



UPDATE

December 1, 2013

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<http://www.nimh.nih.gov/outreach/partnership-program/news-and-updates-from-the-program.shtml>

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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*

SCIENCE AND SERVICE NEWS UPDATES

**NEUROBIOBANK GIVES RESEARCHERS ONE-STOP ACCESS TO POST-MORTEM BRAINS;
NIH NETWORKS FIVE BRAIN BANKS TO OVERCOME BOTTLENECKS**

To expedite research on brain disorders, the National Institutes of Health (NIH) is shifting from a limited funding role to coordinating a web-based resource for sharing post-mortem brain tissue. Under a NIH NeuroBioBank initiative, five brain banks will begin collaborating in a tissue sharing network for the neuroscience community. “Instead of having to seek out brain tissue needed for a study from scattered repositories, researchers will have one-stop access to the specimens they need,” explained Thomas Insel, M.D., director of NIH’s National Institute of Mental Health (NIMH), one of three NIH institutes underwriting the project. NIMH, the Eunice Kennedy Shriver National Institute of Child Health and Human Development, and the National Institute of Neurological Disorders and Stroke announced funding of the federated network of five brain tissue repositories. These brain and tissue repositories seek out and accept brain donations, store the tissue, and distribute it to qualified researchers seeking to understand the causes of – and identify treatments and cures for – brain disorders such as schizophrenia, multiple sclerosis, depression, epilepsy, and autism. In addition to serving the research community, the NeuroBioBank website provides the public with information about the donation process and about how post-mortem tissue research advances knowledge about the disorders.

Press Release: <http://www.nimh.nih.gov/news/science-news/2013/neurobiobank-gives-researchers-one-stop-access-to-post-mortem-brains.shtml>

PCP-RELATED EMERGENCY DEPARTMENT VISITS ROSE 400 PERCENT OVER SIX YEARS

Hospital emergency department (ED) visits related to the dangerous hallucinogenic drug phencyclidine, commonly known as PCP or “angel dust,” increased more than 400 percent between 2005 and 2011 (from 14,825 to 75,538 visits), according to a study by the Substance Abuse and Mental Health Services Administration (SAMHSA). Overall in 2011, there were approximately 1.25 million ED visits related to the use of illicit drugs.

Press Release: <http://www.samhsa.gov/newsroom/advisories/1311140003.aspx>

**VA AND HUD ANNOUNCE TWENTY-FOUR PERCENT REDUCTION IN VETERANS’
HOMELESSNESS SINCE 2010**

The Department of Veterans Affairs and the Department of Housing and Urban Development announced that a new national report shows a 24 percent reduction in homelessness among Veterans since 2010. The report also showed an 8 percent reduction between January 2012 and January 2013.

Press Release: <http://www.va.gov/opa/pressrel/pressrelease.cfm?id=2499>

RESOURCES: PUBLICATIONS, TOOLKITS, OTHER RESOURCES**NIMH DIRECTOR'S BLOG****CULTURE CLASH**

NIMH Director Thomas Insel talks about the need for research taking place in academic settings to be in line with the desire of the public for advances in prevention and treatment of disease.

<http://www.nimh.nih.gov/about/director/2013/culture-clash.shtml>

WANTED: A FEW GOOD BRAINS

NIMH Director Thomas Insel explains the importance of post-mortem brain donation to research and how the new NIH NeuroBioBank initiative will support research on human brain tissue.

<http://www.nimh.nih.gov/about/director/2013/wanted-a-few-good-brains.shtml>

NEW FROM CDC**CDC HEALTH DISPARITIES AND INEQUALITIES REPORT—UNITED STATES, 2013**

Income, education level, sex, race, ethnicity, employment status, and sexual orientation are all related to health and health outcomes for a number of Americans, according to a new *Morbidity and Mortality Weekly Report Supplement* released by the Centers for Disease Control and Prevention (CDC). The report assesses disparities across a wide range of diseases, behavioral risk factors, environmental exposure, social determinants, and healthcare access. The report covers 29 topics, including suicide.

