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# UPDATE

October 1, 2011

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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*

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## SCIENCE AND SERVICE NEWS UPDATES

**PRESCRIBED STIMULANT USE FOR ADHD CONTINUES TO RISE STEADILY; NIH AND AHRQ STUDY FINDS PACE OF THE RISE HAS SLOWED IN RECENT YEARS**

The prescribed use of stimulant medications to treat attention deficit hyperactivity disorder (ADHD) rose slowly but steadily from 1996 to 2008, according to a study conducted by the National Institutes of Health (NIH) and the Agency for Healthcare Research and Quality (AHRQ). The study was published online ahead of print September 28, 2011 in the *American Journal of Psychiatry*.

**Press Release:** <http://www.nimh.nih.gov/science-news/2011/prescribed-stimulant-use-for-adhd-continues-to-rise-steadily.shtml>

**ADDING PSYCHOTHERAPY TO MEDICATION TREATMENT IMPROVES OUTCOMES IN PEDIATRIC OCD**

Youth with obsessive compulsive disorder (OCD) who are already taking antidepressant medication benefit by adding a type of psychotherapy called cognitive behavior therapy, according to a National Institute of Mental Health (NIMH)-funded study published September 21, 2011 in the *Journal of the American Medical Association*.

**Science Update:** <http://www.nimh.nih.gov/science-news/2011/adding-psychotherapy-to-medication-treatment-improves-outcomes-in-pediatric-ocd.shtml>

**SURVEY ASSESSES TRENDS IN PSYCHIATRIC HOSPITALIZATION RATES**

Short-term inpatient psychiatric stays increased for youth but declined for older adults between 1996 and 2007, according to an analysis published online ahead of print August 1, 2011 in the *Archives of General Psychiatry*.

**Science Update:** <http://www.nimh.nih.gov/science-news/2011/survey-assesses-trends-in-psychiatric-hospitalization-rates.shtml>

**NIH STUDY FINDS HOSPITALIZATIONS INCREASE FOR ALCOHOL AND DRUG OVERDOSES**

Hospitalizations for alcohol and drug overdoses — alone or in combination — increased dramatically among 18- to 24-year-olds between 1999 and 2008, according to a study by researchers at the National Institute on Alcohol Abuse and Alcoholism (NIAAA). The study examined hospitalization data from the Nationwide Inpatient Sample, an AHRQ project designed to approximate a 20 percent sample of U.S. community hospitals. The findings appear in the September issue of the *Journal of Studies on Alcohol and Drugs*.

**Press Release:** <http://www.nih.gov/news/health/sep2011/niaaa-20.htm>

## **SOME PROGRESS REPORTED IN REACHING PEOPLE ON PROBATION AND PAROLE WITH BEHAVIORAL HEALTH SERVICES**

A new Substance Abuse and Mental Health Services Administration (SAMHSA) report found significantly lower rates of substance abuse disorders among probationers and parolees in 2009 compared to previous years. At the same time, the percentage of parolees who received substance abuse treatment increased. The study also found the rate of probationers and parolees who reported an unmet need for substance abuse treatment was lower in 2009 than in previous years. In terms of mental disorders, the study found that probationers and parolees were more likely than the general population to receive some mental health treatment; however, they also were more likely to report an unmet need for mental health treatment. The rate of probationers and parolees with mental disorders who accessed treatment or reported an unmet treatment need remained unchanged over the years the study covered.

**Press Release:** <http://www.samhsa.gov/newsroom/advisories/1109153023.aspx>

## **INSUFFICIENT SLEEP AMONG HIGH SCHOOL STUDENTS ASSOCIATED WITH A VARIETY OF HEALTH-RISK BEHAVIORS**

Almost 70 percent of high school students are not getting the recommended hours of sleep on school nights, according to a study by the Centers for Disease Control and Prevention (CDC) published online by *Preventive Medicine*. Insufficient sleep is associated with a variety of health-risk behaviors, including drinking alcohol, fighting, and seriously considering attempting suicide, as well as feelings of sadness or hopelessness.

