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# UPDATE

February 1, 2015

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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*

## DISORDERS SHARE RISK GENE PATHWAYS FOR IMMUNE, EPIGENETIC REGULATION; GENOME-WIDE FINDINGS ADD TO EVIDENCE BLURRING TRADITIONAL PSYCHIATRIC CATEGORIES

Risk genes for different mental disorders affect the same biological pathways, a new and powerful analysis of genome-wide data has found. People with schizophrenia, bipolar disorder and depression shared genetic risk affecting pathways for a key gene expression regulation mechanism, the immune system, and neuronal communication. Researchers of the Psychiatric Genomics Consortium (PGC) reported the findings of the first large genome-wide study focusing on biological pathways, January 19, 2015 in the journal *Nature Neuroscience*. Representing more than 500 investigators at more than 80 research institutions in 25 countries, the PGC is funded by the National Institute of Mental Health's (NIMH) Genomics Research Branch. **Press Release:** <http://www.nimh.nih.gov/news/science-news/2015/disorders-share-risk-gene-pathways-for-immune-epigenetic-regulation.shtml>

## BRAIN RECALLS OLD MEMORIES VIA NEW PATHWAYS; SHIFT IN FEAR RETRIEVAL CIRCUITRY EYED IN ANXIETY DISORDERS – NIH-FUNDED STUDIES

People with anxiety disorders, such as post-traumatic stress disorder (PTSD), often experience prolonged and exaggerated fearfulness. Now, an animal study suggests that this might involve disruption of a gradual shifting of brain circuitry for retrieving fear memories. Researchers funded by the National Institutes of Health (NIH) have discovered in rats that an old fear memory is recalled by a separate brain pathway from the one originally used to recall it when it was fresh. After rats were conditioned to fear a tone associated with a mild shock, their overt behavior remained unchanged over time, but the pathway engaged in remembering the traumatic event took a detour, perhaps increasing its staying power.

**Press Release:** <http://www.nimh.nih.gov/news/science-news/2015/brain-recalls-old-memories-via-new-pathways.shtml>

## NIH LAUNCHES TOOL TO ADVANCE DOWN SYNDROME RESEARCH

NIH has launched a subsite of *DS-Connect: The Down Syndrome Registry* for researchers, clinicians, and other professionals with a scientific interest in Down syndrome to access de-identified data from the registry. This Web portal will help approved professionals to plan clinical studies, recruit participants for clinical trials, and generate new research ideas using information gathered from the registry participants.

**Press Release:** <http://www.nih.gov/news/health/jan2015/nichd-27.htm>

## **NIH STUDY REVEALS MANY AMERICANS AT RISK FOR ALCOHOL-MEDICATION INTERACTIONS**

Nearly 42 percent of adults in the United States (U.S.) who drink also report using medications known to interact with alcohol, found an NIH study. Among those over 65 years of age who drink alcohol, nearly 78 percent report using alcohol-interactive medications. Such medications are widely used, prescribed for common conditions such as depression, diabetes, and high blood pressure. The research is among the first to estimate the proportion of adult drinkers in the U.S. who may be mixing alcohol-interactive medications with alcohol. The resulting health effects can range from mild (nausea, headaches, loss of coordination) to severe (internal bleeding, heart problems, difficulty breathing). The study, led by an National Institute on Alcohol Abuse and Alcoholism epidemiologist, appears in the February 2015 issue of *Alcoholism: Clinical and Experimental Research*.

**Press Release:** <http://www.nih.gov/news/health/jan2015/niaaa-16.htm>

## **SAMHSA'S NEW REPORT TRACKS THE BEHAVIORAL HEALTH OF AMERICA**

A new Substance Abuse and Mental Health Services Administration (SAMHSA) report illuminates important trends -- many positive -- in Americans' behavioral health, both nationally and on a state-by-state basis. SAMHSA's new report, the *National Behavioral Health Barometer* (Barometer), provides data about key aspects of behavioral healthcare issues affecting American communities, including rates of serious mental illness (SMI), suicidal thoughts, substance use, underage drinking, and the percentages of those who seek treatment for these disorders. The Barometer shows these data at the national level, and for each of the 50 states and the District of Columbia. The Barometer indicates that the behavioral health of the nation is improving in some areas, particularly among adolescents. The Barometer also shows more people are getting the help they need in some crucial areas.

