functioning at this first CAMELS visit.

“I was surprised that so few kids — only one-half — were in remission,” said Ginsburg. “I expected that rate to be higher.”

Ginsburg explained that she and her colleagues intend to assess the CAMELS participants for four more years. They will collect data to determine if the anxiety youths experienced progressed to depression or substance abuse, she said.

Researchers noted that relapse occurred in nearly half (48 percent) of acute responders, suggesting the need for more intensive or continued treatment for a sizeable portion of youths with anxiety disorders.

Predictors of remission (e.g., male sex and better family functioning) suggest potential targets for intervention and identify risk factors for poorer outcomes related to anxiety disorders, researchers concluded. •

Wisc. bill creates MH county board to oversee service delivery

Citing a mental health system that is “broken and in need of an overhaul,” Wisconsin lawmakers have introduced a new bill Feb. 3 that creates the Milwaukee County Mental Health Board (MCMHB) — essentially transferring oversight, de-

livery and financing of mental health services in the county from politicians to medical and mental health professionals.

The intent of Assembly Bill 718, sponsored by State Rep. Joe Sanfelippo (R-West Allis) and State Sen.

Leah Vukmir (R-Wauwatosa), is to transform how mental health services are delivered and to create a specialized policymaking board of professionals, composed of individuals who possess the credentials, experience and expertise required to ef-

fectively and efficiently manage the mental healthcare system, officials said in a statement. Advocates and consumers will also play a key role, they said.

The MCMHB replaces the current Milwaukee County board of supervisors and would have jurisdiction over and responsibility for all programs and services currently under the Milwaukee County Behavioral Health Division. The legislation also attempts to achieve cost savings in the provision of mental health programs and services in Milwaukee County.

The problems and challenges faced by Milwaukee County in carrying out its statutory mandate to provide mental health services have been widely discussed, analyzed and documented by various stakeholders, including consumers, advocacy groups, government officials and the local media, according to the legislative proposal.

The proposal cites a Nov. 5, 2013, article published in the *Milwaukee Journal Sentinel* that focused on the state's healthcare crisis. "Despite decades of calls for change, Milwaukee County still has the most lopsided mental health system in the country, pouring more money into expensive and inefficient hospital care instead of into programs that can help more people. That's the opposite of what a healthy system looks like." The news article also noted that in 2012, six patients had died in the state psychiatric hospital.

"In a nutshell, we didn't have community support programs," Sanfelippo told *MHW*. "We only provided crisis services." In Milwaukee County politicians are running the mental health program and overseeing policy, he said. "They're the wrong people," Sanfelippo said. Mental health professionals, consumers and providers are more suited to run the program, he added. "They're a well-rounded group that has a wide breath of experience at the table to design a patient-centered program," Sanfelippo said.

Community-based services

Among its provisions, the proposal directs the board to be guided by the following principles:

- The mental health delivery and financing system shall be community-based and recovery-oriented. Services shall be provided in community-based noninstitutional settings to the maximum extent feasible.
- The system shall seek to protect the personal liberty and dignity of mental health patients by treating them in the least restrictive environment to the maximum extent possible.

Board composition

The legislation proposes that the Milwaukee County Mental Health Board be composed of 13 members (including two nonvoting members). The board would be composed of a psychiatrist, a psychologist, a medical director, two consumers, an individual specializing in finance and administration, a substance abuse services clinician, a community mental health service provider, an individual with legal expertise, a department of health services employee and a task force chairperson.

The board will also include two nonvoting members representing cli-

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Senate committee rejects CMS plan to limit Medicare protections

The U.S. Senate Finance Committee in a joint letter on Feb. 5 to the Centers for Medicare & Medicaid Services (CMS) expressed concern over the agency's proposal to reduce the number of "protected classes" under the Medicare Part D prescription drug benefit. Committee members strongly urged CMS to "continue this important beneficiary protection as it exists today."

CMS announced on Jan. 6 its proposal to revise the Medicare part D prescription drug program by limiting six protected classes of mental health medications in an attempt to reduce Medicare costs. Mental health groups expressed concern that such a proposal could lead to increased hospitalizations and adverse events for Medicare beneficiaries with mental illness (see *MHW*, Jan. 20).

