

Volume 24 Number 7
February 17, 2014
Print ISSN 1058-1103
Online ISSN 1556-7583

IN THIS ISSUE...

In the second of a two-part series, *MHW* looks at the Prevention and Recovery in early Psychosis (PREP) initiative in California, which has reduced hospitalizations and improved work and social functioning for young people with emerging psychosis. The recovery-based approach that PREP adopts has been highly motivating to the clinicians at Family Service Agency of San Francisco and other participating provider agencies. The program is being recognized nationally for its efforts to translate scientific research findings about psychosis into effective services.

... See top story, this page

APA annual stress survey finds teens more stressed than adults

... See page 3

DOJ: La. violates ADA by inquiring into MH status of law grads

... See page 4

Lawmakers reach pact to fix Medicare physician payment system

... See page 5

Foundation seeks to integrate MH care into retail clinics

... See page 6

FIND US ON

facebook

mhwnewsletter

© 2014 Wiley Periodicals, Inc.
View this newsletter online at wileyonlinelibrary.com
DOI: 10.1002/mhw.20413

Innovation in early psychosis embraces lowest-dose medication

Second of two parts

Headlines in the national press often suggest that too many patients with psychotic illness are not receiving enough medication treatment or are at risk from not complying with medication regimens. Overseers of the revolutionary and now award-winning Prevention and Recovery in

Early Psychosis (PREP) initiative in five Northern California counties have a dramatically different view of medications' proper role in treating psychosis.

"Most people with this illness are vastly overmedicated," Robert Bennett, CEO of Family Service Agency of San Francisco, the mental health service agency where PREP got its start, told *MHW*. "They go off their medication for the same reason we'd go off our blood pressure medication if we gained 60 pounds or suffered from ongoing tremors."

Among the evidence-based practices that are pivotal to PREP's success in reducing hospitalizations and improving work and social functioning for young individuals

See **INNOVATION** page 2

Bottom Line...

Operators of the Prevention and Recovery in Early Psychosis (PREP) initiative in California look at medication decisions for their clients with the understanding that in common practice, individuals are more likely to be overmedicated than undermedicated.

First-ever national plan for suicide prevention a call to action for field

Citing a goal to reduce suicide deaths and attempts by 20 percent in five years and 40 percent in 10 years, a task force of private and federal agencies coordinated by the National Action Alliance for Suicide Prevention (Action Alliance) released on Feb. 5 the first national research document on suicide prevention to meet those objectives.

Despite improvements in mental health and substance abuse treatments and ongoing research investments in suicide prevention, the overall suicide rate has remained steady for decades, according to the Action Alliance. With approximately 38,000 lives lost annually, suicide is the 10th leading cause of death in the United States and the third lead-

Bottom Line...

Mental health clinicians and providers can seek training approaches that have been informed by research and implement evidence-based practices in their settings. The field can also advocate for funding support and shape policies that support the research agenda.

ing cause of death among youth.

The three-year collaborative effort was chaired by Phillip Satow, chair of the board of directors at The Jed Foundation, and Thomas Insel, M.D., director of the National Institute of Mental Health (NIMH).

The Action Alliance's Research

See **ACTION** page 5

INNOVATION from page 1

with emerging psychosis (see *MHW*, Feb. 10) is a medication algorithm that emphasizes symptom relief at doses that patients can reasonably manage.

“The goal is to have patients on one antipsychotic at the lowest possible dose,” Bennett said.

PREP, which now is implemented in San Francisco, Alameda, San Mateo, Monterey and San Joaquin Counties, will be formally recognized as an Award of Excellence recipient this May by the National Council for Behavioral Health for its efforts to translate scientific research findings about psychosis into effective services.

Avoiding polypharmacy

Kate Hardy, a clinical psychologist and PREP’s clinical director for all treatment locations, told *MHW* that the medication algorithm can be characterized by the adage “start low (with the dose) and go slow (on any changes).”

It is governed by research indicating that the multiple antipsychotic regimens that many patients find themselves on are no more effective than treatment with a single antipsychotic.

