

MENTAL HEALTH WEEKLY

Essential information for decision-makers

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HIGHLIGHTS...

The **American College of Mental Health Administration** last week convened its annual **Santa Fe Summit** with a focus on the role of **behavioral health in a health and wellness movement**. Presentations and discussions included **health care reform**, the **elimination of health disparities** and **mental health parity**. ACMHA also **celebrated its 30th anniversary**. *See story, top of this page.*

The **National Alliance for Mental Illness (NAMI)** last week released its **Grading the States report**, three years after releasing the **pioneering report** that **revealed flaws in state mental health systems**. Despite signs of **progress**, states still **have a way to go**. The **national grade** remained at **D**, the same overall grades states received in 2006. NAMI intends to issue its **next report in 2010**. *See story, bottom of this page.*

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Exclusive Conference Report: ACMHA Santa Fe Summit

Annual summit promotes behavioral health in health and wellness arena

While the push for health care reform tops the nation's agenda, the American College of Mental Health Administration (ACMHA) last week convened its annual Santa Fe Summit with a focus on behavioral health's role in the health and wellness movement serving as the framework for this year's meeting.

The meeting with the theme "Behavioral Health: Embracing Health and Wellness" was held March 12-14, culminating with ACMHA's 30th year celebration. This year's ACMHA summit presenters discussed health care reform, the elimination of health care disparities, mental health parity, and emerging peer delivery services and best practices.

Ron Manderscheid, Ph.D., direc-

tor of the mental health and substance use program at SRA International, Inc., moderated the opening session. "We're having an economic meltdown," he told summit attendees, noting that it represents a "complete change in the environment in which we operate."

"Health reform is an imperative, not an option," said Manderscheid. "We should perceive it as an opportunity for behavioral health care." The recommendation of a bridge between disease and health is not a new model, but one that has been around for 30 years, he said.

Manderscheid also cited the U.S. Department of Health and Human Services' (HHS's) national

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Second grading: NAMI sees hopeful signs, but economy could sabotage progress

State systems' grade stays at D average

Three years after its pioneering report that exposed serious flaws in the consistency and comprehensiveness of state mental health service systems, the National Alliance on Mental Illness (NAMI) is back to say that states still have a long way to go despite signs of progress.

With the release of the 2009 version of the *Grading the States* report, it is now the case that no state system has received an A grade in either of the two such reports published by NAMI. Six states received B grades this time around, compared to five Bs in the landmark 2006 report, but 27 states

received a D or worse this year and the national average remains at D as it was in 2006.

"There are states where it is still OK to have a bad mental health system," Michael J. Fitzpatrick, NAMI's executive director, told *MHW*.

Fitzpatrick said this year's report exceeds the scope of the 2006 version in that NAMI was able to tap into previously unavailable data sources in areas such as hospitalization and housing. Given that people around the country have continued to cite details from the original report for the better part of the last three years, it is clear that NAMI has hit on a popular formula in an analysis that combines the finality of

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initiative, Healthy People 2020, an effort requiring the participation of all federal agencies. The goal of the initiative is to promote health and prevent disease.

The morning's panelists addressed the meaning of health and wellness. Patrick Remington, M.D., M.P.H., director of the Population Health Institute at the University of Wisconsin Department of Population Health Sciences, said mental health disorders are the outcome of many different causes, including genetics, family history, poverty, unemployment, divorce and social isolation.

"We need to think about system change, not conceptual changes," Remington said. "Public health focuses upstream on providing environments where people could remain healthy," he said.

He discussed the underlying causes of disease, such as tobacco and alcohol use and poor diet. "The inability of some people to quit smoking is well documented," he said. The cause of depression, he said, depends on how far you are willing to go "upstream" in areas of public health such as peer pressure, poverty and education.

Nutrition impact

Mental illness shortens the lifespan by 20 to 25 years primarily because of chronic disease, Ingrid

Kohlstadt, M.D., M.P.H., a Commissioner's Fellow at the Food and Drug Administration's (FDA's) Office of Scientific and Medical Programs, told attendees. "Food and nutrients can level both physical and mental health," she said.