http://www.cdc.gov/mmwr/preview/ind2013_su.html#HealthDisparities2013

ADHD ESTIMATES RISE: CONTINUED INCREASES IN ADHD DIAGNOSES AND TREATMENT WITH MEDICATION AMONG U.S. CHILDREN

Two million more children in the United States (U.S.) have been diagnosed with attention-deficit/hyperactivity disorder (ADHD) and one million more U.S. children were taking medication for ADHD over an eight year period (2003-2004 to 2011-2012), according to a new study led by CDC. According to CDC scientists, children are commonly being diagnosed at a young age. Half of children diagnosed with ADHD are diagnosed by six years of age. Children with more severe ADHD tend to be diagnosed earlier, about half of them by the age of four, based on reports by parents. <http://www.cdc.gov/media/dpk/2013/dpk-ADHD-estimates-rise.html>

NIH RESEARCH MATTERS: EYE CONTACT DECLINES IN YOUNG INFANTS WITH AUTISM

Beginning as young as two months of age, infants later diagnosed with autism show a steady decline in eye contact that might be the earliest marker yet for the disorder. If confirmed, the finding might lead to earlier autism diagnosis and treatment.

<http://www.nih.gov/researchmatters/november2013/11252013autism.htm>

NIDA SCIENCE SPOTLIGHTS

DRUG OVERDOSE IS THE LEADING CAUSE OF DEATH IN FORMER PRISONERS

A new National Institute on Drug Abuse (NIDA)-funded study identifies drug overdose as the leading cause of death in former prisoners, with prescription opioids most commonly involved in these deaths. In addition, women leaving prison had higher mortality rates from opioids, cocaine, and antidepressants than men.

<http://www.drugabuse.gov/news-events/news-releases/2013/11/new-study-shows-drug-overdose-leading-cause-death-in-former-prisoners>

NEW BREATH TEST MAY DETECT RECENT MARIJUANA USE

Marijuana causes serious impairment in motor skills, judgment, and perception, which are necessary for operating a vehicle safely. In the past, testing drivers for recent marijuana use has not been as simple as testing for alcohol, but preliminary research on the detection of THC – the main psychoactive chemical in marijuana - in the breath of marijuana smokers may change that. According to NIDA scientists, a new breath test they have developed can in most cases detect whether a person used marijuana within the previous half hour to two and a half hours, depending on the frequency of use. This could be a valuable tool for workplace or roadside marijuana testing.

<http://www.drugabuse.gov/news-events/news-releases/2013/11/new-breath-test-may-detect-recent-marijuana-use>

GENE VARIANT MAY PREDICT WHETHER A PERSON WILL BENEFIT FROM NICOTINE REPLACEMENT THERAPIES

NIH-funded research shows that differences in the CYP2A6 gene -- which controls in part how fast nicotine is metabolized -- can predict whether nicotine replacement therapies (nicotine lozenge and/or nicotine patch) will be effective in helping a person quit smoking. The effectiveness of bupropion, a non-nicotine based medication often prescribed to quit smoking, was not affected by differences in this gene. This study adds to previous findings with the CHRNA5 gene, showing that screening for genetic variation may better guide personalized treatments to quit smoking.

<http://www.drugabuse.gov/news-events/news-releases/2013/11/gene-variant-may-predict-whether-person-will-benefit-nicotine-replacement-therapies>

NEW FROM SAMHSA

THE COMPREHENSIVE COMMUNITY MENTAL HEALTH SERVICES FOR CHILDREN AND THEIR FAMILIES PROGRAM EVALUATION FINDINGS: ANNUAL REPORT TO CONGRESS 2011

This report presents program evaluation findings of a Federally-funded initiative that supports systems of care for community-based mental health services for children, youth, and their families. It reports on fiscal year 2011 data that track service characteristics, use, and outcomes.

<http://store.samhsa.gov/product/The-Comprehensive-Community-Mental-Health-Services-for-Children-and-Their-Families-Program-Evaluation-Findings/All-New-Products/PEP13-CMH12011>

BHBUSINESS: MASTERING ESSENTIAL BUSINESS OPERATIONS—ONLINE LEARNING

SAMHSA is funding online learning called *BHBusiness: Mastering Essential Business Operations*. Apply by December 16, 2013, for online courses that teach how to grow an organization, improve efficiency, and deliver value. <http://bhbusiness.org/Special-pages/Home.aspx>

ADDRESSING VIRAL HEPATITIS IN PEOPLE WITH SUBSTANCE USE DISORDERS

This resource offers clinicians' information to address viral hepatitis when working with people with substance use disorders. It covers hepatitis prevention, screening, treatment, and service coordination, and guides administrators on how to add or improve hepatitis services.

