



UPDATE

December 1, 2014

- I. [Science and Service News Updates](#)
- II. [Resources: Publications, Toolkits, Other Resources](#)
- III. [Calendar of Events](#)
- IV. [Calls for Public Input](#)
- V. [Funding Information](#)

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*Prepared by the U.S. Department of Health and Human Services,
National Institutes of Health, National Institute of Mental Health,
Office of Constituency Relations and Public Liaison*

HHS AND NIH TAKE STEPS TO ENHANCE TRANSPARENCY OF CLINICAL TRIAL RESULTS

The U.S. Department of Health and Human Services (HHS) issued a Notice of Proposed Rulemaking which proposes regulations to implement reporting requirements for clinical trials that are subject to Title VIII of the Food and Drug Administration Amendments Act of 2007. The proposed rule clarifies requirements to clinical researchers for registering clinical trials and submitting summary trial results information to ClinicalTrials.gov, a publicly accessible database operated by the National Library of Medicine, part of the National Institutes of Health (NIH). A major proposed change from current requirements is the expansion of the scope of clinical trials required to submit summary results to include trials of unapproved, unlicensed, and uncleared products.

Press Release: <http://www.nih.gov/news/health/nov2014/od-19.htm>

BUPRENORPHINE TAPERING LESS EFFECTIVE THAN ONGOING MAINTENANCE FOR PRESCRIPTION OPIOID ABUSE

A recent study funded by the National Institute on Drug Abuse (NIDA) concludes that maintenance buprenorphine therapy is more effective than tapering and discontinuation of the medication in treating prescription opioid-dependent patients in primary care settings. In this 14-week study, participants whose buprenorphine was tapered over a nine-week period of time (after six weeks of stabilization) were more likely to relapse and drop out of treatment compared to those maintained on the medication. The results suggest that buprenorphine taper should be used only when it is clinically indicated in the treatment of patients dependent on prescription opioids. Additional research is needed to help identify factors associated with successful tapering and maintenance therapy.

Press Release: <http://www.drugabuse.gov/news-events/news-releases/2014/11/buprenorphine-tapering-less-effective-than-ongoing-maintenance-prescription-opioid-abuse>

NEARLY ONE IN FIVE ADULT AMERICANS EXPERIENCED MENTAL ILLNESS IN 2013; 9.3 MILLION AMERICANS HAD SERIOUS THOUGHTS OF SUICIDE IN THE PAST YEAR

A new report finds that 43.8 million adults (age 18 or older) experienced a diagnosable mental illness in 2013. The report by the Substance Abuse and Mental Health Services Administration (SAMHSA) also finds that 10 million adults experienced a serious mental illness and 15.7 million adults experienced a major depressive episode in 2013. These results are consistent with 2012 findings. The SAMHSA report indicates that 9.3 million American adults (3.9 percent) had serious thoughts of suicide in the past year – 2.7 million (1.1 percent) made suicide plans and 1.3 million (0.6 percent) attempted suicide. These levels were also comparable to last year's findings.

Press Release: <http://www.samhsa.gov/newsroom/press-announcements/201411200815>

ABOUT 1 IN 4 MENTAL HEALTH TREATMENT FACILITIES OFFER SERVICES TO QUIT SMOKING; CIGARETTE SMOKING REMAINS AT A HIGH RATE AMONG PERSONS WITH MENTAL ILLNESS

According to a new SAMHSA report, only about 1 in 4 (24.2 percent) of the nation's 9,048 mental health treatment facilities that responded to the survey question about smoking cessation programs actually offered services to quit smoking. The study found that the provision of smoking cessation services varied considerably by the facility treatment setting. For example, 57.1 percent of inpatient only programs provided smoking cessation services, compared to only 17 percent of outpatient only programs.

Press Release: <http://www.samhsa.gov/newsroom/press-announcements/201411251245>

MOST PEOPLE WHO DRINK EXCESSIVELY ARE NOT ALCOHOL DEPENDENT

Nine in 10 adults who drink too much alcohol are not alcoholics or alcohol dependent, according to a new study released by the Centers for Disease Control and Prevention (CDC) in collaboration with SAMHSA. The study appears in the CDC journal *Preventing Chronic Disease*. Excessive drinking includes binge drinking (four or more drinks on an occasion for women, five or more drinks on an occasion for men); consuming eight or more drinks a week for women or 15 or more drinks a week for men; or any alcohol use by pregnant women or those under the minimum legal drinking age of 21.

