



UPDATE

July 15, 2015

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

Subscribe to Receive the Update

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

Follow NIMH on Social Media

<http://twitter.com/nimhgov>
<http://www.facebook.com/nimhgov>
<http://www.youtube.com/nimhgov>

*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*

FEDERAL REPORT SHOWS DROP IN PRETERM BIRTH RATE: ANNUAL STATISTICS COMPILATION ALSO SHOWS INCREASE IN ADOLESCENT DEPRESSION

The number of American infants born before the 37th week of pregnancy dropped slightly in 2013, as did the percentage of children with asthma under the age of 17. The percentage of teens who experienced a major depressive episode increased. These and other findings are described in *America's Children: Key National Indicators of Well-Being, 2015*. The report was compiled by the Federal Interagency Forum on Child and Family Statistics, which includes participants from 23 federal agencies. The forum fosters coordination, collaboration, and integration of federal efforts to collect and report data on children and families.

Press Release: <http://www.nih.gov/news/health/jul2015/nichd-10.htm>

REPORT FINDS GAPS IN TREATMENT FOR SOME BEHAVIORAL HEALTH CONDITIONS AMONG RACIAL/ETHNIC MINORITY POPULATIONS AND PEOPLE WITHOUT HEALTH INSURANCE

The *Behavioral Health Equity Barometer* report (the Barometer) by the Substance Abuse and Mental Health Services Administration (SAMHSA) is a one year snapshot of the state of behavioral health of youth and adults by demographics and insurance status. Behavioral health issues include the prevention and treatment of mental and substance use disorders. While gaps in treatment exist for the population as a whole, this Barometer identifies gaps that exist by health insurance status and for specific ethnic and racial populations. While the differences are not statistically significant, which means the rates are technically the same, among adolescents aged 12 to 17 experiencing a major depressive episode, approximately 4 in 10 (41.6 percent) of White adolescents received treatment for depression in the past year prior to being surveyed, while only 36.9 percent of Hispanic or Latino adolescents, and 28.6 percent of Black adolescents received treatment.

Press Release: <http://www.samhsa.gov/newsroom/press-announcements/201507011100>

FDA APPROVES NEW DRUG TO TREAT SCHIZOPHRENIA AND AS AN ADD ON TO AN ANTIDEPRESSANT TO TREAT MAJOR DEPRESSIVE DISORDER

On July 10, the United States (U.S.) Food and Drug Administration (FDA) approved Rexulti (brexpiprazole) tablets to treat adults with schizophrenia and as an add-on treatment to an antidepressant medication to treat adults with major depressive disorder (MDD).

Press Release: <http://www.fda.gov/NewsEvents/Newsroom/PressAnnouncements/ucm454647.htm>

VA-LED CONSORTIUM LAUNCHES BRAIN BANK FOR RESEARCH ON PTSD

A consortium led by the Department of Veterans Affairs' (VA) National Center for Posttraumatic Stress Disorder (PTSD) has launched the first brain tissue biorepository (also known as a "brain bank") to support research on the causes, progression, and treatment of PTSD affecting Veterans. The national brain bank will follow the health of enrolled participants during their lifetime. Participants in the brain bank will donate their brain and other body tissue after their death. The donated tissue, along with each Veteran's health information, will provide crucial information for use in research on PTSD and related disorders.

Press Release: <http://www.va.gov/opa/pressrel/pressrelease.cfm?id=2715>

RESOURCES: PUBLICATIONS, TOOLKITS, OTHER RESOURCES

NEW FROM NIMH

BLOG POST: VIEWING THE STARRS DATA

NIMH Director Thomas Insel blogs about important research updates events for the Army STARRS project, the largest study of mental health risk and resilience ever conducted among military personnel, including the release of the data for use by the broad scientific community.