Hardy added that for those PREP clients who are exhibiting subclinical symptoms of schizophrenia but do

not meet criteria for a schizophrenia diagnosis, the programs will not prescribe antipsychotic medication — psychosocial treatment would be the favored approach for these clients.

Bennett added that the patient and family are involved with treatment planning from the start, and that involvement extends to decisions about medication treatment. In usual-care practice elsewhere, “Patients are usually introduced to med-

‘It is liberating for clinicians to think in a recovery-oriented way.’
Kate Hardy

ication when they’re strapped to a gurney and injected with an antipsychotic,” he said. In PREP, he said, “patients have the right to reject medication if they choose.”

Hardy also emphasized the importance of engaging families at every stage of treatment. “We so often hear family members say, ‘We’ve been excluded from services for so long,’” she said.

The medication algorithm is one

of a cluster of evidence-based practices in PREP that also includes cognitive behavioral therapy for psychosis, strength-based and motivational care management, and the Individual Placement and Support model of supported employment.

Other key practices in PREP include multifamily group therapy to reinforce the alliance between the patient and his/her family, motivational interviewing for consumers who are experiencing co-occurring substance use problems, and neuroplasticity-based cognitive remediation to improve cognitive functioning.

Hardy, who received her clinical training in England, believes health settings in Europe have generally been able to support research advances in treating psychosis more effectively than has been the case in the United States. “We’ve had less of a medical model orientation in the U.K.,” she said.

Clinicians’ mind-set

Hardy said that the recovery-based approach that PREP adopts, offering the full expectation that young patients with early psychosis can and will return to what their life was like before they began exhibiting symptoms, has been highly motivating to the clinicians at Family Service Agency of San Francisco and the other participating provider

MENTAL HEALTH WEEKLY
Essential information for decision-makers

- Managing Editor** Valerie A. Canady
- Contributing Editor** Gary Enos
- Editorial Assistant** Kara Borbely
- Copy Editor** James Sigman
- Production Editor** Douglas Devaux
- Executive Editor** Patricia A. Rossi
- Publisher** Margaret A. Alexander

Mental Health Weekly (Print ISSN 1058-1103; Online ISSN 1556-7583) is an independent newsletter meeting the information needs of all mental health professionals, providing timely reports on national trends and developments in funding, policy, prevention, treatment and research in mental health, and also covering issues on certification, reimbursement, and other news of importance to public, private nonprofit, and for-profit treatment agencies. Published every week except for the first Monday in July, the first Monday in September, and the first and last Mondays in December. The yearly subscription rates for **Mental Health Weekly** are: Print only: \$695 (individual, U.S./Can./Mex.), \$839 (individual, rest of world), \$5787

(institutional, U.S.), \$5931 (institutional, Can./Mex.), \$5979 (institutional, rest of world); Print & electronic: \$765 (individual, U.S./Can./Mex.), \$909 (individual, rest of the world), \$6658 (institutional, U.S.), \$6802 (institutional, Can./Mex.), \$6850 (institutional, rest of the world); Electronic only: \$555 (individual, worldwide), \$5787 (institutional, worldwide). **Mental Health Weekly** accepts no advertising and is supported solely by its readers. For address changes or new subscriptions, contact Subscription Distribution US, c/o John Wiley & Sons, Inc., 111 River Street, Hoboken, NJ 07030-5774; (888) 378-2537; e-mail: subinfo@wiley.com. © 2014 Wiley Periodicals, Inc., a Wiley Company. All rights reserved. Reproduction in any form without the consent of the publisher is strictly forbidden.

Mental Health Weekly is indexed in: Academic Search (EBSCO), Academic Search Elite (EBSCO), Academic Search Premier (EBSCO), Current Abstracts (EBSCO), EBSCO Masterfile Elite (EBSCO), EBSCO MasterFILE Premier (EBSCO), EBSCO MasterFILE Select (EBSCO), Expanded Academic ASAP (Thomson Gale), Health Source Nursing/Academic, InfoTrac, Student Resource Center Bronze, Student Resource Center College, Student Resource Center Gold and Student Resource Center Silver.

Business and Editorial Offices: John Wiley & Sons, Inc., 111 River Street, Hoboken, NJ 07030-5774; e-mail: vcanady@wiley.com.