**Press Release:** [http://www.cdc.gov/media/releases/2011/a0926\\_insufficient\\_sleep.html](http://www.cdc.gov/media/releases/2011/a0926_insufficient_sleep.html)

## **SAMHSA ANNOUNCES FY 2012 GUIDANCE FOR SUBMISSIONS TO NATIONAL REGISTRY OF EVIDENCE-BASED PROGRAMS AND PRACTICES (NREPP)**

SAMHSA has provided guidance for those interested in submitting programs and practices to its National Registry of Evidence-Based Programs and Practices (NREPP). The notice was published in the September 19, 2011 *Federal Register*. NREPP is a voluntary rating and classification system designed to provide the public with reliable information on the scientific basis and practicality of interventions that prevent and/or treat mental and substance use disorders. Under NREPP, minimum review criteria require that interventions must: 1) be evaluated using an experimental or quasi-experimental study design; 2) demonstrate one or more positive change outcomes in mental health and/or substance use among individuals, communities, or populations; 3) have results that are published in a peer-reviewed publication, or documented in a comprehensive evaluation report; and 4) provide documentation, such as manuals, guides, or training materials to facilitate broader public dissemination of the intervention.

**Press Release:** <http://www.samhsa.gov/newsroom/advisories/1109224924.aspx>

## **NIH TO FUND DEVELOPMENT OF K-12 NEUROSCIENCE EDUCATION PROGRAMS; SELECTED GRANTEES WILL USE NEUROSCIENCE TO ENGAGE YOUNG PEOPLE IN SCIENCE**

Eight investigators across the United States will receive funding from NIH over the next five years to develop innovative neuroscience education programs for K-12 students and their teachers. Activities described within some proposals include using touch tablet technology to teach neurobiology, and the creation of a 1,400-square-foot interactive learning center.

**Press Release:** <http://www.nih.gov/news/health/sep2011/nida-27.htm>

## **SAMHSA AWARDS \$1.8 MILLION TO PREVENT SUICIDE AND PRESCRIPTION DRUG MISUSE AMONG OLDER ADULTS**

SAMHSA is announcing \$1.8 million in new one-year grants to prevent suicide and prescription drug misuse by older adults in five communities. These grants are designed to enhance the array of behavioral health services offered by the programs receiving the grant awards. SAMHSA and the U.S. Administration on Aging are working together on this initiative to better coordinate and plan behavioral health services for older adults through aging, mental health, and substance abuse prevention networks for states/communities.

**Press Release:** <http://www.samhsa.gov/newsroom/advisories/1109264411.aspx>

## **SAMHSA AWARDS \$7 MILLION TO ADDRESS CHILDHOOD TRAUMATIC STRESS**

SAMHSA announced five grant awards totaling \$7 million over the next year to improve services available to children and adolescents who have experienced traumatic events. Two types of grant awards are being made. The Treatment and Service Adoption Center grants are working to develop and test the best methods for preventing, screening for, and treating behavioral health problems that can arise because of natural disaster, abuse, neglect, or other traumatic events. The Community Treatment and Services Center grants support the delivery of trauma-informed practices and interventions to children and adolescents in community-based settings.

**Press Release:** <http://www.samhsa.gov/newsroom/advisories/1109260348.aspx>

## **SAMHSA AWARDING UP TO \$600,000 IN PEER-TO-PEER RECOVERY SUPPORT SERVICES IN SUPPLEMENTAL GRANTS TO COMMUNITY-BASED ORGANIZATIONS**

SAMHSA announced that it is awarding four supplemental grants totaling up to \$600,000 for one year to community-based organizations that offer peer-to-peer recovery support services for people struggling with drug and alcohol addictions. These services are designed to help prevent relapse among people in recovery, promote timely re-entry into treatment if relapse occurs, and promote sustained recovery and an enhanced quality of life.