"Food and nutrients can help achieve the objective of Healthy People 2020," she said. "People need to be connected and encouraged to do the right thing for their health." Depression and poor nutrition typically do not appear on the death certificate, she said.

She noted the "detriments" of trans fats developed during the 1950s from plant oil, originally developed with the intention of making the oils a more solid and healthy substitute for saturated animal fat. "We now know trans fat is unsafe."

She noted that one of the components of weight gain in consumers with mental health disorders is the second-generation atypical antipsychotic medications. While some may gain weight and it's still important to continue their medication, some individuals may also become sleepy, she said. "Those 20 extra pounds may cause a person to have sleep apnea," said Kohlstadt. "Astute clinicians can detect that."

Kohlstadt noted that four key areas will help achieve the goal of the Healthy People initiative: therapeutic breakthrough, personalized

medicine, early disease detection and clinical preventive services.

Health disparities

Health disparities cause inadequate access to care and substandard quality of care, said Ellen Grant, Ph.D., LCSW, a healthcare consultant. "There is a tremendous impact on the bottom line if companies don't eliminate health disparities," she said.

Employers should see the new federal parity law as an asset to help them and to help their employees receive more effective care, not to mention the reduction in hospital and pharmaceutical costs and health care costs overall, Grant said.

Insurance companies should have a mandate to report on outcomes for health status of diverse populations in the workplace and to provide the data needed to address the elimination of health disparities with the assistance of the new administration in Washington.

Meanwhile, Grant said she is "heartened" by Rep. Patrick Kennedy's (D-R.I.) planned White House Conference on Mental Health and Neuroscience. (A spokesperson for Rep. Kennedy told *MHW* that a date and time for the conference have yet to be determined.)

'New day' in health care

"We stand on a precipice of a new day in health care," A. Kathryn

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Power, M.Ed., director of the Center for Mental Health Services (CMHS) at the Substance Abuse and Mental Health Services Administration (SAMHSA), told attendees during the March 12 summit luncheon.

Power pointed to troubling statistics, noting that the American Psychological Association (APA) reports that one-half of Americans are increasingly stressed. The National Suicide Prevention Hotline reported a 30 percent jump in calls from individuals who have either lost their jobs or their homes or are afraid those situations will occur to them, she said.

These “perilous economic times,” remain a daunting task for the behavioral health field, she said. Power told attendees they have a significant role to play in health care reform.

“We must bring our intimate knowledge of comorbid conditions to all discussions of health care reform,” said Power. “We must move beyond reforming health care to focusing on reforming health.”

Power pointed to the recent release of the Institute of Medicine (IOM) report focusing on making the prevention and promotion of mental health for young people a national priority (see *MHW*, March 2). The report, “Preventing Mental, Emotional, and Behavioral Disorders Among Young People: Progress and Possibilities,” was sponsored by SAMHSA. SAMHSA is pleased that the new report updates a previous 1994 IOM report, “Mental Health Disorders: Frontiers for Preventive Intervention Research,” said Power.

The new report helps provide the basis for understanding the science of prevention, she said. Power noted that one-half of diagnosed mental health cases are diagnosed by the age of 14. “The first symptoms start two to four years before the diagnosis of developmental disabilities,” she said. “We have the opportunity to respond.”

Power added, “This report reaffirms the importance of mental

health prevention.” The nation, she noted, is now equipped to help young people with healthy habits to live productive lives.

The report also revealed school-based initiatives to help improve academic outcomes, she said. “It is good news from the IOM,” she said. “We know it intuitively, now we know it definitively.”

‘We stand on a precipice of a new day in health care.’

A. Kathryn Power, M. Ed.

Power noted that SAMHSA plans to expand its “What a Difference a Friend Makes,” an initiative for young people ages 18 to 25 that is designed to help motivate a societal change toward acceptance and decreasing the negative attitudes that surround mental illness. The initiative will be directed to the African American, Native American, and Asian youth community with the goal to reduce stigma and bias and help young people support one another, she said.