To renew your subscription, contact Subscription Distribution US, c/o John Wiley & Sons, Inc., 111 River Street, Hoboken, NJ 07030-5774; (201) 748-6645; e-mail: subinfo@wiley.com.



agencies.

“It is liberating for clinicians to think in a recovery-oriented way,” she said.

She explained that a great deal of training takes place to disabuse clinicians of any negative attitudes about clients’ potential for recovery. “We look at psychosis along a continuum, not as a discrete entity,” Hardy said. “It can happen to all of us. We normalize the continuum to psychosis.”

Once clinicians are trained in the research-based principles that govern effective treatment, they are encouraged to train others about psychosis. As a result, they might

appear before other mental health agencies or local community groups. “They have to get behind the message,” Hardy said.

Besides emphasizing training, Family Service Agency of San Francisco looks in its hiring processes for clinicians who appear oriented to excelling in an environment that differs greatly from usual care. They also need to be able to work productively in nontraditional settings, Hardy said.

“At the beginning we had some missteps,” she said. “We hired good clinicians who were good at therapy but were not as comfortable with going to someone’s home to deliver

those services.”

In its application for the National Council award, Family Service Agency of San Francisco attached a statement of support from one of the clinicians in the program. The clinician wrote that “PREP is ensuring young people a future where they are dependent on themselves and personal support systems, instead of public supports.”

The clinician added, “All of the staff are motivated by and for recovery not just as a theory, but as a practice that can be achieved through commitment to the strengths and abilities of the young people of PREP.” •

APA annual stress survey finds teens more stressed than adults

Many teens report they are experiencing stress at unhealthy levels, are uncertain about their stress management techniques and are experiencing symptoms of stress in numbers that mirror adults’ experiences, according to a new survey released Feb. 11 by the American Psychological Association (APA), suggesting that unhealthy behaviors associated with stress may begin manifesting early in people’s lives.

The survey, “Stress in America: Are Teens Adopting Adults’ Stress Habits?” was conducted online by Harris Interactive, Inc., on behalf of the APA, among 1,950 adults and 1,018 teens in the United States in 2013. This year, the survey explored the relationship between stress and health behaviors like sleep, exercise and eating — behaviors that people report are important to them but that appear to be negatively affected by stress.

According to the survey, teens are more likely than adults to report that their stress level has a slight or no impact on their body or physical health (54 percent of teens vs. 39 percent of adults) or their mental health (52 percent of teens vs. 43 percent of adults). Yet teens report experiencing both emotional and

Bottom Line...

Teens should be encouraged to exercise, eat well and get appropriate sleep. If necessary, they should seek support from psychologists or other health care professionals to develop healthier coping mechanisms for stress.

physical symptoms of stress in similar proportions to adults, including feeling irritable or angry, nervous, anxious and/or tired.

The survey findings are espe-

stress in 2007, this is the first time the survey has included input from teens and adolescents, Norman Anderson, Ph.D., APA’s CEO and executive vice president, said during a webinar Feb. 11 to launch the survey.

Stress early on in adolescence can lead to high-level risk factors, such as depression, in the near term and chronic illnesses in the long term, like heart disease, obesity, and high blood pressure, Anderson said. “The implications are quite significant,” he said.

‘Bad habits can lead to lifelong health issues.’

Katherine C. Nordal, Ph.D.

cially sobering when paired with research that suggests that physical activity, nutrition and lifestyle — all wellness factors the survey revealed to be affected by stress in teens and adults — not only contribute to adolescents’ health now, but to habits that can be sustained into adulthood, the survey stated.

Since the “Stress in America” survey first began tracking Americans’

One of the most interesting aspects of the study, said Anderson, is the connection between behaviors such as exercise, sleep and diet that together form a “vicious circle” in contributing to stress, he said.

“Bad habits can lead to lifelong health issues,” Katherine C. Nordal, Ph.D., executive director for professional practice at the APA, told webi-

Continues on next page

Continued from previous page

nar participants. “We’re focusing on the mind/body connection. We haven’t really zeroed in on teens. Teens and young adults represent a population that is often underserved.”

