Targeting Mental Illness in African Americans

According to a study published in the Archives of General Psychiatry, major depression is more likely to be severe, untreated, and disabling among African Americans. Although studies have suggested that African Americans have a lower rate of depression, they may have reduced access to mental health services and often receive poorer quality of care.

The study assessed the prevalence, persistence, treatment, and disability of depression in three racial groups using data from a national survey of 6,082 individuals (891 non-Hispanic White, 1,621 Caribbean Black, and 3,570 African American participants). More White participants had depression during their lifetimes, but the rates of depression in the previous 12 months were similar in the three groups. Rates of lifetime depression among those who reported depression in the previous 12 months (i.e., chronicity) was higher among African American participants (56.5%) and Caribbean Black participants (56%) than White participants (38.6%). Only 45% of African American and 24.3% of Caribbean Black participants received therapy. The study findings highlight the importance of identifying high-risk subgroups in racial populations and the continuing need to target cost-effective interventions to them.

The National Alliance on Mental Illness (NAMI) has released A Family Guide to Mental Health: What You Need to Know, a 15-page booklet, oriented especially to African-American families, outlining the symptoms and treatment options for serious mental illnesses, such as major depression, bipolar disorder, and schizophrenia. The guide also offers information about NAMI education and support programs and is intended for use by churches, community-based organizations, health and mental health care centers, and schools. Single copies can be requested at 1-800-950-6264. The guide can also be downloaded, or multiple copies ordered, at http://www.nami.org/nac/familyguide.


Update on Parity Legislation to Ease Mental Health Coverage Discrimination

In February, a bipartisan group of senators passed legislation that would end insurance coverage discrimination between physical and mental illnesses. As previously reported in the Journal of Psychosocial and Mental Health Services, parity would improve access to vital mental health services, increase quality of life, and improve productivity for individuals with mental illnesses. Although parity has passed its first hurdle by clearing the Senate, a lot of work is still needed to ensure the legislation will be enacted.


What’s New in Continuing Your Education

The Massachusetts School of Professional Psychology is now offering a Master's of Arts in Counseling Psychology. The counseling program is the first of its kind to offer concentration tracks in Child and Family Counseling, Substance Abuse and Trauma, Community Mental Health, and Spirituality and Mental Health. The 60-credit program prepares students to be Licensed Mental Health Counselors in 2 years.

A new health care education Web site, HealthForumOnline.com, has been launched as a
Mental Illness Incidence High Among Iraq and Afghanistan Veterans

A study published in the Archives of Internal Medicine stated that almost one third of veterans returning from Iraq and Afghanistan and receiving care at Veterans Affairs (VA) facilities between 2001 and 2005 were given a mental health or psychosocial diagnosis. The authors examined data from a VA database including 103,788 veterans who were first seen between September 30, 2001, and September 30, 2005. Of the veterans, 13% were women, 54% were younger than age 30, close to one third were minorities, and almost one half were veterans of the

New PSA Campaign to Fight Teen Cyberbullying

The Advertising Council, in collaboration with the National Crime Prevention Council, U.S. Department of Justice, and Crime Prevention Coalition of America, has launched a new public service advertising (PSA) campaign to educate adolescents about how they can help end cyberbullying.

A study by the National Crime Prevention Council found that 43% of teenagers ages 13 to 17 have experienced cyberbullying (i.e., use of the Internet or mobile devices to send or post harmful or cruel text or images) in the past year. Teen girls are the primary perpetrators. In addition, 92% of teenagers who had experienced cyberbullying reported knowing the person who was bullying them. The study also revealed that teenagers are twice as likely to tell a friend about the incident, rather than their parents or another adult.

The multimedia advertising campaign includes viral videos (i.e., videos gaining widespread popularity through the process of Internet sharing) and radio and Internet advertising. Ads will air in time donated by the media. Audiences are directed to the National Crime Prevention Council’s Web site, http://www.ncpc.org, for more information about cyberbullying. There, parents can also download information about how to stop cyberbullying.


Continued on page 51.
National Guard or Reserves, rather than full-time military personnel. A total of 32,010 (31%) individuals received mental health or psychosocial diagnoses. Post-traumatic stress disorder (PTSD) was the most common diagnosis (n = 13,205, 13%), and mental health diagnoses were detected soon after the initial VA clinic visit (median = 13 days). Most initial mental health diagnoses (60%) were made in non-mental health clinics, such as primary care settings. The youngest group of veterans (ages 18 to 24) had the greatest risk for receiving mental health or PTSD diagnoses, compared with veterans age 40 and older. Of note, approximately 29% of veterans returning from Iraq and Afghanistan have enrolled in VA health care, compared with 10% of Vietnam veterans, according to the study.

For female veterans and active duty women with PTSD, use of a cognitive-behavioral therapy called “prolonged exposure” may be more effective than “present-centered” therapy, according to a study published in the Journal of the American Medical Association. The randomized, controlled trial included 277 female veterans and 7 female active duty personnel with PTSD, recruited from VA medical centers, readjustment counseling centers, and a hospital from August 2002 through October 2005. Participants were randomly assigned to receive prolonged exposure (n = 141) or present-centered therapy (n = 143) in 90-minute sessions over 10 weeks. PTSD symptom severity data were collected before and after treatment and at 3-month and 6-month follow ups.

The study found that women who received prolonged exposure therapy were more likely than were women who received present-centered therapy to no longer meet PTSD criteria (41% versus 27.8%, respectively) and more than twice as likely to achieve total remission (15.2% versus 6.9%, respectively). In addition, with prolonged exposure, anxiety decreased and quality of life improved.


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New Web Site Launched to Help Enroll Patients in GlaxoSmithKline Access

GlaxoSmithKline (GSK) has launched a new Web site and toll-free help line to help patients enroll in GSK Access, a new patient assistance program that offers free prescription medicines to eligible, low-income, Medicare Part D patients. Patients can log onto http://www.gsk-access.com or call 1-866-475-3678 for information about GSK Access, including eligibility and income requirements, as well as a list of medicines included in the program. On the Web site, patients can also download an application form to enroll in the program.


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NAMI-C.A.R.E. Expansion to Occur with New Sponsorship

AstraZeneca announced its exclusive multiyear sponsorship of the National Alliance on Mental Illness (NAMI) in expanding NAMI-C.A.R.E. (Consumers Advocating Recovery through Empowerment), a peer-based, mutual support group program for people with mental illness. NAMI-C.A.R.E. sponsors support groups that aspire to help individuals with severe and persistent mental illnesses overcome isolation and achieve recovery. The groups host weekly 90-minute meetings during which individuals share experiences, learn coping strategies, and offer mutual understanding and encouragement.

As a result of the AstraZeneca sponsorship, NAMI-C.A.R.E. will expand to all 50 states and Puerto Rico by 2009. In addition, the expansion of the program aims to have a support group available in every major city in the United States, in both English and Spanish, all under a central leadership with consistent training and materials.