To have an impact on health care reform, Power told attendees to “never forget the core mission to ensure quality care for individuals with mental health and substance abuse” issues. “We have a critical role to play to provide leadership to the field,” she said.

Moving into SA arena

Pamela Greenberg, president and chief executive for the Association for Behavioral Health and Wellness, introduced Jack Stein, Ph.D., president and chief executive of the Division of System Improvement at SAMHSA’s Center for Substance Abuse Treatment (CSAT). Greenberg said Stein’s presence at the summit reflects ACMHA’s move into the substance abuse arena.

Many of the mental health-related presentations during the meeting parallel what’s happening in the substance abuse field, Stein told attendees. He said lost productivity in the workplace and health care costs attributable to substance abuse amount to \$276 billion. He pointed to SAMHSA’s National Survey on Drug Use and Health (NSDUH) report, which found that more than 20 million people who need substance abuse treatment do not receive it.

Additionally, 95 percent of people in need of some type of treatment do not believe they even have a need for treatment, Stein said.

Stein noted that a number of strong studies demonstrating the cost-effectiveness of services need to be leveraged more effectively. He noted that the field should learn a better way of packaging these report in a way that actually resonates with policymakers.” Progressive health care reform efforts are occurring in Massachusetts and Vermont, he said. “How can we share these lessons nationwide and on a federal level?” he noted.

Greenberg said that for the last 10 years she has been advocating for mental health and addiction parity. She said she was pleased to see that the federal law was included in the economic stimulus package.

According to a provision in the new federal parity law, the Government Accountability Office (GAO) will provide a report to Congress that will address any exclusion of specific mental health or substance use diagnoses by health plans, said Greenberg. Also, “If we see a lot of changes in the [implementing regulations for parity] that will give us a chance to go back to Congress,” she said.

Common platform

Manderscheid spoke about the Whole Health Campaign that was initially organized at the 2007 Santa Fe Summit to create a common plat-

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form on healthcare reform. The campaign, which originally comprised 40 organizations, now has 107 organizations enlisted, he said. Manderscheid reiterated the campaign's three key principles: to ensure good insurance coverage for mental health and substance abuse coverage, good integrated care, and

good preventive and early intervention efforts.

"We impacted the Democratic and Republican platform with those principles," he said. A plan to put together seven policy papers for health reform is expected to be completed by the end of March, he said.

Manderscheid also noted that

the issue of universal coverage is a major one for the field. Universal coverage is "going to take a multifaceted approach, which will include Medicaid, Medicare and the State Children's Health Insurance Program (SCHIP), he said. "One-third of people with mental health and substance abuse have no insurance," he said. •

ACMHA meeting addresses peer support practices, innovations

Peer support services and programs are helping people with psychiatric disabilities move toward recovery and live a full life in the community, Harvey Rosenthal, executive director of the New York Association of Psychiatric Rehabilitation Services (NYAPRS), told attendees during last week's American College of Mental Health Administration (ACMHA) summit in Santa Fe, New Mexico.

Peer services are especially needed during these challenging economic times, Rosenthal noted. The services, however, are not modest, nor are they about traditional or clinical treatment, he said. "These services are not about hiring someone to work in your agency and provide case management services," Rosenthal said. "Peer support is an emphasis on empathy, not pity, on validation and not diagnosis."

Rosenthal cited NYAPRS' Peer Bridger Project, a program that combines two top criteria: reducing state hospital census and promoting peer support. The Peer Bridger model infuses recovery and cultural competence in hospital and community service settings, he said.

The program is currently implemented in six state hospitals in New York. "This program helps people make the transition to the community," said Rosenthal. Peer support helps people and systems to get "unstuck," said Rosenthal.

Peer support meetings provide an opportunity to offer a circle of support in each of the hospitals, he

said. "We support each other to get out of the hospital, stay out of the hospital and get the hospital out of us," he said.

