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PSYCHIATRIC NEWS

The First and Last Word in Psychiatry

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APA's 2014 annual meeting will be held from May 3 to 7 in New York City. The next issue of *Psychiatric News* will contain the preliminary program, meeting highlights, and information on the host city and special events. In the meantime, save on fees by registering now. See box on page 2.

CME Companies Tracking M.D.s' Personal Information

Experts say "free" online CME courses often come with a hidden price; namely, the sacrifice of some degree of privacy.

BY VABREN WATTS

Medical communication companies (MCCs) are doing more than offering online continuing medical education (CME) courses to physicians—the companies may be monitoring clinicians' website behavior as well.

Researchers from the Mailman School of Public Health and the Center for the Study of Society and Medicine at Columbia University investigated the financial relationship between MCCs and drug companies and whether MCCs accurately represent themselves to clinicians using their CME offerings. They reported their findings in the December 18, 2013, *Journal of the American Medical Association*.

"Our center primarily focuses on conflicts of interests as they relate to pharmaceutical companies," Shelia Rothman, Ph.D., lead study author and deputy director of the Center for the Study of Society and Medicine, told *Psychiatric News*. "We began with simply observing grant registries of these companies and wondered if they used biases in regard to awarding grants to certain individuals, health organizations, or academic institutions."

see ***CME Companies*** *on page 34*

Study Finds Evidence Showing Supported Employment Works

An article in a series sponsored by SAMHSA finds that supported employment of people with mental illness leads to higher rates of employment, fewer days to the first competitive job, more hours and weeks worked, and higher wages.

BY MARK MORAN

The evidence base for supported employment for individuals with severe mental illness is very sound, and policymakers should consider including it as a covered service.

That's the finding of a comprehensive review of the evidence for supported employment, a direct service with multiple components designed to help adults with mental disorders or co-occurring mental and substance use disorders choose, acquire, and maintain competitive employment. The review appears in the January *Psychiatric Services*.

The survey of evidence for supported employment is the first in a series of 14 articles titled "Assessing the Evidence Base" (AEB) to appear in the print edition of *Psychiatric Services*; the series will review evidence for 14 commonly used behavioral health services for people with serious mental illness. Articles in the series began appearing online in *Psychiatric Services in Advance* in October 2013; all online articles in the series will be free and open to the public.

The 14 services to be included in the review are behavioral management for children and adolescents, trauma-focused cognitive-behavioral therapy for children and adolescents, recovery housing, residential treatment for individuals with substance use disorders, peer-support services for individuals with serious mental illness, peer-recovery support for individuals with

see ***Supported Employment*** *on page 35*

PERIODICALS: TIME SENSITIVE MATERIALS

INSIDE

PSYCHIATRIC NEWS

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CONTENTS

PROFESSIONAL NEWS

COMMUNITY NEWS

EDUCATION & TRAINING

CLINICAL & RESEARCH NEWS

Register Now!

For APA's 2014 annual meeting, the Association returns to one of its most popular hosting locations, New York City. Register now while advance registration rates are still in effect and reserve a room at the hotel where you'd most like to stay.

Registration information can be accessed at annualmeeting.psychiatry.org.

A highlight of this year's meeting is a special dialogue among **APA President Jeffrey Lieberman, M.D., Nobel laureate Eric Kandel, M.D., and actor Alan Alda** on the impact of science and the media on psychiatry and how they will influence the future of mental health care.

Departments

FROM THE PRESIDENT

Psychiatry Embraces Patient-Centered Care

BY LISA DIXON, M.D., M.P.H., AND JEFFREY LIEBERMAN, M.D.

Psychiatry has long been considered the medical specialty most attuned to listening to the patient. With few diagnostic laboratory or imaging tests available or other physical indicators of illness, psychiatrists have been trained to attend carefully to their patients' histories and subjective reports of symptoms to make a diagnosis and determine the course of treatment.

But the nature of the doctor-patient relationship was traditionally one-sided. Patients talked and their physicians listened, and then the doctor prescribed the treatment and the patient followed.

But now psychiatry is changing as the field of medicine adopts patient-centered care. This model of care places greater emphasis on the patient's involvement in determining the goals of treatment that are meaningful to them and the nature of their care. Meaningful goals for patients generally go beyond symptoms to include quality of life, functioning, and a sense of hope and self-efficacy. Patient-centered care isn't just about putting the patient at the center of the care equation. Rather, it shifts the balance of authority and responsibility of the doctor-patient relationship and incorporates shared decision making (SDM) between the clinician and the patient, particularly when it comes to treatment. SDM is defined as "a collaborative process that allows patients and their providers to make health care decisions together, taking into account the best scientific evidence available, as well as the patient's values and preferences." Practicing SDM requires that psychiatrists assess the patient's interest in participating in decisions, providing information to them on the risks and benefits of specific treatments or approaches in an understandable format, and dialogue with patients about their choices. SDM does not mean that psychiatrists don't make strong recommendations; rather, it means that those recommendations need to be reconciled with patients' views and choices.

The promise of this change is that, with patients taking a more involved role in their treatment decisions, physicians will better understand their patients' needs and concerns and be better able to offer an informed course of treatment. It also brings

the hope that patients will be more inclined to adhere to treatment and share important information about their response (including side effects), thereby enabling their physician to make adjustments as needed. This is not an insignificant change. In psychiatry, as in all of medicine, patient adherence is a prevalent problem and major limitation of treatment. For numerous reasons, many patients are unable or unwilling to follow through on "doctor's orders," with worsening symptoms as a consequence. In this context, doctors may discover that their orders may cause problems that the patient has not previously been willing to reveal.

There are other benefits to patient-centered care. Shared decision making between psychiatrist and patient can improve the efficiency and productiveness of patient visits, both indicators of quality care and precursors to improved patient mental health.

*see **From the President** on page 33*

Lisa Dixon, M.D., M.P.H., is a professor of psychiatry at Columbia University Medical Center. Jeffrey Lieberman, M.D., is president of APA and chair of the Department of Psychiatry at Columbia University.

EXCLUSIVE ONLINE CONTENT

In Memoriam
APA honors the members whose deaths were reported from September 1, 2013, to December 31, 2013.

Genes Play a Large Role in Opioid Dependence
There is reason to think that opioid dependence is at least 60 percent inherited. Now a genomewide association study appears to have led to the identification of major genes contributing to this risk.

High BDNF Levels May Offer Protection Against Alzheimer's
If BDNF is a factor that helps blocks development of Alzheimer's and other dementias, then boosting BDNF levels might someday be a way to treat or prevent them.

To access the articles above, go to http://psychnews.psychiatryonline.org/newsarticle.aspx?articleid=1785972 or scan the QR code with your smartphone.

Smoking Cessation for Patients Called Urgent Priority

The movement to integrated care presents an opportune time to help people with mental illness stop smoking.

BY MARK MORAN

A mark of sophistication and cool in an earlier age, smoking has diminished dramatically among the general population—in social status and prevalence—arguably one of the most profound social changes in decades.

But among people with mental illness, and especially those who are seriously mentally ill (SMI), smoking and tobacco addiction remains stubbornly persistent, 50 years after the landmark surgeon general's report on smoking and health.

Psychiatrist Jill Williams, M.D., is one of a handful of psychiatrists who are championing the cause of smoking cessation for this population. She began work in the field as a clinical researcher, conducting clinical trials and human laboratory studies to improve smoking-cessation rates in smokers with a serious mental illness, particularly schizophrenia; more recently she has become convinced of the need for measures such as public-health messages tailored to the SMI population, as well as tobacco control policies and advocacy.

"Although the smoking prevalence rate has dropped from 50 percent to 20 percent in recent decades, smokers with behavioral health comorbidity have been left behind in these efforts, making them overrepresented among the remaining smokers in the United States," Williams told *Psychiatric News*. "Estimates are that smokers with mental illness smoke at two to three times the rates seen in the general population. Smokers with mental illness have ample evidence of tobacco-use consequences, including excess morbidity, early mortality, increased financial burden, and reduced quality of life. In addition, smokers with mental illness have reduced access to tobacco-dependence treatment across the health care spectrum."

Despite evidence that a variety of treatment options are effective in smoking cessation, clinicians involved in the movement toward integrated care have yet to seize upon this issue in a major way to improve the overall health status of mentally ill individuals who smoke.

"As I travel the country and talk to people involved in integrated care, I am impressed at the efforts people are making to address cardiovascular risk, especially through exercise and weight management," she said. "But I have not seen the same level of commitment to smoking cessation."

But the idea is gaining traction. Lori Raney, M.D., chair of APA's Work Group on Integrated Care, said there has been a remarkable growth in literature recently about smoking and mental illness and about the effectiveness of treatment (see article below).

She said smoking cessation is taught as part of the "Primary Care Skills for Psychiatrists" course already offered at APA's annual meeting and Institute on Psychiatric Services; she would now like to see tobacco cessation as the subject of a lecture at the institute.

"Psychiatrists can and should take a leadership position in this effort in public mental health settings, private practice, inpatient psychiatric units, and inpatient medical-surgical units," Raney told *Psychiatric News*. "It is clearly within our scope of expertise, and nicotine dependence is, after all, a *DSM-5* diagnosis.

"If we learn how to treat tobacco dependence and become advocates for such treatment, we add value to integrated health care networks and to the larger health care system," Raney said. "We elevate the importance of psychiatrists while helping to achieve the goals of the 'Triple Aim'—to improve outcomes, contain costs, and enhance patient satisfaction."

At a meeting of the Academy of Psychosomatic Medicine in November 2013, Joseph Cerimele, M.D., a senior fellow at the University of Washington, presented a lecture on smoking and serious mental illness. He reported data from the Centers for Disease Control and Prevention showing that from 2009 to 2011, individuals with mental illness were more likely to smoke, smoked more cigarettes daily, and had lower successful quit rates than the general population.

Importantly, Cerimele also presented evidence that despite some anecdotal

see **Smoking** on page 36

Jill Williams, M.D.

Psychiatrist Jill Williams, M.D., says smoking cessation for people with serious and persistent mental illness is a life-and-death issue and urges psychiatrists to make use of proven treatment strategies.

Decline in Smoking Lags Among Patients With Mental Illness

Beliefs about the palliative effects of smoking on stress have inhibited a discussion about smoking cessation among people with mental illness, and at the public-health level resources have not been committed to the problem.

BY MARK MORAN

From 2004 to 2011, the decline in smoking among individuals with mental illness was significantly less than among those without mental illness, though quit rates were greater among those receiving mental health treatment.

That's the finding from a study that appeared online January 8 in the *Journal of the American Medical Association*. The report coincides with the 50th anniversary of the surgeon general's report on smoking in 1964.

Benjamin Le Cook, Ph.D, M.P.H., and colleagues at the Center for Multicultural Mental Health at Harvard Medical School/Cambridge Health Alliance and other institutions used the 2004-2011 Medical Expenditure Panel Survey (MEPS) to compare trends in smoking rates among adults with and without mental illness and across multiple disorders. They also used the 2009-2011 National Survey on Drug Use and Health (NSDUH) to compare rates of smoking cessation among adults who did and did not receive mental health treatment. The MEPS sample included 32,156 people with mental illness and 133,113 without mental illness; the NSDUH sample included 14,057 lifetime smokers with mental illness.

The researchers found smoking rates—adjusted for age, socioeconomic status, and other factors—declined significantly among individuals without mental illness (from 19.2 percent in 2004 to 16.5 percent in 2011) but only slightly among those with mental illness (from 25.3 percent to 23.8 percent), a statistically significant difference. Importantly, however, individuals with mental illness who received mental health treatment in the previous year were more likely to have quit smoking (37.2 percent) than those not receiving treatment (33.1 percent)—also a significant difference.

In an interview with *Psychiatric News*, Cook said it is not known when people in treatment had quit, so it cannot be certain that they quit because of treatment. "But we can say that people in treatment have quit and have continued to abstain, so there is a positive association between being in treatment and having quit smoking," he said. But Cook commented that the quit rates are still low and that there is "clearly a lot of room for specialty mental health providers to do a better job helping

see **Decline** on page 15

PROFESSIONAL NEWS

NIDA Deputy Director Says Science Poised to Change Drug Treatment

Wilson Compton, M.D., M.P.E., is looking forward to the challenges posed by changes in the field of psychiatry and the treatment of substance use disorders.

BY VABREN WATTS

Vabren Watts

Wilson Compton, M.D., M.P.E., is the new deputy director of the National Institute on Drug Abuse.

Wilson Compton, M.D., M.P.E., a nationally known expert in substance use prevention, has been named deputy director of the National Institute on Drug Abuse (NIDA).

"I was very excited when I was offered the position. And I still am still excited. I applied for the job because I thought it was a terrific fit for my background," Compton told *Psychiatric News*.

Compton is a graduate of Amherst College, where he received a B.A. degree in English and of Washington University School of Medicine in St. Louis, where he had his first exposure to psychiatry.

"During medical school," said Compton, "we do rotations in all specialty areas to see what will work . . . surgery, internal medicine. . . . I remember being impacted by the life stories of patients with mental illnesses and the devastation that those illnesses had caused in their lives, so it was certainly impressive that psychiatrists had a unique and powerful opportunity to help shape lives of people."

Compton was affiliated with Washington University for 20 years—completing his psychiatry residency training there and becoming director of the Alcohol and Chemical Dependency Program at Barnes-Jewish Hospital. While at Washington University, Compton led research primarily focused on opiate and cocaine use, as well as on HIV-associated risk behaviors related to drug use.