<http://store.samhsa.gov/product/Addressing-Viral-Hepatitis-in-People-With-Substance-Use-Disorders/All-New-Products/SMA13-4794>

BLOG POST: EXCESSIVE USE OF ALCOHOL AND COCAINE IS A BAD IDEA

SAMHSA's Center for Substance Abuse Treatment Director H. Westley Clark discusses outcomes of combined alcohol and cocaine use. Mixing alcohol and cocaine leads to impulsive behavior and interferes with learning and thinking. Some people experience a more intense "high" when they mix cocaine and alcohol because the liver metabolizes these substances into cocaethylene; in addition, an increase in heart rate and blood pressure often occur. This combination of substances also increases the risk for sudden death. <http://blog.samhsa.gov/2013/11/20/excessive-use-of-alcohol-and-cocaine-is-a-bad-idea/>

BLOG POST: ADVANCING THE BEHAVIORAL HEALTH OF AMERICAN INDIAN/ALASKA NATIVE COMMUNITIES

American Indian/Alaska Native (AI/AN) communities are disproportionately affected by substance abuse and mental health issues, and SAMHSA is committed to assisting these communities through substance abuse prevention, treatment, and recovery efforts. SAMHSA's Office of Indian Alcohol and Substance Abuse works across the Federal government and with SAMHSA's Consolidated Tribal Training and Technical Assistance Center to align, leverage, and coordinate resources to Tribes to promote wellness and strengthen behavioral health. <http://blog.samhsa.gov/2013/11/18/advancing-the-behavioral-health-of-american-indianalaska-native-communities/>

NEW FROM AHRQ

NEW EVIDENCE-BASED GUIDE HELPS IMPLEMENT HEALTH ASSESSMENTS IN PRIMARY CARE SETTINGS

An evidence-based guide designed to help primary care doctors, nurses and other staff successfully select, adopt, and implement health assessments was released by the U.S. Department of Health and Human Services' (HHS) Agency for Healthcare Research and Quality (AHRQ). *Health Assessments in Primary Care: A How-to Guide for Clinicians and Staff* employs the best current evidence for successful implementation of health assessments in the primary care setting. It includes tools to help clinicians decide which health assessments to use, how to integrate them into their daily workflow, and how to maintain the process. The guide is designed for practices that use electronic health records as well as those that use paper charts.

<http://www.ahrq.gov/news/newsroom/press-releases/2013/hapcpr.html>

AHRQ'S INNOVATIONS EXCHANGE FOCUSES ON IDENTIFYING AT-RISK PATIENTS IN THE EMERGENCY DEPARTMENT

The latest issue of AHRQ's Health Care Innovations Exchange features three innovation profiles describing programs that promoted screening of patients in the ED to identify individuals at risk for specific conditions. One of the featured profiles, the *Suicide Assessment and Follow-Up Engagement: Veteran Emergency Treatment (SAFE VET)* initiative, allows ED-based staff to develop customized safety plans for Veterans along with structured follow-up telephone interventions to assess patients' risks of suicide after discharge. Interviews with 100 patients found generally high levels of satisfaction with program services. Virtually all patients remembered having a safety plan, and roughly two-thirds reported using it, with most relying primarily on the internal coping strategies outlined in the plan.

<http://www.innovations.ahrq.gov/content.aspx?id=3958>

STUDY OF ASIAN AMERICANS IDENTIFIES SUBSETS OF SOCIALLY DISADVANTAGED WORKERS AT RISK OF POOR MENTAL HEALTH

Researchers investigated the associations of nativity and occupational class with subjective health and 12-month mental disorders among the heterogeneous Asian American population. They found that occupational class was not strongly associated with subjective health and mental disorder for Asian Americans, including immigrants. Though they found an overall protective effect of being foreign-born for any mental disorder and anxiety, factors associated with migration and adaptation were independently associated with negative outcomes. For example, limited English proficiency was associated with all five outcomes studied (self-rated physical health, self-rated mental health, any 12-month mental disorder, any 12-month anxiety disorder, and any 12-month depressive disorder). Material and psychosocial factors were associated with some outcomes—perceived financial need with self-rated physical and mental health; lack of insurance with self-rated mental health and depression; and social support, perceived discrimination, and acculturative stress with all or most mental health outcomes.