Press Release: <http://www.cdc.gov/media/releases/2014/p1120-excessive-drinking.html>

NEW TOOLS SIMPLIFY SUICIDE PREVENTION EFFORTS

New tools to help providers assess and treat potentially suicidal patients are available through a collaboration between the Defense Centers of Excellence for Psychological Health and Traumatic Brain Injury (DCoE) and the Department of Veterans Affairs (VA). The tools are based on VA and Defense Department clinical practice guidelines issued last year. The tools integrate the latest evidence-based practices into recommendations on warning signs, protective factors, safety planning, and effective treatments. The first tool, the *Suicide Risk Provider Pocket Guide*, for providers briefly explains guidelines and decision aids for primary and specialty care providers to help them recognize symptoms of suicidal risk, treat, and manage them. The second tool, a *Safety Plan Worksheet*, is a provider-driven tool completed with the patient.

Press Release: http://www.dcoe.mil/MediaCenter/News/details/14-11-20/New_Tools_Simplify_Suicide_Prevention_Efforts.aspx

NEW FROM NIMH

DIRECTOR'S BLOG: CAN WE PREVENT PSYCHOSIS?

In his blog, NIMH Director Thomas Insel discusses the need for early and accurate prediction of psychosis risk and for effective preventive treatments. <http://www.nimh.nih.gov/about/director/2014/can-we-prevent-psychosis.shtml>

DIRECTOR'S BLOG: P-HACKING

NIMH Director Thomas Insel blogs about the problems with reproducibility in research, among them flawed use of statistical analysis. <http://www.nimh.nih.gov/about/director/2014/p-hacking.shtml>

RDOC SERIES KICKOFF EVENT WITH DR. BRUCE CUTHBERT: ARCHIVED WEBINAR

The Research Domain Criteria (RDoC) initiative is an innovative effort by NIMH that aims to transform and guide research on mental illness in the years to come. The overarching goal of RDoC is to accelerate the pace of research that translates basic science into clinical settings by understanding the multi-layered systems that contribute to mental function. Dr. Bruce Cuthbert, director of the newly established RDoC unit, recently hosted a public webinar as part of the NIMH RDoC Webinar Series. In this archived webinar, Dr. Cuthbert discussed the guiding principles of RDoC, the role of the new RDoC unit, and frequent questions researchers have about RDoC. <http://www.nimh.nih.gov/news/science-news/2014/rdoc-webinar-series-kickoff-event-with-dr-bruce-cuthbert.shtml>

NIMH'S TWITTER CHAT ON SEASONAL AFFECTIVE DISORDER—ARCHIVED TWITTER CHAT

The transcript from NIMH's Twitter chat on seasonal affective disorder is now available. <https://storify.com/NIMHgov/nimh-twitter-chat-on-seasonal-affective-disorder>

NEW FROM NIH

NIH RESEARCH MATTERS: GENE DISRUPTIONS ASSOCIATED WITH AUTISM RISK

Researchers identified mutations in 107 genes that may contribute to the risk for autism spectrum disorder. The findings provide a better understanding of pathways thought to be involved in the disorder, and may help lead to potential therapies.

<http://www.nih.gov/researchmatters/november2014/11242014autism.htm>

NIH NEWS IN HEALTH: STRESS RELIEF MIGHT HELP YOUR HEALTH

This NIH News in Health article discusses how stress impacts health, as well as suggestions for coping with stress. <http://newsinhealth.nih.gov/issue/dec2014/feature1>

NIDA NOTES: VARENICLINE HELPS PEOPLE WITH MENTAL ILLNESS MAINTAIN ABSTINENCE FROM SMOKING

Varenicline (Chantix) helped outpatients with schizophrenia and bipolar disorder remain abstinent from smoking in an 18-month-long NIDA-supported clinical trial. The finding strengthens hope that pharmacotherapy can break nicotine's especially tenacious hold on people with serious mental illness. <http://www.drugabuse.gov/news-events/nida-notes/2014/11/varenicline-helps-people-mental-illness-maintain-abstinence-smoking>