<http://www.nimh.nih.gov/about/director/2015/viewing-the-starrs-data.shtml>

BLOG POST: QUALITY COUNTS

The Institute of Medicine has issued a report looking at the effectiveness of psychosocial treatments for mental disorders. NIMH Director Thomas Insel blogs about the need to ensure that consumers needing treatment receive evidence-based therapies. <http://www.nimh.nih.gov/about/director/2015/quality-counts.shtml>

NIH RESOURCES

FEATURE ON ATTENTION-DEFICIT HYPERACTIVITY DISORDER: COMPLEMENTARY HEALTH

This National Center for Complementary and Integrated Health web page features tips and other resources about attention-deficit hyperactivity disorder (ADHD). ADHD is one of the most common disorders among children and may continue into adolescence and adulthood. Conventional treatment, which may include medication, behavior therapy, or a combination of both, is helpful for the majority of children with ADHD and for adults, too. Many complementary health approaches have been studied for ADHD, but none has been conclusively shown to be helpful. Approaches studied include omega-3 fatty acids and other dietary supplements, special diets, neurofeedback, and several mind and body practices. Research is continuing on some of these approaches. <https://nccih.nih.gov/health/adhd>

BROCHURE HIGHLIGHTS THE VALUE OF PALLIATIVE CARE FOR CHILDREN LIVING WITH SERIOUS ILLNESSES

A new brochure from the National Institute of Nursing Research provides information about pediatric palliative care — a type of care that can reduce a child’s pain, help manage other distressing symptoms, and provide important emotional support to the child and family throughout the course of an illness. The brochure answers questions that parents and families may have about pediatric palliative care.

<http://www.nih.gov/news/health/jul2015/ninr-13.htm>

FACT SHEET: RISKY DRINKING CAN PUT A CHILL ON SUMMER FUN

This National Institute on Alcohol Abuse and Alcoholism (NIAAA) fact sheet highlights consequences to excessive drinking combined with summer activities. Drinking impairs both physical and mental abilities, and it also decreases inhibitions, which can lead to tragic consequences on the water, on the road, and in the great outdoors. In fact, research shows that up to 70 percent of all water recreation deaths of teens and adults involve the use of alcohol. <http://www.niaaa.nih.gov/news-events/news-noteworthy/niaaa-fact-sheet-risky-drinking-can-put-chill-your-summer-fun>

COCAINE ABSTINENCE AND REDUCED USE ARE ASSOCIATED WITH LOWERED MARKER OF ENDOTHELIAL DYSFUNCTION IN AFRICAN AMERICANS: A PRELIMINARY STUDY

Regular use of cocaine raises the risk of developing circulatory problems, which begin with dysfunction of endothelial cells and can progress to heart disease. The protein endothelin-1 (ET-1) is associated with endothelial dysfunction. This study examined ET-1 levels and coronary plaques in a group of African American cocaine users participating in an incentive-based program to reduce cocaine use. In addition to confirming the finding that abstinence from cocaine lowers ET-1, the study found that more mild reductions in cocaine use also lowered levels of ET-1. This change in ET-1 provides evidence that both total abstinence and reduction in cocaine use could protect against endothelial dysfunction. Additionally, the responsiveness of ET-1 to changes in cocaine use could make it a useful biomarker to measure harm-reduction outcomes when developing treatments for cocaine use disorder. <http://www.drugabuse.gov/news-events/latest-science/cocaine-abstinence-reduced-use-are-associated-lowered-marker-endothelial-dysfunction-in-african>

TEXT MESSAGING AFTERCARE INTERVENTION CUTS YOUTHS’ RISK FOR RELAPSE

An interactive mobile texting aftercare program has shown promise as a means to help teens and young adults engage with post-treatment recovery activities and avoid relapse, researchers report. In a pilot study supported by the National Institute on Drug Abuse (NIDA), the program, called ESQYIR (Educating & Supporting Inquisitive Youth in Recovery), reduced young people’s odds of relapsing by half compared with standard aftercare. Researchers designed ESQYIR to teach and reinforce wellness self-management in a manner that fits young people’s attitudes and communication styles. <http://www.drugabuse.gov/news-events/nida-notes/2015/06/text-messaging-aftercare-intervention-cuts-youths-risk-relapse>

NEW FROM SAMHSA

QUICK GUIDE FOR CLINICIANS: TRAUMA-INFORMED CARE IN BEHAVIORAL HEALTH SERVICES

This resource equips professional care providers and administrators with information for providing care to people who have experienced trauma or are at risk of developing trauma stress reactions. It addresses prevention, intervention, and treatment issues and strategies. <http://store.samhsa.gov/product/SMA15-4912>

BLOG POST: SPOTLIGHT ON TRIBAL BEHAVIORAL HEALTH NEEDS

During Minority Mental Health Month, SAMHSA is focusing on raising awareness about how mental health and substance use issues affect ethnic minority groups. This blog post highlights issues of co-occurring mental health and substance abuse disorders in tribal communities.

