Diagnostic Criteria Not Accurate in Identifying Individuals With Persistent Complex Bereavement Disorder

To better identify and diagnose individuals experiencing debilitating grief after the death of a loved one, proposed diagnostic criteria need significant modifications, according to research in the American Journal of Psychiatry.

Researchers studied the performance of diagnostic criteria for persistent complex bereavement disorder (PCBD), which was recently added as a condition for further study in the fifth edition of the Diagnostic and Statistical Manual of Mental Disorders (DSM-5).

To assess these criteria, researchers examined responses of participants from the Uniformed Services University of the Health Sciences' National Military Family Bereavement Study, which is examining the impact of military service member death on family members. Participants included surviving family members of military members who died, by any cause, since September 11, 2001. Researchers found that the proposed DSM-5 criteria for PCBD were not adequate to accurately identify individuals with clinically impairing grief.

Based on their findings, the researchers suggest a modification of the proposed DSM-5 criteria for PCBD. A diagnosis of PCBD should be considered when patients exhibit prolonged distress and disability associated with the death of a loved one, including symptoms of persistent yearning or sorrow, or preoccupation with the deceased. Although additional symptoms may be present, the findings suggest that only one, rather than six (as currently proposed by the DSM-5), of 12 additional symptom criteria be required. The researchers also encourage clinicians to remain vigilant to suicidal thinking, which is prevalent in individuals with persistent and impairing grief.


Friend and Family Support May Help Prevent Depression in Teenagers

A new study in PLOS ONE found that teenagers who had grown up in a difficult family environment were more likely than their peers to be bullied at school.

Researchers studied approximately 800 teenagers (322 boys and 449 girls) and used mathematical modeling to examine the impact of friendships and family support at age 14 on depressive symptoms at age 17 in adolescents who had previously experienced childhood family adversity and primary school bullying.

Boys who had been bullied were less likely than girls to develop strong friendships in adolescence, which the researchers suggest may be because boys experienced more severe bullying or were more sensitive to bullying. Researchers also found that supportive family or friends in early adolescence could help reduce depressive symptoms in later teenage years.

It is not clear from the results how social support influences mental health later in life. However, researchers suggest several possibilities, including that supportive friends and family environments may help enhance children's ability to cope with adverse situations by improving their self-esteem and offering stress-relief, and through helping them develop effective interpersonal skills.


Timing and Risk Factors for Suicide Attempts Among U.S. Army Soldiers

To better understand and prevent suicidal behavior, researchers from the Uniformed Services University of the Health Sciences (USU), University of California–San Diego, Harvard Medical School, and University of Michigan examined timing and risk factors for suicide attempts among U.S. Army enlisted soldiers.

The study included more than 975,000 enlisted soldiers. Researchers used administrative records to examine risk factors, methods and timing of suicide attempts by soldiers currently deployed, previously deployed, and never deployed from 2004-2009. Of soldiers included in the study, 9,650

had attempted suicide. Approximately 86% of those were younger than 30; approximately 60% were non-Hispanic, White individuals; approximately 76% were high school educated; and approximately 55% were currently married.

Approximately 40% of enlisted soldiers who had never deployed accounted for approximately 61% of enlisted soldiers who attempted suicide. Among those who never deployed, risk of suicide attempt was highest in the second month of service. For soldiers on their first deployment, the risk of suicide attempt was highest in the sixth month of deployment. For previously deployed soldiers, the risk of suicide attempt was highest 5 months after they returned.

According to the study, deployment context is important in identifying suicide attempt risk among Army enlisted soldiers, and a life/career history perspective can also help identify high-risk segments of a population based on factors such as timing, environmental context, and individual characteristics.

### Individuals With Serious Mental Illness Often Able to Legally Purchase Guns

Individuals with serious mental illnesses who use guns to commit suicide are often legally eligible to purchase guns, despite having a past record of an involuntary mental health examination and brief hospitalization, according to a new study in *Health Affairs.*

Researchers looked at gun use, violent crime, and suicide among 81,704 individuals diagnosed with schizophrenia, bipolar disorder, or major depression in Florida’s Miami-Dade and Pinellas counties over 10 years starting in 2002.

Over that time, 254 of the 81,704 individuals committed suicide. Of 50 individuals who used a gun to kill themselves, 72% were legally eligible to buy guns at the time of their deaths. The other 28% were not supposed to have or buy a gun, but used one to take their own lives. Approximately 26% of individuals had previously experienced an involuntary mental health evaluation during a crisis or similar incident, but still could own or buy guns under Florida laws at the time.


### Psychotherapists May Discriminate Against Prospective Patients Who are Working Class or Black Individuals

A new study in the *Journal of Health and Social Behavior* suggests that psychotherapists discriminate against prospective patients who are Black or working class.

Three hundred twenty New York City-based psychotherapists, with PhD or PsyD degrees and solo practices, were randomly selected from a large health insurance provider’s HMO plan. Each psychotherapist received voice-mail messages from one purportedly middle-class Black and White caller of the same gender or from one purportedly working-class Black and White caller of the same gender, requesting an appointment. Callers were evenly divided by race, class, and gender.