**Press Release:** <http://www.samhsa.gov/newsroom/press-announcements/201501261015>

## **AFFORDABLE CARE ACT BROADENS INSURANCE COVERAGE FOR BEHAVIORAL HEALTHCARE FOR YOUNG ADULTS**

The Affordable Care Act (ACA) has extended health care coverage to many young adults (ages 19 to 26) and, as a result, has expanded their access to behavioral healthcare services according to a new SAMHSA study. The study shows that since the ACA allowed for young people in this age bracket to be covered as dependents under their parents' health insurance policies, coverage rates for this age group have risen from 70.2 percent in 2010 to 76.6 percent in 2012. This expanded coverage has resulted in a significant rise in the percentage of young adults receiving mental health services in the past year -- from 10.9 percent in 2010 to 11.9 percent in 2012. The study shows that people in this age group who were insured were nearly twice as likely to receive mental health treatment as those without health insurance.

**Press Release:** <http://www.samhsa.gov/newsroom/press-announcements/201501291200>

## NEW FROM NIMH

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### DIRECTOR'S BLOG: THE IGNORANCE PROJECT

At the recent World Economic Forum, brain research was a hot topic. NIMH Director Thomas Insel reports on statistics presented at the conference that inspire optimism that progress can be made on difficult problems, including mental disorders. <http://www.nimh.nih.gov/about/director/2015/the-ignorance-project.shtml>

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### DIRECTOR'S BLOG: FUNDING SCIENCE

Relative to other countries, U.S. funding of science has declined in recent years. NIMH Director Thomas Insel talks about the need for research and development related to mental illness. <http://www.nimh.nih.gov/about/director/2015/funding-science.shtml>

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### WEBINAR SERIES: SUICIDE PREVENTION: AN ACTION PLAN TO SAVE LIVES

The National Council for Behavioral Health in collaboration with the National Action Alliance for Suicide Prevention and NIMH are sponsoring a series of webinars organized around the key questions in the *Prioritized Research Agenda for Suicide Prevention: An Action Plan to Save Lives*. The research agenda released by the Action Alliance's Research Prioritization Task Force outlines the research areas that show the most promise in helping to reduce the rates of suicide attempts and deaths in the next five to 10 years. <http://www.nimh.nih.gov/news/science-news/2015/webinar-series-suicide-prevention-an-action-plan-to-save-lives.shtml>

## NIH DIRECTOR'S BLOG: MANAGING CHRONIC PAIN: OPIOIDS ARE OFTEN NOT THE ANSWER

NIH Director Francis Collins summarizes the results of a panel convened by the NIH Office of Disease Prevention to review the scientific literature to examine evidence about the safety of long-term prescription opioid use and the impact of such use on patients' pain, function, and quality of life. The panel concluded that chronic pain spans a multitude of conditions, presents in different ways, and requires an individualized, evidence-based approach to manage it. <http://directorsblog.nih.gov/2015/01/27/managing-chronic-pain-opioids-are-often-not-the-answer/>

## NEW FROM NIDA

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### NIDA DIRECTOR BLOG: BRAIN IN PROGRESS: WHY TEENS CAN'T ALWAYS RESIST TEMPTATION

National Institute on Drug Abuse Director Nora Volkow describes why adolescence is a crucial period both of susceptibility to the rewards of drugs and of vulnerability to the long-term effects of drug exposure. Adolescence is a time of major brain development—particularly the maturation of prefrontal cortical regions involved in self-control and the neural circuits linking these areas to the reward regions. The prefrontal cortex, where one makes decisions and comparative judgments about the value of different courses of action, is crucial for regulating one's behavior in the face of potential rewards like drugs and food. Adolescents are prone to risky behaviors and impulsive actions that provide instant gratification instead of eventual rewards. In part, this is because their prefrontal cortex is still a work in progress.