<http://blog.samhsa.gov/2015/07/07/celebrating-minority-mental-health-month-spotlight-on-tribal-behavioral-health-needs/>

STRATEGIES FOR WORKING WITH THE MEDIA

This tip sheet presents key steps to consider before the media calls, when they call, and during the interview. <https://captus.samhsa.gov/access-resources/strategies-working-media>

THE DO'S AND DON'TS OF EFFECTIVE MESSAGING

This tip sheet provides general guidance on designing and delivering consistent and effective substance abuse prevention messages. <https://captus.samhsa.gov/access-resources/do%E2%80%99s-and-don%E2%80%99ts-effective-messaging-substance-abuse-prevention>

CDC VITAL SIGNS: DEMOGRAPHIC AND SUBSTANCE USE TRENDS AMONG HEROIN USERS — U.S., 2002–2013

Heroin use and overdose deaths have increased significantly in the U.S. Assessing trends in heroin use among demographic and particular substance-using groups can inform prevention efforts. The FDA and the Centers for Disease Control and Prevention (CDC) analyzed data from the National Survey on Drug Use and Health and National Vital Statistics System reported during 2002 to 2013. This report summarizes their findings. Heroin use has increased significantly across most demographic groups. The increase in heroin abuse or dependence parallels the increase in heroin-related overdose deaths. Heroin use is occurring in the context of broader poly-substance use. <http://www.cdc.gov/mmwr/preview/mmwrhtml/mm6426a3.htm>

NEW FROM AHRQ

HORIZON SCAN SYSTEM POTENTIAL HIGH IMPACT REPORT: DEPRESSION AND OTHER MENTAL HEALTH DISORDERS

The Agency for Healthcare Research and Quality (AHRQ) *Horizon Scan System Potential High Impact Reports* have been updated for the six-month period ending June 2015. These 15 reports, including one on *Depression and Other Mental Health Disorders*, present information on the interventions which have the potential for high impact on the health care system in the next one to three years based on feedback from a variety of stakeholders on individual topic profiles. Within the depression and other mental health disorders scan, the majority of interventions are interventions that potentially offer treatments for patients whose conditions fail to respond to available medications and behavioral therapies for bipolar depression, MDD, and PTSD. <http://effectivehealthcare.ahrq.gov/ehc/assets/File/Depression-Horizon-Scan-High-Impact-1506.pdf>

AHRQ STATS: MEDICAID "SUPER-UTILIZER" PATIENTS

A large proportion of health care resources in the U.S. are consumed by a relatively small number of individuals. Approximately one-fourth of U.S. health care expenses are incurred by one percent of the U.S. population, and half of expenses are incurred by five percent of the population. In contrast, half of the U.S. population incurs only three percent of total health care expenses. Those few individuals who consume a large share of health care resources have been dubbed “super-utilizers.” This statistical brief explores characteristics of super-utilizers from Medicare and private insurance with a comparison to Medicaid super-utilizers. Among Medicaid patients younger than 65 in 2012, mood disorder was the most common diagnosis for “super-utilizers” — those with four or more hospital stays. Mental health and substance use disorders were among the top 10 principal diagnoses for super-utilizers aged 1 to 64 years regardless of payer. <http://www.hcup-us.ahrq.gov/reports/statbriefs/sb190-Hospital-Stays-Super-Utilizers-Payer-2012.jsp>

GENETIC TESTING FOR DEVELOPMENTAL DISABILITIES, INTELLECTUAL DISABILITY, AND AUTISM SPECTRUM DISORDER: TECHNICAL BRIEF

This technical brief collects and summarizes information on genetic tests clinically available in the U.S. to detect genetic markers that predispose to developmental disabilities (DDs). It also identifies, but does not systematically review, existing evidence addressing the tests’ clinical utility. Patient-centered health outcomes and intermediate outcomes are examined. The search identified 672 laboratory-developed tests offered by 63 providers in 29 states. One test identified has been cleared by the FDA. Common genetic testing methods used include array comparative genomic hybridization, microarray, DNA sequencing, and polymerase chain reaction. No studies were identified that directly assessed the impact of genetic testing on health outcomes. Most of the clinical studies identified for indirect assessment of clinical utility are case series reporting on a test’s diagnostic yield.