In the letter to CMS Administrator Marilyn Tavenner, Sen. Max Baucus (D-Mont.) and 23 other committee members wrote that while they applaud any effort to reduce unnecessary spending, they strongly believe this proposal will diminish access to needed medication, and that they remain unconvinced significant cost savings will be achieved.

"We are very concerned this change will lead to decreased access to medication, especially for those beneficiaries afflicted by mental health problems," the committee wrote. "By limiting the number and type of medications offered under a Part D plan, a beneficiary may be forced to rely, if only temporarily, on medication that simply does not work or results in adverse side effects."

The committee suggested a stronger case must be presented to the public before making such a dramatic change to Part D. "Further, we remain concerned that if beneficiaries do not have access to needed medications, costs will be incurred as a result of unnecessary and avoidable hospitalizations, physician visits, and other medical interventions that are otherwise preventable with proper adherence to medication," they wrote. The committee said they look forward to working with CMS on this important issue.

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ricians from the University of Wisconsin-Madison.

The legislative proposal would also require the MCMHB to provide an annual report to the Department of Health Services, the legislature and the county describing how money is spent, what programs and services are being provided and how service to the community has

improved over the past year. The report is directed to be made readily available to the public.

According to Sanfelippo and Vukmir, the reform plan outlined in the proposal is aimed at addressing the immediate, well-documented threats to patient safety in Milwaukee, as well as piloting new methods for oversight and financing a mental health system that could be used as

a model for other counties or regions around the state in the future.

"It's important we take some action this year," said Sanfelippo. A public hearing is scheduled on Feb. 12, he said. •

For more information on behavioral health issues, visit www.wiley.com

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maintain a program that provides adequate treatment of inmates with mental illness.

Baxley noted that the case was the most troubling of the 70,000 cases to come before him in 14 years. The evidence in this case, wrote Baxley, proved that inmates have died in the SCDC for lack of basic mental health care, and hundreds more remain substantially at risk for serious physical injury, mental decompensation and profound permanent mental illness.

SCDC officials have been ordered by the court to develop a basic program to identify, treat and supervise inmates at risk for suicide. Additionally, they should develop:

- a systematic program for screening and evaluating inmates to identify those in need of mental health care,
- a treatment program that involves more than segregation and close supervision of mentally ill inmates,
- employment of a sufficient number of trained mental health professionals and
- administration of psychotropic medication only with appropriate supervision and periodic evaluation.

"We're quite pleased with the order," Gloria Prevost, executive director of South Carolina Protection and Advocacy for People with Disabilities, told *MHW*. "It's an extensive, well-thought-out order that is bringing needed attention."

"The problem is not unique to

our state," said Prevost. "It's so important to have early intervention, early treatment, an ability to intervene and a strong commitment to mental health treatment in the state."

"The situation is extreme in South Carolina," said Prevost. "We have a large corrections system." Large numbers of people end up in corrections — some because of the manifestations of their illness and

'It's so important to have early intervention, early treatment, an ability to intervene and a strong commitment to mental health treatment in the state.'

Gloria Prevost

others who have a mental illness and have committed a crime, she said.

While the lawsuit was filed in 2005, it had taken some years before the case went to trial in 2012, she said. "We're hopeful that the state will look at the judge's ruling and move forward to taking corrective action," Prevost said.

Mark Binkley, deputy director of the Division of Administration Ser-

vices at the South Carolina Department of Mental Health (DMH), told *MHW* that department officials met with the SCDC on Jan. 14 to discuss policies and practices in dealing with inmates with behavioral impairment. It's still too early to discuss any concrete plans at this point, Binkley said.

Appeal planned

The ruling also called for SCDC officials to submit a remedial plan of action within six months of the ruling. Clark Newsom, spokesperson for SCDC, told *MHW* that the department will not submit a plan and that it intends to appeal the ruling. "SCDC has met with the Department of Mental Health, and the agencies are currently in discussion about ways in which DMH can assist SCDC in its care of the mentally ill," said Newsom.