NIDA NOTES: EVIDENCE GROWS THAT HEAVY MARIJUANA USE MAY HARM THE BRAIN

New NIDA-funded research shows that heavy marijuana use (at least four times per week over the past six months) is linked to adverse changes in the function and structure of brain areas associated with reward, decision making, and motivation. Heavy marijuana use can also enhance some brain circuits – possibly to compensate for reduced function in specific brain regions. This effect was more pronounced in those who started using at a young age, indicating that developing brains are particularly vulnerable to marijuana's effects. <http://www.drugabuse.gov/news-events/news-releases/2014/11/evidence-grows-heavy-marijuana-use-may-harm-brain>

NEW FROM SAMHSA

ADVANCING BEHAVIORAL HEALTH INTEGRATION WITHIN NCQA RECOGNIZED PATIENT-CENTERED MEDICAL HOMES

The SAMHSA-Health Resources and Services Administration Center for Integrated Health Solutions recently released a guide to support safety-net providers across the country in gaining recognition under the National Committee for Quality Assurance (NCQA) Patient-Centered Medical Home (PCMH) Program. This resource outlines the new 2014 NCQA PCMH standards related to integrating behavioral health, including: a summary of the PCMH standards that have a behavioral health component; a description of the full set of PCMH standards in relation to behavioral health integration; and an in-depth “how to” review on how behavioral health integration can be operationalized within each of the PCMH standards.

http://www.integration.samhsa.gov/integrated-care-models/Behavioral_Health_Integration_and_the_Patient_Centered_Medical_Home_FINAL.pdf

NATIONAL CHILD TRAUMATIC STRESS NETWORK NEWSLETTER

The latest issue of the *IMPACT* newsletter from the National Child Traumatic Stress Network (NCTSN) describes Oklahoma's journey in creating a trauma-informed state. It also showcases how one foster youth continues to make her voice heard and explores racial disparities in the juvenile justice system.

http://www.nctsn.org/sites/default/files/assets/pdfs/newsletters/IMPACT_FL14_FINAL.pdf

TIPS FOR SURVIVORS: COPING WITH GRIEF AFTER COMMUNITY VIOLENCE

This resource offers tips for coping with grief after an incident of community violence. It introduces some of the signs of grief and anger, provides useful information about how to cope with grief, and offers tips for helping children deal with grief. <http://store.samhsa.gov/product/Tips-for-Survivors/SMA14-4888>

COMPLEX TRAUMA: FACTS FOR EDUCATORS

This NCTSN fact sheet provides an overview of complex trauma and implications for educators. Complex trauma describes both the children's exposure to multiple traumatic events and the wide-ranging, long-term impact of this exposure. These events are severe, pervasive and often interpersonal, such as abuse or profound neglect. They usually begin early in life, may disrupt many aspects of the child's development, and interfere with the child's ability to form secure attachment bonds.

http://www.nctsn.org/sites/default/files/assets/pdfs/complex_trauma_facts_educators_final.pdf

HHS RELEASES ANNUAL REPORT: ADVANCING LGBT HEALTH AND WELL-BEING

In this report on efforts to improve the health of lesbian, gay, bisexual, and transgender (LGBT) Americans, the HHS LGBT Issues Coordinating Committee highlights accomplishments across the agency and offers its objectives for the following 12 months. <http://www.hhs.gov/lgbt>

AHRQ SHARE APPROACH TO SHARED DECISION MAKING: NEW RESOURCES

The Agency for Healthcare Research and Quality (AHRQ) offers new resources to help clinicians understand and use findings from patient-centered outcomes research in shared decision making. Free tools and workshops are part of the SHARE Approach, a five-step process for shared decision making. Resources include patient decision aids, conversation starters, tips to communicate with patients, an implementation guide for clinical teams, and a brief summarizing the benefits of shared decision making. Train-the-trainer workshops are being offered in locations across the country. Clinicians who participate will learn how to implement the SHARE Approach and train peers in shared decision making. Participants can earn up to six hours of continuing medical education credits (CME)/continuing education units (CEUs).

<http://www.ahrq.gov/shareddecisionmaking>

ADMINISTRATION FOR CHILDREN AND FAMILIES BLOG POSTS

PERFORMANCE PARTNERSHIP PILOT: NEW PROGRAM LAUNCHES TO IMPROVE THE LIVES OF DISCONNECTED YOUTH

Over five million 14-to-24-year-olds in the United States (U.S.) are out of school and not working. In many cases, they face the additional challenges of being low-income, homeless, in foster care, or involved in the justice system. This blog post describes a new initiative, Performance Partnership Pilot (P3), among five federal agencies to help communities overcome the obstacles they face in achieving better outcomes for these “disconnected youth,” as well as those at risk of becoming similarly disconnected from critical social institutions and supports. For the next 100 days, state, tribes, and municipalities can apply to become a P3 to test innovative, outcome-focused strategies to achieve significant improvements in educational, employment, and other key outcomes for disconnected youth.