<http://www.effectivehealthcare.ahrq.gov/ehc/products/602/2095/genetic-testing-developmental-disabilities-report-150629.pdf>

MULTIPLE CHRONIC CONDITIONS: A FRAMEWORK FOR EDUCATION AND TRAINING

The U.S. Department of Health and Human Services (HHS) released a new set of training materials for health care professionals as a part of its *Multiple Chronic Conditions Initiative*. This resource aims to provide health professionals with education to care for people living with multiple chronic conditions. The guide outlines the core domains and competencies for caring for this unique population.

<http://www.hhs.gov/ash/initiatives/mcc/education-and-training/framework-curriculum/framework-curriculum.pdf>

NEW FROM THE DCOE

INFOGRAPHIC: PROLONGED EXPOSURE: PTSD THERAPY THAT WORKS

This Defense Centers of Excellence for Psychological Health and Traumatic Brain Injury (DCoE) infographic highlights the main components of prolonged exposure therapy for PTSD: education, talking through trauma, real-world practice, and breathing. Prolonged exposure therapy is a type of therapy that helps decrease distress around trauma. This therapy works by helping the way trauma-related thoughts, feelings, and situations are approached. Repeated exposure to these thoughts, feelings, and situations helps reduce the power they have to cause distress. http://www.dcoe.mil/blog/15-07-13/Prolonged_Exposure_PTSD_Therapy_That_Works.aspx

EXPERT DISCUSSES RESEARCH TO HELP ASSESS, REDUCE VIOLENCE IN MILITARY

This blog post summarizes a recent DCoE webinar which presented current research that may help assess the risk of a patient with PTSD and reduce violence in a subset of military veterans. According to research, aggression toward others is a significant problem reported by up to one-third of service members and veterans. Although a PTSD diagnosis has been linked to several incidents of service member violence, it doesn't necessarily make veterans violent; there are other factors that may trigger violence. Many factors, including non-PTSD risk factors, can contribute to violent behavior and some cause severe violence, especially when combined with alcohol. Common risk factors include the age of the individual, history of violence, combat exposure, maltreatment as a child, severity of PTSD symptoms, and financial status. Research also indicates that when protective factors (food, shelter, spiritual faith, sleep and resilience) were met, there was a reduced risk of violence in military veterans. http://www.dcoe.mil/blog/15-07-10/Expert_Discusses_Research_to_Help_Assess_Reduce_Violence_in_Military.aspx

NEW FROM REAL WARRIORS

STRENGTHEN WELL-BEING THROUGH SPIRITUAL FITNESS

Experiences such as traumatic events during one's military career can lead to questioning values and trying to make sense of what happened. Spirituality can help service members cope by connecting them to something bigger than themselves. For some, it may be a relationship with one's unit, family, or nature. For others, it may be a relationship with a Higher Power and religious practices. However expressed, spirituality can create values and beliefs to give life meaning. This article provides benefits of spirituality, lists tips for staying spiritually fit, and outlines tools for line leaders on supporting spirituality.

<http://www.realwarriors.net/active/treatment/spirituality.php>

BEHAVIORAL FITNESS: HEALTHY BEHAVIORS TO BUILD STRENGTH

The demands of military life can cause stress. It's best to work through tough times in a positive way instead of taking part in behaviors harmful to one's health. Practicing healthy behaviors can maintain well-being. This includes limiting alcohol and tobacco use, eating healthy foods, exercising often, and getting enough sleep. This article provides benefits of behavioral fitness, lists positive tips to improve health, and gives ways line leaders can promote healthy behaviors.

<http://www.realwarriors.net/active/treatment/behavioralfitness.php>

EVENTS

HEALTH OBSERVANCE: NATIONAL MINORITY MENTAL HEALTH MONTH

JULY 2015

In May 2008, the United States House of Representatives proclaimed July as Bebe Moore Campbell National Minority Mental Health Awareness Month, providing agencies with the opportunity to raise awareness about severe mental illness in diverse communities, while highlighting avenues for wellness and recovery. During this month, encourage family, friends, loved ones and clients to learn more about improving mental health. <http://www.minorityhealth.hhs.gov/omh/content.aspx>

NIMH TWITTER CHAT: CANCER AND PSYCHO-ONCOLOGY

JULY 22, 2015, 1:00-2:00 PM ET

NIMH and the National Cancer Institute will host a Twitter chat on how patients and caregivers, across all ages, can deal with the psychological impact of cancer. Use hashtag: #CopingCancer.