Newsom added, "SCDC has worked and will continue to work with the mental health advocacy community. SCDC is in current discussion with some groups to expand the services they offer to SCDC and to mentally ill inmates."

"Our concern as an advocacy group is that we're trying to get the Department of Corrections to correct some of these things and not [file] for an appeal," Bill Lindsey, executive director at the National Alliance on Mental Illness South Carolina (NAMI SC), told *MHW*.

NAMI SC intends to develop a request for proposal (RFP) that will assist the SCDC with crisis intervention training, said Lindsey. State cor-

rections officers are currently auditing one of NAMI SC's four-hour training programs, he said.

"Currently, we are having NAMI member constituent meetings around the state to get these members to contact state representatives and senators and inform them of the specifics of Judge Baxley's order," Lindsey told *MHW*. Advocates met with their Greenville, S.C. NAMI affiliates on Feb. 5, he said.

Psychiatric care for California inmates

In California, U.S. District Judge Lawrence Karlton, on Dec. 11, 2013, ordered California officials to provide more intensive psychiatric care to prisoners with mental illnesses on death row. In his ruling, he wrote that current efforts to provide mental health care to inmates on death row were "inadequate."

The ruling is part of a class-action lawsuit, *Ralph Coleman, et al., Plaintiffs v. Edmund G. Brown Jr., et al., Defendants*, filed in 1990, brought on behalf of California prisoners with mental illness against then Governor Pete Wilson.

According to court documents, the plaintiffs filed a motion on April 11, 2013, for enforcement of court orders and affirmative relief related to inpatient treatment for members of the plaintiff class, including those condemned to death and housed at San Quentin State Prison.

"California has the largest death row population in the U.S.," Michael Bien, partner with Rosen Bien Galvan & Grunfeld LLP and counsel for the Coleman case, told *MHW*. An increasing number of suicides have occurred on death row in the state — a situation that has become a national problem, he added.

Judge Karlton ruled that a licensed inpatient psychiatric unit be created for prisoners on death row, said Bien. "That's a great victory," he said. Counsel argued that inpatient psychiatric care was needed for the prisoners; however, the defendants had argued that they are already do-

ing a good job providing mental health care to the inmates, he said.

"We sought an order to provide inpatient care, but we found other problems regarding psychiatric care needs for inmates on death row,"

Bien said. The death row population rarely gets attention, said Bien. "They are the most unpopular people in any prison system," he said. Some do get off death row and end

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Broad solutions needed to address mental health care in prisons

"In virtually every state, so many people are ending up in jails and prisons and not getting the [mental health] care they need," Ron Honberg, J.D., national director of policy and legal affairs at the National Alliance on Mental Illness (NAMI), told *MHW*. "It is a national problem."

Prisons are not designed to provide mental health treatment, said Honberg. Corrections officials often times have very little tolerance for behavior that deviates from the norm, he said. "If an inmate is behaving in a way due to his or her psychiatric symptoms, such as hearing voices, or is delusional, those symptoms are only likely to get worse in a prison environment."

Honberg added, "The response is to put them in administrative segregation or solitary confinement; that's like pouring gas on a fire. It's going to make them more ill — it's a vicious cycle."

"We are seeing lots of lawsuits and efforts around the country to improve these circumstances, but progress is slow," said Honberg. Prisons are not an environment conducive to providing high-quality care. The staff is not trained to provide good mental health care. Prisons are overwhelmed, and corrections officers are worried about maintaining their own safety, noted Honberg, who said he is not making excuses.

"The only way to really solve the problem is by trying to keep as many as possible with a mental illness out of the system," he said. It is also important to invest more resources into mental health care in the community and ensuring people receive the services they need when they're released, Honberg said.

Positive reform

States such as Colorado, Maine and even Mississippi have tried to make (or have made) important significant positive reform in dealing with inmates who have mental illnesses, he said. Honberg noted that Indiana and Ohio are providing Crisis Intervention Team (CIT) training for corrections officers, who are often the first to respond to people in crisis. CIT training has been developed in a number of states to help police officers react appropriately to situations involving mental illness or developmental disability.

