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Acknowledgements

The collective knowledge generated from academic and applied research summarized in various references has been critical in the creation of this book which is best viewed as a comprehensive compilation and collection of information prepared by various official agencies which produce publications on mental health. Books in this series draw from various agencies and institutions associated with the United States Department of Health and Human Services, and in particular, the Office of the Secretary of Health and Human Services (OS), the Administration for Children and Families (ACF), the Administration on Aging (AOA), the Agency for Healthcare Research and Quality (AHRQ), the Agency for Toxic Substances and Disease Registry (ATSDR), the Centers for Disease Control and Prevention (CDC), the Food and Drug Administration (FDA), the Healthcare Financing Administration (HCFA), the Health Resources and Services Administration (HRSA), the Indian Health Service (IHS), the institutions of the National Institutes of Health (NIH), the Program Support Center (PSC), and the Substance Abuse and Mental Health Services Administration (SAMHSA). In addition to these sources, information gathered from the National Library of Medicine, the United States Patent Office, the European Union, and their related organizations has been invaluable in the creation of this book. Some of the work represented was financially supported by the Research and Development Committee at INSEAD. This support is gratefully acknowledged. Finally, special thanks are owed to Tiffany Freeman for her excellent editorial support.
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In March 2001, the National Institutes of Health issued the following warning: "The number of Web sites offering health-related resources grows every day. Many sites provide valuable information, while others may have information that is unreliable or misleading." Furthermore, because of the rapid increase in Internet-based information, many hours can be wasted searching, selecting, and printing. Since only the smallest fraction of information dealing with mental health is indexed in search engines, such as www.google.com or others, a non-systematic approach to Internet research can be not only time consuming, but also incomplete. This book was created for medical professionals, students, and members of the general public who want to know as much as possible about mental health, using the most advanced research tools available and spending the least amount of time doing so.

In addition to offering a structured and comprehensive bibliography, the pages that follow will tell you where and how to find reliable information covering virtually all topics related to mental health, from the essentials to the most advanced areas of research. Public, academic, government, and peer-reviewed research studies are emphasized. Various abstracts are reproduced to give you some of the latest official information available to date on mental health. Abundant guidance is given on how to obtain free-of-charge primary research results via the Internet. While this book focuses on the field of medicine, when some sources provide access to non-medical information relating to mental health, these are noted in the text.

E-book and electronic versions of this book are fully interactive with each of the Internet sites mentioned (clicking on a hyperlink automatically opens your browser to the site indicated). If you are using the hard copy version of this book, you can access a cited Web site by typing the provided Web address directly into your Internet browser. You may find it useful to refer to synonyms or related terms when accessing these Internet databases. NOTE: At the time of publication, the Web addresses were functional. However, some links may fail due to URL address changes, which is a common occurrence on the Internet.

For readers unfamiliar with the Internet, detailed instructions are offered on how to access electronic resources. For readers unfamiliar with medical terminology, a comprehensive glossary is provided. For readers without access to Internet resources, a directory of medical libraries, that have or can locate references cited here, is given. We hope these resources will prove useful to the widest possible audience seeking information on mental health.

The Editors

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1 From the NIH, National Cancer Institute (NCI): http://www.cancer.gov/cancerinfo/ten-things-to-know.
CHAPTER 1. STUDIES ON MENTAL HEALTH

Overview

In this chapter, we will show you how to locate peer-reviewed references and studies on mental health.

The Combined Health Information Database

The Combined Health Information Database summarizes studies across numerous federal agencies. To limit your investigation to research studies and mental health, you will need to use the advanced search options. First, go to http://chid.nih.gov/index.html. From there, select the “Detailed Search” option (or go directly to that page with the following hyperlink: http://chid.nih.gov/detail/detail.html). The trick in extracting studies is found in the drop boxes at the bottom of the search page where “You may refine your search by.” Select the dates and language you prefer, and the format option “Journal Article.” At the top of the search form, select the number of records you would like to see (we recommend 100) and check the box to display “whole records.” We recommend that you type “mental health” (or synonyms) into the “For these words:” box. Consider using the option “anywhere in record” to make your search as broad as possible. If you want to limit the search to only a particular field, such as the title of the journal, then select this option in the “Search in these fields” drop box. The following is what you can expect from this type of search:

- **Interdisciplinary Collaboration: Essential for Meeting the Mental Health Needs of HIV/AIDS Clients and Providers**


  Contact: New York University, School of Education Health Nursing and Arts Professions, Department of Health Studies, AIDS/SIDA Mental Hygiene Project, 35 W 4th St Ste 1200, New York, NY, 10012, (212) 998-5614.

  Summary: This article focuses on the need for interdisciplinary collaboration among professionals in the fields of mental health, education, and social work to provide more effective, better coordinated, and improved services to HIV/AIDS clients. It stresses education/training programs for interdisciplinary collaboration that include clergy, substance abuse counselors, health educators, and youth workers, as well as highlights
the role of community-based organizations in the planning, implementation, and evaluation of provided services. The article discusses interdisciplinary collaboration as a necessary component of today's health-related services. It emphasizes the team concept as a synergistic relationship, where each member functions as part of a whole. This approach removes the burden of total responsibility from a single person, increases chances for a holistic approach, and effectuates interdisciplinary collaboration through the utilization of individual expertise and skill diversity.

- **HIV-Related Mental Health in Correctional Settings**
  
  
  Contact: University of California San Francisco, AIDS Health Project, PO Box 0884, San Francisco, CA, 94143-0884, (415) 476-6430.
  
  Summary: This article integrates theory and clinical practice for professionals working with HIV-positive incarcerated persons. The combination of powerlessness among inmates combines with the prejudice among people who live and work in prison to further isolate HIV-infected inmates. Many inmates use denial to deal with HIV disease. The most significant challenge for prison mental health professionals is to help inmates overcome denial. Clinical interventions should focus on consciousness raising, relief, and environmental re-evaluation to move inmates out of the precontemplative stage of change and engage them in the therapeutic process. Many inmates have difficulty building a therapeutic alliance. Support groups can complement individual therapy. With a strong professional support and consultation network and an understanding of prison culture, mental health providers can respond to the needs of HIV-positive inmates.

- **You and Your Mental Health**
  
  
  Contact: We the People Living with AIDS, HIV of the Delaware Valley Incorporated, 425 South Broad St, Philadelphia, PA, 19147, (215) 545-6868.
  
  Summary: This article promotes awareness of depression associated with HIV/AIDS. Written by a clinical psychologist living with AIDS, it discusses the symptoms and causes of depression. The author points out that depression can be expressed in "negative self-talk", and isolation. He suggests that talking with someone who understands depression may help, and recommends seeking help from a psychiatrist, psychologist, social worker, counselor, or support group. He also refers to the use of psychotropic medications or anti-depressants for relief of symptoms. The conclusion points out that working through depression and developing a fuller understanding of the personal effects of HIV/AIDS can be beneficial in that it can lead to developing new ways of coping.

- **Early HIV Detection, A Community Mental Health Role**
  
  
  Contact: University of South Florida, Florida Mental Health Institute, Department of Community Mental Health, 13301 Bruce B Downs Blvd, Tampa, FL, 33612-3899.
  
  Summary: This journal article documents the changing need for early detection of HIV infection among the mentally ill and proposes a role for community mental health centers (CMHCs) in that process. Many CMHC directors have expressed concern that
their center might incur financial obligation for the medical treatment of infected clients, and staff are anxious about their liability if they know a client is HIV positive. Mental health staff report great discomfort in working with HIV-infected clients. Ignorance of HIV status can result in greater risk of medical complications and denies the individual the opportunity to take the necessary steps to prolong life and prevent transmission. Individuals who know their HIV status can plan their lives appropriately, obtain good medical care, avoid other infections, avoid becoming pregnant, and behave responsibly. Advances in specific therapeutics make it vital that those infected know their status well before they become overtly ill. The authors conclude that reluctance to refer for testing because of staff concerns should be tempered by a policy of referring for testing whenever indication of infection arises.

- **Mental Health Issues and Alzheimer's Disease**


Summary: This journal article examines methods for coping with and treating the psychiatric symptoms and behavioral manifestations of Alzheimer's disease—safety of the caregiver and the diagnosed individual being of primary significance. Methods discussed include interventions available when less restrictive or intensive interventions fail, such as institutionalization, physical and chemical restraints, and psychiatric hospitalization. Three case examples are presented to illustrate the issues raised.

- **AIDS - Related Ethical and Legal Issues for Mental Health Professionals**


Summary: This journal article examines some of the legal and ethical issues faced by mental health professionals. It highlights professional responsibility, competence, and confidentiality. The article identifies and clarifies concerns and situations confronting mental health professionals who are working with HIV-positive persons, citing several significant court cases.

- **The HIV Mental Health Spectrum**


Contact: University of South Florida, Center for HIV Education and Research, AIDS Education And Training Center, 13301 Bruce B Downs Blvd, Tampa, FL, 33612-3899, (813) 974-4430, http://www.fmhi.usf.edu/hiv/.

Summary: This reprint concentrates on a model of the mental health spectrum which describes persons affected by AIDS. It identifies and characterizes populations in need of HIV-related services which can be offered by community mental health centers. The focus is on specialized service requirements for each population, the challenges in providing these services, and meeting staff training needs. The authors conclude that intervention is necessary at every level of the spectrum, more research is needed to discover the most effective interventions for each level, and that continuing staff training in HIV-related issues is essential.
Federally Funded Research on Mental Health

The U.S. Government supports a variety of research studies relating to mental health. These studies are tracked by the Office of Extramural Research at the National Institutes of Health. CRISP (Computerized Retrieval of Information on Scientific Projects) is a searchable database of federally funded biomedical research projects conducted at universities, hospitals, and other institutions.

Search the CRISP Web site at http://crisp.cit.nih.gov/crisp/crisp_query.generate_screen. You will have the option to perform targeted searches by various criteria, including geography, date, and topics related to mental health.

For most of the studies, the agencies reporting into CRISP provide summaries or abstracts. As opposed to clinical trial research using patients, many federally funded studies use animals or simulated models to explore mental health. The following is typical of the type of information found when searching the CRISP database for mental health:

- **Project Title: 2001 RURAL MENTAL HEALTH RESEARCH CONFERENCE**
  Principal Investigator & Institution: Pacelli, Sheryl A.; Coastal Area Health Education Center Box 9025, 2131 S 17Th St Wilmington, Nc 28402
  Timing: Fiscal Year 2001; Project Start 01-JUN-2001; Project End 31-MAY-2002
  Summary: The applicant is the Health Sciences Foundation, Inc., an educational non-profit organization governed by a board of directors, who administers the Coastal Area Health Education Center (Coastal AHEC). Each year, the National Association for Rural Mental Health Board of Directors sponsors a conference for its membership. The 2001 conference will be held in Wilmington, NC and co-sponsored by the Coastal AHEC. The 2001 conference is designed to increase the research-based knowledge of mental health professionals, enhance mental health professional skills and service delivery, and strengthen delivery networks, educational programs and support services offered to rural children, youth and families. Two half-day pre-conference programs will be held on June 23, 2001. The conference will begin at noon on June 24 and end at noon on June 26. The agenda consists of four concurrent tracks covering family and children services, clinical issues, program management, and technology. Each track will begin with a keynote speaker who will present the most recent research on the particular track issue. A second keynote speaker will present training issues/skills related to the particular track. Each track will then have break-out sessions to describe "Best Practice" models. An additional objective for Coastal AHEC and NARMH is to disseminate the 2001 conference information through audio tapes, printed materials, and the NARMH website to non-attending members and other rural mental health practitioners and administrators.
  Website: http://crisp.cit.nih.gov/crisp/Crisp_Query.Generate_Screen

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2 Healthcare projects are funded by the National Institutes of Health (NIH), Substance Abuse and Mental Health Services (SAMHSA), Health Resources and Services Administration (HRSA), Food and Drug Administration (FDA), Centers for Disease Control and Prevention (CDCP), Agency for Healthcare Research and Quality (AHRQ), and Office of Assistant Secretary of Health (OASH).
• Project Title: ASSESSING ADM SERVICE NEEDS AMONG JUVENILE DETAINEESS
Principal Investigator & Institution: Teplin, Linda A.; Professor; Psychiatry and Behavioral Scis; Northwestern University Office of Sponsored Programs Chicago, Il 60611
Timing: Fiscal Year 2001; Project Start 30-SEP-1998; Project End 31-MAY-2003
Summary: We propose adding a longitudinal component to our current NIMH-funded study of juvenile detainees (MH54197) to complement the NIMH-funded study, "Use, Need, Outcomes and Costs in Children and Adolescent Population" (UNOCCAP), of general population youth. Although researchers speculate that many juvenile detainees have alcohol, drug or mental (ADM) disorders, there are few empirical data. Our current study is the first large-scale study of alcohol, drug and mental health (ADM) service needs of juvenile detainees (n=1800 detainees; 1200 males and 600 females, 10-17 years old). Our current study does not include follow-up interviews and no general population comparisons. Because we collect extensive baseline data and (funded by grants from NIMH, NIDA the MacArthur Foundation), we are tracking them, we have a unique opportunity. By adding a longitudinal component, we could investigate the incidence and course of ADM disorders during a key developmental period as well as whether or not their disorders are detected, the time of services they receive, and their level of unmet need. Adding a longitudinal component to our current study would also allow us to study prospectively three risky behaviors- drug use, violence and HIV risk behaviors- all of which are major public health problems and are prevalent among delinquent youth. The proposed study has three specific aims: (1) ADM Service Needs. We will re-assess the extent and distribution of ADM disorders (including incidence, duration, patterns, sequence of co-morbidity and risk and protective factors) and functional impairments among our subjects and compare them to general population (UNOCCAP) rates. (2) Service Utilization. We will assess whether or not juveniles who need services (as determined in Specific Aim #1) receive them after their cases reach disposition (whether they are in the community or incarcerated), from which system (e.g., mental health, juvenile or adult justice, child welfare, etc.), which services they receive, and how patterns of use differ from those of general population youth. (2) Risky Behaviors. We will assess the patterns and developmental sequence of drug use, violence, and HIV risk behaviors in our sample, including the antecedents of these risky behaviors (especially ADM disorders), how youth developed these risky behaviors and how these behaviors are interrelated. This proposal responds to the NIMH National Plan for Research on Child and Adolescent Mental Disorders, which called for research on mental health services among juvenile offenders; to Healthy People 2000, which called for research on reducing HIV risk behaviors; to NIDA's Program Announcements PA-95-022, PA-95-057, PA-95-059, PA-95-055, and PA-95-083; and to NIDA's March, 1996 amendment requesting research on the co-occurrence, developmental sequence, and health consequences of violence, drug abuse and HIV/AIDS.
Website: http://crisp.cit.nih.gov/crisp/Crisp_Query.Generate_Screen

• Project Title: ASSESSMENT OF JUVENILLE BIPOLAR SPECTRUM DISORDERS
Principal Investigator & Institution: Youngstrom, Eric A.; Psychology; Case Western Reserve University 10900 Euclid Ave Cleveland, Oh 44106
Timing: Fiscal Year 2003; Project Start 01-JUN-2003; Project End 31-MAR-2008
Summary: (provided by applicant): Bipolar spectrum disorders (BPSD) are commonly misdiagnosed in community mental health settings, resulting in suboptimal treatment
selection that can actually worsen the course of the disorder. Part of the difficulty in diagnosis is the current lack of consensus about the phenomenology of juvenile BPSD. At present, there also is no certainty about the base rate at which BPSPD might present at a community mental health setting, nor is there an established set of instruments that could be used to screen a juvenile community sample for bipolar spectrum disorders. Such a screening protocol is sorely needed, given the long-term trajectory and serious consequences of untreated or mistreated BPSPD, and the potential value of early intervention if juvenile cases could be identified. Preliminary evidence from this research group suggests that several measures perform well at distinguishing BPSPD from unipolar depression, disruptive behavior disorders, and other disorders in children and adolescents (see Appendices). However, these findings were based on a sample presenting at an outpatient research clinic specializing in the treatment of juvenile mood disorders and psychopharmacology research. Thus, several factors prevent the immediate application of existing findings to a community setting, including the lack of soundly-established base rate of BPSPD at community-based mental health centers, the unknown effects of potential ascertainment bias at a mood disorders clinic versus a community setting, changes in demographics or other sample characteristics that might interact with test performance, and the fact that test performance might degrade when exported from a research framework into a community context - much as therapeutic efficacy estimates usually exceed effectiveness findings. The purpose of the proposed study is to develop effective means of screening for bipolar spectrum disorders in a community mental health setting serving an ethnically and racially diverse population. This will be accomplished by determining the prevalence of bipolar disorders in a community sample, validating measures that have performed well in an academic clinical setting, and clarifying the features of early presentation of bipolar spectrum disorders along with their longitudinal course over 18 months. Particular attention is paid to identifying and validating diagnostic characteristics of youths with bipolar symptoms that do not meet full criteria for a bipolar diagnosis. These children, currently labeled "Bipolar- Not Otherwise Specified", may represent an early developmental precursor of later bipolar disorder, or they may manifest a developmentally different presentation and course.

Website: http://crisp.cit.nih.gov/crisp/Crisp_Query.Generate_Screen

**Project Title: BLACK RURAL AND URBAN CAREGIVERS--MENTAL HEALTH/FUNCTION**

Principal Investigator & Institution: Chadiha, Letha A.; Associate Professor & Hartford Geriatric; None; Washington University Lindell and Skinker Blvd St. Louis, Mo 63130

Timing: Fiscal Year 2001; Project Start 01-AUG-1999; Project End 31-JUL-2002

Summary: African-American women caregivers are vulnerable to poor mental health and social functioning due to their minority status and the high levels of care they provide to disabled elders. Moreover, African-American women provide such care in the context of less formal service. Research and theory suggest that rural and urban African-American women caregivers differ in their mental health, social functioning, and service use; however, virtually no systematic research has addressed these issues. This study will assess the mental health and social functioning of rural and urban African-American women who provide unpaid care to an elder (65 years and older) and will identify factors related to their service use. Using a cross-sectional research design and random sample of elders, this study will yield data on 300 rural and 300 urban African-American women caregivers living in the St. Louis metropolitan and southeastern Missouri Bootheel area. Three years of funding are requested to address
four specific aims: (1) To assess and compare caregivers’ mental health and functioning; (2) To identify type and quality of caregivers’ formal and informal service use; (3) To determine caregiver and care recipient factors associated with caregivers’ mental health and social functioning; and (4) To determine caregiver and care recipient factors associated with caregivers’ service use. Data will be obtained through personal interviews. Trained African-American female interviewers will screen elders by telephone for caregiver referrals and conduct face-to-face interviews through a structured questionnaire in their home. Data analysis and interpretation will be guided by a stress and coping framework with elements of a life course perspective model. Study results will guide development of policy, programs and services promoting African-American women caregivers’ mental health, social functioning, and service use.

Website: http://crisp.cit.nih.gov/crisp/Crisp_Query.Generate_Screen

- **Project Title: BRANCHED OUTCOMES INSTRUMENT FOR MENTAL HEALTH SERVICES**
  Principal Investigator & Institution: Brodey, Benjamin B.; Telesage, Inc. 4558 4Th Ave Ne Seattle, Wa 98105
  Timing: Fiscal Year 2002; Project Start 07-AUG-2002; Project End 31-JUL-2003
  Summary: (provided by applicant): We propose to use Item Response Theory (IRT), the mathematical study of computerized adaptive testing, to construct a brief, highly branched mental health screening and outcomes tracking instrument. This instrument will use electronic survey technology to administer surveys while continuously adapting their content and structure in real time, allowing patients to see only the most individually relevant questions. The final Phase II product will be the first IRT-based instrument in mental health, and will screen and track patients with depression, anxiety, alcohol or substance abuse, and coexisting impairment in social or occupational function. It is intended for use by clinicians and researchers within primary care and mental health settings. It will be highly sensitive to change; have a low floor and high ceiling; use a constant 5-point Likert scale; and screen for six domains in under eight minutes. In Phase I, we will assess the feasibility of using IRT to create the instrument by pilot testing a long unbranched version on 300 mental health patients of varying symptom severity using touch-screen PCs at two Kaiser Permanente outpatient clinics. We hope the increased efficiency in tracking outcomes will help improve individual patient care and help researchers improve the effectiveness of healthcare interventions.
  PROPOSED COMMERCIAL APPLICATION: The final Phase II product will be a brief (8-minute) IRT-based mental health screening and outcomes-tracking instrument for use by clinicians and mental health researchers within primary care and mental health settings. It will be highly sensitive to changes with a high ceiling and low floor. The instrument will contain four separable symptom domains and 2 separable function domains. Its increased efficiency in tracking outcomes will help clinicians and mental health researchers improve the effectiveness of healthcare interventions.
  Website: http://crisp.cit.nih.gov/crisp/Crisp_Query.Generate_Screen

- **Project Title: CENTER FOR HISPANIC MENTAL HEALTH STUDIES**
  Principal Investigator & Institution: Zayas, Luis H.; Professor; None; Fordham University Bldg. 540 Bronx, Ny 10458
  Timing: Fiscal Year 2001; Project Start 01-JUN-1999; Project End 31-MAY-2004
  Summary: Fordham University proposes to establish a Center for Hispanic Mental Health Studies which will: (1) conduct research on mental health service needs of
Hispanic populations, and develop and evaluate psychosocial interventions for Hispanics; and (2) strengthen GSSS' institutional research capacity and faculty skills in mental health research. The focus on Hispanics is based on their documented mental health needs. Infrastructure development will occur under the leadership of a director and senior co-investigators from Fordham with the collaboration of New York State Psychiatric Institute (NYSPI) researchers who will include GSSS faculty and students as collaborators in their research projects. The Center will pursue its aims through four integrative learning components. (1) Research teams conducting pilot studies and REPs at GSSS and participating in research at NYSPI will provide faculty and students "hands-on" experience in all aspects of research. One pilot study compares mental health outcomes for Hispanic children in kin and non-kin foster care and another pilot study examines symptom recognition and mental health services utilization by elderly Hispanics. A funded REP tests a psychosocial intervention for women during pregnancy, and a proposed REP examines the effects of language and ethnic matching in diagnostic interviews with Hispanics. (2) Mentorship to implement individualized Faculty Research Development Plans will meet substantive and methodological needs of faculty pursuing mental health research. Mentoring will result in concept papers and research proposals by faculty to be submitted for funding through University faculty awards, Center "seed grants," and external sources. (3) Interactive, problem-solving seminars on psychiatric epidemiology, services, and intervention research will be led by NYSPI collaborators. They will respond to conceptual, methodological and logistical concerns of research teams and individual faculty. (4) Research colloquia by leading mental health researchers and new investigators will solidify the Center's presence at GSSS and link it to the community of mental health researchers.

Website: http://crisp.cit.nih.gov/crisp/Crisp_Query.Generate_Screen

- **Project Title: CENTER FOR INTERVENTION RESEARCH ON ADULTS WITH SMI**
  Principal Investigator & Institution: Solomon, Phyllis L.; Professor; None; University of Pennsylvania 3451 Walnut Street Philadelphia, Pa 19104
  Timing: Fiscal Year 2001; Project Start 01-APR-1998; Project End 31-JAN-2003
  Summary: The University of Pennsylvania School of Social Work proposes the creation of a Social Work Research Development Center (SWC) for Intervention Research on Adults with Severe Mental Illness. Research will be conducted on interventions in three core areas: 1. legal, 2. mental health managed care, and 3. mental health and supportive services. Intervention research within each core will be at the clinical service and service system levels, and an integration of the two. The SWC has a collaborative arrangement with the Center for Mental Health Policy and Services Research (CMHPSR) in the School of Medicine and a supportive resource arrangement with the Center for Research and Evaluation in Social Policy (CRESP) in the Graduate School of Education. The Center will build on existing relationships developed with faculty from CMHPSR and CRESP as supporting collaborators with social work faculty through a formalized organizational entity to conduct research, training, and scholarly activities that will be mutually beneficial to all participants. Dr. Phyllis Solomon, Professor in the School of Social Work, is the PI for the Center and Dr. Trevor Hadley, Clinical Professor in the Department of Psychiatry, and Director of CMHPSR is the Co-PI. Dr. Robert Boruch, University Trustee Chair Professor, Graduate School of Education and Professor of Statistics, Wharton School, and Co- Director of CRESP will be a Co-Investigator. The new Center will bring together a diverse team of mental health service research scholars, statisticians and methodologists to achieve the following overall goals: To contribute significant new knowledge in mental health clinical service interventions and...
service system interventions for adults with severe mental illness (SMI). To foster inter-disciplinary and inter-institutional collaboration in research on clinical service interventions and service system interventions for adults with SMI. To increase the research capacity of the faculty, investigators, and doctoral students of the School of Social Work to conduct research on clinical service interventions and service system interventions for adults with SMI. To increase externally funded research in the School of Social Work on clinical service interventions and service system interventions for adults with SMI.

Website: http://crisp.cit.nih.gov/crisp/Crisp_Query.Generate_Screen

- **Project Title:** CLINICAL RESEARCH EDUCATION IN MENTAL HEALTH

  Principal Investigator & Institution: Arnold, Steven E.; Neurology; University of Pennsylvania 3451 Walnut Street Philadelphia, Pa 19104  
  Timing: Fiscal Year 2001; Project Start 01-SEP-1998; Project End 31-MAY-2003  
  Summary: The University of Pennsylvania School of Medicine (PENN) has developed a unique and exciting program to prepare promising medical students to become leaders at the cutting edge of clinical neuroscience practice and research. The present proposal is aimed at enhancing this program in such a way as to further encourage its students to enter research careers in mental health. The advent of managed care has placed academic medical centers under severe economic pressures to trim research and education budgets. Medical students are aware of these trends and are discouraged from pursuing research careers. MD/PhD programs encourage students interested in basic research, but few mechanisms exist for nurturing clinical researchers. In an attempt to counter these tendencies, PENN has created the Clinical Neuroscience Track (CNST). This program identifies incoming medical students who are interested in the clinical neurosciences, develops in them an esprit de corps with each other and with the clinical neuroscience faculty, and trains them in the skills of scientific thinking necessary to evaluate and participate in clinically relevant research. Students also perform a research project. The CNST has been very successful and after four years, has grown to over 100 students. Thus it can no longer be run without cost sharing by extramural sources. The existing CNST will now be modified in ways that will further strengthen the exposure of its medical students to mental health research. The following specific aims are proposed: Aim 1. To identify incoming medical students who may be interested in research in mental health, expose them to mental health related research throughout their medical school careers and instill in them the skills of critical thinking necessary to evaluate this research. Aim 2. To provide the students with research experiences during medical school, in order to encourage them to consider careers in mental health research. Aim 3. To maintain contact with these students after they graduate in order to assist them with their career development, as well as to monitor the success of the program. Participation by minorities and women will be strongly encouraged. The CNST will be administered by a director with the assistance of a coordinator. There will be two major committees - an educational planning committee and a research committee. It is expected that each year, 15 of the initial 20-30 students will complete the entire program, including the research project. This program will increase the number of physicians entering careers in mental health research and serve as a model for other medical schools to emulate.

Website: http://crisp.cit.nih.gov/crisp/Crisp_Query.Generate_Screen
- **Project Title:** COMMUNITY LTC SERVICE AND OUTCOMES--BURDEN OF DEPRESSION

Principal Investigator & Institution: Morrow-Howell, Nancy L.; None; Washington University Lindell and Skinker Blvd St. Louis, Mo 63130

Timing: Fiscal Year 2001; Project Start 15-JUN-2000; Project End 31-MAY-2004

Summary: (Applicant's Abstract): This study addresses fundamental concerns in community long-term care: ensuring appropriate service in response to a broad range of client needs and understanding factors associated with service outcomes. It is expected that a disproportionate number of public CLTC clients have mental health service needs due to depression, given that depression is associated with both physical dependency and low income. Yet virtually no research has addressed the extent of depression among elders in CLTC nor the impact of depression on CLTC service use and outcomes. Further, little is known about the attitudes of CLTC clients regarding mental health services nor the potential role of CLTC in meeting mental health needs. Study aims are to 1) estimate the extent of depression among elders first entering public CLTC and identify factors associated with depression; 2) determine the service demand in CLTC attributable to depression; 3) determine whether depressed elders experience less benefit from CLTC than do non-depressed elders; 4) examine how CLTC responds to the mental health needs of its clients. The proposed research will survey elders at entry to and through one year of service in Missouri's publicly funded, community long-term care system. Study participants will be 60 years of age or older and eligible for public CLTC services because of low income and functional disabilities. Through a telephone-screening interview, we will assess 1,500 new CLTC clients, documenting the extent and type of depression. We will follow 300 depressed elders as well as a random sample of 300 non-depressed elders though one year of CLTC service use. Subjects will be interviewed and service records will be abstracted to determine the service demand attributable to depression and the extent to which CLTC serves as a gateway to mental health services. Outcomes of CLTC (maintenance in community care, quality of life, life satisfaction, and consumer satisfaction with home care) at six months and one year will be compared for depressed and non-depressed clients to determine the extent to which depression affects the outcomes of CLTC services. Community long-term care is a rapidly growing service sector, and the expansion of home and community care is a priority in the development of long-term care policy. This project has the potential to influence program and policy developments in CLTC. Findings will inform the next step testing interventions that integrate CLTC and mental health services.

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- **Project Title:** COMPARISON OF APPROACHES TO QUALITY OF LIFE MEASUREMENT

Principal Investigator & Institution: Adachi-Mejia, Anna M.; Community and Family Medicine; Dartmouth College 11 Rope Ferry Rd. #6210 Hanover, Nh 03755

Timing: Fiscal Year 2001; Project Start 01-APR-2001; Project End 31-MAR-2002

Summary: The goal of this study is to inform decisions about fair and appropriate measurement tools for economic evaluations of mental health services interventions. The relative sensitivity of disease-specific and generic outcome measures for mental health interventions will be assessed. Knowing how these types of measures affect results has direct bearing on the feasibility of including treatments for severe mental illness in rankings used to allocate health care budgets across interventions for different types of health problems. The first aim of this study is to compare the performance of
disease-specific and generic quality of life instruments in evaluating outcomes for persons dually diagnosed with severe mental illness (SMI) and substance use disorder. The disease-specific instrument for this study will be the Wisconsin Quality of Life Interview (W-QLI), and the generic instruments will be the Medical Outcomes Study 36-Item Short Form Health Survey (SF-36) and the EuroQol EQ-5D. The client group will be a convenience sample of 46 clients drawn from a group of 203 persons in the New Hampshire-Dartmouth Psychiatric Research Center. The purpose of the Dual Diagnosis Study was to compare the effectiveness of the assertive community treatment model to standard case management to persons dually diagnosed with severe mental illness (schizophrenia or bipolar disorder) and substance use disorder. The second aim of this study is to determine if differences exist between societal and client preferences for quality of life outcomes. The societal group will be drawn from a convenience sample of 46 residents from the State of New Hampshire. These comparisons will help clarify the role of perspective in determining the results of an economic evaluation.

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- **Project Title: CONSEQUENCES OF COMORBID DRUG ABUSE AND MENTAL DISORDERS**

  Principal Investigator & Institution: Havassy, Barbara E.; Director; Langley Porter Psychiatric Institute; University of California San Francisco 500 Parnassus Ave San Francisco, Ca 94122

  Timing: Fiscal Year 2001; Project Start 30-SEP-1997; Project End 31-JUL-2004

  Summary: (Applicant's Abstract) This proposal concerns the impact of comorbid drug abuse and mental disorders on individuals and service systems. Using a longitudinal design, this study will contrast two samples of comorbid adults recruited during an acute care episode in county service systems. One sample will be drawn from the substance abuse treatment system (n=125), and one will be drawn from the mental health treatment system (n=125). To control for differences not related to comorbidity, an equal number of non-comorbid subjects will be recruited, bringing the sample total to 500 subjects, 250 from substance abuse and 250 from mental health treatment. Data on key demographic and severity of alcohol and drug use variables will be obtained at treatment entry, and a diagnostic assessment will be performed. Psychosocial data on alcohol and drug use, risk factors for HIV/AIDS, prevalence of violence, and quality of life will be obtained for a prospective 24 month community follow-up period. Service use and cost data will be obtained from substance abuse, mental health, public health, and forensic services for a period of 24 months prospectively and 24 months retrospectively from time of recruitment. We will test the null hypothesis that the two samples are from the same population on key entry variables. The samples will also be contrasted on the psychosocial, service use, and cost variables. If the samples are found to be from the same population on key entry variables, then differences in psychosocial status, service use, and costs will suggest differences in treatment service systems rather than differences between the clients of these systems. If the samples are significantly different on key entry variables, it will imply the presence of unique comorbid groups. Both similarities and differences between the two samples will be of utmost value. Findings that the comorbid samples are from the same population can guide coordination or integration of services. Findings that they are from different populations can lead to increased precision in distinguishing types of comorbid disorders in treatment systems and should enhance development of services, tailored to the needs of unique comorbid groups.

  Website: http://crisp.cit.nih.gov/crisp/Crisp_Query.Generate_Screen
• Project Title: CONTEXT AND EFFECTIVENESS OF TWO MODELS OF SVC DELIVERY

Principal Investigator & Institution: Grella, Christine E.; Associate Research Psychologist; None; University of California Los Angeles 10920 Wilshire Blvd., Suite 1200 Los Angeles, Ca 90024

Timing: Fiscal Year 2001; Project Start 20-AUG-1998; Project End 31-JUL-2003

Summary: (Applicant's Abstract) The goal of this 5-year project is to evaluate the comparative effectiveness of the integrated and parallel models for organizing service delivery to dually-diagnosed individuals, within the environmental context of the Los Angeles County treatment systems for mental illness and substance abuse. A total of 400 subjects will be randomly assigned to receive either integrated treatment from outpatient mental health and residential drug treatment programs that jointly deliver dual-diagnosis treatment or concurrent mental health and residential drug treatment delivered by separate programs on a parallel basis. Primary treatment outcomes include retention and completion, service utilization, drug and alcohol use, psychiatric status, criminal behavior, and psychosocial functioning; secondary outcomes include physical health status, HIV risk, and housing status. The study will also identify client characteristics that influence treatment outcomes, either independently or in interaction with different models of service delivery, and examine the influence of program and staff characteristics on client outcomes. The treatment outcome study will be embedded within a study of the environmental context of the mental health and substance abuse treatment systems in Los Angeles County. Interviews will be conducted with county administrators, administrators of programs participating in the treatment outcome study, and administrators of programs that are not in the study for comparison purposes. In addition, surveys will be conducted with staff in these same programs. Focus groups will be conducted with members of key community stakeholder groups and changes in the mental health and substance abuse treatment service systems will be monitored throughout the study. These data will provide a multilevel context in which to evaluate the implementation and effectiveness of the two models of service delivery.

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• Project Title: CORE--MENTAL HEALTH

Principal Investigator & Institution: Olfson, Mark; Associate Professor; Columbia University Health Sciences New York, Ny 10032

Timing: Fiscal Year 2003; Project Start 10-FEB-2003; Project End 31-JAN-2008

Summary: Unmet need for mental health care is particularly great in minority populations. Yet despite evident need for mental health services, poor people are less likely to seek mental health treatment than wealthier individuals. Moreover, African-Americans and Hispanics are less likely to seek mental health treatment than non-Hispanic whites. Unmet need for mental health treatment remains considerable and is highest among poor, ethnic and racial minority populations. When minority population do receive mental health care, they are comparatively less likely to receive it from mental health specialists. Poor and minority populations rely disproportionately on primary care providers for mental health treatment and on informal sources of care such as friends, family or clergy. The overall aim of the Mental Health Research Core (MHRC) is to facilitate the development and research evaluation of mental health interventions on low-income minority populations. The MHRC will pursue this overall aim through three specific objectives: (1) develop stronger collaborations between mental health researchers trained in service evaluation and community agencies that
provide social and health services; (2) promote community-based research on interventions to improve mental health access for low income adults minority adults and children; and (3) identify and implement mechanism to extend mental health research into areas relevant to reducing ethnic and racial disparities in access to mental health care. In addressing these objectives, the MHRC will carry out four related activities reflecting community priorities: (1) partnerships conferences for community mental health promotion, (2) community mental health workshops, (3) a lecture series on minority mental health, and (4) a secondary data analysis program concentrating on mental health services and epidemiological and clinical intervention research that advances the MHRC mission.

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- **Project Title: CORE--TREATMENT SERVICES**

Principal Investigator & Institution: Bing, Eric; University of California Los Angeles 10920 Wilshire Blvd., Suite 1200 Los Angeles, Ca 90024

Timing: Fiscal Year 2002; Project Start 15-APR-2002; Project End 31-DEC-2006

Summary: (provided by applicant): The goal of the Treatment Services Core is to promote and support HIV-related health and mental health services research that will enhance our understanding of the complex health delivery systems used by persons at risk for or infected with HIV. In addition, it will support innovative research to make these systems more effective at providing accessible, high quality, and cost-efficient prevention and care. Disparities exist in the access and quality of HIV care provided to African-American and Latino individuals with low income compared to persons of other ethnic groups. The disparities in HIV services reflect long-term inequities to the access and utilization of health and mental health care, which has lead to significant community mistrust, particularly towards researchers. Therefore, it is essential to CHIPTS that all research be conducted within collaborative, long-term relationships with representatives of the affected communities. This is operationalized by the Center through a Participatory Action Research (PAR) model, These disparities arise from many sources, but often our research has focused on deficits in the individual's HIV-related knowledge, attitudes, or beliefs rather than focusing on structural factors or the organization of care (e.g., providers' attitudes and behaviors, funding streams, density of available services in a geographic region). Far more research needs to be focused on the system-of-care for HIV and the settings and providers delivering both prevention and treatment services. This is particularly important in order to assess the access, utilization, and quality of HIV care for persons with comorbid disorders and for immigrants. For consumers with multiple needs, it will be necessary to develop coordinated, comprehensive, and continuous models of integrated HIV services. The Treatment Services Core aims to increase our understanding of, and interventions for, providers within health and mental health settings, particularly for subpopulations with comorbid disorders. Finally, while our understanding of current HIV systems-of-care is limited, the system is undergoing dramatic change. Since the identification of the first case of AIDS, there has been a revolution in the health care industry with about one-third of care in California being managed. Medicaid services for HIV infected adults is carved out in LA and provided in specialty HIV-settings or private settings. More recently, the Internet has begun to change and will change in the future a number of aspects of health care delivery, from routine tasks such as keeping patient records to the interaction of doctors and patients through e-mail. The delivery of HIV care in rural and international settings may potentially be improved through the utilization of electronic and web technologies. It is critical to anticipate how the web and such adaptations as
telemedicine will impact the delivery of prevention and treatment services. The Treatment Services ore will begin to identify these issues and set a research agenda to be implemented over the how CHIPTS within health and mental health care delivery settings.

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- **Project Title: ECONOMICS OF FORMULARY DESIGN AND MENTAL HEALTH POLICY**

  Principal Investigator & Institution: Huskamp, Haiden A.; Health Care Policy; Harvard University (Medical School) Medical School Campus Boston, Ma 02115

  Timing: Fiscal Year 2002; Project Start 15-JUL-2002; Project End 31-MAY-2007

  Summary: (provided by applicant): Prescription drugs have become an increasingly important component of mental health treatment and the costs of psychotropic drugs have increased rapidly in recent years. However, there are major gaps in our knowledge about the economics of psychotropic drug treatment. This Mentored Research Scientist Development Award would allow Dr. Haiden Huskamp, a health economist with expertise in mental health policy and economic institutions, to supplement her economic tools with the knowledge and skills needed to conduct clinically-relevant and policy-significant research on the economics of prescription drugs used in the treatment of mental illnesses. The specific aims of this career development proposal are to: 1) develop a greater understanding of clinical decision-making related to the use of psychotropic drugs; 2) acquire basic knowledge of psychopharmacology; and 3) expand knowledge of the important economic institutions influencing the prescription drug market. In this undertaking, Dr. Huskamp will be guided by her sponsor, Richard Frank, PhD, and co-sponsors, Andrew Nierenberg, MD, and Ernst Berndt, PhD. Her career development plan includes guided study with Dr. Nierenberg on clinical issues related to treatment decision-making and Drs. Berndt and Frank on economic institutions of the pharmaceutical market, as well as coursework and participation in psychopharmacological "Grand Rounds," relevant seminar series, and professional meetings. Dr. Huskamp will use the knowledge and skills developed through these career development activities to conduct three research projects. The first project examines the effect of generic entry in the class of selective serotonin reuptake inhibitors (SSRIs) on utilization patterns, costs, and market share among antidepressants as well as the competitive response of brand antidepressant manufacturers with respect to drug prices and promotional spending. The second project assesses the economic incentives created by three-tier drug formularies and how these arrangements affect costs, utilization patterns, and adherence to treatment guidelines in a non-elderly population. This project includes an economic welfare analysis of the tradeoffs associated with restrictive formularies. The third project examines the effect of a three-tier formulary on psychotropic drug costs and utilization patterns in a retiree population and explores the impact of formularies on the mental health costs of adding a prescription drug benefit to Medicare and on access to appropriate psychotropic drug treatment under such a benefit. The proposed plan of career development will provide Dr. Huskamp the training, mentoring, time and resources to develop the skills that will put her in a position to lead independent research on the economics of pharmaceutical treatment for mental illnesses.

  Website: http://crisp.cit.nih.gov/crisp/Crisp_Query.Generate_Screen
- **Project Title: ECONOMICS OF MANAGED BEHAVIORAL HEALTH CARE**
  Principal Investigator & Institution: Schellfer, Richard M.; Distinguished Professor; None; University of California Berkeley Berkeley, Ca 94720
  Timing: Fiscal Year 2001; Project Start 10-APR-2000; Project End 31-MAR-2005
  Summary: This is an application for a Senior Scientist Award to study the new economic relationships in mental health services created through the advent and growth of managed care, capitation, decentralization, and market competition within the U.S. health care system. Three different, yet interrelated, projects are proposed. The first is a study of the impact of managed care on the supply and income dynamics of the mental health work force, as well as on the supply patterns and staffing ratios of managed care organizations (MCOs). The aim is to clarify the cost-effectiveness and optimal mix of various types of mental health providers across types of MCOs and geographical regions of the United States. The second project is a translation of empirical findings into policy implications and recommendations for the public financing of mental health care services, based on a prior five-year study of California's legislative attempt to reform the state's mental health care system by decentralizing the financing and administration of care to local mental health authorities. The aim is to delineate in a clear and comprehensive way where, via legislatively mandated unleashing of market forces (risk shifting, changing financial incentives, and competition), publicly funded mental health care systems are heading and what the economic impact of the changes will be nationwide based on the lessons learned from California's Program Realignment implementation. The third study is an analysis of the policy-making underpinning the passage and implementation of the 1996 Mental Health Parity Act. The aim is to understand why and how political and economic factors interact in the regulation of mental health insurance, an area of inquiry that have heretofore remain virtually unexplored by health economists and political scientists. These projects, to be conducted under the auspices of the School of Public Health and the Center for Mental Health Services Research at the University of California-Berkeley, are designed, in terms of overall research career development, to enhance skills on two levels: applied policy analysis and methodological rigor. In the first case, the projects afford the opportunity for concentrated analysis of the policy implications of empirical data, and thus an opportunity to inform ongoing and future policy deliberations at the state and federal levels, with respect to the cost, delivery, and quality of mental health care. In the second case, new approaches to econometric modeling of mental health provider, practice, and market characteristics are needed to sort out and clarify the complex economic relationships in markets with a high level of managed care penetration and increasing competition. Until those relationships are better understood, it is difficult to assess the impact of managed care in the face of apparent cost reductions achieved through changes in price and utilization. The first project proposed here, in particular, lays out that challenge.
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- **Project Title: ENHANCING QUALITY IN EXPANDED SCHOOL MENTAL HEALTH**
  Principal Investigator & Institution: Weist, Mark D.; Psychiatry; University of Maryland Balt Prof School Baltimore, Md 21201
  Timing: Fiscal Year 2003; Project Start 25-SEP-2003; Project End 31-JUL-2006
  Summary: (Provided by the Applicant) In response to PA-00-111, this application seeks to systematically enhance the quality, appropriateness and effectiveness of mental
mental health services in schools. The last two decades in the United States have witnessed the progressive development of expanded school mental health (ESMH) programs, which provide comprehensive mental health care to youth in general and special education through partnerships between schools and community agencies. The Center for School Mental Health Assistance (CSMHA) is one of two federally funded centers to advance school-based mental health programs. Since its inception in 1995, the center has had a major focus on school mental health quality and for the past two years has been working to develop a set of 10 principles and corresponding quality indicators reflecting the vision of best practice for the ESMH field. Through a survey and interactive forums with school health, mental health and education staff nationwide the principles and quality indicators have been refined, and a quality assessment and improvement (QAI) intervention based on them has been developed. The study will involve ESMH programs in three locations: Delaware, Maryland and Texas. Within each program, through stratified random assignment we will assign ESMH clinicians in schools to either receive a systematic Quality Assessment and Improvement (QAI) intervention (targeted group: 35 clinicians in 40 schools) or receive an intervention on Staff Wellness Plus Information on the ESMH Principles (comparison group: 35 clinicians in 40 schools). In the proposed three-year study, clinicians in targeted and comparison schools will participate in the respective interventions in Years 1 and 2. Between groups (targeted versus comparison) analyses will be conducted on dependent variables of the quality of services provided by clinicians, clinician attitudes and behavior, satisfaction ratings provided by students, parents and schools staff, and student grades, attendance, lateness and discipline problems. Year 3 will focus on analyses, writing and broad dissemination of findings and lessons learned through the CSMHA's networks.

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**Project Title:** EPIDEMIOLOGY-- NATIONAL COMORBIDITY SURVEY REPLICATION

Principal Investigator & Institution: Kessler, Ronald C.; Professor; Health Care Policy; Harvard University (Medical School) Medical School Campus Boston, Ma 02115

Timing: Fiscal Year 2001; Project Start 04-JUN-1999; Project End 31-MAY-2004

Summary: This proposal seeks support for a replication of the National Comorbidity Survey to be carried out in the year 2000, a decade after the original NCS. If funded, the replication survey would be administered to a new sample of 10,000 respondents in the age range 15 plus in conjunction with an already funded NIDA- supported reinterview survey of the original respondents in the NCS sample. There are two specific aims. The first is to investigate time trends and their correlates over the decade between the two surveys. We will investigate trends in both the lifetime prevalences (so-called "cohort effects") of DSM disorders and in recent prevalences of these disorders. We will examine sociodemographic correlates of these trends, such as the possibilities that the sex difference in depression has decreased over the last decade and that the mental health gap between rich and poor people has increased. We will also examine trends in patterns of service use for these disorders, focusing on changes in the proportion of people with disorders in treatment, in the distribution of treatment across service sectors, in treatment intensity and adequacy, and in treatment dropout. We will also examine trends in a number of policy-relevant predictors of seeking treatment, including perceived need, perceived efficacy of treatment, and barriers to seeking treatment. The second specific aim is to generate nationally representative data for the U.S. in the year 2000 that will be used as part of the World Health Organization's (WHO) World Mental Health 2000 (WMH2000) Initiative. Under this aim we will
coordinate with investigators in a dozen other countries around the world who are working with the WHO to carry out mental health needs assessment surveys in the year 2000. The surveys will ask parallel questions about the 12-month prevalences of seriously impairing and persistent mental disorders, treatment of these disorders, and the sociodemographic correlates of disorders and treatment. We will also estimate the societal costs of mental disorders from the perspective of the ill person, their employers, and the total society. A public use dataset that can be accessed by many students, researchers, and health policy analysts who need benchmark data of the sort provided by the proposed survey will be prepared and made available as soon as the data are collected and cleaned. In conjunction with the data release we will hold summer workshops in the use of the public dataset for two years after release.

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- **Project Title**: FACULTY DEVELOPMENT PROJECT IN MENTAL HEALTH RESEARCH
  Principal Investigator & Institution: Mukenge, Ida R.; Professor of Sociology; Sociology; Morehouse College 830 Westview Dr Sw Atlanta, Ga 30314
  Timing: Fiscal Year 2001; Project Start 30-SEP-1990; Project End 31-MAR-2004
  Summary: The proposed project complements and reinforces the existing faculty development infrastructure at Morehouse College. The project is designed to improve the ability of selected faculty in psychology, sociology, economics and political science to conduct mental health research and to expose faculty in other social and natural sciences to opportunities and resources for mental health research in their fields. All participating faculty have done some research and remained fairly current in their fields despite heavy teaching loads. Most have worked in mental health related areas, but conducting non-funded or minimally funded research. The proposed project is intended to support and develop that potential and to top the interest of other appropriate sciences on campus in mental health research. Morehouse has made significant progress in addressing faculty development. The present effort will capitalize on the faculty development program, the faculty resource network, and the information technology infrastructure, by providing additional contexts, specifically related to mental health research. The proposed Morehouse Faculty Development Project in mental Health Research consists of these components: Institutional Research Development and Individual Investigator Research Projects. The principal features of Institutional Research Development include didactic seminars, consultation and training, faculty/student research collaborations, and release time.
  Website: http://crisp.cit.nih.gov/crisp/Crisp_Query.Generate_Screen

- **Project Title**: GENDER, ETHNICITY, AND MENTAL HEALTH IN A RURAL STATE
  Principal Investigator & Institution: Willging, Cathleen E.; Family and Community Medicine; University of New Mexico Albuquerque Controller's Office Albuquerque, Nm 87131
  Timing: Fiscal Year 2003; Project Start 01-JUL-2003; Project End 31-MAR-2005
  Summary: (provided by applicant): In the extensive literature on the mental health treatment needs of minority populations, scant attention has been given to lesbian, gay, bisexual, and transgender (LGBT) persons, particularly those living in ethnically-diverse, rural areas. We propose a two year ethnographic project to examine the availability and use of mental health services for LGBT persons in New Mexico. New Mexico is one of the states with the highest percentages of Hispanic and Native
American residents in the U.S. The demographic characteristics of New Mexico suggest that many LGBT persons possess multiple minority status and, thus, may be subject to varying forms of ethnic-based as well as LGBT-based prejudice and discrimination. The largely rural and economically depressed character of New Mexican communities may intensify social, financial, and psychological stress experienced by LGBT persons, and exacerbate the mental health needs of this ethnically diverse population. In spite of such powerful stressors and barriers to care, we expect that many LGBT persons in these settings have developed viable coping strategies that promote positive mental health.

With the intent of better understanding the effect of rural living on the mental health needs of LGBT persons, we propose a study to conduct semi-structured interviews and participant observation among providers, LGBT community members, and LGBT patients in two rural counties and, as a comparison, two counties with metropolitan centers. Our three specific aims are: (1) To assess the ways that mental health providers serving rural and urban areas conceptualize (a) the diagnostic, treatment, and referral needs of LGBT persons and (b) the effect of personal bias and institutional barriers to care for LGBT persons. (2) To assess the ways that gender identity, gender role, sexual orientation, and varying forms of discrimination affect the experience of mental distress and illness among LGBT persons of African American, Anglo, Hispanic, and Native American descent. (3) To examine the help-seeking processes of rural and urban LGBT persons with mental health problems, documenting both barriers to care and LGBT strategies for overcoming impediments. The overall objective is to ensure the availability of culturally appropriate, quality care for those segments of the LGBT population that have limited access to or choice of mental health services. This objective will be achieved through the inclusion of LGBT persons in the design and execution of the proposed research. The results of this research will provide much needed information on both risk and protective factors specific to LGBT mental health, which is essential to the design of effective public health prevention, intervention, and direct care programs. This project also will lay the groundwork for a comprehensive research agenda targeting multiple minority status LGBT persons in the Southwest.

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- **Project Title: HEALTH OUTCOMES IN PSYCH REHAB: CONTEXT AND ORGANIZATION**

  Principal Investigator & Institution: Greeno, Catherine G.; None; University of Pittsburgh at Pittsburgh 350 Thackeray Hall Pittsburgh, Pa 15260

  Timing: Fiscal Year 2001; Project Start 01-JUN-2000; Project End 31-MAY-2005

  Summary: (Applicant's abstract): This Mentored Research Scientist Development Award application is designed to provide training in 1) ethnographic research methods, 2) diffusion of innovations and 3) rehabilitation approaches to care for people with severe mental disorders. People with severe mental disorders have a high burden of physical disease, many of which are affected by lifestyle. Behavioral medicine has contributed a thirty-year history of efficacy studies conducted in university settings to increase healthy behaviors and improve physical health and well being. Although efficacious treatments are available, they have been tested primarily in academic research settings, and little work has addressed the health behavior environment or the needs of people with severe mental illnesses. Prior experience with diffusion of innovation from a variety of social science disciplines suggests that a thorough understanding of community provider settings is necessary to successfully transfer programs out of academic settings. Furthermore, the assumptions underlying health behavior change programming, such as easily accessible grocery stores and ample storage space for fresh
produce, may not characterize people with severe mental disorders. I propose to work with two community clinics that provide services to people with severe mental disorders to conduct ethnographic studies to document 1) features of the provider setting that facilitate treatment transfer, and 2) the health behavior environment of people with severe mental disorders. Based on the information gathered in the ethnographic studies, I will revise standard health behavior change programming so that it can be provided for severely mentally ill consumers in community mental health settings. Finally, I propose a preliminary effectiveness test of the revised program materials. This work will provide the background needed to develop an R01 proposal to pursue full effectiveness testing of the revised program. Mentored career development and research activities are designed to provide me with the skills and experience that I need to achieve my long-term goal of developing, implementing and testing broadly based behavioral medicine health improvement programming that can improve the physical health and well-being of people with severe mental illnesses.

Website: http://crisp.cit.nih.gov/crisp/Crisp_Query.Generate_Screen

- **Project Title:** HEALTH SERVICES FOR PARASUICIDAL BEHAVIOR
  Principal Investigator & Institution: Comtois, Katherine A.; Psychiatry and Behavioral Scis; University of Washington Seattle, Wa 98195
  Timing: Fiscal Year 2001; Project Start 13-JUN-2001; Project End 31-MAY-2006
  Summary: The Mentored Research Scientist Development Award (K01) will provide the education and skills that I need to make the transition from clinically based randomized controlled trials and survey designs to population-based health services research. I am particularly concerned about assuring that high quality treatments with empirical support are in use in the public mental health system. This will require not only available evidence based treatments but the skills to adapt these treatments when necessary for effectiveness, dissemination, and implementation trials. Some disorders, such as depression in primary care, have benefitted from adaptation of evidence based efficacy treatments to meet the clinical needs of primary care patients and to fit into the primary care system. I am interested in expanding such research interventions to the treatment of parasuicidal behavior in the public sector. My long term goal is to develop a population-based allocation of mental health services for parasuicidal behavior within the public sector that is (a) guided by evidence based treatments, (b) implementable, given variable local system needs and structures, and (c) is cost-effective relative to usual care. To pursue this goal, I will need to expand my training in three areas: (1) clinical epidemiology and quality of care evaluation of usual care, (2) issues that facilitate or impede implementation of evidence based treatments in public mental health settings, and (3) health services research and design of population-based effectiveness studies. These goals reflect NIMH’s recommendations of bridging science and service. The proposed study is a naturalistic epidemiologic follow-up of a sample of patients admitted to the psychiatric emergency department (ER) of a county hospital on a random-selection of assessment periods. Subjects will be assessed in the ER for parasuicidal behavior, psychiatric diagnosis, and service utilization for the previous 6 months. Subjects will then be re-interviewed 3 and 6 months following their ER admission regarding parasuicidal behavior and service utilization since admission. The goal is to identify the patterns and predictors of the course of parasuicide as it relates to utilization of treatment. The specific aims for the research study are as follows: 1) Determine subgroups of parasuicidal patients as defined by service utilization patterns and describe them based on clinical and diagnostic characteristics. 2) Evaluate quality of care for parasuicidal patients based on process indicators of mental health treatment
quality. 3) Identify service utilization patterns related to system factors above and beyond patient factors (e.g., crisis services replacing outpatient as primary treatment for parasuicidal individuals).

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- **Project Title: HETEROGENEITY AMONG UNOBSERVED SUBPOPULATIONS**
  Principal Investigator & Institution: Jo, Booil; Psychiatry; Stanford University Stanford, Ca 94305
  Timing: Fiscal Year 2003; Project Start 01-SEP-2003; Project End 31-MAY-2007
  Summary: (provided by applicant): The proposed research project is a first submission of an R01 application by a young investigator. The goal of the proposed project is to bridge statistical advances and mental health research practice by developing and investigating new models to account for heterogeneity among unobserved (underlying) subpopulations. A research question often raised in mental health research is whether there are subgroups within the target population that differ in outcome distributions, background characteristics, developmental trajectories, and response to intervention treatments. Considering subpopulation differences often leads to major differences in the interpretation of research findings. Statistical challenges arise when subpopulation membership is completely or partly unobserved. Statistical methods to account for heterogeneity among latent subpopulations (latent classes) can be further complicated due to co-existing statistical challenges. The proposed project will investigate broader statistical modeling frameworks that can reflect more realistic settings while accounting for heterogeneity among unobserved subpopulations. General latent variable (GLV) modeling will be utilized as a flexible classification tool that captures both the continuous and the discrete spectrum of heterogeneity. The proposal is organized around three specific aims formulated in response to common complications that arise in mental health research: First, investigate methods to estimate differential effects of treatments for unobserved subpopulations. Second, investigate methods to model missing-data mechanisms using information on heterogeneity among unobserved subpopulations. Third, investigate methods to model heterogeneity among unobserved subpopulations accounting for multilevel data structures. Three strategies will be employed in pursuing these aims: First, perform mathematical investigations of new statistical models. Second, evaluate the fidelity of these models through intensive simulation studies. Finally, demonstrate applicability and practicality of new models through empirical examples in mental health research. Statistical modeling features demonstrated in empirical examples will have implications not only in outcomes analysis, but also in study design strategies for mental health research.
  Website: http://crisp.cit.nih.gov/crisp/Crisp_Query.Generate_Screen

- **Project Title: HIV RISK OF MENTAL ILLNESS CLIENTS ACROSS SERVICE SITES**
  Principal Investigator & Institution: Wright, Eric R.; Associate Professor; Sociology; Indiana Univ-Purdue Univ at Indianapolis 620 Union Drive, Room 618 Indianapolis, in 462025167
  Timing: Fiscal Year 2001; Project Start 15-JUN-1999; Project End 31-MAY-2003
  Summary: Over the past decade, public health experts have become increasingly alarmed about the spread of the HIV/AIDS among people with severe mental disorders. Most of the research in this area, however, has focused either on describing mental illness clients' risk behavior or on establishing the efficacy of specialized intervention protocols. Very little attention has been given to examining what mental health
professionals are doing in their everyday practice to respond to their clients' HIV-related needs. This study examines the HIV-related mental health services provided by clinicians to a random sample of people with serious mental disorders in community-based care. The specific aims of this pilot study are to: 1) measure and document the range and intensity of HIV-related mental health services provided by professionals in community support programs for people with serious mental illness; 2) describe the clients who are receiving HIV-related mental health services and identify clinical and organizational factors which affect clinicians' knowledge of clients' HIV/AIDS needs and the frequency and intensity that they provide HIV-related mental health services; and, 3) examine the impact of HIV-related mental health services on clients' HIV risk behavior, knowledge and beliefs about HIV/AIDS sexual risk networks, and sexual decision-making. This project is based on a cross-sectional survey of 300 randomly selected clients and selected members of their treatment teams in three community support programs in Indiana. Clients are asked to describe their risk behavior using standardized risk behavior inventories. They are also questioned about their perceptions of the HIV-related services provided by clinicians. Staff are asked to assess their clients' HIV risk and the organizational support for providing such services. Services data are culled from clinic charts and administrative computer data sources. This study will fill an important gap and provide critical scientific data for planning future effectiveness trials of specific HIV-related mental health services. The project will also offer important practical insights on the services-related barriers which public health leaders will need to address in future efforts to implement wide-spread HIV prevention programs for mental illness clients. Ultimately, the potential preventive role community support programs might play in slowing the spread of HIV in this population will depend on a better scientific understanding of the service-related conditions which affect the provision and effectiveness of HIV-related mental health services.

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- **Project Title: IMPACT OF MENTAL HEALTH ADVANCE DIRECTIVES**

  Principal Investigator & Institution: Srebnik, Debra S.; Assistant Professor; Psychiatry and Behavioral Scis; University of Washington Seattle, Wa 98195

  Timing: Fiscal Year 2001; Project Start 01-MAY-2000; Project End 31-MAR-2005

  Summary: Mental Health Advance Directives (MHADs) are an emerging method of treatment planning for adults with serious and persistent mental illness. MHADs describe preferences for services and supports, documenting these preferences in advance of acute symptomatology, when a consumer cannot articulate these preferences themselves. Despite considerable support and use of MHADs within community mental health there has been very little research on the topic. The aims of the study are: (1) Describe MHAD execution processes: (a) Who is interested in executing a MHAD?-rates and predictors; (b) Who can successfully execute MHADs?-rates and predictors; (c) How do consumers and service providers view MHADs? (2) Describe steps leading to MHAD impact on services during mental health crises: (a) Does the AD-Maker MHAD differ from standard crisis plans? (b) Whether and in what circumstances are MHADs used? (c) What are barriers and facilitators to using MHADs during mental health crises? The sample will be drawn from adults with at least two psychiatric hospitalizations in the previous two years who are receiving outpatient community support services at two community mental health centers (CMHCs) in Washington state. Data sources include consumer and case manager interviews and chart reviews following MHAD-triggering events over two years. Multi- stakeholder focus groups will be conducted for Aim 2c.
Electronic information systems will provide demographic, diagnostic, level-of-functioning, outpatient commitment status and service utilization data.