"Drug abuse is a major part of psychiatric disorders," Compton noted in an interview with *Psychiatric News*. "When you think about it in the broadest sense, drug use is prevalent everywhere, but usage of particular drugs varies considerably from one location to another," he noted, explaining that drug use variations are seen between geographical regions as little as 30 miles apart. "This is why I found public health to be so fascinating. This led me to consider addiction psychiatry as my career path."

In 2002, Compton became director of NIDA's Division of Epidemiology, Services, and Prevention Research. A primary focus of that job was assessing the extent of drug use in the United States and what research needs to be implemented to understand the individuals—both children and adults—who are at risk for drug abuse in efforts to avert the onset of substance use disorders.

In his new role at NIDA, Compton is responsible for the entire drug abuse research program alongside NIDA Director Nora Volkow, M.D., covering issues ranging from basic science to managed care.

Volkow expressed her excitement at working with Compton in his new position. "In more than a decade as a division director here at NIDA, he has built a formidable team supporting research into the extent and causes of substance abuse," said Volkow in a press statement. "His passion is unwavering, and his enthusiasm to use science to find improved approaches to substance abuse management will inspire us all."

Compton said that as deputy director he will continue focusing on population-level health issues and on making drug abuse research useful in terms of practice and policy, as well as ensuring that neuroscience developments are linked with interventions that help change people's lives.

"My challenge as deputy director will be how to maintain creativity in a future-oriented prospective," Compton said. "Research is at a unique time right now. I think that the tools and methods of neuroscience research are poised to help unravel and explain the mysteries of the human mind—not just the structural brain but how the mind functions—which is exciting to me and keeps me waking up every morning. I'm curious about what all the different findings that have merged basic science and psychiatry will mean to our field. I think that psychiatry will definitely see some major changes based on these integrated approaches." PN

PSYCHIATRY & INTEGRATED CARE

Preparing Psychiatry Residents as 21st-Century Psychiatrists

BY HSIANG HUANG, M.D., M.P.H., AND ANDRES BARKIL-OTEO, M.D., M.SC.

Collaborative care presents new opportunities for psychiatrists to contribute to the evolving health care system. Curricula that teach psychiatric residents how to work effectively with primary care providers, like the one being developed by the authors of this column, will help us build a new behavioral health workforce ready to care for the millions of people with common mental disorders who have limited access to mental health specialists.

—Jürgen Unützer, M.D., M.P.H.

These days, collaborative care or integrated care is increasingly being talked about at national meetings. Collaborative care—in which primary care providers, care managers, and psychiatrists work as a team and take a population-based approach—is a rapidly growing field of behavioral health care. More than 70 randomized, controlled studies have demonstrated the efficacy as well as cost-effectiveness of this approach. Collaborative care interventions are based on population group information: systematic screening, active case-identification, and patient registries. Care is delivered by a primary care provider and a behavioral care manager, using evidence-based algorithms and weekly systematic case reviews by a psychiatric consultant and the care manager for patients who do not improve on specified behavioral health outcomes (for example, on the PHQ-9) using treatment-to-target.

This model of care delivery has the potential to provide more patients with increased access to the expertise of psychiatrists, specialists who currently are in short supply. Despite its strong evidence base, the collaborative care model has not been widely adopted, yet this is likely to change with the implementation of accountable care organizations (ACOs), in accordance with the Patient Protection and Affordable Care Act.

For most psychiatry trainees, collaborative care is exciting, yet unfamiliar territory. Collaborative care is not just about the way care is organized; it requires a dramatic change in the way

see ***Integrated Care*** *on page 36*

Hsiang Huang, M.D., M.P.H., is an instructor in the Department of Psychiatry at Cambridge Health Alliance, Harvard Medical School. Andres Barkil-Oteo, M.D., M.Sc., is an assistant professor in the Department of Psychiatry at Yale School of Medicine. Jürgen Unützer, M.D., M.P.H., is an internationally recognized psychiatrist and health services researcher. He is a professor of psychiatry and behavioral sciences at the University of Washington School of Medicine, where he directs the Division of Integrated Care and Public Health and the AIMS Center, dedicated to "advancing integrated mental health solutions."

MEMBERS IN THE NEWS

Psychiatrist Finds Key to Teaching Psychodynamic Psychotherapy

It turns out that psychodynamic psychotherapy, which has long been difficult to teach to psychiatry residents, can be taught in small concrete steps outlined in a manual.

BY JOAN AREHART-TREICHEL

In a snug office on the first floor of the New York State Psychiatric Institute in Manhattan can be found an energetic psychiatrist named Deborah Cabaniss, M.D.

If Sigmund Freud were alive, he would probably have the same smile on his face as the Sigmund Freud doll perched in Cabaniss's office. For her passion—as director of psychotherapy training in the Department of Psychiatry at Columbia University—is kindling an enthusiasm for psychodynamic psychotherapy (PDP) in psychiatry residents and, even more crucially, teaching them how to do it.

A few years ago, the material that was available for teaching residents PDP was designed for psychoanalytic-training candidates and was very complex, Cabaniss said during a recent interview. And such material, she found, not only left residents bewildered, but often turned them off. At the same time, manuals for teaching residents newer evidence-based therapies such as cognitive-behavioral therapy were available. "I thought to myself, I want to have a book like that for PDP—a book that tells residents what the goals of the treatment are and how to do it, that provides exercises, and that helps educators teach the material in a very clear, straightforward way."

So in 2007, with several colleagues, she set about creating such a syllabus. What they did, essentially, was take PDP and break it down into small concrete steps—listening, reflecting, and intervening. "First you listen to what the patient says. Then you reflect on what the patient said to decide what you are going to say. And then you intervene. And we teach each of these steps very specifically."

Their residents, she and her colleagues observed, really liked this teaching method. And their residents started to say, "Well, my friend in California or Ohio wants the syllabus. Can we send it to him or her?" The answer was a book, published in 2011 and called *PDP: A Clinical Manual.*

Manual Gains Wide Acceptance

Today the manual is being used in at least 25 of the approximately 200 psychiatry residency programs in the United States and Canada, as well as in psychology programs and at psychoanalytic institutes.

Joan Arehart-Treichel

Deborah Cabaniss, M.D.: "If you teach clearly and in an operationalized way, you can teach psychodynamic psychotherapy in any part of a residency training program with any patient."

Last spring, Cabaniss and colleagues published a companion book to the manual called *Psychodynamic Formulation.*

A psychodynamic formulation is "a hypothesis about why someone thinks, feels, and behaves the way they do and how they developed," she explained. "And that has been a very hard thing for people to teach residents. But using the methods we have, I think we are teaching it in a very straightforward way. Another aspect of the psychodynamic formulation book is that helps residents learn how to [use the] formulations in various types of clinical settings, not just in a private consultation room."

Cabaniss has also been traveling a lot to help other residency programs strengthen their PDP teaching.

Former Residents Value Her PDP Teaching

The real value of Cabaniss's PDP teaching, however, can be gleaned from testimony provided by some of the residents she has taught and who are pursuing various types of psychiatry careers.

One is Catherine Roberts, M.D., who works in college mental health at Yale University. "Dr. Cabaniss's teaching was hugely important in my training," she stated. "To an unskilled, budding psychiatry resident in training, there was nothing more frustrating than hearing from a therapy supervisor, 'Just use your instincts' or 'Go with your gut.' This type of teaching wouldn't be acceptable in a neurosurgery residency. Dr. Cabaniss made sure that it wasn't acceptable either. Instead of leaving the practice of psychotherapy to 'instinct,' she made the different elements of psychotherapy concrete and explicit."

"Dr. Cabaniss is one of the most talented and motivated teachers I have come across," declared Sander Markx, M.D., who today works as a neuroscientist at Columbia University. "She was able to distill key concepts from often-complicated psychoanalytical constructs and theories and teach them in a manner that everyone could understand. I believe that this is a rare talent."

Psychiatrist and psychoanalyst Alicia Rojas, M.D., said, "I think that Deborah's enthusiasm for teaching PDP is infectious. She has a tremendous talent for making incredibly complicated obscure concepts accessible to the beginning therapist. She doesn't just lecture, she engages students in dialogues. And her teaching is so full of clinical examples that it helps you take the principles she has taught you right into the consultation room."

"Deborah has been wonderfully inspirational to me over the last five years, especially in helping me develop the way I teach psychiatry residents," reported Lynn Corrin, M.D., a psychiatrist and newly appointed training analyst in San Diego. "Deborah's ideas about establishing learning objectives first and then working backwards to develop a sequence of skills needed to be taught in order to meet those objectives has helped me conceptualize my teaching in a completely different way than I had earlier."

Cabaniss might be viewed as the consummate PDP teacher, Deborah Hales, M.D., director of APA's Division of Education, maintained. "She is smart, enthusiastic, and creative. She truly understands modern approaches to PDP."

All in all, Cabaniss loves teaching PDP and hopes to do it indefinitely. "You can read in the *New York Times* that Freud is dead and that everybody just wants to take medications. But that is not what I see in my residents and in psychiatry residents throughout the country when I visit them. They are totally excited about PDP. They really get it. They understand how it will help their patients. And I find that absolutely thrilling!" PN

A video interview with Cabaniss can be accessed by scanning the QR code at left or by going to http://www.youtube.com/watch?v=9xPhD-rB_cQ&list=UUAPLZ4LG-XJgNSB43MbCLRg&feature=c4-overview.

Decline

continued from page 13

patients quit smoking."

Cook said he believes there has not been the emphasis on reducing smoking in the mentally ill population that there has been among the general public. "You can see that just from where the public-health campaign resources have been allocated."

He said there is a culture of belief within the mental health community that has inhibited a focus on smoking cessation and an entrenched belief that smoking can "calm your nerves" in a stressful situation or on a bad day. "Physicians—whether in primary or specialty care—are wary of getting their patients to quit smoking because there is a perception that if you have to deal with nicotine withdrawal, you might cloud the therapy that is being provided for depression," he told *Psychiatric News.*

Cook also said findings from the *JAMA* study suggest differences in smoking rates in different mental health settings: while quit rates were higher among people who received mental health treatment overall, when treatment setting was considered, the increase was seen only in the outpatient setting; there was virtually no change among those receiving inpatient treatment. He said smoking breaks are not uncommon on inpatient units, and there is some evidence in the literature that cigarettes have been used to complement therapy. "Changing that culture will be a large task, but it will be worth the effort," he said.

Yet at the same time, he said, there is plenty of reason to believe that treatments for smoking cessation work. "We have good evidence that if someone comes into an inpatient setting with nicotine dependence, an integrated treatment approach can be effective," Cook said. PN

An abstract of "Longer-Term Use of Smoking Cessation Medication Effective Among Patients With Mental Illness" is posted at http://jama.jamanetwork.com/article.aspx?articleid=1812961.

COMMUNITY NEWS

Listening Is Latest Weapon In Fight Against Stigma

A National Alliance on Mental Illness chapter develops a social-media campaign to increase contact between those with mental illness and those without such a disorder.

BY VABREN WATTS

Mental illness is one of the most stigmatized disorders in the United States and affects 1 in 4 Americans, according to the National Institute of Mental Health. A new campaign sponsored by the New York City Metro Chapter of the National Alliance on Mental Illness (NAMI-NYC Metro) is making strides in the battle against such stigma by educating the general public about mental illness and prompting them to "lend an ear" to those who are affected by these disorders.

"I Will Listen" is an antistigma campaign that promotes contact between those affected by psychiatric disorders and those who are not directly impacted.

"We know that people who do not turn to others for support do poorly in relation to mental health," said Lloyd Sederer, M.D., medical director of the New York State Office of Mental Health. "This campaign offers a novel way for the public to respond to people who are mentally distressed . . . by letting those people with mental illness know that 'I will listen.' "

The "I Will Listen" initiative was launched last October with two televised public-service announcements, as well as a website—www.IWillListen.org—with more than 150 videos of people who have pledged that they will listen to those who have mental illness—without judgment. The campaign is largely social-media based, with more than 2,000 followers on Facebook and Twitter who have promised to listen to those in need of support.

Michael Thompson, a former president of NAMI-NYC Metro, was featured in one of the public-service spots and shared a personal story about mental illness. "My brother committed suicide when I was a young adult," Thompson told *Psychiatric News*. "It was something that was heart wrenching and that took a toll on my family."

Thompson said that his brother was diagnosed with mental illness during a time when no one wanted to speak of such things because they did not know much about the disorder and still feared it. "The public's ideology about mental illness is less ignorant than it was 30 years ago, but it's hardly any more open," he said. He acknowledged that acceptance of mental illness and people with such disorders is growing, but added that "we are still in a mode of 'don't ask, don't tell.' Once we talk about mental illness, more people will get the care they need, and more people will recover."

"Stigma is such a huge barrier for people receiving treatment. That's why we believe that this antistigma campaign is so essential and powerful," said Colleen Kane, director of development and communications at NAMI-NYC Metro.

Kane told *Psychiatric News* that the "I Will Listen" project has received support from other NAMI chapters including ones in Ohio and Pennsylvania, as well as from the national organization. She anticipates that more NAMI chapters will jump on board in 2014. Last month the campaign received support from Sandy Hook Promise, an organization led by parents and spouses of victims of the December 14, 2012, Sandy Hook Elementary School shooting. Members of Sandy Hook Promise have promised that they too "will listen," as others had listened to them during a time of great tragedy.

" 'I Will Listen' is broader than mental illness. It may be for someone without a mental illness diagnosis but who has just endured a death of a family member, for example. At these times, you will need someone who will listen . . . so the campaign is for everyone," Sederer emphasized.