"Peer bridgers live in the community in which folks are returning," he said. They assist consumers leaving the hospital, for example, by helping them locate churches, secure bus passes and other community supports, he said. "They're very focused on transitional support," he said.

'We're a common-sense approach to wellness and healing.'

Steve Miccio

The Peer Bridger Project has worked to help about 251 individuals, noted Rosenthal. According to 2007 re-hospitalization data, approximately 136 of these individuals were not re-hospitalized in the state psychiatric centers in 2007.

Hospital diversion program

The Rose House hospital diversion program, available in Ulster and Orange counties in New York state, provides a crisis peer support environment for consumers. The program assists consumers who are seeking temporary resident care and respite care from one to five nights in a supportive, home-like environment, said Steve Miccio, executive

director of PEOPLE, Inc., (Projects to Empower and Organize the Psychiatrically Labeled), a peer-run, not-for-profit organization that provides advocacy and an array of services for people with psychiatric disabilities.

The Rose House's services help "at-risk" individuals to break the cycle from home to crisis to hospital, told summit attendees. The program offers video games, and an exercise room and "allows people to be distracted by their crisis," Miccio said. "They [consumers] can share experiences with the staff and talk about wellness and recovery."

Rose House's services also include warm lines — telephone support lines answered by trained consumers who can offer support and listen to concerns. The program uses a "no-nonsense, common-sense approach," said Miccio.

The daily rate at the Rose House is \$132 a person, compared to hospitalization's daily average cost of \$1,200, he said. Figures show that 274 unduplicated guests resulted in savings of \$1.3 million "in Medicaid dollars that didn't have to be spent," Miccio said. "It is a return on the investment."

Miccio said he is currently working with peer advocates at the Brooklyn, N.Y. psychiatric hospital where a patient died last year in an incident that prompted a national outcry from the field (see *MHW*, July 14, 2008).

The role of a peer can be seen as an ally, mentor, partner, cheer-

leader or coach, Miccio said. Miccio told attendees that staff at PEOPLE Inc. consider themselves recovery specialists in transformation, “We’re a common-sense approach to wellness and healing,” he said. “We do expect people to recover.” •

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a letter grade with the heavy detail of state-by-state data.

“What people see first is the grade, and then they read the narrative and the methodology,” Fitzpatrick said. “This report will have legs for a number of years to come.”

States’ performance

B grades this year went to the state systems in Connecticut, Maine, Maryland, Massachusetts, New York and Oklahoma. Those were improved grades from 2006 for three of those states, including Oklahoma, which saw the biggest improvement in any state with a move from D to B.

Fitzpatrick said the B states tended to exhibit a high level of commitment and planning in mental health services, with a sense of planning continuity for many years at the state mental health department and the presence of mental health champions in the state legislature.

In all, there was much movement in grades among the states, with 14 seeing an improved grade from 2006 and 12 seeing a decline (see box, right). The lowest grade of F went to six states this year: Arkansas, Kentucky, Mississippi, South Dakota, West Virginia and Wyoming. Of that group, only Kentucky and South Dakota had received an F grade in 2006.

What is particularly disappointing to NAMI is that its officials say there is no lack of information available on how to improve care coordination, client outcomes and a recovery focus in the public mental health system, but that many states still lack the political will to initiate or sustain improvements.

More than half of states see grade changes from NAMI

Twenty-six states saw their 2009 grades change from the 2006 evaluation in NAMI’s *Grading the States* report, with 14 states improving and 12 sliding back. Here are the states that received improved grades followed by those that received lower grades:

States whose grade improved	2009 Grade	2006 Grade
Arizona	C	D
Idaho	D	F
Illinois	D	F
Iowa	D	F
Kansas	D	F
Maryland	B	C
Massachusetts	B	C
Montana	D	F
New Hampshire	C	D
North Dakota	D	F
Oklahoma	B	D
Pennsylvania	C	D
Virginia	C	D
Washington	C	D

States whose grade fell	2009 Grade	2006 Grade
Arkansas	F	D
Delaware	D	C
Florida	D	C
Michigan	D	C
Mississippi	F	D
Ohio	C	B
South Carolina	D	B
Tennessee	D	C
Texas	D	C
West Virginia	F	D
Wisconsin	C	B
Wyoming	F	D

“There are very committed state mental health commissioners and mental health facility directors out there,” Fitzpatrick said. “But there is often a lack of political will over time to build on what works.”