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- **Project Title: INTEGRATING RURAL HEALTH SERVICES FOR ADOLESCENTS**
  Principal Investigator & Institution: Anderson, Rachel L.; Health Management and Policy; University of Iowa Iowa City, Ia 52242
  Timing: Fiscal Year 2003; Project Start 01-AUG-2003; Project End 31-JUL-2004
  Summary: (provided by applicant): Adolescents with co-occurring mental health and substance use disorders typically must seek treatment from two separate service systems. Research suggests that mental health and substance use treatment provided in separate or parallel systems are fragmented and ineffective for persons with co-occurring disorders. Growing empirical evidence suggests the effectiveness of integrated mental health and substance use treatment on health outcomes in adult populations, however no information is available on the availability, utilization or benefits of integrated services for adolescents in rural delivery systems. The objective of this research is to examine whether specific clinical and non-clinical characteristics can distinguish adolescents with co-occurring disorders most likely to achieve positive clinical outcomes from those not able to benefit meaningfully across integrated and nonintegrated treatment settings. It is hypothesized that non-clinical factors will predict the receipt of both mental health and substance use treatment among adolescents with co-occurring disorders. It is also hypothesized that adolescents that need and receive both services will have a greater degree of improvement than adolescents with co-occurring disorders treated for only their mental health or substance use needs. Results will have significant impact on state and local planning and reform efforts for the development of integrative services for adolescents in rural communities. The clinical and psychosocial characteristics of 300 randomly selected adolescents will be assessed at admission to and discharge from programs licensed to provide mental health and substance use treatment, mental health treatment only and substance use treatment only. This research has the following aims: 1) examine whether adolescents with co-occurring mental health and substance use needs receive treatment for both needs, 2) assess whether non-clinical factors predict the receipt of both mental health and substance use treatment for adolescents with co-occurring disorders, and 3) assess whether adolescents with co-occurring disorders who need and receive both mental health and substance use treatment experience a greater degree of improvement as compared to adolescents with co-occurring disorders who receive a single treatment.
  Website: http://crisp.cit.nih.gov/crisp/Crisp_Query.Generate_Screen

- **Project Title: INTERNET-BASED INTERVENTIONS FOR YOUTH DISORDERS**
  Principal Investigator & Institution: Clarke, Gregory N.; Senior Investigator; Kaiser Foundation Research Institute 1800 Harrison St, 16Th Fl Oakland, Ca 94612
  Timing: Fiscal Year 2001; Project Start 17-AUG-2000; Project End 31-MAY-2005
  Summary: (Adapted from Applicant's Abstract): This application proposes to develop and pilot several variants of Internet WWW mental health "self help" skills training sites for children, adolescents and parents. The two main interventions will address adolescent depression and child behavior problems, as representatives of internalizing and externalizing disorders. The development process will involve piloting these skills-training Web interventions in several representative settings--a large non-profit HMO, a public health clinic, and in public schools--while integrating them with more traditional
health care delivery. Users will be permitted to log onto the interventions Web sites from the home or work settings as well. Using both qualitative and quantitative data, we will evaluate the acceptability and satisfaction with these interventions from the perspective of users (patients themselves), providers, and other pertinent stakeholders in each of the settings listed above. We will also conduct effect-size and effect-size variability estimates of the impact of these interventions on both clinical outcomes as well as health care utilization and costs, as a preliminary to conducting full randomized controlled trials. The research team will build on their experiences developing and evaluating several in-person psychotherapy treatments, an Internet depression intervention for adults, and an interactive multimedia software for assessing and intervening with disruptive behavior disorders. This proposed Internet-based intervention development application is significant because (1) Web-based interventions may help address unmet need, and overcome barriers to mental health service; (2) The intervention takes a public health perspective that is unusual in mental health. There will likely be low intensity intervention effects, but because the program will be available to a much larger percentage of the population than typically receives person-to-person services, the overall population effect is likely to be of significant magnitude; (3) The low intensity nature and low incremental cost of delivery of the Web-based interventions suggest that they may be cost-effective; (4) The proposed web interventions address a gap in the existing pool of mental health resources on the Internet at the present time, because they will provide access to Internet-appropriate versions of rigorously tested, research based interventions.
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- **Project Title: MAINE EVIDENCE BASED PRACTICES PLANNING INITIATIVE**
  Principal Investigator & Institution: Trites, Donald G.; Maine St Dept of Behav Ioral & Devel Svs 40 State House Station Augusta, Me 04333
  Timing: Fiscal Year 2003; Project Start 05-AUG-2003; Project End 31-JUL-2004
  Summary: The Maine Department of Behavioral and Developmental Services (BDS), the state mental health agency, in collaboration with the Institute for Health Policy, University of Southern Maine and Maine Medical Center, Psychiatry Research, with assistance from the New Hampshire-Dartmouth Psychiatric Research Center, proposes to enhance Maine's state-level and community-wide readiness to systematically deploy and implement effective evidence-based practices (EBP) throughout Maine's mental health service delivery system and to build the state's capacity to monitor, continuously evaluate, and research EBP dissemination and utilization. This goal will be accomplished through the following strategies (task areas): 1) strengthen Maine BDS's External Research Advisory Committee adding more consumer, family, provider, and ancillary state agency representatives and increasing focus on EBP research; 2) assess the status of Maine's dissemination and implementation of evidence-based prevention and treatment practices; 3) develop a model comprehensive State Mental Health Agency strategic plan for implementing EBPs; 4) enhance state mental health system knowledge of EBPs; 5) strengthen Maine's EBP research agenda; and 6) strengthen collaboration between the State University and Technical College System and Maine BDS in order to better educate students in both mental health management, policy and clinical programs in EBPs. EBP focus areas include family psycho education, trauma informed services, supported employment, child psychotropic medication management and primary prevention.
  Website: http://crisp.cit.nih.gov/crisp/Crisp_Query.Generate_Screen
• **Project Title: MAJOR DEPRESSION, ANXIETY, AND LUNG TRANSPLANTATION**

Principal Investigator & Institution: Dew, Mary Amanda; Psychiatry; University of Pittsburgh at Pittsburgh 350 Thackeray Hall Pittsburgh, Pa 15260

Timing: Fiscal Year 2003; Project Start 30-SEP-1999; Project End 31-MAY-2004

Summary: Survival is only one goal of lung transplantation (txp). Recipients' and their families' long-term psychological adaptation must be considered when evaluating costs and benefits of this therapy. Beyond clinical, accounts, there are no data on the occurrence or course of significant psychiatric disorder among recipients in the post-txp years. There are no data on whether the unique chronic stresses associated with lung txp affect the family caregiver's mental health. Despite assertions that both parties' mental health are critical predictors of recipients' medical compliance and, hence, of their long-term physical health and quality of life, empirical evidence of such effects is lacking. Concerning the latter outcomes, there has been no estimation of Quality-Adjusted Life Years (QUALYS) associated with various health statuses e.g., mental illness noncompliance that emerging post-txp. Consideration of outcomes such as QUALYS is a necessary first step toward eventual economic cost effectiveness analyses comparing the impact of such conditions, and attempts to treat or avert them. The study will address clinical epidemiologic questions pertaining to (a) the distribution and course of selected clinical and subclinical psychiatric conditions among recipients and caregivers during the first 2 years post-txp; (b) the impact of post-noncompliance on recipients' ultimate txp-related physical health, quality of life, and QUALYS. Face-to-face interviews, electronic medication monitoring, and medical record reviews will be conducted with all adult lung recipients surviving the initial post-txp acute care period at the University of Pittsburgh Medical Center (UPMC) during the study enrollment period (anticipated N=137). Interview will be conducted as recipients return to UPMC for routine follow-up at 2, 6, 12, 18, and 24 months post-txp. For comparison purposes, data will be collected at identical timepoints from a 115 heart recipients transplanted during the study enrollment period, and from a cross-sectional sample of 85 lung txp candidates. Family caregivers of all these persons will be interviewed as well. Interviews will assess depressive and anxiety-related conditions (with the SCID); recipients' medical compliance; perceptions of recipients' physical health; generic and disease-specific components of QOL; and psychosocial characteristics. In addition to electronic medication monitoring during the 2-year period, compliance and health data will be obtained from Txp Program staff evaluations and medical records. An ultimate aim of the analyses is to refine hypotheses about the predictive sequence of effects under investigation and thereby to revise the study's conceptual model for subsequent intervention efforts.


• **Project Title: MANAGEMENT PRACTICES AS A FACTOR IN WORKPLACE VIOLENCE**

Principal Investigator & Institution: Lowe, Tony B; None; University of Pittsburgh at Pittsburgh 350 Thackeray Hall Pittsburgh, Pa 15260

Timing: Fiscal Year 2002; Project End 31-JUL-2003

Summary: (provided by applicant): This revised dissertation research project application of 1 R03 OH07374-01 will investigate the influence of management practices in contributing to the increased exposure of male social workers to workplace violence. Specifically, this project will test the effect of decision-making practices, as they relate to informal risk management efforts, regarding the task assignment of clients in the
Exercising the assignment practices of volatile (or high-risk) mental health clients may provide additional understanding of contributors to gender disparity in occupational health hazards for social workers. This experimental study will solicit a national random sample of 1000 National Association of Social Workers (NASW) members for analysis. The sample inclusion criteria are: current membership in NASW, mental health as the primary service setting, and supervision as the primary practice function. This research addresses the following questions: (1) Does a mental health client's behavioral history significantly increase the client's likelihood of assignment to a male social worker? (2) Does a mental health client's behavioral history and a social work supervisor's gender role perception interact to significantly increase the client's likelihood of case assignment to a male social worker? (3) Does a mental health client's behavioral history and the male gender of the client interact to significantly increase the client's likelihood of case assignment to a male social worker? (4) Does a mental health client's behavioral history and gender of supervisor interact to significantly increase the client's likelihood of case assignment to a male social worker? (5) Does a mental health client's behavioral history and an organization's policy practices interact to significantly increase the client's likelihood of case assignment to a male social worker? By investigating management practices around volatile clients and testing hypotheses regarding their outcome, this study has implications for the Work Environment and Workforce priority research area of the National Occupational Research Agenda. In general, this research will help us understand mechanisms that may contribute to gender disparities in occupational health hazards within an occupation. More specifically, these findings will increase our knowledge of gender disparities in client-related violence, risk exposure of an at-risk population, supervisory practices, and organizational policy practices in mental health service settings across the nation.

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- **Project Title: MEASURING OUTCOMES OF YOUTH MENTAL HEALTH SERVICES**

Principal Investigator & Institution: Garland, Ann F.; Associate Professor; Psychiatry; University of California San Diego 9500 Gilman Dr, Dept. 0934 La Jolla, Ca 92093

Timing: Fiscal Year 2001; Project Start 01-AUG-1998; Project End 31-JUL-2003

Summary: (Applicant's abstract): The applicant is requesting five years of funding through the Mentored Career Development Award (KO1) program to enhance her methodological skills for outcomes research on youth mental health services, and specifically to examine the ecological, social, and predictive validity of commonly used outcome measures. The ultimate goal is to have the expertise to offer empirically supported recommendations on the use and interpretation of multidimensional outcome assessment protocols in community settings and to apply such protocols in large scale service effectiveness research. The applicant's strong background of academic, research, and clinical training in developmental psychopathology, program evaluation research, service utilization, psychiatric assessment of children and youth, and consumer satisfaction provides an excellent foundation for this work. The proposed training goals, including enhanced skills in qualitative research techniques, advanced psychometric and data analysis training, and increased familiarity with non-traditional mental health services and information technology will allow the applicant to pursue ecologically valid, technologically efficient, innovative, and comprehensive approaches to outcomes research. The research plan for this award is divided into two studies which complement the proposed sequence of training activities. In the first study, interviews will be conducted with multiple stakeholders (administrator, clinician, teacher, parent,
youth) involved in the treatment of 60 youth ages 11-17 who are receiving mental health services. The desired outcomes and ranked priorities of outcomes across five outcome domains defined by Hoagwood, et al (1996) will be obtained from each stakeholder. The respondents will also report on their perceptions of the burdens, benefits, and validity of the state mandated outcome assessment protocol in which they will have participated. The second study will examine the predictive validity of changes in scores on the commonly used outcome measures related to "real life" outcomes such as school attendance, living environment, and service utilization as well as perceived changes in the youth's and family's functioning for 200 youth receiving mental health services.

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- **Project Title: MENTAL HEALTH AND LABOR MARKET OUTCOMES**
  Principal Investigator & Institution: Sturm, Roland; Rand Corporation 1700 Main St Santa Monica, Ca 90401
  Timing: Fiscal Year 2001; Project Start 01-APR-2001; Project End 31-MAR-2005
  Summary: (provided by applicant): This project investigates the relationship between mental health disorders and an individual's labor market outcomes, such as labor force participation, job turnover, hours worked, and earnings, using both cross-sectional and panel data techniques. The project will pay special attention to low income populations and the effect of mental health status on participation in welfare, disability, and other public assistance programs. This project builds on data from a new national survey, Healthcare for Communities (HCC), which is unique in its broad coverage of both mental health and economic measures. Its policy relevance stems from the ability to study recent market and policy effects and to trace the consequences from labor market outcomes through the mediating effects of insurance status and income to access to care and utilization for individuals with mental disorders. Achieving a better understanding of the cross-sectional and dynamic relationships between mental health and labor market outcomes is of central importance to policy makers in the mental health field. In the employment-based US private health insurance system, labor market outcomes and income affect access to care and treatment through their effect on insurance and income. In addition, labor market outcomes are central functional outcomes in themselves. By providing better information on the complex relationship between mental illness and labor market outcomes using the most recent data, this project will provide new insights on the consequences of recent and ongoing policy and market changes, including employment-based mental health parity mandates and social welfare policy for low income populations.
  Website: http://crisp.cit.nih.gov/crisp/Crisp_Query.Generate_Screen

- **Project Title: MENTAL HEALTH AND NURSE STAFFING IN US NURSING HOMES**
  Principal Investigator & Institution: Myers, Sarah K.; Rand Corporation 1700 Main St Santa Monica, Ca 90401
  Timing: Fiscal Year 2003; Project Start 01-APR-2003; Project End 31-MAR-2004
  Summary: (provided by applicant): Using 1998 data, we have estimated persons with mental disorders in U.S. nursing homes may now total approximately 1,000,000, or 67% of all residents. Jakubiak and Callahan (1995-96) note that, "More than two-thirds of nursing home residents exhibit some level of dementia, depression, anxiety, schizophrenia, or delirium." High quality, error free nursing home care is time and labor-intensive and vital to optimizing residents' mental and physical health, but the
current nursing shortage will escalate as the Baby Boomers age and require substantially more care. In the proposed project, we will examine possible associations between nurse staffing and mental health outcomes in approximately 17,000 U.S. nursing homes. We will focus on two outcomes available in the Center for Medicare and Medicaid Services' On-line Survey Certification of Automated Records: (1) Psychoactive medication use; and (2) Deficiencies for mental health care. Mental disorders are quite prevalent in nursing homes and present a substantial illness burden. Additionally, quality issues around inappropriate use of chemical restraints, inappropriate treatment, and failure to diagnose mental disorders are errors that generate concern among nursing home residents, their families, nursing home staff, and the public. The insights possible through this research support a key component of NIMH's research plan to: "Determine the best fit and utility of treatment and prevention interventions for diverse populations," including the elderly population and to: "Determine the impact of organization and financing of services on outcomes." The specific objectives are to: (1) Describe nursing staffing levels in U.S. nursing homes; (2) describe the mix of nursing staff in U.S. nursing homes; (3) assess possible associations between nursing home staffing and mental health-related quality outcomes and deficiencies (including those persisting over time); (4) assess possible associations between nursing home staff mix and mental health-related quality outcomes and deficiencies (including those persisting over time); and (5) inform policies related to nurse staffing that aim to enhance mental health outcomes. We will generate simple descriptive statistics related to the level and mix of nursing staff, mental health-related quality outcomes and deficiencies, and basic environmental and market characteristics for each nursing home. Then, we will examine the cross-sectional relationship between (1) mental health-related quality outcomes and deficiencies and (2) facility and market factors (especially nurse staffing levels and mix). Because studies of small area variation show that environmental factors have a strong impact upon the health care system and can affect process and outcome variables such as psychotropic medication use and code violations, we will include them in our analysis.

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- **Project Title: MENTAL HEALTH CONSEQUENCES OF BIOTERRORISM**

Principal Investigator & Institution: North, Carol S.; Professor; Psychiatry; Washington University Lindell and Skinker Blvd St. Louis, Mo 63130

Timing: Fiscal Year 2002; Project Start 01-JUN-2002; Project End 31-MAY-2004

Summary: The anthrax attacks subsequent to September 11, 2001 ushered in a new era of bioterrorism threat in the United States. This new area has arrived with no existing systematic database on the mental health effects of bioterrorism to guide our nation's response to it. In developing interventions to address psychological effects of bioterrorism, workers and policymakers can at best only extrapolate from information about other kinds of terrorism and other types of disasters, which may not fit the situation. In the special form of stealth terrorism that makes bioterrorism unique, victims often don't know their exposure status. This disarticulates psychological and behavior response from individuals' perceived exposure to the agent. As a result, mental health risks to individuals from bioterrorism are unpredictable because the risk follows unknown variables other than exposure that are not well understood. Our highly experienced disaster research team proposes to establish new research on the mental health effects of the recent bioterrorism attacks on Capitol Hill. We are unique positioned to respond to a narrow window of access to the exposed Capitol Hill population during the annual period of relative legislative quiet, when the affected
population is most available to participate in research. This proposed one-year study will start by conducting focus groups with Capitol Hill office staff to identify the relevant issues for study. The information thus obtained will be used to develop interviews about the mental health effects of bioterrorism, to be administered to a random sample of 200 staff workers across Capitol Hill. This research will yield valuable information on mental health responses to bioterrorism and will provide an empirical basis for helping professionals responding to the mental health issues of the affected victims of this and future incidents.

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- **Project Title: MENTAL HEALTH PREVENTION PROJECT: HELPING-U-GROW (HUGS)**

  Principal Investigator & Institution: Belcher, Harolyn; Assistant Professor; Kennedy Krieger Research Institute, Inc. Baltimore, Md 21205
  
  Timing: Fiscal Year 2001; Project Start 02-AUG-2000; Project End 31-JUL-2005
  
  Summary: The proposed K23 Mentored Patient-Oriented Research Career Development Award is a five year plan to develop the candidate into an independent pediatric prevention intervention researcher with a focus on prevention of behavior disorders, delinquency, and substance abuse in high-risk inner city preschool and school-aged children. The proposal provides the candidate with training and experience through a combination of: (1) formal course work; (2) participation in on-going field research sponsored by the National Institute of Mental Health-funded P30 MH38725: Epidemiologic Center for Early Risk Behaviors Grant (Prevention Center) and secondary analysis of a longitudinal multi-site Head Start data set at the Civitan International Research Center with mentor/consultant Dr. Sharon Ramey; (3) implementation of a randomized prevention intervention research study in an Early Head Start setting; and (4) attendance and presentations at pertinent seminars/conferences. The objectives of the K23 award are to: (1) increase epidemiologic and biostatistical knowledge as it relates to long-term clinical prevention intervention clinical trials; (2) improve skills in implementation of community-based prevention clinical trials; and (3) develop skills to evaluate the effectiveness of interventions. The overarching goal of this proposal is to prepare the candidate to submit a successful NIMH R01 community-based prevention grant. Supported by the co-mentorship of Drs. Nicholas Lalongo, C. Hendricks Brown, and Philip Leaf, the candidate will implement an Early Head Start mental health prevention study entitled: Helping-U-Grow (HUGS). Using a stratified randomized design, the study will examine the following hypothesis: families who receive the HUGS intervention, consisting of a mental health-based parenting curriculum, will demonstrate improved parent-child interaction and reduced parental stress. In addition to providing new information about the effectiveness of a mental health-based parenting curriculum in an Early Head Start setting, the study will provide valuable information about the interactions between parental stress, mental health, and parent-child interaction. Comparisons will be made between children who received HUGS intervention versus standard Early Head Start curriculum. Videotaped assessments of the parent-child interaction will be conducted. Pre- and post intervention evaluations will include child and parent measures.

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- **Project Title: MENTAL HEALTH RESIDENTIAL CAPACITY PLANNING**

  Principal Investigator & Institution: Kuno, Eri; Psychiatry; University of Pennsylvania 3451 Walnut Street Philadelphia, Pa 19104
Studies

Timing: Fiscal Year 2003; Project Start 11-JUN-2003; Project End 31-MAR-2005

Summary: (provided by applicant): The purpose of this project is to explore the use of queueing network models in developing a decision support tool that assists mental health service planners to formulate and evaluate residential capacity decisions. Specifically, this planning model is designed to address the problem of clients remaining in more restrictive care settings than is clinically required due to lack of alternative residential options. Recently, a vast amount of progress has been made in the development of queueing models that deal with congestion in a network with finite capacity in diverse scientific fields such as Operations Research, Computer Science, and Communication Engineering. The recent advancement in this modeling technology opens up an opportunity for mental health service researchers to apply this technology to the mental health services system. This project will apply a queueing network approach to model the client flow throughout the institutional/long-term hospital and residential service system for individuals with serious mental illness (SMI). The increase or decrease in the queues (i.e., unnecessary stays) will be calculated in relation to changes in current bed capacity. Simulation analysis will be carried out to test the robustness of the results of the analytical model. Input parameters to specify the queueing network model and simulation algorithms will be derived from the hospital and residential service utilization and referral data from the Philadelphia mental health system. Future plans are to improve the applicability of this model to other mental health systems and to improve the accuracy of predictions. The planning model will facilitate the development of service configurations that provide a better match between level of care and needs of clients through reducing the extent of unnecessary stays than those based on current decision making practice.

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• Project Title: MENTAL HEALTH SERVICE USE BY HIV+ PERSONS NATIONALLY

Principal Investigator & Institution: Taylor, Stephanie L.; None; Columbia University Health Sciences New York, Ny 10032

Timing: Fiscal Year 2001; Project Start 01-SEP-2001; Project End 31-MAR-2002

Summary: (provided by applicant): Nearly half of HIV-infected persons in the U. S. have and 70% need mental health care. However, no one has comprehensively examined mental health service utilization, service intensity received, or satisfaction with care among HIV-positive persons nationally. National studies of HIV-positive persons have only simply examined predictors of mental health utilization and of type of service provider utilized. This study applies Andersen's Behavioral Model of Health Services Use (BMHS) to examine individual, facility/provider, and environmental predictors among a cross-sectional, nationally representative sample of HIV-positive adults. These adults were in regular medical care for HIV and either perceived a need for mental health care or met criteria for psychiatric diagnoses (n=1046). The BMHS is a widely used multi-level framework of health service utilization with three levels of factors: environmental, provider/facility, and individual. The BMHS will be applied in a novel manner by specifying which level of factors has the greater effect on four outcomes: Individual-level factors are hypothesized to explain more variance than provider/facility-or environmental-level factors in models predicting receiving any mental health service and predicting clients' satisfaction with the provider used. Provider/facility-level factors are hypothesized to explain more variance than the other two levels of factors in models predicting receiving and intensity of: mental health visits, psychiatric hospitalizations, and psychopharmacological medications. Individual predictors will be estimated for each outcome. AHRQ data used in this dissertation are
from the HIV Cost and Services Utilization Study (HCSUS) conducted in 1996-1997. This is the first survey to randomly select and interview a nationally representative sample of adults in medical care for HIV. Multivariate regressions will test hypotheses, and hierarchical linear analysis will be used to determine predictors at the three nested levels of data. If these hypotheses are correct, applying the principle demonstrated in this study will maximize the utility of Andersen’s model. In addition, this multi-level approach to the examination of service utilization will be an improvement over single-level approaches and will aid in the design of multi-level based interventions. Most of these national-level findings will be the first.

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- **Project Title:** MENTAL HEALTH SERVICE USE OF YOUTH LEAVING FOSTER CARE

  Principal Investigator & Institution: Mcmillen, J. Curtis.; Associate Professor; None; Washington University Lindell and Skinker Blvd St. Louis, Mo 63130

  Timing: Fiscal Year 2001; Project Start 09-APR-2001; Project End 31-MAR-2005

  Summary: (Applicant's abstract): What happens to adolescents who are heavy mental health service users once they are no longer eligible for child service systems? The mental health service system changes considerably as youth move from adolescence to adulthood. There are fewer service options for adults, eligibility narrows, and affordability changes. These service system changes occur at a time of considerable stress as young people often change residences, jobs and learn to live more independently during this same time period. This is particularly true for youth leaving the foster care system. This study examines service use, mental disorder and functional early adult outcomes among older youth as they leave the foster care system. Youth in the foster care system are an ideal study population in which to study this transition because they tend to be extremely heavy mental health service users, and experience a particularly sudden and harsh transition out of foster care. This study examines 1) changes in service use among older teens as they leave the foster care system; 2) the correlates of service continuity and discontinuity as they leave the foster care system; 3) gateways to mental health service use for youth who have left the foster care system; and 4) the relationship between continued mental health service use and homelessness, unemployment, incarceration, high school graduation, college entrance, unplanned parenthood, psychiatric hospitalizations and traumatic events. Three hundred eighty youth in the foster care system in Missouri will be interviewed in person just prior to their 17th birthday, tracked with informed quarterly telephone interviews for two years and then re-interviewed in person two years subsequent to the first interview. The project will use the Diagnostic Interview Schedule to assess mental health and the Service Assessment for Children and Adolescents (SACA) to measure mental health service and psychotropic medication use. The study addresses several needs for mental health services research identified in the Bridging Science and Service report by characterizing the service use of an important population (young people who have left the child service system), by examining what happens to service users over time, and determining who is providing mental health services for a vulnerable population. This research should help public and private policymakers decide how to target their clinical resources, especially the federal dollars earmarked for preventing negative outcomes for youth leaving the foster care system.

  Website: http://crisp.cit.nih.gov/crisp/Crisp_Query.Generate_Screen
• Project Title: MENTAL HEALTH SERVICES ACROSS CHILD WELFARE AGENCIES

Principal Investigator & Institution: Landsverk, John A.; Director; Children's Hospital Research Center 3020 Children's Way, Mc 5074 San Diego, Ca 92123

Timing: Fiscal Year 2001; Project Start 01-JUN-1999; Project End 31-MAY-2004

Summary: The applicants propose to examine the impact of placement types and changes in the Child Welfare system (CWS) on children's receipt of mental health services within the context of state and regional variation of mental health care policies, structure and fiscal support. Systems level data about organization and financing of mental health care, related to CWS populations and placement types, will be collected under NIMH funding, and then linked to child and family specific data being collected in the National Study of Child and Adolescent Wellbeing (NSCAW) which is funded by ACYF. The 6,000 children and families in the NSCAW will be randomly selected to represent a national one year entry cohort into the CWS. The proposed study will accomplish the following aims. 1) Estimate the need for mental health services among youth, ages 2-14 years in the CWS and compare the levels of need by initial type of placement setting (own home, non-relative foster family home, kinship care, or residential care). 2) Determine placement sequences or pathways for children, ages 0-14 years of age at baseline, and identify their determinants. Predictors of placement pathways are hypothesized to include child characteristics such as age, gender, race/ethnicity, maltreatment history, the presence of behavioral problems, and parental background and functioning. 3) Characterize the sequences or pathways of mental health service use for children, ages 2-14 years at baseline in the NSCAW study, and examine the impact of placement type and placement changes on access to and use of mental health services. 4) Classify the policies, structures and functions of CWS services and public sector-funded mental health services between regions of the country at the PSU level and determine the impact of this geographic variation on use of mental health services for children in the CWS. The applicants hypothesize that these differences profoundly influence access to and use of services and are mediated through placement type. The proposal represents a cost efficient method to expand the knowledge base regarding need for mental health services in the CWS by merging and analyzing detailed child level data provided through NSCAW with the systems level data collected in the proposed applicant work.

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• Project Title: MENTAL HEALTH SERVICES RESEARCH PROGRAM IN MANAGED CARE

Principal Investigator & Institution: Mclaughlin, Thomas J.; Harvard Pilgrim Health Care, Inc. 93 Worcester St Wellesley, Ma 02481

Timing: Fiscal Year 2001; Project Start 10-APR-1998; Project End 31-MAR-2003

Summary: (Applicant's Abstract): As organized systems of care move towards becoming the predominant form of health delivery system in the U.S., managed care organizations are attempting to measure and improve health outcomes per unit cost ("value"). This agenda, characteristic of today's managed care organization, is due in large part to the demands of the marketplace which expects reorganization of the health care system in order to maximize benefit at the lowest possible cost. Harvard Pilgrim Health Care (HPHC) proposes to develop a research infrastructure building program (RISP) of mental health services and clinical research in the context of managed care which complements and extends an existing and highly developed process of clinical quality
management and improvement cycles. The proposed work will accelerate and facilitate a continuously emerging mental health infrastructure within this large health maintenance organization. It is likely that processes of skill-building and formation of multidisciplinary research groups "invented" or developed at HPHC will be applicable to other managed care organizations. Specific aims of the proposed RISP are to develop multidisciplinary groups of mental health researchers that will: (1) study the organization, process and outcomes of care for mental illness in primary care. This group will be represented by core individuals from within the different divisions of HPHC, researchers from academic organizations with a solid track record in mental health research and educational training, and representatives from the public sector who are increasingly important actors in defining and evaluating mental health care for their clients; (2) explore mechanisms to link primary care providers to mental health specialists in order to improve access to and outcomes of care for common and expensive mental illnesses such as depression with or without substance abuse; (3) examine experiments in the re-organization of mental health care delivery within staff and medical groups components of HPHC to improve patient and provider satisfaction and care ("hybrid models"); (4) examine patient factors associated with access and particularly patient-directed interventions aimed at facilitating entry into traditional health and mental health programs, (5) and, finally to study the special needs of publicly-insured members, especially Medicaid populations which are characterized by disproportionately high levels of serious and chronic mental illness such as schizophrenia and major affective disorders.

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- **Project Title: MENTAL HEALTH SYSTEMS AND JUVENILE JUSTICE OUTCOMES**
  Principal Investigator & Institution: Cuellar, Alison; Biostatistics; Columbia University Health Sciences New York, Ny 10032
  Timing: Fiscal Year 2003; Project Start 01-APR-2003; Project End 31-MAR-2008
  Summary: (provided by applicant): The program of training and research proposed in this Mentored Research Scientist Development Award application is designed to further both the applicant's near-term and long-term career goals. In this near term it will allow her to develop skills in conducting longitudinal studies dealing with the relationship between mental health and juvenile justice systems using large, secondary datasets. In the long-term it will help her develop theoretical models and empirical tests about the behavior of mental health care and juvenile justice systems, the dynamics of their relationship, and their responses to policy change. The proposed training and research program is designed to address three career development needs: 1) develop a knowledge base of the juvenile justice system as it relates to youth with emotional disorders; 2) develop statistical skills in longitudinal data analysis; and 3) train in the responsible conduct of research and scientific communication. This training will facilitate the applicant's pursuit of innovative, comprehensive, and technologically efficient approaches in research on mental health and juvenile justice systems. The research plan is divided into three separate studies which will complement the proposed sequence of training activities and provide the applicant research experience with dynamic modeling using a variety of datasets. The specific aims of the proposed studies are 1) to estimate the impact of major health policy changes, including Medicaid eligibility and mental health managed care, on juvenile crime outcomes, using two separate approaches; 2) to estimate the effects of major policy changes and key organizational structures on the continuity of mental health service delivery for youth
exiting the juvenile justice system; and 3) to estimate the effects of a mental health diversion program for youth in the juvenile justice system on criminal outcomes.

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- **Project Title: MENTAL HEALTH TREATMENT FOR RURAL POOR AND MINORITIES**

  Principal Investigator & Institution: Hauenstein, Emily J.; Associate Professor; None; University of Virginia Charlottesville Box 400195 Charlottesville, Va 22904
  Timing: Fiscal Year 2003; Project Start 01-JUL-2003; Project End 31-MAR-2006
  Summary: (provided by applicant): This three-year study will provide a comprehensive, nationally representative, description of rural mental health care, including access to care, patterns of treatment, and outcomes of care. The study will focus on understanding the particular problems faced by rural African Americans and Mexican Americans, women, and the poor in obtaining mental health treatment. We also will evaluate these relationships using guideline-concordant care as the standard for those with depressive and anxiety disorders. The Behavioral Model of Utilization is used as a framework to understand the complex relationship among environmental factors, population characteristics, services use, and outcomes. The proposed research is organized around three specific aims. First, we will describe variation in the likelihood of mental health treatment with respect to residential, ethnic minority status, poverty, and gender. Our second aim is to understand the role of access in explaining variation in mental health treatment with respect to residential, ethnic minority status, poverty, and gender status. Finally, our third aim is to examine the effect of treatment for depression and anxiety on several outcomes for adults, and parental treatment on child outcomes. Our analysis will use data from four panels of the Medical Expenditure Panel Survey (MEPS) supplemented with information from the National Health Interview Survey. A strength of the proposed research is its use of county-level measures of rurality. Pooled across four years, the MEPS includes approximately 10,000 respondents residing in non-metropolitan areas, offering a unique opportunity to understand variation in mental health treatment across rural subpopulations. The availability of detailed medical histories will allow us to examine use of mental health services over a 2 1/2 year period. The populations studied, ethnic minorities and rural residents, are priority areas for the National Institute of Mental Health. By addressing the pressing need to reduce disparities in mental health care, our research will inform mental health policy with regard to services delivery systems for rural impoverished and minority populations.
  Website: http://crisp.cit.nih.gov/crisp/Crisp_Query.Generate_Screen

- **Project Title: MENTORING & EDUCATION FOR HEALTH SERVICES RESEARCH**

  Principal Investigator & Institution: Horwitz, Sarah M.; Professor; Epidemiology and Public Health; Yale University 47 College Street, Suite 203 New Haven, Ct 065208047
  Timing: Fiscal Year 2001; Project Start 01-JUN-2000; Project End 31-MAY-2003
  Summary: This proposal for an R-25 seeks to improve the availability of expert research support to enable developing investigators to successfully complete for, and implement, high-quality mental health services research projects. The proposed educational and mentoring intervention will focus on young investigators in institutions with few or new senior mentors in mental health services research. Further, it will give preference to enrolling young investigators who are members of under represented minorities. The specific objectives are to: (1) increase the quality of services research studies by young investigators and help develop a future generation of capable investigators; (2) increase
the chances that young investigators will be funded to conduct relevant research in a timely manner so that they remain in the field of mental health services research; and (3) develop an initial training mechanism that sets the stage for ongoing project support by national experts so that funded research projects by junior investigators can be implemented and completed with state-of-the-art methods. To accomplish these objectives the proposed educational and mentoring intervention will: (1) Recruit one cohort in each of two years consisting of 10 talented individuals who are interested in mental health services research; (2) Provide an intensive 5-day educational workshop in each of the first 2 years devoted to developing the researchers and targeted to areas such as: (a) conceptualization and specification of research questions; (b) design, sampling and longitudinal analysis; (c) treatment effectiveness/quality of care; (d) cost-benefit/cost-effectiveness techniques; and (e) issues concerning vulnerable populations. A second two-day workshop in Years 1-3 will cover, in depth, areas introduced in the longer workshops and extend the topics to meet the current needs of program participants. (3) Establish a research main mentor from the Steering Committee for each of the participants and arrange for additional mentoring by nationally recognized senior leaders in mental health services research; (4) Maintain ongoing research main mentor relationships, and (5) Monitor the participants' satisfaction with the experience and the funding success of the projects developed under this proposed intervention.

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- Project Title: METACOGNITION IN GROUPS ANSWERING MH QUESTIONS

Principal Investigator & Institution: Hinsz, Verlin B.; Psychology; North Dakota State University Fargo, Nd 58105-5756

Timing: Fiscal Year 2002; Project Start 01-AUG-2002; Project End 31-JUL-2004

Summary: (provided by applicant): Metacognition in groups is considered as one way group members understand how groups process information and perform cognitive tasks. Groups in various formal and informal mental health settings process information and answer questions based on their knowledge. This application examines the metacognition of groups answering mental health questions. The aim is to uncover ways in which group members think about how they work in a group to answer these questions. There is a clear potential for the metacognition of group members to aid groups in better answering these mental health questions. Two experiments are proposed that examine metacognition about group answers to mental health questions and group member metacognition regarding the ways groups reach agreement for an answer to a mental health question. Experiment 1 investigates how the beliefs group members have about their knowledge of a mental health topic influences their judgments about how well they, and their group, can respond to specific mental health questions. Undergraduate students acting alone or as members of six-person groups will be asked to respond to 40 mental health questions. The students will make judgments about their confidence in their answers, their knowledge of particular mental health questions, and what they know about the four mental health domains being considered. These metacognitive judgments will be explored to determine if groups apply better strategies than individuals in using their knowledge when answering mental health questions. Experiment 2 explores the set of beliefs group members have about the way their group interacts while trying to reach consensus on answers to mental health questions. Group members will make a series of judgments that reflect the mental model the members may have about the processes by which a group answer is reached for mental health questions. It is predicted that, if the group members have accurate metacognition and share similar mental models about the way their group achieves
consensus, then group answers to the mental health questions will improve, the group interaction will be more efficient, and the group members will be more satisfied with the interaction. Both experiments also test the metacognitive beliefs theory of group performance on cognitive tasks which predicts that the beliefs group members have about the way their group operates and functions influence the group interaction processes, which may directly and indirectly impact the ultimate outcomes of the group interaction, such as more accurate answers to mental health questions.

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- **Project Title: MEXICAN AMERICAN PROBLEM SOLVING (MAPS) PROGRAM**

  Principal Investigator & Institution: Cowell, Julia M.; Rush-Presbyterian-St Lukes Medical Ctr Chicago, IL 60612

  Timing: Fiscal Year 2001; Project Start 01-JUL-2001; Project End 31-MAR-2005

  Summary: The purpose of this study is to test the efficacy of the Mexican American Problem Solving (MAPS) intervention, designed to enhance Mexican immigrant mother and child mental health through problem solving steps enhancing family adaptation and children's school adjustment. A report to Congress on September 8, 1998 warned that immigrant children are in a state of emergency regarding access to health care. In the US, first, second, and third generation, Mexican immigrant children have had an average poverty rate of about 50% since 1960, as compared to 13-19% of Non-Latino, White children. A major determinant of morbidity and mortality, this level of poverty indicates the need for tested culturally sensitive, family interventions that address poor immigrant children's health problems. MAPS is guided by the Mexican American Problem Solving Model, a derivation of Cox's Interaction Model of Client Health Behavior. The MAPS intervention consists of mother-child problem solving steps of STOP, THINK AND ACT, with culturally sensitive activities delivered in linked home visits to mothers and after school- based classes to children over one semester (20 weeks). The study is a two-group, randomized field experiment. The 300 participating mother-child dyads from 4th and 5th grades and recruited in 6 waves (50 dyads per wave), will be drawn from Chicago Public Schools randomly assigned to Intervention or Control groups. The specific aims are to AIM 1. Determine the efficacy of the MAPS intervention by comparing change scores (from pre and post intervention) of family adaptation, mother's mental health, child's mental health and school adjustment between both groups; AIM 2. Track the effects of the MAPS intervention from 20 weeks to 60 weeks post baseline on family adaptation, mother's mental health, child's mental health and school adjustment over time. AIM 3. Determine if changes in family adaptation are associated with changes in mother's mental health, child's mental health and school adjustment for those dyads receiving the MAPS intervention compared to those dyads not receiving the MAPS intervention; AIM 4. Identify those background variables (demographic variables: child's age and gender, mother's age, education, partner status, economic status, length of time in the USA; social influence variables: acculturation and family hardiness; and previous experience variables: family stress, and child stress) and child personal characteristic variables (child health self concept and self esteem) that impact the efficacy of the MAPS intervention on change scores of family adaptation, mother's mental health, child's mental health and school adjustment for those dyads completing the MAPS intervention. Descriptive statistics of variables of interest will be provided and planned analyses include comparisons of change scores.

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• Project Title: MINORITY MENTAL HEALTH RESEARCH AT CHARLES R DREW UNIV
Principal Investigator & Institution: Gray, Gregory E.; Psychiatry and Human Behavior; Charles R. Drew University of Med & Sci 1621 E 120Th St Los Angeles, Ca 90059
Timing: Fiscal Year 2001; Project Start 01-JUN-2001; Project End 31-MAY-2004
Summary: (Applicant's abstract): The M-RISP grant application "Developing Minority Mental Health Research at Charles R. Drew University of Medicine & Science" seeks to expand the capacity of this minority health professions institution to conduct research on the causes and treatment of mental illness in urban ethnic minority populations. The long-term goal of this program is to increase the capacity of the faculty to conduct mental health research by providing the necessary infrastructure, faculty development, and training to allow for the development of a self-sustaining research enterprise. The development of mental health research at CDUMS is viewed as a crucial vehicle to expand its ability to provide research opportunities for faculty, fellows, housestaff and students. The specific aims of this proposal are: (1) to develop a mental health research core to provide assistance with data collection, management, and analysis which will be available to mental health researchers at CDUMS; (2) to provide research opportunities for faculty to gain experience and generate data from pilot studies and to encourage their development to the point that they can compete for external research funding; (3) to provide education and opportunities for students, residents, and fellows to participate in research activities to stimulate their interest and to prepare them for careers in minority mental health research; (4) to build more effective collaborative relationships with established researchers at other institutions, including the provision of more mentoring opportunities for junior faculty at CDUMS; and (5) to conduct research related to the mental health needs of the African American and Latino populations. These goals will be achieved during the initial three-year grant period through the establishment of the research core and advisory committee and the three individual research projects: "Ethnicity as a Risk Factor for Tardive Dyskinesia," "Ethnic Differences in Symptom Expression and Disease Course in Comorbid Depressed Patients," and "Neuropsychological and Psychological Outcomes Secondary to Craniofacial Trauma."
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• Project Title: MINORITY MENTAL HEALTH RESEARCH AT UNIVERSITY OF TEXAS
Principal Investigator & Institution: Zarate, Michael A.; Associate Professor; Psychology; University of Texas El Paso El Paso, Tx 79968
Timing: Fiscal Year 2003; Project Start 01-SEP-1990; Project End 31-MAY-2008
Summary: (provided by applicant): In this proposal, the University of Texas at El Paso requests continuing support of institutional development activities designed to strengthen the university infrastructure of mental health training programs, and to support four research projects involving faculty in the departments of psychology and sociology. The main institutional goals include the development of new researchers investigating mental health with minority populations, the development of a cross disciplinary approach to the study of mental health, and the further development of students at this predominately Latino university. Students and faculty conduct research within the context of a Ph.D. program that trains bilingual bicultural psychologists. The program is designed to address minority issues on the U.S./Mexico border and in the southwest, and is unique in overall focus. With the support of the Minority Research
Studies

Infrastructure Support Program (M-RISP), it is anticipated that the program and faculty will develop nationally recognized and competitive research programs involving minority students and faculty investigating basic minority mental health issues. The research projects involve an array of closely aligned projects investigating alcohol abuse and trauma in Colonias, medical decision making, capital punishments and the associated mental health outcomes of this brutalization. All of the proposed research projects entail either cross-cultural approaches to psychology, or make unique contributions to our knowledge regarding minority mental health.

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- Project Title: MIXED-EFFECTS ZIP MODELS--MENTAL HEALTH SERVICE RESEARCH
Principal Investigator & Institution: Gibbons, Robert D.; Professor; Psychiatry; University of Illinois at Chicago 1737 West Polk Street Chicago, IL 60612
Timing: Fiscal Year 2002; Project Start 19-JUL-2002; Project End 31-DEC-2004
Summary: (provided by applicant): The study of mental health service utilization is compromised by the lack of adequate statistical methods. With the advent of mixed-effects regression models (Laird and Ware, 1982), the complex multi-level sampling nature of these data (i.e. longitudinal and/or clustered sampling designs) can be accommodated in the statistical analysis. This represents a major advance in this field (see Gibbons et.al. 1993 for an overview in the context of mental health research). Nevertheless, now traditional mixed-effects regression models fail to accommodate the complexities of viewing service utilization as a primary outcome measure of interest. In most cases, service visits are enumerated and used as continuous and putatively normally distributed response measure in an otherwise appropriate fixed-effects or mixed-effects regression model. Of course, an often large proportion of the subjects never utilize services, whereas a few subjects are mass consumers of services. The resulting distribution is, anything but normal and data transformations are ineffective at bringing about normality for nonnegative distributions with a probability spike at zero. Alternatives include, (1) ignore the quantitative nature of the data and analyze service use as a binary outcome; (2) Create an ordinal response variable with categories of, for example, zero visits, 1 visit, 2 visits, 3 visits, 4 or more visits; (3) model the counts as a Poisson distribution in a Poisson fixed-effects or mixed-effects regression model. These options, despite their statistical sophistication, are all limited views of the reality of service utilization data. The binary approach simply discards the quantitative information that the investigator went to the trouble to collect. The ordinal approach relies on often unrealistic or arbitrary cut-points and typically assumes that the covariates have a proportional effect over the categories. The Poisson distribution often fails to adequately fit mental health service utilization data in that it underestimates the number of subjects who do not use services. A useful alternative to these heuristic approaches is to model the data as a zero-inflated Poisson distribution (Lambert, 1992). In the context of a regression model, the zero- inflated Poisson or "ZIP" model allows one to estimate one set of regression coefficients for use or non-use of services and a separate set of regression coefficients for the amount of services used, conditional on their use. The net result is an intuitively appealing model which allows mental health services researchers to simultaneously investigate the determinants of service utilization as a binary variable and the degree to which those same or different explanatory variables predict the amount of utilization for those individuals who utilize services. The primary objective of this research is to fully extend the ZIP model to the mixed-effects case, so that analysis of longitudinal and/or clustered service utilization data is
possible. In addition to development of the statistical theory and estimation procedure, we propose to develop WINDOWS based freeware to be distributed from our web site and to apply the methodology in the analysis of three large mental health services research databases.

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- **Project Title: MODELING CRIMINAL JUSTICE INVOLVEMENT AMONG PMI**
  Principal Investigator & Institution: Fisher, William H.; Associate Professor; Psychiatry; Univ of Massachusetts Med Sch Worcester Office of Research Funding Worcester, Ma 01655
  Timing: Fiscal Year 2003; Project Start 15-AUG-2003; Project End 31-MAY-2006
  Summary: (provided by applicant): Despite frequently expressed concerns regarding the involvement of persons with mental illness (PMI) in the criminal justice (CJ) system, mental health services researchers addressing this problem have not drawn on the rich theoretical and methodological frameworks offered by criminology. The research proposed here will examine patterns and correlates of CJ involvement among persons with mental illness drawing on and melding the perspectives of criminology and mental health services research. Our Specific Aims are the following: 1. Examine patterns of offenses for which persons with severe mental illness are arrested. 2. Identify individual, socio-environmental and mental health services correlates of arrest. 3. Examine patterns and predictors of change in CJ involvement over time at the individual level. The final products of this research effort will include: (1) a picture of the CJ involvement of a large, statewide population of PMI served by the Massachusetts Department of Mental Health, including the number of arrests and types of charges for which PMI are arrested in a given year; a comparison of the charges of lodged against PMI in our identified cohort with those of all other arrestees in a single jurisdiction over the same time period; (2) data on the effects of risk factors for arrest identified in the criminologic literature but not previously investigated with PMI, that will aid in targeting mental health service system interventions designed to prevent both initial CJ involvement and, when necessary, re-involvement by PMI; (3) longitudinal data on patterns of criminal justice 'trajectories' of PMI and other arrestees, describing patterns of persistence and desistence in CJ involvement, which also can be used in developing, targeting and evaluating the effects of mental health services on CJ involvement among PMI. Beyond these specific products, these data will provide the basis for more intensive study of CJ involvement among PMI by providing mental health services researchers a new conceptual framework that integrates mental health services research and criminologic perspectives to understanding this problem.

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- **Project Title: NATIONAL LATINO AND ASIAN AMERICAN STUDY**
  Principal Investigator & Institution: Alegria, Margarita; Director; Ctr/Evaluation/Sociomed Res; University of Puerto Rico Med Sciences Medical Sciences Campus San Juan, Pr 00936
  Timing: Fiscal Year 2001; Project Start 29-SEP-2000; Project End 31-JUL-2002
  Summary: Latino and Asian American populations are expanding at a rate far outstripping the development of the research capacity necessary to understand the nature of their risks for psychiatric disorders and respond to their service needs. This dramatic demographic shift raises questions whether mental health systems are ready to address the needs of these rapidly growing populations. This application seeks
support to estimate prevalence and correlates of psychiatric disorders and mental health service use with nationwide Latino and Asian American samples. We propose to conduct a study, concomitantly with the National Comorbidity Survey Replication (NCSR) and the National Survey of African Americans, with 4,000 Latino respondents (1,500 Mexican Americans, 1,500 Puerto Ricans, and 1,000 Cubans), and 3,000 Asian Americans (1,500 Chinese and 1,500 Filipinos). The proposed study seeks to better understand the intra and inter group ethnic and racial differences linked to psychiatric disorders and service use. The study aims are: 1) to estimate intra- and inter-group ethnic differences in the prevalence of specific psychiatric disorders, and in help seeking and utilization of mental health services in nationwide representative samples of Latinos and Asian Americans, 2) to explore the intra- and inter-group ethnic differences in the correlates of psychiatric disorders and the factors associated with help seeking and utilization of mental health services, 3) to compare the prevalence of specific psychiatric disorders, help seeking and utilization of mental health services of Latinos, Asian Americans, non Latino Whites, and African Americans; and 4) to generate nationally representative data for Latinos and Asian Americans in the United States in the year 2000 that will be used as part of the World Health Organization's (WHO) Mental Health 2000. Experience with the previous National Comorbidity Survey makes clear that the NCSR will not yield samples large enough to pursue the aims set out in this proposal. The desired target populations include US household residents ages 15-74. Two multistage probability samples, one for Latinos and one for Asian Americans will be developed. We anticipate that a significant number of Latino and Asian Americans selected for the sample will be non-English speakers. This combined study of Latino and Asian Americans will use identical survey methods and measures to compare the prevalence of mental disorders and the use of mental health services among ethnic subgroups. The proposed investigation intends to pool the resources and expertise of researchers familiar with Latinos and Asian Americans into a single comprehensive study team under the IRPG mechanism.

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- **Project Title:** NETWORK INFLUENCE ON AF.AMER. ADOLESCENTS MH SERVICE USE

  Principal Investigator & Institution: Lindsey, Michael A.; None; University of Pittsburgh at Pittsburgh 350 Thackeray Hall Pittsburgh, Pa 15260

  Timing: Fiscal Year 2001; Project Start 01-APR-2001; Project End 31-MAR-2003

  Summary: (Provided by applicant): This dissertation research will examine how African-American adolescent males with depression seek help. It will draw upon concepts from the Network-Episode Model (Pescosolido, 1991) to explore how their social networks might influence their response to this condition. African-American adolescent males, particularly those in urban settings, may be at higher risk for depression (Durant, Getts, Cadenhead, et al., 1995), yet many are not receiving care. We need to explore why. We do know that African-Americans in general are more likely to use informal supports and social agencies than mental health facilities, and we do know that African-American adolescent males are more often found in juvenile justice systems where their mental health needs may go unaddressed. Whatever the reasons, this is a population with serious unmet needs. To better help them, we need to understand their perceptions of their problems, the solutions available to them, their existing supports, and their attitudes and behaviors about formal and informal help seeking. This cross-sectional, exploratory/descriptive study will combine quantitative methods and qualitative interviews to examine the role that social networks play in facilitating use or
non-use of formal and informal **mental health** care among sixty, low-income, depressed African-American males, 14-18 years old. These subjects will be recruited from four outpatient **mental health** settings ("in-treatment" sample) and a program that assists high-risk youth ("not-in-treatment" sample) in the Pittsburgh community. This study aims to determine: (1) how the social networks influence their help-seeking, what social network characteristics differentiate depressed, African-American adolescent males who are in formal **mental health** treatment from those not in treatment, and what demographic and other background characteristics differentiate these two groups; and (2) to identify the processes used by depressed African American adolescent males that constitute pathways to formal and/or informal care. This study is unique in its examination of how the social networks of these African-American youths impact their help-seeking behaviors and pathways into formal or informal care. This study represents a first step in the Investigator's long-term career goal of developing outreach and engagement strategies for depressed, African-American adolescent males.

Website: http://crisp.cit.nih.gov/crisp/Crisp_Query.Generate_Screen

- **Project Title:** NEW MEXICO MENTAL HEALTH MENTORSHIP /EDUCATION PROGRAM

Principal Investigator & Institution: Waitzkin, Howard B.; Family and Community Medicine; University of New Mexico Albuquerque Controller's Office Albuquerque, Nm 87131

Timing: Fiscal Year 2002; Project Start 01-AUG-1999; Project End 31-MAR-2005

Summary: We propose to continue and to strengthen a Mentorship and Educational Program (MEP) in **Mental Health** Services Research at the University of New Mexico (UNM). This program began to receive NIMH funding in August 1999. Focusing on minority **mental health** issues in primary care settings, especially disparities in **mental health** outcomes, the MEP provides an intensive, one-week annual training session, which introduces **mental health** services research to minority junior faculty members and graduate students. The MEP also enhances ongoing mentorship relationships with outstanding **mental health** researchers who serve as both advisers for the trainees' research and as role models in their career development. The overall aims of the MEP are to: 1) teach trainees basic research methods in this field, with an emphasis on how to write proposals and manage funded proposals; 2) introduce trainees to important recent findings of **mental health** services research, with special emphasis on research concerning the disparities in **mental health** outcomes that affect minority populations of the Southwest; 3) establish networks among trainees and research mentors; 4) help trainees with various aspects of career development; S) produce a minority-oriented **mental health** services research curriculum that is exportable to other educational institutions; and 6) initiate an ongoing sequence of training sessions in **mental health** services research on an annual basis. Targeted participants for the MEP include the minority junior faculty members who have participated in the NIMH-funded Minority Research Infrastructure Support Program (M-RISP) at UNM, other minority faculty members at UNM, and minority trainees from other institutions in the Southwest region. Each participating trainee is matched with a mentor at UNM and/or an external mentor with whom to work during the one-week MEP session and during the following year. External faculty members, who include outstanding minority **mental health** services researchers able to serve as role models, teach at the MEP annual session and then act as ongoing mentors. UNM-based faculty meet with local trainees on a weekly or bi-weekly basis. We expect that the Institute will continue to develop a focus for **mental health** services research in New Mexico and the Southwest region and to emerge
as a nationally recognized model for training of minority faculty members in mental health research at the interface with primary care.

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- **Project Title: ORGANIZATIONAL FACTORS IN YOUTH MENTAL HEALTH SERVICES**

  Principal Investigator & Institution: Aarons, Gregory A.; Assistant Clinical Professor and Research; Children's Hospital Research Center 3020 Children's Way, Mc 5074 San Diego, Ca 92123

  Timing: Fiscal Year 2001; Project Start 15-FEB-2000; Project End 31-JAN-2005

  Summary: The applicant is requesting five years of funding through the Mentored Career Development Award (K01) in order to transition from his substantive training and experience in adolescent risk behavior and drug abuse research to a more comprehensive focus on organization factors in mental health services for youth with co-morbid disorders. The proposed transition is a direct outgrowth of this pre-doctoral training in clinical and industrial/organizational psychology and this post-doctoral experience in youth mental health services research. The ultimate goal is to have the expertise to offer empirically supported recommendations for improving youth mental health services through organizational change. The applicant's strong background of academic, research, and clinical training in youth mental health, substance use disorders, psychopathology, statistics and research design, and industrial/organizational psychology, provides an excellent foundation for the proposed activities. The training goals outlined below will enhance the applicant's knowledge base in child and adolescent mental health services, inter-organizational services coordination, and intra-organizational issues, and multi-level longitudinal modeling techniques. Completion of this additional training will prepare the applicant to pursue a research career examining organizational factors that may impact clinical effectiveness of interventions for youth co-morbid mental disorders receiving services in "real world" settings. The research plan for this award complements the proposed training goals by examining changes in inter-organizational services coordination in Study 1, and concomitant relationships of organizational climate, service quality, clinical service outcomes, and adolescent and parent satisfaction with services in Study 2. The proposed study will prospectively examine a youth service system in transition, through governance and community-based initiatives attempting to create a more coordinated and responsive youth service system. The research project will include agencies serving adolescents (ages 12-18) representing those most commonly used by youth with co-morbid disorders.

  Website: http://crisp.cit.nih.gov/crisp/Crisp_Query.Generate_Screen

- **Project Title: PARTNERS IN CARE FOR CHILDREN**

  Principal Investigator & Institution: Zima, Bonnie T.; Associate Professor; None; University of California Los Angeles 10920 Wilshire Blvd., Suite 1200 Los Angeles, Ca 90024

  Timing: Fiscal Year 2002; Project Start 01-SEP-2002; Project End 31-JUL-2007

  Summary: (provided by applicant): This application is in response to Program Announcement, "Research on Quality of Care for Mental Disorders (PA -95066). It is a second revised ROI application that is being submitted by a new investigator. Partners in Care for Children (PCC) is a quality of care study for children with Attention Deficit Hyperactivity Disorder (ADHD) in public primary care (PC) and carve-out specialty
**mental health** (SMH) sectors enrolled in a managed care Medicaid program. This project addresses a critical need of service delivery systems that care for public-sector children. Namely, it will provide systematically collected longitudinal data on the clinical processes and outcomes among representative samples of children served in and across both major care sectors, and develop an innovative approach to meaningfully evaluate quality of care over time that is adjusted for child outcomes. These distinctions are critical because ADHD is a major public health problem in children that requires chronic care and is often accompanied by severe functional impairment and long-term adverse developmental outcomes. Nevertheless, evidence for ADHD treatment effectiveness is available, and practice parameters for ADHD care in PC and SMH care settings are established. Yet, in light of these advances, recent community-based studies suggest that ADHD is under-treated and inappropriately treated. Thus to inform the development of quality improvement interventions for public sector children with ADHD, PCC?s aims culminate to reach the goal of identifying child, provider and system characteristics that are related to poor care. Further, to translate PCC findings into practice, we have received strong commitment from public agencies and managed care organizations that this study?s findings will be used to develop quality improvement programs. Using a county-wide sample of children, aged 5-11 years, who are enrolled in a large managed care Medicaid program and have had at least one past year contact with public sector outpatient PC or carve-out SNM services, PCC proposes to meet the following aims: 1. To determine the proportion of children who meet ADHD diagnostic criteria or have a history of past year stimulant medication use among those who are identified as having a disruptive behavior problem in public primary care and specialty **mental health** care settings, adjusting for confounding parent and child sociodemographic factors. Within this aim, the objectives are: a. to examine the level of ADHD diagnostic accuracy in public primary care and specialty **mental health** care settings. b. to determine the rate of stimulant medication use among children who do not meet ADHD diagnostic criteria in public primary care and specialty **mental health** care settings. 2. To develop need-adjusted indicators of poor quality of care that are applicable to this study population using the RAND/IJCLA appropriateness method, a well-established approach that derives criteria from both outcomes evidence tables and judgments from a multi-disciplinary expert panel. 3. To examine the clinical processes, appropriateness of care, and outcomes over time (at 6, 12 months) of children who meet ADHD diagnostic criteria and are treated in public primary care and specialty **mental health** care settings, adjusting for confounding parent and child factors. Within this aim, the objectives are: a. to describe the clinical processes (diagnosis, assessment, treatment, follow-up), appropriateness of care, and outcomes at the child, family, environment and system levels in public primary care, specialty mental healthcare and co-managed care. b. to identify child, provider and system characteristics that are associated with clinical processes, appropriateness of care and outcomes.


- **Project Title: PERSONALITY, REHABILITATION, & HEALTH IN IMPAIRED ELDERS**

Principal Investigator & Institution: Benn Inzerillo, Dolores; Lighthouse International 111 E 59Th St New York, Ny 10022

Timing: Fiscal Year 2001; Project Start 01-APR-2001; Project End 31-MAR-2003

Summary: The long-term objective of the proposed research is to better understand the impact of personality on the **mental health** of elders adjusting to age-related vision impairment. This study will test a model which predicts when faced with vision
impairment, neuroticism will have a direct effect on mental health as well as indirect effects through mediating factors (vision-specific stress, coping efforts, and rehabilitation service utilization). Vision impairment is a common, disabling condition of later life that affects an estimated 21% of American adults age 65 years and older according to a recent, national survey (The Lighthouse Inc., 1995). The development of vision impairment in later life constitutes a major life event requiring significant psychological adjustment. Antecedent factors such as personality and vision-specific stress have typically not been considered as potential predictors of adjustment to vision impairment in elders. Further, rehabilitation is an overlooked, yet critically important aspect of health care in the older population. Moreover, research suggests that neuroticism may be relevant to mental health outcomes in this population. That is, neuroticism has been linked to the appraisal of stress, use of specific coping efforts, utilization of health care services, and to poor mental health following stressful events. However, past research on the linkage between neuroticism and mental health has rarely focused on elders and the "real-world" challenges they face. The conceptual framework is based on and incorporates the work of Lazarus and Folkman (1984) on stress and coping and Bolger and his colleagues (Bolger & Schilling, 1991; Bolger & Zuckerman, 1995) on the mechanism by which neuroticism impacts health. The specific aims of the proposed study are: (1) to examine the relationship between neuroticism and vision-specific stress; (2) to explore the relationship between neuroticism and utilization of vision rehabilitation services; (3) to examine the relationship between vision rehabilitation service utilization and mental health in impaired elders; and (4) to determine and compare the magnitude of the direct effect and indirect effects through mediating factors (vision-specific stress, coping efforts, vision rehabilitation service utilization) of neuroticism on mental health in vision impaired elders. Participants will be 150 community-dwelling elders experiencing a recent vision impairment. Data will be collected through telephone interviews. Using structural equation modeling (SEM), analyses will address overall model fit to the data as well as the direct effects of neuroticism and the indirect effects of neuroticism through mediating factors on the mental health (depressive symptoms, psychological symptoms) of vision impaired elders.