<http://www.drugabuse.gov/about-nida/noras-blog/2015/01/brain-in-progress-why-teens-cant-always-resist-temptation>

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### LATEST SCIENCE: MINDFULNESS TRAINING MAY REDUCE DEFICITS IN NATURAL REWARD PROCESSING DURING CHRONIC PAIN OR DRUG ADDICTION

Individuals who are drug-dependent show decreased behavioral and brain reactivity to natural rewards compared to non-drug users. As a result, drug-dependent users increasingly focus their attention on obtaining the drug instead of attending to natural rewards. Recent research shows that a cognitive-based intervention, Mindfulness-Oriented Recovery Enhancement, may help restore natural reward processing in opioid-dependent participants. The study's results suggest that teaching people who misuse opioids to mindfully attend to positive aspects of their life may increase the perceived value of natural rewards – processes that may be diminished in those facing chronic pain or addiction – which may in turn help them to control opioid cravings. <http://www.drugabuse.gov/news-events/latest-science/mindfulness-training-may-reduce-deficits-in-natural-reward-processing-during-chronic-pain-or-drug>

## RELATIONSHIP BETWEEN USE OF QUALITY MEASURES AND IMPROVED OUTCOMES IN SMI

Provisions of the ACA require the use of validated quality measures (QMs) to evaluate the quality of healthcare programs, services, and outcomes. The need for such measures is crucial in SMI, a long-term illness involving substantial functional impairment over multiple symptom domains that affects more than 11 million U.S. adults. Using QMs to assess the effect of programs designed to improve the mental health of SMI populations is an important task in improving the quality of these programs and services and, ultimately, health outcomes. The goal of this Agency for Healthcare Research and Quality (AHRQ) brief is to identify how QMs are currently used in the SMI population and to describe the evidence supporting their use. <http://www.effectivehealthcare.ahrq.gov/search-for-guides-reviews-and-reports/?pageaction=displayproduct&productID=2035>

## SAMHSA RESOURCES

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### SAMHSA ENROLLMENT AND OUTREACH RESOURCES

This fact sheet lists resources that outreach programs can use to ensure people with mental and/or substance use disorders (SUD) benefit from health reform. The resources address diverse populations, including the homeless and those within the criminal justice system.

<http://store.samhsa.gov/product/SAMHSA-Enrollment-and-Outreach-Resources/All-New-Products/PEP15-ACARESOURCE>

### COVERAGE OF BEHAVIORAL HEALTH SERVICES FOR YOUTH WITH SUBSTANCE USE DISORDERS

The Center for Medicaid and CHIP Services and SAMHSA released this informational bulletin to assist states in designing a benefit that will meet the needs of youth with SUD and their families, and help states comply with their obligations under Medicaid's Early and Periodic Screening, Diagnostic, and Treatment requirements. The services described in this document are designed to enable youth to address their SUD, to receive treatment and continuing care, and to participate in recovery services and supports.

<http://medicaid.gov/federal-policy-guidance/downloads/cib-01-26-2015.pdf>

Affordable Care Act Offers Behavioral Health Services to AI/AN Communities

SAMHSA Administrator Pamela Hyde discusses the role the ACA plays in the American Indian and Alaskan Native (AI/AN) communities. The Health Insurance Marketplace provides many in the AI/AN community access to health coverage, including coverage for mental health and substance use disorder treatment, they did not have before. <http://blog.samhsa.gov/2015/01/29/affordable-care-act-offers-behavioral-health-services-to-aian-communities/>

## U.S. DEPARTMENT OF HEALTH AND HUMAN SERVICES (HHS) BLOG POSTS PRECISION MEDICINE: IMPROVING HEALTH AND TREATING DISEASE

In this blog post, the White House Office of Science and Technology Associate Director for Science describes "precision medicine," which will give clinicians new tools, knowledge, and therapies to select which treatments will work best for which patients. Precision medicine is an emerging approach to promoting health and treating disease that takes into account individual differences in people's genes, environments, and lifestyles, making it possible to design highly effective, targeted treatments for cancer and other diseases. <http://www.hhs.gov/blog/2015/01/23/precision-medicine-improving-health-and-treating-disease.html>

### THE PRECISION MEDICINE INITIATIVE: DATA-DRIVEN TREATMENTS AS UNIQUE AS YOUR OWN BODY

The President's 2016 budget includes investments in an emerging field of medicine that takes into account individual differences in people's genes, microbiomes, environments, and lifestyles -- making possible more effective, targeted treatments for diseases like cancer and diabetes.