He urged physicians to become active in the antistigma campaign so that they could in turn encourage patients and their families to join in order to ease emotional burdens and hardships that often accompany mental illness. "Nobody who is greatly distressed should go through it alone. Here is a way to help somebody turn with confidence to someone who will listen," Sederer said. PN

More information about the program is posted at http://iwilllisten.org.

Delaware Struggles to Remedy Serious Psychiatrist Shortage

A small state has a big need for psychiatrists in its rural areas but finds that recruiting them is a difficult undertaking.

BY AARON LEVIN

A massive child-molestation case and a spate of high school suicides in southern Delaware led to calls for more mental health services in the area, but attempts by the psychiatric community and state health officials to respond have produced only mixed results.

Delaware has just three counties, and the two southernmost—Kent and Sussex—are also the most rural. The two counties were rocked by the arrest in 2009 and eventual conviction of pediatrician Earl Bradley, M.D., of seaside Lewes, on charges of assault, rape, and sexual exploitation of at least 100 children in his care.

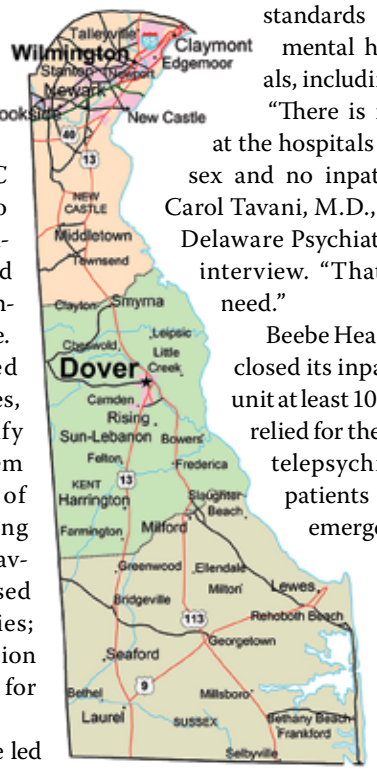
Then, from January 11 to March 22, 2012, eight young people aged 13 to 21 died by suicide in the two counties, twice the average annual number reported in previous years.

The suicides prompted a study by the Centers for Disease Control and Prevention (CDC), which found that over a slightly longer time—January 1 to May 4, 2012—there were 11 deaths by suicide in Kent and Sussex counties. The CDC found that all decedents had two to five risk factors such as mental health problems, parent-child conflicts, legal issues, relationship problems, or substance use.

The CDC recommended several prevention strategies, including training to identify at-risk youth and guide them to services; development of youth programs; monitoring trends in youth suicidal behaviors; reviewing evidence-based suicide prevention strategies; and continued implementation of CDC media guidelines for reporting on suicide.

Meantime, the Bradley case led the state legislature to authorize a study of mental health needs in Kent and Sussex counties. The study called for improved training for child mental health professionals in the two counties, better case-management services, and a review of the adequacy of child mental health coverage under public and private insurance plans.

The study noted that all of Sussex and part of Kent County did not meet federal standards for a variety of mental health professionals, including psychiatrists.



"There is no one full time at the hospitals in Kent and Sussex and no inpatient units," said Carol Tavani, M.D., president of the Delaware Psychiatric Society, in an interview. "That's a real crying need."

Beebe Health Care in Lewes closed its inpatient psychiatric unit at least 10 years ago and has relied for the last two years on telepsychiatry to evaluate patients in the hospital's emergency department or for consultation for medical patients with psychiatric comorbidities, said Loretta Ostrosky, R.N., M.S.N., director of patient care services. Patients in crisis can be referred to private nonprofit agencies, while involuntary commitments are processed through the state, which assigns patients to hospitals elsewhere.

There are real socioeconomic divisions in the county. The eastern edge, along the Atlantic coast, is home to a string of bustling and often posh resort towns. Inland, though, lie flat farming country and small towns.

The legislative group set a high bar for the psychiatrists they hoped the state would hire. They wanted psychiatrists "willing to practice in a consultative role, with family doctors and pediatricians, rather than providing all services in a one-on-one fashion," clinicians who would not only work in the rural west of the county but also be available nights and weekends—and speak Spanish. The latter reflects an increasing population of immigrants drawn to agricultural and food-processing work in the county.

Tavani sees a number of complicating factors in western Sussex, where socioeconomic measures are lower than on the coast. They hold true for most other rural areas in the United States as well.

"There's a relative lack of awareness about psychiatric issues and that help exists for [patients seeking it], she said.

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COMMUNITY NEWS

"Fewer people have insurance or it's hard to find someone to take Medicaid. There is also a lot of stigma attached to psychiatric issues, and so we have to educate the public."

Despite intensive recruiting efforts, no psychiatrists have signed up so far, although a loan-repayment program has attracted a "significant" number of nurse practitioners and social workers to Kent and Sussex, said Jill Rogers, M.S.N., executive director of the Delaware Health Care Commission.

The state does provide some funds for hiring mental health counselors in schools and for mental health first aid training statewide. Another program trains school personnel to recognize depression.

One child psychiatrist, Mark Borer, M.D., splits his time between his mid-state Dover office and trips to behavioral health contractors around the state, including at Georgetown, in Sussex County, where he consults with primary care physicians and psychiatric nurse practitioners.

Lack of incentives may not account for the continuing deficit in Kent and Sussex, suggested psychiatrist Gerald Gallucci, M.D., M.H.S., medical director in the office of the secretary of the Delaware Department of Health and Social Services.

"Delaware has no medical school," said Gallucci in an interview with *Psychiatric News*. "And the only residency program is at the Delaware State Hospital in New Castle, near Wilmington."

That hospital has just 14 slots and is not based at an academic medical center. Residencies typically send their graduates into the local medical system, so the state lacks that feeder system. Gallucci has created some educational connections with Thomas Jefferson University in Philadelphia and Johns Hopkins in Baltimore, which he hopes will eventually bear fruit.

So far, though, loan-forgiveness programs plus the blandishments of country or seaside living have not been enough to solve the psychiatry shortage in Kent and Sussex counties.

"I used to joke that maybe we should give candidates a few weeks in a beach house to see if they'd make up their minds," said James Lafferty, B.S., executive of Mental Health America in Delaware, an advocacy group. "Maybe we should give it a try." PN

"Investigation of a Youth Suicide Cluster in Kent and Sussex Counties, Delaware, 2012: Final Report" is posted at http://dhss.delaware.gov/dhss/admin/files/de_cdc_final_report_21913.pdf. "Final Report of House Joint Resolution 7 Study Group on Child Mental Health Needs In Kent and Sussex County" is posted at http://ltgov.delaware.gov/taskforces/cmhtf/finalreport.shtml.

Clinical Supervision Rated Best For Assessing Professionalism

Direct faculty supervision is generally straightforward to implement and said to fit with the way teaching is usually conducted in clinical settings.

BY MARK MORAN

Residents rated direct clinical supervision as the most favorable way for faculty supervisors to assess trainee skills in the "core competency" of professionalism and ethics.

That was the finding of a survey of trainees published in *Academic Psychiatry* (November-December 2013) by Laura Weiss Roberts, M.D., chair and the Katharine Dexter McCormick and Stanley McCormick Memorial Professor in the Department of Psychiatry and Behavioral Sciences at the Stanford University School of Medicine

The mean rates of approval for six common methods of trainee assessment were highest for direct clinical supervision—when faculty supervisors are watching residents in actual clinical interactions with patients. The other five methods, in order of mean approval by residents, are oral examinations, short-answer questions, essays, standardized patient interactions, and multiple choice questions.

The Accreditation Council for Graduate Medical Education (ACGME) has mandated that training programs require their residents to attain competency in six core areas: patient care, practice-based learning and improvement, medical knowledge, interpersonal and communication skills, systems-based practice, and professionalism.

Professionalism is defined as demonstrating a commitment to carrying out professional responsibilities, adherence to ethical principles, and sensitivity to a diverse patient population.

"Using direct faculty supervision in assessing professionalism has many practical advantages," Roberts and colleagues said. "First, direct faculty supervision is generally straightforward to implement and fits with the ecology of usual teaching in clinical settings, which is probably why clinical supervision is the most common assessment method used among medical schools and residency programs. Second, it offers the opportunity to evaluate trainees in real-life situations. Third, direct faculty supervision allows for immediate feedback to students, which is particularly helpful when the purpose of the assessment is to promote the learning process tailored to individual students' needs."

They added that previous empirical work has shown that when faculty members supervise students, they exhibit increased awareness of their own professional behavior; a "positive feedback loop may therefore result, as supervisors, in turn, become better role models for trainees," they said.

All psychiatry residents in postgraduate years 1-6 at seven training programs were asked to respond to the survey. The seven programs were Mayo Clinic College of Medicine, Medical College of Wisconsin, University of Arkansas for Medical Sciences, University of California San Diego School of Medicine, University of Chicago Pritzker School of Medicine, University of Massachusetts Medical School, and Walter Reed Army Medical Center.

The survey instrument was organized into 10 domains on the basis of the American Board of Internal Medicine's definition of professionalism: attitudes, goals, learning methods, curricula, knowledge-assessment, skills-assessment, and educational needs concerning informed-consent topics, principles, vulnerable populations, and relationship boundaries. Each item was rated on nine-point scales.

Roberts and colleagues added 28 questions relevant to psychiatry residency training, resulting in a total of 149 questions in the 10 content domains.

Psychiatry residents were asked to rate methods for assessing skills related to professional attitudes, values, and ethics on a scale of 1 (strongly disagree that the method is appropriate) to 9 (strongly agree).

A total of 151 residents (61 percent) responded, and they included psychiatry residents at all training levels.

Respondents agreed that direct faculty observations of residents' interactions with patients and clinical team members are appropriate for assessing skills with a mean overall rating of 7.59. Other surveyed methods and their mean ratings were as follows: oral examinations, 5.49; short-answer questions, 5.08; essays, 5.07; standardized-patient interactions, 4.96; and multiple-choice examinations, 4.03.

"In clinical care and clinical education, professionalism is demonstrated through respectful conduct, compassion, acquisition, and retention of expertise and technical skill—in other words, behaviors that reflect adherence to the ethical standards of the field," Roberts told *Psychiatric News*. "Supervisors observing trainees will look for evidence of respectful listening and thoroughness in data-gathering, signs that the privacy and dignity of the patient are being honored, and appropriate use of expertise and skill to help patients.

"Supervisors will also consider how trainees handle very difficult situations—for example, when a resident encounters a situation in which he or she has little experience or insufficient expertise. The supervisor will look for the resident to seek out supervision, to be especially diligent in obtaining new and clarifying relevant information, and to be especially careful in safeguarding the patient."

She added, "Our early career colleagues prefer to learn about professionalism and ethics in the ecology of their everyday work. When thinking about how best to approach a conversation with a young mother about her child's newly diagnosed mental health issue and to address her concerns with gentle honesty, sincerity, and sensitivity, for example, the philosophical notion of beneficence and the legal concept of informed consent seem very far removed. Working with a supervisor who is attuned to the importance of these experiences and the maturing clinical identity of the early career psychiatrist appears to be especially valued." PN

An abstract of "Assessing Professionalism and Ethics Knowledge and Skills: Preferences of Psychiatry Residents" is posted at http://www.ncbi.nlm.nih.gov/pubmed/23771251.

Key Points

- Professionalism is one of the six "core physician competencies" required for residency training by the ACGME and is defined as demonstrating a commitment to carrying out professional responsibilities, adherence to ethical principles, and sensitivity to a diverse patient population.
- The mean rates of approval for six common methods of resident assessment were highest for direct clinical supervision—when faculty supervisors are watching residents in actual clinical interactions with patients.
- Other methods, in order of mean approval by residents, are oral examinations, short-answer questions, essays, standardized patient interactions, and multiple-choice questions.

Bottom Line: Direct clinical supervision offers the opportunity to evaluate residents in real-life situations and allows for immediate feedback to students, which is particularly helpful when the purpose of the assessment is to promote the learning process tailored to individual students' needs.

Mentoring Relationships 'Reciprocally Rewarding'

By Joel Yager, M.D.

Mentoring is one of life's blessings. For years I've been the grateful recipient of many wise insights about professional and personal life, bestowed by scores of mentors (including students). I'm honored to follow in this tradition, passing (hopefully) good words along, by this time to perhaps hundreds of trainees and colleagues. Worthy "memes" have sticking power and continue disseminating through future generations.

The most successful mentees not only connect with their mentor, but they effectively engage an entire array of mentors who as a group possess the expertise and professional connections the mentees will require to grow their capacities and careers. Successful mentees have a sense of what they want from each of these relationships, structure their encounters accordingly, and come to their mentors well prepared.

My contributions involve really getting to understand each mentee's goals, perspectives, abilities, and limitations and how their careers align with the rest of their lives. We can then figure out just what they'll have to do for them to achieve their (hopefully) realistic aspirations—and we track progress, preferably using reasonably concrete as well as qualitatively measurable outcomes. I have no way of determining which of my mentoring relationships have been most successful; you'll have to ask the customers.

Mentoring relationships are inevitably reciprocally rewarding. Each one enriches us, enhances our career satisfaction, and deepens participation in our professional communities. It doesn't get much better than that.

This article is part of a series in which psychiatrist mentors are invited to share their experiences as role models with their colleagues. Those who would like to participate in the series should send an email to Deborah Hales, M.D., director of APA's Division of Education, at dhales@psych.org.