Researchers found that 28% of White and 17% of Black individuals received appointment offers. Appointment offer rates were 8% for working-class Black and White therapy seekers. There were also disparities in the likelihood of receiving a call back from a psychotherapist, but they were less pronounced. Researchers found that 51% of calls from middle-class White and 49% of calls from middle-class Black individuals elicited a response compared to 45% and 34% for working-class White and Black individuals, respectively.


### Women and Young Individuals at Greatest Risk for Anxiety

Women are almost twice as likely than men to be affected and individuals younger than 35 are disproportionately affected.

Researchers also found that individuals with other health conditions are often more likely to also experience anxiety disorders. For example, approximately one in 10 adults (10.9%) with cardiovascular disease and living in Western countries are affected by gen-

Between 1990 and 2010, the overall proportion of individuals affected remained largely unchanged, with approximately four of every 10 experiencing anxiety. The highest proportion of individuals with anxiety is in North America, where approximately eight of every 100 are affected; the proportion is lowest in East Asia, where less than three in 100 individuals have this mental health problem. Women are almost twice as likely than men to be affected and individuals younger than 35 are disproportionately affected.
eralized anxiety disorder, with women showing higher anxiety levels than men. Individuals living with multiple sclerosis are most affected—as many as one in three patients (32%) also have an anxiety disorder.

However, the analysis also showed that data on some populations were lacking or of poor quality. This finding was particularly true for marginalized communities, such as indigenous cultures in North America, Australia, and New Zealand, and drug users, street youth, and sex workers. Anxiety disorders also represent an important issue among individuals identifying as lesbian, gay, and bisexual; however, not enough studies exist in these populations and those that exist are of variable quality.


News Stories Often Link Mental Illness With Violent Behavior

Approximately four in 10 news stories about mental illness connect mental illness with violent behavior toward others, although less than 5% of violence in the United States is directly related to mental illness.

Researchers from Johns Hopkins Bloomberg School of Public Health analyzed a random sample of 400 news stories about mental illness over a 20-year period that appeared in 11 high-circulation, high-viewership media outlets in the United States. The most frequently mentioned topic was violence (55%), with 38% mentioning violence against others and 29% linking mental illness to suicide. Treatment was mentioned in 47% of stories but only 14% described successful treatment for, or recovery from, mental illness. Schizophrenia was the specific diagnosis most frequently mentioned as related to violence (17%) and the two most frequently mentioned risk factors for violence other than mental illness were drug use (5%) and stressful life events (5%).


Researchers Show it is Difficult to Maintain Accurate Data on Nonmedical Opioid Use by High School Students

A new study in the American Journal of Drug and Alcohol Abuse sought to describe differences in self-reporting of nonmedical opioid use among high school seniors who were asked about general nonmedical opioid use and nonmedical Vicodin® and Oxycontin® use. Data were drawn from the Monitoring the Future (MTF) survey, a nationwide ongoing annual study of the behaviors, attitudes, and values of American secondary school students.

To determine the prevalence and correlates of discordant self-reports of nonmedical use of opioid drugs, researchers’ analyses used responses from 31,149 high school seniors between 2009 and 2013. Students were first asked how many times they had taken narcotic drugs other than heroin without a doctor’s instruction in the past year. Students were asked the same question twice more, once with regard to Vicodin and a second time for Oxycontin.

In total, 8.3% (n = 2,585) said they had engaged in nonmedical opioid use, 7.6% (n = 2,365) had engaged in nonmedical Vicodin use, and 4.4% (n = 1,381) reported nonmedical use of Oxycontin. However, 37.1% of those reporting nonmedical Vicodin use and 28.2% of those reporting nonmedical Oxycontin use did not report overall nonmedical opioid use earlier in the survey.

The researchers suggest better drug education with honest information may be key to preventing future drug epidemics.


New Tablet-Based Suicide Risk Assessment Tool Replicates Psychiatrists’ Expertise

Increasing suicide rates over the past 10 years have prompted three Joint Commission Sentinel Event Alerts urging health care organizations to increase screening and detection of individuals most at risk. However, due to a shortage of time and psychiatry staff, complying with this mandate presents a challenge. A tablet-based suicide risk assessment tool developed by researchers at the University of Vermont may provide clinicians in the hospital with a solution.

By conducting a consensus panel with experts in the field, researchers developed a tool designed to replicate the thinking of an experienced psychiatrist in the evaluation of near-term suicide risk. They then tested this model in three samples of 429 participants using a novel neural network-based algorithm to assess suicide risk in the emergency department and medical inpatients. The model was compared to expert psychiatric assessment of near-term risk.

The tablet-based tool performed at a high level. For levels of suicide risk, the model predicted psychiatrists’ assessment at 91% to 94%, but did so in less than 1 minute. Patients reported that the tool was easy to complete.


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