**Press Release:** <http://www.samhsa.gov/newsroom/advisories/1109265508.aspx>

## **SAMHSA AWARDS UP TO \$27.7 MILLION IN GRANTS TO HELP PROVIDE SERVICES TO THOSE WHO ARE CHRONICALLY HOMELESS**

SAMHSA announced 20 new grants totaling up to \$27.7 million over three years to local organizations working to reduce chronic homelessness in their communities. This grant program is designed to reduce the barriers that persons with mental and substance use disorders who are chronically homeless and their families experience while obtaining treatment and stable housing. The resources provided through the grant will support intensive individualized treatment services designed to increase recovery and sustain permanent supportive housing.

**Press Release:** <http://www.samhsa.gov/newsroom/advisories/1109222917.aspx>

## **ED AWARDS \$15.2 MILLION IN ELEMENTARY AND SECONDARY SCHOOL COUNSELING GRANTS FOR FY 2011**

The U.S. Department of Education (ED) awarded \$15.2 million to 43 schools districts in 19 states across the country to establish or expand counseling programs. Grantees will use funds to support counseling programs in target elementary or secondary schools. Specifically, the new awards will aid schools in hiring qualified mental health professionals with the goal of expanding the range, availability, quantity, and quality of counseling services.

**Press Release:** <http://www.ed.gov/news/press-releases/us-department-education-awards-152-million-elementary-and-secondary-school-couns>

## **HHS ANNOUNCES \$224 MILLION TO SUPPORT EVIDENCE-BASED HOME VISITING PROGRAMS TO HELP PARENTS AND CHILDREN**

The U.S. Department of Health and Human Services announced \$224 million in grants to help at-risk families voluntarily receive home visits from nurses and social workers to improve maternal and child health, child development, school readiness, economic self-sufficiency, and child abuse prevention. As part of the Maternal, Infant, and Early Childhood Home Visiting Program, these grants are funded by the Affordable Care Act and are awarded to state agencies that applied for the grants in 49 states across the country.

**Press Release:** <http://www.hhs.gov/news/press/2011pres/09/20110922b.html>

## RESOURCES: PUBLICATIONS, TOOLKITS, OTHER RESOURCES

### NEW ON THE NIMH WEBSITE

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#### DIRECTOR'S BLOG: THE GLOBAL COST OF MENTAL ILLNESS

NIMH Director Thomas Insel discusses the economic costs of mental illness.

<http://www.nimh.nih.gov/about/director/2011/the-global-cost-of-mental-illness.shtml>

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#### VIDEO: DISASTERS AND MENTAL HEALTH RESEARCH

Dr. Sandro Galea, an NIMH grantee, talks about disasters and mental health research.

<http://www.nimh.nih.gov/media/video/disasters-and-mental-health-research.shtml>

### NEW NIMH PUBLICATIONS ON DEPRESSION--AVAILABLE ONLINE

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#### DEPRESSION AND COLLEGE STUDENTS

This booklet describes what depression is, how it affects college students, and treatment options.

<http://www.nimh.nih.gov/health/publications/depression-and-college-students/index.shtml>

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#### OLDER ADULTS AND DEPRESSION

This brochure describes the signs, symptoms, and treatment options of depression in older adults.