Despite the D average nationally, Fitzpatrick said the 2007 and 2008 data that formed the basis of NAMI’s second analysis of state systems showed the beginnings of system improvements in many states. Higher levels of planning and engagement appeared to be in evidence, but then a round of budget cuts that began in earnest in 2008 threatened progress in several states and continues to do

so, Fitzpatrick said.

“It’s still a very mixed picture out there, and we’re concerned that the recession has the potential to wipe away the changes,” he said.

The report includes in its recommendations section a plea to hold the line on state budget cuts affecting vulnerable individuals with serious mental illness, but given what the budget processes look like right now at the state level, that likely will be a difficult goal to accomplish. Still, the economic picture is not lessening mental health groups’ enthusiasm for attempting to lever-

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age the findings of a report that says many states continue to fall short.

“The report highlights what we already know; the system has been struggling for a few years now,” Chris Loftis, director of state policy at the National Council for Community Behavioral Healthcare, told *MHW*. “The nation’s average is a D, so there’s not a whole lot positive to say. But whether a state’s grade is low or high, the report can be used in the state to highlight important issues.”

NAMI recommendations

The *Grading the States* report’s chapter on policy recommendations is a call for decisive and immediate change. “This report documents significant shortages of evidence-based and promising practices in virtually every state in the country,” the chapter’s opening section states. “In some places, desperately needed services are not available at all.”

The report suggests that the states and the federal government need to undertake five actions in order to “put our nation’s mental health system on the path to maximum efficiency and effectiveness”:

- **Increase public funding for mental health care services.** The report suggests that states institute what it terms “modest” tax increases, and mentions the California tax on high incomes in the Mental Health Services Act and a sales tax add-on available to counties in Washington state as innovative examples of actions that have been undertaken in the past. The report also suggests that states can reallocate resources in areas such as criminal justice into community-based mental health care.
- **Improve data collection, outcomes measurement and accountability.** The report states, “Across the country, there is an extremely limited

‘There are very committed state mental health commissioners and mental health facility directors out there.’

Michael J. Fitzpatrick

capacity to provide even the most rudimentary information on mental health services.” Among NAMI’s suggestions is to re-establish priority for mental health data collection at the federal level.

- **Integrate mental and physical health care.** Cited as examples of innovations in this area are New Hampshire’s “In Shape” program, which helps clients with serious mental illness address health risks associated with their medications, and a number of states that are locating nurses in community mental health centers. The National Council’s Loftis points out some positive signs on this issue from Washington, as the recently adopted fiscal 2009 federal budget bill includes about \$7 million for co-location of primary care services in mental health clinics. “Specialty care may be an appropriate ‘medical home’ for certain populations; that’s a huge development,” Loftis said.
- **Promote recovery and respect.** NAMI believes state systems need to employ peer specialists, fund peer-run services, invest resources in reducing human rights violations in the system, and increase employment and housing opportunities for clients. Fitzpatrick said that while many states have initiated peer-run programs and thereby have given their systems more of a recovery and empowerment focus, he characterized some of these pro-

grams as having “no depth.”

- **Increase services for people with serious mental illnesses who are most at risk.** Included here is an often-heard recommendation that the federal government should lift the Institutions for Mental Diseases (IMD) exclusion that bars use of federal Medicaid money for services for individuals ages 22 to 64 in psychiatric hospitals.

As an indication that perhaps not enough progress has been made since 2006, most of these recommendations are either identical or similar to the five that were highlighted in the 2006 *Grading the States* report (see *MHW*, March 6, 2006).