<http://www.nimh.nih.gov/news/science-news/2015/twitter-chat-on-cancer-and-psycho-oncology.shtml>

WEBINAR: ADVANCING THE SUSTAINABILITY OF PROS AND RCOS

JULY 22, 2015, 1:00-2:30 PM ET

SAMHSA's Bringing Recovery Supports to Scale Technical Assistance Center Strategy project is hosting this webinar on the sustainability of peer-run organizations (PROs) and recovery community organizations (RCOs). The webinar will provide strategies and tools to help them develop their capacity, strengthen their processes, support their staff teams, maximize the effectiveness of their leadership, and implement policies and procedures that support recovery and promote organizational stability.

<https://www.eventbrite.com/e/advancing-the-sustainability-of-peer-runrecovery-community-organizations-tickets-17352801697>

WEBINAR: SOCIAL DETERMINANTS—HOUSING SECURITY

JULY 23, 2015, 12:00-1:00 PM ET

This HHS *Who's Leading the Leading Health Indicators?* webinar will highlight housing security, a key social determinant of health. Learn more about this important social determinant, including how housing quality, stability, and affordability impact health and educational outcomes. Participants will also hear about interventions and resources that can help address housing insecurity in their communities.

<http://www.healthypeople.gov/2020/webinars-events>

WEBINAR: AHRQ REGISTRY OF PATIENT REGISTRIES

JULY 23, 2015, 1:00-2:00 PM ET

This webinar will focusing on the strengths and limitations of using existing data sources to address new research questions, in comparison to developing new, prospective patient registries. Presenters will review factors for deciding whether to use existing data sources or collect new data and issues to consider when selecting a data source, drawing on case studies to illustrate these points, including hybrid registries, retrospective observational studies, and others. This webinar is part of a series hosted by the AHRQ Registry of Patient Registries (RoPR) project. The RoPR is a central, searchable database of patient registries that is integrated with ClinicalTrials.gov.

<https://quintilesconferencing.webex.com/quintilesconferencing/j.php?RGID=rf69b8edf7fe8a6951c980f6737e4ebda>

WEBINAR: ALCOHOL MISUSE IN THE MILITARY: SCREENING BRIEF INTERVENTION AND REFERRAL TO TREATMENT

JULY 23, 2015, 1:00-2:30 PM ET

During this DCoE webinar, presenters will discuss policy and clinical issues related to alcohol use disorders in the military health system, identify and differentiate between alcohol use disorders, and describe a comprehensive approach for screening, brief intervention, and referral to treatment for alcohol misuse in primary care settings. <http://dcoe.cds.pesgce.com/eindex.php>

WEBINAR: BEST PRACTICES IN AFFORDABLE CARE ACT OUTREACH AND ENROLLMENT

JULY 23, 2015, 2:00 PM EDT

In this HHS webinar, learn from faith leaders who have conducted successful outreach and enrollment campaigns before and during open enrollment. Hear from Abrar Quader from the Compassionate Care Network (CCN) which helped enroll people who are Muslim, Hindu, and Sikh. CCN received a navigator grant from the Illinois state marketplace. <https://attendee.gotowebinar.com/register/7696657627835202818>

WEBINAR: WOMEN UNBARRED: RECOVERY AND SUPPORTS FOR WOMEN INVOLVED WITH CRIMINAL JUSTICE

JULY 23, 2015, 3:00-4:30 PM ET

This session in SAMHSA's Women Matter webinar series discusses the unique experiences of women who are incarcerated, and the barriers to recovery and re-entry that women leaving incarceration often experience. Presenters will discuss effective interventions and supports for helping women to rebuild their lives as well as community programs and policies. <http://www.samhsa.gov/women-children-families/trainings/women-matter>

WEBINAR: IMPROVING HEALTH THROUGH TRAUMA-INFORMED CARE

JULY 28, 2015, 2:00-3:30 PM ET

People who experience physically or emotionally harmful or life threatening events can have lasting adverse mental and physical health effects. Trauma-informed care can improve patient engagement with their providers and support health outcomes. In addition, a clinic environment that realizes the widespread impact of trauma can actively resist re-traumatization of the people served. This SAMHSA-Health Resources and Services Administration Center for Integrated Health Solutions webinar will walk through what a trauma-informed clinic looks like and simple steps clinicians can take to ensure services and clinic environment are trauma-informed. <https://goto.webcasts.com/starthere.jsp?ei=1069399>