<http://www.acf.hhs.gov/blog/2014/11/performance-partnership-pilot-new-program-launches-to-improve-the-lives-of-disconnected-youth>

REVIEWING HOME VISITING: A LOOK AT MODELS FOR AT-RISK PREGNANT WOMEN, MOTHERS, AND CHILDREN ACROSS THE COUNTRY AND IN TRIBAL COMMUNITIES

A recent review of home visiting program models for pregnant women and families with children from birth to age five found that three new models — Durham Connects/Family Connects, Minding the Baby and Family Spirit — met HHS criteria for evidence of effectiveness. The Family Spirit model also met the criteria as an evidence-based model for tribal communities. This blog post describes these three programs.

<http://www.acf.hhs.gov/blog/2014/11/reviewing-home-visiting>

WHO ARE DISCONNECTED YOUTH? A LOOK AT VICTIMS OF CHILD MALTREATMENT

Youth are often considered “disconnected” when they are not in school and are detached from work. Because they lack connection to traditional pathways that could help them transition successfully to adulthood, disconnected youth are vulnerable to continued challenges and increased disconnection from mainstream society. This blog post describes a recent ACF brief summarizing data from The National Survey of Child and Adolescent Well-Being which studies children who have encountered the child welfare system. The data from the survey finds that, three years after being reported as a victim of maltreatment, 15 percent of youth ages 16 to 24 meet the criteria for being “disconnected.” An understanding of the risk factors for disconnectedness can inform the child welfare field on ways to better support youth and prevent disconnectedness. <http://www.acf.hhs.gov/blog/2014/11/who-are-disconnected-youth-a-look-at-victims-of-child-maltreatment>

CDC QUICKSTATS: PERCENTAGE OF MENTAL HEALTH–RELATED PRIMARY CARE OFFICE VISITS, BY AGE GROUP — NATIONAL AMBULATORY MEDICAL CARE SURVEY, UNITED STATES, 2010

In 2010, 20 percent of all visits to primary care physicians included at least one of the following mental health indicators: depression screening, counseling, a mental health diagnosis or reason for visit, psychotherapy, or provision of a psychotropic drug. The percentage of mental health–related visits to primary care physicians increased with age through age 59 years and then stabilized. Approximately six percent of visits for children aged 12 years and younger and approximately 31 percent of visits for adults aged 75 years and older were associated with mental health care.

<http://www.cdc.gov/mmwr/preview/mmwrhtml/mm6347a6.htm>

HOUSEHOLD POVERTY AND NONFATAL VIOLENT VICTIMIZATION, 2008–2012

This Bureau of Justice Statistics report presents findings from 2008 to 2012 on the relationship between households that were above or below the federal poverty level and nonfatal violent victimization, including rape or sexual assault, robbery, aggravated assault, and simple assault. This report examines the violent victimization experiences of persons living in households at various levels of poverty, focusing on type of violence, victim's race or Hispanic origin, and location of residence. It also examines the percentage of violent victimizations reported to the police by poverty level.

<http://www.bjs.gov/index.cfm?ty=pbdetail&iid=5137>

EVENTS

WEBINAR: LEARN ABOUT EFFECTIVE PROGRAMS FOR PREVENTING PRESCRIPTION DRUG MISUSE AMONG YOUTH

DECEMBER 2, 2014, 3:00-5:00 PM ET

This webinar organized by SAMHSA's Preventing Prescription Abuse in the Workplace Project will explore relevant content from five school- and community-based programs, highlighting evidence about their effectiveness in preventing youth prescription drug misuse. The programs featured are the Strengthening Families Program for Parents and Youth 10-14, alone or in combination with All Stars, Life Skills Training, or Project Alert; and the more targeted National Association of School Nurses' Smart Moves - Smart Choices program. Speakers from the Partnerships in Prevention Science Institute and the National Association of School Nurses will be featured. <http://captus.samhsa.gov/news-and-events/learn-about-effective-programs-preventing-prescription-drug-misuse-among-youth>

WEBINAR: UNDERSTANDING MEDICARE

DECEMBER 3, 2014, 1:00-3:00 PM ET

The Centers for Medicare and Medicaid Services National Training Program is hosting this webinar for new partners who counsel people with Medicare, and for partners requiring a refresher. Participants will receive a high-level overview of Medicare Part A (Hospital Insurance), Medicare Part B (Medical Insurance), Medicare Part C (Medicare Advantage), and Medicare Part D (Medicare prescription drug coverage).