Nordal added that the APA wanted to shine a light on the stress issues affecting teens and young adults and help prevent physical disease as well as mental health problems down the road.

Survey highlights

Teens report that their stress level during the school year far exceeds what they believe to be healthy (5.8 vs. 3.9 on a 10-point scale) and tops adults’ average reported stress levels (5.8 for teens vs. 5.1 for adults). Even during the summer — between Aug. 3 and Aug. 31, 2013, when interviewing took place — teens reported their stress during the past month at levels higher than what they believe is healthy (4.6 vs. 3.9 on a 10-point scale).

Many teens also report feeling overwhelmed (31 percent) and depressed or sad (30 percent) as a result of stress. More than one-third of teens report fatigue or feeling tired (36 percent), and nearly one-quarter of teens (23 percent) report skipping a meal due to stress.

Other findings include:

- Forty-two percent of teens say they either are not doing enough to manage their stress

or they are not sure if they are doing enough to manage it.

- Thirty-seven percent of teen girls report feeling depressed or sad in the past month due to stress, compared to 23 percent of teen boys.
- Although teens do not appear to recognize the potential impact of stress on their physical and mental health, they often struggle to cope. Only 50 percent report feeling confident about their ability to handle their personal problems, and 46 percent say they feel that they are on top of things fairly or very often.

Ongoing problem for adults

Stress continues to be a problem for many adults, while high stress and ineffective coping mechanisms remain ingrained in American culture, according to the survey. The survey noted that 42 percent of adults report that their stress level has increased and 36 percent say their stress level has stayed the same over the past five years.

On average, adults report their stress level as a 5.1 on a 10-point scale, far higher than the level of stress they believe is healthy (3.6). While the majority of adults say that stress management is important to them, few set aside the time they need to manage stress. Some adults do not take any action at all to help manage their stress — one in 10

adults (10 percent) say they do not engage in any stress management activities.

More than one-third (36 percent) of adults say stress affects their overall happiness a great deal or a lot and 43 percent of adults who exercise to relieve stress have actually skipped exercise due to stress in the past month.

Lack of sleep and exercise are serious concerns. Forty-three percent of American adults report that stress has caused them to lie awake at night in the past month. According to the survey, 45 percent of adults with higher reported stress levels (8, 9 or 10 on a 10-point scale) feel even more stressed if they do not get enough sleep. Forty-three percent of adults say they exercise to manage stress, and 39 percent say they have skipped exercise or physical activity in the past month when they were feeling stressed. Fifty percent say that being physically active or fit is extremely or very important to them, yet only 27 percent report doing an excellent or very good job of achieving this.

“The survey reveals that there is a lot of work to do to manage stress overall,” said Anderson. “We need to focus on stress of children and teens and provide information to help them understand how to cope with stress as well.” •

For a copy of the APA’s stress survey, visit www.stressinamerica.org.

DOJ: La. violates ADA by inquiring into MH status of law grads

Following an investigation into a practice by the Louisiana Supreme Court to ensure that all attorneys licensed in the state are competent to practice law by inquiring into their mental health status, the U.S. Department of Justice (DOJ) has determined that the state is violating the Americans with Disabilities Act (ADA).

The DOJ issued a letter Feb. 5 in response to complaints filed by the Bazelon Center on behalf of two

Louisiana attorneys on whom onerous conditions were imposed when they were admitted to the bar on a “conditional” basis due to their mental health diagnosis and treatment.

Louisiana, like many other states, requires law graduates applying for a license to practice law to disclose whether they have been diagnosed with or treated for a mental illness within the last five years.

“We have been aware for a while

that there is a problem nationally of improper inquiries into mental health issues in the course of investigating a law graduate’s fitness to practice law,” Ira Burnim, legal director at the Bazelon Center, told *MHW*.

Burnim added, “We have brought lawsuits about the problem; for example, we brought the *Clark* [*Clark v. Virginia Board of Bar Examiners*] case referenced in the DOJ letter.” In the *Clark* case, a law school dean

and a law school professor both testified that, in their experience, mental health questions deter law students from seeking treatment.