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- **Project Title:** PLANNING IMPROVED MEDICATION MANAGEMENT FOR ARKANSAS SMI

  Principal Investigator & Institution: Miller, Laurence H.; Arkansas State Hospital 4313 W Markham St Little Rock, Ar 72205

  Timing: Fiscal Year 2003; Project Start 05-AUG-2003; Project End 31-JUL-2004

  Summary: The proposed project will seek to form a sustainable partnership infrastructure that includes all major stakeholders in Arkansas that will be involved in a planning process to achieve consensus on identifying priority problem areas and designing interventions to address these problems with the overall goal of improving medication management for persons with schizophrenia in Arkansas. The project’s focus on medication management for patients with schizophrenia reflects 1) the seriousness of this disorder, which is estimated to account for almost half of current mental health care expenses, and 2) evidence suggesting that despite recent advances in psychopharmacology and development of well-accepted evidence- and consensus-based guidelines on medication management for the treatment of schizophrenia, translation and dissemination of these guidelines and treatments have been less than successful. In Arkansas, poor implementation is the result of multiple factors, many of which can be
traced to the lack of stakeholder input regarding identification of problem areas and development of interventions and the fragmented nature of the state's public mental healthcare system. This project proposes to create a sustainable partnership infrastructure that joins groups from the state's large public mental health system—with large, diverse consumer and provider populations—with the expertise of nationally known mental health services researchers. The proposed project will use a bottom-up approach that includes often-neglected stakeholders, such as consumers and providers, in determining and prioritizing research questions. We expect this approach to produce realistic and workable solutions to a complex problem. To achieve these solutions, the proposed project will 1) form a partnership infrastructure that includes representatives from all stakeholder groups; 2) develop consensus on a specific problem area; 3) develop and select an intervention that addresses the specific problem area; 4) pilot the intervention in the public sector; and 5) seek external and internal funding to enable implementation of a large-scale version of the intervention tested. The first four aims will be completed in Phase I, and the fifth aim in Phase II of the planning grant. This project is vitally important because developing this innovative partnership among stakeholders and researchers will help create the synergy all parties need to increase the balance between research and clinical practice; a balance that will improve medication management for schizophrenia and ultimately benefit the consumers of mental health care.

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- **Project Title: PRIMARY CARE DIAGNOSIS & TREATMENT OF DEPRESSED CHILDREN**

Principal Investigator & Institution: Rushton, Jerry L.; Pediatrics & Communicable Dis; University of Michigan at Ann Arbor 3003 South State, Room 1040 Ann Arbor, Mi 481091274

Timing: Fiscal Year 2002; Project Start 01-JUL-2002; Project End 31-MAY-2003

Summary: (provided by applicant): Dr. Rushton proposes a career award to study and improve the diagnosis and treatment of children and adolescents with depressive disorders by primary care physicians. Recent changes in health care have important implications for management of depression including primary care gatekeeping, limited access to mental health providers and counseling, and new antidepressants. Yet, little information exists on the current role of primary care physicians, or how these physicians can improve coordination of care and services to improve patient outcomes. Dr. Rushton plans two phases of research to address his aims using complementary methods: (1) analysis of health system administrative data, (2) survey of primary care physicians. The proposed studies will describe depressed children and adolescents and their health care utilization; define the scope of primary care and relationships to mental health providers; analyze variations in prescriptions, referrals, and management of depressed youth; and examine influences on physician triage and treatment decisions. This research will be accomplished over five years and incorporate coursework and training in survey techniques (quantitative and qualitative), statistical analysis, pharmacology, child and adolescent psychiatry, and health services research. In the final years of the grant period, Dr. Rushton will develop a grant proposal based on his findings to design interventions to improve the quality of mental health services and integrate primary care with specialty and community providers. The University of Michigan provides the clinical and research environment to accomplish the proposed aims and career goals with support from many disciplines led by co-mentors, Dr. Gary Freed (Pediatric Health Services Research) and Dr. John Greden (Psychiatry).
candidate will acquire skills and connections that will allow him to become an independent researcher working at the important interface of delivery systems. The proposed research will set the stage for additional mental health services for children, quality improvement interventions on prescriber practices, and health system efforts to coordinate mental health services with primary care.

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- **Project Title: PSYCHIATRIC DISORDER IN DYING PATIENTS & THEIR SURVIVORS**

  Principal Investigator & Institution: Prigerson, Holly G.; Associate Professor of Psychiatry, Epide; Psychiatry; Yale University 47 College Street, Suite 203 New Haven, Ct 065208047

  Timing: Fiscal Year 2002; Project Start 07-AUG-2002; Project End 31-MAY-2006

  Summary: (provided by applicant): Little is known about the prevalence and treatment of psychiatric disorders among terminally ill cancer patients and their caregivers, nor about the ways in which mental health may affect the patient's comfort at death, and the impact this may have on the caregiver's bereavement adjustment. A sample of cancer patients (N=300) with a life-expectancy of < 6 months, and their primary caregivers (eg, spouses, adult children; N=300), will be recruited from cancer clinics at Yale, the Veterans Affairs Connecticut Healthcare System, and Memorial Sloan-Kettering. A structured diagnostic interview will be used to evaluate psychiatric status of patients and caregivers. Newly refined and validated instruments will determine "caseness" of Complicated Grief and provide a thorough evaluation of suicidality of patients and caregivers. Interviews will occur at 2 time points: (1) at baseline when patients are terminally ill and caregivers are attending to them; (2) at follow-up for caregivers 6 months after the patients' death. The study aims are to determine: (1) the prevalence of psychiatric disorders and their treatment among terminally ill cancer patients and their primary caregivers, and (2) the influence of the patients' mental health on their degree of comfort at the time of death (eg, lack of pain, physical, emotional, social, existential distress). The study also aims to determine the extent to which the bereaved caregiver's mental health at follow-up is influenced by: a.) the caregiver's baseline mental health and mental health service use, b.) realistic caregiver expectations of the patient's life expectancy, c.) patient comfort, and d.) caregiver satisfaction about the way the death occurred (eg, absence of regrets about the care provided, having an opportunity to say "good-bye"). By determining the prevalence of specific psychiatric disorders and their treatment in terminally ill cancer patients and their caregivers, clinicians will be alerted to likely mental disorders for which to screen, refer, and/or treat. If patient's with better mental health are more likely to die comfortably, then interventions to improve patient mental health would be expected to improve the patient's quality of life at the time of death. If caregiver's better mental health at follow-up is significantly influenced by their baseline mental health, their realistic expectations of the patient's life-expectancy, and their satisfaction with the way the death occurred, each of these factors could be targeted by future interventions designed to improve the mental health of bereaved survivors.

  Website: http://crisp.cit.nih.gov/crisp/Crisp_Query.Generate_Screen

- **Project Title: RECRUITMENT OF UNDERGRADUATES FOR MENTAL HEALTH RESEARCH**

  Principal Investigator & Institution: Haas, Gretchen L.; Associate Professor; Psychiatry; University of Pittsburgh at Pittsburgh 350 Thackeray Hall Pittsburgh, Pa 15260
Timing: Fiscal Year 2001; Project Start 30-SEP-1994; Project End 31-MAY-2004

Summary: This application (and response to the Program Announcement, entitled "Mental Health Education Grants") requests competing continuation support for the R-25 program, "Recruitment of Undergraduates for Mental Health Research" that received three years of initial NIMH funding as a pilot project and has been continued for a fourth year with a no-cost administrative extension. This program is a collaborative effort between the Department of Psychiatry and the Departments of Neuroscience, Biological Sciences, Psychology and Chemistry of the University of Pittsburgh and Carnegie Mellon University. It provides a 12-month intensive research education experience to talented undergraduate science majors who seek post-baccalaureate training in preparation for careers in mental health-relevant research. The ultimate goal is to identify exceptionally talented students who have an aptitude in the sciences and recruit them to careers in mental health research. This unique undergraduate research education program consists of a practical research experience in a clinical or basic science laboratory for one full year, conducting supervised research on a scientific question with direct relevance to mental health or mental disorders; a didactic educational program featuring courses in clinical neuroscience and psychiatry; and a ten-week summer program at the Western Psychiatric Institute and Clinic (WPIC) that provides exposure to clinical care in psychiatry, lectures in clinical research, and visits to a clinical labs and facilities. The program represents a timely example of the NIMH's continuing effort to promote active collaboration between clinical and basic science researchers, in this case in the education of undergraduate science students. It capitalizes on the extraordinary strengths of the institutions involved and their past and continuing successful inter-disciplinary collaboration on educational and research programs. The pilot stage of this program offers evidence of feasibility and effectiveness in identifying and recruiting talented undergraduate students into a mental health research education program, as well as the enthusiastic participation of senior clinical researchers in the education of undergraduate students. We propose to continue this program with an expanded recruitment effort over the next five years to: increase the number and diversity of students trained, further develop and refine the curriculum, and continue to evaluate short- and longer-term outcomes of the program—in terms of trainees' completion of their research projects, successful publication of research findings, and their subsequent career decisions and choices—at annual follow-up evaluations over a period of five years following their university graduation.

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- **Project Title: REHABILITATION AND HEALTH SERVICES RESEARCH OF THE SMD**
  
  Principal Investigator & Institution: Anthony, William A.; Ctr for Rehabilitation Res & Training in Mntl Hlth; Boston University Charles River Campus 881 Commonwealth Avenue Boston, Ma 02215
  
  Timing: Fiscal Year 2001; Project Start 15-SEP-1998; Project End 31-MAY-2003
  
  Summary: (Applicant's abstract): The proposed RISP is designed to propel the Center for Psychiatric Rehabilitation to a more sophisticated level in its research capacity and research infrastructure. While the Center now has a number of senior staff with a track record of leading grant supported activities and has the internal organizational structure and University support to successfully continue on this course, we currently lack the research infrastructure and staff expertise to conduct the critical, advanced scientific studies supported by NIMH. We envision that the RISP grant, will enhance our capacity to plan and conduct complex and rigorous research studies related to the health and
rehabilitation needs of persons with serious mental disorders and the systems and contexts in which they receive services. The Center has matured sufficiently in its own organizational and staff development to take advantage of the RISP program in order to enhance its research and make greater scientific contributions to the field. At the conclusion of the RISP, the Center will be well-positioned to enter an even more fruitful phase: The Center and its cadre of skilled investigators will be a national and regional research resource, capable of writing, implementing, and collaborating in state-of-the-art RO1 level research investigations. The Center proposes the following aims for the RISP: Aim I: build on the Center’s existing capacity and infrastructure for the conduct of grant supported activities by establishing a research and statistics unit and by strengthening collaboration with senior mental health researchers, research centers, and public mental health agencies. Aim II: Using experienced mental health and health services researchers, to mentor a cadre of Center-based senior and promising Dr research faculty through an intensive program of experiential and didactic training necessary to conduct advanced scientific research. Aim III: To further expand the Center’s existing research program and content expertise preparatory to R01 level submissions and categories of advanced research awards through a series of 5 pilot studies on rehabilitation and health topics.

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- **Project Title:** SCREENING SERVICES IN THE PEDIATRIC EMERGENCY DEPARTMENT

  Principal Investigator & Institution: Grupp-Phelan, Jacqueline M.; Children's Hospital Med Ctr (Cincinnati) 3333 Burnet Ave Cincinnati, Oh 45229

  Timing: Fiscal Year 2003; Project Start 15-JUN-2003; Project End 31-MAR-2008

  Summary: (provided by applicant): The applicant is requesting five years of funding through the Mentored Career Development Award (K23) program to complement her training in pediatric emergency medicine and health services research with skills needed to conduct research on screening for mental illness emergency department settings (ED). These skills will include advanced training in psychiatric assessment and psychometrics with particular attention on how these skill sets are applied in an ED setting. In addition, the applicant will enhance her knowledge of decision analysis with the intent to apply this methodology for the decision of whether or not to screen for mental illness in the ED, and if so, which populations to target. The long-term goal is to become an expert in screening services in the ED setting, understanding the multitude of issues that effect the screening effectiveness in this setting. Ultimately, the goal is to field a multi-ED study of mental health screening followed by a collaborative ED-based mental health intervention, for children with mental illness who present to the ED. The research plan is divided into two separate projects that balance the aims set forth in the proposed career development. The first study in years one through three, will involve the mental health screening of 600 children and their mothers who present to the ED for medical complaints. From this set of interviews, a prevalence estimate of mental illness in the ED setting will be calculated along with the identification of risk factors for the presence of mental illness in children. The second study, to be formulated during years 3-5 will construct a decision analysis examining the decision of whether or not to screen for mental illness in the ED setting. Utilizing information about risk factors from study one, and information from the literature, this study will examine screening strategies for children who present to the ED with mental illness.

  Website: http://crisp.cit.nih.gov/crisp/Crisp_Query.Generate_Screen
• **Project Title: SELF-REGULATORY ASPECTS OF POSITIVE ILLUSIONS**
  Principal Investigator & Institution: Taylor, Shelley E.; Professor; Psychology; University of California Los Angeles 10920 Wilshire Blvd., Suite 1200 Los Angeles, Ca 90024
  Timing: Fiscal Year 2003; Project Start 01-MAR-1998; Project End 31-MAY-2006
  Summary: (provided by applicant): The proposed investigations address the question, "What is a mentally healthy person?" and contrast the predictions of two theoretical traditions: the positive illusions tradition, which proposes that mildly positive self-enhancing illusions foster mental health, social functioning, and protective biological responses to stress, versus the viewpoint that self-enhancement reflects an enduring personality profile marked by self-deceptive neuroticism, a negative impact on social relationships, and greater autonomic responses to stress. We hypothesize that the adaptiveness of self-enhancement depends on whether it is private or manifest in public accountable circumstances; on mode of self-enhancement (direct or indirect); and on sociocultural norms. The main study enrolls 160 participants, approximately half of whom are Asian-American and half of whom are of European-American origin and includes: assessments of mental and physical health; an interview about functioning in life domains related to mental health; and sympathetic (SNS), hypothalamic-pituitary adrenocortical (HPA) axis, and cytokine responses to a series of laboratory stress challenges. The data set also includes peer evaluations and evaluations by friends on each participant. A follow-up component on the main study will provide assessments of the longer-term impact of self-enhancement on psychological functioning, perceptions by others, and health. Questionnaires and protocol analyses of the interviews will enable tests of hypotheses concerning direct versus indirect self-enhancement and the interplay of coping with biological responses to stress. A second study manipulates direct and indirect self-affirmation and examines the impact on psychological and biological stress responses. Given the cultural diversity of the sample, the proposed analyses examine cultural differences in predictors and parameters of mental health and their relation to biological and health measures as well. The overall goal of the research is to provide an integrative understanding of how mental health, social relations, and biological responses to stress are interrelated and whether those interrelations extend across cultures.
  Website: http://crisp.cit.nih.gov/crisp/Crisp_Query.Generate_Screen

• **Project Title: SERVICE EFFECTIVENESS IN ADHD CHILDREN AND FAMILIES**
  Principal Investigator & Institution: Anthony, Bruno J.; Associate Professor; Psychiatry; University of Maryland Balt Prof School Baltimore, Md 21201
  Timing: Fiscal Year 2002; Project Start 22-JUL-2002; Project End 31-MAY-2007
  Summary: (provided by applicant): This application describes an intensive, five-year period of mentored training in mental health services research with children and adolescents. It lays the groundwork for a career research program aimed at developing effective treatment for mental disorders of childhood. The training and research plans are devised to gain in-depth knowledge and experience through formal coursework and three training modules: (1) epidemiological and preventive approaches to services research; (2) contextual influences, particularly caretaker burden, on the effectiveness of mental health services; and (3) developing collaborative community partnerships for effective interventions. Three research projects investigate contextual factors that affect the perceived need and use of mental health and educational services by ADHD children and their families in real world settings. Although a wealth of studies has demonstrated the efficacy of pharmacological and non-pharmacological treatments for
ADHD, few studies have addressed the reasons why such treatment works or fails in the community settings. The projects, each allied with one module of training, are linked by a conceptual model in which relationships between the severity of problems, service use and the resulting effect on multi-level outcomes are mediated by an understudied construct, the perceived burden or impact of the child’s disorder on families and teachers. The first two projects are designed to test the model first in a clinical population and second in an epidemiological sample. The third study develops and tests the feasibility of an intervention aimed at reducing family burden through increasing parent empowerment. The plan benefits from the strong multi-disciplinary effort in health services research, linking public, academic and professional institutions and community partners in the Baltimore area.

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- **Project Title: SHORTAGE OF HEALTH PROFESSIONALS IN RURAL AREAS**
  Principal Investigator & Institution: Merwin, Elizabeth I.; Director; None; University of Virginia Charlottesville Box 400195 Charlottesville, Va 22904
  Timing: Fiscal Year 2003; Project Start 16-JUL-2003; Project End 31-MAR-2007
  Summary: (provided by applicant): An ongoing challenge to the provision of state of the science, empirically tested mental health interventions in rural areas is a shortage of mental health and general health care professionals. The lack of specialty mental health professionals in many rural areas is compounded by the current registered nurse shortage, which is predicted to worsen. More daunting is the lack of providers with adequate training in the provision of culturally relevant care as well as the small number of mental health providers of different minority race and ethnic populations. The shortages of these professionals may result in the absence of care, the provision of substandard care, poor consumer outcomes, the lack of culturally acceptable care and, ultimately, in negative health for the community. Using existing data we will evaluate the impact of having different amounts and mixes of professionals on public health and utilization types of outcomes. We will: 1) determine the influence of community characteristics including race, poverty and rurality on the availability of different types of mental health professionals; 2) evaluate the relationship between current and proposed numbers of professionals, the need for culturally relevant mental health care and the outcomes of mental health care; and 3) propose better methods for determining a shortage of mental health professionals (e.g. HPSA’s). Products of the research will include a CD with information on the nation, states’, and counties’ mental health workforce. This data will be available for use in planning by policy-makers and for use in other research studies. The study will provide both improved data and improved methods to create and evaluate different definitions of Mental Health Shortage Areas. According to the Health Resources and Services Administration more than 34 federal programs depend on the shortage designation to determine eligibility or as a funding reference (HRSA, 2002). This study will provide improved accuracy to these important designations which influence eligibility for participation in federal programs, loan repayment for the National Health Service Corps and financial incentives to providers for caring for Medicare clients residing in these designated areas.
  Website: http://crisp.cit.nih.gov/crisp/Crisp_Query.Generate_Screen

- **Project Title: SOCIAL RELATIONS AND MENTAL HEALTH 10 YEARS LATER**
  Principal Investigator & Institution: Antonucci, Toni C.; Professor and Research Scientist; Survey Research Center; University of Michigan at Ann Arbor 3003 South State, Room 1040 Ann Arbor, Mi 481091274
Timing: Fiscal Year 2003; Project Start 04-AUG-2003; Project End 31-JUL-2006

Summary: (provided by applicant): This revised application builds on the 1992-3 NIMH study of Social Relations and Mental Health over the Life Course which included 1703 men and women, 205 mother-child dyads, and 30% African Americans. The closed cohort longitudinal design proposes a reinterview of the entire sample, permitting the examination of both cross sectional as well as longitudinal changes in social relations and mental health as well as the addition of an intra-family three generation design. Previous results suggest that intra-family intergenerational context may be critical for explaining concurrent and predictive mental health. We will also capitalize on an ongoing collaboration with Japanese scholars, funded by the Japanese government, which included a parallel study in 1993 and a planned replication in 2003. The specific aims are: 1. To conduct a closed cohort longitudinal study, which will provide, ten years later, a second assessment of the multifaceted aspects of social relations (i.e. social network, social support and support quality characteristics), stress, and mental health. 2. To examine the overall model, presented in Figure 1, which outlines the hypothesized associations among social relations and mental health, beginning with the new cross-sectional data and continuing with the longitudinal analyses of the model. 3. To identify and explore the nature of intergenerational linkages and examine comparatively their structure and function, as affected by age, gender and race. 4. To explore the implications of the beanpole vs. pyramid structures, support and solidarity and conflict among generation members and the influences on mental health. 5. To explore the growing social service needs and utilization patterns across generations and within families. The proposed study will provide a unique opportunity to examine the role of social and cultural factors for the etiology and consequences of mental health. We anticipate that these data will be especially useful for policy makers who seek to understand, predict and design support programs to offset the challenges facing individuals, families and society in the new century.

Website: http://crisp.cit.nih.gov/crisp/Crisp_Query.Generate_Screen

• Project Title: SOCIAL STIGMA/MENTAL HEALTH SYMPTOMS IN MIGRANT WORKERS

Principal Investigator & Institution: Li, Xiaoming; Phd; Pediatrics; Wayne State University 656 W. Kirby Detroit, Mi 48202

Timing: Fiscal Year 2003; Project Start 01-JUN-2003; Project End 31-MAY-2006

Summary: (provided by applicant): Data from the China 2000 census indicate that at least 88 million individuals have migrated from rural villages to urban areas for jobs or better lives without permanent urban residency. With funding support from NIMH (R01NIMH64878), we are currently conducting an HIV/STD qualitative and quantitative research project among young rural-to-urban migrants in two major Chinese metropolitan areas (Beijing and Nanjing). Although the ongoing project was not designed to study the stigmatization and mental health associated with a migratory lifestyle in China, our preliminary data suggest that the migrant population is strongly stigmatized. Moreover, it appears that substantial numbers of these migrants experience mental health symptoms (e.g., depression, anxiety, hostility). While the population potentially affected is substantial (more than 7 percent of the entire population in mainland China) and our data seem to indicate that the issue is pervasive in this population, there is essentially no literature on the topic in China or elsewhere. Accordingly, we propose this 3-year exploratory study (R21) to (1) conduct an ethnographic study among individuals from different social sectors in Beijing (e.g., legislature, policy-making, law-reinforcement, health care, public media, local
community, migrants) to explore and document the forms, contexts and outcomes of stigma and stigmatization associated with rural migrants; (2) develop, validate, and administer a quantitative assessment battery to measure perceptions and experiences of stigmatization and mental health symptoms; and (3) test a hypothesized model conceptualizing the relationship between social stigma and mental health symptoms among rural migrants. This proposed study is an interdisciplinary international collaborative effort among the West Virginia University School of Medicine, Wayne State University School of Medicine, University of Maryland School of Medicine, and Beijing Normal University, China.

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- **Project Title: STATISTICAL MODELS FOR NESTED SERVICES UTILIZATION DATA**

Principal Investigator & Institution: Hedeker, Donald R.; Professor; Epidemiology and Biostatistics; University of Illinois at Chicago 1737 West Polk Street Chicago, Il 60612

Timing: Fiscal Year 2001; Project Start 30-SEP-1996; Project End 31-JUL-2003

Summary: As noted in Program Announcement #94-060, "Research on Methods, Measurement, and Statistical Analysis and Mental Health Research," advances in mental health research are highly dependent on the quality of data analytic strategies available to investigators." With this in mind, our three-year project "Statistical Models for Nested Services Utilization Data" extended random-effects regression models (RRM) to allow for more general types of data collected in mental health services research. RRM are especially useful for analyzing data from designs that are longitudinal (observations nested within subjects) or clustered (subjects nested within clusters), both of which are quite common in mental health services research. Under the grant, we developed RRM for nominal outcomes and counts, and produced software and manuals (called MIXNO and MIXPREG) implementing these procedures and describing their use. This work build upon past work of this research team in which methods and programs for continuous, dichotomous, and ordinal outcome variables had been developed (programs MIXREG and MIXOR). Thus, methods and software are now available for a wide class of outcomes for designs that are either longitudinal or clustered. The focus of this competitive renewal is to further generalize RRM to handle data that are both clustered and longitudinal. For example, repeated observations (level-1) may be observed within subjects (level-2) who are nested within clusters (level-3, e.g., hospital, clinic, research unit). For such 3-level data, we proposed to generalize current statistical methodology of RRM, extent our freeware programs, enhance the user interface of these programs, and develop accompanying Primers. A second and more basic statistical research component of this proposal is to begin work on multivariate RRM. Specifically, we propose a general multivariate mixed-effects regression model that combines a random-effects variance component structure for cluster and/or person-specific time trends with a factor analytic model for association between multiple outcome variables (that might simultaneously measure multiple domains of the underlying response process). The model will also allow residual autocorrelation. This new area of statistical research will be explored in detail for the cases of continuous and binary outcome measures. Thus, the overall goal of this proposal is to further develop and generalize RRM to handle many of the challenges encountered in analyzing mental health services research data of various types (i.e., continuous, ordinal, nominal, counts), structures (i.e., univariate or multivariate) and from a variety of designs (i.e., 2-level or 3-level).

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• **Project Title: STATISTICS FOR LONGITUDINAL STUDIES OF MH SERVICES**

  Principal Investigator & Institution: Zeger, Scott L.; Professor and Chair; Biochem and Molecular Biology; Johns Hopkins University 3400 N Charles St Baltimore, Md 21218

  Timing: Fiscal Year 2001; Project Start 15-AUG-1997; Project End 31-JUL-2003

  Summary: This application seeks support for a team of statisticians and mental health scientists to collaborate on the development and validation of regression methods for multiple outcomes collected in longitudinal studies of mental health services. The specific methods to be developed will address the needs of ongoing health services research but also will have application in the basic mental health disciplines such as genetics, clinical trials and epidemiology. The methodologic advances from this research will enable mental health scientists in these disciplines to more efficiently investigate mental disorders and their patterns of care. The three specific aims are:1. To develop, validate, and disseminate new regression methods for multiple outcome measurements collected in longitudinal studies. The specific methods to be developed are for: multiple outcomes observed repeatedly through time; multiple survival (time-to-event) outcomes; and combinations of longitudinal and survival data.2. To compare the application of new and existing methods to mental health services data sets to assess their relative advantages and disadvantages and to disseminate our findings. 3. To develop stand-alone statistical software for new and existing methods unifying survival and longitudinal data analyses and also to integrate this software in Splus, a widely available statistical package with bridges to other popular software including SAS and SPSS. The co-investigators will work as a team that will: analyze diverse health services data sets using existing methods; identify and disseminate common methodologic barriers to scientific inferences; propose improved statistical methods; investigate their theoretical properties; implement the new procedures in computer software; compare the new and existing methods through analyses of our data sets; and disseminate the results to both the mental health services and statistical communities. The new methodologies can contribute to our understanding of mental disorders and patterns of care and ultimately to the improvement of mental health status.

  Website: http://crisp.cit.nih.gov/crisp/Crisp_Query.Generate_Screen

• **Project Title: STIGMA AND PTSD IN REFUGEE ADOLESCENTS**

  Principal Investigator & Institution: Ellis, Beverley H.; Boston Medical Center Gambro Bldg, 2Nd Fl, 660 Harrison Ave, Ste a Boston, Ma 02118

  Timing: Fiscal Year 2003; Project Start 01-AUG-2003; Project End 31-JUL-2006

  Summary: (provided by applicant): The broad, long-term objective of this proposed project is to understand the relations between stigma and health outcomes in refugee children. Although stigma has been clearly linked to negative health outcomes in various populations, no work examines stigma in refugee populations. The results of this study will lay the foundation for further examination of types of stigma experienced by adolescent refugees, pathways through which stigma relates to health outcomes, and potential areas of intervention for this population. Link and Phelan (1995, 2000, 2002) posit a theoretical model in which stigma results in general social disadvantage (e.g., decreased knowledge, money, power, prestige and social connections), via discrimination. Social disadvantage, in turn, leads to a greater exposure to risk factors and decreased access to protective factors related to health outcomes. In addition, stigma directly contributes to life stress, which impacts health outcomes. This model forms the theoretical basis for examining the relations between stigma and health in refugee children. This study seeks to examine the link between stigma associated with
race, religion, and mental illness, and mental health outcomes (particularly PTSD) in Somali refugee adolescents who have resettled in the U.S. It further seeks to test a theoretical model in which stigma relates to mental health problems through a variety of pathways. Social disadvantage, environmental stressors, and mental health service access will be examined as variables mediating the relationship of stigma and mental health. Specifically, this project has the following Specific Aims: 1) to examine and analyze the relations between stigma and mental health symptoms in refugee adolescents, and 2) to test a model relating stigma to mental health via social disadvantage, environmental stressors, and treatment access in refugee adolescents. The study will employ a cross-sectional design to assess 150 Somali adolescent refugees who have been resettled in the states of Massachusetts and Maine. Variables of stigma, social disadvantage, environmental stressors, service access, and mental health will be assessed, and relations between variables examined. In addition, supplementary data examining coping, social support, and social capital in relation to mental health outcomes will be examined.

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- Project Title: STIGMA PSYCHOEDUCATION FOR BLACK MENTAL HEALTH CLIENTS
  Principal Investigator & Institution: Alvidrez, Jennifer; Psychiatry; University of California San Francisco 500 Parnassus Ave San Francisco, Ca 94122
  Timing: Fiscal Year 2003; Project Start 01-AUG-2003; Project End 31-JUL-2006
  Summary: (provided by applicant): The stigma of mental illness is pervasive and significant in this country. The fear of being labeled as a "mental patient" may deter many individuals from seeking treatment. For those with serious but treatable mental illness, avoidance or refusal of outpatient treatment due to stigma may result in unnecessary suffering, further deterioration in social and occupational functioning, and repeated involuntary psychiatric hospitalizations for an already vulnerable population. This is particularly true for African-Americans, who are less likely to receive outpatient mental health treatment but more likely to be involuntarily hospitalized than the general population. Psychoeducational interventions, shown to be effective in promoting acceptance of mental health treatment, may be a promising method to address stigma concerns for African-Americans with mental health problems. As with any intervention, stigma psychoeducation for Black populations is not likely to be successful unless it addresses relevant concerns presented in a way that resonates with this population. One way to achieve this goal is to develop a psychoeducational intervention based on input from Black mental health clients themselves. This application includes four sequential steps in the development of a psychoeducational intervention for Black adults referred for outpatient mental health treatment: 1) collecting qualitative data about stigma concerns and stigma-coping strategies from Black mental health clients and other key informants, 2) developing a psychoeducational intervention based on the qualitative data, 3) revising the intervention based on feedback from key informants and then piloting it on a small group of Black clients to assess feasibility and acceptability, and 4) conducting a pilot intervention trial in which Black clients referred to outpatient mental health treatment are randomized to psychoeducation or a general information session about mental health services. We will examine whether clients who receive the psychoeducation will report less concern about stigma, a greater perceived need for treatment, and most importantly, be more likely to enter outpatient treatment and receive more outpatient services in a 3-month period.
• **Project Title: STRESS, IDENTITY, AND MENTAL HEALTH**

Principal Investigator & Institution: Meyer, Ilan H.; Sociomedical Sciences; Columbia University Health Sciences New York, Ny 10032

Timing: Fiscal Year 2003; Project Start 01-APR-2003; Project End 31-MAR-2006

Summary: (provided by applicant): Members of stigmatized groups are exposed to social stressors related to prejudice that may increase their risk for mental health problems. They confront these stressors by engaging in a multitude of coping responses that can protect them from the adverse effects of stress. Minority identities based on social and psychosocial characteristics are important in defining one’s self. Stressors in these areas may therefore affect mental health of diverse minority populations. Identities may be related to mental health both on their own -- e.g., negative self-identity may induce mental health problems -- and through interaction with social stressors -- e.g., stress related to a prominent identity may have more adverse effects than stress related to peripheral identities. It aims to describe social stressors that affect minority populations, explore the coping and social support resources used to confront these social stressors, and assess the impact of minority identity characteristics on the association of stress and mental health problems. The project has both theoretical and practical significance: Theoretically, it promises to enhance our understanding of stress research by considering the role of identity therein, and to enhance social psychological research on stigma, by building on formulations of stress and coping. Practically, it can direct us toward areas that could be targeted for public health and clinical interventions.

• **Project Title: TESTING COGNITIVE BEHAVIORAL THERAPY IN A PUBLIC SYSTEM**

Principal Investigator & Institution: Toprac, Marcia G.; Texas State Dept of Mental Health & Mr Box 12668, 909 W 45Th St Austin, Tx 78711

Timing: Fiscal Year 2003; Project Start 05-AUG-2003; Project End 31-JUL-2004

Summary: The Texas Department of Mental Health and Mental Retardation (TDMHMR) is committed to incorporating empirically-supported interventions into a service array designed to meet the needs of the citizens of Texas with severe or persistent mental illness. As a part of this on-going effort, TDMHMR proposes to undergo a project designed to identify and implement an empirically-validated cognitive behavioral therapeutic approach for adults diagnosed with major depressive disorder. There is compelling research evidence that cognitive behavioral therapies are as effective as pharmacotherapy in improving depressive symptomatology and may be more effective in preventing relapse. The department has the long-range goal of identifying and implementing one or more validated psychotherapies throughout all community mental health centers in Texas. The current application has three primary aims: (1) to review empirically-validated, manualized, cognitive behavioral therapies for the treatment of major depression in adults and select a therapeutic approach that can best be transported into a community mental health system; (2) to create an implementation plan that includes a training module to maximize implementation and fidelity to the treatment model and addresses methods for reducing common barriers to implementation; and (3) to conduct a brief pilot study utilizing four to eight masters-level clinicians currently employed within community mental health clinics to provide the manualized treatment to consumers deemed appropriate for the service. Providers
will undergo training and supervision by an expert consultant. Adults with major depression referred for counseling will be recruited for the study. Changes in symptom severity during treatment will be measured, as well as each therapists' level of competence with the selected therapeutic approach. This small pilot study will provide preliminary information on the feasibility of implementing this approach within community mental health clinics and provide guidance for the future planning of a more comprehensive implementation effort.

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- **Project Title: TORTURE AND MENTAL HEALTH IN SOUTH AFRICA**
  Principal Investigator & Institution: Williams, David R.; Senior Research Scientist; Survey Research Center; University of Michigan at Ann Arbor 3003 South State, Room 1040 Ann Arbor, Mi 481091274
  Timing: Fiscal Year 2001; Project Start 30-SEP-1998; Project End 31-MAY-2003
  Summary: (Adapted from Applicant's Abstract): This proposal seeks five years of support for an epidemiologic survey of the prevalence and mental health consequences of torture in South Africa (SA). The study has seven specific aims: 1) To identify the prevalence and distribution of exposure to trauma during apartheid; 2) To estimate the mental health consequences of trauma exposure by studying the observed associations with appropriate use of targeted comparisons and statistical controls; 3) To study the effects of a series of hypothesized stress-diathesis variables in modifying the associations between stress exposure and mental health; 4) To examine the extent to which some coping resources that were originally protective of mental health during the years of apartheid are currently associated with poor mental health and heightened stress reactivity; 5) To investigate the impact of the Truth and Reconciliation Commission (TRC) on the mental health of South Africans; 6) To estimate the current prevalence and sociodemographic correlates of commonly occurring mental disorders in SA, the role impairments associated with these disorders, and adequacy of current treatment options; and 7) To study predictors of professional help-seeking among South Africans who currently have mental disorders. No nationally representative data exists on these issues in SA. The proposed study provides an unprecedented opportunity to enhance understanding of the mental health consequences of exposure to racial-political violence in the country of origin a short time after transition to majority rule. The project brings together an experienced multidisciplinary team with senior investigators that include the Dean of South Africa's National School of Public Health at MEDUNSA, the director of the first national survey of mental health in the United States, commissioners of the SA TRC, and survey research experts from the University of Michigan.
  Website: http://crisp.cit.nih.gov/crisp/Crisp_Query.Generate_Screen

- **Project Title: VICTIMIZATION AND MENTAL HEALTH AMONG HIGH RISK YOUTHS**
  Principal Investigator & Institution: D'augelli, Anthony R.; Professor; Center for Development & Health Genetics; Pennsylvania State University-Univ Park 201 Old Main University Park, Pa 16802
  Timing: Fiscal Year 2001; Project Start 01-FEB-1999; Project End 31-JAN-2004
  Summary: Studies of victimization show that lesbian, gay, and bisexual (lgb) youths are often victim of different kinds of attack. Little research to date has investigated the impact of victimization based on sexual orientation on lgb youths' mental health. Available research suggests vulnerability in this population, including an elevated risk
of suicidality. Using a longitudinal design following a diverse sample of youths aged 15 to 20 over a two-year period, this project will investigate the mental health consequences of victimization, especially sexual orientation victimization. A large group of lgb youths from the New York City metropolitan area and from suburban Long Island and Westchester County will be sampled from community-based organizations serving lgb youths. Another group of lgb youths not affiliated with these organizations will also be recruited. An initial group of 500 lgb youths (250 females and 250 males, from different racial/ethnic groups) will be recruited. A final sample size of 405 youths will be available for analysis. Participants will complete extensive self-administered questionnaires, and will be interviewed by trained project assistants. We hypothesize that current victimization has a deleterious effect on lgb youths' adjustment based on youths' personal vulnerability at the time of victimization and their exposure to other stressors. Past vulnerability will be high if youths have a history of psychiatric disorder, of suicidality (suicidal thinking and attempts), and of past victimization. Past victimization includes victimization based on youths' sexual orientation, victimization based on their racial or ethnic background, physical abuse, sexual abuse, victimization by dating partners, exposure to crime, and exposure to other traumatic events. Current stressful life events include stressors particular to lgb youths, especially negative family reactions to youths' sexual orientation. Under conditions of high personal vulnerability and exposure to many stressful life events, victimization of lgb youths leads to traumatic stress reactions, and, in turn, to mental health problems. The relationship between victimization and mental health is mediated by self-esteem, social support, and coping skills. Youths with high self-esteem, high social support, and effective coping skills will not suffer the negative consequences of victimization. The project will answer these questions: 1) What kinds of victimization do lgb youths experience? 2) What mental health problems (psychiatric disorders, behavioral problems, and suicidality) occur among lgb youths? 3) Under what conditions does victimization lead to the development of mental health problems? 4) What characteristics of youths distinguish those who cope successfully with victimization from those who develop mental health problems? 5) What characteristics of youths-especially their victimization history, pre-existing psychiatric disorders, and suicidality history--relate to high risk for future suicide attempts?

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- Project Title: VULNERABILITY AND RESILIENCY IN AFRICAN AMERICAN PARENTS

Principal Investigator & Institution: Cutrona, Carolyn E.; Professor; Psychology; Iowa State University of Science & Tech Ames, Ia 500112207

Timing: Fiscal Year 2001; Project Start 20-AUG-2001; Project End 31-JUL-2006

Summary: (provided by applicant): The proposed study will contribute to our understanding of mental health among African American adults by considering community-level, family-level and individual-level risk and resilience factors during a critical developmental period in the lives of African American parents and their children. Life span research has largely neglected African American adults and there is a pressing need to understand the unique experiences and determinants of mental health among African Americans, as highlighted by the recent Report on Mental Health issued by the Surgeon General. The mental health trajectories of African American parents in different kinds of communities and families will be explored. The data for the proposed project will be collected from an existing sample of 897 African American families, all of whom had a 10-year-old child at the time of initial recruitment. We recruited families
from a range of settings, many family structures, and income levels. We seek funding for two waves of data collection, to be spaced at two-year intervals. With existing data, this will produce a total of four assessments, spanning ages 10 to 16 among the target children. We seek to understand the influence of neighborhood characteristics (e.g., economic disadvantage, social disorder, cohesion) on level of distress and rates of diagnosable disorder and the mechanisms through which neighborhoods affect mental health. Assessments of neighborhood characteristics include both U.S. Census data and the aggregated ratings of neighborhood residents. We will emphasize protective factors that promote successful coping and the avoidance of distress and disorder. Stressors such as race-related negative events and the methods used to cope with them will be highlighted. We will investigate the protective influence of close relationships across different family structures and co-caregiving arrangements. Multi-level analyses, growth curve modeling, and structural equation modeling with latent variables will be used to analyze this very rich longitudinal data set. Companion projects submitted as part of this Interactive Group Research Project will explore community, family, and individual predictors of child resiliency and adjustment, including the development of competence and prosocial behavior (Risk and Resilience among African American Youth; Ronald L. Simons, PI) and avoidance of health risk behaviors (Social Psychological and Familial Influences on the Health Behavior of African American Children, Frederick X. Gibbons, PI).

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- **Project Title:** WHO/NIH JOINT PROJECT ON THE ASSESSMENT OF DISABLEMENT

Principal Investigator & Institution: Ustun, Bedirhan; World Health Organization 1211 Avenue Appia Geneva,

Timing: Fiscal Year 2001; Project Start 01-JUL-1985; Project End 31-JUL-2002

Summary: The disablements (impairments, disabilities and handicaps) which result from alcohol and drug use and mental (ADM) disorders are a major public health problem. They are of increasing concern because of their impact on health services. Diagnosis alone does not provide sufficient understanding of the need for mental health care. Assessment and classification of disablements provides an important additional dimension for understanding the health care needs, provision and outcomes. At present researchers and policy-makers are hampered in their ability to make accurate assessments of the form and frequency of such disablements, to develop projections of future health care needs and costs, and to evaluate and monitor management, treatment and outcomes. These difficulties stem from the absence of standardized methods for the assessment and classification of these disablements. The primary purpose of this proposal is to develop a comprehensive system for assessment of disablements resulting from ADM disorders. This proposal is a continuation of the WHO/NIH Joint project which has provided an international common language for psychiatric diagnosis and developed diagnostic instruments for ADM disorders in accordance with international classifications. The current term will focus on the disablements resulting from ADM disorders. The current proposal will also complete work and continue the coordination of research for international diagnostic instruments. Specific aim 1 is to develop two instruments for the assessment of disablements, one for use in clinical settings and one for use in health care research. Cross-cultural definitions and methods of assessing disablements will be reviewed and will be used as the basis for developing instruments. The instruments will be reviewed and pilot tested at international collaborating centres and the revised instruments will be tested in focused field tests. Two pilot studies will
be designed for health services research utilizing the disablement assessment instruments. The first study will focus on the ability of the instruments to predict service need. The second study will examine the ability of the disablement assessment instruments to predict health service utilization and cost. Specific aim 2 is continue work related to the diagnostic instruments, including further analysis and publication of the reliability and validity study data for alcohol and drug use disorders, and prepare a critical review of the diagnostic instruments produced by the Joint Project to develop a research strategy addressing assessment of severity, course and comorbidity.

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- **Project Title: WOMEN'S DISCLOSURE OF THEIR HIV STATUS**
  Principal Investigator & Institution: Serovich, Julianne M.; Associate Professor; Family Relations & Human Devel; Ohio State University 1800 Cannon Dr, Rm 1210 Columbus, Oh 43210
  Timing: Fiscal Year 2001; Project Start 15-JUN-2001; Project End 31-MAY-2006
  Summary: (provided by applicant): Disclosing HIV status information to friends, family, and significant others can play a pivotal role in improving mental health outcomes for women. In fact, it has long been established that those who share health-related information with others experience fewer emotional difficulties than those who do not. Disclosure of sensitive information like HIV, however, has also been shown to be potentially harmful under certain conditions, such as when women fear reprisal. The central hypothesis of this proposal is that women who disclose their status to supportive family, friends, and significant others are more likely to have higher emotional well-being and requisite social support than those who do not. We plan to test the hypothesis by pursuing the following three specific aims: (1) measure disclosure, indices of mental health, and social support of HIV-positive women at defined intervals post diagnosis; (2) test and refine a recently developed theoretical model that will accurately predict the relationship between disclosure, social support, and mental health; (3) identify aspects of the relationship between family, friend, and partners and HIV-positive women which would contribute to supportive post disclosure reactions. Participants for this project will be 100 HIV-positive women residing in or near Columbus, Ohio. Participants will be recruited from The Ohio State University HIV/AIDS Clinical Research Unit (ACTU), Family AIDS Clinic and Educational Services (FACES) and the Columbus AIDS Task Force (CATF). Participants will be requested to complete data collection instruments every 6 months for three years. Data include: consequences of disclosure (negative and positive), social support (friends and family), and indices of mental health (depression, loneliness, self-esteem, anxiety, coping, stress, medical adherence and alcohol and substance use) along with basic demographic information. The information gathered in this study can be utilized to assist women with their long term coping with HIV. Findings can be used to develop intervention programs specifically for HIV-positive women to help them with disclosure issues, modify existing intervention programs for women to assist them with their disclosure concerns, and educate therapists, nurses, physicians and other professionals who assist HIV-positive women with their mental health needs about disclosure.
  Website: http://crisp.cit.nih.gov/crisp/Crisp_Query.Generate_Screen

- **Project Title: YOUNG AFRICAN AMERICAN MALES' READINESS TO SEEK HELP**
  Principal Investigator & Institution: Scott, Lionel; None; Washington University Lindell and Skinker Blvd St. Louis, Mo 63130
Studies

Timing: Fiscal Year 2003; Project Start 07-JAN-2003; Project End 31-DEC-2004

Summary: (provided by applicant): Both cursory and in-depth reviews of the social and behavioral science literature show that studies of the help-seeking behaviors of African American males are miniscule in comparison to analyses of their poor-to-marginal health and social status in the United States. Yet, the health and help-seeking behaviors of African American men have been implicated in their higher rates of morbidity and mortality. This study, the Male African American Help-Seeking Study (MAAHS), focuses on African American males leaving the foster care system. MAAHS builds on an NIMH-funded project (I01 MH061404-01A1) that examines the mental health and service use of older adolescents leaving the foster care system. Specifically, MAAHS adds a focus on the influence of stigma, mistrust, and satisfaction with prior social and mental-health services on current and subsequent use of mental health services and the readiness of African American males to seek professional help in the future. MAAHS will also explore, qualitatively, the characteristics of African American males' current and former service utilization histories that are associated with low readiness to use social and mental health services in the future. Data on 90 African American males will be collected at two points in time. At baseline, participants will be administered a structured questionnaire that collects data about stigma, mistrust, and prior service satisfaction. A follow-up, semi-structured interview (6-months later) will collect numerical and non-numerical data about African American males' voluntary use of professional social and mental health services during the previous 6-months and their readiness to use these services in the future. Loglinear analyses will be conducted with the quantitative data to determine whether stigma, mistrust, and prior service satisfaction is related to mental health service use and readiness. Qualitative data will be entered into QSR NUDIST and coded based on recurrent themes from open-ended responses. Hence, this study provides an opportunity for the voices of African American males leaving foster care to inform services that are rendered to their future counterparts in the foster care system and the adult systems of mental health care that they may be accessing in the future. The resources of the Center for Mental Health Services Research and the added dimension of this RO3 study to the parent grant make this a worthy and cost-effective investigation.

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- **Project Title: YOUTH VIOLENCE—UNMET NEED FOR MENTAL HEALTH SERVICES**

  Principal Investigator & Institution: Menvielle, Edgardo; Assistant Professor; Children's Research Institute Washington, D.C., Dc 20010

  Timing: Fiscal Year 2001; Project Start 22-APR-1999; Project End 31-MAR-2004

  Summary: This study proposes to examine the rate, severity, and clinical course of psychiatric disorders, the rate of functional deficits, and the pattern of services, across service sectors, used by adolescents seeking emergency medical care for injuries. The main objective is to gain understanding of the extent of the unmet service need and barriers to service access for traumatized adolescents. The four specific aims are: 1) To examine differences between adolescents using the Emergency Room for injuries and adolescents using the ER for reasons other than injuries in the rate and severity of selected psychiatric symptoms and functional deficits; 2) To examine group differences in services used in the year prior to the event and track services used and it's relationship to psychiatric disorders in the year following the event; 3) To track group differences in the rates of violence recidivism and risk-taking and their relation to psychiatric disorders in the year following the event; 4) To examine parents' and
children’s attitudes and preferences about services in order to understand barriers to access. The design is a one-year tracking of three groups of 120 (Total 360) 12 to 17 year-olds seeking services at the Emergency Room of a large regional pediatric trauma center for three different reasons: a) physical injuries related to intentional violence; b) physical injuries secondary to unintentional events (“accidents”); and c) reasons other than injury (control). Structure interviews of the adolescent and of his/her parent will be done soon after the injury, after 6 months, and after 12 months (three interviews). The focus of interviews is to elicit information about psychiatric symptoms, indicators of functional deficits, recurrence of violence, risk behaviors, and services used. Another component includes focus groups of similar children and of their parents, to explore factors that may affect their decisions to seek mental health services. Guided by key concepts from clinical psychiatry, the Theory of reasoned Action, the Health Belief Model and the Behavioral Model for Service Use three main hypotheses emerge: 1) More psychiatric symptoms (e.g. PTSD), deficits in functioning will be observed among injured subjects; 2) More mental health services and other services will be used by injured subjects if subjects perceive themselves as in need of services, have an expectation that services will be beneficial, and perceive less access barriers; and, 3) More violence re-exposure and risk-taking will be observed among injured subjects. These comparisons will be also made between the intentionally and the unintentionally injured groups. By defining a high risk population that potentially could be targeted for interventions in the ER by understanding the needs, what services they get and what services they should get, the proposed study is likely to make a substantial contribution to the fields of trauma related adolescent clinical and mental health services research. The potential contribution is both practical and academic. The use of a prospective design with state of the art instrumentation and focus groups will provide a research database that will facilitate and stimulate intervention research.

Website: http://crisp.cit.nih.gov/crisp/Crisp_Query.Generate_Screen

- Project Title: YOUTHS’ ACCESS TO MENTAL HEALTH SERVICES: A CAREER AWARD

Principal Investigator & Institution: Stiffman, Arlene R.; Professor; None; Washington University Lindell and Skinker Blvd St. Louis, Mo 63130

Timing: Fiscal Year 2001; Project Start 04-AUG-2000; Project End 31-JUL-2005

Summary: (Applicant’s abstract): Knowledge of youths’ access to mental health services is an underdeveloped, but nationally important, issue that will impact the way youths’ services are funded and provided. This research career proposal addresses youths’ entry into and pathways through mental health services provided by both specialty and nonspecialty sectors (mental health, public health, child welfare, juvenile justice, education, and drug and alcohol). To date, services research has neglected the role of social workers and nonspecialty mental health professionals in the provision of mental health services. A K02 Award will allow Dr. Stiffman the time to build upon her previous work, adding breadth to its significant contributions in this area. The research will test hypotheses with data from ongoing studies and address knowledge needed to provide better access to mental health services in multiple service sectors. The hypotheses relate to service access; the role of the gateway provider, and Medicaid/managed care: 1. Youths’ use of services for their mental health problems is determined by: their need, their predisposing characteristics, and service enabling characteristics; 2. Youths’ access to services for their mental health problems is determined by: their need as perceived by gateway providers, and those gateway providers’ resources, service connections, and service knowledge; 3. The use of specialty
Studies

mental health services is positively associated with the availability and accessibility of Medicaid and managed care reimbursed services. This study will also explore service access questions about which too little is yet known to frame specific hypotheses, but which are important to improving access and delivery of services. During the K02, exploratory analyses will help frame these as hypotheses for new studies: 1.) What are the multisector configurations of services and their complementary or supplementary relationships; 2.) What is the relationship of problem persistence to service configuration change over time? and; 3.) What is the relationship of barriers (which will change over time) to changes in service configurations?

Website: http://crisp.cit.nih.gov/crisp/Crisp_Query.Generate_Screen

E-Journals: PubMed Central

PubMed Central (PMC) is a digital archive of life sciences journal literature developed and managed by the National Center for Biotechnology Information (NCBI) at the U.S. National Library of Medicine (NLM). Access to this growing archive of e-journals is free and unrestricted. To search, go to http://www.ncbi.nlm.nih.gov/entrez/query.fcgi?db=Pubmed and type “mental health” (or synonyms) into the search box. This search gives you access to full-text articles. The following is a sample of items found for mental health in the PubMed Central database:


3 Adapted from the National Library of Medicine: http://www.pubmedcentral.nih.gov/about/intro.html.

4 With PubMed Central, NCBI is taking the lead in preservation and maintenance of open access to electronic literature, just as NLM has done for decades with printed biomedical literature. PubMed Central aims to become a world-class library of the digital age.

5 The value of PubMed Central, in addition to its role as an archive, lies in the availability of data from diverse sources stored in a common format in a single repository. Many journals already have online publishing operations, and there is a growing tendency to publish material online only, to the exclusion of print.
• Increased CNS levels of apolipoprotein D in schizophrenic and bipolar subjects: Implications for the pathophysiology of psychiatric disorders. by Thomas EA, Dean B, Pavey G, Sutcliffe JG.; 2001 Mar 27; http://www.pubmedcentral.gov/articlerender.fcgi?tool=pmcentrez&artid=31180


• Mental health first aid training for the public: evaluation of effects on knowledge, attitudes and helping behavior. by Kitchener BA, Jorm AF.; 2002; http://www.pubmedcentral.gov/articlerender.fcgi?tool=pmcentrez&artid=130043


The National Library of Medicine: PubMed

One of the quickest and most comprehensive ways to find academic studies in both English and other languages is to use PubMed, maintained by the National Library of Medicine.6 The advantage of PubMed over previously mentioned sources is that it covers a greater number of domestic and foreign references. It is also free to use. If the publisher has a Web site that offers full text of its journals, PubMed will provide links to that site, as well as to sites offering other related data. User registration, a subscription fee, or some other type of fee may be required to access the full text of articles in some journals.

To generate your own bibliography of studies dealing with mental health, simply go to the PubMed Web site at http://www.ncbi.nlm.nih.gov/pubmed. Type “mental health” (or synonyms) into the search box, and click “Go.” The following is the type of output you can expect from PubMed for mental health (hyperlinks lead to article summaries):

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6 PubMed was developed by the National Center for Biotechnology Information (NCBI) at the National Library of Medicine (NLM) at the National Institutes of Health (NIH). The PubMed database was developed in conjunction with publishers of biomedical literature as a search tool for accessing literature citations and linking to full-text journal articles at Web sites of participating publishers. Publishers that participate in PubMed supply NLM with their citations electronically prior to or at the time of publication.
- A comparison of Russian and British attitudes towards mental health problems in the community.
  Author(s): Shulman N, Adams B.

- A comparison of the mental health of employed and unemployed women in the context of a massive layoff.
  Author(s): Murray CL, Gien L, Solberg SM.

- A comparison of white-collar jobs in regard to mental health consultation rates in a health care center operated by a Japanese company.
  Author(s): Soeda S, Hayashi T, Sugawara Y, Takano T, Terao T, Nakamura J.

- A mental health intervention for schoolchildren exposed to violence: a randomized controlled trial.
  Author(s): Stein BD, Jaycox LH, Kataoka SH, Wong M, Tu W, Elliott MN, Fink A.

- A new revolution in health care. Mental health care of older adults is vital.
  Author(s): Talerico KA.

- A population health framework for inner-city mental health.
  Author(s): Strike C, Goering P, Wasylkenki D.

- A population survey of mental health problems in children with epilepsy.
  Author(s): Davies S, Heyman I, Goodman R.
• A potentially dangerous flaw in the Mississippi mental health commitment process.
  Author(s): Reeves RR, Beddingfield JJ.

• A psychiatric nurse muses about mental health.
  Author(s): Doncliff B.

• A review of an outpatient paediatric mental health clinic: what we did and what parents thought of it.
  Author(s): Macleod L, Maclean A, Stephen T, Dwyer J.

• A review of research on the structure, process and outcome of liaison mental health services.
  Author(s): Callaghan P, Eales S, Coates T, Bowers L.

• A school-based mental health program for traumatized Latino immigrant children.
  Author(s): Kataoka SH, Stein BD, Jaycox LH, Wong M, Escudero P, Tu W, Zaragoza C, Fink A.

• A systematic review of the effectiveness of stress-management interventions for mental health professionals.
  Author(s): Edwards D, Burnard P, Owen M, Hannigan B, Fothergill A, Coyle D.

• A voice to be heard in mental health.
  Author(s): Ginath Y, Greenberg D.
• **A vote for mental health.**  
  Author(s): Secrest L, Cooper N.  

• **Addressing students' social and emotional needs: the role of mental health teams in schools.**  
  Author(s): Haynes NM.  

• **Adolescent treatment outcome in a community mental health center.**  
  Author(s): Dalton R, Pellerin K, Wolfe M, Stewart L, Thibodeaux D, Clouatre A, Chase C.  

• **Advance directives for mental health care: an analysis of state statutes.**  
  Author(s): Fleischner RD.  

• **Advanced 'prescribing' of nurses' emergency holding powers under New Zealand mental health legislation.**  
  Author(s): Farrow TL, McKenna BG, O'Brien AJ.  

• **Advocating for equality in mental health coverage.**  
  Author(s): Beesley E.  

• **Advocating for mental health patients in a system under stress.**  
  Author(s): Parsons C.  
• **Advocating for mental health services for children with depressive disorders.**
  Author(s): De Santis JP.

• **African-Caribbean interactions with mental health services in the UK: experiences and expectations of exclusion as (re)productive of health inequalities.**
  Author(s): Mclean C, Campbell C, Cornish F.

• **Age, acculturation, cultural adjustment, and mental health symptoms of Chinese, Korean, and Japanese immigrant youths.**
  Author(s): Yeh CJ.

• **Ambient neighbourhood noise and children's mental health.**
  Author(s): Haines M, Stansfeld S.

• **An assessment of the mental health of physicians specializing in the field of child neurology.**
  Author(s): Horiguchi T, Kaga M, Inagaki M, Uno A, Lasky R, Hecox K.

• **An examination of telephone triage in a mental health context.**
  Author(s): Kevin J.

  Author(s): Asplund R.
- **Are mental health services for children distributed according to needs?**  
  Author(s): Blais R, Breton JJ, Fournier M, St-Georges M, Berthiaume C.  

- **Asian American and Pacific Islander mental health and substance abuse agencies: organizational characteristics and service gaps.**  
  Author(s): Chow J.  

- **Assessing risk: professional perspectives on work involving mental health and child care services.**  
  Author(s): Barbour RS, Stanley N, Penhale B, Holden S.  
  Source: Journal of Interprofessional Care. 2002 November; 16(4): 323-34.  

- **Assessment of community mental health centres in Bosnia and Herzegovina as part of the ongoing mental health reform.**  
  Author(s): Lagerkvist B, Maglajlic RA, Puratic V, Susic A, Jacobsson L.  

- **Attention-deficit/hyperactivity disorder in school-aged children: association with maternal mental health and use of health care resources.**  
  Author(s): Lesesne CA, Visser SN, White CP.  

- **Attitudes of postgraduate nursing students towards consumer participation in mental health services and the role of the consumer academic.**  
  Author(s): Happell B, Pinkakahana J, Roper C.  

- **Attitudes towards mental health care in younger and older adults: similarities and differences.**  
  Author(s): Robb C, Haley WE, Becker MA, Polivka LA, Chwa HJ.  
• **Balancing professional and team boundaries in mental health services: pursuing the holy grail in Somerset.**
  Author(s): Gulliver P, Peck E, Towell D.

• **Barriers to cancer screening amongst women with mental health problems.**
  Author(s): Owen C, Jessie D, De Vries Robbe M.

• **Barriers to children’s mental health services.**
  Author(s): Owens PL, Hoagwood K, Horwitz SM, Leaf PJ, Poduska JM, Kellam SG, Ialongo NS.

• **Barriers to effective mental health services for African Americans.**
  Author(s): Snowden LR.

• **Barriers to mental health care access in an African American population.**
  Author(s): Hines-Martin V, Malone M, Kim S, Brown-Piper A.

• **Barriers to optimal care for patients with coexisting substance use and mental health disorders.**
  Author(s): Todd FC, Sellman JD, Robertson PJ.

• **Barriers to providing effective mental health services to American Indians.**
  Author(s): Johnson JL, Cameron MC.
• **Barriers to providing effective mental health services to Asian Americans.**
  Author(s): Leong FT, Lau AS.

• **Barriers to treatment among members of a mental health advocacy group in South Africa.**
  Author(s): Seedat S, Stein DJ, Berk M, Wilson Z.

• **Bed/population ratios in South African public sector mental health services.**
  Author(s): Lund C, Flisher AJ, Porteus K, Lee T.

• **Behavior and mental health problems in children with epilepsy and low IQ.**
  Author(s): Buelow JM, Austin JK, Perkins SM, Shen J, Dunn DW, Fastenau PS.

• **Behavior problems of children with autism, parental self-efficacy, and mental health.**
  Author(s): Hastings RP, Brown T.

• **Behavioral health issue brief: mental health and substance abuse parity: year end report-2002.**
  Author(s): Delaney T, Crean E.
  Source: Issue Brief Health Policy Track Serv. 2002 December 31; : 1-16.

• **Behavioral health issue brief: minimum mandated benefits and mandated offerings for mental health and substance abuse: year end report-2002.**
  Author(s): Delaney T, Crean E.

• **Behavioural development and mental health in infancy: object retrieval.**
  Author(s): Lange-Kuttner C.
• Being-with, doing-with: a model of the nurse-client relationship in mental health nursing.
  Author(s): Hanson B, Taylor MF.

• Benchmarking mental health care in a general hospital.
  Author(s): Harrison A, Devey H.

• Beneficence vs. obligation: challenges of the Americans with Disabilities Act for consumer employment in mental health services.
  Author(s): Francis LE, Colson PW, Mizzi P.

• Benign mental health consequences of screening for mutations of BRCA1/BRCA2.
  Author(s): Coyne JC, Kruus L, Kagee A, Thompson R, Palmer S, Kruus L.

• Best practices: racial and ethnic effects on antipsychotic prescribing practices in a community mental health center.
  Author(s): Woods SW, Sullivan MC, Neuse EC, Diaz E, Baker CB, Madonick SH, Griffith EE, Steiner JL.

• Best practices: terrorism and mental health: private-sector responses and issues for policy makers.
  Author(s): Goldman W.

• Bias in mental health assessment and intervention: theory and evidence.
  Author(s): Snowden LR.
- **Bicultural training and Maori mental health services.**
  Author(s): Kuten J.

- **Bipolar disorder in the general population in The Netherlands (prevalence, consequences and care utilisation): results from The Netherlands Mental Health Survey and Incidence Study (NEMESIS).**
  Author(s): ten Have M, Vollebergh W, Bijl R, Nolen WA.

- **Boundary maintenance as a barrier to mental health help-seeking for depression among the Old Order Amish.**
  Author(s): Reiling DM.

- **Brazil's mental health adventure.**
  Author(s): Weingarten R.

- **Bridging the gap: recruitment of African-American women into mental health research studies.**
  Author(s): Meinert JA, Blehar MC, Peindl KS, Neal-Barnett A, Wisner KL.

- **Bringing an end to two-tier mental health care.**
  Author(s): Bernstein R, Koyanagi C.
• **Bringing it all together: linking mental health and paediatric services.**  
  Author(s): Tipper P, Moon L.  

• **Bringing mental health into the mainstream.**  
  Author(s): Ghosh JM.  

• **Bringing mental health into the mainstream.**  
  Author(s): Wig NN.  