<https://goto.webcasts.com/starthere.jsp?ei=1043429>

WEBINAR: PRIORITY SPOKANE: FOCUSING ON EDUCATION OUTCOMES TO IMPROVE HEALTH EQUITY

DECEMBER 3, 2014, 3:00-4:30 PM ET

This webinar hosted by the Federal Interagency Health Equity Team will highlight the work of Priority Spokane, a collaborative organization in Spokane County, Washington, to address health disparities by eliminating gaps in educational attainment and reducing truancy rates. In this webinar, participants will learn about: a model for the community to support health equity goals; data and policy drivers for promoting equity in education, and engaging the community to achieve higher educational attainment goals; strategies for community groups to support health equity attainment by improving graduation rates; and successes and challenges with implementing a community-driven initiative to promote equity in education and health. <http://tinyurl.com/FIHETWEBINARSERIES>

TWITTER CHAT: CAREGIVER STRESS DURING THE HOLIDAYS

DECEMBER 17, 2014, 12:00 PM ET

Save the date for this Twitter chat hosted by the National Center for Complementary and Alternative Medicine. <http://nccam.nih.gov/news/events/livechat?nav=upd>

WEBINAR: SOCIAL MEDIA MEASUREMENT, ANALYSIS, AND NEXT STEPS FOR IVP

DECEMBER 17, 2014, 1:00-2:00 PM ET

This is the fourth and final webinar in the series "Getting Started with Social Media for Injury and Violence Prevention (IVP)" series offered by the Safe States Alliance and CDC. Presenters will describe how to measure and analyze social media efforts as well as discuss next steps for being an active participant on social media. http://safestates.site-ym.com/events/event_details.asp?id=501905&group=

EVIDENCE BASE FOR USING TECHNOLOGY SOLUTIONS IN BEHAVIORAL HEALTHCARE

DECEMBER 17, 2014, 1:00-2:30 PM ET

Recent advances in the evidence base for technology-based behavioral health applications have provided clinicians a better understanding and guidance on the integration of these tools into clinical care. Participants in this DCoE webinar will learn about research findings on current technologies in use in clinical practice, such as audio conferencing, video conferencing, and virtual reality, in addition to tools available for use between patients, such as the use of websites and mobile applications and wearable sensors. Clinicians will leave this training with a review of the evidence base for using technology solutions in behavioral health care that will inform their clinical practice. <https://continuingeducation.dcri.duke.edu/evidence-base-using-technology-solutions-behavioral-health-care>

NATIONAL DRUG FACTS WEEK 2015

JANUARY 26-FEBRUARY 1, 2015

National Drug Facts Week (NDFW) is a national health observance for teens to promote local events that use NIDA science to shatter the myths about drugs. The week brings together teens and scientific experts to shatter persistent myths about drug use and addiction. Ideas for community-based events as well as success stories from previous years are highlighted on the NDFW web portal. Last year, more than 1,000 events were held with teens throughout all states, and several internationally.

<http://teens.drugabuse.gov/national-drug-facts-week>

CALLS FOR PUBLIC INPUT

REVIEW THE DRAFT NIMH 2015 STRATEGIC PLAN

NIMH invites public comment and input on the development of the NIMH 2015 Strategic Plan. When developing comments, NIMH asks that one consider the draft plan in the context of the current scientific landscape, as well as within the context of broader federal, for-profit, and not-for-profit stakeholder perspectives. The Institute is particularly interested in receiving ideas for scientific advancements, new technical capabilities or tools, or major challenge topics that promise substantial change to mental health research if pursued. Comments accepted through December 11, 2014.

<http://www.nimh.nih.gov/about/strategic-planning-reports/review-the-draft-2015-nimh-strategic-plan.shtml>

FDA: REQUEST FOR COMMENTS ON THE PATIENT PARTICIPATION IN MEDICAL PRODUCT DISCUSSIONS

The Food and Drug Administration (FDA) seeks to gather input from stakeholders on strategies to obtain the views of patients during the medical product development process and ways to consider patients' perspectives during regulatory discussions. Comments accepted through December 4, 2014.