<http://www.ahrq.gov/news/newsletters/research-activities/13nov-dec/111213RA14.html>

COMMUNICATION SKILLS BUILDING FOR PARENTS OF PRETEEN GIRLS

The HHS Office of Women's Health released a new online resource to help community leaders strengthen the communication skills of parents and caregivers of preteen and teenage girls. The website includes facilitator's guides, online videos, tip sheets, and additional resources for African-American and Hispanic (Spanish- and English-speaking) communities. <http://womenshealth.gov/talking-to-preteens/>

SUICIDE PREVENTION PUBLICATIONS FOR JUVENILE JUSTICE PROFESSIONALS

The National Action Alliance for Suicide Prevention has released nine suicide prevention publications to support the work of juvenile justice professionals. These online publications address critical program areas and promote life-saving practices, including effective screening, risk assessment, and the drafting of model policies in collaboration with other child-serving agencies, particularly those addressing mental health issues. The resources were developed by the Alliance's Suicide Prevention for Youth in Contact with the Juvenile Justice System Task Force, co-led by the Office of Juvenile Justice and Delinquency Prevention (OJJDP) and the National Center for Mental Health and Juvenile Justice.

<http://www.ojjdp.gov/enews/13juvjust/131114.html>

REAL WARRIORS ARTICLE: RESILIENCY PROGRAMS FOR MILITARY FAMILIES

Balancing the demands of a military career with family responsibilities can be challenging for many warriors and their families. It is common for military families to experience stress in response to times of transition such as before, during, and after deployment. The ability of military families to build resilience and overcome these barriers is critical to a warrior's psychological strength and mission readiness. This article reviews the numerous programs that can help military families build resilience and thrive under the common pressures of military family life. <http://www.realwarriors.net/family/change/MFLC.php>

PEER SUPPORT RESOURCES FOR MEMBERS OF THE NATIONAL GUARD, RESERVE AND INDIVIDUAL AUGMENTEES

Members of the National Guard, reserve, and individual augmentees are in unique positions. Members of the National Guard and Reserve serve as citizen-warriors and often work full-time civilian jobs. They may receive orders or volunteer to deploy individually with a command that is not their own. Although these opportunities can be rewarding, it is common for these service members to face challenges during the periods before, during, and after deployment. Seeking peer support can help service members cope with feelings of isolation during transition periods and build long-lasting relationships and friendships. This article outlines the importance of peer support and provides resources to help members of the National Guard find peer support programs. <http://www.realwarriors.net/guardreserve/treatment/peersupport.php>

EVENTS

TEXT, TALK, ACT TO IMPROVE MENTAL HEALTHDECEMBER 5, 2013

High school and college students are invited to join Creating Community Solutions, part of the National Dialogue on Mental Health, in a nationwide discussion on mental health via their cell phones. On the same day, people will get together in small groups for one-hour discussions on mental health. The process is simple: join three to four friends, family, classmates, students, and/or colleagues and text “start” to 89800. The group will then receive polling questions, discussion questions, and process suggestions via text messaging. <http://creatingcommunitysolutions.org/texttalkact>

WEBINAR: LATINOS AND THE HEALTH INSURANCE MARKETPLACE (IN ENGLISH)DECEMBER 5, 2013, 1:00 PM ET

According to the Census Bureau, nearly 16 million Hispanics are uninsured. When key parts of the healthcare law take effect in 2014, there will be a new way for individuals, families, and small businesses to get health insurance. This webinar is co-sponsored by the Administration for Children and Families (ACF) and the HHS Center for Faith-Based and Neighborhood Partnerships. It will be offered in Spanish on December 11. <https://www4.gotomeeting.com/register/505844487>