• **British Iraqi doctors set up charity to support Iraq's mental health services.**  
  Author(s): Dyer O.  

• **Building bridges: towards integrated library and information services for mental health and social care.**  
  Author(s): Blackburn N.  

• **CARE: a framework for mental health practice.**  
  Author(s): McAllister M, Walsh K.  

• **Career development and training in geriatric mental health: report of an NIMH workshop.**  
  Author(s): Olin JT, Reynolds CF 3rd, Light E, Cuthbert BN.  
• Case finding and mental health services for children in the aftermath of the Oklahoma City bombing.

• Case-mix adjustment of adolescent mental health treatment outcomes.
  Author(s): Phillips SD, Kramer TL, Compton SN, Burns BJ, Robbins JM.

• Challenges to the transition to independent investigator in geriatric mental health.
  Author(s): Bruce ML.

• Child & adolescent psychiatry: Accessing Medicaid's child mental health services: the experience of parents in two states.
  Author(s): Semansky RM, Koyanagi C.

• Child behaviour problems and partner mental health as correlates of stress in mothers and fathers of children with autism.
  Author(s): Hastings RP.

• Childhood social and early developmental factors associated with mental health service use.
  Author(s): Gunther N, Slavenburg B, Feron F, van Os J.

• Children's emotional well-being and mental health in early post-second world war britain: the case of unrestricted hospital visiting.
  Author(s): Hendrick H.
- **Children's mental health after disasters: the impact of the World Trade Center attack.**  
  Author(s): Hoven CW, Duarte CS, Mandell DJ.  

- **Children's mental health: recommendations for research, practice and policy.**  
  Author(s): Steinberg AG, Gadomski A, Wilson MD.  

- **Children's use of mental health services in different Medicaid insurance plans.**  
  Author(s): Mandell DS, Boothroyd RA, Stiles PG.  

- **Clinical comparability of schizophrenia patients at two public mental health systems.**  
  Author(s): Ascher-Svanum H, Zhu B, Stensland MD, Sterling K.  

- **Clinical utility and policy implications of a statewide mental health screening process for juvenile offenders.**  
  Author(s): Stewart DG, Trupin EW.  

- **Cloning the clinician: a method for assessing illusory mental health.**  
  Author(s): Shedler J, Karliner R, Katz E.  

- **Cognition and mental health.**  
  Author(s): Matsuda Y.  
• Combination antiretroviral therapy and improvements in mental health: results from a nationally representative sample of persons undergoing care for HIV in the United States.
  Author(s): Chan KS, Orlando M, Joyce G, Gifford AL, Burnam MA, Tucker JS, Sherbourne CD.

• Commentary: Mental health in the inmate disciplinary process.
  Author(s): Belitsky R.

• Commentary: The role of mental health in the inmate disciplinary process.
  Author(s): Metzner JL.

• Commission recommends broad-scale reform of mental health system.
  Author(s): Rollins G.

• Community school nurses and mental health support: a service evaluation.
  Author(s): Chipman M, Gooch P.

• Comparing DISC-IV and clinician diagnoses among youths receiving public mental health services.
  Author(s): Lewczyk CM, Garland AF, Hurlburt MS, Gearity J, Hough RL.

• Compassion, prejudice and mental health nursing.
  Author(s): Ward N.
• **Compassion, prejudice and mental health nursing.**  
  Author(s): Morrison A.  

• **Confidentiality for mental health concerns in adolescent primary care.**  
  Author(s): Wissow L, Fothergill K, Forman J.  

• **Consensus statement on improving the quality of mental health care in U.S. nursing homes: management of depression and behavioral symptoms associated with dementia.**  
  Author(s): American Geriatrics Society; American Association for Geriatric Psychiatry.  

• **Consensus statement on the upcoming crisis in geriatric mental health: research agenda for the next 2 decades.**  
  Author(s): Jeste DV, Alexopoulos GS, Bartels SJ, Cummings JL, Gallo JJ, Gottlieb GL, Halpain MC, Palmer BW, Patterson TL, Reynolds CF 3rd, Lebowitz BD.  
  Source: Archives of General Psychiatry. 1999 September; 56(9): 848-53. Review.  

• **Consent to treatment and mental health.**  
  Author(s): Parsons A.  

• **Constructing management practice in the new public management: the case of mental health managers.**  
  Author(s): Connolly M, Jones N.  

• **Consumer participation in mental health services: looking from a consumer perspective.**  
  Author(s): Lammers J, Happell B.  
• **Controlled trial of discharge planning by video-link in a UK urban mental health service: responses of staff and service users.**
  Author(s): McLaren P, Jegan S, Aihlomb J, Gallo F, Gaughran F, Forni C.

• **Coping with conflict and confusing agendas in multidisciplinary community mental health teams.**
  Author(s): Lankshear AJ.

• **Copying letters to patients: mental health professionals are in fact likely to support this initiative.**
  Author(s): Roy D.

• **Correlation of mental health problems with psychological constructs in adolescence: final results from a 2-year study.**
  Author(s): Kim YH.

• **Cost offset effect strategies for the provision of mental health care services.**
  Author(s): Kocakulah MC, Valadares KJ.

• **Cost sharing for substance abuse and mental health services in managed care plans.**
  Author(s): Hodgkin D, Horgan CM, Garnick DW, Merrick EL.
  Source: Medical Care Research and Review : Mccr. 2003 March; 60(1): 101-16.

• **Cultural adaptation of mental health measures: improving the quality of clinical practice and research.**
  Author(s): Bhui K, Mohamud S, Warfa N, Craig TJ, Stansfeld SA.
• **Cultural consultation: a model of mental health service for multicultural societies.**
  Author(s): Kirmayer LJ, Groleau D, Guzder J, Blake C, Jarvis E.

• **Custody and caring: innovations in Australian correctional mental health nursing practice.**
  Author(s): Doyle J.

• **Datapoints: use of nonpsychiatric inpatient care by medicaid mental health service users.**
  Author(s): Buck JA, Miller K.

• **Debating forensic mental health nursing.**
  Author(s): McKenna B, Poole S.

• **Deciding who to see: lesbians discuss their preferences in health and mental health care providers.**
  Author(s): Saulnier CF.

• **Deconstructing current comorbidity: data from the Australian National Survey of Mental Health and Well-Being.**
  Author(s): Andrews G, Slade T, Issakidis C.

• **Deconstructing risk assessment and management in mental health nursing.**
  Author(s): Crowe M, Carlyle D.
- Defining mental illness and accessing mental health services: perspectives of Asian Canadians.
  Author(s): Li HZ, Browne AJ.

  Author(s): Jacobson N.

- Demand for, access to and use of community mental health care: lessons from a demonstration project in India and Pakistan.
  Author(s): James S, Chisholm D, Murthy RS, Kumar KK, Sekar K, Saeed K, Mubbashar M.

- Demonstrating translational research for mental health services: an example from stigma research.
  Author(s): Corrigan PW, Bodenhausen G, Markowitz F, Newman L, Rasinski K, Watson A.

- Depressed medical students' use of mental health services and barriers to use.
  Author(s): Givens JL, Tjia J.

- Depression among youth in primary care models for delivering mental health services.
  Author(s): Asarnow JR, Jaycox LH, Anderson M.

- Depression and comorbid medical illness: the National Institute of Mental Health perspective.
  Author(s): Stover E, Fenton W, Rosenfeld A, Insel TR.
  Source: Biological Psychiatry. 2003 August 1; 54(3): 184-6. Review.
• Developing a social perspective in mental health services in primary care.
  Author(s): Firth MT, Dyer M, Marsden H, Savage D.

• Developing an integrated mental health nursing team.
  Author(s): Shannon-Jones S, Surridge A, Boden J.

• Developing links. Mental health and older people.
  Author(s): Crump A.
  Source: Nursing Older People. 2002 November; 14(8): 35.

• Development and use of online mental health services in Greece.
  Author(s): Lambousis E, Politis A, Markidis M, Christodoulou GN.

• Development of a group model of clinical supervision to meet the needs of a community mental health nursing team.
  Author(s): Walsh K, Nicholson J, Keough C, Pridham R, Kramer M, Jeffrey J.

• Development of national mental health programmes in the countries of the eastern Mediterranean region.
  Author(s): Wig NN.

• Developments in child and adolescent mental health services in The Netherlands.
  Author(s): Wilkinson T.

• Diary of a mental health nurse. Community? What community?
  Author(s): Turner T.
• Differences between patient and staff perceptions of aggression in mental health units.
  Author(s): Ilkiw-Lavalle O, Grenyer BF.

• Differences in community mental health literacy in older and younger Australians.
  Author(s): Fisher LJ, Goldney RD.

• Differences in the use of a school mental health program in secondary schools.
  Author(s): Fertman CI, Ross JL.

• Discourses of blame: accounting for aggression and violence on an acute mental health inpatient unit.
  Author(s): Benson A, Secker J, Balfe E, Lipsedge M, Robinson S, Walker J.

• Discrepancies between patients and professionals in the assessment of patient needs: a quantitative study of Norwegian mental health care.
  Author(s): Hansen T, Hatling T, Lidal E, Ruud T.

• Discrimination and Puerto Rican children's and adolescents' mental health.
  Author(s): Szalacha LA, Erkut S, Garcia Coll C, Alarcon O, Fields JP, Ceder I.

• Disseminating evidence-based mental health practices.
  Author(s): Corrigan P, McCracken S, Blaser B.
  Source: Evidence-Based Mental Health. 2003 February; 6(1): 4-5.
• Do minorities in the United States receive fewer mental health services than whites?
  Author(s): Lasser KE, Himmelstein DU, Woolhandler SJ, McCormick D, Bor DH.

• Does educational background explain inequalities in care service use for mental health problems in the Dutch general population?
  Author(s): Have M, Oldehinkel A, Vollebergh W, Ormel J.

• Does extra staff change clinical practice? A prospective study of the impact of extra resources in mental health teams.
  Author(s): Kent A, Fiander M, Burns T.

• Does fear of coercion keep people away from mental health treatment? Evidence from a survey of persons with schizophrenia and mental health professionals.
  Author(s): Swartz MS, Swanson JW, Hannon MJ.

• Does one size really fit all? Why the mental health of rural Australians requires further research.
  Author(s): Fraser C, Judd F, Jackson H, Murray G, Humphreys J, Hodgins GA.

• Does satisfaction reflect the technical quality of mental health care?
  Author(s): Edlund MJ, Young AS, Kung FY, Sherbourne CD, Wells KB.

• Does seclusion have a role to play in modern mental health nursing?
  Author(s): Griffiths L.
• **Dose response in child and adolescent mental health services.**
  Author(s): Bickman L, Andrade AR, Lambert EW.

• **Dropping out of mental health treatment: patterns and predictors among epidemiological survey respondents in the United States and Ontario.**
  Author(s): Edlund MJ, Wang PS, Berglund PA, Katz SJ, Lin E, Kessler RC.

• **DSM-IV generalized anxiety disorder in the Australian National Survey of Mental Health and Well-Being.**
  Author(s): Hunt C, Issakidis C, Andrews G.

• **Duration of major depressive episodes in the general population: results from The Netherlands Mental Health Survey and Incidence Study (NEMESIS).**
  Author(s): Spijker J, de Graaf R, Bijl RV, Beekman AT, Ormel J, Nolen WA.

• **Early detection of mental health problems in older people.**
  Author(s): Sayers J, Watts S, Bhutani G.

• **Early identification of children at risk for costly mental health service use.**
  Author(s): Jones D, Dodge KA, Foster EM, Nix R; Conduct Problems Prevention Research Group.

• **Early puberty is associated with mental health problems in middle adolescence.**
  Author(s): Kaltiala-Heino R, Marttunen M, Rantanen P, Rimpela M.
• Education and income: which is more important for mental health?
  Author(s): Araya R, Lewis G, Rojas G, Fritsch R.

• Education for community mental health nurses: a summary of the key debates.
  Author(s): Trenchard S, Burnard P, Coffey M, Hannigan B.

• Effect of a mental health “carve-out” program on the continuity of antipsychotic therapy.
  Author(s): Ray WA, Daugherty JR, Meador KG.

• Effect of medical, drug abuse, and mental health care on receipt of dental care by drug users.
  Author(s): Turner BJ, Laine C, Cohen A, Hauck WW.
  Source: Journal of Substance Abuse Treatment. 2002 October; 23(3): 239-46.

• Effect of trauma on the mental health of Palestinian children and mothers in the Gaza Strip.
  Author(s): Thabet AA, Abed Y, Vostanis P.

• Effectiveness of cognitive therapy for depression in a community mental health center: a benchmarking study.
  Author(s): Merrill KA, Tolbert VE, Wade WA.

• Effectiveness of the New York State Office of Mental Health Core Curriculum: direct care staff training.
  Author(s): Way BB, Stone B, Schwager M, Wagoner D, Bassman R.
• **Effects of capitated mental health services on youth contact with the juvenile justice system.**  
  Author(s): Scott MA, Snowden L, Libby AM.  

• **Effects of depressive symptoms and mental health quality of life on use of highly active antiretroviral therapy among HIV-seropositive women.**  
  Author(s): Cook JA, Cohen MH, Burke J, Grey D, Anastos K, Kirstein L, Palacio H, Richardson J, Wilson T, Young M.  

• **Effects of school-based mental health programs on mental health service use by adolescents at school and in the community.**  
  Author(s): Slade EP.  

• **Effects of visual arts instruction on the mental health of adults with mental retardation and mental illness.**  
  Author(s): Malley SM, Dattilo J, Gast D.  

• **Emergency Department Mental Health Triage and Consultancy Service: an advanced practice role for mental health nurses.**  
  Source: Contemp Nurse. 2003 April; 14(2): 138-44. Review.  

• **Emergency department mental health triage consultancy service: a qualitative evaluation.**  
  Author(s): Wynaden D, Chapman R, McGowan S, McDonough S, Finn M, Hood S.  
• Emergency mental health management in bioterrorism events.
  Author(s): Benedek DM, Holloway HC, Becker SM.

• Emergency psychiatric detentions in a Scottish health region—the use of Sections 24 and 25 of the Mental Health (Scotland) Act 1984.
  Author(s): Stevenson GS.

• Empowerment for adults with chronic mental health problems and obesity.
  Author(s): Ekpe HI.

• Enforcing patient rights or improving care? The interference of two modes of doing good in mental health care.
  Author(s): Pols J.

• Epidemiology of child mental health problems in Gaza Strip.
  Author(s): Mousa Thabet AA, Vostanis P.

• Ethically sensitive mental health care: is there a need for a unique ethics for psychiatry?
  Author(s): Crowden A.

• Ethnic identity development: implications for mental health in African-American and Hispanic adolescents.
  Author(s): Greig R.
• **Ethnic matching of clients and clinicians and use of mental health services by ethnic minority clients.**
  Author(s): Ziguras S, Klimidis S, Lewis J, Stuart G.

• **Ethnic variations in pathways to and use of specialist mental health services in the UK. Systematic review.**
  Author(s): Bhui K, Stansfeld S, Hull S, Priebe S, Mole F, Feder G.

• **European Union enlargement: will mental health be forgotten again?**
  Author(s): Mossialos E, Murthy A, McDaid D.

• **Evaluating a mental health assessment for older people with depressive symptoms in general practice: a randomised controlled trial.**
  Author(s): Arthur AJ, Jagger C, Lindesay J, Matthews RJ.

• **Evaluating mental health outcomes in an inpatient setting: convergent and divergent validity of the OQ-45 and BASIS-32.**
  Author(s): Doerfler LA, Addis ME, Moran PW.

• **Evaluation of a mental health treatment court with assertive community treatment.**
  Author(s): Cosden M, Ellens JK, Schnell JL, Yamini-Diouf Y, Wolfe MM.

• **Evidence-based mental health policy: a critical appraisal.**
  Author(s): Cooper B.
• Evidence-based practice in mental health: practical weaknesses meet political strengths.
  Author(s): Tanenbaum S.

• Evidence-based practices in geriatric mental health care.
  Author(s): Bartels SJ, Dums AR, Oxman TE, Schneider LS, Arean PA, Alexopoulos GS, Jeste DV.
  Review.

• Evidence-based psychological interventions in mental health nursing.
  Author(s): Paley G, Shapiro D.

• Experience and meaning of user involvement: some explorations from a community mental health project.
  Author(s): Truman C, Raine P.
  Source: Health & Social Care in the Community. 2002 May; 10(3): 136-43.

• Experience, knowledge and attitudes of mental health staff regarding clients with a borderline personality disorder.
  Author(s): Cleary M, Siegfried N, Walter G.

• Experiences of psychiatric mental health nursing graduate students in a women's prison.
  Author(s): Ferszt GG, Richman R, Held M, McGowman A.

• Experiences of the generalist nurse caring for adolescents with mental health problems.
  Author(s): Ramritu P, Courtney M, Stanley T, Finlayson K.
  Source: Journal of Child Health Care : for Professionals Working with Children in the Hospital and Community. 2002 December; 6(4): 229-44.
• **Exploring the mental health of Mexican migrant farm workers in the Midwest: psychosocial predictors of psychological distress and suggestions for prevention and treatment.**  
  Author(s): Hovey JD, Magana CG.  

• **Exposure to terrorism, stress-related mental health symptoms, and coping behaviors among a nationally representative sample in Israel.**  
  Author(s): Bleich A, Gelkopf M, Solomon Z.  

• **Factors affecting use of the mental health system by rural children.**  
  Author(s): Starr S, Campbell LR, Herrick CA.  

• **Factors associated with interagency coordination in a child mental health service system demonstration.**  
  Author(s): Rivard JC, Morrissey JP.  

• **Factors associated with poor mental health among Guatemalan refugees living in Mexico 20 years after civil conflict.**  
  Author(s): Sabin M, Lopes Cardozo B, Nackerud L, Kaiser R, Varese L.  

• **Factors influencing maternal mental health and family functioning during the low birthweight infant's first year of life.**  
  Author(s): Weiss SJ, Chen JL.  

• **Factors influencing the impact of unemployment on mental health among young and older adults in a longitudinal, population-based survey.**  
  Author(s): Breslin FC, Mustard C.  
- **Factors that explain how policy makers distribute resources to mental health services.**
  Author(s): Corrigan PW, Watson AC.

- **Factors which predict physical and mental health status in patients with amyotrophic lateral sclerosis over time.**

- **Failure of mental health policy--incarcerated children and adolescents.**
  Author(s): Shelton D.

- **Family caregivers and the mental health care system: reality and dreams.**
  Author(s): Doornbos MM.

- **Family physicians are an important source of mental health care.**
  Author(s): Subramanian A, Green LA, Fryer GE, Dovey SM, Phillips RL.
  Source: American Family Physician. 2003 April 1; 67(7): 1422.

- **Fear and learning in mental health settings.**
  Author(s): Fisher JE.

- **Female offenders referred for community-based mental health service as compared to other service-referred youth: correlates of conviction.**
  Author(s): Walrath C, Ybarra M, Wayne Holden E, Manteuffel B, Santiago R, Leaf P.
• Fiction, poetry and mental health: expressive and therapeutic uses of literature.  
  Author(s): McArdle S, Byrt R.  

• Financial and organisational reforms in the health sector; implications for the financing and management of mental health care services.  
  Author(s): Lien L.  

• First compulsory admissions under part II of the Mental Health Act 1983: a retrospective five-year study.  
  Author(s): Law-Min R, Oyebode F, Haque MS.  

• Fish consumption and self-reported physical and mental health status.  
  Author(s): Silvers KM, Scott KM.  

• Fit for mental health practice?  
  Author(s): Cresswell A.  

• Five strategies for workforce development for mental health promotion.  
  Author(s): Mittelmark MB.  

• Five year changes in mental health and associations with vitamin B12/folate status of elderly Europeans.  
  Author(s): Eussen SJ, Ferry M, Hininger I, Haller J, Matthys C, Dirren H.  

• Five-year review of adolescent mental health usage in Singapore.  
  Author(s): Lee NB, Fung DS, Teo J, Chan YH, Cai YM.  
• **Forensic mental health experts in the court--an ethical dilemma.**  
  Author(s): Palermo GB.  

• **Forty lives in the bebop business: mental health in a group of eminent jazz musicians.**  
  Author(s): Wills GI.  

• **Fostering healthy development: perspectives from the Minnesota Children's Mental Health Task Force.**  
  Author(s): Ayres A; Minnesota Children's Mental Health Task Force.  

• **Fostering the mental health of youngsters leaving care.**  
  Author(s): Kenny C.  

• **Frequency and scope of mental health service delivery to African Americans in primary care.**  
  Author(s): Snowden LR, Pingitore D.  

• **From iron gaze to nursing care: mental health nursing in the era of panopticism.**  
  Author(s): Holmes D.  

• **From mental health professional to expert witness: testifying in court.**  
  Author(s): Bank SC.  
  Source: New Dir Ment Health Serv. 2001 Fall; (91): 57-66. Review.  
• From our perspective: consumer researchers speak about their experience in a community mental health research project.
  Author(s): Reeve P, Cornell S, D’Costa B, Janzen R, Ochocka J.

• From profession-based leadership to service line management in the Veterans Health Administration: impact on mental health care.
  Author(s): Greenberg GA, Rosenheck RA, Charns MP.
  Source: Medical Care. 2003 September; 41(9): 1013-23.

• From research and development to practice-based evidence: clinical governance initiatives in a service for adults with mild intellectual disability and mental health needs.
  Author(s): Newman DW, Kellett S, Beail N.

• From research to practice: a local mental health services needs assessment.
  Author(s): Macpherson R, Haynes R, Summerfield L, Foy C, Slade M.

• From soup to nuts: fables for mental health administrators.
  Author(s): Luchins D.

• From the World Health Organization. Mental health: new understanding, new hope.
  Author(s): Brundtland GH.

• Frontline reports: New York State Office of Mental Health trauma initiative.
  Author(s): Chassman J.
• Funding a full continuum of mental health promotion and intervention programs in the schools.
  Author(s): Weist MD, Goldstein J, Evans SW, Lever NA, Axelrod J, Schreters R, Pruitt D.

• Future events, early experience, and mental health: clinical assessment using the anticipated life history measure.
  Author(s): Segal HG, Wood GA, DeMeis DK, Smith HL.

• Gap in the level of support for mental health clients.
  Author(s): Scott H.

• Gaps in mental health services for seniors. What can we do about them?
  Author(s): Frank C.

• Gateway to mental health.
  Author(s): Strong S.

• Gender and age-specific first incidence of DSM-III-R psychiatric disorders in the general population. Results from the Netherlands Mental Health Survey and Incidence Study (NEMESIS).
  Author(s): Bijl RV, De Graaf R, Ravelli A, Smit F, Vollebergh WA; Netherlands Mental Health Survey and Incidence Study.

• Gender and outpatient mental health service use.
  Author(s): Rhodes AE, Goering PN, To T, Williams JI.
• **Gender differences in mental health: evidence from three organisations.**
  Author(s): Emslie C, Fuhrer R, Hunt K, Macintyre S, Shipley M, Stansfeld S.

• **Gender differences in the effects from working conditions on mental health: a 4-year follow-up.**
  Author(s): Bildt C, Michelsen H.

• **Generating revenues: fiscal changes in public mental health care and the emergence of moral conflicts among care-givers.**
  Author(s): Robins CS.

• **Genomewide linkage analyses of bipolar disorder: a new sample of 250 pedigrees from the National Institute of Mental Health Genetics Initiative.**

• **Geographic disparities in children's mental health care.**
  Author(s): Sturm R, Ringel JS, Andreyeva T.

• **Getting creative. Creativity can be a key to better physical and mental health.**
  Author(s): von Ornsteiner JB.
- **Give mental health patients a sporting chance.**
  Author(s): Kaminski P.

- **Global Assessment of Functioning ratings and the allocation and outcomes of mental health services.**
  Author(s): Moos RH, Nichol AC, Moos BS.

- **Group work for older people with mental health problems.**
  Author(s): Cooper C, Doherty J.

- **Group-based parent training for preventing mental health disorders in children.**
  Author(s): Gross D, Grady J.

- **Guest editorial: mental health then and now: the past and future contribution of Health and Social Care in the Community to policy and practice.**
  Author(s): Richards DA.

- **Guest editor's introduction to a special issue: barriers to providing effective mental health services to racial and ethnic minorities in the United States.**
  Author(s): Leong FT.

- **Guidelines for international training in mental health and psychosocial interventions for trauma exposed populations in clinical and community settings.**
  Source: Psychiatry. 2002 Summer; 65(2): 156-64. Review.
• Gujarat earthquake causes major mental health problems.
  Author(s): Sharma R.

• Having issues with parental psychopathology and children's mental health risk and service use.
  Author(s): Ortega AN.

• Health and functioning among four war eras of U.S. veterans: examining the impact of war cohort membership, socioeconomic status, mental health, and disease prevalence.
  Author(s): Villa VM, Harada ND, Washington D, Damron-Rodriguez J.

• Health plan options at fortune 100 companies: available coverage for mental health care consumers.
  Author(s): Slade EP, Anderson GF.

• Health ratings in relation to illnesses, physical functioning, general mental health and well-being: self-reports of college alumnae, ages &lt;40-80 and older.
  Author(s): Wyshak G.

• Health—mental health—quality of life.
  Author(s): Zikmund V.

• Hearing the voices: mental health services in East Timor.
  Author(s): Zwi AB, Silove D.
• **Helpseeking and access to mental health treatment for obsessive-compulsive disorder.**
  Author(s): Goodwin R, Koenen KC, Hellman F, Guardino M, Struening E.

• **High blood glutathione levels accompany excellent physical and mental health in women ages 60 to 103 years.**
  Author(s): Lang CA, Mills BJ, Lang HL, Liu MC, Usui WM, Richie J Jr, Mastropaolo W, Murrell SA.

• **HIPAA and mental health notes.**
  Author(s): Weiss J.

• **HIV and other infectious disease prevention activities at mental health and substance abuse treatment agencies in Alaska.**
  Author(s): Brems C, Johnson ME, Watkins K.

• **HIV-infected prisoners: what mental health services are constitutionally mandated?**
  Author(s): Mayer C.

• **Home treatment for mental health problems: a systematic review.**
  Author(s): Catty J, Burns T, Knapp M, Watt H, Wright C, Henderson J, Healey A.

• **Homosexuality and the mental health professions. The impact of bias.**
  Author(s): Committee on Human Sexuality. Group for the Advancement of Psychiatry.
• How can I ensure that clients who go to prison have their mental health needs addressed.
  Author(s): Bullivant M.

• How capitated mental health care affects utilization by youth in the juvenile justice and child welfare systems.
  Author(s): Cuellar AE, Libby AM, Snowden LR.

• How do expert mental health nurses make on-the-spot clinical decisions? A review of the literature.
  Author(s): Crook JA.

• How do the mental health issues differ in the withholding/withdrawing of treatment versus assisted death?
  Author(s): Werth JL.

• How effective is the mental health act?
  Author(s): Sugarman P.

• How to improve women's mental health.
  Author(s): Stewart DE.

• Human Rights Act 1998 and mental health legislation: implications for the management of mentally ill patients.
  Author(s): Leung WC.
• **Human rights and mental health.**
  Author(s): Findlay L.

• **Human rights vs. public protection. English mental health law in crisis?**
  Author(s): Davidson L.

• **Hunger: its impact on children's health and mental health.**
  Author(s): Weinreb L, Wehler C, Perloff J, Scott R, Hosmer D, Sagor L, Gundersen C.

• **Impact of husbands' involuntary job loss on wives' mental health, among older adults.**
  Author(s): Siegel M, Bradley EH, Gallo WT, Kasl SV.

• **Impact of modifying risk adjustment models on rankings of access to care in the VA mental health report card.**
  Author(s): Weissman EM, Rosenheck RA, Essock SM.

• **Implementation of a crisis intervention program for police response to mental health emergencies in Louisville.**
  Author(s): el-Mallakh RS, Wulfman G, Smock W, Blaser E.

• **Implementing assertive community care for patients with schizophrenia. A case study of co-operation and collaboration between mental health care and social services.**
  Author(s): Falk K, Allebeck P.
- **Implications of the Mental Health Act 1983 (Remedial) Order 2001.**
  Author(s): Forrester A, Wilson S.

- **Improve children's mental health.**
  Author(s): Ripperger-Suhler J.

- **Improving access to care at community mental health centers.**
  Author(s): Ziegler DM, Calladine A, Evans L.

- **Improving access to primary mental health care: uncontrolled evaluation of a pilot self-help clinic.**
  Author(s): Lovell K, Richards DA, Bower P.

- **Improving child and adolescent mental health. An evidence-based approach.**
  Author(s): Melnyk BM, Moldenhauer Z, Tuttle J, Veenema TG, Jones D, Novak J.

- **Improving competence in emergency mental health triage.**
  Author(s): Broadbent M, Jarman H, Berk M.

- **Improving mental health through parenting programmes: are the results valid?**
  Author(s): Gada SS, Kanumakala S.
  Source: Archives of Disease in Childhood. 2003 June; 88(6): 553; Author Reply 553.

- **In search of a good death: A good death is an oxymoron without consideration of mental health.**
  Author(s): Prigerson HG, Jacobs SC, Bradley EH, Kasl SV.
• In whose best interests? An examination of the ethics of the UK government's White Paper 'Reforming the Mental Health Act'.
  Author(s): Chan P.

• Income related inequalities in mental health in Great Britain: analysing the causes of health inequality over time.
  Author(s): Wildman J.

• Incorporating school mental health programs in SCHIP plans. State Children's Health Insurance Program.
  Author(s): Nabors LA, Weist MD, Mettrick J.

• Increased volume/length of stay for pediatric mental health patients: one ED's response.
  Author(s): Meunier-Sham J.

• Increasing the vocational focus of the community mental health team.
  Author(s): Seebohm P, Secker J.

• Inequality and inequity in use of mental health services.
  Author(s): Hansson L.

• Influence of environmental factors on mental health within prisons: focus group study.
  Author(s): Nurse J, Woodcock P, Ormsby J.
- **Innovation and implementation in mental health services for homeless adults: a case study.**
  Author(s): Felton BJ.

- **Integrated local networks as a model for organizing mental health services.**
  Author(s): Fleury MJ, Mercier C.

- **Integrating cross-cultural psychiatry into the study of mental health disparities.**
  Author(s): Cabassa LJ.

- **Integrating evaluative research and community-based mental health care in Verona, Italy.**
  Author(s): Tansella M, Burti L.

- **Integrating mental health care into residential homes for the elderly: an analysis of six Dutch programs for older people with severe and persistent mental illness.**
  Author(s): Depla MF, Pols J, de Lange J, Smits CH, de Graaf R, Heeren TJ.

- **Integrating mental health into primary health care in Nigeria: management of depression in a local government (district) area as a paradigm.**
  Author(s): Odejide AO, Morakinyo JJ, Oshiname FO, Omigbodun O, Ajuwon AJ, Kola L.

- **Integrating mental health screening and abnormal cancer screening follow-up: an intervention to reach low-income women.**
  Author(s): Ell K, Vourlekis B, Nissly J, Padgett D, Pineda D, Sarabia O, Walther V, Blumenfield S, Lee PJ.
• **Interdisciplinary work in community mental health.**
  Author(s): Brown B, Crawford P, Darongkamas J.

• **International differences in home treatment for mental health problems. Results of a systematic review.**
  Author(s): Burns T, Catty J, Watt H, Wright C, Knapp M, Henderson J.

• **International teaching material for mental health studying in English.**
  Author(s): Ellila H, Saarikoski M.

• **Interpreting results in mental health research.**
  Author(s): Harman JS, Manning WG, Lurie N, Liu CF.

• **Into the third decade of AIDS: books on HIV and mental health.**
  Author(s): Shernoff M.

• **Introduction to the special issue: economic, health, and mental health disparities among ethnic minority children and families.**
  Author(s): Willis DJ.

• **Introduction: common mental disorders, primary care, and the global mental health research agenda.**
  Author(s): Kleinman A.
• **Involuntary civil commitment and the new mental health bill.**
  Author(s): Bonthuys E.

• **Involving mental health service users and carers in curriculum development: moving beyond 'classroom' involvement.**

• **Is it ethical to ignore significant mental health problems?**
  Author(s): MacQueen AR.

• **Is low self-esteem an inevitable consequence of stigma? An example from women with chronic mental health problems.**
  Author(s): Camp DL, Finlay WM, Lyons E.

• **Is mental health economics important in geriatric psychiatry in developing countries?**
  Author(s): Shah A, Murthy S, Suh GK.

• **Jihad, McWorld and enactment in the postmodern mental health world.**
  Author(s): Plakun EM.

• **Job satisfaction among mental health professionals in Rome, Italy.**
  Author(s): Gigantesco A, Picardi A, Chiaia E, Balbi A, Morosini P.
- **John Heron's six-category intervention analysis: towards understanding interpersonal relations and progressing the delivery of clinical supervision for mental health nursing in the United Kingdom.**
  Author(s): Sloan G, Watson H.

- **Judging care against standards in mental health.**
  Author(s): O'Brien AJ.

- **Juvenile justice mental health services.**
  Author(s): Thomas CR, Penn JV.

- **Keeping mental health reform on course: selecting indicators of mental health system performance.**
  Author(s): McEwan KL, Goldner EM.

- **Knowing me knowing you: towards a new relational politics in 21st century mental health nursing.**
  Author(s): Grant A.

- **Knowledge, confidence and attitudes towards mental health of nurses working in NHS Direct and the effects of training.**
  Author(s): Payne F, Harvey K, Jessopp L, Plummer S, Tylee A, Gournay K.

- **Late-life depression and mental health services in primary care.**
  Author(s): Wagenaar DB, Mickus MA, Gaumer KA, Colenda CC.
• Latino access to mental health, developmental disabilities, and substance abuse services in North Carolina.
  Author(s): Crowley MO.

• Launching the Tidal Model in an adult mental health programme.
  Author(s): Fletcher E, Stevenson C.

• Leadership and mentoring for mental health service reform.
  Author(s): Procter NG.

• Learning disability task force criticises draft mental health bill.
  Author(s): Singh D.

• Learning from extremism in the history of mental health. The example of multiple personality disorder.
  Author(s): Mohr WK.

• Learning, changing and managing in mental health.
  Author(s): Henderson J.

• Leaving the welfare rolls: the health and mental health status of current and former welfare recipients.
  Author(s): Boothroyd RA, Olufokunbi D.
• **Legal, social, cultural and political developments in mental health care in the UK: the Liverpool black mental health service users' perspective.**
  Author(s): Pierre SA.
  Review.

• **Legislative and judicial solutions for mental health parity: S. 543, reasonable accommodation, and an individualized remedy under Title I of the ADA.**
  Author(s): Nelson K.

• **Lifetime use of mental health and substance abuse treatment services by incarcerated women felons.**
  Author(s): Jordan BK, Federman EB, Burns BJ, Schlenger WE, Fairbank JA, Caddell JM.

• **Lining up for children's mental health services: a tool for prioritizing waiting lists.**
  Author(s): Smith DH, Hadorn DC; Steering Committee of The Western Canada Waiting List Project.

• **Linking mental health and addiction services: a continuity-of-care team model.**
  Author(s): Lambert MT.

• **Long-term effect of psychological trauma on the mental health of Vietnamese refugees resettled in Australia: a population-based study.**
  Author(s): Steel Z, Silove D, Phan T, Bauman A.

• **Long-term mental health of men after a first acute myocardial infarction.**
  Author(s): Drory Y, Kravetz S, Hirschberger G; Israeli Study Group on First Acute Myocardial Infarction.
• Long-term use of VA mental health services by older patients with substance use disorders.
  Author(s): Brennan PL, Nichols KA, Moos RH.

• Managed care and the rationalization of mental health services.
  Author(s): Scheid TL.

• Managed care organizational complexity and access to high-quality mental health services: perspective of U.S. primary care physicians.
  Author(s): Van Voorhees BW, Wang NY, Ford DE.

• Managed care organizations and access to mental health specialists: it's a jungle out there.
  Author(s): Grembowski D.

• Managing child and adolescent mental health problems: the views of general practitioners.
  Author(s): Bryce G, Gordon J.

• Maternal mental health and parenting in poverty.
  Author(s): Beeber LS, Miles MS.

• Maternal psychological distress: adult sons' and daughters' mental health and educational attainment.
  Author(s): Ensminger ME, Hanson SG, Riley AW, Juon HS.
- **Measuring continuity of care for clients of public mental health systems.**  
  Author(s): Fortney J, Sullivan G, Williams K, Jackson C, Morton SC, Koegel P.  

- **Measuring mental health in a cost-effective manner.**  
  Author(s): Harpham T, Reichenheim M, Oser R, Thomas E, Hamid N, Jaswal S, Ludermir A, Aidoo M.  

- **Measuring well-being rather than the absence of distress symptoms: a comparison of the SF-36 Mental Health subscale and the WHO-Five Well-Being Scale.**  
  Author(s): Bech P, Olsen LR, Kjoller M, Rasmussen NK.  

- **Medicaid and mental health.**  
  Author(s): Gliberti M, Semansky R.  

- **Mental health and “the Troubles” in Northern Ireland: implications of civil unrest for health and wellbeing.**  
  Author(s): Kelleher CC.  

- **Mental health and addictions: renewed hope for better care.**  
  Author(s): Beal G.  

- **Mental health and health-related quality of life among adult Latino primary care patients living in the United States with previous exposure to political violence.**  
  Author(s): Eisenman DP, Gelberg L, Liu H, Shapiro MF.  
- **Mental health assessments in juvenile justice: report on the consensus conference.**
  Author(s): Wasserman GA, Jensen PS, Ko SJ, Cocozza J, Trupin E, Angold A, Cauffman E, Grisso T.

- **Mental health attitudes among Caucasian-American and Korean counseling students.**
  Author(s): Gellis ZD, Huh NS, Lee S, Kim J.

- **Mental health in Northern Ireland: have “the Troubles” made it worse?**
  Author(s): O’Reilly D, Stevenson M.

- **Mental health in the women’s health agenda.**
  Author(s): Davar BV.

- **Mental health is improved with teaching therapy.**
  Author(s): Coldham T.

- **Mental health issues in Australian nursing homes.**
  Author(s): Lie D.

- **Mental health of children, adolescents, and their parents: a call for papers.**
  Author(s): Rivara FP.

- **Mental health of refugee children: comparative study.**
  Author(s): Fazel M, Stein A.
• Mental health program monitoring: towards simplifying a complex task.
  Author(s): Durbin J, Prendergast P, Dewa CS, Rush B, Cooke RG.

• Mental health promotion and suicide prevention in Iraq after regime change.
  Author(s): Procter NG.

• Mental health research and cultural dominance: the social construction of knowledge for international development.
  Author(s): Jakubec SL, Campbell M.

• Mental health workers. Graduation daze.
  Author(s): Lewis C.
  Source: Health Serv J. 2003 September 11; 113(5872): 34-5.

• Mental health.
  Author(s): Vaillant GE.

• Mental health. Pay attention.
  Author(s): Wallcraft J.

• Modernizing mental health services: mission impossible?
  Author(s): Berland A.
• Mothers of children and adolescents with intellectual disability: social and economic situation, mental health status, and the self-assessed social and psychological impact of the child's difficulties.
  Author(s): Emerson E.

• Moving to opportunity: an experimental study of neighborhood effects on mental health.
  Author(s): Leventhal T, Brooks-Gunn J.

• Mutuality as background music in women's lived experience of mental health and depression.
  Author(s): Hedelin B, Jonsson I.

• Nairobi terrorist bombing: the personal experience of a mental health adviser.
  Author(s): Alexander DA.

• National Institute of Mental Health Clinical Antipsychotic Trials of Intervention Effectiveness (CATIE): Alzheimer disease trial methodology.
  Author(s): Schneider LS, Tariot PN, Lyketsos CG, Dagerman KS, Davis KL, Davis S, Hsiao JK, Jeste DV, Katz IR, Olin JT, Pollock BG, Rabins PV, Rosenheck RA, Small GW, Lebowitz B, Lieberman JA.

• National spotlight on children's mental health.
  Author(s): Finke LM.
- Necessary debates: the need for controversy in mental health.
  Author(s): Clarke L.

- Need for attention to mental health of young offenders.
  Author(s): Kessler C.

- Need for data on outcomes of mental health parity.
  Author(s): Meyer RE.

- Negotiating the boundaries: the experience of the mental health nurse at the interface with the criminal justice system.
  Author(s): Turnbull J, Beese J.

- New beginning for care for elderly people? Problems with mental health are important too.
  Author(s): Connelly P.
  Source: Bmj (Clinical Research Ed.). 2001 August 11; 323(7308): 338; Author Reply 339.

- New mental health bill may conflict with advice from the GMC.
  Author(s): Kmietowicz Z.

- NIMBY syndrome and public consultation policy: the implications of a discourse analysis of local responses to the establishment of a community mental health facility.
  Author(s): Cowan S.
  Source: Health & Social Care in the Community. 2003 September; 11(5): 379-86.
Nowhere else to turn. As the ax falls on mental health funding, hospital EDs fill the gap—reluctantly.

Author(s): Haugh R.
Source: Hospitals & Health Networks / Aha. 2002 April; 76(4): 44-8, 2.

Nurse prescribing for mental health nurses: scripting the issues.

Author(s): Way SH.

Nurse prescribing in the field of community mental health nursing.

Author(s): Hemingway S, Flowers K.

Nurse who started an affair with a mental health patient.

Author(s): Castledine G.

Nurses dismayed by description of mental health patient.

Author(s): Phillips G.

Nurses promote positive mental health.

Author(s): Lalitha K.
Source: The Nursing Journal of India. 2002 September; 93(9): 204-5.

Nursing in outpatient child and adolescent mental health.

Author(s): Limerick M, Baldwin L.
• **Nursing older adults with mental health problems: therapeutic interventions--Part 1.**
  Author(s): Minardi H, Hayes N.

• **Obstacles to defining the role of the mental health nurse.**
  Author(s): Hamblet C.

• **Occupational stress and job satisfaction in mental health nursing: focused interventions through evidence-based assessment.**
  Author(s): Cottrell S.

• **Older and younger patients with substance use disorders: outpatient mental health service use and functioning over a 12-month interval.**
  Author(s): Brennan PL, Nichol AC, Moos RH.

• **On postdoctoral research fellowships in mental health nursing.**
  Author(s): Procter NG.

• **On the edge on campus. The state of college students' mental health continues to decline. What's the solution?**
  Author(s): Shea RH.

• **One in three people concerned about draft mental health Bill.**
  Author(s): Scott H.
• **Online group interaction and mental health: an analysis of three online discussion forums.**
  Author(s): Johnsen JA, Rosenvinge JH, Gammon D.

• **Operation Solace: overview of the mental health intervention following the September 11, 2001 Pentagon attack.**
  Author(s): Hoge CW, Orman DT, Robichaux RJ, Crandell EO, Patterson VJ, Engel CC, Ritchie EC, Milliken CS.

• **Optimizing mental health in an academic nurse-managed clinic.**
  Author(s): Sousa KH, Zunkel GM.

• **Organisations unite against draft mental health bill.**
  Author(s): Kmietowicz Z.

• **Outcome evaluation of a statewide child inpatient mental health unit.**
  Author(s): Gavidia-Payne S, Littlefield L, Hallgren M, Jenkins P, Coventry N.

• **Outcome measurement in mental health: the Italian experience in psychogeriatrics.**
  Author(s): Rozzini R, Frisoni GB, Trabucci M.

• **Outcome measurement in mental health--welcome to the revolution.**
  Author(s): Holloway F.
• **Outcome measurement in rural mental health care: a field trial of rooming-in models.**
  Author(s): Aoun S, Pennebaker D, Janca A.

• **Outcome measures used by the Mental Health Review Board.**
  Author(s): Trauer T, Jones C.

• **Outcomes for the sociology of mental health: are we meeting our goals?**
  Author(s): Schwartz S.

• **Outcomes in the sociology of mental health and illness: where have we been and where are we going?**
  Author(s): Horwitz AV.

• **Outcomes research in mental health. Systematic review.**
  Author(s): Gilbody SM, House AO, Sheldon TA.

• **Outpatient care use among female veterans: differences between mental health and non-mental health users.**
  Author(s): Forneris CA, Bosworth HB, Butterfield MI.

• **Parental mental health and children’s adjustment: the quality of marital interaction and parenting as mediating factors.**
  Author(s): Leinonen JA, Solantaus TS, Punamaki RL.
- **Parental problem recognition and child mental health service use.**  
  Author(s): Teagle SE.  

- **Parenting and family socialization strategies and children's mental health: low-income Mexican-American and Euro-American mothers and children.**  
  Author(s): Hill NE, Bush KR, Roosa MW.  
  Source: Child Development. 2003 January-February; 74(1): 189-204.  

- **Patients' conceptions of how health processes are promoted in mental health nursing. A qualitative study.**  
  Author(s): Svedberg P, Jormfeldt H, Arvidsson B.  

- **Patterns of medical, educational, and mental health service use in a national sample of US children.**  
  Author(s): Stein RE, Silver EJ.  

- **Perceived need and receipt of outpatient mental health services. Factors affecting access in Israeli HMOs.**  
  Author(s): Rabinowitz J, Gross R, Feldman D.  

- **Perceiving risk in dangerous situations: risks of violence among mental health inpatients.**  
  Author(s): Trenoweth S.  

- **Perspectives on probation and mandated mental health treatment in specialized and traditional probation departments.**  
  Author(s): Skeem JL, Encandela J, Louden JE.  
• **Physical and mental health: changes during menopause transition.**
  Author(s): Mishra GD, Brown WJ, Dobson AJ.

• **Population level assessment of the family risk factors related to the onset or persistence of children's mental health problems.**
  Author(s): Dwyer SB, Nicholson JM, Battistutta D.

• **Poverty and child mental health: natural experiments and social causation.**
  Author(s): Rutter M.

• **Poverty and mental health: a qualitative study of residential care facility tenants.**
  Author(s): Wilton RD.

• **Poverty, underdevelopment and infant mental health.**
  Author(s): Richter LM.

• **Practice development in psychological interventions: mental health nurse involvement in the Conversational Model of psychotherapy.**
  Author(s): Paley G, Myers J, Patrick S, Reid E, Shapiro DA.

• **Predicting change in psychopathology in youth referred to mental health services in childhood or adolescence.**
  Author(s): Visser JH, van der Ende J, Koot HM, Verhulst FC.
• Prejudice, social stress, and mental health in lesbian, gay, and bisexual populations: conceptual issues and research evidence.
  Author(s): Meyer IH.

• Presenting the case for acute mental health wards.
  Author(s): Barre T, Evans R.

• Presidential commission urges revamp of US mental health system.
  Author(s): Josefson D.

• Prevalence of mental disorders, psychological distress, and mental health services use among lesbian, gay, and bisexual adults in the United States.
  Author(s): Cochran SD, Mays VM, Sullivan JG.

• Primary care physicians concerned about patients' access to mental health services.
  Author(s): Shuchman M, St Peter RF.

• Primary Mental Health Workers within Youth Offending Teams: a new service model.
  Author(s): Callaghan J, Pace F, Young B, Vostanis P.

• Principles of forensic mental health assessment: implications for the forensic assessment of sexual offenders.
  Author(s): Heilbrun K.
• **Prison in-reach mental health nursing.**
  Author(s): Armitage C, Fitzgerald C, Cheong P.

• **Problematising depression: young people, mental health and suicidal behaviours.**
  Author(s): Bennett S, Coggan C, Adams P.

• **Promoting mental health and emotional well-being among children and youth: a role for community child health?**
  Author(s): Alperstein G, Raman S.

• **Promoting mental health through employment and developing healthy workplaces: the potential of natural supports at work.**
  Author(s): Secker J, Membrey H.

• **Providers’ perceptions of how rural consumers access and use mental health services.**
  Author(s): Ryan-Nicholls KD, Racher FE, Robinson JR.

• **Psychiatrists’ knowledge of the Human Rights Act and its relevance to mental health practice: a questionnaire survey.**
  Author(s): Passmore K, Leung WC.

• **Psychotropic drug use and expenditures among medicaid beneficiaries with and without other mental health or substance abuse services.**
  Author(s): Hennessy KD, Green-Hennessy S, Buck JA, Miller K.
• Qualitative and quantitative approaches in mental health nursing: moving the debate forward. A response to Rolfe, Parsons, Beech & Clarke.
  Author(s): Hannigan B, Burnard P.

• Quality assurance in mental health-care: a case study from social work.
  Author(s): Ring C.

• Quality indicators for mental health in primary care: how far have we got?
  Author(s): Sharp DJ.

• Quality indicators for primary care mental health services.
  Author(s): Shield T, Campbell S, Rogers A, Worrall A, Chew-Graham C, Gask L.

• Quality measurement and accountability for substance abuse and mental health services in managed care organizations.
  Author(s): Levy Merrick E, Garnick DW, Horgan CM, Hodgkin D.

• Quality of life and mental health of parents of children with mental health problems.
  Author(s): Guethmundsson OO, Tomasson K.

• Quality of life and other characteristics of Viennese mental health care users.
  Author(s): Lang A, Steiner E, Berghofer G, Henkel H, Schmitz M, Schmidl F, Rudas S.

• Racial/ethnic differences in parental endorsement of barriers to mental health services for youth.
  Author(s): Yeh M, McCabe K, Hough RL, Dupuis D, Hazen A.
• **Racial/ethnic disparities in the use of mental health services in poverty areas.**
  Author(s): Chow JC, Jaffee K, Snowden L.

• **Rationing mental health care: parity, disparity, and justice.**
  Author(s): Woolfolk RL, Doris JM.

• **Re: Canadian psychiatric inpatient religious commitment: an association with mental health.**
  Author(s): Watters WW.

• **Reach out and I’ll be there: mental health crisis intervention and mobile outreach services to Urban African Americans.**
  Author(s): Cornelius LJ, Simpson GM, Ting L, Wiggins E, Lipford S.

• **Readmission rates and planning of mental health services (increasing readmissions in Andalusia, Spain).**
  Author(s): Pena-Andreu JM, Martinez Gonzalez JL, Rodriguez Idigoras MI, Jimenez Lerida G.

• **Recognizing and addressing the mental health needs of children: a new understanding of treatment options and efficacy.**
  Author(s): Gorman JM.

• **Reconstructing mental health nursing in home care.**
  Author(s): Magnusson A, Severinsson E, Lutzen K.
- **Recruitment and retention of older minorities in mental health services research.**  
  Author(s): Arean PA, Alvidrez J, Nery R, Estes C, Linkins K.  

- **Redesigning mental health services: lessons on user involvement from the Mental Health Collaborative.**  
  Author(s): Robert G, Hardacre J, Locock L, Bate P, Glasby J.  

- **Reflective practice and team teaching in mental health care.**  
  Author(s): Wilshaw G, Bohannon N.  

- **Reform of the Mental Health Act: its direction and impact.**  
  Author(s): Zigmond T.  

- **Regional planning implementation and its impact on integration of a mental health care network.**  
  Author(s): Fleury MJ, Mercier C, Denis JL.  

- **Regulatory oversight, payment policy, and quality improvement in mental health care in nursing homes.**  
  Author(s): Streim JE, Beckwith EW, Arapakos D, Banta P, Dunn R, Hoyer T.  

- **Reinstitutionalisation in mental health care.**  
  Author(s): Priebe S, Turner T.  
- **Relationship between mental health disorders and unemployment status in Australian adults.**
  Author(s): Comino EJ, Harris E, Chey T, Manicavasagar V, Penrose Wall J, Powell Davies G, Harris MF.

- **Relationship between multiple forms of childhood maltreatment and adult mental health in community respondents: results from the adverse childhood experiences study.**
  Author(s): Edwards VJ, Holden GW, Felitti VJ, Anda RF.

- **Relationships among self-efficacy, communication, self-management skills and mental health of employees at a Japanese workplace.**
  Author(s): Shimizu T, Takahashi H, Mizoue T, Kubota S, Mishima N, Nagata S.

- **Repairing the children's mental health system: what it will take.**
  Author(s): Covall M.

- **Research ethics for mental health science involving ethnic minority children and youths.**

- **Research for change: supporting mental health research in India.**
  Author(s): Saxena S, Sharan P.

- **Research training in mental health and aging: the harvest is plentiful; the laborers, few.**
  Author(s): Reynolds CF 3rd, Gatz M.
• **Risk assessment and management of patients with self-neglect: a 'grey area' for mental health workers.**
  Author(s): Gunstone S.

• **Risk assessment and management: a community forensic mental health practice model.**
  Author(s): Kelly T, Simmons W, Gregory E.

• **Risk, response, and mental health policy: learning from the experience of the United Kingdom.**
  Author(s): Wolff N.

• **Routine outcome measurement by mental health-care providers.**
  Author(s): Callaly T, Coombs T, Berk M.

• **Routine outcome measurement by mental health-care providers.**
  Author(s): Trauer T.

• **Rural interdisciplinary mental health team building via satellite: a demonstration project.**
  Author(s): Cornish PA, Church E, Callanan T, Bethune C, Robbins C, Miller R.

• **Sacrificing the personal to the professional: community mental health nurses.**
  Author(s): Majomi P, Brown B, Crawford P.
• **Safety skills of mental health workers: empirical evidence of a risk management strategy.**
  Author(s): Flannery RB Jr, Walker AP.

• **Same-sex sexuality and quality of life: findings from the Netherlands Mental Health Survey and Incidence Study.**
  Author(s): Sandfort TG, de Graaf R, Bijl RV.

• **School-based mental health clinics.**
  Author(s): Costello-Wells B, McFarland L, Reed J, Walton K.

• **Seattle's mental health courts: early indicators of effectiveness.**
  Author(s): Trupin E, Richards H.

• **Service organisation, service use and costs of community mental health care.**
  Author(s): Schneider J, Wooff D, Carpenter J, Brandon T, McNiven F.

• **Sex-role orientation, marital status and mental health in working women.**
  Author(s): Mori M, Nakashima Y, Yamazaki Y, Kurita H.

• **Sexual orientation and variation in physical and mental health status among women.**
  Author(s): Diamant AL, Wold C.
• **Shifting physical health care responsibilities at a community mental health center.**  
  Author(s): Miller C, Martinez R.  

• **Shortages of rural mental health professionals.**  
  Author(s): Merwin E, Hinton I, Dembling B, Stern S.  

• **SNMA's presidential initiative: mental health and minority communities.**  
  Author(s): Omotade AO.  

• **Social capital and mental health v. objective measures of health in The Netherlands.**  
  Author(s): Drukker M, Gunther N, Feron FJ, van Os J.  

• **Social capital and mental health.**  
  Author(s): Henderson S, Whiteford H.  

• **Social networks, caregiver strain, and utilization of mental health services among elementary school students at high risk for ADHD.**  

• **Social phobia in the Australian National Survey of Mental Health and Well-Being (NSMHWB).**  
  Author(s): Lampe L, Slade T, Issakidis C, Andrews G.  
• **Specialty health care, treatment patterns, and quality: the impact of a mental health carve-out on care for depression.**
  Author(s): Busch SH.

• **Staff morale in the merger of mental health and social care organizations in England.**
  Author(s): Gulliver P, Towell D, Peck E.

• **State Mental Health Policy: New Mexico's Medicaid managed care waiver: organizing input from mental health consumers and advocates.**
  Author(s): Willging CE, Semansky RM, Waitzkin H.

• **State substance abuse and mental health managed care evaluation program.**
  Author(s): McCarty D, Dilonardo J, Argeriou M.

• **Statistical and consensus-based strategies for grouping consumers in mental health level-of-care schemes.**
  Author(s): Uehara ES, Srebnik D, Smukler M.

• **Strategies for implementing evidence-based practices in routine mental health settings.**
  Author(s): Drake RE, Torrey WC, McHugo GJ.

• **Subjective experiences of stigma. A focus group study of schizophrenic patients, their relatives and mental health professionals.**
  Author(s): Schulze B, Angermeyer MC.
• **Substance use and mental health correlates of nonadherence to antiretroviral medications in a sample of patients with human immunodeficiency virus infection.**
  Author(s): Tucker JS, Burnam MA, Sherbourne CD, Kung FY, Gifford AL.

• **Substance use, health, and mental health: problems and service utilization among incarcerated women.**
  Author(s): Staton M, Leukefeld C, Webster JM.

• **Successful recruitment strategies for women in postpartum mental health trials.**
  Author(s): Peindl KS, Wisner KL.

• **Suicide and schizophrenia: a review of literature for the decade (1990-1999) and implications for mental health nursing.**
  Author(s): Pinikahana J, Happell B, Keks NA.

• **Suicides in ethnic minorities within 12 months of contact with mental health services. National clinical survey.**

• **Supplementary prescribing in mental health nursing.**
  Author(s): Davis J, Hemingway S.

• **Support in the community for people with dementia and their carers: a comparative outcome study of specialist mental health service interventions.**
  Author(s): Woods RT, Wills W, Higginson IJ, Hobbs J, Whitby M.
• **Survey of consumer and non-consumer mental health service providers on assertive community treatment teams in Ontario.**
  Author(s): White H, Whelan C, Barnes JD, Baskerville B.

• **Telemedicine eyed for mental health services: approach could widen access for older patients.**
  Author(s): Mitka M.

• **The American Geriatrics Society and American Association for Geriatric Psychiatry recommendations for policies in support of quality mental health care in U.S. nursing homes.**
  Author(s): American Geriatrics Society; American Association for Geriatric Psychiatry.

• **The American Geriatrics Society/American Association for Geriatric Psychiatry mental health in nursing homes consensus statement.**
  Author(s): Lenhoff DR.
  Source: Journal of the American Geriatrics Society. 2003 September; 51(9): 1324; Author Reply 1324.

• **The Australian National Mental Health Strategy--1992 onwards.**
  Author(s): Singh B.

• **The British Child and Adolescent Mental Health Survey 1999: the prevalence of DSM-IV disorders.**
  Author(s): Ford T, Goodman R, Meltzer H.
The contribution of work-based supervision to interprofessional learning on a masters programme in Community Mental Health.
Author(s): Bailey D.

The Depression Anxiety Stress Scales (DASS): detecting anxiety disorder and depression in employees absent from work because of mental health problems.
Author(s): Nieuwenhuijsen K, de Boer AG, Verbeek JH, Blonk RW, van Dijk FJ.

The effect of a severe disaster on the mental health of adolescents: a controlled study.
Author(s): Reijneveld SA, Crone MR, Verhulst FC, Verloove-Vanhorick SP.

The effect of organizational climate on the clinical care of patients with mental health problems.
Author(s): Wright ER, Linde B, Rau NL, Gayman M, Viggiano T.

The effectiveness of clinical supervision on burnout amongst community mental health nurses in Wales.
Author(s): Burnard P, Edwards D, Hannigan B, Fothergill A, Coyle D, Cooper L, Jugessur T, Adams J.

Author(s): Rutz W.

The evolution of a successful telemedicine mental health service.
Author(s): Hailey D, Bulger T, Stayberg S, Urness D.
• The Framework for Mental Health Services in Scotland—a progress report one year on.
  Author(s): Loudon JB, Samuel R.

• The healthy citizen of empire or juvenile delinquent?: Beating and mental health in the UK.
  Author(s): Thom D.
  Source: Clio Medica (Amsterdam, Netherlands). 2003; 71: 189-212.

• The influence of distance on utilization of outpatient mental health aftercare following inpatient substance abuse treatment.
  Author(s): Schmitt SK, Phibbs CS, Piette JD.

• The internet and mental health practice.
  Author(s): Christensen H, Griffiths K.

• The mental health of women with suspected breast cancer: the relationship between social support, anxiety, coping and defence in maintaining mental health.
  Author(s): Drageset S, Lindstrom TC.

• The politics of a new Mental Health Act.
  Author(s): Moncrieff J.

• The President’s New Freedom Commission on Mental Health: significance for children.
  Author(s): Shelton D.
• The role of symptoms in the recognition of mental health disorders in primary care.  
  Author(s): Furedi J, Rozsa S, Zambori J, Szadoczky E.  

• The side effects of incompetency labeling and the implications for mental health law.  
  Author(s): Winick BJ.  

• The state of mental health services for children and adolescents: an examination of programs, practices and policies.  
  Author(s): Brown AW.  

• The therapeutic alliance: the key to effective patient outcome? A descriptive review of the evidence in community mental health case management.  
  Author(s): Howgego IM, Yellowlees P, Owen C, Meldrum L, Dark F.  

• Time of day influences nonattendance at Urgent Short-Term Mental Health Unit in Victoria, British Columbia.  
  Author(s): Weinerman R, Glossop V, Wong R, Robinson L, White K, Kamil R.  

• Traumatic grief as a disorder distinct from bereavement-related depression and anxiety: a replication study with bereaved mental health care patients.  
  Author(s): Boelen PA, van den Bout J, de Keijser J.  

• Treatment of depression by mental health specialists and primary care physicians.  
  Author(s): Pincus HA.  
• **Treatment of depression by mental health specialists and primary care physicians.**  
  Author(s): Dietrich AJ, Oxman TE, Williams JW Jr.  

• **Treatment of depression by mental health specialists and primary care physicians.**  
  Author(s): Ebell MH.  

• **Trusts ignore growing mental health needs.**  
  Author(s): Ward M.  

• **Turning the tide: preserving community mental health services.**  
  Author(s): Grantmakers In Health, Washington, D.C., USA.  

• **U.S. involuntary mental health commitment statutes: requirements for persons perceived to be a potential harm to self.**  
  Author(s): Werth JL Jr.  
  Source: Suicide & Life-Threatening Behavior. 2001 Fall; 31(3): 348-57.  

• **UK and USA Clinical Mental Health Nurse Specialists' perceptions of their work.**  
  Author(s): Nolan P, BourKe P, Doran M.  

• **Understanding urban child mental health service use: two studies of child, family, and environmental correlates.**  
  Author(s): McKay MM, Pennington J, Lynn CJ, McCadam K.  
• Unmet need for mental health care among U.S. children: variation by ethnicity and insurance status.
  Author(s): Kataoka SH, Zhang L, Wells KB.

• Unrestricted access to mental health services.
  Author(s): Smith C, Embling S, Price P.