<http://www.hhs.gov/blog/2015/01/30/precision-medicine-initiative.html>

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## NEW FROM CDC

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### RATES OF DEATHS FROM DRUG POISONING AND DRUG POISONING INVOLVING OPIOID ANALGESICS — U.S., 1999–2013

Drug poisoning deaths can result from taking an overdose of a drug, being given the wrong drug, taking a drug in error, or taking a drug inadvertently. Drug poisoning deaths include all intents (i.e., unintentional, suicide, homicide, and undetermined intent). In 2013, a total of 43,982 deaths in the U.S. were attributed to drug poisoning, including 16,235 deaths involving opioid analgesics. From 1999 to 2013, the drug poisoning death rate more than doubled from 6.1 to 13.8 per 100,000 people, and the rate for drug poisoning deaths involving opioid analgesics nearly quadrupled from 1.4 to 5.1 per 100,000. For both drug poisoning and drug poisoning involving opioid analgesics, the death rate increased at a faster pace from 1999 to 2006 than from 2006 to 2013. <http://www.cdc.gov/mmwr/preview/mmwrhtml/mm6401a10.htm>

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### OPIOID PRESCRIPTION CLAIMS AMONG WOMEN OF REPRODUCTIVE AGE — U.S., 2008–2012

More than a third of reproductive-aged women enrolled in Medicaid, and more than one-fourth of those with private insurance, filled a prescription for an opioid pain medication each year during 2008 to 2012. Taking these medications early in pregnancy, often before women know they are pregnant, can increase the risk for some birth defects (such as spina bifida) and other poor pregnancy outcomes (such as preterm birth, or low birth weight). Healthcare providers should discuss the potential risks and benefits of opioid medication use with women of reproductive age, prior to prescribing them.

<http://www.cdc.gov/mmwr/preview/mmwrhtml/mm6402a1.htm>

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### FETAL ALCOHOL SYNDROME AMONG CHILDREN AGED 7–9 YEARS — ARIZONA, COLORADO, AND NEW YORK, 2010

Fetal alcohol syndrome (FAS) is an under-recognized birth defect and developmental disability that is completely preventable if a woman does not drink alcohol during pregnancy. Using medical and other records, a Centers for Disease Control and Prevention (CDC) study conducted in Arizona, Colorado, and New York found 0.3 cases of FAS per 1,000 children aged seven to nine years. Prevalence of FAS was highest among American Indian/Alaska Native children with 2.0 cases per 1,000 children; and lowest among Hispanic children with 0.2 cases per 1,000 children. These estimates are substantially lower than those reported by other studies that used in-person assessment of school-aged children, thus indicating that FAS is an under-recognized birth defect and developmental disability. Recognition of children with FAS is critically important to ensure their access to appropriate services and interventions so that they may reach their full developmental potential. Training of medical and allied health providers can lead to practice changes, ultimately increasing recognition and documentation of the characteristics of FAS.

<http://www.cdc.gov/mmwr/preview/mmwrhtml/mm6403a2.htm>

## NEW FROM ACF

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### EXPLORATORY IMPACT FINDINGS OF SOCIAL-EMOTIONAL ENHANCEMENTS ON THREE-YEAR-OLDS

This Administration for Children and Families blog post summarizes the findings of the Head Start *Classroom-based Approaches and Resources for Emotion and Social* skill promotion demonstration project, which tested the impacts of three enhancements on social and emotional competencies among three-year-olds in mixed-age classrooms. Exploratory findings include: as a group, the enhancements improved teachers' social-emotional instruction as well as three-year-olds' social behaviors and closeness with their teachers. In addition, as a group, the enhancements did not impact three-year-olds' pre-academic skills, as reported by teachers. <http://www.acf.hhs.gov/blog/2015/01/exploratory-impact-findings-of-social-emotional-enhancements-on-three-year-olds>

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### DIFFERENTIAL RESPONSE TO REPORTS OF CHILD ABUSE AND NEGLECT

A growing number of child welfare agencies are employing differential response in an effort to respond more flexibly to child abuse and neglect reports, and to better meet individual family needs. In these systems, families with screened-in child maltreatment reports may receive either a traditional investigation, or an alternative assessment response, depending on the type of allegation and other considerations. This issue brief provides an overview of differential response in the U.S. and highlights lessons learned through research and implementation experiences. <https://www.childwelfare.gov/pubs/issue-briefs/differential-response/>