These reports derive much information from discussions with consumers and family members, and Fitzpatrick said many people served offer high praise for the helping professionals who work with them — while adding that these committed individuals unfortunately in under-resourced systems.

Asked whether that finding bodes ill for a better-looking report the next time NAMI issues one in 2012, and whether the publicly supported system should be rethought on a deeper level, Fitzpatrick said, “Medicaid funds 50 to 60 percent of the community system in America. Right, wrong, or indifferent, that’s where the money is coming from.” •

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BRIEFLY NOTED

Offspring of bipolar parents at higher risk of developing the disorder

Children with two bipolar parents are at a 14-fold increased risk of developing a bipolar spectrum disorder and a two-fold increase of a mood or anxiety disorder, compared with offspring of healthy parents, according to a study in the March issue of the *Archives of General Psychiatry*. Boris Birmaher, M.D., and colleagues at the University of Pittsburgh suggest that having a family member with bipolar disorder is the best predictor that children are at risk and clinicians treating adults with the disorder should pay attention to their children's psychopathology. There is "an urgent need to identify, diagnose and treat these patients early on," said Birmaher, to increase the odds of improved long-term outcomes.

Minimal exposure to secondhand smoke increases risk of depression

Confirming and expanding upon earlier Japanese research, a new study suggests that non-smokers regularly exposed to secondhand cigarette smoke at work or at home are more than twice as likely to have major depression. Frank Bandiera, M.P.H., and colleagues measured blood levels of cotinine in 3,000 subjects, (the chemical is produced when a person inhales smoke) as well as collecting self-reports of smoke exposure from 92,000 non-smokers. While it is well documented that smokers have higher rates of depression and anxiety, the causal direction remains unclear. The study appeared in the February issue of the *British Medical Journal* and was presented at the American Psychosomatic Society meeting in Chicago earlier this month.

First survey examines mental health of Iraqi population

"Virtually nothing is known about the mental health of the Iraqi

ACMHA presents awards during annual summit

The American College of Mental Health Administration (ACMHA) handed out a variety of awards during its March 12-14 conference in Santa Fe, New Mexico.

King Davis, Ph.D., professor and Robert Lee Southard Chair in Mental Health and Social Policy at the University of Texas at Austin, received the Saul Feldman Lifetime Achievement Award. The award honors the lifetime achievement and contributions of an individual to leadership and policy in the mental health and addictions recovery field. Davis retired in 2008 as executive director of the Hogg Foundation for Mental Health, a post he had held since 2003.

Kana Enomoto, acting deputy administrator for the Substance Abuse and Mental Health Services Administration (SAMHSA), received the inaugural King Davis Award for Emerging Leadership in Promoting Diversity and Reducing Disparities. The Davis Award is given to recognize emerging leaders who have made significant contributions in promoting diversity or reducing disparities through their work in behavioral health services, research, advocacy, or policy, and honors the passions of its namesake, King Davis, Ph.D.

Sandy L. Forquer, Ph.D., chief executive of OptumHealth New Mexico, received the Barton Distinguished Fellow Award. Forquer has been a leader of ACMHA for more than half of the College's history and has served in virtually every volunteer leadership position of the organization. Forquer has been the central champion of expanding ACMHA's commitment to recognizing and supporting the leadership of mental health consumers/survivors, families and people in recovery.

Joseph Rogers, executive director of the Mental Health Association of Southeastern Pennsylvania (MHASP), received the 2009 Timothy J. Coakley Prize for Behavioral Health Leadership Award. ACMHA notes that over the last several decades, Rogers has made extraordinary contributions to the national consumer movement, for system reform in Pennsylvania, and currently in developing a self-determination initiative in Delaware County, Pa.

population," according to a new study to appear in the journal *World Psychiatry* in June (available now at www.wpanet.org). In 2007-8 the Iraq Ministry of Health and the World Health Organization conducted the first mental health survey among a representative sample of 4,332 Iraqi adults. In the study, Salih Alhasnawi, Iraqi Health Minister, et al., found a lifetime prevalence of any mental health disorder of 18.8 percent. The prevalence rates of post-traumatic stress disorder (PTSD) and panic disorder are increasing significantly across generations. Just 2.2 percent of respondents reported receiving

mental health treatment in the 12 months before interview. The authors cite the need for further analyses of treatment-seeking barriers in order to inform current Iraqi government efforts to expand detection and treatment.