• Urban stress and mental health among African-American youth: assessing the link between exposure to violence, problem behavior, and coping strategies.
  Author(s): McGee ZT, Davis BL, Brisbane T, Collins N, Nuriddin T, Irving S, Mutakkabir Y, Martin K.
  Source: J Cult Divers. 2001 Fall; 8(3): 94-104.

• Use of a routine, self-report outcome measure (HoNOSCA-SR) in two adolescent mental health services. Health of the Nation Outcome Scale for Children and Adolescents.
  Author(s): Gowers S, Levine W, Bailey-Rogers S, Shore A, Burhouse E.

• Use of a state inpatient forensic system under managed mental health care.
  Author(s): Fisher WH, Dickey B, Normand SL, Packer IK, Grudzinskas AJ, Azeni H.

• Use of health and mental health services by adolescents across multiple delivery sites.
  Author(s): Juszczak L, Melinkovich P, Kaplan D.

• Use of mental health services by the rural aged: longitudinal study.
  Author(s): Maiden RJ, Peterson SA.
• Use of psychiatric emergency services and enrollment status in a public managed mental health care plan.
  Author(s): Wingerson D, Russo J, Ries R, Dagadakis C, Roy-Byrne P.

• Use of section 5(2) of the Mental Health Act on a medical admissions unit.
  Author(s): Hardern R, Protheroe D.

• Use of substance abuse treatment services by persons with mental health and substance use problems.
  Author(s): Wu LT, Ringwalt CL, Williams CE.

• Use, quality, and outcomes of care for mental health: the rural perspective.
  Author(s): Rost K, Fortney J, Fischer E, Smith J.
  Source: Medical Care Research and Review : Mccr. 2002 September; 59(3): 231-65; Discussion 266-71. Review.

• User and carer involvement in mental health services: from rhetoric to science.
  Author(s): Simpson EL, House AO.

• User involvement in mental health branch education: client review presentations.
  Author(s): Frisby R.

• User involvement in the planning and delivery of mental health services: a cross-sectional survey of service users and providers.
  Author(s): Crawford MJ, Aldridge T, Bhui K, Rutter D, Manley C, Weaver T, Tyrer P, Fulop N.
• Users' perceptions of an African and Caribbean mental health resource centre.
  Author(s): Secker J, Harding C.

• Using financial incentives to promote shared mental health care.
  Author(s): Swenson RJ, Bradwejn J.

• Using litigation to improve child mental health services: promises and pitfalls.
  Author(s): Behar LB.

• Using primary care-based mental health registers to reduce social exclusion in patients with severe mental illness.
  Author(s): Bonner L, Barr W, Hoskins A.

• Utility of the daily prospective National Institute of Mental Health Life-Chart Method (NIMH-LCM-p) ratings in clinical trials of bipolar disorder.
  Author(s): Denicoff KD, Ali SO, Sollinger AB, Smith-Jackson EE, Leverich GS, Post RM.

• Utilization of mental health services following the September 11th terrorist attacks in Manhattan, New York City.
  Author(s): Boscarino JA, Galea S, Ahern J, Resnick H, Vlahov D.

• Utilization of public mental health services by children with serious emotional disturbances.
  Author(s): Teich JL, Buck JA, Graver L, Schroeder D, Zheng D.
• **Vancouver mental health services an integral part of the health system.**
  Author(s): Ganesan S.

• **Variation in routine psychiatric workload: the role of financing source, managed care participation, and mental health workforce competition.**
  Author(s): Pingitore DP, Scheffler RM, Schwalm D, Zarin DA, West JC.

• **Variations in mental health specialty care across metropolitan areas.**
  Author(s): Sturm R, Andreyeva T, Ringel J.

• **Vicarious stress: patterns of disturbance and use of mental health services by those indirectly affected by the Oklahoma City bombing.**
  Author(s): Sprang G.
  Source: Psychological Reports. 2001 October; 89(2): 331-8.

• **Violence in the workplace. Zero tolerance is not helpful in mental health.**
  Author(s): Jones C.

• **Violence, mental health, substance abuse-problems for women worldwide.**
  Author(s): Wyshak G.

• **Violence: incidence and frequency of physical and psychological assaults affecting mental health providers in Georgia.**
  Author(s): Arthur GL, Brende JO, Quiroz SE.
- Violent and aggressive behaviors in youth: a mental health and prevention perspective.
  Author(s): Osofsky HJ, Osofsky JD.

- Waking Rip van Winkle: why developments in the last 20 years should teach the mental health system not to use housing as a tool of coercion.
  Author(s): Allen M.

- Walter Reed Army Medical Center's mental health response to the Pentagon attack.
  Author(s): Cozza SJ, Huleatt WJ, James LC.

- Weaving a new safety net of mental health care in rural America: a model of integrated practice.
  Author(s): McCabe S, Macnee CL.
  Source: Issues in Mental Health Nursing. 2002 April-May; 23(3): 263-78. Review.

- Weaving mental health care in Samoa: my story (O la'u tala).
  Author(s): Enoka MI.

- Well-being in Australia--findings from the National Survey of Mental Health and Well-being.
  Author(s): Dear K, Henderson S, Korten A.

- What are the criteria that mentors use to make judgements on the clinical performance of student mental health nurses? An exploratory study of the formal written communication at the end of clinical nursing practice modules.
  Author(s): Brown N.
• What determines patients' satisfaction with their mental health care and quality of life?
  Author(s): Blenkiron P, Hammill CA.

• What do South African psychiatrists and GPs think, feel and know about evidence-based mental health care?
  Author(s): Siegfried N, Swingler G, Seedat S, Muller M, Churchill R, Stein DJ.

• What drove private health insurance spending on mental health and substance abuse care, 1992-1999?
  Author(s): Mark TL, Coffey RM.

• What happens when people disclose sexual or physical abuse to staff at a community mental health centre?
  Author(s): Agar K, Read J.

• What is duty/triage? Understanding the role of duty/triage in an area mental health service.
  Author(s): Grigg M, Herrman H, Harvey C.

• What outcomes to measure in routine mental health services, and how to assess them: a systematic review.
  Author(s): Slade M.
• **What parents of mentally ill children need and want from mental health professionals.**
  Author(s): Scharer K.

• **What to teach with regard to mental health in an MPH program?**
  Author(s): Levav I.

• **What works for mental health system change: evolution or revolution?**
  Author(s): Corrigan PW, Boyle MG.

• **When being alone might be better: neighborhood poverty, social capital, and child mental health.**
  Author(s): Caughy MO, O'campo PJ, Muntaner C.

• **When is a mental health clinic not a mental health clinic? Drug trial abuses reach social work.**
  Author(s): Fast J.

• **When youth mental health care stops: therapeutic relationship problems and other reasons for ending youth outpatient treatment.**
  Author(s): Garcia JA, Weisz JR.

• **Where education and mental health meet: developmental prevention and early intervention in schools.**
  Author(s): Noam GG, Hermann CA.
• **Who seeks treatment for alcohol dependence? Findings from the Australian National Survey of Mental Health and Wellbeing.**
  Author(s): Proudfoot H, Teesson M; Australian National Survey of Mental Health and Wellbeing.

• **Will parity in coverage result in better mental health care?**
  Author(s): Benjamin JA.

• **Women's mental health: focus on sexual and reproductive issues.**
  Author(s): Dickson R.

• **Work, personality and mental health.**
  Author(s): Stansfeld S.

• **Working in clients' homes: the impact on the mental health and well-being of visiting home care workers.**
  Author(s): Denton MA, Zeytinoglu IU, Davies S.

• **Working on the interface: identifying professional responses to families with mental health and child-care needs.**
  Author(s): Stanley N, Penhale B, Riordan D, Barbour RS, Holden S.
  Source: Health & Social Care in the Community. 2003 May; 11(3): 208-18.
• **Working to improve mental health services: the North Carolina advocacy effort.**
  Author(s): Foy JM, Earls MF, Horowitz DA.

• **Working with childhood sexual abuse: a survey of mental health professionals.**
  Author(s): Day A, Thurlow K, Woolliscroft J.

• **Working with the psychological effects of trauma: consequences for mental health-care workers—a literature review.**
  Author(s): Collins S, Long A.
  Review

• **Wrap-around services: an analysis of community-based mental health services for children.**
  Author(s): Furman R, Jackson R.

• **Youth employment, mental health and substance misuse: a challenge to mental health services.**
  Author(s): Mitchell DP, Betts A, Epling M.
CHAPTER 2. NUTRITION AND MENTAL HEALTH

Overview

In this chapter, we will show you how to find studies dedicated specifically to nutrition and mental health.

Finding Nutrition Studies on Mental Health

The National Institutes of Health’s Office of Dietary Supplements (ODS) offers a searchable bibliographic database called the IBIDS (International Bibliographic Information on Dietary Supplements; National Institutes of Health, Building 31, Room 1B29, 31 Center Drive, MSC 2086, Bethesda, Maryland 20892-2086, Tel: 301-435-2920, Fax: 301-480-1845, E-mail: ods@nih.gov). The IBIDS contains over 460,000 scientific citations and summaries about dietary supplements and nutrition as well as references to published international, scientific literature on dietary supplements such as vitamins, minerals, and botanicals.7 The IBIDS includes references and citations to both human and animal research studies.

As a service of the ODS, access to the IBIDS database is available free of charge at the following Web address: http://ods.od.nih.gov/databases/ibids.html. After entering the search area, you have three choices: (1) IBIDS Consumer Database, (2) Full IBIDS Database, or (3) Peer Reviewed Citations Only.

Now that you have selected a database, click on the “Advanced” tab. An advanced search allows you to retrieve up to 100 fully explained references in a comprehensive format. Type “mental health” (or synonyms) into the search box, and click “Go.” To narrow the search, you can also select the “Title” field.

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7 Adapted from http://ods.od.nih.gov. IBIDS is produced by the Office of Dietary Supplements (ODS) at the National Institutes of Health to assist the public, healthcare providers, educators, and researchers in locating credible, scientific information on dietary supplements. IBIDS was developed and will be maintained through an interagency partnership with the Food and Nutrition Information Center of the National Agricultural Library, U.S. Department of Agriculture.
The following is a typical result when searching for recently indexed consumer information on mental health:

- **A longitudinal study of cannabis use and mental health from adolescence to early adulthood.**
  Author(s): Department of Preventive & Social Medicine, University of Otago Medical School, Dunedin, New Zealand.

- **A primer of complementary and alternative medicine and its relevance in the treatment of mental health problems.**
  Author(s): New York Medical College, Valhala, NY 10595, USA.

- **Behavioural development and mental health in infancy: object retrieval.**
  Author(s): School of Health and Sports Science, University of North London, UK.

- **Culture, socioeconomic status, and physical and mental health in Brazil.**
  Author(s): Department of Anthropology, University of Alabama, Tuscaloosa, USA.

- **Current status of traditional mental health practice in Ilorin Emirate Council area, Kwara State, Nigeria.**
  Author(s): Department of Behavioural Science, University of Ilorin, Nigeria.

- **Explanations of mental health symptoms by the Bedouin-Arabs of the Negev.**
  Author(s): Department of Social Work, Ben-Gurion University of the Negev, Beer-Sheva, Israel. alean@b gumail.bgu.ac.il

- **Five year changes in mental health and associations with vitamin B12/folate status of elderly Europeans.**
  Author(s): Wageningen University, Division of Human Nutrition and Epidemiology, The Netherlands. Simone.Eussen@staff.nutepi.wau.nl

- **Folk belief, illness behavior and mental health in Taiwan.**
  Author(s): Department of Psychiatry, Chang Gung Memorial Hospital, Kaohsiung, Taoyuan, R.O.C.

- **Gender and biomedical/traditional mental health utilization among the Bedouin-Arabs of the Negev.**
  Author(s): Department of Social Work, Ben Gurion University of the Negev, Beer Shera, Israel. alean@bgumail.bgu.ac.il

- **Improving mental health through nutrition: the future.**
  Author(s): Department of Medicine, Louisiana State University Health Sciences Center, New Orleans, LA 70112, USA. cprasa@lsuhsc.edu
Indigenous mental health care among Gurkha soldiers based in the United Kingdom.
Author(s): Community Mental Health Team (W), British Forces Health Complex, Wegberg.

Lithium in the over-65s: who is taking it and who is monitoring it? A survey of older adults on lithium in the Cambridge Mental Health Services catchment area.
Author(s): Psychiatric Service for the Elderly, Fulbourn Hospital, Cambridge, UK.

Mental health. Relieving depression.

Psychiatric disorders in primary care patients receiving complementary medical treatments.
Author(s): Duke University Medical Center, Department of Psychiatry and Behavioral Sciences, Durham, NC 27710, USA.

The Juvenile Wellness and Health Survey (JWHS-76): a school based screening instrument for general and mental health in high school students.
Author(s): Division of Child Psychiatry and Child Development, Stanford University School of Medicine, CA 94305-5710, USA.

The role of complementary and alternative therapies in women’s mental health.
Author(s): Department of Medicine, University of Maryland, Bethesda, Maryland 20814, USA.
Source: Peeke, Pamela M Frishett, Sharon Prim-Care. 2002 March; 29(1): 183-97, viii 0095-4543

Utility of the daily prospective National Institute of Mental Health Life-Chart Method (NIMH-LCM-p) ratings in clinical trials of bipolar disorder.
Author(s): Section on Psychobiology, Biological Psychiatry Branch, National Institute of Mental Health, National Institutes of Health, Bethesda, Maryland 20892, USA. kirk.denicoff@nih.gov

Utilization of valproate: extent of inpatient use in the New York State Office of Mental Health.
Author(s): Institute for Psychiatric Research, Orangeburg, NY 10962, USA.

What future for research in mental health nursing–rediscovering the yin.
Author(s): School of Nursing & Midwifery, University of Glamorgan, Glyntaf.
The following information is typical of that found when using the “Full IBIDS Database” to search for “mental health” (or a synonym):

- **A longitudinal study of cannabis use and mental health from adolescence to early adulthood.**
  Author(s): Department of Preventive & Social Medicine, University of Otago Medical School, Dunedin, New Zealand.

- **A primer of complementary and alternative medicine and its relevance in the treatment of mental health problems.**
  Author(s): New York Medical College, Valhala, NY 10595, USA.

- **Behavioural development and mental health in infancy: object retrieval.**
  Author(s): School of Health and Sports Science, University of North London, UK.

- **Culture, socioeconomic status, and physical and mental health in Brazil.**
  Author(s): Department of Anthropology, University of Alabama, Tuscaloosa, USA.

- **Current status of traditional mental health practice in Ilorin Emirate Council area, Kwara State, Nigeria.**
  Author(s): Department of Behavioural Science, University of Ilorin, Nigeria.

- **Explanations of mental health symptoms by the Bedouin-Arabs of the Negev.**
  Author(s): Department of Social Work, Ben-Gurion University of the Negev, Beer-Sheva, Israel. alean@bgumail.bgu.ac.il

- **Five year changes in mental health and associations with vitamin B12/folate status of elderly Europeans.**
  Author(s): Wageningen University, Division of Human Nutrition and Epidemiology, The Netherlands. Simone.Eussen@staff.nutepi.wau.nl

- **Folk belief, illness behavior and mental health in Taiwan.**
  Author(s): Department of Psychiatry, Chang Gung Memorial Hospital, Kaohsiung, Taoyuan, R.O.C.

- **Gender and biomedical/traditional mental health utilization among the Bedouin-Arabs of the Negev.**
  Author(s): Department of Social Work, Ben Gurion University of the Negev, Beer Shera, Israel. alean@bgumail.bgu.ac.il

- **Improving mental health through nutrition: the future.**
  Author(s): Department of Medicine, Louisiana State University Health Sciences Center, New Orleans, LA 70112, USA. cprasa@lsuhsc.edu
Indigenous mental health care among Gurkha soldiers based in the United Kingdom.
Author(s): Community Mental Health Team (W), British Forces Health Complex, Wegberg.

Lithium in the over-65s: who is taking it and who is monitoring it? A survey of older adults on lithium in the Cambridge Mental Health Services catchment area.
Author(s): Psychiatric Service for the Elderly, Fulbourn Hospital, Cambridge, UK.

Mental health. Relieving depression.

Psychiatric disorders in primary care patients receiving complementary medical treatments.
Author(s): Duke University Medical Center, Department of Psychiatry and Behavioral Sciences, Durham, NC 27710, USA.

The Juvenile Wellness and Health Survey (JWHS-76): a school based screening instrument for general and mental health in high school students.
Author(s): Division of Child Psychiatry and Child Development, Stanford University School of Medicine, CA 94305-5710, USA.

The role of complementary and alternative therapies in women’s mental health.
Author(s): Department of Medicine, University of Maryland, Bethesda, Maryland 20814, USA.
Source: Peeke, Pamela M Frishett, Sharon Prim-Care. 2002 March; 29(1): 183-97, viii 0095-4543

Utility of the daily prospective National Institute of Mental Health Life-Chart Method (NIMH-LCM-p) ratings in clinical trials of bipolar disorder.
Author(s): Section on Psychobiology, Biological Psychiatry Branch, National Institute of Mental Health, National Institutes of Health, Bethesda, Maryland 20892, USA. kirk.denicoff@nih.gov

Utilization of valproate: extent of inpatient use in the New York State Office of Mental Health.
Author(s): Institute for Psychiatric Research, Orangeburg, NY 10962, USA.

What future for research in mental health nursing--rediscovering the yin.
Author(s): School of Nursing & Midwifery, University of Glamorgan, Glyntaf.
Federal Resources on Nutrition

In addition to the IBIDS, the United States Department of Health and Human Services (HHS) and the United States Department of Agriculture (USDA) provide many sources of information on general nutrition and health. Recommended resources include:

- healthfinder®, HHS’s gateway to health information, including diet and nutrition: http://www.healthfinder.gov/scripts/SearchContext.asp?topic=238&page=0
- The United States Department of Agriculture’s Web site dedicated to nutrition information: www.nutrition.gov
- The Food and Drug Administration’s Web site for federal food safety information: www.foodsafety.gov
- The National Action Plan on Overweight and Obesity sponsored by the United States Surgeon General: http://www.surgeongeneral.gov/topics/obesity/
- The Center for Food Safety and Applied Nutrition has an Internet site sponsored by the Food and Drug Administration and the Department of Health and Human Services: http://vm.cfsan.fda.gov/
- Center for Nutrition Policy and Promotion sponsored by the United States Department of Agriculture: http://www.usda.gov/cnpp/
- Food and Nutrition Information Center, National Agricultural Library sponsored by the United States Department of Agriculture: http://www.nal.usda.gov/fnic/
- Food and Nutrition Service sponsored by the United States Department of Agriculture: http://www.fns.usda.gov/fns/

Additional Web Resources

A number of additional Web sites offer encyclopedic information covering food and nutrition. The following is a representative sample:

- AOL: http://search.aol.com/cat.adp?id=174&layer=&from=subcats
- Family Village: http://www.familyvillage.wisc.edu/med_nutrition.html
- Google: http://directory.google.com/Top/Health/Nutrition/
- Healthnotes: http://www.healthnotes.com/
- Yahoo.com: http://dir.yahoo.com/Health/Nutrition/
- WebMD® Health: http://my.webmd.com/nutrition
- WholeHealthMD.com: http://www.wholehealthmd.com/reflib/0,1529,00.html

The following is a specific Web list relating to mental health; please note that any particular subject below may indicate either a therapeutic use, or a contraindication (potential danger), and does not reflect an official recommendation:
- **Vitamins**
  
  **Vitamin B12**  
  Source: Healthnotes, Inc.; www.healthnotes.com

- **Minerals**
  
  **Folate**  
  Source: Prima Communications, Inc.www.personalhealthzone.com

  **Lecithin/phosphatidylcholine/choline**  
  Source: Healthnotes, Inc.; www.healthnotes.com

  **Manganese**  
  Source: Prima Communications, Inc.www.personalhealthzone.com

- **Food and Diet**
  
  **Omega-3 Fatty Acids**  
  Source: WholeHealthMD.com, LLC.; www.wholehealthmd.com  
  Hyperlink:  
  http://www.wholehealthmd.com/refshelf/substances_view/0,1525,992,00.html
CHAPTER 3. ALTERNATIVE MEDICINE AND MENTAL HEALTH

Overview

In this chapter, we will begin by introducing you to official information sources on complementary and alternative medicine (CAM) relating to mental health. At the conclusion of this chapter, we will provide additional sources.

The Combined Health Information Database

The Combined Health Information Database (CHID) is a bibliographic database produced by health-related agencies of the U.S. federal government (mostly from the National Institutes of Health) that can offer concise information for a targeted search. The CHID database is updated four times a year at the end of January, April, July, and October. Check the titles, summaries, and availability of CAM-related information by using the “Simple Search” option at the following Web site: http://chid.nih.gov/simple/simple.html. In the drop box at the top, select “Complementary and Alternative Medicine.” Then type “mental health” (or synonyms) in the second search box. We recommend that you select 100 “documents per page” and to check the “whole records” options. The following was extracted using this technique:

- Psychosocial Aspects of Complementary and Alternative Medicine
  

  Summary: This journal article reviews patterns of complementary and alternative medicine (CAM) use in the United States. Between 1990 and 1997, the proportion of consumers using CAM increased from 33.8 percent to 42.1 percent. Among users, 46.3 percent saw a CAM practitioner and 53.7 percent used CAM on their own. CAM users tend to have high incomes and high levels of education. They are likely to have medical conditions such as chronic pain, poor mental health, human immunodeficiency virus infection, and cancer that are not easily treated by conventional medicine. Many of the most commonly used therapies are noninvasive, but dietary supplements also have become popular. Some therapies such as lifestyle modification, behavior modification, and relaxation techniques are routine parts of treatment plans. Others, such as
acupuncture, chiropractic, and massage, are gaining acceptance from the medical community. Only 38.5 percent of CAM users reported this use to their physicians, often because they anticipated disinterest or disapproval from the doctor. More recent data suggest that physicians are more open to discussing CAM than patients perceive. With growing evidence of potential herb-drug interactions, the authors suggest that discussing CAM with patients is becoming even more important. The article has 2 figures and 24 references.

National Center for Complementary and Alternative Medicine

The National Center for Complementary and Alternative Medicine (NCCAM) of the National Institutes of Health (http://nccam.nih.gov) has created a link to the National Library of Medicine’s databases to facilitate research for articles that specifically relate to mental health and complementary medicine. To search the database, go to the following Web site: http://www.nlm.nih.gov/nccam/camonpubmed.html. Select “CAM on PubMed.” Enter “mental health” (or synonyms) into the search box. Click “Go.” The following references provide information on particular aspects of complementary and alternative medicine that are related to mental health:

- **A comparative mental health literacy survey of psychiatrists and other mental health professionals in Singapore.**
  Author(s): Parker G, Chen H, Kua J, Loh J, Jorm AF.

- **A comparative study of the spiritual perspectives and interventions of mental health and parish nurses.**
  Author(s): Tuck I, Pullen L, Wallace D.

- **A new model for the mental health nursing change of shift report.**
  Author(s): Priest CS, Holmberg SK.

- **A pilot study addressing the effect of aromatherapy massage on mood, anxiety and relaxation in adult mental health.**
  Author(s): Edge J.
• A primer of complementary and alternative medicine and its relevance in the treatment of mental health problems.
  Author(s): Mamtani R, Cimino A.

• A program to educate school nurses about mental health interventions.
  Author(s): Hootman J, Houck GM, King MC.

• A quiet revolution in Brighton: Dr Helen Boyle's pioneering approach to mental health care, 1899-1939.
  Author(s): Westwood L.

• A systematic review of stress and stress management interventions for mental health nurses.
  Author(s): Edwards D, Burnard P.

• Aboriginal mental health--moving forward.
  Author(s): Chaimowitz G.

• Accra. A way forward for mental health care in Ghana?
  Author(s): Roberts H.

• Addressing mental health in Afghanistan.
  Author(s): van de Put W.

• Adolescents previously involved in Satanism experiencing mental health problems.
  Author(s): Heathcote H, Gmeiner A, Poggenpoel M.
• **Advances in the conceptualization and measurement of religion and spirituality. Implications for physical and mental health research.**
  Author(s): Hill PC, Pargament KI.

• **Alternative mental health services: the role of the black church in the South.**
  Author(s): Blank MB, Mahmood M, Fox JC, Guterbock T.

• **Altruistic social interest behaviors are associated with better mental health.**
  Author(s): Schwartz C, Meisenhelder JB, Ma Y, Reed G.

• **An initial exploration of community mental health nurses' attitudes to and experience of sexuality-related issues in their work with people experiencing mental health problems.**
  Author(s): Cort EM, Attenborough J, Watson JP.

• **Ancestor reverence and mental health in South Africa.**
  Author(s): Berg A.

• **Are barriers to mental health and substance abuse care still rising?**
  Author(s): Sturm R, Sherbourne CD.

• **Attitudes towards mental health in an urban Pakistani community in the United Kingdom.**
  Author(s): Tabassum R, Macaskill A, Ahmad I.
• **Australian Indigenous mental health.**  
  Author(s): Brown R.  

• **Autonomy versus coercion: reconciling competing perspectives in community mental health.**  
  Author(s): Davis S.  

• **Baccalaureate nursing students' reflections on a nontraditional mental health experience: learning outcomes.**  
  Author(s): Snyder MD, Weyer ME.  

• **Beyond the disability: recognizing mental health issues among persons with intellectual and developmental disabilities.**  
  Author(s): Ailey SH.  

• **Canadian psychiatric inpatient religious commitment: an association with mental health.**  
  Author(s): Baetz M, Larson DB, Marcoux G, Bowen R, Griffin R.  

• **Characteristics of new clients at self-help and community mental health agencies in geographic proximity.**  
  Author(s): Segal SP, Hardiman ER, Hodges JQ.  

• **Chinese students' concept of mental health.**  
  Author(s): Wang W, Miao X.
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• **Claiming our place: women with serious mental health issues and support groups for abused women.**
  Author(s): Preston SL.

• **Communities of caring: integrating mental health and medical care for HIV-infected women.**
  Author(s): Harris K, Williams LD.

• **Complementary alternative medicine in health and mental health: implications for social work practice.**
  Author(s): Cook CA, Becvar DS, Pontious SL.

• **Controversy and consensus in disaster mental health research.**
  Author(s): Tierney KJ.

• **Cooperation between mental health professionals and doctors in a Balint-oriented supervision group.**
  Author(s): Keinanen M.

• **Cultural diversity and mental health. Towards integrative practice.**
  Author(s): James S, Prilleltensky I.
  Source: Clinical Psychology Review. 2002 November; 22(8): 1133-54. Review.

• **Culture, spirituality, and mental health. The forgotten aspects of religion and health.**
  Author(s): Rhi BY.
• David Lukoff, PhD. The importance of spirituality in mental health. Interview by Bonnie Horrigan.
  Author(s): Lukoff D.

• Development of mental health services in Pakistan.
  Author(s): Mubbashar MH, Saeed K.

• Diagnostic profiles associated with use of mental health and substance abuse services among high-risk youths.
  Author(s): Garland AF, Aarons GA, Brown SA, Wood PA, Hough RL.

• Effect of yogic exercises on physical and mental health of young fellowship course trainees.
  Author(s): Ray US, Mukhopadhyaya S, Purkayastha SS, Asnani V, Tomer OS, Prashad R, Thakur L, Selvamurthy W.

• Egyptian contribution to the concept of mental health.
  Author(s): Okasha A.

• Emerging paradigms in the mental health care of refugees.
  Author(s): Watters C.

• Encountering violence and aggression in mental health nursing: a phenomenological study of tacit caring knowledge.
  Author(s): Carlsson G, Dahlberg K, Drew N.

• Ethnic and gender differences in mental health utilization: the case of Muslim Jordanian and Moroccan Jewish Israeli out-patient psychiatric patients.
  Author(s): Al-Krenawi A, Graham JR, Ophir M, Kandah J.
• Evidence-based care and the case for intuition and tacit knowledge in clinical assessment and decision making in mental health nursing practice: an empirical contribution to the debate.
  Author(s): Welsh I, Lyons CM.

• Executive summary: a report of the Surgeon General on mental health.
  Author(s): Satcher DS.

• Exercise and mental health: it’s just not psychology!
  Author(s): Faulkner G, Biddle S.

• Family planning: an integral part of mental health care.
  Author(s): Muhuhu P.

• Gender differences in associations between religious attendance and mental health in Finland.
  Author(s): Hintikka J, Koskela K, Kontula O, Viinamaki H.

• Gendered utilization differences of mental health services in Jordan.
  Author(s): Al-Krenawi A, Graham JR, Kandah J.

• Getting it right: appropriate therapeutic recreation programs for community based consumers of mental health services.
  Author(s): Pegg S, Moxham L.
Goal advancement among mental health self-help agency members.
Author(s): Hodges JQ, Segal SP.

HIV-related mental health in correctional settings.
Author(s): Rubel JG, Bowles CK.

I am a mental health professional; my credential: life experience.
Author(s): Fox V.

Influences on the origin and development of Mennonite mental health centers.
Author(s): Ediger EM.

Informal community care for mental health consumers in Hong Kong.
Author(s): Yip KS.

Islam and mental health.
Author(s): Baasher TA.

Local perceptions of the mental health effects of the Rwandan genocide.
Author(s): Bolton P.

Local perceptions of the mental health effects of the Uganda acquired immunodeficiency syndrome epidemic.
Author(s): Wilk CM, Bolton P.
Mental health and illness in traditional India and China.
Author(s): Fabrega H Jr.

Mental health and psychiatry in the Middle East: historical development.
Author(s): Mohit A.

Mental health and psychosocial issues in HIV care.
Author(s): Clay D.

Mental health and spiritual care.
Author(s): Thompson I.

Mental health consultation in a nursing home.
Author(s): Kennedy B, Covington K, Evans T, Williams CA.

Mental health diseases are an economic burden on patients, says report.
Author(s): Gonzalez Aguirre A.

Mental health issues among clergy and other religious professionals: a review of research.
Author(s): Weaver AJ, Flannelly KJ, Larson DB, Stapleton CL, Koenig HG.
Source: J Pastoral Care Counsel. 2002 Winter; 56(4): 393-403. Review.
• Mental health nurses' beliefs about interventions for schizophrenia and depression: a comparison with psychiatrists and the public.
  Author(s): Caldwell TM, Jorm AF.

• Mental health problems in a population without a previous modern psychiatric care system.
  Author(s): Chabwine JN, Mubagwa K.

• Mental health. Let's get physical.
  Author(s): Akid M.

• Mental health. Picking up the pieces.
  Author(s): Ward A, Woolmore J.

• Narrative mediation of conventional and new “mental health” paradigms: reading the stories of immigrant Iranian women.
  Author(s): Dossa P.

• Nonstigmatizing ways to engage HIV-positive African-American teens in mental health and support services: a commentary.
  Author(s): Lyon ME, Woodward K.

• Outpatient mental health care, self-help groups, and patients' one-year treatment outcomes.
  Author(s): Moos R, Schaefer J, Andrassy J, Moos B.

• Partnership in coping: an Australian system of mental health nursing.
  Author(s): Shanley E, Jubb M, Latter P.
• **Pilot study of spirituality and mental health in twins.**  
  Author(s): Tsuang MT, Williams WM, Simpson JC, Lyons MJ.  

• **Pioneering mental health: institutional psychiatric care in chiropractic.**  
  Author(s): Quigley WH.  

• **Profile of Community Mental Health Service Needs in the Moretele District (North-West Province) in South Africa.**  
  Author(s): Modiba P, Schneider H, Porteus K, Gunnarson V.  

• **Promoting mental health after childbirth: a controlled trial of primary prevention of postnatal depression.**  
  Author(s): Elliott SA, Leverton TJ, Sanjack M, Turner H, Cowmeadow P, Hopkins J, Bushnell D.  

• **Promoting mental health, treating mental illness. Broadening the focus on intervention.**  
  Author(s): Cohen GD.  

• **Promoting the mental health of elderly African Americans: a case illustration.**  
  Author(s): Thornton KA, Tuck I.  

• **Psychiatrists' recommendations for improving bicultural training and Maori mental health services: a New Zealand survey.**  
  Author(s): Johnstone K, Read J.
Qualitative and quantitative approaches in mental health nursing: moving the debate forward.
Author(s): Burnard P, Hannigan B.

Religion and medicine II: religion, mental health, and related behaviors.
Author(s): Koenig HG.

Religion, senescence, and mental health: the end of life is not the end of hope.
Author(s): Van Ness PH, Larson DB.

Religion, spirituality, and mental health.
Author(s): Gallagher EB, Wadsworth AL, Stratton TD.

Religious beliefs and practices in acute mental health patients.
Author(s): Hilton C, Ghaznavi F, Zuberi T.

Religious faith and spirituality in substance abuse recovery: determining the mental health benefits.
Author(s): Pardini DA, Plante TG, Sherman A, Stump JE.

Research in religion and mental health: naming of parts--some reflections.
Author(s): Whitfield W.
• **Spirituality, meaning, mental health and nursing.**
  Author(s): Storch EA.

• **Spirituality, meaning, mental health, and nursing.**
  Author(s): Ameling A, Povilonis M.

• **The commonality and synchronicity of mental health nurses and palliative care nurses: closer than you think? Part one.**
  Author(s): Cutcliffe JR, Black C, Hanson E, Goward P.

• **The commonality and synchronicity of mental health nurses and palliative care nurses: closer than you think? Part two.**
  Author(s): Cutcliffe JR, Black C, Hanson E, Goward P.

• **The concept of spiritual care in mental health nursing.**
  Author(s): Greasley P, Chiu LF, Gartland M.

• **The consumer movement in mental health care.**
  Author(s): Alperovitch S.

• **The GROW movement in mental health in Australia.**
  Author(s): Yip KS.
• The life world of the adolescent with mental health problems.
  Author(s): Peens T, Poggenpoel M.

• The Mennonite mental health story.
  Author(s): Neufeld V.

• The mental health needs of patients in physical care settings.
  Author(s): Harrison A.

• The place of spirituality and religion in mental health services.
  Author(s): Fallot RD.
  Source: New Dir Ment Health Serv. 2001 Fall; (91): 79-88.

• The role of complementary and alternative therapies in women’s mental health.
  Author(s): Peeke PM, Frishett S.

• Traditional community resources for mental health: a report of temple healing from India.
  Author(s): Raguram R, Venkateswaran A, Ramakrishna J, Weiss MG.

• Traditional mental health practitioners in Kwara State, Nigeria.
  Author(s): Adelekan ML, Makanjuola AB, Ndom RJ.

• Trends in mental health: implications for advanced practice nurses.
  Author(s): Puskar KR, Bernardo L.
Additional Web Resources

A number of additional Web sites offer encyclopedic information covering CAM and related topics. The following is a representative sample:

- AOL: [http://search.aol.com/cat.adp?id=169&layer=&from=subcats](http://search.aol.com/cat.adp?id=169&layer=&from=subcats)
- Family Village: [http://www.familyvillage.wisc.edu/med_altn.htm](http://www.familyvillage.wisc.edu/med_altn.htm)
- WebMD®Health: [http://my.webmd.com/drugs_and_herbs](http://my.webmd.com/drugs_and_herbs)
- WholeHealthMD.com: [http://www.wholehealthmd.com/reflib/0,1529,00.html](http://www.wholehealthmd.com/reflib/0,1529,00.html)

The following is a specific Web list relating to mental health; please note that any particular subject below may indicate either a therapeutic use, or a contraindication (potential danger), and does not reflect an official recommendation:

- **General Overview**
  - **Age-related Cognitive Decline**
    Source: Healthnotes, Inc.; [www.healthnotes.com](http://www.healthnotes.com)
  - **Alcoholism**
    Source: Integrative Medicine Communications; [www.drkoop.com](http://www.drkoop.com)
  - **Anorexia Nervosa**
    Source: Integrative Medicine Communications; [www.drkoop.com](http://www.drkoop.com)
  - **Bipolar Disorder**
    Source: Healthnotes, Inc.; [www.healthnotes.com](http://www.healthnotes.com)
Bulimia Nervosa  
Source: Integrative Medicine Communications; www.drkoop.com

Depression  
Source: Healthnotes, Inc.; www.healthnotes.com

Depression  
Source: Integrative Medicine Communications; www.drkoop.com

Depression (mild to Moderate)  
Source: Prima Communications, Inc.; www.personalhealthzone.com

Eating Disorders  
Source: Healthnotes, Inc.; www.healthnotes.com

Frostbite  
Source: Integrative Medicine Communications; www.drkoop.com

Hypochondriasis  
Source: Integrative Medicine Communications; www.drkoop.com

Insomnia  
Source: Integrative Medicine Communications; www.drkoop.com

Prostate Cancer  
Source: Healthnotes, Inc.; www.healthnotes.com

Schizophrenia  
Source: Healthnotes, Inc.; www.healthnotes.com

Seasonal Affective Disorder  
Source: Healthnotes, Inc.; www.healthnotes.com

Sleeplessness  
Source: Integrative Medicine Communications; www.drkoop.com

Tardive Dyskinesia  
Source: Healthnotes, Inc.; www.healthnotes.com

- Alternative Therapy

Alexander Technique  
Source: WholeHealthMD.com, LLC.; www.wholehealthmd.com  
Hyperlink:  
http://www.wholehealthmd.com/refshelf/substances_view/0,1525,665,00.html

Aromatherapy  
Source: Integrative Medicine Communications; www.drkoop.com
Auditing
Alternative names: pastoral counseling processing
Source: The Canoe version of A Dictionary of Alternative-Medicine Methods, by Priorities for Health editor Jack Raso, M.S., R.D.
Hyperlink: http://www.canoe.ca/AltmedDictionary/a.html

Holistic Referrals
Source: Healthnotes, Inc.; www.healthnotes.com

Meditation
Source: WholeHealthMD.com, LLC.; www.wholehealthmd.com
Hyperlink: http://www.wholehealthmd.com/refshelf/substances_view/0,1525,717,00.html

Mind&body Medicine
Source: Integrative Medicine Communications; www.drkoop.com

Preventive Dianetics
Source: The Canoe version of A Dictionary of Alternative-Medicine Methods, by Priorities for Health editor Jack Raso, M.S., R.D.
Hyperlink: http://www.canoe.ca/AltmedDictionary/p.html

Psychogenetics
Source: The Canoe version of A Dictionary of Alternative-Medicine Methods, by Priorities for Health editor Jack Raso, M.S., R.D.
Hyperlink: http://www.canoe.ca/AltmedDictionary/p.html

Scientology
Source: The Canoe version of A Dictionary of Alternative-Medicine Methods, by Priorities for Health editor Jack Raso, M.S., R.D.
Hyperlink: http://www.canoe.ca/AltmedDictionary/s.html

Seitai Control Technique
Alternative names: seitai technique
Source: The Canoe version of A Dictionary of Alternative-Medicine Methods, by Priorities for Health editor Jack Raso, M.S., R.D.
Hyperlink: http://www.canoe.ca/AltmedDictionary/s.html

Trager Approach
Source: WholeHealthMD.com, LLC.; www.wholehealthmd.com
Hyperlink: http://www.wholehealthmd.com/refshelf/substances_view/0,1525,741,00.html

Writing Therapy
Source: WholeHealthMD.com, LLC.; www.wholehealthmd.com
Hyperlink: http://www.wholehealthmd.com/refshelf/substances_view/0,1525,745,00.html

Yoga
Source: Healthnotes, Inc.; www.healthnotes.com
• **Herbs and Supplements**

  5-hydroxytryptophan  
  Source: Healthnotes, Inc.; www.healthnotes.com

  **Perphenazine**  
  Source: Healthnotes, Inc.; www.healthnotes.com

  **Piper**  
  Alternative names: Kava; Piper methysticum Forst.f 
  Source: Alternative Medicine Foundation, Inc.; www.amfoundation.org

  **Quetiapine**  
  Source: Healthnotes, Inc.; www.healthnotes.com

  **Thioridazine**  
  Source: Healthnotes, Inc.; www.healthnotes.com

**General References**

A good place to find general background information on CAM is the National Library of Medicine. It has prepared within the MEDLINEplus system an information topic page dedicated to complementary and alternative medicine. To access this page, go to the MEDLINEplus site at [http://www.nlm.nih.gov/medlineplus/alternativemedicine.html](http://www.nlm.nih.gov/medlineplus/alternativemedicine.html). This Web site provides a general overview of various topics and can lead to a number of general sources.
CHAPTER 4. DISSERTATIONS ON MENTAL HEALTH

Overview

In this chapter, we will give you a bibliography on recent dissertations relating to mental health. We will also provide you with information on how to use the Internet to stay current on dissertations. IMPORTANT NOTE: When following the search strategy described below, you may discover non-medical dissertations that use the generic term “mental health” (or a synonym) in their titles. To accurately reflect the results that you might find while conducting research on mental health, we have not necessarily excluded non-medical dissertations in this bibliography.

Dissertations on Mental Health

ProQuest Digital Dissertations, the largest archive of academic dissertations available, is located at the following Web address: http://wwwlib.umi.com/dissertations. From this archive, we have compiled the following list covering dissertations devoted to mental health. You will see that the information provided includes the dissertation’s title, its author, and the institution with which the author is associated. The following covers recent dissertations found when using this search procedure:

- A Study to Assess the Knowledge about Aids Held by Mental Health Counselors (counselors, Immune Deficiency) by Turner, Micki, Phd from Oregon State University, 1991, 177 pages
  http://wwwlib.umi.com/dissertations/fullcit/9214800

- A Study to Determine the Continuing Professional Development Needs of Therapeutic Recreation Specialists Employed in Mental Health Settings by Coffey, Fran, Phd from University of Illinois at Urbana-champaign, 1983, 287 pages
  http://wwwlib.umi.com/dissertations/fullcit/8324530

- A Study to Determine the Effects of Team Teaching upon the Achievement, Social Adjustment and Mental Health of Grade 1 Pupils by Soucy, Leo Antoine, Edd from Syracuse University, 1966, 139 pages
  http://wwwlib.umi.com/dissertations/fullcit/6707119
• A Theory of Role Conflict Resolution: the Community Mental Health Nurse. by Bloch, Dorothy Williams, Phd from University of Colorado at Boulder, 1972, 239 pages http://wwwlib.umi.com/dissertations/fullcit/7301756


• Access to Care and Optimal Treatment Choices for Mental Health Disorders in the United States by Dobrez, Deborah Garlow, Phd from Indiana University, 1998, 105 pages http://wwwlib.umi.com/dissertations/fullcit/9907296


• Acculturation and Social Relationships As Predictors of Health, Mental Health, and Service Utilization among Older Mexican-americans and Non-latino Whites by Aranda, Maria Priscilla, Phd from University of Southern California, 1995, 282 pages http://wwwlib.umi.com/dissertations/fullcit/9616932


• Adaptation to School-based Mental Health Practice: Tales from the Frontlines by Mental Health Professionals Working in Schools by Viboch, Marcy Rosenthal; Phd from New York University, 2002, 323 pages http://wwwlib.umi.com/dissertations/fullcit/3045733


• Adlerian Life Styles and Acculturation As Predictors of the Mental Health in Hispanic Adults (lifestyles) by Miranda, Alexis Omar, Phd from Georgia State University, 1994, 167 pages http://wwwlib.umi.com/dissertations/fullcit/9507428

• Administration and Community Mental Health Center Administrator Needs by Chatlin, Eugene David, Dsw from The University of Utah, 1981, 228 pages http://wwwlib.umi.com/dissertations/fullcit/8125913


• Adolescent Mental Health Care: Youth and Family Experiences by Hamler, Jacqueline S.; Phd from Ohio University, 1999, 292 pages http://wwwlib.umi.com/dissertations/fullcit/9956770
• Adolescent Mental Health Services Utilization: Influences of Family and Social Context (rural Adolescents, Family Stress) by Schmitz, Mark Francis, Phd from Iowa State University, 1996, 94 pages
http://wwwlib.umi.com/dissertations/fullcit/9626066

• Adventure Alternatives in Corrections, Mental Health and Special Education: a Profile and Directory by Granek, Marvin, Phd from University of Oregon, 1981, 165 pages
http://wwwlib.umi.com/dissertations/fullcit/8209666

• African American Acculturation: the Influence of Cultural Orientations and Interethnic Friendships on the Life Satisfaction, Mental Health, and Achievement of African Americans by Tompkin, Leona G.; Phd from Bowling Green State University, 1999, 110 pages
http://wwwlib.umi.com/dissertations/fullcit/9950985

• A Case Study of the Use of Commissions As Instruments of Public Policy: the Governor's Select Commission on the Future of the State-local Mental Health System (new York State, 1983-1984) by Brower, Leslie Anne, Phd from Syracuse University, 1999, 328 pages
http://wwwlib.umi.com/dissertations/fullcit/9926995

• A Causal Model of Individual Responses to Community Mental Health Care by Hall, G. Brent; Phd from McMaster University (Canada), 1980
http://wwwlib.umi.com/dissertations/fullcit/NK50826

• A Causal Model of Individual Responses to Community Mental Health Care by Hall, George Brent, Phd from McMaster University (Canada), 1980
http://wwwlib.umi.com/dissertations/fullcit/f1389942

• A Client-developed Measure of Self-assessment in Mental Health by Prager, Edward H., Phd from Case Western Reserve University, 1980, 265 pages
http://wwwlib.umi.com/dissertations/fullcit/8021711

• A Communication Environment for African American Mental Health Care by Grant, Ellen Elizabeth, Phd from State University of New York at Buffalo, 1979, 105 pages
http://wwwlib.umi.com/dissertations/fullcit/8005663

• A Comparative Analysis of the Distribution and Prediction of Global Well-being among Black and White Females (mental Health) by Brown, Diane Robinson, Phd from University of Maryland College Park, 1984, 421 pages
http://wwwlib.umi.com/dissertations/fullcit/8506501

http://wwwlib.umi.com/dissertations/fullcit/8819293

• A Comparative Analysis of the Mental Health Problems of Elementary Children in Rural and Suburban Environments As Perceived by Various Categories of Professional School Personnel. by Small, Sandra H., EdD from University of Cincinnati, 1976, 163 pages
http://wwwlib.umi.com/dissertations/fullcit/7621453
- A Comparative Investigation of Mental Health Services in the Schools: Administrative Perspectives on Student's Mental Health Needs, Efficacy of Mental Health Services and School Psychological Services by Pluymert, Katalin Elizabeth Krisch; Phd from Loyola University of Chicago, 2000, 232 pages
  http://wwwlib.umi.com/dissertations/fullcit/9955407

- A Comparative Study of Holland's Theory of Person-environment Congruence and Staff Burnout Syndrome As They Relate to Job Satisfaction and Tenure in Rural Community Mental Health Centers by Boyd, Jerry Lynn, Phd from University of Illinois at Urbana-champaign, 1981, 109 pages
  http://wwwlib.umi.com/dissertations/fullcit/8114391

- A Comparative Study of Mental Health Services Available to Students in South Carolina's Ninety-one School Districts by Green, Schelle Mcmakin, Phd from University of South Carolina, 1996, 159 pages
  http://wwwlib.umi.com/dissertations/fullcit/9623085

- A Comparative Study of Selected Mental Health Educational Needs of Registered Nurses and School Teachers in Mississippi. by Sommers, Pauline Rutland, Edd from The University of Southern Mississippi, 1977, 204 pages
  http://wwwlib.umi.com/dissertations/fullcit/7802937

  http://wwwlib.umi.com/dissertations/fullcit/7628424

- A Comparison of Audiotape and Videotape Formats in the Interpersonal Process Recall Model Used to Develop Communication Skills and Empathy in Mental Health Paraprofessionals by Spann, Mary Louise Szari, Phd from The University of Michigan, 1980, 194 pages
  http://wwwlib.umi.com/dissertations/fullcit/8017370

- A Comparison of Consultee-centered and Behavioral Models of Mental Health Consultation with Teachers in Elementary School Special Education Classrooms. by Cole, Troy Howard, Phd from The University of Mississippi, 1979, 116 pages
  http://wwwlib.umi.com/dissertations/fullcit/8001291

- A Comparison of Coping Efforts and Mental Health of Displaced Homemakers by Horne, Maryanne, Phd from New York University, 1988, 96 pages
  http://wwwlib.umi.com/dissertations/fullcit/8812508

- A Comparison of 'gemeinschaftliche' and 'gesellschaftliche' Communities and Their Levels of Mental Health by Muller, Robert Scott, Phd from The Florida State University, 1966, 188 pages
  http://wwwlib.umi.com/dissertations/fullcit/6700327

- A Comparison of Methods for Changing Homophobic Attitudes of Mental Health Professionals: the Effects of Cognitive Vs Affective and Homosexuality Vs Homophobia Approaches by Hyman, Ralph Allen, Edd from Auburn University, 1980, 148 pages
  http://wwwlib.umi.com/dissertations/fullcit/8013884

- A Comparison of Perceptions of Decision Making Roles and Job Satisfaction of Mental Health Clinic Directors. by Mervyn, Frances Vera, Phd from Boston College, 1978, 150 pages
  http://wwwlib.umi.com/dissertations/fullcit/7824558
- A Comparison of Structural Variables, Staff Perceptions and Attitudes in High Performing and Low Performing Boundary and Core Units in Community Mental Health Centers. by Overholt, Miles Harvard, Iii, Dsw from University of Pennsylvania, 1979, 153 pages
  http://wwwlib.umi.com/dissertations/fullcit/7922243

- A Comparison of Three Different Home-school Meeting Formats Conducted by Mental Health Professionals by Gallardo-cooper, Maria Isabel, Phd from University of Florida, 1997, 204 pages
  http://wwwlib.umi.com/dissertations/fullcit/9824072

- A Correlational Study of the Problematic Behaviors of Upper Elementary School Children and Their Self-concepts (mental Health, Self-esteem) by Sitkin, Gussie, Edd from United States International University, 1985, 137 pages
  http://wwwlib.umi.com/dissertations/fullcit/8516340

  http://wwwlib.umi.com/dissertations/fullcit/8509070

- A Cross-cultural Examination of Individual Values, Worry, and Mental Health Status by Nicolas, Mario George; Phd from The Pennsylvania State University, 2002, 140 pages
  http://wwwlib.umi.com/dissertations/fullcit/3060027

- A Delphi Investigation of the Views of Mental Health Professionals Regarding the Future of the American Family and the Psychological Impact of Potential Changes. by Connell, Mary Adean, Edd from East Texas State University, 1978, 188 pages
  http://wwwlib.umi.com/dissertations/fullcit/7816603

- A Delphi Study of Competencies for Mental Health/human Service Training Programs in Texas Public Community Colleges by Armendariz, Juan, Phd from The University of Texas at Austin, 1984, 226 pages
  http://wwwlib.umi.com/dissertations/fullcit/8508244

- A Demonstration of the Acceptability of a Mental Health Project Through a Participatory Culture-specific Model of Consultation in the Country of Sri Lanka by Bernstein, Rachel C.; Psyd from State University of New York at Albany, 2000, 165 pages
  http://wwwlib.umi.com/dissertations/fullcit/9997548

- A Descriptive Analysis of Interpersonal Conflict Behaviors of Community Mental Health Professionals by Fagan, Winston Mark, Dsw from The University of Alabama, 1981, 158 pages
  http://wwwlib.umi.com/dissertations/fullcit/8126834

- A Descriptive and Theoretical Study of the Nature of Clerical Work at a Mental Health Facility by Evans, Mary Kathryn, Phd from Syracuse University, 1982, 192 pages
  http://wwwlib.umi.com/dissertations/fullcit/8228981

- A Descriptive Study of Community Mental Health Professionals Regarding Their Graduate Training and Specific Professional Functions by Dempster, Lloyd Verdayne, Phd from University of Pittsburgh, 1987, 222 pages
  http://wwwlib.umi.com/dissertations/fullcit/8809171
- A Descriptive Study of Teacher Self-concept and Mental Health Status in a Large Metropolitan Public School System. by Meador, Linda Margaret, Phd from Peabody College for Teachers of Vanderbilt University, 1978, 106 pages http://wwwlib.umi.com/dissertations/fullcit/7909951

- A Descriptive Study of the Mental Health Program of the New Orleans Consortium, a Cooperative Arrangement between Dominican College, Loyola University and Xavier University (Louisiana) by Daniel, Larry Grant; Edd from New Orleans Baptist Theological Seminary, 1976, 125 pages http://wwwlib.umi.com/dissertations/fullcit/3089211


- A Design for Training Ministers As Mental Health Therapists Through the West Alabama Mental Health Center by Baker, Wilmer E.; Edd from New Orleans Baptist Theological Seminary, 1974, 184 pages http://wwwlib.umi.com/dissertations/fullcit/3089215

- A Developmental Study of Strategic Planning in Community Mental Health Centers Within Maricopa County, Arizona by Clark-singleton, Brendly, Phd from Walden University, 1996, 126 pages http://wwwlib.umi.com/dissertations/fullcit/9713637


- A Follow-up Study of Early Identified Emotionally Disturbed Children Following Treatment in a Therapeutic Nursery School Program (mental Health) by Edwards, Janice Delores, Phd from The American University, 1985, 141 pages http://wwwlib.umi.com/dissertations/fullcit/8515769


- A Goal Diagnosis of a Select Community Mental Health Center. by Conrad, Michael Francis, Edd from Indiana University, 1976, 245 pages http://wwwlib.umi.com/dissertations/fullcit/7703284


• A Mental Health Approach to an Early Compensatory Education Program for Disadvantaged Preschool Children: a Followup Study (florida) by Braun, Bonnie Ann, Phd from University of South Florida, 1986, 93 pages
http://wwwlib.umi.com/dissertations/fullcit/8705520

• A Mental Health Curriculum: Growth and Maturity Through Mutual Respect and Responsibility by Samora, Lena C., Edd from University of Northern Colorado, 1983, 85 pages
http://wwwlib.umi.com/dissertations/fullcit/8328510

• A Mental Health Services Program for Caribbean Immigrants and Caribbean-americans by Rose, Joyce Helena; Psyd from Carlos Albizu University, 2002, 63 pages
http://wwwlib.umi.com/dissertations/fullcit/3082914

http://wwwlib.umi.com/dissertations/fullcit/8403625

• A Method for Developing a Framework of Information Salience in Mental Health Care Treatment Delivery by Yonker, Valerie Ann, Phd from Drexel University, 1989, 289 pages
http://wwwlib.umi.com/dissertations/fullcit/8926534

• A Microanalysis of Cost-benefit Ratio As Applied to a Partial Hospitalization Program in a Community Mental Health Center. by Smith, Mary Frances, Dsw from The Catholic University of America, 1977, 115 pages
http://wwwlib.umi.com/dissertations/fullcit/7711043

• A Model for Identifying Mental Health Education Needs. by Williams, Roger Trevor, Phd from The University of Wisconsin - Madison, 1978, 200 pages
http://wwwlib.umi.com/dissertations/fullcit/7918177

• A Model for Initiation and Administration of Prevention Services in a Community Mental Health Center by Penney, Anne Rankin, Edd from Auburn University, 1981, 152 pages
http://wwwlib.umi.com/dissertations/fullcit/8202813

• A Model for Short-term Mental Health Care in Kentucky (health Care Costs) by Combs, Henry Edward, Phd from The Union Institute, 1993, 138 pages
http://wwwlib.umi.com/dissertations/fullcit/9412589

• A Multidimensional Analysis of the Mental Health of Graduate Counselors in Training by White, Paul Eugene, Phd from Georgia State University, 1989, 196 pages
http://wwwlib.umi.com/dissertations/fullcit/9010531

• A Multi-discipline Based Evaluation of Citizen Participation Within Mandated Advisory Councils, Utilizing Contexts of Community Mental Health and Education Decision-making by Herklots, Adriaan Richard Joseph, Phd from The University of Connecticut, 1979, 294 pages
http://wwwlib.umi.com/dissertations/fullcit/8008154

• A Multivariate Analysis of the Marketing Background and Marketing Orientation of Community Mental Health Center Chief Executive Officers and of Community Mental Health Center Marketing Programs: 'the Marketing of Community Mental Health Centers' (directo by Whyte, Edward Gordon, Jr., Phd from The University of Mississippi, 1985, 182 pages
http://wwwlib.umi.com/dissertations/fullcit/8514470
• A Naturalistic Study of the Relationship between the Process of Empowerment and Mental Health during Adolescence by Ungar, Michael Terrence, Dsw from Wilfrid Laurier University (canada), 1995, 352 pages http://wwwlib.umi.com/dissertations/fullcit/NN01826

• A Perspective, Founded in the Reality of Education, for Unifying the Mental Health and Educational Roles of School Counselors by Lam, Sarah Kit-yee; Edd from California State University, Fresno and Univ. of California, Davis, 2001, 137 pages http://wwwlib.umi.com/dissertations/fullcit/3018971

• A Phenomenological Study of Infant Mental Health Interventions: the Mothers' Perspective by Olson, Judith Agatha, Phd from Wayne State University, 1998, 183 pages http://wwwlib.umi.com/dissertations/fullcit/9915709

• A Phenomenological Study of Psychotherapists' Support and Non-support Perceptions of the Managed Mental Health Care Organization and the Practice of Effective Psychotherapy by Owen, Todd Louis; Phd from Saybrook Graduate School and Research Center, 2002, 239 pages http://wwwlib.umi.com/dissertations/fullcit/3089866


• A Picture of Mental Health: a Study to Examine Elements of Public Images of Mental Health Through Photographs by Kohler, Marsha Studebaker, Phd from The Ohio State University, 1982, 204 pages http://wwwlib.umi.com/dissertations/fullcit/8222115


• A Preliminary Investigation of Adaptive Functioning As a Multidimensional Construct of Mental Health. by Hall, Kenneth Edwin, Phd from Michigan State University, 1977, 279 pages http://wwwlib.umi.com/dissertations/fullcit/7803495

• A Primer and Critical Review on Clinical Work with Dreams for Mental Health Professionals by Wiedner, Alison Hilda; Psyd from Pepperdine University, 2002, 240 pages http://wwwlib.umi.com/dissertations/fullcit/3053303

• A Program Evaluation Model for the Mental Health Counseling Component of the Youth Services Centers Within Jefferson County, Louisville, Kentucky by Wagner, Kari Lynn; Psyd from Spalding University, 2002, 53 pages http://wwwlib.umi.com/dissertations/fullcit/3043201

• A Program Linking the Educational, Research, and Professional Communities with Psychological Services, Education, and Training at the Mental Health Hospitals in Haiti by Lafalaise, Marc Etienne; Psyd from Carlos Albizu University, 2002, 108 pages http://wwwlib.umi.com/dissertations/fullcit/3082906
- A Qualitative Study of the Practice of Infant Mental Health: Practitioners' and Parents' Voices by Weatherston, Deborah Jones; Phd from Wayne State University, 2000, 190 pages
  http://wwwlib.umi.com/dissertations/fullcit/9992283

- A Queueing Network Model with Blocking: Analysis of Congested Patients Flows in Mental Health Systems by Koizumi, Naoru; Phd from University of Pennsylvania, 2002, 122 pages
  http://wwwlib.umi.com/dissertations/fullcit/3073021

- A Research into the Relationship between Mental Health and Self-actualization. (afrikaans Text) by Nieuwoudt, Willem Carel, Ded from University of South Africa (south Africa), 1980
  http://wwwlib.umi.com/dissertations/fullcit/f1026662

- A Retrospective Study and Audit of the Treatment of Suicidal Patients at a Community Mental Health Center by Rockwood-solano, Josett, Edd from Brigham Young University, 1981, 324 pages
  http://wwwlib.umi.com/dissertations/fullcit/8321337

- A School Mental Health Issues Survey from the Perspective of Regular and Special Education Teachers, School Counselors, and School Psychologists by Repie, Michael Sean; Phd from George Mason University, 2003, 116 pages
  http://wwwlib.umi.com/dissertations/fullcit/3068642

  http://wwwlib.umi.com/dissertations/fullcit/9333463

- A Southern Exposure: Cross-cultural Factors Affecting Health Services Utilization, Psychosomatic Illness and Pre-departure, Sojourn and Re-entry Experiences of Foreign Students in North Carolina (adjustment, Network, Mental Health) by Boer, Evert Eduard, Phd from The University of North Carolina at Chapel Hill, 1983, 256 pages
  http://wwwlib.umi.com/dissertations/fullcit/8406876

- A State Mental Health Division Office of Consumer Affairs Program Evaluation: Stakeholder Views, Efficacy and Desired Directions by Schantz, David Lee, Phd from University of Washington, 1996, 240 pages
  http://wwwlib.umi.com/dissertations/fullcit/9716913

- A Study in Inter-professional Cooperation Involving the Mental Health Profession and the Roman Catholic Clergy by O'Brien, Arthur Seymour, Phd from University of Pittsburgh, 1972, 86 pages
  http://wwwlib.umi.com/dissertations/fullcit/7313226

- A Study of 40 Years of News Coverage of Community Mental Health Policies by Arceri, Thomas, Dsw from Yeshiva University, 1997, 236 pages
  http://wwwlib.umi.com/dissertations/fullcit/9809601

- A Study of Alienation among Students Receiving Counseling and Psychotherapy at a University Mental Health Clinic by Romeo, William Deren, Edd from University of Georgia, 1975, 89 pages
  http://wwwlib.umi.com/dissertations/fullcit/7602260
A Study of Citizen Participation in a Community Mental Health Center by Au-yeung, Benjamin, Phd from University of Pittsburgh, 1973, 141 pages
http://wwwlib.umi.com/dissertations/fullcit/7321339

A Study of Client Dropout at a Community Mental Health Center (mental Health, Washington) by Kitajima, Eiji, Phd from University of Washington, 1990, 156 pages
http://wwwlib.umi.com/dissertations/fullcit/9104255

A Study of Community Mental Health Center Goals. by Willis, James Milton, Dsw from Washington University, 1975, 234 pages
http://wwwlib.umi.com/dissertations/fullcit/7525468

A Study of Community Mental Health Needs in Korea: Prevention Strategies for Residents in an Urban Community (social Support, Mental Health) by Shin, Sun-in, Phd from University of Kansas, 1995, 210 pages
http://wwwlib.umi.com/dissertations/fullcit/9619354

A Study of Consultation and Education Services in South Carolina's Mental Health Centers and Clinics: an Analysis of Role Ambiguity and Role Conflict. by Ferrante, Richard Ralph, Phd from University of Pittsburgh, 1976, 148 pages
http://wwwlib.umi.com/dissertations/fullcit/7703003

A Study of Curvilinearity between Self-disclosure and Mental Health. by Humphrey, Freeman, Phd from Southern Illinois University at Carbondale, 1976, 113 pages
http://wwwlib.umi.com/dissertations/fullcit/7706228

A Study of Differences between Students Who Complete and Those Who Fail to Complete a Community Mental Health Technology Program in Terms of Internal-external Locus-of-control and Self-esteem by Levitz, Paul H., Phd from New York University, 1981, 142 pages
http://wwwlib.umi.com/dissertations/fullcit/8128220

A Study of Differential Utilization Patterns in a Community Mental Health Center. by Cox, Arthur James, Dsw from Columbia University, 1978, 178 pages
http://wwwlib.umi.com/dissertations/fullcit/7819322

A Study of Dual Use of Modern and Traditional Mental Health Systems by the Bedouin of the Negev by Al-krenawi, Alean, Phd from University of Toronto (Canada), 1995, 453 pages
http://wwwlib.umi.com/dissertations/fullcit/NQ35428

A Study of Ideal Vs Actual Role Perception of Counseling Supervisors in Mental Health Agencies by Syperski, Carol Ann, Edd from Peabody College for Teachers of Vanderbilt University, 1982, 105 pages
http://wwwlib.umi.com/dissertations/fullcit/8313831

A Study of Interorganizational Relations: an Exploration of Interorganizational Coordination among Mental Health Organizations. by Tarail, Michael Eli, Dsw from Adelphi University, School of Social Work, 1977, 217 pages
http://wwwlib.umi.com/dissertations/fullcit/7800329

A Study of Job Duties and Functions of Teachers and Paraprofessionals in Mental Health/mental Retardation Day Programs, Region Iv, Alabama by Long, Martha Doughtie, Edd from Auburn University, 1984, 139 pages
http://wwwlib.umi.com/dissertations/fullcit/8415502
• A Study of Lps Conservatorship and Lps Conservatees in San Francisco County (mental Health, Commitments, California) by Gray, Anne Marie, Dsw from University of California, Berkeley, 1986, 146 pages
  http://wwwlib.umi.com/dissertations/fullcit/8624692

• A Study of Management Tasks for Middle and Upper Level Managers in Mental Health Treatment Settings by Talbot, John Francis, Phd from University of Denver, 1986, 254 pages
  http://wwwlib.umi.com/dissertations/fullcit/8626358

• A Study of Mental Health Center Management: Responses to Fiscal Uncertainties by Drolen, Carol Smith, Phd from University of Southern California, 1988
  http://wwwlib.umi.com/dissertations/fullcit/f4202692

• A Study of Mental Health Clinic Services to the Retarded in Kentucky by Burton, Thomas Allan, Phd from University of Kentucky, 1967, 86 pages
  http://wwwlib.umi.com/dissertations/fullcit/6915434

• A Study of Mental Health Collaboration in Colorado's Schools by Douglas, Laura Stein; Phd from University of Denver, 2001, 210 pages
  http://wwwlib.umi.com/dissertations/fullcit/9999871

• A Study of Mental Health Workers in an Art Therapy Group to Reduce Secondary Trauma and Burnout by Van Der Vennet, Renee; Phd from Capella University, 2002, 311 pages
  http://wwwlib.umi.com/dissertations/fullcit/3065615

• A Study of Personalities of Missouri Division of Mental Health Education Personnel by Yard, George Joseph, Phd from Saint Louis University, 1972, 92 pages
  http://wwwlib.umi.com/dissertations/fullcit/7224039

• A Study of Practices of and Beliefs about the Delivery of Comprehensive Child Development Services Through Child Day Care Programs in an Educational and a Mental Health Setting, by Jordan-marsh, Maryalice Barbara, Phd from University of California, Los Angeles, 1978, 268 pages
  http://wwwlib.umi.com/dissertations/fullcit/7820236

• A Study of Program Efforts to Facilitate Access and Increase the Utilization of Community Mental Health Services by Puerto Rican/hispanic Clients (puerto Rican, Hispanic) by Vazquez, Rene Gilberto Del Valle, Dsw from City University of New York, 1994, 147 pages
  http://wwwlib.umi.com/dissertations/fullcit/9431374

• A Study of Selected Elements Within the Regular Classroom Environment Related to Mental Health Concerns Preparatory to Mainstreaming at a Junior High School; a Proposed Program for Instructional Modification. by Corder, Lynn Kenneth, Phd from Case Western Reserve University, 1978, 211 pages
  http://wwwlib.umi.com/dissertations/fullcit/7901510

• A Study of Social Work in Mental Health: an Analysis of Functions by Corbitt, Otis Alvin, Dsw from Columbia University, 1981, 146 pages
  http://wwwlib.umi.com/dissertations/fullcit/8125266

• A Study of Staff Development As an Educative Process in a Small Mental Health Setting, by Washington, Delo Elizabeth, Phd from University of California, Berkeley, 1977, 155 pages
  http://wwwlib.umi.com/dissertations/fullcit/7812817
A Study of the Interorganizational Relationship between Community Mental Health Centers and Family Service Agencies. by Kane, Thomas J., Dsw from The Catholic University of America, 1972, 231 pages
http://wwwlib.umi.com/dissertations/fullcit/7222692

A Study of the Job Behaviors of Persons Responsible for Directing Continuing Education Programs in the Mental Health Field by Herold, Arthur Karl, Edd from The George Washington University, 1973, 121 pages
http://wwwlib.umi.com/dissertations/fullcit/7326992

A Study of the Mental Health Knowledge and Attitudes of Preservice and Inservice Elementary School Teachers by Morris, Edwin Frank; Phd from University of Missouri - Columbia, 2002, 106 pages
http://wwwlib.umi.com/dissertations/fullcit/3074429

A Study of the Mental Health Treatment of Puerto Rican Migrants by Reyes, Jose, Edd from University of Cincinnati, 1989, 150 pages
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- From Back Wards to Boarding Homes: U.s. Mental Health Policy since Wwii. by Brown, Philip M., Phd from Brandeis University, 1979, 425 pages
  http://wwwlib.umi.com/dissertations/fullcit/7925699

- From Punitive Attitudes to Ethical Sophistication of Mental Health Professionals in the Treatment of Pedophiles: the Theological and Ethical Significance of Robert Kegan's Developmental Theory by Evans, Marguerite Emily, Phd from University of Ottawa (canada), 1996, 335 pages
  http://wwwlib.umi.com/dissertations/fullcit/NN11555

- Gender and Mental Health: an Analysis and Reinterpretation (demoralization, Social Class, Family) by Hotaling, Gerald Thomas, Phd from University of New Hampshire, 1984, 322 pages
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• Effects of an Educational Videotape Presentation on the Attitudes toward Utilization of Mental Health Professionals in a Group of Elderly Persons by Woodruff, Joyce Carter, Edd from Auburn University, 1987, 116 pages
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CHAPTER 5. CLINICAL TRIALS AND MENTAL HEALTH

Overview

In this chapter, we will show you how to keep informed of the latest clinical trials concerning mental health.