## U.S. DEPARTMENT OF EDUCATION RESOURCES

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### HUMAN TRAFFICKING IN AMERICA'S SCHOOLS GUIDE

Trafficking of children or the sale of children is modern slavery. It involves exploiting a child for the purpose of forced labor, commercial sex, or both. Schools can and should be safe havens for students, and even more so for students whose lives are otherwise characterized by instability and lack of safety or security. School personnel are uniquely well positioned to identify and report suspected abuse and connect students to services. *Human Trafficking in America's Schools* is a guide for school staff that includes information about risk factors, recruitment, and how to identify trafficking; what to do if trafficking is suspected, including sample school protocols and policies; and other resources and potential partnership opportunities. <http://safesupportivelearning.ed.gov/human-trafficking-americas-schools>

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### NEW ONLINE COURSES: SCHOOL EMERGENCY MANAGEMENT FOR K-12 SCHOOLS AND SCHOOL DISTRICTS

Five new online courses for practitioners in the field of school emergency management are now available. These trainings are part of the *School Emergency Operation Plans In-Depth* series, which provide detailed information on specific topics in school emergency management, including developing a "Bereavement and Loss Annex." <http://rems.ed.gov/trainings/CoursesHome.aspx>

## RESOURCES FROM VETERANS AFFAIRS

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### SUICIDE RISK AND RISK OF DEATH AMONG RECENT VETERANS

The U.S. Department of Veterans Affairs (VA) Office of Public Health has created an infographic to highlight the findings of a recent study of veterans. Among deployed and non-deployed veterans who served during the Iraq or Afghanistan wars between 2001 and 2007, the rate of suicide was greatest the first three years after leaving service, according to the study. Compared to the U.S. population, both deployed and non-deployed veterans had a higher risk of suicide, but a lower risk of death from other causes combined. Deployed veterans also had a lower risk of suicide compared to non-deployed veterans.

<http://www.publichealth.va.gov/epidemiology/studies/suicide-risk-death-risk-recent-veterans.asp>

### DISPARITIES IN HEALTHCARE QUALITY INDICATORS AMONG ADULTS WITH MENTAL ILLNESS

This management brief presents the results of a systematic review of healthcare disparities among adults with a mental health diagnosis. The review focused on differences in preventive care services and screening, differences in management of chronic conditions among those with mental health diagnoses compared to those without, and whether any observed disparities varied based on race/ethnicity, VA user status, geographic location, sex, or sexual orientation.

[http://www.hsrd.research.va.gov/publications/management\\_briefs/default.cfm?ManagementBriefsMenu=eBrief-no89](http://www.hsrd.research.va.gov/publications/management_briefs/default.cfm?ManagementBriefsMenu=eBrief-no89)

## NATIONAL CENTER FOR PTSD

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### NEW FACTSHEET ON MARIJUANA AND PTSD

This fact sheet addresses marijuana use and PTSD, including epidemiology, neurobiology, and the physical and mental health effects of marijuana use. [http://www.ptsd.va.gov/professional/co-occurring/marijuana\\_use\\_ptsd\\_veterans.asp](http://www.ptsd.va.gov/professional/co-occurring/marijuana_use_ptsd_veterans.asp)

### PTSD 101 COURSE: ADDRESSING TRAUMATIC GUILT IN PTSD TREATMENT

Through this online course, learn about the relationship between trauma and guilt, assessing traumatic guilt, and treatment considerations. [http://www.ptsd.va.gov/professional/continuing\\_ed/guilt\\_ptsdTX.asp](http://www.ptsd.va.gov/professional/continuing_ed/guilt_ptsdTX.asp)

### PTSD 101 COURSE: PRESCRIBING FOR OLDER VETERANS WITH PTSD

This online course provides general information about PTSD and best psychopharmacology treatment practices in this group.

[http://www.ptsd.va.gov/professional/continuing\\_ed/prescribe\\_oldervets\\_ptsd.asp](http://www.ptsd.va.gov/professional/continuing_ed/prescribe_oldervets_ptsd.asp)

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## PTSD CONSULTATION PROGRAM: EXTENDED TO PROVIDERS OUTSIDE OF VA

The PTSD Consultation Program launched in 2011 to support VA providers has now been extended to include providers outside of the VA who are treating veterans with PTSD. Any provider treating veterans with PTSD can ask a question or request a consultation about anything related to PTSD.