“We became aware of the specific situation in Louisiana as a result of the phone call from the individual referred to in the letter as TQ,” added Burnim.

Louisiana has not yet agreed to stop its inquiries into mental health issues, said Burnim. “If the state does not agree to stop the practices the DOJ believes are unlawful, the DOJ may sue the state,” he said.

Disability applicants screened

According to the DOJ’s letter, Louisiana’s bar admissions process violates Title II of the ADA by needlessly screening out applicants with disabilities, according to a statement by the Bazelon Center. The letter states that questions about an applicant’s mental health diagnosis or treatment, unlike questions about conduct and performance, do not accurately gauge fitness to practice law. Moreover, the letter finds the conditions the bar imposed were not tailored to perceived risks.

The letter informs Louisiana that it must refrain from using questions about diagnosis or treatment unless the applicant raises his or her mental health conditions to explain past concerning conduct. In addition, the letter states, Louisiana must evaluate all pending applications without considering the applicant’s responses to mental health questions.

Furthermore, it asks the state to identify individuals subject to unlawful conditional admissions and admit

Lawmakers reach pact to fix Medicare physician payment system

U.S. House and Senate lawmakers have reached a bipartisan agreement to replace Medicare’s much-scrutinized physician payment system with the introduction of legislation Feb. 6 that replaces the Medicare Sustainable Growth Rate (SGR) formula with what they consider to be an improved payment system that rewards quality, efficiency and innovation.

The Medicare Physician Payment Innovation Act was introduced by U.S. Reps. Allyson Schwartz (D-Pa.) and Joe Heck (R-Nev.), and sets out a clear path toward comprehensive reform of Medicare payment and delivery systems, containing the rising growth in health care costs, according to a statement from Schwartz.

For more than a decade, the SGR formula has threatened to impose steep cuts in Medicare payments for care for seniors.

Medicare providers had faced a drastic 24 percent across-the-board cut that was scheduled to occur on Jan 1, 2014. However, the budget agreement (H.J. Res 59) that was signed by President Obama on Dec. 29, 2013 blocked the cut and averted it until March 3. The legislation merges the proposals passed overwhelmingly by each committee of jurisdiction last year.

Among its provisions, the Medicare Physician Payment Innovation Act:

- Permanently repeals the SGR formula;
- Ensures access to preventive care, care coordination, and primary care services through increased payment updates for those services;
- Aggressively tests and evaluates new payment and delivery models;
- Identifies a variety of unique payment models to provide options for providers across medical specialties, practice types, and geographic regions; and
- Stabilizes payment rates for providers who demonstrate a commitment to quality and efficiency within a fee-for-service model.

The move by lawmakers is the farthest it has ever gone to repeal the SGR, said Greg Vadala, spokesperson for Schwartz. “It is important that Congress doesn’t lose the momentum on reaching a solution,” he told *MHW*.

them unconditionally to the bar.

In its letter, DOJ officials concluded “that the Court’s processes for evaluating applicants to the Louisiana bar, and its practice of admit-

ting certain persons with mental health disabilities under a conditional licensing system, discriminate against individuals on the basis of disability, in violation of the ADA.” •

Renew your subscription today.

888-378-2537

For more information on behavioral health issues, visit
www.wiley.com

Action from page 1

Prioritization Task Force (RPTF) released *A Prioritized Research Agenda for Suicide Prevention: An Action Plan to Save Lives*, which outlines the research areas that show the most promise in helping to reduce the rates of suicide attempts and deaths in the next 5–10 years, if optimally implemented.

The Action Alliance solicited input in 2011 from more than 700 individuals from 48 states and territories and 18 countries via an online stakeholder survey. The effort also included input from 60 national and international research experts who volunteered their expertise to develop the agenda.

Continues on next page

Continued from previous page

Task force members included representatives from the American Foundation for Suicide Prevention, the New York Office of Mental Health, United Behavioral Health, the U.S. Department of Veterans Affairs (VA) and the U.S. Department of Health and Human Services (HHS).