Recent Trials on Mental Health

The following is a list of recent trials dedicated to mental health. Further information on a trial is available at the Web site indicated.

- **Brain Imaging of Childhood Onset Psychiatric Disorders, Endocrine Disorders and Healthy Children**
  
  Condition(s): Autoimmune Disease; Congenital Adrenal Hyperplasia; Healthy; Mental Disorder Diagnosed in Childhood; Neurologic Manifestations
  
  Study Status: This study is currently recruiting patients.
  
  Sponsor(s): National Institute of Mental Health (NIMH)
  
  Purpose - Excerpt: Magnetic Resonance Imaging (MRI) unlike X-rays and CT-scans does not use radiation to create a picture. MRI use as the name implies, magnetism to create pictures with excellent anatomical resolution. Functional MRIs are diagnostic tests that allow doctors to not only view anatomy, but physiology and function. It is for these reasons that MRIs are excellent methods for studying the brain. In this study, researchers will use MRIs to assess brain anatomy and function in normal volunteers and patients with a variety of childhood onset psychiatric disorders. The disorders include attention deficit disorder, autism, congenital adrenal hyperplasia, childhood-onset schizophrenia, dyslexia, multidimensional impairment syndrome, obsessive compulsive disorder, Pediatric Autoimmune Neuropsychiatric Disorders Associated with Streptococcal Infection (PANDAS), stuttering, Sydenham's chorea, and Tourette's syndrome. Results of the MRIs showing the anatomy of the brain and brain function will be compared across age, sex (gender), and diagnostic groups. Correlations between brain and behavioral measures will be examined for normal and clinical populations.
  
  Study Type: Observational

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8 These are listed at [www.ClinicalTrials.gov](http://www.ClinicalTrials.gov).
Contact(s): see Web site below
Web Site: http://clinicaltrials.gov/ct/show/NCT0001246

- **CAFE Comparison of Atypicals in First Episode**
  Condition(s): Schizophrenia; Psychotic Disorders; Mental Health; Mental Disorders
  Study Status: This study is currently recruiting patients.
  Sponsor(s): AstraZeneca; University of North Carolina
  Purpose - Excerpt: The purpose of this study is to compare the effectiveness, tolerability, and efficacy of the currently available atypical antipsychotic drugs olanzapine (2.5-20 mg/day), quetiapine (100-800 mg/day) and risperidone (0.5-4 mg/day) in patients with schizophrenia, schizotypal disorder, or schizoaffective disorder who are experiencing their first psychotic episode.
  Phase(s): Phase IV
  Study Type: Interventional
  Contact(s): see Web site below
  Web Site: http://clinicaltrials.gov/ct/show/NCT00034892

- **Effect of Improving Caregiving on Early Mental Health**
  Condition(s): Child Development Disorders
  Study Status: This study is currently recruiting patients.
  Sponsor(s): National Institute of Child Health and Human Development (NICHD)
  Purpose - Excerpt: This study evaluates the effect on children and caregivers of providing training in warm, sensitive, responsive caregiving to caregivers in three orphanages in St. Petersburg, Russia. The study also assesses the effectiveness of having more consistent care from fewer caregivers in a family-like environment.
  Phase(s): Phase II
  Study Type: Interventional
  Contact(s): see Web site below
  Web Site: http://clinicaltrials.gov/ct/show/NCT00057291

- **Memory and Mental Health in Aging**
  Condition(s): Memory Disorders
  Study Status: This study is currently recruiting patients.
  Sponsor(s): National Institute of Mental Health (NIMH)
  Purpose - Excerpt: This study will evaluate the short-term and long-term efficacy of donepezil (Aricept) and cognitive training to improve memory performance in nondemented, elderly adults.
  Study Type: Interventional
  Contact(s): see Web site below
  Web Site: http://clinicaltrials.gov/ct/show/NCT00043589
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- **Mental Health Services for Foster and Adopted Children**
  
  Condition(s): Mental Health Services; Foster Home Care; Adoption; Family Relationships
  
  Study Status: This study is currently recruiting patients.
  
  Sponsor(s): National Institute of Mental Health (NIMH)
  
  Purpose - Excerpt: The purpose of this study is to determine the effectiveness of a relationship-based intervention in improving the interaction between caregivers and young children placed in their care.
  
  Phase(s): Phase I; MEDLINEplus consumer health information
  
  Study Type: Interventional
  
  Contact(s): see Web site below
  
  Web Site: http://clinicaltrials.gov/ct/show/NCT00056303

- **An Integrated Model of Primary Care in Mental Health**
  
  Condition(s): Depression
  
  Study Status: This study is no longer recruiting patients.
  
  Sponsor(s): Department of Veterans Affairs; Department of Veterans Affairs Health Services Research and Development Service
  
  Purpose - Excerpt: Managed care systems rely on primary care providers as gatekeepers to make sensible decisions regarding the use of expensive health care resources. While this model has some intuitive appeal in terms of its potential for decreasing health care costs, it may not be applicable in VA medical centers, where patients are often medically complex and socioeconomically vulnerable. Thus, other strategies to integrate generalist and specialist care are required. Our objective is to evaluate the effectiveness of an integrated model of primary care for veterans with alcohol dependence and/or depression in which mental health clinical nurse specialists (CNS) are placed within the General Medicine Clinic (GMC). Our primary outcomes are patients’ disease-specific mental health symptoms (Beck Depression Inventory: BDI) and satisfaction with care (RAND). Secondary outcomes include quality of care, health services utilization, and health care costs. This is a randomized, controlled trial comparing patients in two GMC firms. After physicians in both firms were trained in the diagnosis and brief treatment of the two conditions, the two firms were randomized into one of two conditions. Patients in both firms are screened for depression. Patients who screen positive for depression and give written informed consent are enrolled. In the control firm, depression screening results are provided to the primary care physician. In the integrated primary care firm, results are shared with the primary care provider, along with having a mental health clinical nurse specialist in the GMC who is available to implement and support treatment decisions. Telephone interviews are conducted at three and 12 months after enrollment to collect outcome data by persons blinded to the study hypotheses. Data will also be collected using local VA databases. Data analysis will utilize generalized estimating equations to account for the repeated measures design, clustering of patients within physicians, and clustering of physicians within clinics.
  
  Study Type: Interventional
  
  Contact(s): see Web site below
  
  Web Site: http://clinicaltrials.gov/ct/show/NCT00013260
• **Genetic Aspects of Neurologic and Psychiatric Disorders**
  Condition(s): Attention Deficit Disorder with Hyperactivity; Bipolar Disorder; Mental Disorder Diagnosed in Childhood; Mental Retardation; Schizophrenia
  Study Status: This study is no longer recruiting patients.
  Sponsor(s): National Institute of Mental Health (NIMH)
  Purpose - Excerpt: The purpose of this study is to improve the understanding of the genetic causes of specific neurologic and psychiatric disorders. The study will focus on conditions of mental retardation, childhood onset schizophrenia, attention deficit hyperactivity disorder (ADHD), atypical psychosis of childhood, and bipolar affective disorder. The study addresses the belief that there may be several genes contributing to the illness. Researchers intend to use several molecular genetic techniques in order to identify the areas of chromosomes containing genes responsible for the development of these disorders. Patients will be selected to participate in this study based on an early age of onset of their condition as well as the severity of the illness and the frequency of the illness among family members. Researchers will collect DNA samples from patients as well as affected and unaffected family members of each patient. The DNA samples collected will be analyzed for a variety of genetic abnormalities including: triplet repeat expansions, chromosome rearrangements, and polymorphisms.
  Study Type: Observational
  Contact(s): see Web site below
  Web Site: http://clinicaltrials.gov/ct/show/NCT00001544

• **Improving Mental Health Services for Economically Disadvantaged Children: Training Teachers**
  Condition(s): Psychopathology
  Study Status: This study is completed.
  Sponsor(s): National Institute of Child Health and Human Development (NICHD); National Institute of Mental Health (NIMH)
  Purpose - Excerpt: Children from low socioeconomic levels are more likely to have a mental disorder. However, they are less likely to receive appropriate treatment for that disorder than are children at higher socioeconomic levels. This study will evaluate a program designed to improve mental health services for these children through public school systems.
  Study Type: Interventional
  Contact(s): see Web site below
  Web Site: http://clinicaltrials.gov/ct/show/NCT00069563

• **Treatment of Childhood Onset Psychiatric Disorders with Intravenous Immunoglobulin (IVIg)**
  Condition(s): Autoimmune Diseases; Mental Disorders Diagnosed in Childhood; Schizophrenia
  Study Status: This study is completed.
  Sponsor(s): National Institute of Mental Health (NIMH)
  Purpose - Excerpt: Recent research studies of early onset-obsessive compulsive disorder (OCD) and Tourette's syndrome have questioned whether autoimmunity could play a
role in the development of these conditions. As a result, there has been an increased interest in the field of research on the potential involvement of autoimmunity in other psychiatric conditions like schizophrenia. Autoimmune conditions occur when the normal immune system of the body begins working against itself. The immune system recognizes cells as foreign and begins to attack them. There are several similarities between autoimmune diseases and schizophrenia. Genetics play some role in the development of both diseases. Both conditions show a similar course, and both conditions tend to show worsening of symptoms when exposed to stress. Previous research studies have shown intravenous immunoglobulin to be safe and effective when used in neurologic diseases involving the immune system. Presently the NIMH is testing the effectiveness of IVIg in OCD and Tourette's syndrome. Intravenous Immunoglobulin IVIg is a medication that has been used to treat diseases like Kawasaki disease, systemic juvenile rheumatoid arthritis, lupus nephritis, and idiopathic thrombocytopenic purpura. The drug modifies the body's natural immune reactions. This research study is a 13-week trial of intravenous immunoglobulin (IVIg) on patients suffering from childhood-onset schizophrenia, who have failed to respond to other therapies.

Phase(s): Phase III
Study Type: Interventional
Contact(s): see Web site below
Web Site: http://clinicaltrials.gov/ct/show/NCT00001768

Keeping Current on Clinical Trials

The U.S. National Institutes of Health, through the National Library of Medicine, has developed ClinicalTrials.gov to provide current information about clinical research across the broadest number of diseases and conditions.

The site was launched in February 2000 and currently contains approximately 5,700 clinical studies in over 59,000 locations worldwide, with most studies being conducted in the United States. ClinicalTrials.gov receives about 2 million hits per month and hosts approximately 5,400 visitors daily. To access this database, simply go to the Web site at http://www.clinicaltrials.gov/ and search by “mental health” (or synonyms).

While ClinicalTrials.gov is the most comprehensive listing of NIH-supported clinical trials available, not all trials are in the database. The database is updated regularly, so clinical trials are continually being added. The following is a list of specialty databases affiliated with the National Institutes of Health that offer additional information on trials:

- For clinical studies at the Warren Grant Magnuson Clinical Center located in Bethesda, Maryland, visit their Web site: http://clinicalstudies.info.nih.gov/
- For clinical studies conducted at the Bayview Campus in Baltimore, Maryland, visit their Web site: http://www.jhbc.c.jhu.edu/studies/index.html
- For cancer trials, visit the National Cancer Institute: http://cancertrials.nci.nih.gov/
- For eye-related trials, visit and search the Web page of the National Eye Institute: http://www.nei.nih.gov/neitrials/index.htm
For heart, lung and blood trials, visit the Web page of the National Heart, Lung and Blood Institute: [http://www.nhlbi.nih.gov/studies/index.htm](http://www.nhlbi.nih.gov/studies/index.htm)

For trials on aging, visit and search the Web site of the National Institute on Aging: [http://www.grc.nia.nih.gov/studies/index.htm](http://www.grc.nia.nih.gov/studies/index.htm)

For rare diseases, visit and search the Web site sponsored by the Office of Rare Diseases: [http://ord.aspensys.com/asp/resources/rsch_trials.asp](http://ord.aspensys.com/asp/resources/rsch_trials.asp)

For alcoholism, visit the National Institute on Alcohol Abuse and Alcoholism: [http://www.niaaa.nih.gov/intramural/Web_dicbr_hp/particip.htm](http://www.niaaa.nih.gov/intramural/Web_dicbr_hp/particip.htm)

For trials on infectious, immune, and allergic diseases, visit the site of the National Institute of Allergy and Infectious Diseases: [http://www.niaid.nih.gov/clintrials/](http://www.niaid.nih.gov/clintrials/)

For trials on arthritis, musculoskeletal and skin diseases, visit newly revised site of the National Institute of Arthritis and Musculoskeletal and Skin Diseases of the National Institutes of Health: [http://www.niams.nih.gov/hi/studies/index.htm](http://www.niams.nih.gov/hi/studies/index.htm)

For hearing-related trials, visit the National Institute on Deafness and Other Communication Disorders: [http://www.nidcd.nih.gov/health/clinical/index.htm](http://www.nidcd.nih.gov/health/clinical/index.htm)

For trials on diseases of the digestive system and kidneys, and diabetes, visit the National Institute of Diabetes and Digestive and Kidney Diseases: [http://www.niddk.nih.gov/patient/patient.htm](http://www.niddk.nih.gov/patient/patient.htm)

For drug abuse trials, visit and search the Web site sponsored by the National Institute on Drug Abuse: [http://www.nida.nih.gov/CTN/Index.htm](http://www.nida.nih.gov/CTN/Index.htm)

For trials on mental disorders, visit and search the Web site of the National Institute of Mental Health: [http://www.nimh.nih.gov/studies/index.cfm](http://www.nimh.nih.gov/studies/index.cfm)

For trials on neurological disorders and stroke, visit and search the Web site sponsored by the National Institute of Neurological Disorders and Stroke of the NIH: [http://www.ninds.nih.gov/funding/funding_opportunities.htm#Clinical_Trials](http://www.ninds.nih.gov/funding/funding_opportunities.htm#Clinical_Trials)
CHAPTER 6. PATENTS ON MENTAL HEALTH

Overview

Patents can be physical innovations (e.g. chemicals, pharmaceuticals, medical equipment) or processes (e.g. treatments or diagnostic procedures). The United States Patent and Trademark Office defines a patent as a grant of a property right to the inventor, issued by the Patent and Trademark Office. Patents, therefore, are intellectual property. For the United States, the term of a new patent is 20 years from the date when the patent application was filed. If the inventor wishes to receive economic benefits, it is likely that the invention will become commercially available within 20 years of the initial filing. It is important to understand, therefore, that an inventor’s patent does not indicate that a product or service is or will be commercially available. The patent implies only that the inventor has “the right to exclude others from making, using, offering for sale, or selling” the invention in the United States. While this relates to U.S. patents, similar rules govern foreign patents.

In this chapter, we show you how to locate information on patents and their inventors. If you find a patent that is particularly interesting to you, contact the inventor or the assignee for further information. IMPORTANT NOTE: When following the search strategy described below, you may discover non-medical patents that use the generic term “mental health” (or a synonym) in their titles. To accurately reflect the results that you might find while conducting research on mental health, we have not necessarily excluded non-medical patents in this bibliography.

Patents on Mental Health

By performing a patent search focusing on mental health, you can obtain information such as the title of the invention, the names of the inventor(s), the assignee(s) or the company that owns or controls the patent, a short abstract that summarizes the patent, and a few excerpts from the description of the patent. The abstract of a patent tends to be more technical in nature, while the description is often written for the public. Full patent descriptions contain much more information than is presented here (e.g. claims, references, figures, diagrams, etc.). We will tell you how to obtain this information later in the chapter. The following is an

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example of the type of information that you can expect to obtain from a patent search on mental health:

- **Aminophenyltetralin compounds**
  
  Inventor(s): Sarges; Reinhard (Mystic, CT)
  
  Assignee(s): Pfizer Inc. (New York, NY)
  
  Patent Number: 4,045,488
  
  Date filed: May 27, 1976
  
  Abstract: A series of novel 4-phenyl-1,2,3,4-tetrahydro-1-naphthylamines, including their pharmaceutically acceptable acid addition salts and their cis- and trans-isomers, have been prepared. The trans-isomers are useful in the field of mental health as antidepressant agents and/or as psychomotor stimulants. The trans-isomer of N-methyl-4-phenyl-1,2,3,4-tetrahydro-1-naphthylamine represents a preferred embodiment.
  
  Excerpt(s): This invention relates to new and useful 1-amino-4-phenyltetralin compounds. More particularly, it is concerned with certain novel 4-phenyl-1,2,3,4-tetrahydro-1-naphthylamines and their pharmaceutically acceptable acid addition salts, which are of value in therapy in view of their unique psychotherapeutic properties. In the past, various attempts have been made by numerous investigators in this particular field of therapy to obtain new and improved agents for the treatment of mental depression and apathy. In some instances, these efforts have involved the synthesis and testing of various compounds having a benzocycloalkane-type structure. For example, C. F. Huebner in U.S. Pat. No. 3,201,470 discloses certain 1-propargylaminotetralins that are useful as stimulants or as psychic energizing agents due to their ability to act as monoamine oxidase inhibitors. However, little is known about the effect of other heretofore unavailable 1-aminobenzocycloalkanes in this area, particularly with respect to their effect on mental health and so on. Of especial interest in this connection are such typical and preferred member compounds of the invention as trans-dl-N-methyl-4-phenyl-1,2,3,4-tetrahydro-1-naphthylamine, trans-d-N-methyl-4-phenyl-1,2,3,4-tetrahydro-1-naphthylamine, trans-dl-N-ethyl-4-phenyl-1,2,3,4-tetrahydro-1-naphthylamine, trans-dl-N-isopropyl-4-phenyl-1,2,3,4-tetrahydro-1-naphthylamine, trans-dl-N-cyclopropyl-4-phenyl-1,2,3,4-tetrahydro-1-naphthylamine, trans-dl-N,N-dimethyl-4-phenyl-1,2,3,4-tetrahydro-1-naphthylamine and trans-dl-4-phenyl-1,2,3,4-tetrahydro-1-naphthylamine and their hydrochloride acid addition salts. These particular compounds all exhibit a markedly high degree of antidepressant activity in addition to their aforesaid behavioral and psychomotor stimulation.
  

- **Apparatus for measuring psychotherapy outcomes**
  
  Inventor(s): Brill; Peter L. (Radnor, PA)
  
  Assignee(s): Compass Information Services, Inc. (Radnor, PA)
  
  Patent Number: 5,435,324
  
  Date filed: May 25, 1994
  
  Abstract: A method and apparatus for measuring a patient's psychotherapy progress is provided. Initial patient mental health is measured by administering a questionnaire
measuring three psychological variables. The three psychological variable measures are combined into a mental health index. Following a number of sessions of psychotherapy, the patient's subsequent psychological condition is again measured using the three psychological variables. Patient session records are stored in a large database. Patient progress can thus be compared versus patient initial psychological condition, typical patient outcomes as stored in the database, and patient improvement as a function of a number of sessions of psychotherapy can be determined. The system further provides a case manager with a measure of the effectiveness of continued psychotherapy sessions, and a basis of comparison of various psychotherapy providers.

Excerpt(s): This invention relates to psychotherapy. More particularly, this invention relates to a system for measuring and quantifying a patient's psychological condition and the progress, stasis, or retrogression thereof, and for administering psychotherapy based on such measurements. Costs in the health care field have grown at an alarming rate. Efforts to contain these costs through devices such as DRGs have slowed the growth of inpatient care, but total health care costs continue to escalate as the inpatient cost savings have shifted into expenditures for outpatient treatment. Meanwhile, the cost of mental health treatment has greatly outpaced general health care costs. Prior cost containment efforts have focused on inpatient costs. A case management approach has been applied to cost containment efforts. Often, much of a company's mental health costs are for inpatient treatment. However, recent trends are forcing a shift toward outpatient care. Furthermore, simply decreasing the amount of mental health coverage is not an attractive alternative, since poorly treated employees typically work less effectively and have increased absenteeism. Moreover, the families of such employees typically use the general health care system at an increased rate. Mental health care may be characterized by two characteristics of overriding importance: the cost of the care, and the results or benefits of the care. Although cost is easily measured, treatment outcomes and the benefits of mental health care have been difficult if not impossible to measure. Accordingly, efforts to improve the system for delivering mental health care have focused on cost, the only measured variable in the system. Since the cost parameter can be measured, systems which minimize cost tend to be rewarded without regard to the unknown effect of cost minimizing measures on patient care. Efforts to control costs include restricting access to mental health care; a case manager may encourage providers to deny care altogether or to terminate care as early as possible. However, without a reasonably accurate and objective method of evaluating cases, a case manager or other interested person is unable to rationally allocate the limited resources for psychotherapy among those who demand it. For instance, extensive resources may be allocated to patients who would show limited or no improvement even after extended treatment, while resources may be denied to patients who would show substantial improvement with limited treatment. Moreover, without such a method the case manager or other interested person cannot rationally determine which providers should be engaged to provide the most cost-effective and appropriate treatment in an individual case or on an overall basis. Lacking an ability to measure psychotherapy outcomes, efforts to select a provider and a course of therapy have focused on process measures, i.e. measures which attempt to infer the effect of therapy from characteristics of the therapy process such as the credentials of the provider. Too often the therapy approved and provided to a patient is made to fit the insurance or other benefits available to the patient, rather than the patient's condition. In contrast, in physical health care there are numerous lab tests which can accurately diagnose a physical illness and may be used to determine patient response, individually or on a group statistical basis, to particular courses of medical or surgical treatment. Although physical health care costs have continued to rise, the availability of such tests and outcome measures have
enabled case managers in that field to more rationally determine when a treatment is necessary or appropriate for a condition and allocate limited physical health care resources.


- **Garment for shielding lines connected to a patient during invasive therapy**

Inventor(s): Gorgone; Patricia A. (West Chester, OH), Denicola; Patricia J. (Cincinnati, OH)

Assignee(s): Children's Hospital Medical Center (Cincinnati, OH)

Patent Number: 4,688,270

Date filed: November 28, 1986

Abstract: A garment for shielding from an infant's head and hands intravenous and gastrostomy lines infused into the infant during invasive therapy. The garment accomplishes its shielding objectives without restraining the infant's head or limbs while promoting mental health and development through free movement and play. The garment generally speaking is a sleeveless wrap-around type vest provided with a clotch tab attached to the interior side of the front of the vest for anchoring a portion of the infused line located underneath the vest when it is positioned on the infant. The vest is also uniquely provided with an opening for permitting portions of the infused line to exit from beneath the vest and with cooperating components attached to the exterior side of the vest for further anchoring portions of the infused line which have exited from beneath the vest via the opening. Since the vest is of the wrap-around type, it conforms comfortably to the torso of the infant, shields the infused lines from the infant's head and limbs and encourages the infant to engage in free movement and play.

Excerpt(s): The present invention relates to garments, and more particularly relates to wrap-around vest-like garments for shielding lines connected to a patient during invasive therapy. Intravenous and gavage therapy are often prescribed in hospitals for infants diagnosed with serious illnesses. In the former procedure, a tunneled central catheter, which is connected to a volumetric pump and a bottle or bag via an intravenous line or tubing, is infused into an infant's superior vena cava or subclavian vein for delivering into the infant various pharmaceutical fluids via the infused line or tubing. This type of invasive therapy generally includes, inter alia, hyperalimentation, hydration and antimicrobial therapy. In the latter procedure, a gastrostomy tube is inserted into an infant's stomach via the skin for feeding of the infant through the tubing. Due to the foreign nature and placement of the line infused into the infant, the infant may intentionally or inadvertently disconnect the line with his hands or mouth by pulling on, splitting or biting it. In the past, in order to prevent infants from dislodging infused lines, the infants' limbs were manually or mechanically restrained in some manner. When the infants' limbs were restrained manually, this proved to be inconvenient to the attendants administering or monitoring the invasive therapy. This also would sometimes interfere with and delay the administration of emergency care vitally needed by critically ill infants. When the infants' limbs were restrained mechanically, this was accomplished by, for instance, taping their hands to objects, such as mattresses, which proved to be restrictive and uncomfortable to the infants. Mechanical restraint was also accomplished by mechanical restraining devices, as exemplified in U.S. Pat. No. 3,920,012, which prevented free movement of the infants' arms. Regardless of whether the infants were restrained manually or mechanically, such
restraints in both cases prevented the infants from engaging in free movement, interfered with mental health and development and discouraged play.


- **Handheld patient programmer for implantable human tissue stimulator**

  **Inventor(s):** Meyerson; Charles M. (Scottsdale, AZ), Stanton; David J. (Oak Grove, MN), Kallmyer; Todd A. (Tempe, AZ), Hrdlicka; Gregory A. (Plymouth, MN)

  **Assignee(s):** Medtronic, Inc. (Minneapolis, MN)

  **Patent Number:** 6,249,703

  **Date filed:** July 8, 1994

  **Abstract:** A patient programmer for facilitating patient control over an implanted medical device, such as an implanted spinal cord stimulator or the like, is disclosed. A programmer in accordance with the present invention is a portable, light-weight, easy to use patient programmer. The programmer enables a patient to control the operation of his or her implanted device outside of a clinical setting. The programmer incorporates features which ensure that users of varying ages, education levels, dexterity levels, physical and mental health will be able to safely control the operation of their implanted devices, within predefined limits established by a physician or clinician. Circuitry is provided for avoiding battery depletion and/or undesired programmer/implanted device communication in the event that the programmer's key is accidentally depressed (for example, due to being jammed into a purse or pocket) or is depressed repeatedly or continuously over an extended period of time. The programmer provides tactile, audible, and visible feedback to the user to convey information regarding the proper (or improper) operation of the programmer and the implanted device. In one embodiment, the device includes a beeper and light-emitting diodes (LEDs) to indicate, for example, that a desired programming function has been successful or unsuccessful.

  **Excerpt(s):** This invention relates generally to the field of body-implantable medical device systems, and more particularly to a programming apparatus for a body-implantable human tissue stimulator. It has also been proposed in the prior art to provide implantable tissue stimulators for controlling nerve or muscle response, for alleviating pain, or to treat various neurological and/or physiological disorders, such as cerebral palsy, epilepsy, and the like. Examples of such devices are discussed in the following U.S. patents: U.S. Pat. No. 4,232,679 to Schulman, entitled "Programmable Human Tissue Stimulator;" U.S. Pat. No. 4,735,204 to Sussman et al., entitled "System for Controlling an Implanted Neural Stimulator;" and in U.S. Pat. No. 4,793,353 to Borkan, entitled "Non-Invasive Multiprogrammable Tissue Stimulator and Method." A commercially-available example of an implantable tissue stimulator is the Model 7425 Itrel.TM. 3 Implantable Pulse Generator, manufactured by Medtronic, Inc., Minneapolis, Minn. The Itrel.TM. 3 is a spinal cord stimulating system prescribed to alleviate chronically-recurring pain. It is very common for automatic implantable devices to be non-invasively controllable by means of an external programming apparatus of some sort, so that an implanted device's operational modes and/or parameters may be adjusted, for example to optimize its therapeutic efficacy or in response to post-implant changes in a patient's condition. Often, such non-invasive control is exercised by a physician in a clinical setting.

Method for mediating social and behavioral processes in medicine and business through an interactive telecommunications guidance system

Inventor(s): Bro; L. William (8939 S. Sepulveda #530, Los Angeles, CA 90045)

Assignee(s): none reported

Patent Number: 5,722,418

Date filed: September 30, 1994

Abstract: A method for mediating social and behavioral influence processes through an interactive telecommunications guidance system for use in medicine and business that utilizes an expert such as a physician, counselor, manager, supervisor, trainer, or peer in association with a computer that produces and sends a series of motivational messages and/or questions to a client, patient or employee for changing or reinforcing a specific behavioral problem and goal management. The system consists of a client database and a client program that includes for each client unique motivational messages and/or questions based on a model such as the transtheoretical model of change comprising the six stages of behavioral change and the 14 processes of change, as interwining, interacting variables in the modification of health, mental health, and work site behaviors of the client or employee. The client program in association with the expert utilizes the associated 14 processes of change to move the client through one of the six stages of behavioral change when appropriate by using a plurality of transmission and receiving means. The database and program are operated by a computer that at preselected time periods sends the messages and/or questions to the client through use of a variety of transmission means and furthermore selects a platform of behavioral issues that is to be addressed based on a given behavioral stage or goal at a given time of day.

Excerpt(s): One of the major advances of present-day society is in the field of computerized telecommunications. Today, in the growing fields of social psychology, behavioral medicine, and human motivation, formal verbal interchange is essential to provide modification of behavior and reinforcement. By using computerized telecommunications coupled with voice recognition technology, a client's or employees behavior can be modified and reinforced at the site where behavior occurs and wherever the client or employee goes. It has been found that as the frequency of reinforcing feedback increases, the client shows more rapid progress towards a particular goal. Similarly, the establishment of goals requires feedback and feedback requires goals, thus feedback is one of the key mechanisms in which goals are attained. Learning is enhanced through interactive feedback, and feedback in some form heightens the learning experience. The number of times in school a teacher asks any one child for an answer is fairly limited. Most of the time, children raise their hands and respond, and get back a "right" or "wrong." If they are wrong, they have lost their chance, and someone else is called upon for the answer. In traditional adult education, motivation and behavioral modification, the amount of continuing feedback is limited to the time actually spent with a counselor or supervisor, or in a class or seminar. Here, too, the feedback is limited to the actual time the physician, counselor, supervisor or trainer spends providing interaction with any one client or employee. By contrast, the addition of a computer and telecommunications or broadcast transmission allows "narrowcast" interaction and feedback on a continuous 24-hour basis to the client or employee wherever he goes, allowing for far greater frequency of interaction. Most importantly, in the case of adult behavior modification, this feedback, reinforcement and resulting motivation becomes available for the first time at the site where the behavior occurs.
Learning by playing and doing is fundamental to all mammals. While audio broadcast or telecommunications are media based upon hearing, and video broadcast is a medium based upon seeing, interactive feedback utilizing these architectures is a medium based upon doing or responding to the stimulus of feedback. Recent studies have revealed that the single best way to increase mammalian intelligence is through interactive stimulation. The frequency of feedback that we receive in relation to goals generally is the single greatest factor affecting learning, motivation and modifying behavior. Further, learning by receiving immediate feedback is preferable to receiving a delayed response. Children prefer interactive television games to merely watching a television program. They become impatient with long strings of dialogue, and the focus of their attention is diverted by devices providing rapid feedback. Adults display the same behavior throughout their lives. For example, when purchasing an appliance, they rarely read the instructions before trying to use it. The need to receive continuing feedback, at all levels of life, is a human characteristic, thus providing a basic survival mechanism which fosters learning and continuing growth. When feedback is combined with goals it becomes a powerful motivating force.


- **Method of determining mental health status in a computerized medical diagnostic system**

  Inventor(s): Iliff; Edwin C. (La Jolla, CA)
  
  Assignee(s): First Opinion Corporation (La Jolla, CA)
  
  Patent Number: 6,071,236
  
  Date filed: June 2, 1998
  
  Abstract: A system and method for providing computerized, knowledge-based medical diagnostic and treatment advice. The medical advice is provided to the general public over a telephone network. Two new authoring languages, interactive voice response and speech recognition are used to enable expert and general practitioner knowledge to be encoded for access by the public. "Metal" functions for time-density analysis of a number of factors regarding the number of medical complaints per unit of time are an integral part of the system. A semantic discrepancy evaluator routine along with a mental status examination are used to detect the consciousness level of a user of the system. A re-enter feature monitors the user's changing condition over time. A symptom severity analysis helps to respond to the changing conditions. System sensitivity factors may be changed at a global level or other levels to adjust the system advice as necessary.

  Excerpt(s): The present invention relates to medical knowledge systems and, more particularly, to systems for giving medical advice to the general public over a telephone network. Health care costs currently represent 14% of the United States Gross National Product and are rising faster than any other component of the Consumer Price Index. Moreover, usually because of an inability to pay for medical services, many people are deprived of access to even the most basic medical care and information. Many people delay in obtaining, or are prevented from seeking, medical attention because of cost, time constraints, or inconvenience. If the public had universal, unrestricted and easy access to medical information, many diseases could be prevented. Likewise, the early detection and treatment of numerous diseases could keep many patients from reaching the advanced stages of illness, the treatment of which is a significant part of the financial burden attributed to our nation's health care system. It is obvious that the United States
is facing health-related issues of enormous proportions and that present solutions are not robust.


- **Online system and method for providing composite entertainment and health information**

  Inventor(s): Brown; Stephen J. (Woodside, CA)

  Assignee(s): Health Hero Network, Inc. (Mountain View, CA)

  Patent Number: 6,375,469

  Date filed: September 13, 1999

  Abstract: On-line health education includes displaying composites of personalized health content and patient-selected entertainment. Suitable sources of entertainment include generally available web pages and television programs. Composites are spatial (for page displays) or temporal (for image sequence displays). Health content is customized to health and personal situations of individual patients, and replaces advertisements. Composites are generated on a central server in communication with an entertainment server and a health server. Amenable diseases or behaviors include diabetes, asthma, hypertension, cardiovascular disease, eating disorders, HIV, mental health disorders, smoking, and alcohol and drug abuse.

  Excerpt(s): This invention relates to the field of health education, and in particular to an on-line system and method for displaying to a patient a composite of patient-selected entertainment content and personalized educational health content. The health care community has recognized in recent years the importance of preventive care in managing patients' health. Preventive care is important for managing the health of patients having chronic diseases or long-term conditions, as well as for reducing the incidence of undesirable behavior (e.g. smoking) in at-risk patients. Preventive care includes educating patients about diseases and/or health consequences of behavior, ensuring communication between patients and health care providers (e.g. doctors), and providing patients with tools and/or treatments for managing diseases or behaviors. Commonly used preventive care approaches suffer from several drawbacks. Much of preventive care is voluntary, and thus a large fraction of preventive care resources is typically spent on patients who actively seek involvement in their care. A large number of patients do not actively seek information and treatment in the absence of symptoms. Also, health care providers receive very little information on whether patients are complying with preventive care guidelines. Thus, health care providers often are not able to take remedial steps before the disease affects patients symptomatically (e.g. through pain). Reaching passive patients and people at risk for developing medical conditions is critical to delivering effective preventive care.

• **Premature infant bedding construction**

Inventor(s): McGrath-Saleh; Melissa (1219 Amesbury, Liberty, MO 64068)

Assignee(s): none reported

Patent Number: 4,802,244

Date filed: August 28, 1987

Abstract: Improvement in apparatus, means and methods for receiving, holding and stabilizing the position of prematurely born infants; a bedding pad of particular configuration adapted to receive thereon the prone body of a prematurely born infant, such base or bedding pad having associated therewith a U shaped retainer, collar or peripheral wall of limited height adapted to receive therewithin, as well as be contained therewithin, most of the body (torso and legs) of the prematurely born infant in such manner as to stabilize the infant in the optimum resting and sleeping posture, as well as provide surfaces and structures against which the "premie" may lie, rest, push and interact in a manner conducive to the physical and mental health of the infant, there also being provided a loin cloth like harness longitudinally adjustable on the base pad and peripheral wall thereby to fit and receive the diapered bottoms of prematurely born infants of varying size; the surfaces with which the infant comes into contact, on the top surface of the base pad and the inner surface of the retainer collar or wall or the like most preferably being of lambskin, with the wool thereof in contact with or contactable by the said premature infant.

Excerpt(s): It is theorized from the available current body of research literature that lambskin provides sensorially advantageous experiences in the area of olfactory and tactile learning. A beginning research base regarding the value of lambskin is in its early stages. It is currently acknowledged that there may exist direct associations between infant sleep and lambskin use. Other associations perhaps linked with lambskin use include changes in crying behaviors, changes in fretful behaviors, changes in trusting behaviors, changes in self consoling behaviors and temperature control. Because wool is a natural fiber, there are physical and natural properties thereo that appeal to use with infants. As valuable as the tactile experience of lambskin seems to be, it is also theorized that positioning of infants, especially premature infants (premies), is critical to proper anatomical growth and development. Therefore, the subject device is very useful as a positioning tool in order to provide the specific function of correctly positioning the premie's joints and muscles, while concurrently providing the fetal position (nesting) elements of being contained or tightly swaddled. In addition, the cotton harness portion of the subject device provides the opportunity for internal rotation, flexion and extension of the joints of the child while at the same time maintaining correct anatomical alignment of hips, knees, ankles and feet. The soles of the feet will be supported by the U-shaped roll of the cradle (preferably also lambskin) which provides a firm surface for flexion type nesting, while at the same time serving as a firm base when the premie desires extension.

• **Swinging toy**
  Inventor(s): Kirley; Lance A. (56 Crescent St., Northampton, MA 01060)
  Assignee(s): none reported
  Patent Number: 6,595,827
  Date filed: August 29, 2001

  Abstract: The present invention is a swinging toy intended for the purpose of recreation, physical and mental health, agility and leisure purposes. The present invention includes a padded object and a cord with a hand or finger loop. The object includes a central cavity that may selectively or permanently contain a substance. The substance may include colored water, beads which may glow in the dark, chemiluminescent fluid, batteries together with a light, reflective material, e.g., tin foil, chemical compositions that alternate between colors or other such substances, or magnetically powered light sources. Further, a decorative tail may be attached to the end of the object to enhance the user's enjoyment of the toy.

  Excerpt(s): Not Applicable. Not applicable. The present invention is a swinging toy intended for the purpose of recreation, physical and mental health, agility and leisure purposes. The present invention includes a padded object and a cord with a hand or finger loop. The object includes a central cavity that may selectively or permanently contain a substance. The substance may include colored water, beads which may glow in the dark, chemiluminescent fluid, batteries together with a light, reflective material, e.g., tin foil, chemical compositions that alternate between colors or other such substances, or magnetically powered light sources. Further, a decorative tail may be attached to the end of the object to enhance the user's enjoyment of the toy.


• **Use of protriptyline for the treatment of mental health problems in children**
  Inventor(s): Franks; Darrell (325 West Ormsby, Louisville, KY 40203)
  Assignee(s): none reported
  Patent Number: 4,874,793
  Date filed: July 29, 1988

  Abstract: This invention discloses the use of a dibenzo cycloheptene derivative, generally known as protriptyline for the treatment of mental health problems in children, specifically Attention Deficit Syndrome or Attention Deficit Disorder. By administering the correct dosage of this drug, children have shown improved concentration, improved sleep patterns, less behavioral problems both in school and at home and an overall improvement in the child behavior. This new use for protriptyline is unexpected and is contraindicated in the literature since protriptyline has commonly been used only as an antidepressant for adults and not as a mild stimulant in the treatment of childhood mental health problems, such as Attention Deficit Disorder or Syndrome.

  Excerpt(s): This invention relates to drugs for the treatment of mental health problems. More particularly, this invention relates to the use of a drug for the treatment of children who exhibit signs and symptoms of Attention Deficit Syndrome or Attention Deficit Disorder. In this psychopharmacological era characterized by the search for new and more effective agents especially for the treatment of mental health disorders, it has become increasingly important to individually tailor the drug treatment program to
achieve the maximum benefit for each patient. Recently particular attention has been directed to the treatment of the mental health problems of children. One particular mental health condition in children that is receiving extensive investigation is Attention Deficit Syndrome (ADS) also known as Attention Deficit Disorder (ADD) in children. These conditions may or may not be associated with hyperactivity.


Patent Applications on Mental Health

As of December 2000, U.S. patent applications are open to public viewing. Applications are patent requests which have yet to be granted. (The process to achieve a patent can take several years.) The following patent applications have been filed since December 2000 relating to mental health:

- Methods and apparatus for evaluating near-term suicidal risk using vocal parameters
  
  Inventor(s): Silverman, Stephen E.; (Weston, CT), Silverman, Marilyn K.; (Weston, CT)
  
  Correspondence: Charles N. Quinn, Esq.; FOX, ROTHCHILD, O'BRIEN & FRANKEL LLP; 2000 Market Street, 10th Floor; Philadelphia; PA; 19103-3231; US
  
  Patent Application Number: 20020077825
  
  Date filed: August 22, 2001
  
  Abstract: A method for evaluating near-term suicidal risk by analysis of a series of spoken words includes converting the spoken series of words into a signal having characteristics indicative of said words as spoken, dynamically monitoring said signal to detect changes therein and identifying the person as having a relatively high near-term risk of suicide on the basis of such monitored changes in the signal relative to the speech of individuals in good mental health having no near-term suicidal risk.
  
  Excerpt(s): This invention relates generally to psychiatry and psychology and specifically to detection and evaluation of individuals having near-term suicidal risk, to facilitate treatment of such individuals and to prevent suicide. Current techniques for assessing suicidality in patients include clinical interviews, history-taking, assessment of current stressors and family evaluations. Structured questionnaires, such as Beck Inventories, are used as well as nonstructured projective psychological tests. Paradoxically, optimal assessment of risk calls for extremely time-consuming integration of relevant information from numerous sources by experienced clinicians and/or crisis teams in situations usually requiring immediate judgments so that patient protection and support can be provided. While brief screening methods and scales are available, they rely heavily on known demographic, historic and diagnostic risk factors derived from epidemiological studies which may have limited specificity and utility in prediction of near-term suicidal risk.
  

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10 This has been a common practice outside the United States prior to December 2000.
• **Swinging toy**
  Inventor(s): Kirley, Lance A.; (Northampton, MA)
  Correspondence: Deborah A. Basile; Doherty, Wallace, Pillsbury and Murphy, P.C.; One Monarch Place; 1414 Main Street; Springfield; MA; 01144-1002; US
  Patent Application Number: 20020061705
  Date filed: August 29, 2001
  Abstract: The present invention is a swinging toy intended for the purpose of recreation, physical and mental health, agility and leisure purposes. The present invention includes a padded object and a cord with a hand or finger loop. The object includes a central cavity that may selectively or permanently contain a substance. The substance may include colored water, beads which may glow in the dark, chemiluminescent fluid, batteries together with a light, reflective material, e.g., tin foil, chemical compositions that alternate between colors or other such substances, or magnetically powered light sources. Further, a decorative tail may be attached to the end of the object to enhance the user's enjoyment of the toy.

• **System and method for data storage, control and access**
  Inventor(s): Larrea, Jean-Jacques; (Brooklyn, NY), Grimmelmann, Erik K.; (New York, NY), Goldhagen, Benjamin I.; (New York, NY), O'Toole, Michael J.; (Tinton Falls, NJ)
  Correspondence: CUMMINGS & LOCKWOOD; Four Stamford Plaza; P.O. Box 120; Stamford; CT; 06904-0120; US
  Patent Application Number: 20030208490
  Date filed: June 10, 2002
  Abstract: The present disclosure relates to a system and method for improved data (or information) storage, control and/or access. A system/method according to the disclosure facilitates enhanced versioning of data files, data records, information, and the like, such that subsequent data file and/or record retrieval is consistent with and reflective of ancillary conditions at the time of the data file and/or record input. The system/method provides enhanced data/information storage, control and access that have applicability in a variety of fields, including applications related to health care, mental health care, financial and accounting systems, industrial control systems, and the like.
  Excerpt(s): The present application claims the benefit of a co-pending provisional patent application, entitled "System and Method for Data Storage, Control and Access," that was filed on Jun. 15, 2001, and assigned Serial No. 60/298,443. The entire content of the foregoing provisional patent application including, without limitation, Exhibit A thereto, is incorporated herein by reference. The present disclosure relates to a system and method for improved data (or information) storage, control and/or access. More particularly, the present disclosure relates to a system/method that facilitates enhanced versioning of data files, data records, information, and the like, such that subsequent data file and/or record retrieval is consistent with and reflective of ancillary conditions at the time of the data file and/or record input. The system/method of the present
disclosure provides enhanced data/information storage, control and access that have applicability in a variety of fields, including applications related to health care, mental health care, financial and accounting systems, industrial control systems, and the like. In an information or data entry/storage system, there is generally a prior "baseline" state of the operating information or data held within the system. At a point in time, a user of the system, e.g., a decision-maker, can review some or all of the existing baseline information in order to formulate a decision. Similarly, a user of the system may undertake to input new, amended, revised and/or updated data/information to the system, or delete information/data contained in the system. The user introduces a tentative change to the existing information/data contained within the system by introducing into the information system what may be termed a "transaction"--a container tying together a number of discrete changes (potentially including additions, modifications and deletions) to the baseline state as a simultaneous event.


Keeping Current

In order to stay informed about patents and patent applications dealing with mental health, you can access the U.S. Patent Office archive via the Internet at the following Web address: http://www.uspto.gov/patft/index.html. You will see two broad options: (1) Issued Patent, and (2) Published Applications. To see a list of issued patents, perform the following steps: Under “Issued Patents,” click “Quick Search.” Then, type “mental health” (or synonyms) into the “Term 1” box. After clicking on the search button, scroll down to see the various patents which have been granted to date on mental health.

You can also use this procedure to view pending patent applications concerning mental health. Simply go back to http://www.uspto.gov/patft/index.html. Select “Quick Search” under “Published Applications.” Then proceed with the steps listed above.
CHAPTER 7. BOOKS ON MENTAL HEALTH

Overview

This chapter provides bibliographic book references relating to mental health. In addition to online booksellers such as www.amazon.com and www.bn.com, excellent sources for book titles on mental health include the Combined Health Information Database and the National Library of Medicine. Your local medical library also may have these titles available for loan.

Book Summaries: Federal Agencies

The Combined Health Information Database collects various book abstracts from a variety of healthcare institutions and federal agencies. To access these summaries, go directly to the following hyperlink: http://chid.nih.gov/detail/detail.html. You will need to use the “Detailed Search” option. To find book summaries, use the drop boxes at the bottom of the search page where “You may refine your search by.” Select the dates and language you prefer. For the format option, select “Monograph/Book.” Now type “mental health” (or synonyms) into the “For these words:” box. You should check back periodically with this database which is updated every three months. The following is a typical result when searching for books on mental health:

- Mental Health Issues of Long-Term Survivors of HIV Disease

  Contact: New York University, School of Education Health Nursing and Arts Professions, Department of Health Studies, AIDS/SIDA Mental Hygiene Project, 35 W 4th St Ste 1200, New York, NY, 10012, (212) 998-5614.

  Summary: Mental health and psychosocial issues associated with long-term survivors of AIDS and long-term non-progressors are outlined in this training guide. The physiological aspects of HIV disease related to increased survival, symptom management, and quality of life are explained. Coping strategies for the psychosocial stressors facing long-term survivors are included. Family support and resources systems that help these populations cope with their diagnoses and illnesses are explained. These include cultural considerations, the role of spirituality, and the "secret" of HIV. "Health Teaching for the HIV-positive Client" which charts specific health topics to encourage or discourage is an appendix.
• The Second Decade of AIDS: A Mental Health Practice Handbook
  Contact: Hatherleigh Press, 1114 First Avenue, New York, NY, 10021, (212) 355-0882.
  Summary: This book on mental health management of HIV/AIDS is designed to assist the reader in recognizing and responding effectively to the distinct psychological needs of all persons affected by the epidemic. The contributing authors often use case examples to demonstrate how they work with real patients and clients, providing detailed solutions to a wide variety of challenges facing AIDS service professionals. Depression, chemical dependance, women, parents and children, safer sex, survivor guilt, legal and ethical issues, Latinos and African-Americans, and grief are among the topics covered.

• AIDS and Mental Health Practice: Clinical and Policy Issues
  Summary: This book provides psychologists, psychiatrists, social workers, and counselors with research and case studies that offer models for effective clinical practice with persons with the human immunodeficiency virus (HIV) and the acquired immune deficiency syndrome (AIDS) (PWAs). The book has 28 chapters. Topics include the role of mental health professionals in medical decision making regarding protease inhibitors, intrapsychic and systemic issues concerning returning to work for PWAs, the influence of combination therapies on PWA support groups, telephone support groups for HIV-positive bereaved mothers of children, HIV prevention for women and the kitchen sink model, the death of a child in a residential child welfare facility, issues in counseling homeless persons with HIV, support groups for HIV-negative gay men, and spiritual issues and HIV/AIDS in the Latino community. Other topics include HIV/AIDS mental health services for Black men, clinical issues for HIV-positive slow and nonprogressors from a self-psychology perspective, care for male-to-female pre-operative transsexuals, internalized homophobia in the psychotherapy of gay men with HIV/AIDS, counseling end-stage clients with AIDS, and 'storytelling' in a bereavement support group for pediatric HIV/AIDS case managers. The book also covers social work with hospitalized AIDS patients, Black women and clinical cultural competence, immigrants with HIV, couples of mixed HIV status, HIV-associated cognitive/motor complex, racism in AIDS service organizations, HIV/AIDS education and training for mental health professionals, the New York Peer AIDS Education Coalition community empowerment model, suicide and hastened death, and HIV prevention for homosexual and bisexual youth.

• National Organizations Concerned With Mental Health, Housing, and Homelessness
  Summary: This directory identifies Federal agencies and national organizations involved with housing, mental health treatment, and service needs of individuals and families experiencing homelessness. It is arranged into three sections, primary resources, key Federal programs, and national organizations. The national organization items are categorized by major focus - mental health, housing, homelessness, consumer/self-help, employment/rehabilitation, and families/children. Each entry provides mailing address, telephone number, description of services, contact person, and when applicable, fax number.
- AIDS, Health, and Mental Health: A Primary Sourcebook
  Contact: Brunner/Mazel Publishers, 19 Union Sq West, New York, NY, 10003, (212) 924-3344.
  Summary: This monograph attempts to normalize and mainstream HIV disease so that it can be studied in the same manner as diseases such as tuberculosis or polio. It also attempts to normalize therapy with HIV patients so that major emotional responses that accompany HIV disease can be handled by health care professionals, patients, and families. It incorporates the application of systems theory as a both a tool for therapy and a means of better understanding HIV disease. Part I of the monograph, Applied Systems Principles in AIDS Prevention, includes an overview of the current ways of thinking about HIV disease that dispels some of the common myths about the illness. It also describes three patients with AIDS, their needs, and their lives; looks at individuals who are at risk for HIV disease; and describes social, economic, and cultural factors that place individuals and groups at high risk. This section pays particular attention to the risk faced by health care professionals. In Part II, titled Biopsychosocial Intervention: Clinical Management, the monograph includes a section on the history and epidemiology of HIV disease. It goes on to look at therapeutic techniques in treatment, current diagnostic and treatment knowledge, and HIV testing and counseling. In addition to information on common opportunistic infections and diseases, it also discusses the neuropsychiatric and general psychiatric aspects of HIV disease, introduces the Rochester Model of family systems therapy, explores the community aspects of HIV prevention and managment, and develops a theory of ethics called Systems Ethics.

- Mental Health Care for People With HIV Infection
  Contact: New York Department of Health, AIDS Institute, Room 359, Corning Tower, Albany, NY, 12237, (518) 486-1383.
  Summary: This monograph presents guidelines about providing mental health care to persons with the human immunodeficiency virus (HIV)/acquired immune deficiency syndrome (AIDS). It includes the following chapters: (1) The Role of the Primary Care Practitioner in Assessing and Treating Mental Health in Persons with HIV, (2) Psychiatric/Mental Status Evaluations in Primary Care Settings, (3) Working with Patients' Personalities and Styles, (4) Family Issues for Patients with HIV/AIDS, (5) Cognitive Disorders and HIV/AIDS, (6) Depression and Mania in Patients with HIV/AIDS, (7) Suicidality in Patients with HIV/AIDS, (8) Anxiety Disorders in Patients with HIV/AIDS, and (9) Trauma and Post-Traumatic Stress Disorder in Patients with HIV/AIDS. The appendices include information on the relation between HIV-related and psychotropic medications, HIV-related causes of psychiatric symptoms, and mental health care resources in New York State.

- Understanding AIDS: A Guide for Mental Health Professionals
  Contact: American Psychological Association, Order Department, PO Box 2710, Hyattsville, MD, 20784, (800) 374-2721.
  Summary: This monograph provides a broad overview of HIV/AIDS based on the empirical literature for psychiatrists, counselors, psychotherapists, social workers, and other mental health professionals. It explains the complexities of the HIV/AIDS disease process, the course of medical treatment, and the social problems surrounding the illness. Part One focuses on the biological and medical aspects of HIV and AIDS, including virology, epidemiology, clinical manifestations, and illness-related and
environmental stressors. Part Two highlights the psychological, neuropsychological and social aspects of the disease. This section touches on isolation, stigmatization, employment problems, and identifying negative emotions and maladaptive behaviors. Part Three reviews the coping process exhibited by persons with HIV infection and the means by which mental health professionals may facilitate their adjustment. It explores the roles of meaning, control, self-esteem, optimism, social support, and spirituality in the lives of HIV/AIDS patients, and reviews such psychotherapeutic themes as confidentiality issues and risk-reduction counseling.

- **AIDS & the Impact of Cognitive Impairment: A Treatment Guide for Mental Health Providers**
  
  Contact: University of California San Francisco, AIDS Health Project, PO Box 0884, San Francisco, CA, 94143-0884, (415) 476-6430.

  Summary: This monograph provides guidelines to mental health and medical practitioners working with cognitively impaired patients with HIV. The authors offer a plan for accurate diagnosis and treatment of the impairment. The monograph also outlines the necessary information to educate clients and discusses methods for responding to the needs of the families and friends of clients with cognitive impairment. The first chapter describes the range of conditions that can cause impairment, including direct HIV infection of the brain, as well as HIV-related opportunistic conditions. The second chapter considers diagnostic tools and processes useful to clarify the causes of cognitive impairment. The third chapter focuses on treatment and symptom management, and the fourth chapter briefly considers stress and countertransference.

- **HIV Treatment: Mental Health Aspects of Antiviral Therapy**
  

  Summary: This monograph, for mental health professionals, examines the mental health aspects of antiretroviral treatment for individuals with the human immunodeficiency virus (HIV)/acquired immune deficiency syndrome (AIDS). It discusses combination antiretroviral therapy including barriers to successful combination therapy and implications of new treatment for HIV prevention; how to make decisions about antiviral treatment (e.g., the risks and benefits and culture and countertransference); psychosocial issues of successful antiviral treatment including returning to work, financial concerns, and starting relationships with significant others; and responding to treatment-related psychosocial issues.

- **AIDS and People With Severe Mental Illness: A Handbook for Mental Health Professionals**
  
  Contact: Yale University Press, PO Box 209040, New Haven, CT, 06520-9040, (203) 432-0940.

  Summary: This monograph, which is written for mental health professionals working with patients with severe mental illness and the human immunodeficiency virus (HIV)/acquired immune deficiency syndrome (AIDS), is divided into three sections: (1) the HIV epidemic among people with serious mental illness, (2) interventions, and (3) AIDS and mental health policy. Topics of the first section include epidemiology of HIV, sexual and drug-use risk behavior, risk behavior assessment, psychiatric and neuropsychiatric manifestations, and medical manifestations. Topics of the second section include pre- and post-test counseling, risk reduction strategies; cognitive-
behavioral risk reduction groups; a drop-in center model of risk reduction; working with HIV-infected, dually diagnosed, and homeless mentally ill persons; management of HIV/AIDS in forensic settings, and training programs for staff. Topics of the third section include an overview of legal issues and health care workers and the HIV epidemic. The monograph's appendices provide an overview of the Centers for Disease Control and Prevention's (CDC) HIV case definition, the epidemiology of this epidemic, and CDC's guidelines regarding universal precautions for the prevention of HIV/AIDS and tuberculosis (TB) in an occupational setting. CDC's guidelines on the management of occupational exposures to HIV, the prevention of the sexual transmission of the virus, recommendations made for the improvement of HIV testing services, and the interpretation and use of the Western Blot assay are also covered in the appendices.