WEBINAR: AFFORDABLE CARE ACT 101 – THE HEALTH INSURANCE MARKETPLACEDECEMBER 5, 2013, 4:00 PM ET

The HHS Center for Faith-Based and Neighborhood Partnerships is sponsoring this webinar on the main provisions of the Affordable Care Act, the healthcare law. Information on the Health Insurance Marketplace, how to enroll in health insurance, and key websites with resources on the law will be shared. The webinar will end with a question and answer session. Please send any questions to ACA101@hhs.gov prior to December 5 at noon ET. <https://www4.gotomeeting.com/register/750038295>

WEBINAR: ROLE OF FAITH LEADERS IN SUICIDE PREVENTION

DECEMBER 5, 2013, 4:00-5:00 PM ET

The HHS Partnership Center and The National Action Alliance for Suicide Prevention will co-host this webinar to provide information that faith leaders need to know about suicide prevention (e.g., warning signs, how to help) and offer ways they can help educate their communities and provide support. It will help them understand and strengthen the resources in their own faith tradition that promote mental and spiritual health and/or can help prevent suicide.

http://edc.adobeconnect.com/faithcommunities2/event/event_info.html

FEDERAL ADVISORY COMMITTEE ON JUVENILE JUSTICE TO MEET

DECEMBER 9, 2013, 8:30 AM-5:30 PM ET AND DECEMBER 10, 2013, 8:30 AM-1:30 PM ET, WASHINGTON, DC

The upcoming Federal Advisory Committee on Juvenile Justice meeting agenda will include final consideration of draft subcommittee recommendations addressing evidence-based youth justice practices, youth engagement, and youth justice related to schools and disproportionate minority contact. Composed of members of state advisory groups on juvenile justice, the committee advises the President and Congress on matters related to juvenile justice, evaluates the progress and accomplishments of juvenile justice activities and projects, and advises the OJJDP Administrator on the work of OJJDP. General sessions are open to the public. Register by December 4, 2013. <http://www.ojjdp.gov/enews/13juvjust/131121.html>

WEBINAR: INTEGRATING SOCIAL-EMOTIONAL LEARNING INTO STATE AND DISTRICT POLICIES

DECEMBER 11, 2013, 2:00–3:30 PM ET

This U.S. Department of Education National Center on Safe Supportive Learning Environment webinar will discuss how states and districts are integrating social-emotional learning into their state and district initiatives. Specifically, speakers will highlight the current state of social-emotional learning across the nation, provide an overview of how various districts are attempting to implement social-emotional learning into their schools, and give specific examples of integrating social-emotional learning to Common Core State Standards and evaluation systems. <http://safesupportivelearning.ed.gov/events/webinar/integrating-social-emotional-learning-state-and-district-policies>

WEBINAR: LATINOS AND THE HEALTH INSURANCE MARKETPLACE (IN SPANISH)

DECEMBER 11, 2013, 3:30 PM ET

According to the Census Bureau, nearly 16 million Hispanics are uninsured. When key parts of the healthcare law take effect in 2014, there will be a new way for individuals, families, and small businesses to get health insurance. This webinar is co-sponsored by the ACF and HHS Center for Faith-Based and Neighborhood Partnerships. It will be offered in English on December 5.

<https://www4.gotomeeting.com/register/749437583>

NIAAA TO HOST TWITTER CHAT ON HOLIDAY DRINKING

DECEMBER 12, 2013, 3:00 PM ET

The National Institute on Alcohol Abuse and Alcoholism (NIAAA) will be hosting a Twitter Chat, "Alcohol & the Holidays: What You Need to Know." The chat will cover tips for celebrating the season safely if you choose to drink, vital statistics about drunk driving, and evidence-based advice for those thinking about reducing their drinking in the New Year. The chat will also explore the after-effects of a night of overconsumption, as well as the intriguing "holiday heart" phenomenon. Use Hashtag: #NIAAChat to join the chat. <http://www.niaaa.nih.gov/news-events/news-noteworthy/twitter-chat-holiday-drinking>

WEBINAR: AFFORDABLE CARE ACT 101 – THE HEALTH INSURANCE MARKETPLACE

DECEMBER 17, 2013, 4:00 PM ET

The HHS Center for Faith-Based and Neighborhood Partnerships is sponsoring this webinar on the main provisions of the Affordable Care Act, the healthcare law. Information on the Health Insurance Marketplace, how to enroll in health insurance, and key websites with resources on the law will be shared. The webinar will end with a question and answer session. Please send any questions to ACA101@hhs.gov prior to December 17 at noon ET. <https://www4.gotomeeting.com/register/534929711>