Integrated Care Goes Global In Depression Screening Project

An ambitious project in low-income nations links depression screening with primary care services such as diagnosis and treatment of diabetes and hypertension.

BY KEN HAUSMAN

With depression cited by the World Health Organization as one of the leading causes of disability worldwide, a pilot project sponsored by the World Psychiatric Association (WPA) Task Force on Noncommunicable Diseases is gathering data that could eventually help relieve the burden caused by depression, especially in low-income and low-middle-income countries.

The Depression Screening in Primary Care project is a global epidemiology initiative whose focus is assessing depression prevalence in primary care settings and its comorbidity with common noncommunicable diseases such as diabetes and cardiovascular diseases, especially hypertension. Another goal of the project is to stimulate new research and services innovations based on collaborative care concepts that are tailored to the needs and available resources of individual countries.

So far the pilot project has been active in India, Iran, Romania, Pakistan, and China, said Eliot Sorel, M.D., who helped found the project as cochair of the WPA task force and continues to serve as a consultant to the project. Sorel is a clinical professor of psychiatry and behavioral sciences in the School of Medicine and Health Sciences and of global health, health systems management, and leadership in the School of Public Health at George Washington University.

"People worldwide remain unaware of the comorbidity of depression and other medical illness," Sorel emphasized, thus there is a serious need to establish collaborative programs that comprehensively address the issues that arise in the diagnosis and treatment of comorbid mental and general health disorders.

Sorel explained that in each country in which the project has worked, it arranges collaborations with leading psychiatrists, primary care physicians, and public-health professionals in academic institutions, clinical services, and the country's professional psychiatric organization—"people with knowledge and influence" in the country's mental and general health structures. In some of the countries, China, for example, the project has benefitted from the connections and experience of psychiatry residents and early career psychiatrists who participate in the Washington Psychiatric Society's Career, Leadership, and Mentorship program.

He noted that the project recently applied for grant funding under the aegis of the Pan American Health Organization and World Health Organization Section for the Americas to take it beyond the pilot stage and expand its scope in three additional countries—Honduras, Nicaragua, and Jamaica. In those countries the goal will be to compare collaborative care for comorbid depression and certain physical illnesses with "care as usual," Sorel said. Patients will be screened for depression in primary care settings using the PHQ-9 and for other illnesses using inventories addressing those conditions, as has been done in the countries in the pilot phase, he said, noting that he will be going to all of the countries as a technical advisor and project investigator.

A pilot project on depression screening in primary care involving Pretoria, South Africa, and Washington, D.C., will begin later this year, Sorel said.

"The Depression Screening in Primary Care project hopes to enrich scientific evidence on this subject. In turn, it will generate country-specific programs that will be catalytic in enhancing access and quality of care, diminish stigma discrimination against mental illness and those suffering from it, stimulate new education and training programs, improve health systems performance through collaborative and integrated care, and influence national health policies," Sorel said. PN

U.K. Mental Health Initiative Makes Substantial Research Grants

A new London-based mental health research charity hopes to become as influential in the United Kingdom as the Brain and Behavior Research Foundation is in the United States.

BY JOAN AREHART-TREICHEL

September 26, 2013, was a happy day for Joshua Roffman, M.D., an assistant professor of psychiatry at Harvard Medical School.

A new mental health research philanthropy in the United Kingdom called "MQ," announced that Roffman was one of three winners of its first MQ Fellows awards. The others were Susanne Ahmari, M.D., Ph.D., of the University of Pittsburgh, and Bronwyn Graham, Ph.D., of the University of New South Wales in Australia.

The 2013 fellows were selected from a highly competitive international group of more than 100 applicants from more than 15 countries. Each winner will receive funding for a total of 225,000 British pounds (approximately $362,250), divided into three annual payments, to conduct what is expected to be groundbreaking research into the causes, treatments, and prevention of mental illnesses.

Ahmari will be using optogenetics to explore how brain cells interact to cause the repetitive behaviors of obsessive-compulsive disorder. Graham will study whether hormones help explain why women are more susceptible to anxiety disorders than men are. Roffman previously found that some people with schizophrenia have trouble processing folic acid and that this difficulty is related to the negative symptoms of schizophrenia. His research will investigate the impact of folic-acid supplementation on individuals with schizophrenia.

Joshua Roffman, M.D.

Joshua Roffman, M.D., believes that the MQ initiative "could be a game-changing force for psychiatric research."

"It's a great honor to be the recipient of one of the first MQ Fellows awards," Roffman told *Psychiatric News*. "I'm very excited to start my project, which I hope will constitute an important step forward in developing folic-acid-based early interventions for schizophrenia. I also feel fortunate in joining the MQ community, which could be a game-changing force for psychiatric research. At a time when transformative advances seem just around the corner, research remains vastly underfunded relative to the burden that psychiatric disorders impose. I'm excited about the opportunity that MQ provides, not just to catalyze the science, but to elevate the conversation on a global level."

Improving Quality of Life Is Key Goal

The project's CEO, Cynthia Joyce, explained in an interview that its name, MQ, reflects the goal of investing in research that will improve mental health "quality of life," adding that she hopes that in the near future, "when we say 'MQ,' people will automatically understand that that means the charity for mental health research."

The vision for MQ arose when a major

see ***U.K.*** *on page 36*

E-Mental Health Applications Gaining Clinical Traction

The rapid growth of technology in medicine includes e-mental health applications, which offer the promise of expanded access to care.

BY CLYDE WILLIAMS

"E-mental health applications are proliferating and hold [the] promise to expand access to care," concluded Shalini Lal, Ph.D., and Carol Adair, Ph.D., in a study of this technological tool published in the January *Psychiatric Services*. They evaluated 115 studies published from 2005 to 2010 that focused on e-mental health services, over three-quarters of which originated in the United States, Australia, or the Netherlands. They noted that 94 percent of the studies related to e-mental health were peer reviewed, while 51 percent reported empirical findings. The studies were obtained from keyword searches of the MEDLINE site and the Internet.

E-mental health services, or applications, encompass more than traditional telehealth and telemedicine by incorporating more than just the phone or videoconferencing. They include the use of streamed video; web applications, like flash animation; social-networking sites; and different combinations of these technologies to deliver mental health care services. Further, these applications have grown more prevalent as webpages become more dynamic and interactive and less static.

MoodGYM, for example, is a website based in Australia that was highlighted by Lal and Adair. Its homepage boasts 600,000 registered users, and its newest program, e-couch, leaves the user with no doubt that these services are being offered with the promise of free access and anonymity for the user. These two attributes are acknowledged as being two of the largest benefits of e-mental health services overall; although Lal told *Psychiatric News*, "We don't have enough cost-effectiveness research to clearly indicate the level of savings achieved or expected."

As for whether the literature shows the extent to which these e-mental health websites are being used and if they are effective, the answer is a qualified yes. For example, one of the studies the authors reviewed that focused on respondents in Australia reported that 77 percent of them expressed a preference for face-to-face services; however, fewer than 10 percent reported that they had no interest in using e-mental health services. Lal cautioned against reading too much into this, however, because the information in the study was collected prior to the article's 2010 publication date "and things have changed quite importantly in terms of access and use of technology" in the last several years.

Also, of the empirical studies, none focused on treatment for patients with comorbid substance use and other mental disorders, opting instead to target one disorder or treatment. The authors noted this reflects traditional treatment paradigms, even though many people experience more than one mental health issue. They go on to say "effect sizes are comparable to those observed in similar interventions delivered in person," in terms of treating anxiety and depression

disorders. There is also preliminary evidence that these new tools are effective in treating substance abuse, insomnia, and stress.

Still, psychiatrists and other mental health professionals may be reluctant to use e-mental health applications, thus limiting their usefulness or prevalence. Lal told *Psychiatric News* that "a clinician said to me, 'In our organization, we don't even use email or texting to communicate with our patients.' "

There are good reasons psychiatrists and mental health professionals may make that choice. Lal and Adair reported that the literature they reviewed documents privacy and security concerns. Other potential hazards cited in the review were publication bias on the part of developers and researchers, lack of quality control and care standards, and the limited evidence base for interventions.

To address some of these concerns, organizations like the International Society for Mental Health Online created frameworks that help set appropriate standards, and in Australia, the Beacon website uses expert reviews and user comments to rate e-mental health services. John Luo, M.D., told *Psychiatric News* that in the United States, applications, like DoctorBase, and electronic medical record vendors, like Epic, are now offering secure communications between patients and providers. "While security and privacy are significant issues," he said, "the culture is somewhat changing. The younger generation [is] not so concerned about security, as access trumps their concerns."

One of the great promises of e-mental health is its ability to expand and deliver psychiatric as well as a wide spectrum of other medical resources to hard-to-reach groups, like adolescents or underserved communities. Lal and Adair singled out a study by Guy Diamond, Ph.D., which documented a free online self-assessment tool that targeted young people, was automatically scored, allowed for results to be integrated into an e-record, and was easy to complete as an example of this reach.

At the time of Lal and Adair's review, 68 percent of the empirical studies were geared toward adults and 19 percent were designed for adolescents or young adults. But one study of 2,000 people aged 12 to 25 that the authors cited found that "77 percent [of respondents sought] information about mental health problems whether or not they had the problem themselves."

Lal told *Psychiatric News* that young people "are already going online searching for mental health information and support. So, I do believe this is a snapshot for the future."

She added that she did not think that e-mental health services would ever replace traditional services. Instead, they will act as an on-ramp for those seeking treatment. PN

An abstract of "E-Mental Health: A Rapid Review of the Literature" is posted at http://ps.psychiatryonline.org/article.aspx?articleID=1745988.

New Chief Residents Invited to Leadership Conference

Registration is open for the annual Chief Resident Leadership Conference. The conference is scheduled for Monday, May 5, at the New York Hilton Midtown, in conjunction with APA's 2014 annual meeting. Incoming 2014-2015 chief residents in ACGME-accredited general psychiatry residency training programs and child psychiatry fellowships are invited to participate; each program is permitted to send one chief resident. To register, go to http://www.psychiatry.org/residents/fellowships-awards/chief-resident-leadership-conference.

CLINICAL & RESEARCH NEWS

Oxytocin Treatment May Improve Social Communication in Autism

Brain regions underlying oxytocin's favorable treatment effects on some individuals with autism have been identified.

BY JOAN AREHART-TREICHEL

A new study adds to the growing body of research data suggesting that oxytocin treatment can improve social communication in individuals with autism and has identified brain activity that appears to underlie such social communication improvement.

The senior researcher was Hidenori Yamasue, M.D., Ph.D., a psychiatrist affiliated with Japan's University of Tokyo School of Medicine. The results were published online December 18, 2013, in *JAMA Psychiatry.*

Individuals with autism often have difficulty understanding complex social communications, such as irony and humor, in which verbal information may conflict with nonverbal cues such as facial expressions and eye gazes. The study thus focused on this type of social communication.

Thirty-three high-functioning individuals with autism spectrum disorder (ASD) first received a single dose of intranasal oxytocin or of an intranasal placebo before they were asked to interpret social communication content that contained conflicting verbal and nonverbal information. The subjects were then again asked to interpret social communication content with conflicting verbal and nonverbal information, but under the opposite test condition.

The subjects carried out the social communication tasks more smoothly, and more typically like individuals without autism, after they had received oxytocin than after they had received a placebo. Furthermore, fMRI imaging indicated that the subjects' improved ability to handle social communication tasks under the influence of oxytocin treatment was due to enhanced activity in two brain regions—the anterior cingulate cortex and the dorsal medial prefrontal cortex—as well as to enhancement of functional connectivity between these two brain regions. Medial prefrontal cortex activity has previously been shown to be diminished in ASD patients.

"These findings elucidate the neural mechanisms underlying oxytocin's beneficial effects for sociocommunicational deficits in autism spectrum disorder, and they provide, to our knowledge, the initial evidence regarding the neurobiological basis for any useful effect of oxytocin for the core symptoms of autism spectrum disorder," the researchers said.

"This is an extremely impressive study," Andrew Gerber, M.D., an assistant professor of psychiatry at Columbia University and a child and adolescent psychiatrist, told *Psychiatric News*. "Though previous studies have hinted at the efficacy of intranasal oxytocin in improving the core symptoms of autism, this is the first well-designed, randomized, controlled trial to show its effect on conflicting verbal and nonverbal social information."

Also, he noted, "the demonstration of the efficacy of oxytocin in treating core symptoms of autism spectrum disorder and its neural correlates opens the doors to the development of pharmacological agents that make use of this pathway and holds real promise for the millions of affected individuals and their families."

Oxytocin treatment likewise seems to benefit social cognition in individuals with schizophrenia, Stephen Marder, M.D., a psychiatrist at UCLA's Semel Institute for Neuroscience, reported at the 2013 International Congress on Schizophrenia Research (*Psychiatric News,* May 17, 2013).

The study was funded by Grants-in-Aid for Scientific Research, the Global Center of Excellence Program, the Japan Society for the Promotion of Science, and the Japan Society for the Promotion of Science Research Foundation for Young Scientists. PN

An abstract of "Mitigation of Sociocommunicational Deficits of Autism Through Oxytocin-Induced Recovery of Medial Prefrontal Activity" is posted at http://archpsyc.jamanetwork.com/article.aspx?articleid=1790357.