STATE NEWS

Montana's Yellow Ribbon program sets standards for MH care of troops

With funding from the National Guard Bureau, the Montana National Guard plans to spend

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about \$500,000 this year on its Yellow Ribbon program, an initiative expected to set national standards for the mental health care of returning troops. The Great Falls Tribune reported March 1 that the program requires mental health assessments every six months after deployment for two years. "Crisis response teams" follow up on families and respond to concerns about soldiers' emotional health. Other features include a pre-deployment mental health services "academy" and a reunion workshop for spouses. U.S. Senator Jon Tester (D-Mont.) announced recently that legislation is in the works to make some of the Yellow Ribbon features mandatory nationwide.

Program to address co-occurring MH, SA in criminal justice system

The Centerstone Research Institute (CRI) reported March 3 it has secured a \$1.2 million federal grant to create and evaluate an evidence-based substance abuse treatment program serving Tennessee adults in the criminal justice system living with substance abuse or co-occurring substance abuse and mental health disorders. The three-year program, funded by the Substance Abuse and Mental Health Services Administration (SAMHSA), will include up to 220 offenders in seven counties. CRI is the nation's largest provider of community-based behavioral healthcare.

RESOURCES

Guide to implementing comfort rooms

The New York State Office of Mental Health (OMH) has released a new guide entitled, *Comfort Rooms, A Preventative Tool Used to Reduce the Use of Restraint and Seclusion in Facilities that Serve Individuals with Mental Illness: Ideas & Instructions for Implementation*. The guide was designed with child and adolescent

Coming up...

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

The **California Institute for Mental Health** will host the Ninth Annual National Information Management Conference and Exposition: Addressing the Needs of Mental Health, Alcohol and other Drug Programs on **April 22-23** in **Anaheim, Calif.** For more information, visit <http://elearning.networkofcare.org>.

Families Together in New York State will hold its 2009 Annual Conference, "Resilience: A Call to Families with Cross-System Involvement to Bend, but Never Break," on **April 26** in **Albany, N.Y.** Visit www.ftnys.org for more information.

The **New Jersey Association of Mental Health Agencies, Inc.** will hold its annual conference, "Renaissance: Revitalizing Mental Health," on **April 28-29** in **Iselin, N.J.** For more information, visit www.njamha.org.

treatment sites in mind, but the OMH suggests the information is applicable to adults and geriatric units too. For more information and to download the guide, visit www.omh.state.ny.us.

New guidelines provide direction on MH care of youth in foster care

New guidelines to ensure quality care and accountability for mental health services provided in the child welfare system are available on the website of the REACH Institute (Resource for Advancing Children's Health): www.reachinstitute.net. *Mental Health Practice Guidelines for Child Welfare* was drafted by roughly 100 child welfare and mental health researchers, policymakers

and advocates. They address five key areas: screening and assessment, psychosocial interventions, psychopharmacologic interventions, parent support and youth empowerment. The project was sponsored by the REACH Institute, the Casey Family Programs and the Annie E. Casey Foundation.

Mental Health Weekly

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

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

In case you haven't heard...

"Robots will never replace human interaction, but they can augment it," said Martha E. Pollack, Ph.D., dean and professor at the University of Michigan's School of Information. The *Washington Post* reported March 10 that roboticists have the technology to create robots that respond in real time to human emotions. A new generation of "socially assistive" robots may serve as guides to people with dementia or encourage interaction in children with autism. Researchers are experimenting with socially interactive robots that can respond "immediately, appropriately and safely" to human cues, said Pollack. While the technology is available, the researchers require more funding and greater collaboration with clinicians to fine tune these robots and explore how they might be most useful.