NATIONAL DRUG FACTS WEEK 2014

JANUARY 27-FEBRUARY 2, 2014

Coordinated by NIDA, National Drug Facts Week encourages and stimulates community-based events where teens ask questions of addiction scientists or health experts. Events can be sponsored by a variety of organizations, including schools, community groups, sports clubs, and hospitals. Topics for discussion include the science behind illicit drug use, prescription drug abuse, and use of alcohol and tobacco. Event holders who register will receive free booklets with science-based facts about drugs, designed specifically for teens. <http://drugfactsweek.drugabuse.gov/>

SAVE THE DATE: 22ND NIMH CONFERENCE ON MENTAL HEALTH SERVICES RESEARCH

APRIL 23-25, 2014, BETHESDA, MARYLAND

Join NIMH for the 22nd NIMH Conference on Mental Health Services Research (MHSR 2014) on the NIH campus April 23-25, 2014. This is a biennial national conference featuring state-of-the-art mental health services research presented via keynote speakers, thematic panels, pre-conference workshops, and paper and poster presentations of findings from recent research studies. For further information, please contact Janet Sorrells at jsorrell@mail.nih.gov

CLINICAL TRIAL PARTICIPATION NEWS

PEDIATRIC STUDY: NATIONWIDE RECRUITMENT

DOES YOUR CHILD HAVE BIPOLAR DISORDER?

HOW DO THE BRAIN AND THE SYMPTOMS OF BIPOLAR DISORDER CHANGE AS CHILDREN GROW UP?

At the NIH Clinical Center in Bethesda, Maryland a research study is being conducted that describes, over time, the moods and behavior of children using specialized testing and brain imaging to learn about specific brain changes associated with bipolar disorder.

This study seeks children and adolescent bipolar participants, ages 6-17, who have bipolar disorder. Participants must be diagnosed with Bipolar Disorder, currently being treated by a physician, medically healthy, and not currently hospitalized, psychotic or suicidal.

All clinical evaluations, research procedures, and outpatient visits are free of cost. Both parent and child must agree to the child's participation. Children and parents are compensated for participation. Travel and lodging expenses are paid by NIMH. Participants from across the country may be eligible to participate.

Non-Treatment Descriptive Study

Research study participation involves 1-3 outpatient visits, and may involve a phone interview at 6 months and repeat face-to-face evaluations every one to two years until the child turns 25. Those eligible to participate must be ages 6-17, and be able to perform research & computer tasks, neuropsychological testing, and MRI brain imaging.

Call for more information: 301-496-8381, TTY: 1-866-411-1010

Email: bipolarkids@mail.nih.gov

<http://patientinfo.nimh.nih.gov/BipolarDisorderPediatric.aspx>

FUNDING INFORMATION

SECONDARY DATA ANALYSES TO EXPLORE NIMH RESEARCH DOMAIN CRITERIA

<http://grants.nih.gov/grants/guide/pa-files/PAR-14-008.html>

DELIBERATIVE APPROACHES: PATIENT AND CONSUMER INPUT FOR IMPLEMENTING EVIDENCE-BASED HEALTH CARE

<http://grants.nih.gov/grants/guide/rfa-files/RFA-HS-14-007.html>

RURAL HEALTH NETWORK DEVELOPMENT PLANNING PROGRAM

<https://grants.hrsa.gov/webExternal/SFO.asp?ID=24487d34-6f62-4393-844d-8f3cc8f1c303>

CENTERS FOR COLLABORATIVE RESEARCH IN FRAGILE X

<http://grants.nih.gov/grants/guide/rfa-files/RFA-HD-14-033.html>

COGNITIVE NEUROSCIENCE

http://www.nsf.gov/publications/pub_summ.jsp?ods_key=nsf14514



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 help close the gap between mental health research and clinical practice, inform the public about mental illnesses, and reduce the stigma and discrimination associated with mental illness. For more information about the program please visit: <http://www.nimh.nih.gov/outreach/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.