JOURNAL DIGEST

BY VABREN WATTS

Gut Bacteria Linked to Autism-Like Behavior in Mice

Over the past decade, several studies have shown an association between gastrointestinal distress—in both offspring and mother—and autism spectrum disorder (ASD). A study published in *Cell* found that the gut bacterium *Bacteroides fragilis* (*B. fragilis*) may be a potential target to alleviate behavioral symptoms associated with ASD.

Researchers from the California Institute of Technology conducted a study in which they observed gastrointestinal and behavioral abnormalities in pups of a maternal mouse model that is prone to yield offspring with neurodevelopmental disorders, including ASD.

Marques/Shutterstock

They found that offspring with ASD-like symptoms were plagued with gastrointestinal abnormalities and changes in the gut microbial community, which lacked *B. fragilis*. When offspring were given *B. fragilis,* both their gastrointestinal abnormalities and anxiety-like behavior greatly improved.

"Taken together," the researchers said, "these findings support a gut-microbiome-brain connection in a mouse model of neurodevelopmental disorders and identify a potential probiotic therapy for gastrointestinal and behavioral symptoms in human disorders, including autism." They added that human trials are now needed to gather the evidence to verify the link that was found in mice.

Hsiao E, McBride S, Hsien S, et al. "Microbiota Modulate Behavioral and Physiological Abnormalities Associated With Neurodevelopmental Disorders." 2013. Cell. Dec 5. [Epub ahead of print] http://download.cell.com/mmcs/journals/0092-8674/PIIS0092867413014736.mmc3.pdf

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CLINICAL & RESEARCH NEWS

Risk for Depressive Symptoms Decreases After Menopause

Researchers in the departments of Obstetrics/Gynecology and Psychiatry at the University of Pennsylvania conducted a study with 203 late-reproductive women to assess the changes in depressive symptoms surrounding menopause. The study was initiated while participants were premenopausal and ended during their postmenopausal stage.

The results showed that overall risk was higher in the years prior to menopause and lower in years after menopause. Among women with a history of depression, an average of 58 percent each year of the study were diagnosed with clinical depression before the final phase of menopause; this decreased to 35 percent each year during postmenopause. Women with no history of depression had a low risk for developing depression before menopause, and even lower risk after menopause. These results remained consistent regardless of race, age of menopause onset, and body mass index.

Decrease in depressive symptoms during postmenopause was also associated with each unit increase in follicular stimulating hormone blood levels. There was no significant association between the rate of change of other prevalent female hormones such as estradiol or inhibin B.

"Although only a small percentage of women experience mood difficulties

*see **Journal Digest** on page 24*

CLINICAL & RESEARCH NEWS

Journal Digest

continued from page 23

in relation to menopause, many want to know what to expect in this transition period. Women overall can expect depressive symptoms to decrease after FMP [final menopausal period], although those with a history of depression have a continuing high risk of recurrence," the researchers concluded.

Freeman E, Sammel M, Boorman D, et al. "Depression Risk Lower After Final Menstrual Period in Menopausal Women." 2013. JAMA Psychiatry. Nov 15. [Epub ahead of print] http://archpsyc.jamanetwork.com/article.aspx?articleid=1772342

Repeated Viewing of Traumatic News Coverage Bad for Mental Health

Researchers from the University of California, Irvine, surveyed more than 4,500 adults up to a month after the 2013 Boston Marathon bombing to assess the mental impact of indirect exposure to trauma through media—including television, video, radio, and social media.

The findings showed that people exposed to more than six hours a day of bombing-related media coverage were nine times more likely to report high acute stress than those with less than one hour of daily exposure. Symptoms

CLINICAL & RESEARCH NEWS

of mental distress included intrusive thoughts, feeling on edge, and hypervigilance.

"There is mounting evidence that live and video images of traumatic events can trigger flashbacks and encourage fear conditioning," said E. Alison Holman, Ph.D., F.N.P., an associate professor of nursing science at UC Irvine and the study's lead author. "There's something about repeated exposure to violent images or sounds that keeps traumatic events alive and can prolong the stress response in vulnerable people."

The authors emphasized that risk of developing acute stress through media coverage can be even greater in those with previous exposure to collective traumas or a preexisting mental health condition.

Holman E, Garfin D, Silver R. "Media's Role in Broadcasting Acute Stress Following the Boston Marathon Bombings." 2013. Proc Natl Acad Sci. Dec 9. [Epub ahead of print] http://www.pnas.org/content/early/2013/12/05/1316265110.full.pdf

Cardiovascular Disease Linked to Dementia in Postmenopausal Women

Women with hypertension and diabetes may be at higher risk for cognitive decline over time, according to a study in the *Journal of the*

see ***Journal Digest*** *on page 26*

CLINICAL & RESEARCH NEWS

Journal Digest

continued from page 25

American Heart Association.

Nearly 6,500 postmenopausal women aged 65 to 79 received neurocognitive exams to assess the effect of cardiovascular disease, diabetes, and adiposity on cognitive decline.

Results showed that postmenopausal women with heart disease or vascular disease—such as hypertension—were 29 percent more likely to experience cognitive decline than those without a cardiovascular disorder. Risk for cognitive impairment was doubled among women who experienced a heart attack compared with those who did not have such an event. Diabetes and a history of undergoing major cardiac surgery also increased risk for cognitive decline. Obesity was not found to alter cognitive function in older women.

"Women with heart disease should be monitored by their doctors for potential cognitive decline," said Bernhard Haring, M.D., M.P.H., a clinical fellow in the Comprehensive Heart Failure Center at the University of Würzburg in Germany. "It is also very important to adequately manage heart-disease risk factors such as high blood pressure and diabetes."

The researchers concluded that more studies are warranted on how preventing cardiovascular disease may preserve cognitive health. PN

Haring B, Leng X, Robinson J, et al. "Cardiovascular Disease and Cognitive Decline in Postmenopausal Women: Results From the Women's Health Initiative Memory Study." 2013. J Am Heart Assoc. Dec 18. [Epub ahead of print] http://jaha.ahajournals.org/content/2/6/e000369.full.pdf+html

Verdict Mixed on Autism Link to SSRI Use in Pregnancy

Prenatal risk factors for autism spectrum disorder are an important area of research, and the conflicting findings regarding SSRI use in pregnancy and autism spectrum disorder justify further study.

BY JOAN AREHART-TREICHEL

Those hoping that researchers would answer concerns about a possible relationship between use of SSRI antidepressants by pregnant women and autism spectrum disorder (ASD) in their offspring may be disappointed by the outcome of four recent studies on the topic, since two found evidence of such a link and two others did not.

The first was a population-based case-control study led by Lisa Croen, Ph.D., of Kaiser Permanente Northern California and published in the November 2011 *Archives of General Psychiatry.*

Some 300 children with autism and their mothers, as well as 1,500 randomly selected control children and their mothers, were evaluated to see whether there was any link between SSRI antidepressant prescriptions dispensed before and during pregnancy and the risk of autism. The researchers found an approximately twofold increased risk of ASD associated with SSRI prescriptions dispensed during the year before delivery and an approximately fourfold increased risk associated with SSRI prescriptions dispensed during the first trimester.

The second was a Swedish study headed by Dheeraj Rai, Ph.D., of the University of Bristol in England and published in the April 19, 2013, *British Medical Journal,* which included more than 18,000 children. Of these children, 1,679 had ASD with or without intellectual disability, and the remaining children served as age- and gender-matched controls.

Information about whether the children's mothers had been treated for depression during pregnancy was available from inpatient and outpatient psychiatric records, and information about whether the mothers had used antidepressants during pregnancy was obtained from interviews with the mothers when they were, on average, 10 weeks pregnant.

The researchers assessed whether there was an association between antidepressant use during pregnancy and ASD in the offspring, taking possibly confounding factors into consideration. Women who had used antidepressants during pregnancy were three times more likely to have a child who developed ASD without intellectual disability than were those who had not used antidepressants. Moreover, the association held whether the women had used an SSRI or a non-SSRI antidepressant. However, there was no evidence of a link between maternal use of antidepressants during pregnancy and an ASD with intellectual disability.

The third study was conducted in Denmark. It was headed by Anders Havid, Dr. Med. Sci., of the Statens Serum Institute in Copenhagen and published in the December 19, 2013, *New England Journal of Medicine.* It included more than 600,000 children born in Denmark from 1996 through 2005 and followed up through 2009.

During follow-up, the researchers identified 3,892 cases of children with ASD, 52 of whom had been exposed to SSRIs during pregnancy. As compared with no use of SSRIs both before and during pregnancy, use during pregnancy was not associated with a significantly increased ASD risk in the offspring.

The fourth study was also conducted in Denmark. It was led by Merete Sorensen, Ph.D., of Aarhus University Hospital and published online November 15, 2013, in *Clinical Epidemiology.*

The study included more than 600,000 children born in Denmark from 1996 to 2006. The researchers determined which children had been exposed to SSRIs during pregnancy, which had an ASD, and whether children exposed to SSRIs during pregnancy had a significantly greater ASD prevalence than children not exposed to SSRIs during pregnancy. The researchers did not find evidence of such a relationship.

Thus two of the studies found a link between SSRI use during pregnancy and ASD risk, and two did not.

"In the Croen study, the number of cases was very small, and the only evidence of SSRI use was that the women had been given one prescription for medication early in pregnancy," Gail Robinson, M.D., director of the Women's Mental Health Program at the University of Toronto and the APA Minority/Underrepresented Group Trustee, told *Psychiatric News*. "Therefore, there was no clear evidence that the women had actually taken SSRIs during pregnancy."

"And in the study by Rai et al., they could not distinguish whether the antidepressant or the depression itself caused an increase in ASD. [Yet] even if there was a causal relationship, it would explain less than 1 percent of the cases," Robinson pointed out. "Therefore, of the four studies, only the one with small numbers and major limitations in methodology [really] found a link. The better studies found an insignificant or no link to autism. Thus the risks related to untreated depression during pregnancy (for example, poor appetite, insomnia, suicide attempts, failure to attend prenatal visits, or increased maternal stress hormones) far outweigh" SSRIs in concerns about risk for developing ASD.

"Prenatal risk factors for autism spectrum disorder are an important area of research, and these conflicting findings justify further study with rigorous, prospective studies," said Laura Politte, M.D., an autism expert at Harvard Medical School.

"In the two studies that found an association between maternal SSRI use and ASD in the offspring, if a direct causal association was assumed, the overall conferred risk for ASD is still quite low, and this possible risk must be balanced against the known developmental risks to offspring of untreated maternal depression," Politte stated. PN

The first study, "Antidepressant Use During Pregnancy and Childhood Autism Spectrum Disorders," is posted at http://archpsyc.jamanetwork.com/article.aspx?articleid=1107329. The second study, "Parental Depression, Maternal Antidepressant Use During Pregnancy, and Risk of Autism Spectrum Disorder: Population-Based Case-control Study," is posted at www.bmj.com/content/346/bmj.f2059. The third study, "Use of Selective Serotonin Reuptake Inhibitors During Pregnancy and Risk of Autism," is posted at www.nejm.org/toc/nejm/369/25. The fourth study, "Antidepressant Exposure in Pregnancy and Risk of Autism Spectrum Disorders," is posted at www.ncbi.nlm.gov/pmc/articles/PMC3832387.

FDA Responds to *AJP* Manuscript on Citalopram Safety

Experts debate whether high doses of citalopram put patients at risk for experiencing life-threating cardiac arrhythmia.

BY VABREN WATTS

On June 1, 2013, the *American Journal of Psychiatry (AJP)* published an evidence-based article questioning the 2011 Food and Drug Administration (FDA) decision to warn health care professionals against prescribing citalopram at doses that exceed 40 mg due to risk of abnormal changes in the heart's electrical activity. On January 3, in *AJP in Advance,* the FDA responded to the 2013 article in a commentary in which it stood by its decision and questioned the validity of the study in which its ruling was the primary target of criticism.

In late spring 2013, Kara Zivin, Ph.D., an assistant professor of psychiatry at the University of Michigan, and colleagues published "Evaluation of the FDA Warning Against Prescribing Citalopram at Doses Exceeding 40 mg" in *AJP,* a study that assessed the relationship between the use of the antidepressant and the induction of ventricular arrhythmia.

"We conducted this research," Zivin told *Psychiatric News*, "because we and others have found that FDA warnings can have an impact on the use of medications that can have both positive and negative effects on patients."

In the study, Zivin and colleagues evaluated medical records of more than 618,000 veterans who were prescribed citalopram to treat depression from 2004 to 2009.

Kara Zivin, Ph.D., published a study questioning the FDA warning against prescribing citalopram doses higher than 40 mg.

Results showed that individuals taking citalopram at daily doses greater than 40 mg had a 38.5 percent lower risk for experiencing ventricular arrhythmia than those who were administered doses between 1 mg and 40 mg. In addition, Zivin and colleagues found that participants taking higher doses of citalopram were seven times less likely to have an increased risk for cardiac nonrelated mortalities than those prescribed citalopram at lower doses.

"Our findings raise questions about the continued legitimacy of the FDA warning and provide support for the question of whether the warning will do more harm than good," said Zivin in a 2013 press release.

*see **Citalopram** page 28*

CLINICAL & RESEARCH NEWS

Link Found Between Childhood Infections, Later Psychosis

Risk was found to be greatest for bacterial infections acquired in preadolescence, but researchers cannot rule out the possibility that other psychosis risks may increase susceptibility to infections.

BY MARK MORAN

A small but statistically significant association has been found between hospital admissions for infections of all kinds throughout childhood and a later diagnosis of nonaffective psychosis.

This association appears to be driven largely by bacterial infection, with bacterial infections and central nervous system infections during preadolescence (ages 10 to 13) conferring the strongest risk.