NATIONAL MINORITY MENTAL HEALTH MONTH TWITTER STORM

JULY 29, 2015, 2:00 PM ET

The DHHS Office of Minority Health and SAMHSA is hosting a Twitter Chat in observance of National Minority Mental Health Month. Mental health is an important component of overall good health; and racial and ethnic minorities often experience worse outcomes from mental health issues. This Twitter chat will provide an opportunity to raise awareness about mental health and to share important mental health resources and work towards improving cultural perspectives in minority communities seeking mental health services. Use hashtag #MMHMChat.

TWO-PART WEBINAR: RESPONDING TO SUICIDE CLUSTERS ON COLLEGE CAMPUSES

PART I: UNDERSTANDING SUICIDE CLUSTERS ON COLLEGE CAMPUSES: WHAT DO WE KNOW?

AUGUST 20, 2015, 1:30-3:00 PM ET

In Part I of this two-part SAMHSA and The JED Foundation web conference, participants will learn from experts in suicide prevention and college mental health about the current understanding of suicide clusters on college campuses and in other settings. Presenters will discuss the epidemiology and demographics of suicide clusters; what is known about settings in which clusters are more likely to occur; and how to diminish the risk of contagion through effective communication, intervention, and postvention on- and off-campus.

PART II: CASE STUDIES AND PRACTICAL GUIDANCE ON PREVENTION AND POSTVENTION OF CAMPUS SUICIDE CLUSTERS

AUGUST 20, 2015, 3:30-5:00 PM ET

In Part II of this two-part web conference, a panel of clinicians who have experienced suicide clusters on their campuses or who have worked with campuses that have experienced clusters will discuss their experiences, lessons learned about the demographics of suicide clusters, planning for postvention after a cluster, communication and media reporting, and managing the campus response to a cluster.

<http://campusclusters.com/>

HEALTH OBSERVANCE: GO4LIFE MONTH

SEPTEMBER 2015

September 2015 has been designated *Go4Life Month*, in collaboration with the White House Conference on Aging. *Go4Life*, the national exercise and physical activity campaign for people 50 years and older from the National Institute on Aging, is bringing together more than a hundred federal, state, and local partners to encourage older adults to move more and stay active for better health with advancing age. In September, the campaign will celebrate *Go4Life Month* with the theme *Be Active Every Day!* Campaign partners nationwide plan to mark the occasion by increasing awareness and sponsoring an array of activities to engage community members, young and old, in exercise and physical activities they enjoy.

<https://go4life.nia.nih.gov/month>

HEALTH OBSERVANCE: NATIONAL RECOVERY MONTH

SEPTEMBER 2015

Every September, SAMHSA sponsors Recovery Month to increase awareness and understanding of mental and substance use issues and celebrate the people who recover. The Recovery Month provides tips and resources for planning Recovery Month events and distributing information in communities across the nation. <http://www.recoverymonth.gov/>

DCOE SUMMIT: CONTINUUM OF CARE AND CARE TRANSITIONS IN THE MILITARY HEALTH SYSTEM AT DEFENSE HEALTH HEADQUARTERS

SEPTEMBER 9-11, 2015, FALLS CHURCH, VIRGINIA

This DCoE virtual and in-person training event is geared towards professionals involved in all aspects of psychological health and traumatic brain injury (TBI) care, education, and research for the military population. The summit's psychological health and TBI tracks will address factors that challenge and facilitate the provision of quality, sustained health services across care transitions, and the continuum of care. <http://www.dcoe.mil/Training/Events/2015-Psychological-Health-and-Resilience-Summit.aspx>

REQUEST FOR INFORMATION (RFI): BUILDING AN EVIDENCE BASE FOR EFFECTIVE PSYCHIATRIC INPATIENT CARE AND ALTERNATIVE SERVICES FOR SUICIDE PREVENTION

NIMH, NIDA, SAMHSA, and the American Foundation for Suicide Prevention are seeking information on approaches to better understand: 1) what components of inpatient care are safe and effective in reducing suicide risk for various populations; 2) what are effective alternatives to inpatient care (e.g., telephone counseling, home visits, intensive day/residential treatment, types of respite care) and how they can be broadly implemented; and 3) what type of research designs could compare inpatient interventions with alternative approaches in a safe, acceptable, and fair manner. While a number of interventions for suicide attempters have been effective and even replicated, the effectiveness of inpatient care interventions or alternative approaches in reducing later morbidity (e.g., suicide attempts) and mortality (e.g., suicide deaths) remains a question for many U.S. healthcare systems. Testing the effectiveness of inpatient or alternative approaches is critical for suicidal patients as few empirically-based practices exist for acute care interventions and their follow-up care.