<http://www.ptsd.va.gov/professional/consult/>

## DCOE BLOG: ROUTINE MILITARY MEDICAL VISITS CAN INCLUDE BEHAVIORAL HEALTH CHECKUP

This Defense Centers of Excellence for Psychological Health and Traumatic Brain Injury (DCoE) blog post describes how the Military Health System is integrating an internal behavioral health consultant (IBHC) -- either a psychologist or a licensed clinical social worker -- into the primary care team. IBHCs add a new dimension to patient-centered medical homes, primary care units that house a team of medical specialists.

[http://www.dcoe.mil/blog/15-01-16/Routine\\_Military\\_Medical\\_Visits\\_Can\\_Include\\_Behavioral\\_Health\\_Checkup.aspx](http://www.dcoe.mil/blog/15-01-16/Routine_Military_Medical_Visits_Can_Include_Behavioral_Health_Checkup.aspx)

## EVENTS

### WEBINAR: HEALTHY PEOPLE 2020 PROGRESS REVIEW: SOCIAL DETERMINANTS OF HEALTH AND LESBIAN, GAY, BISEXUAL, AND TRANSGENDER HEALTH

FEBRUARY 5, 2015, 12:30-2:00 PM ET

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This Healthy People 2020 Progress Review webinar will highlight the importance of social determinants of health and cultural competence in working with lesbian, gay, bisexual, transgender, and diverse populations to eliminate health disparities and achieve health equity. This webinar will feature senior HHS officials. Additionally, presenters from a community-based organization will share their experience in offering culturally competent care. <https://hhs-hp.webex.com/mw0401sp11/mywebex/default.do?siteurl=hhs-hp>

## **WEBINAR: EXPLORING THE IMPACT OF SUICIDE PREVENTION RESEARCH IN HEALTHCARE SETTINGS**

FEBRUARY 11, 2015, 2:00-3:00 PM ET

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The Injury Control Research Center for Suicide Prevention, a CDC-funded research center focusing on a public health approach to suicide prevention and research, is hosting a webinar series *Exploring the Impact of Suicide Prevention Research in Multiple Settings*. Healthcare settings provide an important opportunity for suicide prevention, intervention, and postvention. Speakers in this second webinar of the series will address research that is being conducted in healthcare settings, explain the known impact the research has had, and identify needed research and practice going forward.

<http://edc.adobeconnect.com/e4dss8djbjd/event/registration.html>

## **WEBINAR: STRESS, ANXIETY, AND TRAUMATIC BRAIN INJURY**

FEBRUARY 12, 2015, 1:00-2:30 PM ET

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This DCoE Traumatic Brain Injury (TBI) webinar will address the variety of evidence-based assessment and treatment strategies related to stress and anxiety following TBI. Participants will learn about the complex interaction between the effects of stress and anxiety during the recovery course of TBI, strategies for treating co-morbid symptoms with the core symptoms of TBI, and the integration of evidence-based practices into the assessment of stress and anxiety following TBI.

<https://continuingeducation.dcri.duke.edu/stress-and-anxiety-following-traumatic-brain-injury-tbi>

## **SAVE THE DATE: WEBINAR: CLINICAL BENEFITS OF TECHNOLOGY IN BEHAVIORAL HEALTHCARE**

FEBRUARY 19, 2015, 1:00-2:30 PM ET

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Save the date for the DCoE Telehealth and Technology webinar focused on the clinical benefits of technology when providing behavioral healthcare. [http://www.dcoe.mil/Training/Monthly\\_Webinars.aspx](http://www.dcoe.mil/Training/Monthly_Webinars.aspx)

## **SAVE THE DATE: WEBINAR: HOW CAN WE BETTER DETECT/PREDICT SUICIDE RISK?**

FEBRUARY 24, 2015

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Save the date for this webinar on better detection and prediction of suicide risk. This is the second webinar in the series sponsored by the National Council for Behavioral Health in collaboration with the Action Alliance and NIMH. <http://www.nimh.nih.gov/news/science-news/2015/webinar-series-suicide-prevention-an-action-plan-to-save-lives.shtml>