Those were findings from a study published online in *Schizophrenia Bulletin* December 23, 2013.

Accumulating evidence in recent years has pointed to the possibility that at least some cases of psychosis are related to maternal and/or childhood infections. Swedish researchers, drawing on large Swedish birth registries, investigated the effect of a severe infection during childhood on the risk of developing a psychotic disorder later in life. They also assessed whether the association is general or specific for bacterial or viral infection or for CNS or non-CNS infection.

Moreover, to identify potential windows of vulnerability, they explored exposure to severe infections during five age periods and risk for adult psychotic illness and also investigated a possible dose-response relationship between multiple episodes of infection and psychotic illness.

The study was based on linkages to several registeries held by Statistics Sweden and the Swedish National Board of Health and Welfare. The National Patient Register includes data on virtually all inpatient care in Sweden since 1973 and was used to follow up the study population regarding hospitalizations for infection and for nonaffective psychoses. Data on perinatal variables were retrieved from the Medical Birth Register, which was established in 1973 and includes data from the prenatal, delivery, and neonatal periods for virtually all deliveries in Sweden.

A total of 1,172,879 children were followed. Altogether, 4,638 (0.4 percent) of the children were subsequently diagnosed with nonaffective psychoses. Children who had suffered any severe infection during childhood were at a statistically significant increased risk of 10 percent for developing nonaffective psychoses.

The risk did not differ by age at time of infection, but the association was strongest between hospital admission for bacterial infection and later development of nonaffective psychoses. Exposure to bacterial infection during preadolescence was associated with the highest risk increase, compared with viral or other infections.

There was no major difference in risk increase between CNS and non-CNS infection with one exception—again during preadolescence as the risk associated with CNS infection increased to a hazard ratio of 1.96 (meaning the risk was just under twice as great). Multiple admissions (greater than four infections) during childhood increased the risk of nonaffective psychoses to a hazard ratio of 1.37.

But the researchers acknowledged that the findings do not rule out the possibility that individuals with other kinds of vulnerability to psychosis may be more susceptible to infections. "Indeed, our risk estimates were attenuated by adjustment for admission with other diagnoses and parental psychiatric disease, suggesting that social factors related to exposure, as well as familial factors related to psychiatric disease, to some extent, contributed to the present findings," they said.

They added that "to explore the specific role of different pathogens, further analyses of register data in combination with serological and experimental studies are needed."

Alan Brown, M.D., M.P.H., clinical professor of psychiatry and epidemiology at Columbia University Medical Center, told *Psychiatric News* that the researchers' use of national registries to prospectively follow infections requiring hospitalization in childhood and adolescence is a relatively new addition to a burgeoning body of research on the link between infections and psychosis.

Once considered a theory far outside the mainstream, it is now much more widely accepted among researchers that at least some forms of psychosis are related to infection. "There is increasing evidence that infection is related to psychosis from epidemiologic and basic neuroscience studies, though the research community is still divided between proponents and skeptics," Brown told *Psychiatric News*.

He added that the finding that bacterial infection in the preadolescent phase appeared to confer the highest risk is significant. "During preadolescence, active myelination occurs in the brain, and infection could disrupt this process," he said. PN

"Hospital Admission With Infection During Childhood and Risk for Psychotic Illness—A Population-Based Cohort Study," is posted at http://schizophreniabulletin.oxfordjournals.org/content/early/2013/12/23/schbul.sbt195.full.pdf+html.

Citalopram

continued from page 27

She concluded that "clinicians whose patients benefit from high dosages of citalopram must choose between following the FDA's warning or risking worsening depression if patients receive too low a dosage."

In response to Zivin's study and comments, FDA officials stated in the *AJP in Advance* commentary that "the approach the authors [Zivin et. al] took . . . was unlikely to detect differences in potentially life-threatening arrhythmias."

During an interview with *Psychiatric News*, Marc Stone, M.D., coauthor of the commentary and senior medical reviewer in the FDA Division of Psychiatry Products, said that previous studies have shown that citalopram doses at 60 mg per day can prolong the ventricular QT interval—the heart's electrical cycle—and increase risk for potentially fatal torsade de pointes, an arrhythmia characterized by uncommonly rapid heartbeats that range between 150 and 250 beats per minute. Normal rate ranges between 60 and 100 beats per minute.

"This is just one potential adverse reaction; risk of adverse reactions of all kinds is higher with higher dosages," said Stone. Also, without evidence showing that citalopram dosages above 40 mg are more effective than lower dosages, "there can be no justification for such use."

Furthermore, the FDA officials stated in commentary that a person who develops fatal arrhythmia as a result of torsade de pointes will rarely be identified as having torsade because the cardiac event is quite transient and goes undetected by electrocardiography. They explained that this will lead to less-specific outcomes such as any mortality, as reported by Zivin and colleagues, and will include outcomes unrelated to QT prolongation—diluting a signal of QT prolongation-induced torsade or sudden cardiac death.

Columbia University Medical Center/ Courtesy of www.pharmapar.ca

Peter Shapiro, M.D., says that patients' general health should be evaluated before prescribing any psychiatric medication.

Stone also raised concerns about the patient population evaluated in Zivin's study. "All this paper shows is that higher dosages of citalopram and sertraline [used as an active control] are prescribed to healthier people. The paper states 'both older patients and patients with higher comorbidity levels received lower dosages of both citalopram and sertraline.' "

Peter Shapiro, M.D., a professor of psychiatry at Columbia University Medical Center and director of the Fellowship Training Program in Psychosomatic Medicine at New York-Presbyterian Hospital, who was not involved in the study, agreed. He explained that the low rates of adverse events reported by Zivin in the high-dose citalopram cohort might be attributed to those patients being more healthy—offsetting a dose-related hazard.

Though Shapiro suggested that Zivin's study had significant limitations, he told *Psychiatric News* that it did confirm that high doses of citalopram can be prescribed to relatively "healthy" patients.

"None of this is to say that we should be unconcerned about QT prolongation and risk of arrhythmias. . . . Clinicians should be wary if patients have preexisting cardiac conditions, family history of heart disease and of sudden death, or are taking drugs that could interact with antipsychotics and result in QT-prolongation."

Shapiro said because recent data from Medicaid have shown that there is one sudden cardiac death for every 667 people taking antipsychotics per year, patients' general medical health should be evaluated when prescribing any psychiatric drug. PN

The commentary "Cardiac Safety Concerns Remains for Citalopram at Dosages Above 40 mg/Day" is posted at http://ajp.psychiatryonline.org/article.aspx?articleid=1809635&resultClick=1.

CLINICAL & RESEARCH NEWS

News Is Mixed on Teenagers and Substance Use

Leaders in the nation's battle against substance abuse find that the media can make a difference, but that prevention education is probably the most effective weapon.

BY VABREN WATTS

Although an annual report on the prevalence of teenage substance use revealed some positive findings regarding alcohol and tobacco use, it also raised concerns regarding use by U.S. adolescents of other substances—at a level pointing to the need for major intervention.

On December 18, 2013, the National Institute on Drug Abuse (NIDA) held its end-of-year teleconference discussing the results of the Monitoring the Future (MTF) survey—a yearly evaluation of drug, alcohol, and tobacco use and attitudes toward such use among adolescent students nationwide. The survey was funded by NIDA and conducted by the University of Michigan.

"This year's survey offered some very good surprises in the positive direction, while alerting us to areas where we need to keep paying attention," said NIDA Director Nora Volkow, M.D.

The 2013 MTF survey included 45,449 participants—8th, 9th, and 12th graders—from 395 public and private schools. The survey required adolescents to report their drug use behaviors across three time periods: lifetime, past year, and past month.

Lloyd Johnston, Ph.D., principal investigator of the MTF survey and the Angus Campbell Collegiate Research Professor at the Institute for Social Research at the University of Michigan, has been working with the survey since its inception in 1975 and said that he is amazed by the diversity of drugs that arise in youth populations. "Our questionnaires have gotten longer," Johnston stated during the teleconference. "There are so many drugs that we ask about . . . over 50 classes and subclasses of drugs, currently."

Johnston explained that unfortunately most drugs do not leave the substance list once they are added to the questionnaire. "There's always a concern about the new threats [of drugs] and the danger that we don't know enough about them to caution people on use of those substances."

Designer, Prescription Drug Use Decrease

Synthetic marijuana, bath salts, and salvia are some of the newer drugs that were added to the MTF questionnaire over the past decade. Data from the latest survey showed a 30 percent decrease in synthetic marijuana use among teenagers compared with the prior year.

Volkow speculated that the decline may be attributed to the media. "There have been several reports in a relatively short period of time of individuals smoking synthetic marijuana [and] ending up with strokes. And there have been, of course, [reports of] some fatalities," she told *Psychiatric News*.

In addition to a downward trend in synthetic marijuana use, MTF data also showed a decline in the use of salvia, a hallucinogenic opioid and dopamine receptor agonist that is derived from the plant *salvia divinorum*. Though a downward trend was not observed in adolescents' use of bath salts—which has remained relatively low since its addition to the survey—the designer drug did receive the sharp-

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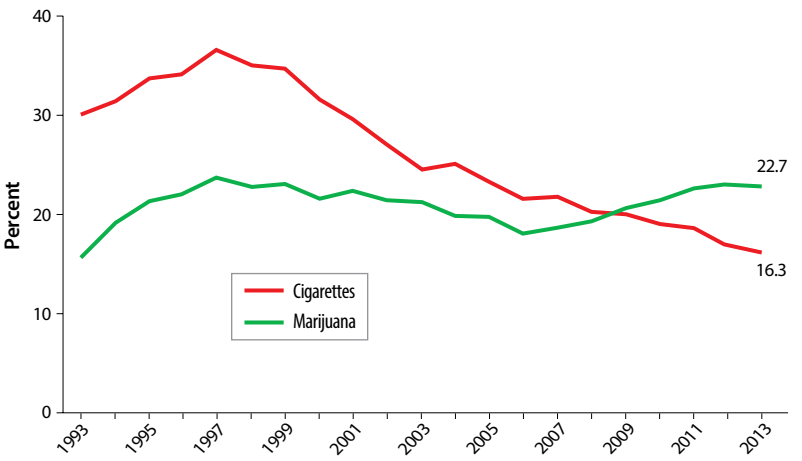
Marijuana Use Outpaces Cigarette Use by High School Seniors

Data from the 2013 Monitoring the Future Survey show that regular marijuana smoking was reported more often than regular cigarette smoking by high school seniors.



Source: University of Michigan

MED CHECK

BY VABREN WATTS

Cymbalta Generics Approved for U.S. Market

The Food and Drug Administration (FDA) has approved the first generic versions of Eli Lilly's antidepressant ***Cymbalta*** (***duloxetine delayed-release capsules***). The approval was granted to six generic drug makers in December 2013.

"Generic drugs offer greater access to health care for many people," said Kathleen Uhl, M.D., acting director of the Office of Generic Drugs in the FDA's Center for Drug Evaluation and Research. "Health care professionals and consumers can be assured that these FDA-approved generic drugs have met our rigorous standards."

Generic versions of duloxetine will be available in the same dosages as Cymbalta and will include a boxed warning regarding suicidal thoughts and behavior during initial treatment in children, adolescents, and young adults aged 18 to 24. Common side effects include dry mouth, drowsiness, decreased appetite, and fatigue.

Cymbalta was Lilly's leading drug for the first nine months of 2013, accounting for almost a quarter of Lilly's sales revenue during this period.

ADHD Medication Increases Risk of Priapism

On December 17, 2013, the FDA issued a safety warning concerning ***methylphenidate*** products, a category of stimulants used to treat attention-deficit/hyperactivity disorder (ADHD), due to increased risk for priapism, a condition that can lead to permanent damage of penile tissue.

This is the second instance in which the FDA has issued a safety warning for priapism for medications used in ADHD treatment. ***Atomoxetine*** was the first to receive such a warning. According to the FDA, priapism seems to be more common in patients taking atomoxetine than in those taking methylphenidate products. Because of limitations of available information on these medications, the agency does not know the rate at which priapism occurs in patients taking either ADHD drug.

The FDA recommends that health care professionals discuss the signs and symptoms of priapism with all male patients—including prepubertal ones—who are prescribed methylphenidate products. The agency stresses that if such a condition occurs, immediate medical treatment should be sought.

Narcolepsy Drug Helps Reduce Depression

Researchers from England's University of Cambridge and University of East London conducted a study evaluating the effectiveness of ***modafinil***—a medication approved by the FDA to treat narcolepsy, sleep-wake disorders, and excessive daytime sleepiness associated with sleep apnea—as an add-on treatment for depression.

The meta-analysis involved studies of approximately 900 patients with either major depressive disorder or bipolar depression. The subjects were given first-line antidepressant therapies in addition to either modafinil or placebo.

Analyses showed more improvement in depression severity in those taking modafinil than in those who were not given the drug. In addition, modafinil was associated with a decrease in hospital readmission rates and improvement in fatigue, sleepiness, and alertness—symptoms that are often associated with depression.