<http://www.nimh.nih.gov/health/publications/older-adults-and-depression/index.shtml>

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#### DEPRESSION AND CANCER

This brochure describes the signs and symptoms of depression and how it is linked to other illnesses,

including cancer. <http://www.nimh.nih.gov/health/publications/depression-and-cancer/index.shtml>

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#### DEPRESSION AND DIABETES

This brochure describes the signs and symptoms of depression and how it is linked to other illnesses,

including diabetes. <http://www.nimh.nih.gov/health/publications/depression-and-diabetes/index.shtml>

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#### DEPRESSION AND CHRONIC PAIN

This brochure describes the signs and symptoms of depression and how it is linked to other illnesses,

including chronic pain. <http://www.nimh.nih.gov/health/publications/depression-and-chronic-pain/index.shtml>

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#### DEPRESSION AND HEART DISEASE

This brochure describes the signs and symptoms of depression and how it is linked to other illnesses, including heart disease. <http://www.nimh.nih.gov/health/publications/depression-and-heart-disease/depression-and-heart-disease.shtml>

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#### DEPRESSION AND OSTEOPOROSIS

This brochure describes the signs and symptoms of depression and how it is linked to other illnesses, including osteoporosis. <http://www.nimh.nih.gov/health/publications/depression-and-osteoporosis/depression-and-osteoporosis.shtml>

### NIH RESEARCH MATTERS: GENE LINKED TO OPTIMISM AND SELF-ESTEEM

Why can some people make it through difficult times with little trouble while others crumble under the same circumstances? A new study suggests that the answer lies—at least in part—in your genes. <http://www.nih.gov/researchmatters/september2011/09262011optimism.htm>

### NEW AHRQ REPORTS

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#### OFF-LABEL USE OF ANTIPSYCHOTIC DRUGS FOR SOME CONDITIONS NOT SUPPORTED BY EVIDENCE

There is little evidence to support the use of atypical antipsychotic drugs for some treatments other than their officially approved purposes, even though many clinicians continue to commonly prescribe these drugs for so-called "off label" uses, according to a new AHRQ report. An article based on information in the report was published in the September 28 issue of the *Journal of the American Medical Association*. <http://www.ahrq.gov/news/press/pr2011/ehcofflabelpr.htm>

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#### NON-PHARMACOLOGIC INTERVENTIONS FOR TREATMENT-RESISTANT DEPRESSION IN ADULTS

This review provides a comprehensive summary of the available data addressing the comparative effectiveness of four non-pharmacologic treatments as therapies for patients with treatment-resistant depression: electroconvulsive therapy, repetitive transcranial magnetic stimulation, vagus nerve stimulation, and cognitive behavioral therapy or interpersonal psychotherapy. <http://www.effectivehealthcare.ahrq.gov/index.cfm/search-for-guides-reviews-and-reports/?pageaction=displayproduct&productID=787>

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## SAMHSA RESOURCES

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### TRAUMA AND JUSTICE: TREATMENT AND RECOVERY THROUGH THE DELIVERY OF BEHAVIORAL HEALTH SERVICES

This archived webinar examines the need to address trauma in the delivery of treatment and recovery services for people with mental and substance use disorders. It covers screening for trauma-related problems and suggests interventions and support services to ensure recovery.

<http://store.samhsa.gov/product/Trauma-and-Justice-Treatment-and-Recovery-Through-the-Delivery-of-Behavioral-Health-Services/All-New-Products/SMA11-4625DVD>

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### INTERVENTIONS FOR DISRUPTIVE BEHAVIOR DISORDERS EVIDENCE-BASED PRACTICES KIT

This kit includes tools to assist in developing mental health programs that help prevent or reduce severe aggressive behavioral, emotional, and development problems in children by enhancing the knowledge of parents, caregivers, and providers. <http://store.samhsa.gov/product/SMA11-4634CD-DVD>

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### UTILIZATION OF MENTAL HEALTH SERVICES BY ADULTS WITH SUICIDAL THOUGHTS AND BEHAVIOR

Over eight million adults aged 18 or older had serious thoughts of suicide in the past year, and four million of these received mental health services in the past year. Young adults aged 18 to 25 were more likely than adults aged 26 or older to have had serious thoughts of suicide, but young adults with suicidal thoughts and behavior were less likely than their older counterparts to have received mental health treatment. Young adults aged 18 to 25 who attempted suicide also were less likely than their older counterparts to have received medical attention from a doctor or other health professional.