<https://www.federalregister.gov/articles/2014/11/04/2014-26145/food-and-drug-administration-activities-for-patient-participation-in-medical-product-discussions>

SAMHSA'S GAINS CENTER SEEKS COMMUNITIES TO PARTICIPATE IN SEQUENTIAL INTERCEPT MAPPING WORKSHOPS

SAMHSA's GAINS Center is currently soliciting applications from communities interested in developing integrated strategies to better identify and respond to the needs of adults with co-occurring mental health and substance abuse disorders in contact with the criminal justice system. Sequential Intercept Mapping (SIM) is a one-day workshop designed to allow local, multidisciplinary teams of people from jurisdictions to facilitate collaboration and to identify and discuss ways in which barriers between the criminal justice, mental health, and substance abuse systems can be reduced and to begin development of integrated local plans. Applications due December 5, 2014. <http://gainscenter.samhsa.gov/eNews/10-29-gains.html>

SAMHSA'S GAINS CENTER FOR BEHAVIORAL HEALTH AND JUSTICE TRANSFORMATION SEEKS COMMUNITIES TO PARTICIPATE IN TRAUMA-INFORMED TRAININGS

SAMHSA's GAINS Center for Behavioral Health and Justice Transformation is soliciting applications from communities interested in its *How Being Trauma-Informed Improves Criminal Justice System Responses* training. The target audiences for this training are community-based criminal justice system professionals, including police, community corrections (probation, parole, and pre-trial services officers), court personnel, and other human service providers. The GAINS Center will offer the training events free of charge to 10 selected communities between February 2015 and August 2015. Since the purpose of this training initiative is to offer targeted technical assistance and training to prepared communities in the field, there are no fees for registration, tuition, or materials associated with these trainings. Applications due December 5, 2014.

<http://gainscenter.samhsa.gov/eNews/10-28-gains.html>

DRAFT AGING WELL IN THE 21ST CENTURY: STRATEGIC DIRECTIONS FOR RESEARCH ON AGING

NIA is updating its *Aging Well in the 21st Century: Strategic Directions for Research on Aging* to help guide the research it conducts and supports. NIA's Strategic Directions (SD) addresses the research, research infrastructure and resources, as well as the mission-specific imperative to disseminate information. To ensure the development of a comprehensive blueprint, NIA is seeking insights and specific ideas for enhancing the strategic directions for research. NIA has issued a Request for Information to gather comments on the following: research needs and opportunities that should be modified because of progress over the last five years, and emerging research needs and future opportunities that should be added to the SD. The deadline for responses is December 15, 2014. <http://grants.nih.gov/grants/guide/notice-files/NOT-AG-15-001.html>

MEDICAID AND CHIP PAYMENT AND ACCESS COMMISSION REQUESTS COMMENTS ON CHILDREN'S HEALTH CARE COVERAGE

The Medicaid and CHIP Payment and Access Commission is interested in learning the views of stakeholder organizations on policies to help ensure affordable and adequate health care coverage for children. The commission would like to hear from stakeholders on the factors affecting how well exchange coverage meets children's health and developmental needs, and any changes that should occur to ensure that such needs are met. Comments are due on or before 12 noon, December 19, 2014. <http://www.macpac.gov/home/public-comments>

COMMENTS SOUGHT FOR AHRQ EFFECTIVE HEALTH CARE PROGRAM REPORT

The AHRQ Effective Health Care Program encourages the public to participate in the development of its research projects. The Program uses these comments to help focus its research and ensure that the final comparative effectiveness reviews answer the most important questions that clinicians, patients, consumers, and policymakers have about a given treatment, test, or procedure. The Program is currently seeking comments for:

MANAGEMENT STRATEGIES TO REDUCE PSYCHIATRIC READMISSIONS (COMMENTS ACCEPTED THROUGH DECEMBER 29, 2014)

<http://www.effectivehealthcare.ahrq.gov/research-available-for-comment/comment-draft-reports/?pageaction=displayDraftCommentForm&topicid=596&productID=2015>

WHITE HOUSE STUDENT FILM FESTIVAL: SUBMISSIONS

The White House is seeking submissions for the second White House Student Film Festival. The theme of this year's festival is The Impact of Giving Back, and it's open to U.S. students, grades K-12. So tell a story about paying it forward, about community service, or what making a difference looks like in your eyes and through your lens. All film submissions must be received by 11:59 PM ET on January 20, 2015.