- **Mental Health Care for People Living With or Affected by HIV/AIDS: A Practical Guide**
  
  
  Summary: This monograph, written for mental health professionals, provides information on mental health care for individuals with the human immunodeficiency virus (HIV)/acquired immune deficiency syndrome (AIDS). The monograph discusses three themes that bear special significance for the provision of mental health services to people affected by HIV: stigma, multicultural sensitivity, and a biopsychosocial approach to care. It discusses (1) creating programs through the establishment of services, the formation of collaborative networks, and filling staff positions; (2) delivering mental health services, clinical assessment, psychiatric and neurological services, case management, psychotherapy and counseling, substance abuse treatment, and psychosocial rehabilitation; and (3) evaluating services and programs. The appendices include samples of legal forms related to the mental health care of HIV-positive persons, project model outlines, written procedures for staff members, and a list of demonstration program sites.

- **Alcohol and Other Drug Abuse: The Challenge of HIV/AIDS; A Guide for Training Mental Health Providers**
  
  Contact: New York University, School of Education Health Nursing and Arts Professions, Department of Health Studies, AIDS/SIDA Mental Hygiene Project, 35 W 4th St Ste 1200, New York, NY, 10012, (212) 998-5614.
  
  Summary: This training guide is part of a project to provide HIV/AIDS education and training to mental health and other care providers in agencies under contract to the New York City Department of Mental Health, Mental Retardation, and Alcoholism Services (DMHMRAS). The curriculum modules address the following topics: health implications of alcohol and other drug problems; prevention of HIV infection in substance users; maternal drug use; assessment of the adult client; treatment and recovery from alcohol and other drug dependencies; and spiritual discernment in alcohol, other drugs, and HIV issues.

- **Mentally Ill Chemical Abusers: The Challenge of HIV/AIDS; A Guide for Training Mental Health Providers**
  
  Contact: New York University, School of Education Health Nursing and Arts Professions, Department of Health Studies, AIDS/SIDA Mental Hygiene Project, 35 W 4th St Ste 1200, New York, NY, 10012, (212) 998-5614.
Summary: This training guide provides information, strategies, techniques, and approaches that may be used by mental health and health care workers as they meet the challenges of HIV and AIDS faced by mentally ill substance abusers. The guide is divided into six modules. Module one provides health care professionals with a definition of mentally ill chemical abusers (MICAs) and considers the HIV risks that MICA individuals are likely to encounter. The second module enhances the understanding of emotional, psychological, and social issues that health care providers are likely to confront in working with HIV-positive MICA clients. The module on sociocultural issues and HIV risk-reduction efforts documents statistical data on AIDS and the severe impact of chemical dependency on Black and Latino communities; demonstrates the impact of chemical dependency on women; outlines research observations that indicate how psychiatric diagnoses, treatments, and prognoses are impacted by a variety of factors; depicts essential steps in planning a clinical response to psychosis, addiction, and HIV disease; and offers a three-part program of risk reduction for HIV among MICA clients. The fourth module provides effective communication strategies that can be used when talking with the MICA client about HIV. Module 5 addresses the effective management of the MICA client throughout the HIV spectrum of risk and infection. Finally, the sixth module discusses staff training to increase comfort and ability to discuss sexuality issues with MICA clients.

Book Summaries: Online Booksellers

Commercial Internet-based booksellers, such as Amazon.com and Barnes&Noble.com, offer summaries which have been supplied by each title’s publisher. Some summaries also include customer reviews. Your local bookseller may have access to in-house and commercial databases that index all published books (e.g. Books in Print®). IMPORTANT NOTE: Online booksellers typically produce search results for medical and non-medical books. When searching for “mental health” at online booksellers’ Web sites, you may discover non-medical books that use the generic term “mental health” (or a synonym) in their titles. The following is indicative of the results you might find when searching for “mental health” (sorted alphabetically by title; follow the hyperlink to view more details at Amazon.com):

- **A Handbook for the Study of Mental Health: Social Contexts, Theories, and** by Allan V. Horwitz (Editor), Teresa L. Scheid (Editor); ISBN: 0521567637; http://www.amazon.com/exec/obidos/ASIN/0521567637/icongroupinta
- Culturally Diverse Mental Health: The Challenges of Research and Resistance by Jeffery Scott Mio (Editor), Gayle Y. Iwamasa (Editor); ISBN: 0415933587; http://www.amazon.com/exec/obidos/ASIN/0415933587/icongroupinterna
- Foundation of Psychiatric Mental Health Nursing: A Clinical Approach (Book with Clinical Companion) by Elizabeth M. Varcarolis, Steven Mark Leopold (Photographer); ISBN: 0721688969; http://www.amazon.com/exec/obidos/ASIN/0721688969/icongroupinterna
- Handbook of Aging and Mental Health: An Integrative Approach by Jacob Lomranz (Editor); ISBN: 0306457504; http://www.amazon.com/exec/obidos/ASIN/0306457504/icongroupinterna
- **Handbook of the Sociology of Mental Health** by Carol S. Aneshensel (Editor), Jo C. Phelan (Editor); ISBN: 0306460696; http://www.amazon.com/exec/obidos/ASIN/0306460696/icongroupinterna

- **How to Build and Market Your Mental Health Practice** by Linda L. Lawless (Author); ISBN: 0471147605; http://www.amazon.com/exec/obidos/ASIN/0471147605/icongroupinterna


- **Mental Health Nursing: Reviews & Rationales** by Mary Ann Hogan (Author), George Byron Smith (Author); ISBN: 0130304581; http://www.amazon.com/exec/obidos/ASIN/0130304581/icongroupinterna

- **PDR Drug Guide for Mental Health Professionals** by PDR Staff (Editor) (2002); ISBN: 1563634570; http://www.amazon.com/exec/obidos/ASIN/1563634570/icongroupinterna


- **Psychiatric Mental Health Nursing** by Katherine M. Fortinash (Editor), Patricia Holoday Worret (Editor) (2004); ISBN: 0323020119; http://www.amazon.com/exec/obidos/ASIN/0323020119/icongroupinterna

• **School-Based Prevention for Children at Risk: The Primary Mental Health Project** by Emory L. Cowen (Editor), et al (2000); ISBN: 1557983747; http://www.amazon.com/exec/obidos/ASIN/1557983747/icongroupinterna


• **Therapist's Guide to Learning and Attention Disorders (Practical Resources for the Mental Health Professional)** by Aubrey Fine (Editor), Ronald Kotkin (Editor) (2003); ISBN: 0122564308; http://www.amazon.com/exec/obidos/ASIN/0122564308/icongroupinterna
The National Library of Medicine Book Index

The National Library of Medicine at the National Institutes of Health has a massive database of books published on healthcare and biomedicine. Go to the following Internet site, http://locatorplus.gov/, and then select “Search LOCATORplus.” Once you are in the search area, simply type “mental health” (or synonyms) into the search box, and select “books only.” From there, results can be sorted by publication date, author, or relevance. The following was recently catalogued by the National Library of Medicine:11

- **A study into indigenous mental health terminology and mental health promotion using principles of ethnographic participatory action research** Author: Poelina, A.; Year: 2003; West Perth, WA: Centre for; ISBN: 1877083097


- **Child protection and mental health services: interprofessional responses to the needs of mothers** Author: Stanley, Nicky.; Year: 2003; Bristol, UK: Policy Press, 2003; ISBN: 1861344279

- **Child welfare and juvenile justice: several factors influence the placement of children solely to obtain mental health services: testimony before the Committee on Governmental Affairs, U.S. Senate** Author: Ashby, Cornelia M.; Year: 2003; Washington D.C.: United States General Accounting Office, [2003]

- **Connecticut acts for mental health.** Author: Connecticut. Dept. of Mental Health.; Year: 1869; Hartford [1961?]


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11 In addition to LOCATORPlus, in collaboration with authors and publishers, the National Center for Biotechnology Information (NCBI) is currently adapting biomedical books for the Web. The books may be accessed in two ways: (1) by searching directly using any search term or phrase (in the same way as the bibliographic database PubMed), or (2) by following the links to PubMed abstracts. Each PubMed abstract has a “Books” button that displays a facsimile of the abstract in which some phrases are hypertext links. These phrases are also found in the books available at NCBI. Click on hyperlinked results in the list of books in which the phrase is found. Currently, the majority of the links are between the books and PubMed. In the future, more links will be created between the books and other types of information, such as gene and protein sequences and macromolecular structures. See http://www.ncbi.nlm.nih.gov/entrez/query.fcgi?db=Books.
http://www.amazon.com/exec/obidos/ASIN/0415933579/icongroupinternana

http://www.amazon.com/exec/obidos/ASIN/1841133434/icongroupinternana

• Ethnic diversity and mental health in London: recent developments Author: Keating, Frank.; Year: 2003; London: King's Fund, c2003


http://www.amazon.com/exec/obidos/ASIN/1585620696/icongroupinternana


• Mental health needs and expenditure in Australia Author: Burgess, Philip.; Year: 2002; Canberra, ACT.; ISBN: 0642503680

• Mental health services in primary care: a review of recent developments in London Author: Rosen, Rebecca.; Year: 2002; London: King's Fund, c2003


• Primary solutions: an independent policy review on the development of primary care mental health services Author: Cohen, Alan.; Year: 2003; London: Sainsbury Centre for; ISBN: 1870480562


Chapters on Mental Health

In order to find chapters that specifically relate to mental health, an excellent source of abstracts is the Combined Health Information Database. You will need to limit your search to book chapters and mental health using the “Detailed Search” option. Go to the following hyperlink: http://chid.nih.gov/detail/detail.html. To find book chapters, use the drop boxes at the bottom of the search page where “You may refine your search by.” Select the dates and language you prefer, and the format option “Book Chapter.” Type “mental health” (or synonyms) into the “For these words:” box. The following is a typical result when searching for book chapters on mental health:

• Behavioral and Psychiatric Disorders

Summary: A working knowledge of the multitude of compromised health states is essential for dental professionals, as the majority of medically compromised patients need or want oral health care. This chapter on behavioral and psychiatric disorders is from a text that provides the dental practitioner with an up to date reference work describing the dental management of patients with selected medical problems. In this chapter, the authors discuss problems encountered in dental practice that stem from a patient's behavioral patterns rather than from physical conditions. The authors stress that both patients with emotional factors that contribute to oral or systemic problems and patients with more serious mental disorders can be managed in an understanding, safe, and empathetic manner. The authors discuss incidence and prevalence of anxiety disorders, mood disorders, and somatoform disorders; psychologic factors affecting physical conditions, including substance abuse, schizophrenia, and organic mental syndromes (dementia, Alzheimer's disease, delirium); etiology; pathophysiology and complications; signs and symptoms (clinical presentation and laboratory findings); drugs used to treat psychiatric disorders; and the dental management of this population, including patient attitude toward the dentist, the psychologic significance of the oral cavity, and behavior toward illness; and management of specific patients, including those with depression bipolar disorder, somatoform disorder, psychophysiolc disorder, a cocaine habit, schizophrenia, Alzheimer's disease, and suicidal patients. The chapter concludes with a section on drug interactions and side effects in patients with mental disorders, including tricyclic antidepressants, monoamine oxidase inhibitors, antianxiety drugs, and antipsychotic drugs. 3 figures. 25 tables. 40 references.

- **Psychiatric Disorders**


Summary: Some dental patients are difficult or even impossible to manage because of anxiety, phobia, personality disorders or psychiatric disease, but age, drug use, cultural and other factors can also cause difficulties in communication and, as a consequence, require extra time and patience. This chapter on psychiatric disorders is from a text that covers the general medical and surgical conditions relevant to the oral health care sciences. The authors distinguish between the normal anxiety associated with a dental visit and psychiatric disorders, which are exceedingly common but often underdiagnosed. Topics include stress, anxiety states, phobias (phobic neuroses), personality disorders, psychosomatic diseases (psychogenic disorders), depressive neurosis, chronic fatigue syndrome (myalgic encephalomyelitis), obsessional neuroses (obsessive-compulsive neuroses), hysterical states, eating disorders, hypochondriacal neuroses, manic-depressive psychosis, schizophrenia, Korsakoff's psychosis, the acutely disturbed or hostile patient, the confused patient, psychiatric disorders caused by organic brain disease, dementia, sexual abuse, and systemic disease causing psychiatric disorders. For each condition, the authors discuss general aspects, diagnosis and management issues (including drug therapy), dental aspects, and patient care strategies. The chapter includes a summary of the points covered. 3 figures. 8 tables. 46 references.
- **Older Adults and Mental Health: Alzheimer's Disease**


  Summary: This book chapter on older adults and mental health includes a section on Alzheimer's disease (AD). First, it discusses the diagnosis of AD, including the question of whether mild cognitive impairment is an indicator of early AD, behavioral symptoms in AD, the course of the disease, prevalence and incidence, and the costs of caring for people with AD. Then, it looks at the etiology of AD, including biological risk factors, protective factors, histopathologic changes, and the role of acetylcholine. Next, it discusses the pharmacological treatment of AD, focusing on the use of acetylcholinesterase inhibitors and the treatment of behavioral symptoms. Finally, it discusses psychosocial treatment for AD patients and their caregivers.

- **CSPP: Research and Training Center on Mental Health for Persons Who are Hard of Hearing or Late Deafened**

  Source: San Diego, CA: California School of Professional Psychology (CSPP). 199x. 2 p. Contact: Available from California School of Professional Psychology. Research and Training Center on Mental Health for Persons Who are Hard of Hearing or Late Deafened. 6215 Ferris Square, Suite 140, San Diego, CA 92121. Voice/TTY (800) HEAR-619; Voice (619) 546-1664; TTY (619) 554-1540. PRICE: Single copy free.

  Summary: This brochure describes the Research and Training Center on Mental Health for Persons Who Are Hard of Hearing or Late Deafened (RTC), a program of the California School of Professional Psychology (CSPP). The brochure lists the goals of the Center, describes the population served by the RTC, and notes the key personnel of the Center. The goals of the RTC cover areas including access, awareness, skill improvement, information access, materials and products, education, and referral and networking. 4 figures.

- **Unresolved Issues in the Provision of Mental Health Services to People who are Deaf**


  Contact: Available from Charles C Thomas Publisher. 2600 South First Street, Springfield, IL 62794-9265. (800) 258-8980 or (217) 789-8980; Fax (217) 789-9130. PRICE: $34.95 plus shipping and handling. ISBN: 039805861X.

  Summary: This chapter addresses unresolved issues in the provision of mental health services to people who are deaf. The authors note that because effective communication between the mental health professional and the consumer is critical to the counseling process, many of the issues presented in this chapter are especially pertinent in situations involving individuals who use American Sign Language (ASL) as their primary mode of communication. Topics covered include barriers to the provision of
accessible and appropriate mental health services; issues related to establishing rapport and a therapeutic alliance in initial interviews; issues impacting the use of interpreters in mental health settings; and issues impacting the delivery of mental health services to deaf people who are members of racial or ethnic minority groups. The authors stress that people who are deaf should be able to access as broad a continuum of programs and services as is available for people who hear. Numerous case examples are presented to illustrate the concepts discussed. 41 references. (AA-M).

- **Caregiving, Mental Health, and Immune Function**


Contact: This publication may be available from your State depository library. Call for information. Publication Number: 017024013650.

Summary: This chapter briefly describes evidence suggesting that family caregivers of Alzheimer’s disease (AD) patients are at high risk for mental depression. Studies are discussed that have linked both acute and chronic distress or dysphoria with alterations in immune function, including data from a cross-sectional study of caregivers. Finally, a conceptual framework is presented that provides a structure for understanding these data, emphasizing possible pathways through which psychological resources such as supportive interpersonal relationships might have a positive impact on mental health promotion. Topics include: caregiving as a chronic stressor; some mental and physical health correlates of caregiving; basic information concerning immune system function and stress; depression and distress as immunological modifiers; interpersonal relationships and immune function; chronic stress and immune function in AD caregivers; psychosocial enhancement of immunity; behavioral influences on immunity; and objective health change data. 90 references.

**Directories**

In addition to the references and resources discussed earlier in this chapter, a number of directories relating to mental health have been published that consolidate information across various sources. The Combined Health Information Database lists the following, which you may wish to consult in your local medical library:12

- **Rural health, mental health, and substance abuse resources directory**


Contact: Available from U.S. Office of Rural Health Policy, Parklawn Building, Room 9-05, 5600 Fishers Lane, Rockville, MD 20857. Telephone: (301) 443-0835 or (800) 633-7701 or (301) 656-3100 / fax: (301) 443-2803 / Web site: http://www.nal.usda.gov. Single copies available at no charge. Also available for $10.00 for postage and handling from National Rural Health Association, One West Armour Boulevard, Suite 301, Kansas

12 You will need to limit your search to “Directory” and “mental health” using the “Detailed Search” option. Go directly to the following hyperlink: http://chid.nih.gov/detail/detail.html. To find directories, use the drop boxes at the bottom of the search page where “You may refine your search by.” For publication date, select “All Years.” Select your preferred language and the format option “Directory.” Type “mental health” (or synonyms) into the “For these words:” box. You should check back periodically with this database as it is updated every three months.
Summary: This directory lists agencies and organizations concerned with providing rural populations health services or mental health services and substance abuse programs. Within those two categories, the directory lists federal agencies, national organizations, federally funded regional organizations, state agencies and organizations, area health education centers (AHECs) and Health Education Training Centers (HETCs), federally funded research centers, foundations, and other resources. The directory combines entries which appeared in the 1994 'Rural Health Resources Directory' and the 1993 'Rural Mental Health and Substance Abuse Resources Directory.'

- Mental health directory
  


  Summary: This directory lists mental health organizations throughout the United States, broken down by state and town. It lists outpatient mental health clinics, psychiatric hospitals, Veterans Administration medical centers, residential treatment centers for emotionally disturbed children, day/night facilities, multiservice organizations, general hospitals with separate psychiatric services, residential treatment organizations, and residential supportive organizations. The state mental health agencies are also listed.

- Georgia Mental Health Sourcebook
  
  Source: Atlanta, GA: Care Solutions, Inc. 1994. 177 p.

  Contact: Available from Care Solutions, Inc. 8302 Dunwoody Place, Suite 352, Atlanta, GA 30350. (404) 642-6722; (800) 227-3410; FAX (404) 640-6073. PRICE: $24.95 plus $3.00 shipping and handling. ISBN: 0963193961.

  Summary: This guide for consumers and professionals provides basic definitions of mental illness, information about the types of mental health services available, and where to call for help within Georgia. Resources are organized by category and geographic area. Some of the more common mental difficulties and disorders are briefly described and include mood and anxiety disorders; schizophrenia; dementia, including Alzheimer's disease; substance abuse; and eating, sleeping, and sexual disorders. Topics include information about where to start in seeking help; mental health issues involving children; special issues such as older adults and mental health, family relationship, homelessness, suicide, and AIDS; violence, aggression, and emotional crises; health insurance and financial options; and legal and ethical issues. Among the community resources listed are residential and day treatment services, counseling and outpatient services, supportive living programs, advocacy and support groups, multicultural programs, substance abuse programs, psychiatric hospitals, and children and adolescent programs. Over 1,700 providers are listed.

- Exemplary mental health programs: School psychologists as mental health service providers
  
Contact: Available from National Association of School Psychologists, 4340 East West Highway, Suite 402, Bethesda, MD 20814. Telephone: (301) 657-0270 / fax: (301) 657-0275 / e-mail: lsullivan@naspweb.org / Web site: http://www.naspweb.org.

Summary: This report presents the results of a project to identify and document school and community based mental health programs in which school psychologists were engaged in program development, implementation, and/or evaluation. The first part of the report presents a literature review of mental health programming that was designed to identify exemplary characteristics of mental health programs and to examine the role of the school psychologist in providing mental health services. The second part looks at the methodology and results of a survey of 87 programs in 36 states to gather information about program models; procedures for program design, implementation, and evaluation; the nature of the school psychologist's involvement; and program demographics. The final section provides descriptions of some of these programs that illustrate exemplary criteria. Each program description contains contact information; a program description; program demographics; funding sources; program goals, implementation, and evaluation; written materials; and exemplary characteristics.
CHAPTER 8. MULTIMEDIA ON MENTAL HEALTH

Overview

In this chapter, we show you how to keep current on multimedia sources of information on mental health. We start with sources that have been summarized by federal agencies, and then show you how to find bibliographic information catalogued by the National Library of Medicine.

Video Recordings

An excellent source of multimedia information on mental health is the Combined Health Information Database. You will need to limit your search to “Videorecording” and “mental health” using the “Detailed Search” option. Go directly to the following hyperlink: http://chid.nih.gov/detail/detail.html. To find video productions, use the drop boxes at the bottom of the search page where “You may refine your search by.” Select the dates and language you prefer, and the format option “Videorecording (videotape, videocassette, etc.).” Type “mental health” (or synonyms) into the “For these words:” box. The following is a typical result when searching for video recordings on mental health:

- **HIV/AIDS Education for Chemically Dependent and Mental Health Clients**
  
  Contact: Health Horizons, 2934 Soledad Pl, Escondido, CA, 92027, (619) 761-4909.

  Summary: This videorecording advocates using a 12-step approach when discussing HIV risk factors with alcohol or chemical dependent mental health clients. The Serenity Prayer of Alcoholics Anonymous is invoked as a model for dealing with HIV as a behavioral problem. Clients should be encouraged to differentiate between the things they can and cannot change, and change those behaviors that they can.

- **The Other Crisis: AIDS and Mental Health**
  
  Contact: University of California San Francisco, AIDS Health Project, PO Box 0884, San Francisco, CA, 94143-0884, (415) 476-6430.

  Summary: This videorecording discusses pre- and post-test Human immunodeficiency virus (HIV) counseling through interviews with mental health professionals. These professionals explain the needs and fears of their clients, particularly homosexuals, IV
drug users (IVDU’s), and others at high risk. Open communication in sex counseling and behavior modification are offered as solutions. The specific psychological needs of cultural and ethnic groups, as well as those of the mental health professionals themselves, are also addressed.

- **Facing Our Fears: Mental Health Professionals Speak**
  
  Contact: University of California San Francisco, AIDS Health Project, PO Box 0884, San Francisco, CA, 94143-0884, (415) 476-6430.

  Summary: This videorecording is a series of interviews with six mental-health professionals who specialize in treating Persons with AIDS (PWA’s). These six people explain how they manage their own stress, which is caused by dealing regularly with death and dying and their fears of being infected with the Human immunodeficiency virus (HIV).

- **Infection Control for Chemical Dependency and Mental Health Staff**
  
  Contact: Health Horizons, 2934 Soledad Pl, Escondido, CA, 92027, (619) 761-4909.

  Summary: This videorecording presents infection control and universal precautions in the workplace against blood-borne diseases such as Hepatitis B (HBV) and the Human immunodeficiency virus (HIV) for health professionals who work in the areas of mental health and chemical dependency. The first part of the videorecording discusses the infectious process; HIV and HBV transmission; Occupational Safety and Health Administration (OSHA) regulations; and assessments of self and clients. In the second part, cofactors for HIV infection; psychoneuro-immunology; and dealing with HIV-positive clients and staff are addressed. It applies the Serenity Prayer and 12-Step approach to infection control. Genetic, environmental, and behavioral components of the disease model are explored. The importance of documenting negative baseline antibody status at the time of any accidental exposure to prove a work-related claim is emphasized.

- **Mental health in Head Start: It’s everybody’s business**
  

  Contact: Available from Librarian, National Center for Education in Maternal and Child Health, 2000 15th Street, North, Suite 701, Arlington, VA 22201-2617. Telephone: (703) 524-7802 / fax: (703) 524-9335 / e-mail: info@ncemch.org / Web site: http://www.ncemch.org. Available for loan.

  Summary: This videotape and discussion guide was developed for health professionals and Head Start staff and families. The videotape provides an overview of the mental health component of Head Start and is divided into five sections including: What is Mental Health?; Overview of Mental Health in Head Start; Incorporating Mental Health Practices into the Classroom; Mental Health for Parents; and, Mental Health for Staff. The discussion guide provides information to facilitate the use of the videotape.

- **Nursing Home Mental Health Series**
  
Summary: With narration by Dr. Peter Rabins, coauthor of the '36-Hour Day,' and footage of actual patients and caregivers, this set of seven 20-minute videos is intended to help nursing home staff identify, evaluate, and manage difficult behaviors exhibited by dementia patients living in an institutional setting. Dr. Rabins emphasizes the importance of evaluating behaviors in terms of their harmfulness to the patient and those around him, and suggests that harmless behaviors are usually best ignored. The management techniques presented focus on preventing or controlling behaviors through environmental modifications, rather than through the use of medications or physical restraints. Individual tapes include 'Agitation, Aggression, and Violence,' 'Confusion,' 'Depression,' 'Impaired Communication,' 'Paranoia, Suspiciousness, and Accusations,' 'Positive Approaches to Difficult Behaviors,' and 'Sleep, Sex, and Wandering.' (Also see AZAV07724, AZAV07725, AZAV07726, AZAV07727, AZAV07728, AZAV07729, AZAV07730).

Audio Recordings

The Combined Health Information Database contains abstracts on audio productions. To search CHID, go directly to the following hyperlink: http://chid.nih.gov/detail/detail.html. To find audio productions, use the drop boxes at the bottom of the search page where “You may refine your search by.” Select the dates and language you prefer, and the format option “Sound Recordings.” Type “mental health” (or synonyms) into the “For these words:” box. The following is a typical result when searching for sound recordings on mental health:

- **About AIDS; Read - Along Tapes**

  Contact: Laubach Literacy International, Publishing Division, New Readers Press, PO Box 888, Syracuse, NY, 13210-0131, (800) 448-8878.

  Summary: These audiocassettes provide comprehensive HIV and AIDS education for the low-literacy individual. Designed to be used with or without an accompanying book, the tapes discuss what HIV is, how HIV infection differs from AIDS, how HIV is transmitted, and how HIV transmission can be prevented. The tapes also discuss home care, personal care, medications and treatments, and health care providers. Myths about casual contact transmission are discussed. Special attention is given to infants and children with HIV, their care, and their normal childhood experiences. The risks faced by injection drug users are enumerated, and information is provided on disinfecting injection equipment. Employment concerns are addressed and confidentiality issues are explored. Mental health, both of HIV-positive individuals and their caregivers, is examined. The tapes also discuss volunteer opportunities, either as part of an organization or on a personal one-to-one level. The tapes provide national toll-free numbers for further information on HIV and AIDS, drug and alcohol abuse, employment discrimination, and prescription pharmacies.

- **Unmet needs and special issues in children's health programs**

Summary: This audiotape and accompanying guide lay the groundwork to provide legislators and legislative staff an understanding of special populations and services for children with special health care needs, oral health, and mental health and substance abuse as related to their eligibility in the implementation of the State Children's Health Insurance Program. This audiotape is an edited recording of one session of a March 1998 meeting of legislative staff, state agency officials, and national experts in Nashville, Tennessee entitled ‘Children's Unmet Needs and Special Issues.’ It gave experts on these three issues the opportunity to answer questions such as how many of these children are there and what conditions do they have?

Bibliography: Multimedia on Mental Health

The National Library of Medicine is a rich source of information on healthcare-related multimedia productions including slides, computer software, and databases. To access the multimedia database, go to the following Web site: [http://locatorplus.gov/](http://locatorplus.gov/). Select “Search LOCATORplus.” Once in the search area, simply type in mental health (or synonyms). Then, in the option box provided below the search box, select “Audiovisuals and Computer Files.” From there, you can choose to sort results by publication date, author, or relevance. The following multimedia has been indexed on mental health:

- **[Mental health] [motion picture]: [keeping mentally fit](Source: production company unknown); Year: 1952; Format: Mental health; [United States: s.n., 1952]**
- **[Study in maternal attitude] [motion picture]: the integration of mental health practices and pediatrics Source: produced by Herbert Kerkow, Inc.; sponsored by the New York Fund for Children, Inc., in association with the City of New York Department of Health; Year: 1959; Format: Study in maternal attitude; United States: [s.n., 1959]**
- **A Step beyond [motion picture]: profile of an effective community mental health program Source: E. R. Squibb & Sons; produced by Communications Centers of America; Year: 1976; Format: Motion picture; [Princeton, N. J.]: Squibb: [for loan or sale by its Film Library], c1976**
- **Dramatic mental health teaching [videorecording] Source: Mental Health Media, University of Washington Press; Year: 1977; Format: Videorecording; Seattle:**
- **Mental health and the public pulse [sound recording] Source: Hildegard E. Peplau; Year: 1975; Format: Sound recording; New Braunfels, Tx.: PSF Productions, p1975**
- **Mental health services research. Year: 9999; New York, N.Y.: Kluwer Academic/Plenum Publishers, c1999-**
- **Social work in mental health [slide] Source: Clayton T. Shorkey, with special assistance from Kenneth E. Reid; Year: 1978; Format: Slide; [East Lansing, Mich.: Michigan State University: for sale by its Instructional Media Center, 1978]**
- **The journal of mental health policy and economics. Year: 9999; Chichester: Wiley, c1998-**
- The mental health needs of women with medically high risk pregnancies
[videorecording] Source: authors, Barbara A. Colwell, Carolyn H. Krone; Year: 1978;
Format: Videorecording; Ann Arbor, Mich.: University of Michigan, c1978
CHAPTER 9. PERIODICALS AND NEWS ON MENTAL HEALTH

Overview

In this chapter, we suggest a number of news sources and present various periodicals that cover mental health.

News Services and Press Releases

One of the simplest ways of tracking press releases on mental health is to search the news wires. In the following sample of sources, we will briefly describe how to access each service. These services only post recent news intended for public viewing.

PR Newswire

To access the PR Newswire archive, simply go to http://www.prnewswire.com/. Select your country. Type “mental health” (or synonyms) into the search box. You will automatically receive information on relevant news releases posted within the last 30 days. The search results are shown by order of relevance.

Reuters Health

The Reuters’ Medical News and Health eLine databases can be very useful in exploring news archives relating to mental health. While some of the listed articles are free to view, others are available for purchase for a nominal fee. To access this archive, go to http://www.reutershealth.com/en/index.html and search by “mental health” (or synonyms). The following was recently listed in this archive for mental health:

- U.S. Senate spars over stalled mental health bill
  Source: Reuters Health eLine
  Date: October 23, 2003
• **U.S. report calls for coherent mental health system**  
  Source: Reuters Medical News  
  Date: July 22, 2003

• **SARS less severe in children, but may impact mental health**  
  Source: Reuters Medical News  
  Date: June 10, 2003

• **Poorer mental health seen among highly educated population**  
  Source: Reuters Medical News  
  Date: April 21, 2003

• **Highly educated may have poorer mental health**  
  Source: Reuters Health eLine  
  Date: April 21, 2003

• **Colic is self-limiting and does not alter mothers' mental health**  
  Source: Reuters Medical News  
  Date: December 10, 2002

• **Kuwait revising mental health rules after shooting**  
  Source: Reuters Health eLine  
  Date: November 26, 2002

• **Congress extends mental health parity law**  
  Source: Reuters Health eLine  
  Date: November 19, 2002

• **Mom's PCB exposure may affect kid's mental health**  
  Source: Reuters Health eLine  
  Date: November 15, 2002

• **British mental health bill delayed**  
  Source: Reuters Health eLine  
  Date: November 13, 2002

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**The NIH**


**Business Wire**

Business Wire is similar to PR Newswire. To access this archive, simply go to [http://www.businesswire.com/](http://www.businesswire.com/). You can scan the news by industry category or company name.
Market Wire

Market Wire is more focused on technology than the other wires. To browse the latest press releases by topic, such as alternative medicine, biotechnology, fitness, healthcare, legal, nutrition, and pharmaceuticals, access Market Wire’s Medical/Health channel at http://www.marketwire.com/mw/release_index?channel=MedicalHealth. Or simply go to Market Wire’s home page at http://www.marketwire.com/mw/home, type “mental health” (or synonyms) into the search box, and click on “Search News.” As this service is technology oriented, you may wish to use it when searching for press releases covering diagnostic procedures or tests.

Search Engines

Medical news is also available in the news sections of commercial Internet search engines. See the health news page at Yahoo (http://dir.yahoo.com/Health/News_and_Media/), or you can use this Web site’s general news search page at http://news.yahoo.com/. Type in “mental health” (or synonyms). If you know the name of a company that is relevant to mental health, you can go to any stock trading Web site (such as http://www.etrade.com/) and search for the company name there. News items across various news sources are reported on indicated hyperlinks. Google offers a similar service at http://news.google.com/.

BBC

Covering news from a more European perspective, the British Broadcasting Corporation (BBC) allows the public free access to their news archive located at http://www.bbc.co.uk/. Search by “mental health” (or synonyms).

Newsletters on Mental Health

Find newsletters on mental health using the Combined Health Information Database (CHID). You will need to use the “Detailed Search” option. To access CHID, go to the following hyperlink: http://chid.nih.gov/detail/detail.html. Limit your search to “Newsletter” and “mental health.” Go to the bottom of the search page where “You may refine your search by.” Select the dates and language that you prefer. For the format option, select “Newsletter.” Type “mental health” (or synonyms) into the “For these words:” box. The following list was generated using the options described above:

- Prevention update: The National Mental Health Association quarterly prevention newsletter
  
  
  Contact: Available from National Mental Health Association, 1021 Prince Street, Alexandria, VA 22314-2971. Telephone: (703) 684-7722 or (800) 969-NMHA / fax: (703) 684-5968 / Web site: http://www.nmha.org. Newsletter is a benefit of membership: $45.00 individual, $30.00 senior citizen, $20.00 student.

  Summary: This newsletter was developed to provide up-to-date information on research studies, programs, and issues in the field of mental health services. Features focus on
national legislative updates, resource reviews, grant announcements, and articles discussing program and service activities of both public and private organizations.

- **Medicaid managed mental health care: Is it a solution?**


  Contact: Available from Center for Vulnerable Populations, National Academy for State Health Policy, 50 Monument Square, Suite 302, Portland, ME 04101. Telephone: (207) 874-6524. Available at no charge.

  Summary: This special issue of 'Spotlight' examines Medicaid managed care and its implications for access to mental health services for populations with special health needs. A background on managed care is provided, pros and cons are considered, and questions are considered as to whether it can control costs and provide better health services. The newsletter reviews the significance of managed care to various stockholders such as state administrators, legislators, consumers, and providers. It then examines the program elements that affect mental health services and examines programs that have been established in Utah, South Carolina, Massachusetts, and Florida.

**Newsletter Articles**

Use the Combined Health Information Database, and limit your search criteria to “newsletter articles.” Again, you will need to use the “Detailed Search” option. Go directly to the following hyperlink: [http://chid.nih.gov/detail/detail.html](http://chid.nih.gov/detail/detail.html). Go to the bottom of the search page where “You may refine your search by.” Select the dates and language that you prefer. For the format option, select “Newsletter Article.” Type “mental health” (or synonyms) into the “For these words:” box. You should check back periodically with this database as it is updated every three months. The following is a typical result when searching for newsletter articles on mental health:

- **Adult-Child Caregivers: Caught in the 'Sandwich' of Competing Demands**


  Contact: Alzheimer's Association. 919 North Michigan Avenue, Suite 1000, Chicago, IL 60611-1676. (800) 272-3900; (312) 335-8700; (312) 335-8882 (TDD); FAX (312) 335-1110. PRICE: Single copy free.

  Summary: This article gives the epidemiology of adult-child caregivers and discusses their risk of experiencing several kinds of problems. These include financial difficulties, lack of time to participate in social and recreational activities, physical health difficulties, and mental health problems. The author describes the special circumstances of daughter-in-law caregivers and spouses and offers suggestions for stress management.

- **Childhood Defecation Disorders: Constipation and Soiling**


  Contact: Available from International Foundation for Functional Gastrointestinal Disorders (IFFGD). P.O. Box 170864, Milwaukee, WI 53217. (888) 964-2001 or (414) 964-1799. Fax (414) 964-7176. E-mail: iffgd@iffgd.org. Website: www.iffgd.org.
Summary: This article is the second in a two part series on pediatric functional gastrointestinal (GI) disorders that may prompt parents to bring their child to the doctor for constipation or fecal soiling. In this article, the author focuses on non retentive fecal soiling and functional fecal retention. Functional refers to a disorder where the primary problem is not due to disease or visible tissue damage or inflammation; in this article, the author uses functional to refer to symptoms that occur within the expected range of the body's behavior. Functional fecal retention is defined in children by the passage of large or enormous bowel movements at intervals less than twice per week, and the attempt to avoid having bowel movements on purpose. Accompanying symptoms include soiling of the underclothes, irritability, abdominal cramps, and decreased appetite. Functional fecal retention begins when there is a painful bowel movement and the child learns to fear the urge to have a bowel movement. After diagnosis, treatment goals include family and patient education, medication as necessary to assure painless defecation, and the provision of continued availability and interest in the child's problem. Fecal soiling refers to passage of bowel movements into the underclothing, or other inappropriate places. Fecal soiling commonly accompanies functional fecal retention, or after a chronic problem with diarrhea. Functional non retentive (not associated with fecal retention) fecal soiling is diagnosed in children older than 4, who have bowel movements in places and at times that are inappropriate, at least once a week for 3 months, in the absence of a disease to explain it. Treatment goals are to help the parent to understand that there is no medical disease, and to accept a referral to a mental health professional. Parents need guidance to understand that soiling is a symptom of emotional upset, not simply bad behavior. 1 table.

- Fibromyalgia Syndrome. Coping With Loss
  Source: Observer. 49(1):1,4; Spring 1997.
  Contact: Arthritis Foundation, Rocky Mountain Chapter.
  Summary: This newsletter article for individuals with fibromyalgia syndrome (FMS) offers suggestions for coping with the feelings of loss they may experience. FMS sufferers need to acknowledge that significant loss accompanies FMS because failure to do so may result in them taxing their physical and emotional resources. Healthy ways to express grief over the losses that FMS brings include participating in self help groups, writing in a journal about feelings of sadness and anger, creating a scrapbook of photographs to honor the memories from an active life, and talking with a physician or qualified mental health professional.

- Brain Chemical May Hold Clues to Alzheimer's Treatment
  Summary: This newsletter article reports on the discovery of a link between acetylcholine and the body's ability to metabolize amyloid, a protein that causes harmful deposits in the brains of people with Alzheimer's disease. This research, supported by the National Institute of Mental Health and the National Institute on Aging, suggests that treatment with acetylcholine-acting drugs can slow the buildup of amyloid, possibly delaying the onset of Alzheimer's disease. The article discusses the physiological effects of amyloid on the brain and how the researchers conducted their investigation into this phenomenon. The researchers cite this connection between acetylcholine and delayed amyloid buildup as an important step in eventually finding a treatment for Alzheimer's disease.
Academic Periodicals covering Mental Health

Numerous periodicals are currently indexed within the National Library of Medicine’s PubMed database that are known to publish articles relating to mental health. In addition to these sources, you can search for articles covering mental health that have been published by any of the periodicals listed in previous chapters. To find the latest studies published, go to http://www.ncbi.nlm.nih.gov/pubmed, type the name of the periodical into the search box, and click “Go.”

If you want complete details about the historical contents of a journal, you can also visit the following Web site: http://www.ncbi.nlm.nih.gov/entrez/jrbrowser.cgi. Here, type in the name of the journal or its abbreviation, and you will receive an index of published articles. At http://locatorplus.gov/, you can retrieve more indexing information on medical periodicals (e.g. the name of the publisher). Select the button “Search LOCATORplus.” Then type in the name of the journal and select the advanced search option “Journal Title Search.”
CHAPTER 10. RESEARCHING MEDICATIONS

Overview

While a number of hard copy or CD-ROM resources are available for researching medications, a more flexible method is to use Internet-based databases. Broadly speaking, there are two sources of information on approved medications: public sources and private sources. We will emphasize free-to-use public sources.

U.S. Pharmacopeia

Because of historical investments by various organizations and the emergence of the Internet, it has become rather simple to learn about the medications recommended for mental health. One such source is the United States Pharmacopeia. In 1820, eleven physicians met in Washington, D.C. to establish the first compendium of standard drugs for the United States. They called this compendium the U.S. Pharmacopeia (USP). Today, the USP is a non-profit organization consisting of 800 volunteer scientists, eleven elected officials, and 400 representatives of state associations and colleges of medicine and pharmacy. The USP is located in Rockville, Maryland, and its home page is located at http://www.usp.org/. The USP currently provides standards for over 3,700 medications. The resulting USP DI® Advice for the Patient® can be accessed through the National Library of Medicine of the National Institutes of Health. The database is partially derived from lists of federally approved medications in the Food and Drug Administration’s (FDA) Drug Approvals database, located at http://www.fda.gov/cder/da/da.htm.

While the FDA database is rather large and difficult to navigate, the Pharmacopeia is both user-friendly and free to use. It covers more than 9,000 prescription and over-the-counter medications. To access this database, simply type the following hyperlink into your Web browser: http://www.nlm.nih.gov/medlineplus/druginformation.html. To view examples of a given medication (brand names, category, description, preparation, proper use, precautions, side effects, etc.), simply follow the hyperlinks indicated within the United States Pharmacopeia (USP).

Below, we have compiled a list of medications associated with mental health. If you would like more information on a particular medication, the provided hyperlinks will direct you to ample documentation (e.g. typical dosage, side effects, drug-interaction risks, etc.). The
following drugs have been mentioned in the Pharmacopeia and other sources as being potentially applicable to mental health:

Caffeine

- **Systemic - U.S. Brands**: Cacit; Caffedrine Caplets; Dexitac Stay Alert Stimulant; Enerjets; Keep Alert; Maximum Strength SnapBack Stimulant Powders; NoDoz Maximum Strength Caplets; Pep-Back; Quick Pep; Ultra Pep-Back; Vivarin


**Commercial Databases**

In addition to the medications listed in the USP above, a number of commercial sites are available by subscription to physicians and their institutions. Or, you may be able to access these sources from your local medical library.

**Mosby’s Drug Consult™**

Mosby’s Drug Consult™ database (also available on CD-ROM and book format) covers 45,000 drug products including generics and international brands. It provides prescribing information, drug interactions, and patient information. Subscription information is available at the following hyperlink: [http://www.mosbysdrugconsult.com/](http://www.mosbysdrugconsult.com/).

**PDRhealth**

The PDRhealth database is a free-to-use, drug information search engine that has been written for the public in layman’s terms. It contains FDA-approved drug information adapted from the Physicians’ Desk Reference (PDR) database. PDRhealth can be searched by brand name, generic name, or indication. It features multiple drug interactions reports. Search PDRhealth at [http://www.pdrhealth.com/drug_info/index.html](http://www.pdrhealth.com/drug_info/index.html).

**Other Web Sites**

Drugs.com ([www.drugs.com](http://www.drugs.com)) reproduces the information in the Pharmacopeia as well as commercial information. You may also want to consider the Web site of the Medical Letter, Inc. ([http://www.medletter.com/](http://www.medletter.com/)) which allows users to download articles on various drugs and therapeutics for a nominal fee.

If you have any questions about a medical treatment, the FDA may have an office near you. Look for their number in the blue pages of the phone book. You can also contact the FDA through its toll-free number, 1-888-INFO-FDA (1-888-463-6332), or on the World Wide Web at [www.fda.gov](http://www.fda.gov).
APPENDICES
APPENDIX A. PHYSICIAN RESOURCES

Overview

In this chapter, we focus on databases and Internet-based guidelines and information resources created or written for a professional audience.

NIH Guidelines

Commonly referred to as “clinical” or “professional” guidelines, the National Institutes of Health publish physician guidelines for the most common diseases. Publications are available at the following by relevant Institute:\(^\text{13}\):

- Office of the Director (OD); guidelines consolidated across agencies available at [http://www.nih.gov/health/consumer/conkey.htm](http://www.nih.gov/health/consumer/conkey.htm)
- National Human Genome Research Institute (NHGRI); research available at [http://www.genome.gov/page.cfm?pageID=10000375](http://www.genome.gov/page.cfm?pageID=10000375)

\(^{13}\) These publications are typically written by one or more of the various NIH Institutes.
- National Institute on Alcohol Abuse and Alcoholism (NIAAA); guidelines available at http://www.niaaa.nih.gov/publications/publications.htm
- National Institute of Allergy and Infectious Diseases (NIAID); guidelines available at http://www.niaid.nih.gov/publications/
- National Institute of Arthritis and Musculoskeletal and Skin Diseases (NIAMS); fact sheets and guidelines available at http://www.niams.nih.gov/hi/index.htm
- National Institute of Child Health and Human Development (NICHD); guidelines available at http://www.nichd.nih.gov/publications/pubskey.cfm
- National Institute on Deafness and Other Communication Disorders (NIDCD); fact sheets and guidelines at http://www.nidcd.nih.gov/health/
- National Institute of Dental and Craniofacial Research (NIDCR); guidelines available at http://www.nidr.nih.gov/health/
- National Institute of Environmental Health Sciences (NIEHS); environmental health information available at http://www.niehs.nih.gov/external/facts.htm
- National Institute of Mental Health (NIMH); guidelines available at http://www.nimh.nih.gov/practitioners/index.cfm
- National Institute of Neurological Disorders and Stroke (NINDS); neurological disorder information pages available at http://www.ninds.nih.gov/health_and_medical/disorder_index.htm
- National Institute of Nursing Research (NINR); publications on selected illnesses at http://www.nih.gov/ninr/news-info/publications.html
- National Institute of Biomedical Imaging and Bioengineering; general information at http://grants.nih.gov/grants/becon/becon_info.htm
- Center for Information Technology (CIT); referrals to other agencies based on keyword searches available at http://kb.nih.gov/www_query_main.asp
- National Center for Complementary and Alternative Medicine (NCCAM); health information available at http://nccam.nih.gov/health/
- National Center for Research Resources (NCRR); various information directories available at http://www.ncrr.nih.gov/publications.asp
- Centers for Disease Control and Prevention; various fact sheets on infectious diseases available at http://www.cdc.gov/publications.htm
NIH Databases

In addition to the various Institutes of Health that publish professional guidelines, the NIH has designed a number of databases for professionals. Physician-oriented resources provide a wide variety of information related to the biomedical and health sciences, both past and present. The format of these resources varies. Searchable databases, bibliographic citations, full-text articles (when available), archival collections, and images are all available. The following are referenced by the National Library of Medicine:

- **Bioethics**: Access to published literature on the ethical, legal, and public policy issues surrounding healthcare and biomedical research. This information is provided in conjunction with the Kennedy Institute of Ethics located at Georgetown University, Washington, D.C.: http://www.nlm.nih.gov/databases/databases_bioethics.html


- **Biotechnology Information**: Access to public databases. The National Center for Biotechnology Information conducts research in computational biology, develops software tools for analyzing genome data, and disseminates biomedical information for the better understanding of molecular processes affecting human health and disease: http://www.ncbi.nlm.nih.gov/

- **Population Information**: The National Library of Medicine provides access to worldwide coverage of population, family planning, and related health issues, including family planning technology and programs, fertility, and population law and policy: http://www.nlm.nih.gov/databases/databases_population.html


- **Profiles in Science**: Offering the archival collections of prominent twentieth-century biomedical scientists to the public through modern digital technology: http://www.profiles.nlm.nih.gov/

- **Chemical Information**: Provides links to various chemical databases and references: http://sis.nlm.nih.gov/Chem/ChemMain.html

- **Clinical Alerts**: Reports the release of findings from the NIH-funded clinical trials where such release could significantly affect morbidity and mortality: http://www.nlm.nih.gov/databases/alerts/clinical_alerts.html

- **Space Life Sciences**: Provides links and information to space-based research (including NASA): http://www.nlm.nih.gov/databases/databases_space.html

- **MEDLINE**: Bibliographic database covering the fields of medicine, nursing, dentistry, veterinary medicine, the healthcare system, and the pre-clinical sciences: http://www.nlm.nih.gov/databases/databases_medline.html

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14 Remember, for the general public, the National Library of Medicine recommends the databases referenced in MEDLINEplus (http://medlineplus.gov/ or http://www.nlm.nih.gov/medlineplus/databases.html).

- **Toxicology and Environmental Health Information (TOXNET):** Databases covering toxicology and environmental health: [http://sis.nlm.nih.gov/Tox/ToxMain.html](http://sis.nlm.nih.gov/Tox/ToxMain.html)


### The Combined Health Information Database

A comprehensive source of information on clinical guidelines written for professionals is the Combined Health Information Database. You will need to limit your search to one of the following: Brochure/Pamphlet, Fact Sheet, or Information Package, and “mental health” using the “Detailed Search” option. Go directly to the following hyperlink: [http://chid.nih.gov/detail/detail.html](http://chid.nih.gov/detail/detail.html). To find associations, use the drop boxes at the bottom of the search page where “You may refine your search by.” For the publication date, select “All Years.” Select your preferred language and the format option “Fact Sheet.” Type “mental health” (or synonyms) into the “For these words:” box. The following is a sample result:

- **AIDS Instructional Materials for Health and Mental Health Professionals; Volume II: Print Materials**

  Summary: This bibliography contains cataloging information on printed acquired immunodeficiency syndrome (AIDS) instructional materials for health and mental health professionals that are available at the East Central AIDS Education and Training Center at the University of Kentucky. Entries include accession number, title, series, author/editor, producer/publisher, publication year, description, target audience, synopsis, related materials, evaluation, availability, reviewer info, and review date. Updates are issued periodically.

- **Mental Health Aspects of HIV/AIDS: Curriculum Modules**

  Contact: University of Michigan, Comprehensive HIV/AIDS Mental Health Education Program, 3906 Clinical Faculty Office, Bldg, Ann Arbor, MI, 48109-0704.

  Summary: This curriculum manual for mental health care providers is based on the concept that AIDS is as much a behavioral as an infectious disease problem, due to its manner of transmission, its effects on the central nervous system, its stigmatic nature, and its potentially lethal outcome. Mental health professionals play a role in controlling the epidemic through education, prevention, treatment, and research. Using seven modules, this manual covers information needed by all professionals in this field. The modules address history and epidemiology of AIDS in the United States, HIV-1 structure and transmission, natural history of HIV-1 infection, HIV prevention, considerations in treating the HIV-positive patient, psychologic reactions to a diagnosis of HIV infection, and neurologic disorders associated with HIV infection. Sample guidelines and policy statements from the American Psychiatric Association are included.

- **Caring for Every Child's Mental Health: Communities Together Campaign.** [Information packet]

Contact: Available from U.S. Department of Health and Human Services, Center for Mental Health Services, 5600 Fishers Lane, Room 13-103, Rockville, MD 20857. Telephone: (301) 443-2792. Available at no charge.

Summary: This information packet contains materials describing the public education initiative, Caring for Every Child’s Mental Health: Communities Together Campaign, promotional materials about the campaign, camera-ready copy promoting the recognition of mental health problems and the campaign itself, and fact sheets. One describes the campaign; one includes a glossary; others provide overviews of these topics: child and adolescent mental health; mental, emotional, and behavior disorders; attention deficit and hyperactivity disorders; autism; conduct disorders; anxiety disorders; depression; and family interactions and how they can affect mental, emotional, and behavior disorders. Still other fact sheets describe systems of care, comprehensive community services, and the provision of culturally competent services.

• AIDS Law for Mental Health Professionals: A Handbook for Judicious Practice

Contact: Celestial Arts Publishing, PO Box 7123, Berkeley, CA, 94707, (510) 524-1801.

Summary: This manual offers guidance to mental health professionals on approaching various legal and ethical issues related to Acquired immunodeficiency syndrome (AIDS). It deals with legal questions such as confidentiality and disclosure of Human immunodeficiency virus (HIV) status, the patient’s duty to warn others, suicide, and the determination of competency. The manual is organized into four sections, each dealing with a role that mental-health professionals play: Therapist, witness, HIV-infected person, and employer or educator. The first section, on the therapist's role, examines the right to treat and not to treat HIV-infected patients, suicide, confidentiality, and the role of AIDS in prisons and mental hospitals. The second section looks at testifying, executing legal documents, providing evidence on disability and health, and child-custody disputes. The section on the HIV-infected professional delves into determination of impairment, ethical duties following learning of HIV status, the professional’s responsibility to disclose his or her HIV status, and malpractice insurance. The final section looks at laws regarding employment discrimination and the professional’s responsibility to help educate the public, and legal professionals, about HIV infection.

• Strategic Plan for HIV/AIDS: Substance Abuse and Mental Health Services Administration (SAMHSA)

Contact: National Clearinghouse for Alcohol and Drug Information, Substance Abuse and Mental Health Service Administration, PO Box 2345, Rockville, MD, 20852-2345, (301) 468-2600, http://www.health.org.

Summary: This plan examines the projected course of the HIV/AIDS epidemic in relation to key target populations served by the Substance Abuse and Mental Health Services Administration (SAMHSA). These groups include homosexuals and bisexuals; injecting drug users; the seriously mentally ill; racial and ethnic minorities; women; adolescents; and children. It describes SAMHSA's organizational and programmatic responses to the epidemic. The five goals of SAMHSA’s three formal AIDS-related programs are listed with descriptions of activities which address each goal. Also included are nine principles which guide SAMHSA’s ongoing HIV-related efforts. Conclusions are made concerning the epidemic and SAMHSA's role in leading the response to the epidemic.
• **HIV & Mental Health Institutions**


Summary: This report presents an overview of issues related to Acquired immunodeficiency syndrome (AIDS) faced by mental-health institutions. Issues discussed include health concerns, Human immunodeficiency virus (HIV) education and prevention, patient management, confidentiality, antibody testing, duty to protect, legal liability, and access to medical and other services. A summary of interviews with experts in the field of AIDS and mental-health institutions in Washington, D.C., is included to illustrate diverse policy, legal, and medical aspects.

• **Strategies for Implementing AIDS/HIV Policy Guidelines in Developmental and Mental Health Services: A Background and Checklist for Advocates**


Summary: This report presents background information about the theory, law, and policy relating to negligent transmission of Human immunodeficiency virus (HIV), particularly involving adults with mental disabilities. It covers strategies for developing policy, specifically in areas of education, infection-control practices, and confidentiality that protect individual civil rights, as well as society, from the transmission of Acquired immunodeficiency syndrome (AIDS).

• **AIDS: Helping Families Cope; Recommendations for Meeting the Psychosocial Needs of Persons With AIDS and Their Families, Report to the National Institute of Mental Health**


Summary: This report recommends the development of a comprehensive program to provide psychosocial support to Persons with AIDS (PWA's) and their families. Issues that affect the psychosocial functioning of PWA's include coping with the stigma of Acquired immunodeficiency syndrome (AIDS), caused by Human immunodeficiency virus (HIV); helping minority families; coping with grief; and working with support groups. Recommendations to enhance psychosocial functioning include individual case management services, development of a range of therapy services and support groups, focus on day-to-day living, education of caregivers and the community, examination of legal and ethical issues, outreach programs, HIV-prevention programs, and training programs for social workers.

• **Coordination of Alcohol, Drug Abuse, and Mental Health Services**

Contact: National Clearinghouse for Alcohol and Drug Information, Substance Abuse and Mental Health Service Administration, PO Box 2345, Rockville, MD, 20852-2345, (301) 468-2600, http://www.health.org.

Summary: This report reviews the current knowledge about coordination of alcohol, drug, and mental health (ADM) services and describes the major models and mechanisms available for this purpose. The report presents recommendations regarding the process of developing coordinated ADM services. The report is organized into six chapters. Chapter 1 is a brief introduction, followed by a historical overview of previous attempts to coordinate services in chapter 2. Chapter 3 discusses multiple needs of
patients with ADM disorders that make it necessary to coordinate services for them. Chapter 4 defines coordination and provides some related concepts and working principles of services coordination. The core chapter of the report is chapter 5, which presents specific mechanisms and models of coordination and offers case examples to illustrate them. Chapter 6 presents recommendations for the future.

- **AIDS Activities of the Alcohol, Drug Abuse and Mental Health Administration**

  Contact: US Department of Health and Human Services, Public Health Service, Alcohol, Drug Abuse, and Mental Health Administration, 5600 Fishers Ln, Rockville, MD, 20857, (301) 443-2403.

  Summary: This report summarizes current research programs on improving the quality of drug abuse treatments and reducing risk for Human immunodeficiency virus (HIV) transmission in Intravenous drug users (IVDU’s) and their sexual partners. Research topics focus on neuroscience and behavior, HIV prevention, clinical manifestations, and pathogenesis.

- **AIDS: Mental Health Issues in the Workplace**

  Contact: Human Interaction Research Institute, Hispanic Initiative on Drug Abuse and AIDS Research and Technology Transfer, 1849 Sawtelle Blvd Ste 102, Los Angeles, CA, 90025, (310) 479-3028.

  Summary: This speech, by Dr. Thomas Becker, examines how American corporations are responding to Acquired immunodeficiency syndrome (AIDS) and Human immunodeficiency virus (HIV), and the role of mental health professionals in this response. It also discusses how mental health professionals can respond to AIDS in their own organizations.

  **The NLM Gateway**

  The NLM (National Library of Medicine) Gateway is a Web-based system that lets users search simultaneously in multiple retrieval systems at the U.S. National Library of Medicine (NLM). It allows users of NLM services to initiate searches from one Web interface, providing one-stop searching for many of NLM’s information resources or databases. To use the NLM Gateway, simply go to the search site at [http://gateway.nlm.nih.gov/gw/Cmd](http://gateway.nlm.nih.gov/gw/Cmd). Type “mental health” (or synonyms) into the search box and click “Search.” The results will be presented in a tabular form, indicating the number of references in each database category.

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17 The NLM Gateway is currently being developed by the Lister Hill National Center for Biomedical Communications (LHNCBC) at the National Library of Medicine (NLM) of the National Institutes of Health (NIH).
Results Summary

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HSTAT

HSTAT is a free, Web-based resource that provides access to full-text documents used in healthcare decision-making. These documents include clinical practice guidelines, quick-reference guides for clinicians, consumer health brochures, evidence reports and technology assessments from the Agency for Healthcare Research and Quality (AHRQ), as well as AHRQ’s Put Prevention Into Practice. Simply search by “mental health” (or synonyms) at the following Web site: http://text.nlm.nih.gov.

Coffee Break: Tutorials for Biologists

Coffee Break is a general healthcare site that takes a scientific view of the news and covers recent breakthroughs in biology that may one day assist physicians in developing treatments. Here you will find a collection of short reports on recent biological discoveries. Each report incorporates interactive tutorials that demonstrate how bioinformatics tools are used as a part of the research process. Currently, all Coffee Breaks are written by NCBI staff. Each report is about 400 words and is usually based on a discovery reported in one or more articles from recently published, peer-reviewed literature. This site has new articles every few weeks, so it can be considered an online magazine of sorts. It is intended for general background information. You can access the Coffee Break Web site at the following hyperlink: http://www.ncbi.nlm.nih.gov/Coffeebreak/.

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20 Other important documents in HSTAT include: the National Institutes of Health (NIH) Consensus Conference Reports and Technology Assessment Reports; the HIV/AIDS Treatment Information Service (ATIS) resource documents; the Substance Abuse and Mental Health Services Administration's Center for Substance Abuse Treatment (SAMHSA/CSAT) Treatment Improvement Protocols (TIP) and Center for Substance Abuse Prevention (SAMHSA/CSAP) Prevention Enhancement Protocols System (PEPS); the Public Health Service (PHS) Preventive Services Task Force's Guide to Clinical Preventive Services; the independent, nonfederal Task Force on Community Services' Guide to Community Preventive Services; and the Health Technology Advisory Committee (HTAC) of the Minnesota Health Care Commission (MHCC) health technology evaluations.


22 The figure that accompanies each article is frequently supplied by an expert external to NCBI, in which case the source of the figure is cited. The result is an interactive tutorial that tells a biological story.

23 After a brief introduction that sets the work described into a broader context, the report focuses on how a molecular understanding can provide explanations of observed biology and lead to therapies for diseases. Each vignette is accompanied by a figure and hypertext links that lead to a series of pages that interactively show how NCBI tools and resources are used in the research process.
Other Commercial Databases

In addition to resources maintained by official agencies, other databases exist that are commercial ventures addressing medical professionals. Here are some examples that may interest you:

- **CliniWeb International**: Index and table of contents to selected clinical information on the Internet; see [http://www.ohsu.edu/coliweb/](http://www.ohsu.edu/coliweb/).
- **Medical World Search**: Searches full text from thousands of selected medical sites on the Internet; see [http://www.mwsearch.com/](http://www.mwsearch.com/).

The Genome Project and Mental Health

In the following section, we will discuss databases and references which relate to the Genome Project and mental health.

**Online Mendelian Inheritance in Man (OMIM)**

The Online Mendelian Inheritance in Man (OMIM) database is a catalog of human genes and genetic disorders authored and edited by Dr. Victor A. McKusick and his colleagues at Johns Hopkins and elsewhere. OMIM was developed for the World Wide Web by the National Center for Biotechnology Information (NCBI). The database contains textual information, pictures, and reference information. It also contains copious links to NCBI’s Entrez database of MEDLINE articles and sequence information.

To search the database, go to [http://www.ncbi.nlm.nih.gov/Omim/searchomim.html](http://www.ncbi.nlm.nih.gov/Omim/searchomim.html). Type “mental health” (or synonyms) into the search box, and click “Submit Search.” If too many results appear, you can narrow the search by adding the word “clinical.” Each report will have additional links to related research and databases. In particular, the option “Database Links” will search across technical databases that offer an abundance of information. The following is an example of the results you can obtain from the OMIM for mental health:

- **Mental Health Wellness 1**

- **Mental Health Wellness 2**

**Genes and Disease (NCBI - Map)**

The Genes and Disease database is produced by the National Center for Biotechnology Information of the National Library of Medicine at the National Institutes of Health. This Web site categorizes each disorder by system of the body. Go to [http://www.ncbi.nlm.nih.gov/disease/](http://www.ncbi.nlm.nih.gov/disease/), and browse the system pages to have a full view of important conditions linked to human genes. Since this site is regularly updated, you may...