[http://oas.samhsa.gov/2k11/014/WEB\\_SR\\_014.cfm](http://oas.samhsa.gov/2k11/014/WEB_SR_014.cfm)

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### YOUNG MARIJUANA USERS OFTEN GET MARIJUANA FOR FREE FROM FRIENDS

This report shows that 70.1 percent of the 523,000 teens aged 12 to 14 who had used marijuana in the past year received the drug for free the last time they used. Only 26.6 percent of these young marijuana users purchased the drug. A majority of marijuana users aged 12 to 14 received their free marijuana from friends, while 10.1 percent received it free from someone in their family.

[http://oas.samhsa.gov/spotlight/WEB\\_SPOT\\_028.pdf](http://oas.samhsa.gov/spotlight/WEB_SPOT_028.pdf)

## REAL WARRIORS CAMPAIGN UPDATES

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### NEW REAL WARRIORS MOBILE SITE

This mobile site allows service members, veterans, military families, and health professionals to seamlessly access the campaign website from their smart mobile device. Visitors can access resources including video profiles and informative articles, and they can order materials through the online shopping cart directly from their mobile device. <http://m.realwarriors.net>

### NEW VIDEO PROFILE

Warriors train their bodies to build physical strength and resilience. To be at peak performance, however, it is equally important to use available tools and resources to build and maintain psychological strength, as warriors and their family members explain in this video feature.

<http://www.realwarriors.net/multimedia/profiles/rwph.php>

## DCOE BLOG POSTINGS

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### REACHING OUT TO SOMEONE WITH SUICIDAL BEHAVIOR

This blog series highlights service-specific resources, programs, and multimedia tools for service members, veterans, and families that help prevent and treat self-destructive behavior.

<http://www.dcoe.health.mil/blog/article.aspx?id=1&postid=300>

### MANAGING MILD TRAUMATIC BRAIN INJURY

This blog summarizes a Defense Centers of Excellence (DCOE) webinar, which highlighted the role of case managers and what it means to work with service members who have sustained a mild traumatic brain injury. <http://www.dcoe.health.mil/blog/article.aspx?id=1&postid=299>

### WHAT'S THE DIFFERENCE BETWEEN PTS AND PTSD?

This blog reviews the differences between post-traumatic stress (PTS) and post-traumatic stress disorder (PTSD). Key differences include: post-traumatic stress symptoms resolve on their own and improve within a month; PTSD symptoms are more severe, numerous, and interfere with normal life; PTS is common and most people with PTS do not develop PTSD; and PTSD is a medically-diagnosed condition.

<http://www.dcoe.health.mil/blog/article.aspx?id=1&postid=297>

## CDC RESOURCES

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### ONLINE TRAINING: PSYCHOLOGICAL FIRST AID IN RADIATION DISASTERS

This online training module uses interviews conducted with experts and video scenarios to allow participants to observe how psychological first aid techniques can be employed in a variety of settings. It has been designed to increase awareness of the unique psychological consequences of disasters caused by a radiological or nuclear event so that clinical and public health professionals and volunteers will be better prepared to respond radiation emergencies. <http://www2a.cdc.gov/TCEOnline/registration/detailpage.asp>

### SCHOOL HEALTH GUIDELINES TO PROMOTE HEALTHY EATING AND PHYSICAL ACTIVITY

This report describes school health guidelines for promoting healthy eating and physical activity, including coordination of school policies and practices; a supportive environment; school nutrition services; physical education and physical activity programs; health education; health, mental health, and social services; family and community involvement; school employee wellness; and professional development for school staff. <http://www.cdc.gov/mmwr/preview/mmwrhtml/rr6005a1.htm>

### MILLION HEARTS INITIATIVE

To reduce the prevalence of cardiovascular disease risk factors among persons in the United States, the U.S. Department of Health and Human Services (HHS), in collaboration with nonprofit and private organizations, is launching Million Hearts, a multifaceted combination of evidence-based interventions and strategies aimed at preventing one million heart attacks and strokes over the next five years. <http://www.cdc.gov/Features/MillionHearts/>