"This is good news for individuals struggling to fight depression," said Cynthia Fu, M.D., Ph.D., a professor at the University of East London. "It is particularly important that people receive effective treatment as the residual symptoms—fatigue and lack of concentration—can persist and have a negative impact on people's lives." The authors plan to extend their findings by observing the long-term efficacy and safety of antidepressants and modafinil in treating depression. PN

Goss A, Kaser M, Costafreda S, et al. "Modafinil Augmentation Therapy in Unipolar and Bipolar Depression: A Systematic Review and Meta-analysis of Randomized Controlled Trials." Nov 2013. J Clin Psychiatry. 74(11):1101-7. http://article.psychiatrist.com/dao_1-login.asp?ID=10008467&RSID=92165496339223

est increase among all substances that the teenagers viewed as dangerous. Other substances that were used less often than shown in previous MTF surveys were prescription drugs such as psychotropic and pain medications, as well as inhalants, alcohol, and tobacco.

"This is very good news and probably reflecting attention of the media to the adverse consequences that may have changed the attitudes [of the youth]," said Volkow.

However, NIDA's worries about the extent of adolescent substance use are far from over.

Increase in Regular Marijuana Use Found

The MTF survey reported that about 39 percent of 12 graders view marijuana use as harmful, down from the prior year's rate of 44 percent. Survey responses also showed that daily use of marijuana among adolescents has increased by 63 percent since 1993.

"More teens are now smoking marijuana than smoking cigarettes," said R. Gil Kerlikowske, director of the Office of National Drug Control Policy, at the teleconference. "Science clearly demonstrates that marijuana is not a benign substance. It hampers academic performance. It impairs driving. It impacts productivity. And for some to say that it is less dangerous than other substances is a ridiculous statement."

For the first time in the survey's history, he noted, evidence suggested that laws legalizing marijuana for medicinal purposes may contribute to the rate of marijuana use. According to the study, 34 percent of marijuana-using high school seniors living in states with medical marijuana laws reported obtaining the drug through someone else's marijuana prescription.

Kerlikowske said that as more legislation is passed to use marijuana legally—both medically and recreationally—the most powerful tool to remedy this problem is prevention education, which will save lives and lower health care cost.

"Research demonstrates that if we can prevent young people from using drugs and alcohol through their teenage years, the likelihood of them developing substance use disorders [in adulthood] drops dramatically. But we know from prevention research that it has to be consistent, . . . age specific, . . . and over a period of years."

Kerlikowske charged physicians, researchers, teachers, and parents with recommitting to bolstering education and prevention efforts to ensure that America's youth will have the opportunity to lead a healthy life that is not hindered by drug use. PN

Information on the Monitoring the Future Survey is posted at http://www.drugabuse.gov/related-topics/trends-statistics/monitoring-future.

Cognitive Training Augments Benefits Of Supported Employment

Improvements in measures of neurocognition and intrinsic motivation among participants receiving the augmented treatment may account for the effects of cognitive remediation.

BY MARK MORAN

Key Points

- Employment rates over two years for schizophrenia patients with lower functioning were significantly different for the two conditions—20 percent for supported employment and 49 percent for supported employment plus cognitive remediation.
- Among lower-functioning participants, those who received cognitive remediation also worked significantly more hours over two years than those who received supported employment only.
- Higher-functioning participants worked similar amounts of hours in both conditions.
- Cognitive remediation appears to improve neurocognition and intrinsic motivation.

It may be that cognitive remediation is not necessary to boost vocational outcomes for all participants in supported employment, but it is a service that may help those who are most impaired in their overall community functioning.

Augmenting supported employment with cognitive remediation can improve vocational outcomes for schizophrenia patients with lower levels of community functioning, according to a report published online in *Psychiatric Services in Advance* January 2.

However, cognitive remediation—comprising various kinds of "brain training" computer software—may not be necessary for schizophrenia patients who are functioning better in their communities, according to the report.

Morris Bell, Ph.D., and colleagues at Yale University School of Medicine analyzed data from two related randomized, controlled trials. Unemployed outpatients with diagnoses of schizophrenia or schizoaffective disorder were recruited at a large urban community mental health center. Between 2000 and 2012, a total of 174 participants completed the study; because of the high degree of engagement engendered by the vocational program, the follow-up rate for determining employment outcome was 100 percent.

They received either supported employment (SE) or supported employment plus cognitive remediation (SE plus CR). Supported employment included "individual placement and support" provided by the community mental health center and weekly groups led by the research staff in which participants could discuss work-related problems and issues, as well as social concerns such as how to handle newly earned income. Participants in the augmented (SE plus CR) condition received identical employment services to participants in the SE condition plus up to 10 hours per week of computerized cognitive exercises using two forms of commercially available software specifically designed for people with compromised brain function.

Participants were also classified into higher or lower community functioning according to baseline scores on the Quality of Life Scale, a 21-item structured interview. Primary outcome measures were competitive employment rates and total hours of work.

Bell and colleagues found that employment rates over two years for participants with lower functioning were significantly different for the two conditions—20 per-

see ***Cognitive*** *on page 37*

From the President

continued from page 12

This new paradigm is not without its challenges. Empowering patients to be active participants in their care often requires educating them about their disorder and options for therapy to ensure they are prepared to ask relevant questions and understand the answers. Certainly this process is more difficult for patients whose disorders impair their cognitive and decision-making abilities. In fact, these concerns are cited by some psychiatrists as the reasons they are reluctant to embrace this care model. However, it is our job to develop the means to facilitate this mode of communication with patients and their participation in care. Initially, clinicians may find this role difficult because of the increased time and effort it requires and uncertainty on how best to teach and motivate patients in this way.

There are several innovative efforts seeking to address these concerns by providing new direction on how to educate patients and increase their engagement in care. One study utilized group training on shared decision making among people with schizophrenia, comparing it with a control group that did not receive the training. Those patients engaged in the decision-making instruction were more involved in their own care, and more likely to continue to take their medications. CommonGround, a web-based application that facilitates shared decision making among individuals with mental illness, received APA's 2013 Psychiatric Services Gold Achievement Award. Electronic tools have great potential in facilitating communication and shared decision making.

Family engagement that is contingent on the patient's agreement and invitation can also be an important part of patient-centered care. Many prior efforts to implement family-based services for adults with mental illness have had a disappointing response, perhaps because there has been too little focus on the patient's preferences. New models of family engagement are seeking to improve this component of treatment. A pilot program implemented within the Veterans Affairs system in Maryland and in California encouraged family participation contingent upon the interest and invitation of the patient. This program served to elicit significant and sustained engagement by both families and patients.

Psychiatry has always been the field of medicine that prided itself on emphasizing the doctor-patient relationship. We now need to extend this practice, to enhance patient involvement, and begin listening—and talking—to our patients in new ways. To do so will only enhance the physician-patient relationship and the quality of health care. PN

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Arizona MH Research Group Seeds Growth of Local Science

The care and funding of local scientists are the goals of Arizona's Institute for Mental Health Research.

BY AARON LEVIN

If great oaks from little acorns grow, then it helps to get those acorns in the ground as early as possible. That's the strategy behind Arizona's Institute for Mental Health Research (IMHR).

Founded in 2002, the Phoenix-based institute supports mental health research in Arizona while encouraging scientists to remain in the state. It has managed to do that, despite some recession-induced ups and downs in finding matching funds from private donors.

"Our goal was to fund new, creative research projects that have the potential to garner larger grants down the line," said Gary Grove, M.D., the institute's vice president and a staff psychiatrist at the Mayo Clinic in Scottsdale, Ariz.

The institute is a funding umbrella, not a building with labs, so its grantees inevitably work at or collaborate with other institutions in the state, including the University of Arizona, Arizona State University, the Mayo Clinic, the Barrow Neurological Institute, and the Translational Genomics Research Institute.

The grants can help jump-start research careers, said Grove.

Cynthia Stonnington, M.D., an associate professor of psychiatry at Mayo, has received two IMHR grants. With the first, she studied how APOe status influences the effects of lorazepam in healthy subjects. The second, in collaboration with Richard Lane, M.D., Ph.D., a professor of psychiatry, psychology, and neuroscience at the University of Arizona, examined somatization.

"My first grant was important for the experience it provided and was later helpful in getting funding for other studies," said Stonnington in an interview with *Psychiatric News*. "An IMHR grant can allow us to get pilot data to make the case for larger studies."

Ole Thienhaus, M.D., chair of the Department of Psychiatry at the University of Arizona in Tucson, agreed. Several of his faculty members have received grants from IMHR.

"The institute is not underwriting a center or project grants," said Thienhaus in an interview. "Fifty thousand dollars a year with no indirect costs may seem like small potatoes, but it can get young researchers in position for serious funding from the National Science Foundation or the National Institutes of Health."

The grants may also allow researchers who are more advanced in their careers to try out new ideas deemed too risky for conventional funding, she pointed out.

"This is a great idea," said former APA President Carolyn Robinowitz, M.D., a member of IMHR's 2013 External Advisory Committee. "These low-key opportunities stimulate and encourage beginning researchers to engage in projects and promote an atmosphere of inquiry."

IMHR's foundation was laid in 2001 when the Arizona legislature allocated $5 million, a sum that was to be matched by private fundraising.

"We raised around $1.9 million in private funds in the first year, and then the state hit a financial crisis and the rest of the funds went away," said Mike Meyer, M.B.A., a health care recruiting executive who is chair and president of the IMHR board. "Over the years we have probably raised another million."

An early grant from Arizona's Institute for Mental Health Research helped jumpstart the career of Cynthia Stonnington, M.D., an associate professor of psychiatry at the Mayo Clinic in Scottsdale.

About $1.5 million of the total has been distributed as research grants to scientists, said Meyer in an interview. The rest went to recruiting major scientists and retaining them in Arizona (in partnership with academic institutions) or went for educational programs and a small staff.

The recession hit the institute hard. Donations dropped off, and two of the three staff members had to be let go. Private donations and grants have picked up in recent years, however, although the state has not offered new funding. As a result, the institute made just three grants of $20,000 each in 2013. Grove and Meyer hope a recovering economy will reverse that trend.

"Different areas have different ideas about philanthropy," said Alan Gelenberg, M.D., formerly the chair of psychiatry at the University of Arizona. Gelenberg helped IMHR get started and is now the Shively/Tan Professor and Chair of Psychiatry at the Penn State College of Medicine in Hershey.

"In big cities, there are people who can give $10 million or $100 million, but in Arizona, they've struggled to get money," said Gelenberg. "Even small grants can help over a short time, though," he said. "With modest funding, it's better to make targeted grants. That way, 100 percent of the dollars go for what you want."

There is no formal expectation that every small grant will lead to bigger things, but sometimes the seed money does take root and grow. Stonnington's initial $25,000 lorazepam study grant ultimately led to more than $300,000 in

*see **Arizona** on facing page*

Mathias Rosenthal/Shutterstock

CME Companies

continued from page 1

Rothman and colleagues evaluated the grant-giving practices of 15 pharmaceutical and medical-device companies that provided a complete report—all four quarters—from Fiscal 2010. Some major industry names that were included were Bristol-Myers Squibb, Merck, and Forest Laboratories. The researchers reviewed more than 19,000 grants that were given to 6,493 recipients. The grantees were divided into multiple categories including MCCs, academic institutions and affiliated hospitals, and disease-targeted advocacy organizations.

Data showed that of the $657 million in grant money awarded by the drug and device companies, 26 percent was allocated to MCCs, followed by academic medical centers at 21 percent and disease-targeting advocacy organizations at 15 percent.

Eighteen MCCs received more than $2 million each in funding. Of those heavily funded MCCs, 99 percent offered free online CME courses, and approximately 60 percent of these companies acknowledged using cookies and Web beacons to track physicians' online activity, in addition to sharing physicians' personal information—such as demographics, professional specialty, and license number—with third parties including "educational partners" and companies with which they have a working relationship.

"Industry contracts with MCCs are not publicly available, which made it difficult to thoroughly investigate MCCs' relationships to industry and to physicians," Rothman told *Psychiatric News*. "I hope medical professionals began to explore what is going on with online CME training. Physicians should be able to feel that these [medical communication] organizations are acting in their best interest."

According to the study authors, although MCCs did not elicit users' explicit consent, the companies did interpret "participating in a CME course and navigating the [MCCs'] website as an implicit agreement to share information with third parties."

Paul Appelbaum, M.D., a former APA president and the Dollard Professor of Psychiatry, Medicine, and Law at Columbia University College of Physicians and Surgeons, cautioned that "even 'free' CME courses come with a price." He emphasized that information collected by MCCs may be shared with pharmaceutical companies for market research or targeted promotions, leading to physicians being visited by certain drug representatives.

Appelbaum, who currently serves as chair of APA's Committee on Judicial Action, urged all clinicians to evaluate the privacy policies of the sponsoring companies before signing up for CME courses. "If physicians aren't comfortable with the amount of information they will be revealing, they should decline to participate," he said. PN

"Medical Communication Companies and Industry Grants" is posted at http://jama.jamanetwork.com/article.aspx?articleid=1790870.

CLINICAL & RESEARCH NEWS

Supported Employment

continued from page 1

substance use disorders, permanent supportive housing, supported employment, substance abuse intensive outpatient programs, skill building, intensive case management, consumer and family psychoeducation, medication-assisted treatment with methadone, and medication-assisted treatment with buprenorphine.

The literature reviews were commissioned by the Substance Abuse and Mental Health Services Administration (SAMHSA) through a contract with Truven Health Analytics and conducted and written by experts in each topic area. Each article was peer reviewed by a panel of *Psychiatric Services* reviewers. The target audiences are state mental health and substance abuse treatment facility directors and their senior staff, Medicaid staff, other purchasers of health care services (for example, administrators in managed care organizations and commercial insurance plans), people who use behavioral health services and their families, leaders in community health organizations, clinicians, and other interested stakeholders.