This RFI is intended to seek information about current practices and solicit perspectives on the need for empirical research from stakeholders who are associated with relevant systems of care (e.g., state commissioners, healthcare administrators, insurers, providers, patients, suicide attempt survivors, and family members), and who play a role in the provision of interventions for individuals at acute risk for suicide, as well as researchers focused on such interventions and services research. Responses will be accepted through August 1, 2015. <http://grants.nih.gov/grants/guide/notice-files/NOT-MH-15-019.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:

IMPROVING CULTURAL COMPETENCE TO REDUCE HEALTH DISPARITIES FOR PRIORITY POPULATIONS
(COMMENTS ACCEPTED THROUGH JULY 20, 2015)

<http://www.effectivehealthcare.ahrq.gov/search-for-guides-reviews-and-reports/?pageaction=displayProduct&productID=2092>

SUBMIT AN INNOVATIVE TOOL OR APP TO HELP INDIVIDUALS RE-ENTERING THEIR COMMUNITY AFTER INCARCERATION

Studies show that people leaving the criminal justice system have a higher proportion of substance use and mental disorders than the general population. SAMHSA invites developers to create an innovative software-based solution, with housing, employment, prevention, treatment, and recovery information, to assist offenders and their friends, family, probation officers, jail and prison case workers, and others who help them reintegrate into their communities. No need to create new content—this is a chance to get creative with how to present existing SAMHSA content and other information. Submissions accepted through July 31, 2015. <http://offenderreintegrationtoolkit.challengepost.com/>

SUBMIT AN INNOVATIVE TOOL OR APP TO PREVENT OPIOID-RELATED OVERDOSES

Overdose is common among people who use illicit opioids such as heroin, and among those who misuse medications prescribed for pain. SAMHSA invites developers to create an innovative, software-based solution that helps people understand what to do if a family member or friend overdoses on heroin or opioid pain medications. No need to create new content—this is a chance to get creative with how to present existing opioid overdose prevention information. Submissions accepted through July 31, 2015. <http://opioidoverdoseprevention.challengepost.com/>

NIH HOLDS COMPETITION TO CREATE BETTER WEARABLE ALCOHOL BIOSENSOR

To promote the development of a wearable, discreet device capable of measuring blood alcohol levels in real time, NIAAA has issued the *Wearable Alcohol Biosensor Challenge*. A wearable biosensor will aid researchers, clinicians, therapists, and individuals by providing more accurate data on how much an individual is drinking. Competition submissions should include a working prototype, data proving its functionality and reliability, as well as photos and videos. Submissions will be accepted until December 1, 2015. <https://www.federalregister.gov/articles/2015/03/02/2015-04254/announcement-of-requirements-and-registration-for-a-wearable-alcohol-biosensor-challenge#h-3>

FUNDING INFORMATION

NEURODEVELOPMENTAL ASSESSMENT OF INFANTS AND CHILDREN IN RESOURCE-LIMITED SETTINGS

<http://grants.nih.gov/grants/guide/rfa-files/RFA-HD-16-024.html> (R43/R44)

<http://grants.nih.gov/grants/guide/rfa-files/RFA-HD-16-025.html> (R41/R42)

EMERGING GLOBAL LEADER AWARD

<http://grants.nih.gov/grants/guide/pa-files/PA-15-292.html>

NATIONAL INDIAN HEALTH OUTREACH AND EDUCATION

<http://www.grants.gov/web/grants/view-opportunity.html?oppld=263029>

NATIONAL INSTITUTE ON MINORITY HEALTH AND HEALTH DISPARITIES TRANSDISCIPLINARY COLLABORATIVE CENTERS FOR HEALTH DISPARITIES RESEARCH FOCUSED ON PRECISION MEDICINE

<http://grants.nih.gov/grants/guide/rfa-files/RFA-MD-15-013.html>



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.