## CALENDAR OF EVENTS

### WEBINAR: THE IMPACT OF TRAUMA AND THE EXPERIENCE OF YOUNG CHILDREN IN THE CHILD WELFARE SYSTEM

OCTOBER 6, 2011, 12:00 PM ET

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As part of the National Child Traumatic Stress Network (NCTSN) Zero to Six Speaker Series, presenters will discuss the impact of trauma and the experience of young children in the child welfare system, and the signs, symptoms, and consequences of trauma in infants, young children, and their caregivers. <http://learn.nctsn.org/calendar/view.php>

## **WEBINAR: USING AND ADAPTING TRAUMA EVIDENCE-BASED PRACTICES FOR FAMILY TRAUMA CONTEXT**

OCTOBER 12, 2011, 1:00 PM ET

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As part of the NCTSN Family Systems Speaker Series, presenters will discuss the critical impact of parent or other caregiver involvement in two evidence-based practices – Trauma-focused Cognitive Behavioral Therapy and Child-Parent Psychotherapy – describe the ways in which parents take part in each model, and the evidence demonstrating that parent participation and parent well-being is an essential element in the child's recovery. <http://learn.nctsn.org/calendar/view.php>

## **WEBINAR: SUBSTANCE ABUSE PREVENTION**

OCTOBER 12, 2011, 4:00-5:30 PM ET AND OCTOBER 13, 2011, 11:00 AM-12:30 PM ET

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The U.S. Department of Education's Office of Safe and Drug-Free Schools' Safe and Supportive Schools Technical Assistance Center is hosting this webinar that will focus on recent research on effective prevention practice and its implications for practitioners. The webinar will: 1) explore current trends in substance abuse among American youth; 2) review the latest evidence on effective prevention strategies; and 3) identify strategies for strengthening current practice in substance abuse prevention.

<http://safesupportiveschools.ed.gov/index.php?id=9&eid=87>

## **THIRD ANNUAL HEALTH LITERACY RESEARCH CONFERENCE**

CHICAGO, ILLINOIS, OCTOBER 17-18, 2011

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The Health Literacy Annual Research Conference is an interdisciplinary meeting for investigators dedicated to health literacy research, co-funded by AHRQ and the National Institute on Minority Health and Health Disparities. The themes of this year's conference will be health disparities and health care quality.

<http://www.bumc.bu.edu/healthliteracyconference/>

## **NCCAM TWITTER CHAT**

OCTOBER 18, 2011, 1:00-2:00 PM ET

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The National Center for Complementary and Alternative Medicine (NCCAM) announced its first Twitter Chat. This is an opportunity to ask an information specialist questions about complementary and alternative medicine and general health. No registration is necessary; all participants need is an active Twitter account. Join the chat using this hashtag: #NCCAMchat <http://twitter.com/#!/nccam>

## **NATIONAL PRESCRIPTION DRUG TAKE BACK DAY**

OCTOBER 29, 2011

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The U.S. Drug Enforcement Administration will be collecting potentially dangerous expired, unused, and unwanted prescription drugs for destruction at sites nationwide. The service is free and anonymous with no questions asked. Studies show that a majority of abused prescription drugs are obtained from family and friends, including from the home medicine cabinet. In addition, many Americans do not know how to properly dispose of their unused medicines, often flushing them down the toilet or throwing them away—both potential safety and health hazards.