Psychiatric Services Editor Howard Goldman, M.D., told *Psychiatric News* that SAMHSA turned to the journal to provide an independent peer review of the papers and to guide their revision for publication in the journal. "The hope is that health insurers, particularly state Medicaid programs, will consider including these services within their plans," Goldman said.

In the first review, Tina Marshall, Ph.D., and colleagues graded the level of research evidence for supported employment as "high" based on 12 systematic reviews and 17 randomized controlled trials of the individual placement and support model. "Supported employment consistently demonstrated positive outcomes for individuals with mental disorders, including higher rates of competitive employment, fewer days to the first competitive job, more hours and weeks worked, and higher wages," Marshall and colleagues said. "There was also strong evidence supporting the effectiveness of individual elements of the model."

Marshall is with Westat, a research corporation in Rockville, Md.,

In the AEB series, reviewers have graded evidence for the effectiveness of the 14 behavioral services as "high," "moderate," or "low" based on the strength of research designs that are found in the literature and the number of each kind of study—randomized, controlled trials, quasi-experimental designs, and case studies or single-group pre-post design—that have been published (see box).

In an introduction to the series accompanying the article on supported employment, Richard Dougherty, Ph.D., and colleagues noted that although a number of practices in the series are backed by strong evidence and are effective, the overall effectiveness of a number of other services has not been validated sufficiently because of a lack of adequate research.

"The evidence for these services does not yet meet the standards found in other sectors of health care research; however, some services show promise on the basis of the limited evidence available, and they deserve further study," they wrote. "In particular, some new recovery-oriented practices have received very positive reviews from consumers, behavioral health professionals, and payers, even though these practices currently lack a strong research evidence base. We believe it is critical for research funders to support rigorous studies of these services to rapidly obtain more information about their effectiveness."

Dougherty is with DMA Health Strategies in Lexington, Mass.

In an editorial in the January issue of the journal, psychiatrist Robert Drake, M.D., who has been a leader in promoting implementation of evidence-based services for seriously mentally ill individuals, addressed the problem of dissemination of these services to the field.

"Getting effective interventions to those who need them, when they need them, and where they want to access them—and in a fair and equitable manner—is fundamentally an issue of productivity," Drake said. "Thus we need to emphasize the well-known components of productivity: infrastructure, human capital, and new technology. But where is the investment in infrastructure? Are we building communications and delivery systems for the next decade? Where is the human capital? Are we educating clinicians to be adept with new technologies? And are we developing new technologies to extend effective services to the growing numbers of people around the world who will need them?" PN

"Supported Employment: Assessing the Evidence" is posted at http://ps.psychiatryonline.org/article.aspx?articleid=1778882. The introduction to the series and accompanying editorial can be accessed http://ps.psychiatryonline.org/issue.aspx?journalid=18&issueid=929507. The articles, which began appearing online in October, can be accessed at http://ps.psychiatryonline.org/journal.aspx?journalid=18.

Grading the Evidence

A ranking of "high" for the evidence base associated with any of the 14 behavioral health services assessed in *Psychiatric Services*' "Assessing the Evidence Base" series is given to those for which the number and quality of studies indicate confidence in the reported outcomes.

A ranking of "moderate" suggests that there is adequate research to judge the service, though it is possible that future research could influence reported results. A ranking of "low" indicates that evidence for the service is not adequate to draw conclusions about effectiveness; there is a need for research of adequate quality on the topic, and results are likely to change based on new research.

Randomized, controlled trials (RCTs) are generally considered to provide a high level of evidence because they employ random assignment to experimental and control groups. Quasi-experimental designs are generally considered to establish a moderate level of evidence because they have nonrandomized comparison groups, which may or may not be properly matched or have statistical controls to test for differences between groups.

Studies that lack a comparison group or time-series design are generally considered to provide a low level of evidence (for example, case studies or single-group pre-post designs), because they offer no comparison of effects for the same group over time or no comparison with groups that do not receive the identified treatment.

To achieve a "high" rank, there must be at least three RCTs with adequate designs or two RCTs plus two quasi-experimental studies, all with adequate designs. A service ranked as "moderate" would have at least two quasi-experimental studies with adequate designs, one quasi-experimental study plus one RCT all with adequate designs; or at least two RCTs with some methodological weaknesses, or at least three quasi-experimental studies with some methodological weaknesses. A service ranked as having a "low" level of evidence would have nonexperimental designs only or no more than one adequately designed quasi-experimental study.

Arizona

continued from page 34

funding from other sources. Amelia Gallitano, M.D., Ph.D., an associate professor of basic medical sciences at the University of Arizona, and colleagues began with a similar IMHR grant and later received $1.9 million from other sources for work on the genetics of schizophrenia.

Despite its bumpy first decade, IMHR may yet serve as a model. At the moment, it appears to be the only state-focused nonprofit grant-making organization of its kind, said Thienhaus. "But I wish there were more like it." PN

Information about the Institute for Mental Health Research is posted at http://www.imhr.org.

Smoking

continued from page 13

case reports of neuropsychiatric side effects associated with use of varenicline, published research continues to indicate its safety and effectiveness for smoking cessation. He presented a report from the September 2013 *Annals of Internal Medicine* showing that varenicline resulted in improved continuous abstinence compared with placebo, with no worsening of depressive or anxiety symptoms.

"Treatment works," Williams agreed. "There are clinical trials showing that medications and/or counseling in smokers with depression and schizophrenia are effective and well tolerated."

So why has "kicking the habit" been so successful generally but lagged behind among the SMI population?

Williams said that she believes there is a prevalent notion among some mental health clinicians that smoking cessation is a task for primary care. More importantly, she said there has been a widespread belief that smoking cessation can make mental illness recur—or even that smoking may be palliative for patients with mental illness; some reports have shown that nicotine may improve some cognitive aspects of people with schizophrenia or attention-deficit disorder. But Williams countered that this cannot be a rationale for smoking when nicotine replacement medication is readily available.

Additionally, "smoking breaks" are an accepted part of the routine for patients at many psychiatric hospitals, and Williams said some privately owned institutions resist smoking bans for fear they may diminish attractiveness to patients.

At the public-health level, resources have not been allocated to smoking cessation among mentally ill individuals. "Just as there used to be a divide between addiction and mental health, there is a siloing of resources with regard to tobacco," she said. "Public-health departments have directed all of their initiatives to primary care with very little outreach to behavioral health."

For all of these reasons, Williams believes that advocacy for broad public policies aimed at creating a "culture change"—analogous to the change with regard to attitudes toward smoking that has occurred in the larger society—is vital.

"This issue is urgent," she said. "We need a commitment to advocacy and public policy to help reduce morbidity and mortality associated with smoking among our patients." PN

A primer on integrated care for clinicians and additional resources can be accessed at http://www.psychiatry.org/integratedcare.

U.K.

continued from page 19

figure in U.K. philanthropy, Lord Dennis Stevenson, and Sir Mark Walport, then director of the Wellcome Trust, discovered that they shared a passion for advancing mental health research. In 2009, they began discussing how they could facilitate the establishment of a mental health research charity similar to Cancer Research UK, and they ultimately decided to get directly involved themselves. Stevenson signed on as chair, and the Wellcome Trust pledged 20 million pounds in startup money.

"That is an extraordinary gift, that is a lot of money," Joyce declared. "But there was a firm belief that it is an extraordinary time in science and that we should be able to do something really powerful with it."

MQ's Board of Trustees includes Philip Campbell, Ph.D., editor-in-chief of the scientific journal *Nature;* Christopher Fairburn, M.D., a professor of psychiatry at Oxford University; and Richard Morris, Ph.D., a professor of neuroscience at the University of Edinburgh.

Charity Wants 'Recognizable Brand Name'

"Our charge is to become a successful public charity," Joyce explained. "We hope to become a recognizable brand name that people will trust—and trust not only to give their money to, but to deliver research that is going to make a difference to their health. . . . We hope to become as beloved in the U.K. as the Brain and Behavior Research Foundation is in the United States." In about five years, she said, "we would like to be funding tens of millions of dollars of research…. We want to take advantage of some of the advances in neuroscience, psychology, and medical research that could help make people's lives better."

She noted that MQ will be posting information on how to apply for a 2014 MQ Fellowship on its Web site in January, and additional projects that the group funds will also be announced on the Web site.

"The fields of psychiatric medicine, mental health care, and neuroscience enthusiastically welcome the arrival of the mental health charity MQ," Jeffrey Lieberman, M.D., president of APA and chair of psychiatry at Columbia University, said in an interview. The MQ organization "provides a much needed additional source of funding for research into the causes of and treatments for mental illness. This needed signal of increased interest in mental illness charitable giving will help redress the historic underfunding of brain disorders manifest by disturbances in mental functions and behavior. Mental health providers and researchers welcome MQ to our cause and look forward to working with them toward our common goal of reducing the burden of mental illness on the world's population." PN

Information about MQ is posted at www.JoinMQ.org.

Integrated Care

continued from page 14

psychiatrists think about their role in the evolving health care system. Current clinical psychiatric training is largely focused on the direct provision of patient care in tertiary settings, working with complicated cases on inpatient units, with some responsibility as consultants (for example, on psychosomatic medicine rotations) and occasionally in outpatient clinics. This training scheme may suit the needs of the hospital systems in which they train, but it leaves trainees largely unprepared for jobs as psychiatric consultants in the emerging "real world" of accountable care organizations. As APA President Jeffrey Lieberman wrote in the December 6, 2013, *Psychiatric News,* "We do know that this role, which will expand in the coming years, involves increased knowledge and comfort with primary care medicine, understanding of chronic illness and how people adapt, a population-based approach, as well as strong skills in interpersonal communication and collaboration and knowledge about systems of care."

But how do we systematically prepare psychiatry residents as 21st century psychiatrists to work in collaborative care systems? ACGME has recognized the need for such training. For instance, in the new milestones (which will take effect in July 2014), there is an emphasis on learning how to consult to primary care providers and how to effectively integrate behavioral health care in primary care settings. The Advancing Integrated Mental Health Solutions (AIMS) Center at the University of Washington recently developed a curriculum to help psychiatry residency programs teach residents about Collaborative Care both didactically and through a Collaborative Care rotation. But even if a training program does not have access to a Collaborative Care rotation, there are essential skills residents can learn as their health care systems move from traditional care models to integrated models. The skills include: use of validated instruments (e.g. PHQ-9 and GAD-7) to track clinical outcomes, provision of stepped care, close collaboration with a primary care team member (for example, care manager or primary care provider), and being a caseload consultant. The authors are developing a curriculum that helps training programs teach these collaborative-care skills even if they are not practicing in such a setting. The curriculum is designed according to a "flipped classroom" model approach where residents will utilize both AIMS Center (http://uwaims.org) and APA (http://www.psychiatry.org/integratedcare) learning resources. Psychiatry residents will watch videos and read articles on integrated care from these sites prior to coming to class and use class time to revisit the concepts and practice their skills under the supervision of a faculty member. The advantage of this curriculum is that it is composed of just two sessions, covers several milestones (SBP4 and ICS1), and helps residents apply their collaborative care skills while still in training.

Job descriptions for psychiatrists in outpatient settings will change significantly over the next few years. Specifically, psychiatrists will be called on to work effectively as caseload consultants to the primary care team. If psychiatry training programs do not keep pace with these changes, residents graduating will face a steep learning curve and will have to do a lot of on-the-job training with little opportunity for mentorship. Given the structural changes in the system, we need to prepare our trainees for the new challenges that lie ahead so that they may thrive as essential care team members in Patient-Centered Medical Homes and ACOs to better help our patients, expand our impact on a population level, and increase the value of behavioral health services. PN

Cognitive

continued from page 33

cent for supported employment and 49 percent for remediation, while participants with higher functioning showed approximately equivalent rates of employment (62 percent and 54 percent). Among lower-functioning participants, those who received CR also worked significantly more hours over two years than those who received SE only, but higher-functioning participants worked similar amounts of hours in both conditions.

The researchers also used statistical analysis to examine three possible moderating variables that may explain the effect of CR on employment: neurocognition, intrinsic motivation, and negative symptoms. That analysis found that the lower-functioning group receiving SE plus CR improved on measures of neurocognition and intrinsic motivation, suggesting that those are variables that may account for the effect; however, no significant interactions were found for negative symptoms, indicating that participants improved on negative symptoms regardless of study condition.

"This finding has important clinical implications for service providers," the researchers said. "It may be that cognitive remediation is not necessary to boost vocational outcomes for all participants in supported employment, but it is a service that may help those who are most impaired in their overall community functioning. To have additional services that improve functional outcomes for those who need it most is a powerful reason to continue to investigate the benefits of cognitive remediation programs for persons with serious mental illness."

Philip Harvey, Ph.D., who specializes in research on cognition in schizophrenia, told *Psychiatric News* that the study by Bell offers an important contribution. "Only those patients who manifested poor cognitive functioning prior to receiving CRT therapy in addition to a vocational intervention manifested improved vocational performance after the intervention," said Harvey, who is Leonard M. Miller Professor of Psychiatry and Behavioral Sciences at the University of Miami Miller School of Medicine. "These findings suggest that patients whose cognitive performance is less impaired may have other reasons for poor vocational functioning. An important clinical implication is that pre-intervention screening might be helpful for the selection of patients who might receive the greatest benefit from cognitive remediation therapy in the event that not every patient could be treated because of scare resources." PN

"Benefits of Cognitive Remediation and Supported Employment for Schizophrenia Patients With Poor Community Functioning" is posted at http://ps.psychiatryonline.org/article.aspx?articleID=1810996.