## SAVE THE DATE: WEBINAR: PHYSICAL SYMPTOMS AND MENTAL HEALTH

FEBRUARY 26, 2015, 1:00-2:30 PM ET

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Save the date for the DCoE Psychological Health webinar focused on physical symptoms and mental health. [http://www.dcoe.mil/Training/Monthly\\_Webinars.aspx](http://www.dcoe.mil/Training/Monthly_Webinars.aspx)

## 2015 HEALTHY AGING SUMMIT

JULY 27-28, 2015, WASHINGTON, DC

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The HHS Office of Disease Prevention and Health Promotion is requesting abstracts addressing the science of healthy aging for presentation at the 2015 Healthy Aging Summit. The deadline for submission of abstracts has been extended to February 9, 2015. <http://www.2015healthyagingsummit.org>

## CALLS FOR PUBLIC INPUT

### REQUEST FOR INFORMATION (RFI): IMPROVING MENTAL HEALTH OUTCOMES IN ALASKA NATIVE COMMUNITIES – RAPIDLY, SUBSTANTIALLY, AND SUSTAINABLY

NIMH seeks input on strategies for stimulating the next generation of research to improve mental health outcomes in Native Alaskan communities with a particular focus on suicide prevention. The NIMH seeks input on innovative research strategies and research priority areas with potential to improve mental health outcomes and drive rapid, substantial reductions in suicide among Alaska Natives, particularly those in the U.S. Arctic region. Of interest are ideas about novel engagement strategies to attract and retain participants in suicide prevention services and follow-on care, the role of Tribal Elders and culturally appropriate service delivery approaches, provider training, structure and coordination of suicide prevention services, services research methods (e.g., Community-based Participatory Research) that will be acceptable to Alaska Native communities, and strategies for scaling up effective services to achieve a large and sustainable public health impact. Feedback is requested from any and all organizations and individuals interested in improving mental health outcomes and reducing suicide in Native Alaskan populations. Responses to this RFI will be accepted through February 12, 2015. <http://grants.nih.gov/grants/guide/notice-files/NOT-MH-15-007.html>

## **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:

NONPHARMACOLOGICAL VERSUS PHARMACOLOGICAL TREATMENTS FOR ADULT PATIENTS WITH MAJOR DEPRESSIVE DISORDER (COMMENTS ACCEPTED THROUGH FEBRUARY 11, 2015)

<http://effectivehealthcare.ahrq.gov/research-available-for-comment/comment-draft-reports/>

MANAGEMENT AND OUTCOMES OF BINGE EATING DISORDER (COMMENTS ACCEPTED THROUGH FEBRUARY 25, 2015)

<http://www.effectivehealthcare.ahrq.gov/search-for-guides-reviews-and-reports/?pageaction=displayProduct&productID=2045>

## **SAMHSA IS ACCEPTING PUBLIC COMMENT ON THE FISCAL YEAR 2016-2017 DRAFT BLOCK GRANT APPLICATION AND PLAN**

SAMHSA is accepting public comment on Fiscal Year (FY) 2016-2017 draft Block Grant documents. SAMHSA is requesting approval from the Office of Management and Budget for a revision of the 2016 and 2017 Community Mental Health Services Block Grant and Substance Abuse Prevention and Treatment Block Grant Plan and Report Guidance and Instructions. Comments are invited on: (a) Whether the proposed collections of information are necessary for the proper performance of the functions of the agency, including whether the information shall have practical utility; (b) the accuracy of the agency's estimate of the burden of the proposed collection of information; (c) ways to enhance the quality, utility, and clarity of the information to be collected; and (d) ways to minimize the burden of the collection of information on respondents, including through the use of automated collection techniques or other forms of information technology. Written comments should be received by March 9, 2015. <http://www.samhsa.gov/grants/block-grants>

## NATIONWIDE RECRUITMENT: NIH BIPOLAR DEPRESSION RESEARCH STUDIES ENROLLING PARTICIPANTS

Call about eligibility to participate in depression research studies.

IS YOUR BIPOLAR DEPRESSION HARD TO TREAT?

EXPERIENCING THOUGHTS OF SADNESS, HOPELESSNESS, GUILT, WORTHLESSNESS, LACKING INTEREST IN EVERYDAY ACTIVITIES YOU ONCE ENJOYED?