[http://www.deadiversion.usdoj.gov/drug\\_disposal/takeback/index.html](http://www.deadiversion.usdoj.gov/drug_disposal/takeback/index.html)

## **WEBINAR: ISSUES OF ATTACHMENT FOR YOUNG TRAUMATIZED CHILDREN AND THEIR CAREGIVERS**

NOVEMBER 3, 2011, 12:00 PM ET

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As part of the NCTSN Zero to Six Speaker Series, presenters will address attachment and its implications for young traumatized children in the child welfare system, the nature of typically developing attachment relationships—as well as the impact of trauma and maltreatment on such relationships, ways to encourage the maintenance and development of attachment relationships, and the implications of attachment disorders. <http://learn.nctsn.org/calendar/view.php>

## **WEBINAR: DELIVERING TRAUMA CARE TO FAMILIES—POLICY ISSUES AND IMPLICATIONS**

NOVEMBER 9, 2011, 1:00 PM ET

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As part of the NCTSN Family Systems Speaker Series, presenters will discuss important policy issues related to the delivery of trauma-informed evidence-based care to children and families affected by traumatic events, the implications of current and upcoming federal and state policy changes, and the role of scientists, providers, and families in advocacy efforts. <http://learn.nctsn.org/calendar/view.php>

## **WEBINAR: YOU ARE NOT ALONE: HELPING CHILDREN WITH TRAUMATIC GRIEF**

NOVEMBER 15, 2011, 1:00 PM ET

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As part of the NCTSN Child Traumatic Grief Speaker Series, presenters will explain traumatic grief in preschool and school aged children, introduce resources for children and caregivers developed by Sesame Workshop and the NCTSN, and review how clinicians and caregivers can use these resources to help children in their process of grieving. <http://learn.nctsn.org/calendar/view.php>

## **BRIDGING THE GAP BETWEEN RESEARCH AND CLINICAL PRACTICE OF PSYCHOLOGICAL HEALTH AND TRAUMATIC BRAIN INJURY: PREVENTION, DIAGNOSIS, TREATMENT, AND RECOVERY FOR THE IRAQ AND AFGHANISTAN COHORT CONFERENCE**

DECEMBER 8 – 9, 2011, BETHESDA, MARYLAND

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Save the date for this meeting sponsored by the Veterans Administration, DCoE, and NIH to address bridging the gap between research and clinical practice of psychological health and traumatic brain injury. [tsc2011@experient-inc.com](mailto:tsc2011@experient-inc.com)

## **CALLS FOR PUBLIC INPUT**

### **NATIONAL DRUG FACTS WEEK: ORIGINAL MUSIC AND MUSIC VIDEO COMPETITION**

Announced by the National Institute on Drug Abuse (NIDA), along with MusiCares and the GRAMMY Foundation—the two nonprofit organizations of The Recording Academy®—the contest asks young musicians, ages 14-18, to compose or create an original song and/or music video that explores, encourages, and celebrates a healthy lifestyle, or accurately depicts a story about drug abuse. Winners will be revealed during NIDA's second annual National Drug Facts Week, which begins October 31, 2011. Original music compositions or compositions with accompanying videos must be sent to MusiCares, postmarked no later than October 10, 2011. <http://drugfactsweek.drugabuse.gov/contest.php>

## **REQUEST FOR INFORMATION: EXPANSION OF SHARING AND STANDARDIZATION OF NIH-FUNDED HUMAN BRAIN IMAGING DATA**

The Blueprint Workgroup on Neuroimaging Data-Sharing and the Blueprint Lifespan Human Connectome Project Team are seeking input from the scientific community, health professionals, patient advocates, community-based organizations, students, and the general public about the administrative and technical issues involved in removing barriers to the sharing of human brain imaging data collected using NIH support. This input may include (but is not limited to) issues or potential solutions related to image hosting, as well as the adoption of standardized scanning procedures, imaging protocols, phenotypic characterization, and data formats. Of particular interest is input regarding human-subjects protection and confidentiality issues. Responses will be accepted until October 14, 2011.