Prioritizing extensive research

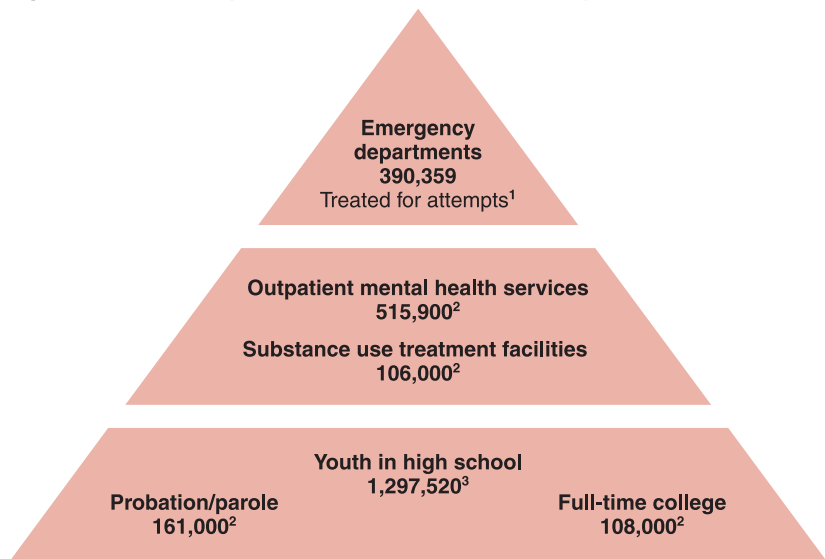
The 176-page document prioritizes a broad scope of research, such as studies to determine how to implement what is already known to be effective, approaches that could determine if commonly used programs are effective, and new research to move important but less studied areas forward.

The task force identified six key questions that reflect the breadth of the science optimally needed to reduce suicide burden. These questions mirror the range of public health and medical approaches to public health problems:

1. Why do people become suicidal?
2. How can we better or more optimally detect/predict risk?
3. What interventions prevent individuals from engaging in suicidal behavior?
4. What services are most effective for treating the suicidal person and preventing suicidal behavior?
5. What other types of interventions (outside health care settings) reduce suicide risk?
6. What new and existing research infrastructure is needed to reduce suicidal behavior?

The agenda also includes three short-term research objectives — viewed as the most urgent to complete, and many have broad practice treatment implications (e.g., test treatment engagement approaches) — and three long-term research objectives, which were considered to require more sustained efforts for reducing suicide attempts and deaths, for each of the six key questions.

Suicide attempts in bounded settings: Opportunities to reduce 648,000 adult attempts by 20 percent (135,600 fewer attempts)



1 Source: CDC's National Electronic Surveillance System, 2010
 2 Source: SAMHSA's National Survey on Drug Use and Health, 2008–2009
 3 Source: CDC's Youth Risk Behavior Surveillance System, 2011 (Attempters treated by doctor or nurse)
 Source: National Action Alliance for Suicide Prevention
 A Prioritized Research Agenda for Suicide Prevention: An Action Plan to Save Lives
 Research Prioritization Task Force, 2014

Jumpstarting the agenda

The National Institutes of Health (NIH) announced funding opportunities calling for research on violence, with a particular focus on fire-arm violence — one of the two new initiatives that will focus on priorities of the research agenda, Insel wrote on his blog Feb. 5.

The second initiative, he wrote, is a request for applications released by NIMH to support research that addresses the development and testing of screening approaches for use in emergency departments to identify children and adolescents at risk of suicide, and developing methods to help assign youth who screen positive to appropriate interventions.

“NIMH, in coordination with a number of stakeholders, organized and developed a plan to collectively work out an agenda for what kind of actions can be taken over the short term and the long term in reducing the rate of suicide,” Jeffrey Lieberman, M.D., president of the American Psychiatric Association

(APA) and director at the New York State Psychiatric Institute, told *MHW*.

“Everyone is aware of the devastating effects of suicide, but amazingly there have been no serious sustained efforts to try to do something about it,” Lieberman said. “We have a significant body of knowledge about who’s at risk, what type of measures might be effective in reducing the risk and how to sustain those measures and eliminate or reduce the risk.”