NIH researchers seek people between the ages of 18 and 70 with bipolar disorder, who are currently in a depressive phase, for participation in several brain imaging and medication studies that are evaluating how experimental medications (ketamine, riluzole, and scopolamine) may reduce symptoms rapidly. Participation includes one to four visits to the NIH Clinical Center in Bethesda, MD, psychiatric interviews, medical history, physical exam, and blood and other medical tests. Some studies are conducted on an outpatient basis, others on an inpatient basis. Participants must be free of other serious medical conditions. Research evaluations and medications are provided at no cost.

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

Atendemos pacientes de habla hispana.

### FIRST STEPS TO PARTICIPATE IN RESEARCH:

- Call NIMH
- Learn Study Details
- Be Evaluated for Eligibility
- Consent to Participate

Call: 1-877-MIND-NIH (1-877-646-3644)

TTY: 1-866-411-1010

E-mail: [moodresearch@mail.nih.gov](mailto:moodresearch@mail.nih.gov)

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

## FUNDING INFORMATION

NIMH OUTREACH PARTNERSHIP PROGRAM: OUTREACH PARTNER SOLICITATION

[https://www.fbo.gov/index?s=opportunity&mode=form&tab=core&id=bab633491b5e75c15e342736e91e195e&\\_cview=0](https://www.fbo.gov/index?s=opportunity&mode=form&tab=core&id=bab633491b5e75c15e342736e91e195e&_cview=0)

COOPERATIVE AGREEMENTS FOR PROJECT LAUNCH (LINKING ACTIONS FOR UNMET NEEDS IN CHILDREN'S HEALTH) STATE/TRIBAL EXPANSION

<http://www.samhsa.gov/grants/grant-announcements/sm-15-006>

DRUG-FREE COMMUNITIES SUPPORT PROGRAM

<http://www.samhsa.gov/grants/grant-announcements/sp-15-001>

COOPERATIVE AGREEMENT FOR NETWORKING, CERTIFYING, AND TRAINING SUICIDE PREVENTION HOTLINES AND DISASTER DISTRESS HELPLINE

<http://www.samhsa.gov/grants/grant-announcements/sm-15-007>

GRANTS TO EXPAND SUBSTANCE ABUSE TREATMENT CAPACITY IN ADULT AND FAMILY DRUG COURTS

<http://www.samhsa.gov/grants/grant-announcements/ti-15-002>

SCREENING, BRIEF INTERVENTION, AND REFERRAL TO TREATMENT HEALTH PROFESSIONS STUDENT TRAINING

<http://www.samhsa.gov/grants/grant-announcements/ti-15-001>

EVALUATING STRUCTURAL, ECONOMIC, ENVIRONMENTAL, OR POLICY PRIMARY PREVENTION STRATEGIES FOR INTIMATE PARTNER VIOLENCE AND SEXUAL VIOLENCE

<http://www.grants.gov/web/grants/view-opportunity.html?oppld=272217>

THE CDC NATIONAL CENTERS OF EXCELLENCE IN YOUTH VIOLENCE PREVENTION: BUILDING THE EVIDENCE FOR COMMUNITY- AND POLICY-LEVEL PREVENTION

<http://www.grants.gov/web/grants/view-opportunity.html?oppld=272228>

PREVENTION RESEARCH IN MID-LIFE ADULTS

<http://grants.nih.gov/grants/guide/pa-files/PA-15-098.html> (R01)

<http://grants.nih.gov/grants/guide/pa-files/PA-15-097.html> (R21)

OFFICE ON VIOLENCE AGAINST WOMEN FY 2015 RURAL SEXUAL ASSAULT, DOMESTIC VIOLENCE, DATING VIOLENCE AND STALKING PROGRAM

<http://www.grants.gov/web/grants/view-opportunity.html?oppld=271690>

BRAIN INITIATIVE: DEVELOPMENT, OPTIMIZATION, AND VALIDATION OF NOVEL TOOLS AND TECHNOLOGIES FOR NEUROSCIENCE RESEARCH

<http://grants.nih.gov/grants/guide/pa-files/PAR-15-091.html> (SBIR) (R43/R44)

<http://grants.nih.gov/grants/guide/pa-files/PAR-15-090.html> (STTR) (R41/R42)



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.