<http://grants.nih.gov/grants/guide/notice-files/NOT-DA-11-021.html>

## **HHS ISSUES FACEBOOK APP CHALLENGE**

HHS is challenging developers to create a new Facebook “Lifeline” app that would let people establish their Facebook “friends” as emergency contacts able to share health information during emergency situations. The deadline for entries is November 4, 2011. <http://challenge.gov/challenges/220>

## **CLINICAL TRIAL PARTICIPANT NEWS**

### **NATIONWIDE RECRUITMENT: BIPOLAR DISORDER ADULT RESEARCH STUDY ANTIDEPRESSANT RAPID EFFECTS OF KETAMINE**

Individuals who have been diagnosed with bipolar disorder may be able to participate in a clinical trial designed to understand the causes of depression and rapid antidepressant response. Specifically, this study is testing whether ketamine, a drug that affects glutamate in the brain, will improve symptoms of depression within a matter of hours. Individuals who are 18-65 years of age and have been diagnosed with bipolar disorder and previously failed to respond to treatment may be eligible for an inpatient trial designed to bring about a rapid antidepressant effect.

After completion of the study the participant is transitioned back to a clinician in the community. In addition, all research participation is without cost and NIMH will cover all transportation costs from anywhere in the United States. Compensation is provided for study procedures.

For more information, call 1-877-MIND-NIH (1-877-646-3644), or send an email to [moodresearch@mail.nih.gov](mailto:moodresearch@mail.nih.gov). For more information on research conducted by the National Institute of Mental Health in Bethesda, MD go to <http://patientinfo.nimh.nih.gov>.

## FUNDING INFORMATION

CMS: COMMUNITY-BASED CARE TRANSITIONS PROGRAM

[http://www.cms.gov/DemoProjectsEvalRpts/downloads/CCTP\\_Solicitation.pdf](http://www.cms.gov/DemoProjectsEvalRpts/downloads/CCTP_Solicitation.pdf)

HRSA: RURAL HEALTH CARE SERVICES OUTREACH GRANT PROGRAM

<https://grants.hrsa.gov/webExternal/SFO.asp?ID=84DFE9B8-153A-4FCD-BF96-D8BA768AE928>

NIMH: MECHANISMS EXPLAINING DIFFERENCES IN DEPRESSIVE AND ANXIETY DISORDERS ACROSS RACIAL/ETHNIC GROUPS

<http://grants.nih.gov/grants/guide/rfa-files/RFA-MH-12-090.html>

NIMH: COLLABORATIVE HUBS FOR INTERNATIONAL RESEARCH ON MENTAL HEALTH

<http://grants.nih.gov/grants/guide/rfa-files/RFA-MH-12-110.html>

NIH: MECHANISTIC PATHWAYS LINKING PSYCHOSOCIAL STRESS AND BEHAVIOR

<http://grants.nih.gov/grants/guide/rfa-files/RFA-HL-12-037.html>

NIH DIRECTOR'S TRANSFORMATIVE RESEARCH AWARDS

<http://grants.nih.gov/grants/guide/rfa-files/RFA-RM-11-006.html>

NIH: INTERVENTIONS FOR HEALTH PROMOTION AND DISEASE PREVENTION IN NATIVE AMERICAN POPULATIONS

<http://grants.nih.gov/grants/guide/pa-files/PA-11-346.html>

NIDA: INTEGRATION OF DRUG ABUSE PREVENTION IN PRIMARY CARE

<http://grants.nih.gov/grants/guide/rfa-files/RFA-DA-12-008.html>



The **Outreach Partnership Program** is a nationwide outreach initiative of the National Institute of Mental Health (NIMH) that enlists state and national organizations in a partnership to help close the gap between mental health research and clinical practice, inform the public about mental illnesses, and reduce the stigma and discrimination associated with mental illness. For more information about the program please visit: <http://www.nimh.nih.gov/outreach/partners>. To subscribe to receive the **Update** every two weeks, go to: <http://www.nimh.nih.gov/outreach/partnership-program/subscribe-to-the-update.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.