The development of a public health approach to suicide prevention is needed, he said, especially when you consider other public health methods, such as screenings for high blood pressure, breast self-exams and weight-control efforts, he said.

The hope is that this agenda will stimulate a coordinated effort to attract funding, he said. “The U.S. is being so penny wise and pound foolish in underfunding NIMH and biomedicine,” said Lieberman, who cited his Jan. 24 column in *The Huffington*

Post. “Our major sources of research funding, the NIH and National Science Foundation (NSF), have been held hostage in the political budget battles of Congress and the Obama administration,” Lieberman wrote.

The research agenda on suicide prevention is a resource document that can inform as an action plan, he said. “The field can say this is a first step in terms of focusing attention, synthesizing knowledge and questioning what’s next,” Lieberman said.

Initiating the agenda

The formation of the task force in 2010 to initiate this research agenda on suicide prevention was sorely needed, said Jane Pearson, Ph.D., chair of the Suicide Research Consortium. “This was something advo-

cates were waiting to see get formed,” Pearson told *MHW*. “We spent a lot of time on this project so that it wouldn’t just sit on a shelf.”

“This is not just a science report,” Pearson said. If someone’s running a health care system for example, this agenda is a way of saying, “Here’s something you can do,” said Pearson.

The agenda points to a number of modeling exercises to gauge the scope of what might be possible for reducing suicides, noted Pearson. One model examined an approach to providing brief psychotherapy treatments in the ER, she said. The task force examined other different approaches to suicide prevention and used population estimates to project reduced suicide attempts

and deaths if the interventions were fully implemented.

Such approaches, according to the agenda, included implementing parity coverage for mental health care, adding a car safety feature, improving firearm safety and implementing a school-based program. The task force also looked at suicide in different ways, such as by gender and age group, to help them understand the problem, she said.

The agenda is more like a report and action plan rolled into one, said Pearson. “We decided we had to take our moment and go for it,” she said. •

To view *A Prioritized Research Agenda for Suicide Prevention: An Action Plan to Save Lives*, visit www.suicide-research-agenda.org.

Foundation seeks to integrate MH care into retail clinics

A Philadelphia, Pa.-based foundation is seeking to increase mental health care access and improve awareness of specific conditions and various treatment options by challenging mental health experts nationwide to create a program that would include an education, access and service component for behavioral/mental health in a retail clinic.

The Thomas Scattergood Behavioral Health Foundation, a philanthropic, grant-making foundation, is embarking on this design challenge in order to explore the most effective avenue to integrate mental health care into retail clinics. The deadline is March 2, 2014.

The winning design will be considered for implementation at QCare, the first retail clinic in North Philadelphia that is operated by Family Practice and Counseling Network, a network of community health centers that provides primary care, dental and behavioral health services.

Small retail clinics, like CVS’s Minute Clinic, Walgreens’ Take Care Clinics and Target Clinic, are known for convenience, low cost and high-quality care; however, the model of

retail clinics focuses on primary physical health and does not provide behavioral health interventions, such as screening, referral and crisis management, said foundation officials.

‘In the era of health reform, retail clinics are becoming a bigger market share for access to care, and that cannot be ignored.’

Gregory Caplan

“The Foundation cannot say for certain that Qcare will be the first retail clinic to incorporate a mental health component, but we do know that the largest companies that house retail clinics do not currently feature a mental health element,” Gregory Caplan, a master’s of public

health candidate at Drexel University who is completing a master’s project at the Scattergood Foundation, told *MHW*.

Caplan added, “This is a national effort and we encourage mental health experts from around the country to enter a submission. Although QCare is located in Philadelphia and will be the first to host this intervention we also aim for nationwide replicability for this project. The potential for replication at CVS and Walgreens remains a possibility as our conversations with them continue.”

The Foundation believes everyone should have input in improving mental health care, said Caplan. “We value submissions from community mental health providers and mental health professionals but are seeking ideas from those who are not traditionally associated with mental health care, including students, technology professionals and members of the general public,” he said.

The Foundation, meanwhile, is open to a wide variety of submissions, as long as they address aware-

Continues on next page

Continued from previous page

ness, access or provision of care, added Caplan. “We are interested in innovative, creative and emergent ideas that can be as simple as a poster or pamphlet or as complex as telemedicine or a mobile application,” he said.