<http://www.whitehouse.gov/filmfestival>

CLINICAL TRIAL PARTICIPATION NEWS

NATIONWIDE RECRUITMENT: NIMH ADULT DEPRESSION RESEARCH STUDY

IS YOUR MAJOR DEPRESSION HARD TO TREAT?

This inpatient study is enrolling eligible participants to assess the effectiveness of the oral medication diazoxide versus placebo to rapidly improve hard-to-treat depressive symptoms. Eligibility criteria include people ages 18-65, who are diagnosed with Major Depressive Disorder (MDD), have previously failed to respond to treatment, and who are free of other serious medical conditions. This study can last up to 12 weeks and is conducted at the NIH Clinical Center in Bethesda, Maryland.

There is no cost to participate. NIMH enrolls eligible participants locally and from around the country. Travel arrangements are provided and costs are covered by NIMH (arrangements vary by distance). After completing the study, participants receive short-term follow-up care at the NIH while transitioning back to a provider.

For more information, call: 1-877-MIND-NIH (1-877-646-3644), TTY: 1-866-411-1010, or e-mail: moodresearch@mail.nih.gov

Atendemos pacientes de habla hispana.

<http://www.nimh.nih.gov/labs-at-nimh/join-a-study/trials/adult-studies/treatment-resistant-major-depression-and-diazoxide.shtml>

PARTICIPATING IN ALZHEIMER'S RESEARCH: RESOURCE

Participating in Alzheimer's Research: For Yourself and Future Generations is a new 20-page booklet from NIH. It can help individuals decide if participating in clinical research is right for them, a friend, or a family member. At least 70,000 volunteers are now needed for more than 150 Alzheimer's and related clinical studies in the U.S. All kinds of people, including healthy older adults, can join in this research.

<http://www.nia.nih.gov/alzheimers/publication/participating-alzheimers-research>

FUNDING INFORMATION

NIMH OUTREACH PARTNERSHIP PROGRAM: PRE-SOLICITATION NOTICE

<https://www.fbo.gov/spg/HHS/NIH/NIDA-2/HHS-NIH-NIDA-SSSA-RFP-15-34/listing.html>

RESEARCH AIMED AT NOVEL BEHAVIORAL TARGETS TO IMPROVE ADOLESCENT SUBSTANCE ABUSE TREATMENT AND PREVENTION INTERVENTIONS

<http://grants.nih.gov/grants/guide/pa-files/PA-15-035.html> (R34)

<http://grants.nih.gov/grants/guide/pa-files/PA-15-036.html> (R01)

BRAIN INITIATIVE: DEVELOPMENT AND VALIDATION OF NOVEL TOOLS TO ANALYZE CELL-SPECIFIC AND CIRCUIT SPECIFIC PROCESSES IN THE BRAIN

<http://grants.nih.gov/grants/guide/rfa-files/RFA-MH-15-225.html>

SYSTEMS SCIENCE AND HEALTH IN THE BEHAVIORAL AND SOCIAL SCIENCES

<http://grants.nih.gov/grants/guide/pa-files/PAR-15-047.html> (R21)

<http://grants.nih.gov/grants/guide/pa-files/PAR-15-048.html> (R01)

OFFICE OF CAREER, TECHNICAL, AND ADULT EDUCATION: PERFORMANCE PARTNERSHIP PILOTS

<http://www.grants.gov/web/grants/view-opportunity.html?oppld=269790>



National Institute
of Mental Health

The **Outreach Partnership Program** is a nationwide outreach initiative of the National Institute of Mental Health (NIMH) that enlists state and national organizations in a partnership to increase the public's access to science-based mental health information through partnerships with national and state organizations. For more information about the program please visit: <http://www.nimh.nih.gov/outreach/partnership-program/index.shtml>. To subscribe to receive the **Update** every two weeks, go to: <http://www.nimh.nih.gov/outreach/partnership-program/news-and-updates-from-the-program.shtml>.

The information provided in the **Update** is intended for use by NIMH Outreach Partners, National Partners and their associates for the express purpose of exchanging information that may be useful in the development of state and local mental health outreach, information, education and partnership programs.