Broad solutions are required, said Honberg. "The S.C. decision is great, but we need to build on that," he said. "How can we provide better treatment for those who are incarcerated? It's like putting a Band-Aid on a hemorrhage."

Honberg added, "We need to ensure that when inmates leave prison they have a good chance at receiving needed treatment so they don't re-recidivate." Other solutions should be developing new policies, improving mental health treatment, reducing or eliminating solitary confinement for people with a serious mental illness and improving coordination between the department of corrections and state mental health officials, Honberg said.

Continued from previous page

up with their death sentence reversed. They then become like regular prisoners with longer sentences, said Bien.

San Quentin death row inmates will not need to be transferred to other facilities as a result of the ruling, he said. When they are transferred to other places, there tends to be an overreaction by others who perceive them as especially dangerous after being incarcerated for 20 or 30 years, he said. That overreaction can often interfere with the ability for them to receive proper care, Bien said. •

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STATE NEWS

Mass. hearing addresses concerns about seniors' mental health

Mass. state lawmakers last month began investigating what advocates say is a growing "silent crisis" among seniors, whose mental health needs may be going untreated or undiagnosed, compounding other health problems, the Marblehead reported Feb. 6. During a public hearing hosted by the legislative committees on Mental Health and

Coming up...

The Department of Child and Family Studies at the University of South Florida will hold its 27th Annual Children's Mental Health Research & Policy Conference **March 2–5 in Tampa Fla.** For more information, visit <http://cmhconference.com>.

The National Association of County Behavioral Health & Developmental Disability Directors (NACBHDD) will host its 2014 Legislative and Policy Conference **March 3–5 in Washington, D.C.** Visit www.nacbhdd.org for more information.

ACMHA The College for Behavioral Health Leadership will host its annual summit, "Leading the Future of Health," **March 26–28 in Santa Fe, N.M.** For more information, visit www.acmha.org.

The Anxiety and Depression Association of America will be holding its Anxiety and Depression Conference 2014, "Personalized Treatments for Anxiety and Mood Disorders," **March 27–30 in Chicago.** Visit www.adaa.org/conference for more information.

The National Council for Behavioral Health (National Council) will host its annual conference **May 5–7 in Washington, D.C.** For more information, visit www.thenationalcouncil.org.

Substance Abuse and Elder Affairs Jan. 20, several geriatric advocates, social workers and professionals testified about escalated rates of elderly depression due to obstacles to seniors accessing the care, including the stigma affixed to mental illness. Middle-income people are most at risk, according to Dale Mitchell, executive director at Ethos, a non-profit aging services organization in Jamaica Plain. They cannot afford to pay for private mental health care, and they are not eligible to receive subsidized services available to lower-income people, he said. "They are the ones who end up going into nursing homes," Mitchell said.

RESOURCES

New SAMHSA report tracks the behavioral health of America

The Substance Abuse and Mental Health Services Administration (SAMHSA) on Jan. 31 announced a new report, "National Behavioral Health Barometer," which provides data about key indicators of behavioral health problems including rates of serious mental illness, suicidal thoughts, substance abuse, underage drinking, and the percentages of those who seek treatment for these disorders. The Barometer shows these data at the state and national level, and for each of the 50 states and the District of Columbia. To access the report, go to <http://store.samhsa.gov/product/SMA13-4796?from=carousel&position=1&date=0130214>.

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Does caring for the elderly contribute to psychological stress? According to a Feb. 4 release from the University of Washington, a study in the January issue of *Annals of Behavioral Medicine* reveals that different types of psychological distress depend largely on a person's genes and upbringing — and less so on the difficulty of caregiving. Peter Vitaliano, a professor of psychiatry and psychology at the university, and his colleagues conducted a study of 1,228 female twins. Some were caregivers and some were not. Vitaliano said if the person had a history of depression before being a caregiver, "caregiving may be like putting salt on the wound." Depression and perceived mental health are the most influenced by genes, said Vitaliano. Anxiety is most related to caregiving, and people who don't get relief from anxiety are likely to become depressed, he noted.