CVS pushing health, wellness

Health and wellness efforts by retail clinics took center stage following an announcement Feb. 5 by CVS Caremark that the company plans to pull tobacco products from its more than 7,600 U.S. stores by Oct. 1. CVS officials said they plan to promote tobacco-cessation efforts in its stores.

On the heels of that announcement, U.S. lawmakers sent letters urging similar efforts to CEOs of Walgreen Company, Rite Aid Corporation and the National Association of Chain Drug Stores. “We write to urge [you], as a company committed to the health and wellness of customers, to follow CVS Caremark’s plan to stop selling tobacco products and promote cessation efforts in all stores,” wrote Tom Harkin (D-Iowa), chairman of the Senate HELP (Health, Education, Labor and Pensions) Committee and seven other senators.

The senators added that removing tobacco products from store shelves and promoting tobacco-cessation efforts will complement federal efforts to reduce unnecessary deaths and skyrocketing health care costs.

“We cannot say for certain whether retail clinics are becoming more about health and wellness in every aspect but we are confident that CVS has set the tone for other retail clinics to follow in that direction,” said Caplan. “In the era of health reform, retail clinics are becoming a bigger market share for access to care, and that cannot be ignored.” •

For more information about the Scattergood Foundation 2014 Design Challenge, visit www.scattergoodfoundation.org/design-challenge.

Coming up...

The **National Association of County Behavioral Health & Developmental Disability Directors (NACBHDD)** will host its 2014 Legislative and Policy Conference **March 3–5** in **Washington, D.C.** Visit www.nacbhdd.org for more information.

ACMHA The College for Behavioral Health Leadership will hold its annual summit, “Leading the Future of Health,” **March 26–28** in **Santa Fe, N.M.** For more information, visit www.acmha.org.

CALL FOR NOMINATIONS

The **National Council for Behavioral Health (National Council)** is inviting nominations from behavioral health organizations for seven open seats on its Board of Directors. The call for nominations is open Feb. 18–March 18, 2014. Nominees for each region must be from the leadership or boards of National Council member organizations in those regions. The Board of Directors is composed in part of 20 directors, two from each of 10 regions. For more information, visit www.thenationalcouncil.org.

Visit our website:
www.mentalhealthweeklynews.com

CALL FOR APPLICATIONS

SAMHSA is accepting applications for **Linking Actions for Unmet Needs in Children’s Health (Project LAUNCH)** grants totaling up to \$51 million over the course of a five-year period. The purpose of Project LAUNCH is to promote the wellness of young children from birth to eight years by addressing the physical, social, emotional, cognitive, and behavioral aspects of their development. The goal of Project LAUNCH is to ensure that all young children reach their developmental potential and enter school ready and able to succeed. Applications are due by March 3, 2014 at 11:59 PM (ET). For more information, visit www.samhsa.gov/grants/apply.aspx.

In case you haven’t heard...

People who are dementia-free but have two parents with Alzheimer’s disease may show signs of the disease on brain scans decades before symptoms appear, according to a new study published in the Feb. 12 online issue of *Neurology*. “Studies show that by the time people come in for a diagnosis, there may be a large amount of irreversible brain damage already present,” said study author Lisa Mosconi, Ph.D., with the New York University School of Medicine in New York. “This is why it is ideal that we find signs of the disease in high-risk people before symptoms occur.” For the study, 52 people between the ages of 32 and 72 and free of dementia underwent several kinds of brain scans, including Positron Emission Tomography (PET) and Magnetic Resonance Imaging (MRI) scans. People with both parents who had Alzheimer’s disease showed more severe abnormalities in brain volume, metabolism and five to 10 percent increased brain plaques in certain brain regions compared to the other three groups. People whose mother had Alzheimer’s disease showed a greater level of the Alzheimer’s disease biomarkers in the brain than people whose father had the disease, which is consistent with previous studies showing that people whose mothers had the disease were more likely to develop it than those with fathers with the disease, Mosconi said. She noted the small sample size of the study.