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wish to revisit it from time to time. The following systems and associated disorders are addressed:

- **Cancer**: Uncontrolled cell division. 

- **Immune System**: Fights invaders. 
  Examples: Asthma, autoimmune polyglandular syndrome, Crohn’s disease, DiGeorge syndrome, familial Mediterranean fever, immunodeficiency with Hyper-IgM, severe combined immunodeficiency.

- **Metabolism**: Food and energy. 
  Examples: Adreno-leukodystrophy, atherosclerosis, Best disease, Gaucher disease, glucose galactose malabsorption, gyrate atrophy, juvenile-onset diabetes, obesity, paroxysmal nocturnal hemoglobinuria, phenylketonuria, Refsum disease, Tangier disease, Tay-Sachs disease.

- **Muscle and Bone**: Movement and growth. 
  Examples: Duchenne muscular dystrophy, Ellis-van Creveld syndrome, Marfan syndrome, myotonic dystrophy, spinal muscular atrophy.

- **Nervous System**: Mind and body. 

- **Signals**: Cellular messages. 
  Examples: Ataxia telangiectasia, Cockayne syndrome, glaucoma, male-patterned baldness, SRY: sex determination, tuberous sclerosis, Waardenburg syndrome, Werner syndrome.

- **Transporters**: Pumps and channels. 
  Examples: Cystic fibrosis, deafness, diastrophic dysplasia, Hemophilia A, long-QT syndrome, Menkes syndrome, Pendred syndrome, polycystic kidney disease, sickle cell anemia, Wilson’s disease, Zellweger syndrome.

**Entrez**

Entrez is a search and retrieval system that integrates several linked databases at the National Center for Biotechnology Information (NCBI). These databases include nucleotide sequences, protein sequences, macromolecular structures, whole genomes, and MEDLINE through PubMed. Entrez provides access to the following databases:
Physician Resources 283

- **3D Domains**: Domains from Entrez Structure,

- **Books**: Online books,

- **Genome**: Complete genome assemblies,

- **NCBI’s Protein Sequence Information Survey Results**: 

- **Nucleotide Sequence Database (Genbank)**: 

- **OMIM**: Online Mendelian Inheritance in Man,

- **PopSet**: Population study data sets,

- **ProbeSet**: Gene Expression Omnibus (GEO),

- **Protein Sequence Database**:

- **PubMed**: Biomedical literature (PubMed),

- **Structure**: Three-dimensional macromolecular structures,

- **Taxonomy**: Organisms in GenBank,

To access the Entrez system at the National Center for Biotechnology Information, go to http://www.ncbi.nlm.nih.gov/entrez/query.fcgi?CMD=search&DB=genome, and then select the database that you would like to search. The databases available are listed in the drop box next to “Search.” Enter “mental health” (or synonyms) into the search box and click “Go.”

**Jablonski’s Multiple Congenital Anomaly/Mental Retardation (MCA/MR) Syndromes Database**

This online resource has been developed to facilitate the identification and differentiation of syndromic entities. Special attention is given to the type of information that is usually limited or completely omitted in existing reference sources due to space limitations of the printed form.


The Genome Database26

Established at Johns Hopkins University in Baltimore, Maryland in 1990, the Genome Database (GDB) is the official central repository for genomic mapping data resulting from the Human Genome Initiative. In the spring of 1999, the Bioinformatics Supercomputing Centre (BiSC) at the Hospital for Sick Children in Toronto, Ontario assumed the management of GDB. The Human Genome Initiative is a worldwide research effort focusing on structural analysis of human DNA to determine the location and sequence of the estimated 100,000 human genes. In support of this project, GDB stores and curates data generated by researchers worldwide who are engaged in the mapping effort of the Human Genome Project (HGP). GDB’s mission is to provide scientists with an encyclopedia of the human genome which is continually revised and updated to reflect the current state of scientific knowledge. Although GDB has historically focused on gene mapping, its focus will broaden as the Genome Project moves from mapping to sequence, and finally, to functional analysis.

To access the GDB, simply go to the following hyperlink: http://www.gdb.org/. Search “All Biological Data” by “Keyword.” Type “mental health” (or synonyms) into the search box, and review the results. If more than one word is used in the search box, then separate each one with the word “and” or “or” (using “or” might be useful when using synonyms).

26 Adapted from the Genome Database: http://gdbwww.gdb.org/gdb/aboutGDB.html - mission.
APPENDIX B. PATIENT RESOURCES

Overview

Official agencies, as well as federally funded institutions supported by national grants, frequently publish a variety of guidelines written with the patient in mind. These are typically called “Fact Sheets” or “Guidelines.” They can take the form of a brochure, information kit, pamphlet, or flyer. Often they are only a few pages in length. Since new guidelines on mental health can appear at any moment and be published by a number of sources, the best approach to finding guidelines is to systematically scan the Internet-based services that post them.

Patient Guideline Sources

The remainder of this chapter directs you to sources which either publish or can help you find additional guidelines on topics related to mental health. Due to space limitations, these sources are listed in a concise manner. Do not hesitate to consult the following sources by either using the Internet hyperlink provided, or, in cases where the contact information is provided, contacting the publisher or author directly.

The National Institutes of Health

The NIH gateway to patients is located at http://health.nih.gov/. From this site, you can search across various sources and institutes, a number of which are summarized below.

Topic Pages: MEDLINEplus

The National Library of Medicine has created a vast and patient-oriented healthcare information portal called MEDLINEplus. Within this Internet-based system are “health topic pages” which list links to available materials relevant to mental health. To access this system, log on to http://www.nlm.nih.gov/medlineplus/healthtopics.html. From there you can either search using the alphabetical index or browse by broad topic areas. Recently, MEDLINEplus listed the following when searched for “mental health”:
Guides on mental health

**Mental Health**

Other guides

**Bipolar Disorder**

**Child Mental Health**

Within the health topic page dedicated to mental health, the following was listed:

- **General/Overview**

  **Mental Health: Keeping Your Emotional Health**
  Source: American Academy of Family Physicians
  http://familydoctor.org/handouts/589.html

  **Mental Illness: An Interview with a Mayo Clinic Psychiatrist**
  Source: Mayo Foundation for Medical Education and Research
  http://www.mayoclinic.com/invoke.cfm?id=HQ01079

  **Overview of Mental Illness**
  Source: Surgeon General
  http://www.surgeongeneral.gov/library/mentalhealth/chapter2/sec2.html

- **Treatment**

  **Choosing the Right Mental Health Therapist**
  Source: Center for Mental Health Services

  **Medications**
  Source: National Institute of Mental Health
  http://www.nimh.nih.gov/publicat/medicate.cfm

  **Mental Illness: An Overview of Treatment Options**
  Source: Mayo Foundation for Medical Education and Research
  http://www.mayoclinic.com/invoke.cfm?id=MH00009

  **Psychosocial Treatments**
  Source: National Alliance for the Mentally Ill
  http://www.nami.org/Content/ContentGroups/Helpline1/Psychosocial_Treatments.htm

- **Alternative Therapy**

  **Alternative Approaches to Mental Health Care**
  Source: Center for Mental Health Services
  http://www.mentalhealth.org/publications//allpubs/ken98-0044/default.asp
• Coping

Source: Center for Mental Health Services

**Coping Tips for Siblings and Adult Children of Persons with Mental Illness**
Source: National Alliance for the Mentally Ill
http://www.nami.org/Content/ContentGroups/Helpline1/Coping_Tips_for_Siblings_and_Adult_Children_of_Persons_with_Mental_Illness.htm

**Maintaining Your Own Health: For Family Members of People with Brain Disorders**
Source: World Fellowship for Schizophrenia and Allied Disorders
http://www.world-schizophrenia.org/publications/07-health.html

**Mental Illness in the Family: How to Recognize Warning Signs and How to Cope**
Source: National Mental Health Association
http://www.nmha.org/infoctr/factsheets/11.cfm

**Support Groups Offer Understanding, Information**
Source: Mayo Foundation for Medical Education and Research
http://www.mayoclinic.com/invoke.cfm?id=MH00044

• Specific Conditions/Aspects

**Anniversary Reactions to a Traumatic Event: The Recovery Process Continues**
Source: Center for Mental Health Services
http://www.mentalhealth.org/publications/allpubs/NMH02-0140/default.asp

**Anti-Stigma: Do You Know the Facts?**
Source: Center for Mental Health Services

**Borderline Personality Disorder: Raising Questions, Finding Answers**
Source: National Institute of Mental Health
http://www.nimh.nih.gov/publicat/bpd.cfm

**Coexisting Severe Mental Disorders and Physical Illness**
Source: American Psychiatric Association
http://www.medem.com/medlb/article_detaillb.cfm?article_ID=ZZZUDUUCGID&sub_cat=625

**Dealing with the Effects of Trauma: A Self-Help Guide**
Source: Center for Mental Health Services
http://www.mentalhealth.org/publications/allpubs/SMA-3717/default.asp

**Gambling: When Is It a Problem?**
Source: American Academy of Family Physicians
http://familydoctor.org/handouts/498.html

**Homeless and Missing Mentally Ill: A Guide for Relatives**
Source: National Alliance for the Mentally Ill
Housing Options for People with Mental Illness
Source: Center for Mental Health Services

How to Pay for Mental Health Services
Source: Center for Mental Health Services
http://www.mentalhealth.org/publications//allpubs/ken98-0050/default.asp

Medicare and Your Mental Health Benefits
http://www.medicare.gov/Publications/Pubs/pdf/10184.pdf

Participant's Guide to Mental Health Clinical Research
Source: National Institute of Mental Health
http://www.nimh.nih.gov/studies/clinres.cfm

- Children

Learning From Your Child’s Teacher
Source: Center for Mental Health Services
http://www.mentalhealth.org/publications/allpubs/Ca-0031/default.asp

MEDLINEplus: Child Mental Health
Source: National Library of Medicine

School Bully Can Take a Toll on Your Child’s Mental Health
Source: Center for Mental Health Services
http://www.mentalhealth.org/publications/allpubs/Ca-0043/default.asp

- Latest News

Forgive for Good Health
Source: 10/29/2003, Reuters Health

Mental Illness Awareness Week: October 5-11, 2003
Source: 10/02/2003, Center for Mental Health Services
http://www.mentalhealth.org/highlights/october2003/awareness/

Negative Emotions May Mean Trouble for Heart
Source: 10/24/2003, Reuters Health

- Law and Policy

Dealing with the Criminal Justice System
Source: National Alliance for the Mentally Ill
http://www.nami.org/Content/ContentGroups/Helpline1/Dealing_with_the_Criminal_Justice_System.htm

Institutions for Mental Diseases (Medicaid)
Source: Centers for Medicare & Medicaid Services
http://cms.hhs.gov/medicaid/services/imd.asp
Know Your Rights
Source: Center for Mental Health Services

Mental Health Parity Act
Source: Centers for Medicare & Medicaid Services
http://cms.hhs.gov/hipaa/hipaa1/content/mhpa.asp

Social Security Benefits
Source: National Alliance for the Mentally Ill
http://www.nami.org/Content/ContentGroups/Helpline1/Social_Security_and_Disability_Benefits.htm

• Men

Pregnancy Pointers for Women with Psychiatric History
Source: National Alliance for the Mentally Ill
http://www.nami.org/Content/ContentGroups/Helpline1/Pregnancy_Pointers_for_Women_with_Psychiatric_History.htm

Premenstrual Dysphoric Disorder (PMDD)
Source: American Psychiatric Association

• Organizations

American Psychiatric Association
http://www.psych.org/

National Alliance for the Mentally Ill
http://www.nami.org/

National Institute of Mental Health
http://www.nimh.nih.gov/

National Mental Health Association
http://www.nmha.org/

Substance Abuse and Mental Health Services Administration
http://www.samhsa.gov/

• Research

Attention-Deficit/Hyperactivity Disorder in School-Aged Children: Association with Maternal Mental Health and Use of Health Care Resources
http://www.cdc.gov/ncbddd/factsheets/pediatrics/Pediatrics_ADHD.pdf

• Statistics

Eliminate Disparities in Mental Health
Source: Centers for Disease Control and Prevention, Office of Minority Health
http://www.cdc.gov/omh/AMH/factsheets/mental.htm

Epidemiology of Mental Illness
Source: Surgeon General
http://www.surgeongeneral.gov/Library/MentalHealth/chapter2/sec2_1.html
FASTATS: Mental Health
Source: National Center for Health Statistics
http://www.cdc.gov/nchs/fastats/mental.htm

Impact of Mental Illness on Society
Source: National Institute of Mental Health
http://www.nimh.nih.gov/publicat/burden.cfm

Numbers Count: Mental Disorders in America
Source: National Institute of Mental Health
http://www.nimh.nih.gov/publicat/numbers.cfm

Percent of Adults Aged 18 Years and Over Who Reported Experiencing Psychological Distress During the Past 30 Days: United States, 1997-2002
Source: National Center for Health Statistics
http://www.cdc.gov/nchs/about/major/nhis/released200212/figures13_1-13_3.htm

• Women

Pregnancy Pointers for Women with Psychiatric History
Source: National Alliance for the Mentally Ill
http://www.nami.org/Content/ContentGroups/Helpline1/Pregnancy_Pointers_for_Women_with_Psychiatric_History.htm

Premenstrual Dysphoric Disorder (PMDD)
Source: American Psychiatric Association

You may also choose to use the search utility provided by MEDLINEplus at the following Web address: http://www.nlm.nih.gov/medlineplus/. Simply type a keyword into the search box and click “Search.” This utility is similar to the NIH search utility, with the exception that it only includes materials that are linked within the MEDLINEplus system (mostly patient-oriented information). It also has the disadvantage of generating unstructured results. We recommend, therefore, that you use this method only if you have a very targeted search.

The Combined Health Information Database (CHID)

CHID Online is a reference tool that maintains a database directory of thousands of journal articles and patient education guidelines on mental health. CHID offers summaries that describe the guidelines available, including contact information and pricing. CHID’s general Web site is http://chid.nih.gov/. To search this database, go to http://chid.nih.gov/detail/detail.html. In particular, you can use the advanced search options to look up pamphlets, reports, brochures, and information kits. The following was recently posted in this archive:

• Mental Health Policy Resource Center

Contact: Available from Mental Health Policy Resource Center. 1730 Rhode Island Avenue, N.W., Suite 308, Washington, DC 20036. (202) 775-8826 or FAX (202) 659-7613. PRICE: Single copy free.

Summary: This brochure describes the Mental Health Policy Resource Center, a clearinghouse on mental health issues designed to serve individuals, organizations, and government agencies by providing information to be used in developing policy initiatives. The Center identifies and gathers information about issues of concern to the mental health field, such as aging and long term care, and maintains a library and database of materials on these topics. A computer system available to members can be used to locate materials or to communicate with other users.

- **Consent and confidentiality: Providing medical and mental health care services to minors in Minnesota: Legal guidelines for professionals**

  Source: Minneapolis, MN: Department of Pediatrics, Hennepin County Medical Center. 1996. 16 pp.

  Contact: Available from Department of Pediatrics, Hennepin County Medical Center, 701 Park Avenue, Minneapolis, MN 55415. Telephone: (612) 347-2671.

  Summary: This document provides a brief review of the laws that guide the provision of health care services to minors in the State of Minnesota. It is intended to: encourage providers to become knowledgeable about the legal rights of minors, serve as a tool to assist practitioners with decision-making, underscore the importance of confidentiality, and differentiate between sexual abuse and sexual assault. References and recommendations for further information are included.

- **Children's mental health needs, disparities, and school-based services: A fact sheet**


  Contact: Available from Center for Health and Health Care in Schools, 1350 Connecticut Avenue, Suite 505, Washington, DC 20036. Telephone: (202) 466-3396 / fax: (202) 466-3467 / e-mail: chhcs@gwu.edu / Web site: http://www.healthinschools.org. Available at no charge; also available from the Web site at no charge.

  Summary: This fact sheet describes the need for children's mental health services and the roles schools may play in the provision of such services. A bar chart gives statistics on child and youth receiving needed mental health service (by racial group). References are provided. The printed version has another fact sheet, on children's dental health needs and school-based services, on the back; the two fact sheets are available separately on the Web.

- **Sign Language Interpreters and the Medical/Mental Health Communities: Working Together**


  Contact: Available from Registry of Interpreters for the Deaf, Inc. 8719 Colesville Road, Suite 310, Silver Spring, MD 20910. Voice (301) 608-0050; TTY (301) 608-0562; Fax (301) 608-0508. PRICE: Single copy free.

  Summary: This fact sheet from the Registry of Interpreters for the Deaf (RID) is designed to help health care professionals become more aware of the role of the sign language interpreter and to facilitate this working relationship. Topics covered include a brief introduction to the field of sign language interpreting; interpreters in medical settings;
common myths and misunderstandings about interpreters; privacy issues; determining the best physical placement for the interpreter during medical procedures; mental health settings, including group therapy; the deaf medical/mental health professional; and confidentiality issues.

- **Child and adolescent mental health**
  
  
  Contact: Available from Association of State and Territorial Health Officials, 1275 K Street, N.W., Suite 800, Washington, DC 20005. Telephone: (202) 371-9090 / fax: (202) 371-9797 / e-mail: ghardy@astho.org / Web site: http://www.astho.org. Available at no charge; also available from the Web site at no charge.
  
  Summary: This guide for policymakers discusses the unmet mental health needs of children and adolescents and the urgent need to focus on improving and expanding mental health prevention and intervention programs and services. Topics include mental health needs throughout childhood and adolescence and the importance of mental health in preventing potential disease or disability. References and selected resources are provided. [Funded by the Maternal and Child Health Bureau].

- **School-based mental health programs resource packet = Focus on: School-based mental health programs**
  
  Source: Baltimore, MD: Center for School Mental Health Assistance, University of Maryland, Baltimore and Denver, CO: Office of School Health, University of Colorado. 1997. 36 pieces.
  
  Contact: Available from Center for School Mental Health Assistance, University of Maryland, 680 West Lexington Street, 10th Floor, Baltimore, MD 21201-1570. Telephone: (410) 706-0980 or (888) 706-0980 / fax: (410) 706-098 / e-mail: csmha@csmha.ab.umd.edu / Web site: http://csmha@csmha.umaryland.edu. $12.00 plus $3.00 shipping and handling.
  
  Summary: This information packet is a starter kit for those interested in setting up a school mental health program. The packet contains an overview of the school mental health movement, sections on program development, critical issues (cross cultural issues, family involvement, and interdisciplinary collaboration), common mental health concerns, a listing of resources, and a bibliography. [Funded in part by the Maternal and Child Health Bureau].

- **How Does Mental Health Affect HIV Prevention?**
  
  
  Summary: This information sheet discusses the relationship between mental health and the prevention of the human immunodeficiency virus (HIV)/acquired immune deficiency syndrome (AIDS). It explains how mental health issues affect the risk of HIV transmission; the factors that impact mental health, and what is being done and what should be done to address mental health issues as a part of HIV prevention.
• Promoting maternal mental health during pregnancy

  Contact: Available from University of Washington, School of Nursing, NCAST Box 357920, Seattle, WA 98195. Telephone: (206) 543-8528 / fax: (206) 685-3284 / e-mail: ncast@u.washington.edu / Web site: http://www.son.washington.edu. $69.95; plus $10.00 shipping and handling.

  Summary: This packet includes the following items: (1) a book titled Promoting Maternal Mental Health During Pregnancy: Theory, Practice and Intervention, by J. E. Solchany; (2) a plastic card titled Topics to Assess During Pregnancy; (3) a shrinkwrapped set of 56 intervention handouts and worksheets; (4) a pregnancy intervention tracking form; (5) a pregnancy assessment form; (6) recommendations for getting started, and (7) an order form. The materials are intended primarily for use by individuals with health training (e.g., physicians, midwives, nurses) and experience in the basic management of pregnancy and are designed to address emotional and psychological challenges new parents experience.

• HIV Risk and Mental Health: What's the Connection?

  Summary: This pamphlet explains the importance of mental health to the prevention of the human immunodeficiency virus (HIV)/acquired immunodeficiency syndrome (AIDS). The pamphlet discusses ways to help to prevent HIV, the role of mental health in HIV prevention, and how to cope effectively with negative or confusing emotions.

• Mental Health of the Elderly


  Summary: This pamphlet for the general public discusses mental health of the elderly from a psychiatric point of view. Statistics on mental illness and suicide among the elderly are listed, and psychiatric treatment encouraged. The pamphlet provides general descriptions of the symptoms of depression, dementia, pseudodementia, and Alzheimer's disease. 11 references.

• Improving children's mental health: The Bright Futures approach


  Summary: This participant's binder provides information from the Improving Children's Mental Health meeting held February 5, 2002 in Washington, DC. Topics include an overview of children's mental health; Bright Futures assessment and supervision in primary care; addressing children's mental health needs; innovations in
managed care for children's mental health; Bright Futures bridges, common psychosocial problems and mental health conditions in primary care practice; and an introduction to the Bright Futures in Practice Mental Health guide. Binder contents include: the meeting agenda; presentation materials; meeting faculty biographies; organizational information about the National Institute for Health Care Management Research and Educational Foundation, the Maternal and Child Health Bureau, and the National Center for Education in Maternal and Child Health; and an attendee listing. Other items include a draft meeting agenda and handouts from the University of Maryland School of Medicine and from Columbia University. [Funded by the Maternal and Child Health Bureau].

**The National Guideline Clearinghouse™**

The National Guideline Clearinghouse™ offers hundreds of evidence-based clinical practice guidelines published in the United States and other countries. You can search this site located at [http://www.guideline.gov/](http://www.guideline.gov/) by using the keyword “mental health” (or synonyms). The following was recently posted:

- **Major depression in adults for mental health care providers**
  Source: Institute for Clinical Systems Improvement - Private Nonprofit Organization; 1996 February (revised 2002 May); 43 pages

**Healthfinder™**

Healthfinder™ is sponsored by the U.S. Department of Health and Human Services and offers links to hundreds of other sites that contain healthcare information. This Web site is located at [http://www.healthfinder.gov](http://www.healthfinder.gov). Again, keyword searches can be used to find guidelines. The following was recently found in this database:

- **A Consumer's Guide to Mental Health Services**
  Summary: This page is a guide to locating mental health services. Many individuals who are looking for help for themselves or a loved one ask the same questions.
  Source: SAMHSA's National Mental Health Information Center, Center for Mental Health Services

- **A Family Guide To Keeping Youth Mentally Healthy and Drug Free**
  Summary: A Family Guide To Keeping Youth Mentally Healthy and Drug Free is a public education Web site developed by the Substance Abuse and Mental Health Services Administration (SAMHSA) to communicate to
  Source: Substance Abuse and Mental Health Services Administration, U.S. Department of Health and Human Services
- **Achieving the Promise: Transforming Mental Health Care in America (President's New Freedom Commission on Mental Health)**
  Summary: To transform the mental health care system, the Commission proposes a combination of goals and recommendations that together represent a strong plan for action.
  Source: President's New Freedom Commission on Mental Health
  http://www.healthfinder.gov/scripts/recordpass.asp?RecordType=0&RecordID=7642

- **American Indian and Alaska Native Women's Health: Substance Abuse/Mental Health**
  Summary: This page features links to information on drugs, tobacco, alcohol, and mental health.
  Source: Indian Health Service
  http://www.healthfinder.gov/scripts/recordpass.asp?RecordType=0&RecordID=6868

  Summary: Interested policymakers, professional and public groups can access this complete report from NAMHC, the National Institute of Mental Health's (NIMH) advisory body.
  Source: National Institute of Mental Health, National Institutes of Health
  http://www.healthfinder.gov/scripts/recordpass.asp?RecordType=0&RecordID=2075

- **Brain Basics: Sleep**
  Summary: This brochure presents a general overview of sleep and the effects of sleep on our daily functioning and our physical and mental health.
  Source: National Institute of Neurological Disorders and Stroke, National Institutes of Health
  http://www.healthfinder.gov/scripts/recordpass.asp?RecordType=0&RecordID=791

- **Calendar and Events - National Institute of Mental Health**
  Summary: This page offers up-to-date listings of upcoming conferences, events, national meetings, and national health observances related to the services and programs of the National Institute of Mental Health
  Source: National Institute of Mental Health, National Institutes of Health
  http://www.healthfinder.gov/scripts/recordpass.asp?RecordType=0&RecordID=1915
• **Calendar and Events - National Mental Health Services Knowledge Exchange Network**
  Summary: An interactive Calendar that allows you to search for local and national mental health events by keyword or date and submit events entries for the Calendar.
  Source: SAMHSA’s National Mental Health Information Center, Center for Mental Health Services
  http://www.healthfinder.gov/scripts/recordpass.asp?RecordType=0&RecordID=1916

• **Center for Mental Health Services**
  Summary: Discrimination and Stigma is not just the use of the wrong word or action. Stigma is about disrespect. It is the use of negative labels to identify a person living with mental illness.
  Source: Center for Mental Health Services, Substance Abuse and Mental Health Services Administration
  http://www.healthfinder.gov/scripts/recordpass.asp?RecordType=0&RecordID=6688

• **Center for Mental Services State Resource Guides**
  Summary: Consumers can use this resource to find information about mental health services in their states including admission, care, treatment, release, and patient follow-up in public or private psychiatric.
  Source: Center for Mental Health Services, Substance Abuse and Mental Health Services Administration
  http://www.healthfinder.gov/scripts/recordpass.asp?RecordType=0&RecordID=6221

• **Child and Adolescent Bipolar Disorder: An Update from the National Institute of Mental Health**
  Summary: Research findings, clinical experience, and family accounts provide substantial evidence that bipolar disorder, also called manic-depressive illness, can occur in children and adolescents.
  Source: National Institute of Mental Health, National Institutes of Health
  http://www.healthfinder.gov/scripts/recordpass.asp?RecordType=0&RecordID=6612

• **Child and Adolescent Violence Research at the NIMH**
  Summary: The NIMH has gathered information about risk factors, experiences, and processes that are related to the development of aggressive, antisocial, and violent behavior, including mental health problems.
  Source: National Institute of Mental Health, National Institutes of Health
  http://www.healthfinder.gov/scripts/recordpass.asp?RecordType=0&RecordID=6613
• **Children and Violence: Helping Children and Adolescents Cope With Violence and Disasters**

  Summary: The information in this publication is designed for parents, teachers, school counselors, and other mental health professionals whose responsibility is to assist children who have been victims of or

  Source: National Institute of Mental Health, National Institutes of Health

  http://www.healthfinder.gov/scripts/recordpass.asp?RecordType=0&RecordID=4475

• **Children's and Adolescents' Mental Health**

  Summary: In this fact sheet, 'Mental Health Problems' for children and adolescents refers to the range of all diagnosable emotional, behavioral, and mental disorders.

  Source: SAMHSA's National Mental Health Information Center, Center for Mental Health Services

  http://www.healthfinder.gov/scripts/recordpass.asp?RecordType=0&RecordID=5163

• **Children's and Adolescents' Mental Health Services Technical Assistance and Research Centers**

  Summary: A list of Technical Assistance, Research and Training Centers and Clearinghouses that are supported by the Center for Mental Health Services.

  Source: SAMHSA's National Mental Health Information Center, Center for Mental Health Services

  http://www.healthfinder.gov/scripts/recordpass.asp?RecordType=0&RecordID=5172

• **Choosing a Psychiatrist**

  Summary: This web site contains information about the role of a psychiatrist in mental health care as well as provides tips on what to look for when choosing a psychiatrist.

  Source: American Psychiatric Association

  http://www.healthfinder.gov/scripts/recordpass.asp?RecordType=0&RecordID=4886

• **Clinical Trials at the National Institute of Mental Health**

  Summary: Find out about new and ongoing mental health clinical research trials and what you and your health care provider need to know before making a decision to participate in a trial.

  Source: National Institute of Mental Health, National Institutes of Health

  http://www.healthfinder.gov/scripts/recordpass.asp?RecordType=0&RecordID=4473
• **Consumer Facts on Occupational Therapy**  
  Summary: Links to consumer health education information about occupational therapy and its usage in treating diseases, mental health, and other conditions and lifestyles.  
  Source: American Occupational Therapy Association  
  http://www.healthfinder.gov/scripts/recordpass.asp?RecordType=0&RecordID=4606

• **Depression in Children and Adolescents: A Fact Sheet for Physicians**  
  Summary: This fact sheet, prepared by the National Institute of Mental Health (NIMH), the lead Federal agency for research on mental disorders, summarizes some of the latest scientific findings on child and  
  Source: National Institute of Mental Health, National Institutes of Health  
  http://www.healthfinder.gov/scripts/recordpass.asp?RecordType=0&RecordID=6623

• **Emergency Services and Disaster Relief Program**  
  Summary: A program designed to protect the mental health of victims of major disasters and address the special needs of people with mental illness in times of disaster.  
  Source: Center for Mental Health Services, Substance Abuse and Mental Health Services Administration  
  http://www.healthfinder.gov/scripts/recordpass.asp?RecordType=0&RecordID=4937

• **Fact Sheet on Asian Americans/Pacific Islanders**  
  Summary: This fact sheet from Mental Health: Culture, Race and Ethnicity, a supplement to the Surgeon General's report on mental health, provides statistics on the mental health needs of Asian  
  Source: Office of the Surgeon General, U.S. Department of Health and Human Services  
  http://www.healthfinder.gov/scripts/recordpass.asp?RecordType=0&RecordID=7486

• **Family Guide to Systems of Care for Children with Mental Health Needs**  
  Source: SAMHSA's National Mental Health Information Center, Center for Mental Health Services  
  http://www.healthfinder.gov/scripts/recordpass.asp?RecordType=0&RecordID=5175

• **Find a Professional Therapist**  
  Summary: The Anxiety Disorders Association of America provides a list of its members who have identified themselves as mental health providers. For ease of use, these providers are listed geographically.  
  Source: Anxiety Disorders Association of America  
  http://www.healthfinder.gov/scripts/recordpass.asp?RecordType=0&RecordID=6815
• **Find a Therapist: International Directory and Referral Service**
  Summary: Browse this international database of mental health professionals -- psychiatrists, psychologists, social workers, marriage and family therapists, and pastoral counselors -- to find a qualified, 
  Source: Commercial Entity--Follow the Resource URL for More Information
  http://www.healthfinder.gov/scripts/recordpass.asp?RecordType=0&RecordID=5399

• **Focal Point**
  Summary: This is a semiannual bulletin published by the Research and Training Center on Family Support and Children's Mental Health.
  Source: Research and Training Center on Family Support and Children's Mental Health
  http://www.healthfinder.gov/scripts/recordpass.asp?RecordType=0&RecordID=7743

• **Glossary of Children's Mental Health Terms**
  Summary: This glossary contains terms used frequently when dealing with the mental health needs of children. The terms in this glossary describe ideal services.
  Source: SAMHSA's National Mental Health Information Center, Center for Mental Health Services
  http://www.healthfinder.gov/scripts/recordpass.asp?RecordType=0&RecordID=5164

• **Helpguide.org**
  Summary: Helpguide assists you in finding the best non-profit non-commercial links on the web focusing on mental health and aging well.
  Source: Nonprofit/Professional Entity--Follow the Resource URL for More Information
  http://www.healthfinder.gov/scripts/recordpass.asp?RecordType=0&RecordID=7078

• **Infertility Links**
  Summary: Links to national resources related to infertility, including sperm banks; newsgroups; adoption agencies; surrogacy information; multiple births; psychological/mental health issues; RESOLVE chapters;
  Source: RESOLVE
  http://www.healthfinder.gov/scripts/recordpass.asp?RecordType=0&RecordID=4310

• **Kids Mental Health Sites**
  Summary: Links the user to a choice of mental health-related private industry and government websites.
  Source: SAMHSA's National Mental Health Information Center, Center for Mental Health Services
  http://www.healthfinder.gov/scripts/recordpass.asp?RecordType=0&RecordID=5790
Learning from Your Child's Teacher
Summary: You know how your child behaves at home, but do you really know what he or she is like at school? A child’s mental health is an important factor in his or her ability to do well in school.
Source: SAMHSA’s National Mental Health Information Center, Center for Mental Health Services
http://www.healthfinder.gov/scripts/recordpass.asp?RecordType=0&RecordID=5178

Medicaid Rehabilitation Services
Summary: This article defines rehabilitative services and lists types of facilities, mental health services, and services to improve physical function.
Source: Centers for Medicare and Medicaid Services (CMS), formerly the Health Care Financing Administration
http://www.healthfinder.gov/scripts/recordpass.asp?RecordType=0&RecordID=476

Medications - Mental Health, Mental Illness
Summary: This booklet is designed to help people understand how and why drugs can be used as part of the treatment of mental health problems.
Source: National Institute of Mental Health, National Institutes of Health
http://www.healthfinder.gov/scripts/recordpass.asp?RecordType=0&RecordID=141

Mental Health and Aging Web Site
Summary: Mental health and aging services and resources for older adults and their families.
Source: Nonprofit/Professional Entity--Follow the Resource URL for More Information
http://www.healthfinder.gov/scripts/recordpass.asp?RecordType=0&RecordID=4146

Mental Health Games
Summary: Games, puzzles, and activities for young children who visit this mental health site.
Source: SAMHSA's National Mental Health Information Center, Center for Mental Health Services
http://www.healthfinder.gov/scripts/recordpass.asp?RecordType=0&RecordID=5789

Mental Health Links
Summary: Links to a select list of mental topics for which users can find information and resources online. Visit this site frequently to view updates to this listing.
Source: Center for Mental Health Services, Substance Abuse and Mental Health Services Administration
http://www.healthfinder.gov/scripts/recordpass.asp?RecordType=0&RecordID=5735
- **Mental Health Net --Self-help Resources Index**
  Summary: A comprehensive guide to online resources in self-help, covering many medical and health topics and listing Web sites, Mailing lists, and Newsgroups or discussion forums.
  Source: Commercial Entity--Follow the Resource URL for More Information
  http://www.healthfinder.gov/scripts/recordpass.asp?RecordType=0&RecordID=421

- **Mental Health Publications & Education Programs**
  Summary: Conference proceedings, consumer publications, and public education program materials on anxiety, attention deficit hyperactivity disorder, depression, panic disorder, learning disabilities, bipolar
  Source: National Institute of Mental Health, National Institutes of Health
  http://www.healthfinder.gov/scripts/recordpass.asp?RecordType=0&RecordID=358

- **Mental Health Services Locator**
  Summary: The CMHS Mental Health Services Locator allows users to choose a state from a U.S. map to select mental health statistics, resources, and services.
  Source: Center for Mental Health Services, Substance Abuse and Mental Health Services Administration
  http://www.healthfinder.gov/scripts/recordpass.asp?RecordType=0&RecordID=6324

- **Mental Health: A Report of the Surgeon General**
  Summary: A range of effective, well-documented treatments exist for most mental disorders, yet nearly half of all Americans who have a severe mental illness fail to seek treatment, according to the first-ever
  Source: Office of the Surgeon General, U.S. Department of Health and Human Services
  http://www.healthfinder.gov/scripts/recordpass.asp?RecordType=0&RecordID=4981

- **National Institute of Mental Health: Children and Violence Web Page**
  Summary: Links to fact sheets, policy statements and research reports from the National Institute of Mental Health and other federal offices on youth/children and violence.
  Source: National Institute of Mental Health, National Institutes of Health
  http://www.healthfinder.gov/scripts/recordpass.asp?RecordType=0&RecordID=6004

- **News Page - National Institute of Mental Health**
  Summary: This page provides the latest news releases, reports and announcements from this U.S. Department of Health and Human Services agency.
  Source: National Institute of Mental Health, National Institutes of Health
  http://www.healthfinder.gov/scripts/recordpass.asp?RecordType=0&RecordID=2829
• **News Page - National Mental Health Association**  
  Summary: Visit this site for current News and events related to this organization's services.  
  Source: National Mental Health Association  
  http://www.healthfinder.gov/scripts/recordpass.asp?RecordType=0&RecordID=1558

• **News Page - Substance Abuse and Mental Health Services Administration (SAMHSA)**  
  Summary: This page provides visitors with current news, events and announcements related to the services of this U.S. Department of Health and Human Services agency.  
  Source: Substance Abuse and Mental Health Services Administration, U.S. Department of Health and Human Services  
  http://www.healthfinder.gov/scripts/recordpass.asp?RecordType=0&RecordID=1765

• **News Room - National Mental Health Services Knowledge Exchange Network**  
  Summary: Current national news items with an emphasis on mental health and a link to press releases and announcements related to Substance Abuse and Mental Health Services Administration's (SAMHSA) programs  
  Source: SAMHSA's National Mental Health Information Center, Center for Mental Health Services  
  http://www.healthfinder.gov/scripts/recordpass.asp?RecordType=0&RecordID=1528

• **NIMH Women's Mental Health Consortium**  
  Summary: Here you will find regularly updated information on how the occurrence, treatment, and outcomes of mental illnesses differ between men and women, how the Consortium promotes research that takes these  
  Source: National Institute of Mental Health, National Institutes of Health  
  http://www.healthfinder.gov/scripts/recordpass.asp?RecordType=0&RecordID=6643

• **Promising Practices in Children's Mental Health**  
  Summary: A series of monographs (7) on practices in children's mental health -- children with emotional or behavioral disorders -- are available for downloading in PDF Adobe format or for ordering in print.  
  Source: Center for Effective Collaboration and Practice  
  http://www.healthfinder.gov/scripts/recordpass.asp?RecordType=0&RecordID=4409
- **Psychiatric Rehabilitation Journal**
  Summary: This journal publishes articles and book reviews from mental health and rehabilitation professionals, consumers, and family members.
  Source: Center for Psychiatric Rehabilitation
  http://www.healthfinder.gov/scripts/recordpass.asp?RecordType=0&RecordID=5935

- **Real Men. Real Depression.**
  Summary: The National Institute of Mental Health (NIMH) is reaching out to educate the public about depression in men through its Real Men. Real Depression. campaign.
  Source: National Institute of Mental Health, National Institutes of Health
  http://www.healthfinder.gov/scripts/recordpass.asp?RecordType=0&RecordID=7424

- **School Violence Prevention: Publications**
  Summary: The Center for Mental Health Services' (CMHS) initiative on school violence focuses on the collective involvement of families, communities, and schools to build resiliency to disruptive behavior.
  Source: Center for Mental Health Services, Substance Abuse and Mental Health Services Administration
  http://www.healthfinder.gov/scripts/recordpass.asp?RecordType=0&RecordID=5961

- **State Planning - Center for Mental Health Services (CMHS) Programs**
  Summary: Visit this site for details related to grants and funding programs available to states and community health departments involved in substance abuse and mental health services and programs.
  Source: SAMHSA's National Mental Health Information Center, Center for Mental Health Services
  http://www.healthfinder.gov/scripts/recordpass.asp?RecordType=0&RecordID=2084

- **Substance Abuse Facility Locator**
  Summary: The Substance Abuse and Mental Health Services Administration (SAMHSA) has provided this online service to help you locate a drug and alcohol abuse treatment program near you.
  Source: Substance Abuse and Mental Health Services Administration, U.S. Department of Health and Human Services
  http://www.healthfinder.gov/scripts/recordpass.asp?RecordType=0&RecordID=6225
• Suicide Research Consortium Page - National Institute of Mental Health
  Summary: The NIMH Suicide Research Consortium is comprised primarily of NIMH scientists across the Institute who also administer research grants.
  Source: National Institute of Mental Health, National Institutes of Health
  http://www.healthfinder.gov/scripts/recordpass.asp?RecordType=0&RecordID=1356

• Ten Tips for a Healthy Pregnancy
  Summary: Important advice for mothers-to-be on maintaining a healthy pregnancy through sensible food choices, mental health and other healthy behavior choices.
  Source: Lamaze International
  http://www.healthfinder.gov/scripts/recordpass.asp?RecordType=0&RecordID=2223

• Websites of Substance Abuse and/or Mental Health Agencies serving Asian Americans & Pacific Islanders
  Summary: This list includes state agencies serving Asian Americans and Pacific Islanders who may have substance abuse or mental health problems.
  Source: National Asian Pacific American Families Against Substance Abuse, Inc.
  http://www.healthfinder.gov/scripts/recordpass.asp?RecordType=0&RecordID=7281

• Women Hold Up Half the Sky: Women and Mental Health Research
  Summary: This 4-page fact sheet describes how mental illnesses affect women and men differently.
  Source: National Institute of Mental Health, National Institutes of Health
  http://www.healthfinder.gov/scripts/recordpass.asp?RecordType=0&RecordID=6635

• You and Mental Health: What's the Deal?
  Summary: This brochure is written for teens about various aspects of mental health issues.
  Source: SAMHSA's National Mental Health Information Center, Center for Mental Health Services
  http://www.healthfinder.gov/scripts/recordpass.asp?RecordType=0&RecordID=5162

• Your Child's Mental Health: What Every Family Should Know
  Summary: A brochure written for adults who care deeply about the life and health of a child. As parents and adult caregivers you are concerned about your children's physical safety and emotional well-being.
  Source: SAMHSA's National Mental Health Information Center, Center for Mental Health Services
  http://www.healthfinder.gov/scripts/recordpass.asp?RecordType=0&RecordID=5160
The NIH Search Utility

The NIH search utility allows you to search for documents on over 100 selected Web sites that comprise the NIH-WEB-SPACE. Each of these servers is “crawled” and indexed on an ongoing basis. Your search will produce a list of various documents, all of which will relate in some way to mental health. The drawbacks of this approach are that the information is not organized by theme and that the references are often a mix of information for professionals and patients. Nevertheless, a large number of the listed Web sites provide useful background information. We can only recommend this route, therefore, for relatively rare or specific disorders, or when using highly targeted searches. To use the NIH search utility, visit the following Web page: http://search.nih.gov/index.html.

Additional Web Sources

A number of Web sites are available to the public that often link to government sites. These can also point you in the direction of essential information. The following is a representative sample:

- **AOL**: http://search.aol.com/cat.adp?id=168&layer=&from=subcats
- **Family Village**: http://www.familyvillage.wisc.edu/specific.htm
- **Google**: http://directory.google.com/Top/Health/Conditions_and_Diseases/
- **Med Help International**: http://www.medhelp.org/HealthTopics/A.html
- **Open Directory Project**: http://dmoz.org/Health/Conditions_and_Diseases/
- **Yahoo.com**: http://dir.yahoo.com/Health/Diseases_and_Conditions/
- **WebMD® Health**: http://my.webmd.com/health_topics

Associations and Mental Health

The following is a list of associations that provide information on and resources relating to mental health:

- **Bazelon Center for Mental Health Law**
  Telephone: (202) 467-5730
  Fax: (202) 223-0409
  Email: info@bazelon.org
  Web Site: http://www.bazelon.org

Background: The Bazelon Center for Mental Health Law is a national not-for-profit organization that uses litigation and federal policy reform to define and uphold the legal rights of children, adults, and elderly individuals with mental disabilities and to create approaches to meeting their needs that will assure them choice and dignity. Staff attorneys provide training and technical assistance to legal services, protection and advocacy, state ombudsman programs, and other advocates for low income individuals and families. The Center was formed in 1972 as the Mental Health Law Project; however, its name was changed in 1993 to honor the late Chief Justice of the U.S. Court of Appeals of the District of Columbia Circuit, David L. Bazelon. The Center publishes issue papers, booklets, manuals, and periodic newsletters explaining and interpreting
major federal laws and regulations that protect the rights of and make resources available to children and adults with disabilities.

- **Canadian Mental Health Association**
  Telephone: (416) 484-7750  
  Fax: (416) 484-4617  
  Email: cmhanat@interlog.com  
  Web Site: http://www.cmha.ca  
  Background: The Canadian Mental Health Association (CMHA) is a national voluntary organization that is committed to promoting the mental health of all Canadians and addressing all aspects of mental health and mental illness. Founded in 1918, the Association currently has a division office in each province and territory in Canada as well as approximately 135 local branches in communities of all sizes throughout the country. CMHA's grassroots programs are meant to ensure that people with mental illness find the necessary help to cope with crisis, regain confidence, and return to their communities, families, and jobs. The Association combats mental health problems and emotional disorders by providing research and information services; sponsoring research projects; conducting workshops and seminars; and offering a variety of publications including a pamphlet series, a quarterly newsletter, and policy statements. In addition, the CMHA offers housing and employment services; sponsors public education campaigns for the community, including Canada's Mental Health Week; and provides peer support and recreation services for people affected by mental illness. The Association also acts as a social advocate to encourage public action and commitment to strengthening community mental health services, legislation, and policies affecting services.

- **Federation of Families for Children's Mental Health**
  Telephone: (703) 684-7710  
  Fax: (703) 836-1040  
  Email: ffcmh@ffcmh.org  
  Web Site: http://www.ffcmh.org  
  Background: The Federation of Families for Children's Mental Health is a not-for-profit, parent-run, advocacy organization focused on the needs of children and youth with emotional, behavioral, or mental disorders and their families. The Federation's mission is to provide leadership in the field of children's mental health and develop necessary human and financial resources to meet its goals. The Federation addresses the unique needs of children and youth with emotional, behavioral, or mental disorders from birth through the transition to adulthood. It works to ensure the rights to full citizenship, support, and access to community-based services for all affected children and their families. The Federation also seeks to provide information and engage in advocacy regarding research, prevention, early intervention, family support, education, transition services, and other services. Established in 1988, the Federation distributes a variety of educational materials including brochures, a philosophy statement, and a 'Principles on Family Support' statement.  
  Relevant area(s) of interest: Mental Health
- **Mental Health Foundation (UK)**
  
  Telephone: 0207 802 0300  
  Fax: 0207 802 0301  
  Email: mhf@mhf.org.uk  
  Web Site: http://www.mentalhealth.org.uk

  **Background:** The Mental Health Foundation is a not-for-profit organization in the United Kingdom that is concerned with all aspects of mental health, including mental illness and learning disabilities. Established in 1949, the Foundation is committed to pioneering new approaches to delivering services, treatment, and care that will help meet the needs of affected individuals and increase understanding of mental illness and learning disabilities. The Foundation works to fulfill its mission and objectives by regularly identifying and implementing major initiatives and working closely with health, housing, and social services agencies across the UK, professional bodies, research centers, the voluntary sector, and the government. Current programs include providing biomedical research grants that focus on bridging research knowledge of effective intervention and its use in practice, funding projects to work with parents affected by depression, and working in partnership with schools to promote a whole school approach to the mental health of children and young people. The Foundation also provides community health services including implementing a crisis services development initiative to develop alternatives to hospitals for people in a mental health crisis, conducting an annual crisis services conference, developing community mental health teams, and funding projects focusing on supported employment in non-mental health settings for people with a mental illness. The Mental Health Foundation has also established the Foundation for People with Learning Disabilities. This Foundation provides the 'Choice Initiative,' which is dedicated to providing assistance to people affected by severe, profound, and multiple learning disabilities. The Choice Initiative funds projects that help young people in the transition process and enable affected individuals to access employment opportunities. The Foundation for People with Learning Disabilities also offers a program that is dedicated to extending choice and opportunities for older people with learning disabilities. In addition, the Mental Health Foundation maintains a web site on the Internet and offers a variety of educational materials including information sheets, leaflets, and a directory.

- **National Mental Health Association**

  Telephone: (703) 684-7722 Toll-free: (800) 969-6642  
  Fax: (703) 684-5968  
  Email: infoctr@nmha.org  
  Web Site: http://www.nmha.org

  **Background:** Established in 1909, the National Mental Health Association (NMHA) is a not-for-profit advocacy organization that addresses the mental health needs of the 54 million Americans with mental health disorders. The Association, which has more than 340 affiliates across the country that work to meet the mental health needs of their communities. Activities include support groups, community outreach and education, information and referral programs, patient advocacy, and a wide array of other services. Nationally, the Association works with the media to keep the public informed about mental health and mental illness and with the Federal government to promote research and services for people with mental health problems. The Association also works with other major organizations to ensure that the nation's mental health needs are
understood and addressed. Services include fact sheet and pamphlet distribution; coordination of public education campaigns including May is **Mental Health** Month, Campaign for America's **Mental Health** and annual conference and providing healthcare reform training in local communities across the country. Educational materials distributed by the Association include quarterly newsletters entitled 'Prevention Update', 'Consumer Supporter News' and 'The Bell'.

Relevant area(s) of interest: Mental Health

**National Mental Health Consumer Self-Help Clearinghouse**

Telephone: Toll-free: (800) 553-4539  
Fax: (215) 636-6312  
Email: info@mhselfhelp.org  
Web Site: http://www.mhselfhelp.org  

Background: The National **Mental Health** Consumers' Self-Help Clearinghouse is a self-help technical assistance organization that was established in 1985. The Clearinghouse handles thousands of inquiries annually from people who are concerned with **mental health** issues. Clients include **mental health** care consumers, family members, professionals, and other interested people who request information and technical assistance about starting and developing self-help projects, self-advocacy projects, and consumer-run **mental health** services. The Clearinghouse also provides on-site consultations to individuals and groups interested in self-help group and consumer-run service development. In addition, the Clearinghouse sponsors conferences and training events and has developed a wide variety of printed pamphlets and manuals on issues related to developing self-help and self-advocacy projects. A national quarterly newsletter entitled 'The Key' provides assistance to consumers, their families, advocates, and physicians.

Relevant area(s) of interest: Mental Health

**World Federation for Mental Health**

Telephone: (703) 797-1956  
Fax: (703) 519-7648  
Email: wfmh@erols.com  
Web Site: http://www.wfmh.org  

Background: The World Federation for **Mental Health** (WFMH) is an international not-for-profit advocacy organization founded in 1948 to advance, among all peoples and nations, the prevention of mental and emotional disorders, the proper treatment and care of those with such disorders, and the promotion of **mental health**. The Federation's objectives include improving the quality of **mental health** services, reducing the stigma associated with mental and emotional disorders, and protecting the human rights of individuals defined as mentally ill. The WFMH is also committed to preventing mental and emotional illness, distress, and less than optimal function, both in general populations and in vulnerable groups that are at risk; identifying widespread **mental health** issues; and encouraging international, national, and local campaigns for public education. The Federation works to achieve its mission and goals through research conducted at collaborating centers associated with major universities, public education programs such as World **Mental Health** Day, consultation to the United Nations (UN) and its specialized agencies, and development of a regional structure for organization
project work at the community level. In addition, the WFMH’s Human Rights Committee is committed to disseminating UN Mental Health Principles, the World Mental Health Report, the Universal Declaration of Human Rights, and other related documents; planning, drafting, or assisting in the preparation of declarations, guidelines, or other national or international documents on the human rights of individuals with mental illness; investigating, identifying, and reporting on the abuse of the human rights of people with mental illness; and devising a system of monitoring the implementation of human rights principles and practice. The Committee is also dedicated to educating and supporting families of mentally ill individuals and promoting their participation in human rights enforcement; educating and supporting those who work with mentally ill individuals in any professional capacity; coordinating with other human rights organizations that are pursuing similar goals; and establishing a clearinghouse for related human rights organizations. The World Federation of Mental Health also regularly sponsors world congresses on mental health and participates in international symposia, conducts regional and local events, and has a web site on the Internet.

Finding Associations

There are several Internet directories that provide lists of medical associations with information on or resources relating to mental health. By consulting all of associations listed in this chapter, you will have nearly exhausted all sources for patient associations concerned with mental health.

The National Health Information Center (NHIC)

The National Health Information Center (NHIC) offers a free referral service to help people find organizations that provide information about mental health. For more information, see the NHIC’s Web site at http://www.health.gov/NHIC/ or contact an information specialist by calling 1-800-336-4797.

Directory of Health Organizations

The Directory of Health Organizations, provided by the National Library of Medicine Specialized Information Services, is a comprehensive source of information on associations. The Directory of Health Organizations database can be accessed via the Internet at http://www.sis.nlm.nih.gov/Dir/DirMain.html. It is composed of two parts: DIRLINE and Health Hotlines.

The DIRLINE database comprises some 10,000 records of organizations, research centers, and government institutes and associations that primarily focus on health and biomedicine. To access DIRLINE directly, go to the following Web site: http://dirline.nlm.nih.gov/. Simply type in “mental health” (or a synonym), and you will receive information on all relevant organizations listed in the database.

Health Hotlines directs you to toll-free numbers to over 300 organizations. You can access this database directly at http://www.sis.nlm.nih.gov/hotlines/. On this page, you are given the option to search by keyword or by browsing the subject list. When you have received
your search results, click on the name of the organization for its description and contact information.

The Combined Health Information Database

Another comprehensive source of information on healthcare associations is the Combined Health Information Database. Using the “Detailed Search” option, you will need to limit your search to “Organizations” and “mental health”. Type the following hyperlink into your Web browser: [http://chid.nih.gov/detail/detail.html](http://chid.nih.gov/detail/detail.html). To find associations, use the drop boxes at the bottom of the search page where “You may refine your search by.” For publication date, select “All Years." Then, select your preferred language and the format option “Organization Resource Sheet.” Type “mental health” (or synonyms) into the “For these words:" box. You should check back periodically with this database since it is updated every three months.

The National Organization for Rare Disorders, Inc.

The National Organization for Rare Disorders, Inc. has prepared a Web site that provides, at no charge, lists of associations organized by health topic. You can access this database at the following Web site: [http://www.rarediseases.org/search/orgsearch.html](http://www.rarediseases.org/search/orgsearch.html). Type “mental health” (or a synonym) into the search box, and click “Submit Query.”
APPENDIX C. FINDING MEDICAL LIBRARIES

Overview

In this Appendix, we show you how to quickly find a medical library in your area.

Preparation

Your local public library and medical libraries have interlibrary loan programs with the National Library of Medicine (NLM), one of the largest medical collections in the world. According to the NLM, most of the literature in the general and historical collections of the National Library of Medicine is available on interlibrary loan to any library. If you would like to access NLM medical literature, then visit a library in your area that can request the publications for you.27

Finding a Local Medical Library

The quickest method to locate medical libraries is to use the Internet-based directory published by the National Network of Libraries of Medicine (NN/LM). This network includes 4626 members and affiliates that provide many services to librarians, health professionals, and the public. To find a library in your area, simply visit http://nnlm.gov/members/adv.html or call 1-800-338-7657.

Medical Libraries in the U.S. and Canada

In addition to the NN/LM, the National Library of Medicine (NLM) lists a number of libraries with reference facilities that are open to the public. The following is the NLM’s list and includes hyperlinks to each library’s Web site. These Web pages can provide information on hours of operation and other restrictions. The list below is a small sample of

27 Adapted from the NLM: http://www.nlm.nih.gov/psd/cas/interlibrary.html.
libraries recommended by the National Library of Medicine (sorted alphabetically by name of the U.S. state or Canadian province where the library is located)\textsuperscript{28}:

- **Alabama**: Health InfoNet of Jefferson County (Jefferson County Library Cooperative, Lister Hill Library of the Health Sciences), \url{http://www.uab.edu/infonet/}
- **Alabama**: Richard M. Scrushy Library (American Sports Medicine Institute)
- **Arizona**: Samaritan Regional Medical Center: The Learning Center (Samaritan Health System, Phoenix, Arizona), \url{http://www.samaritan.edu/library/bannerlibs.htm}
- **California**: Kris Kelly Health Information Center (St. Joseph Health System, Humboldt), \url{http://www.humboldt1.com/~kkhic/index.html}
- **California**: Community Health Library of Los Gatos, \url{http://www.healthlib.org/orgresources.html}
- **California**: Consumer Health Program and Services (CHIPS) (County of Los Angeles Public Library, Los Angeles County Harbor-UCLA Medical Center Library) - Carson, CA, \url{http://www.colapublib.org/services/chips.html}
- **California**: Gateway Health Library (Sutter Gould Medical Foundation)
- **California**: Health Library (Stanford University Medical Center), \url{http://www-med.stanford.edu/healthlibrary/}
- **California**: Patient Education Resource Center - Health Information and Resources (University of California, San Francisco), \url{http://sfgdean.ucsf.edu/barnett/PERC/default.asp}
- **California**: Redwood Health Library (Petaluma Health Care District), \url{http://www.phcd.org/rwdlib.html}
- **California**: Los Gatos PlaneTree Health Library, \url{http://planetreesanjose.org/}
- **California**: Sutter Resource Library (Sutter Hospitals Foundation, Sacramento), \url{http://suttermedicalcenter.org/library/}
- **California**: Health Sciences Libraries (University of California, Davis), \url{http://www.lib.ucdavis.edu/healthsci/}
- **California**: ValleyCare Health Library & Ryan Comer Cancer Resource Center (ValleyCare Health System, Pleasanton), \url{http://gaelnet.stmarys-ca.edu/other.libs/gbal/east/vchl.html}
- **California**: Washington Community Health Resource Library (Fremont), \url{http://www.healthlibrary.org/}
- **Colorado**: William V. Gervasini Memorial Library (Exempla Healthcare), \url{http://www.saintjosephdenver.org/yourhealth/libraries/}
- **Connecticut**: Hartford Hospital Health Science Libraries (Hartford Hospital), \url{http://www.harthosp.org/library/}
- **Connecticut**: Healthnet: Connecticut Consumer Health Information Center (University of Connecticut Health Center, Lyman Maynard Stowe Library), \url{http://library.uchc.edu/departm/hnet/}

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\textsuperscript{28} Abstracted from \url{http://www.nlm.nih.gov/medlineplus/libraries.html}. 
- **Connecticut**: Waterbury Hospital Health Center Library (Waterbury Hospital, Waterbury), [http://www.waterburyhospital.com/library/consumer.shtml](http://www.waterburyhospital.com/library/consumer.shtml)
- **Delaware**: Consumer Health Library (Christiana Care Health System, Eugene du Pont Preventive Medicine & Rehabilitation Institute, Wilmington), [http://www.christianacare.org/health_guide/health_guide_pmrri_health_info.cfm](http://www.christianacare.org/health_guide/health_guide_pmrri_health_info.cfm)
- **Delaware**: Lewis B. Flinn Library (Delaware Academy of Medicine, Wilmington), [http://www.delamed.org/chls.html](http://www.delamed.org/chls.html)
- **Georgia**: Family Resource Library (Medical College of Georgia, Augusta), [http://cmc.mcg.edu/kids_families/fam_resources/fam_res_lib/frl.htm](http://cmc.mcg.edu/kids_families/fam_resources/fam_res_lib/frl.htm)
- **Georgia**: Health Resource Center (Medical Center of Central Georgia, Macon), [http://www.mccg.org/hrc/hrchome.asp](http://www.mccg.org/hrc/hrchome.asp)
- **Hawaii**: Hawaii Medical Library: Consumer Health Information Service (Hawaii Medical Library, Honolulu), [http://hml.org/CHIS/](http://hml.org/CHIS/)
- **Idaho**: DeArmond Consumer Health Library (Kootenai Medical Center, Coeur d’Alene), [http://www.nicon.org/DeArmond/index.htm](http://www.nicon.org/DeArmond/index.htm)
- **Illinois**: Health Learning Center of Northwestern Memorial Hospital (Chicago), [http://www.nmh.org/health_info/hlc.html](http://www.nmh.org/health_info/hlc.html)
- **Illinois**: Medical Library (OSF Saint Francis Medical Center, Peoria), [http://www.osfsaintfrancis.org/general/library/](http://www.osfsaintfrancis.org/general/library/)
- **Kentucky**: Medical Library - Services for Patients, Families, Students & the Public (Central Baptist Hospital, Lexington), [http://www.centralbap.com/education/community/library.cfm](http://www.centralbap.com/education/community/library.cfm)
- **Kentucky**: University of Kentucky - Health Information Library (Chandler Medical Center, Lexington), [http://www.mc.uky.edu/PatientEd/](http://www.mc.uky.edu/PatientEd/)
- **Louisiana**: Alton Ochsner Medical Foundation Library (Alton Ochsner Medical Foundation, New Orleans), [http://www.ochsner.org/library/](http://www.ochsner.org/library/)
- **Louisiana**: Louisiana State University Health Sciences Center Medical Library-Shreveport, [http://lib-sh.lsuhssc.edu/](http://lib-sh.lsuhssc.edu/)
- **Maine**: Franklin Memorial Hospital Medical Library (Franklin Memorial Hospital, Farmington), [http://www.fchn.org/fmh/lib.htm](http://www.fchn.org/fmh/lib.htm)
- **Maine**: Gerrish-True Health Sciences Library (Central Maine Medical Center, Lewiston), [http://www.cmmc.org/library/library.html](http://www.cmmc.org/library/library.html)
- **Maine**: Hadley Parrot Health Science Library (Eastern Maine Healthcare, Bangor), [http://www.emh.org/hll/hpl/guide.htm](http://www.emh.org/hll/hpl/guide.htm)
- **Maine**: Maine Medical Center Library (Maine Medical Center, Portland), [http://www.mmc.org/library/](http://www.mmc.org/library/)
- **Maine**: Parkview Hospital (Brunswick), [http://www.parkviewhospital.org/](http://www.parkviewhospital.org/)
- **Maine**: Southern Maine Medical Center Health Sciences Library (Southern Maine Medical Center, Biddeford), [http://www.smmc.org/services/service.php3?choice=10](http://www.smmc.org/services/service.php3?choice=10)
- **Maine**: Stephens Memorial Hospital’s Health Information Library (Western Maine Health, Norway), [http://www.wmhhc.org/Library/](http://www.wmhhc.org/Library/)
• **Manitoba, Canada:** Consumer & Patient Health Information Service (University of Manitoba Libraries), http://www.umanitoba.ca/libraries/units/health/reference/chis.html

• **Manitoba, Canada:** J.W. Crane Memorial Library (Deer Lodge Centre, Winnipeg), http://www.deerlodge.mb.ca/crane_library/about.asp

• **Maryland:** Health Information Center at the Wheaton Regional Library (Montgomery County, Dept. of Public Libraries, Wheaton Regional Library), http://www.mont.lib.md.us/healthinfo/hic.asp

• **Massachusetts:** Baystate Medical Center Library (Baystate Health System), http://www.baystatehealth.com/1024/

• **Massachusetts:** Boston University Medical Center Alumni Medical Library (Boston University Medical Center), http://med-libwww.bu.edu/library/lib.html

• **Massachusetts:** Lowell General Hospital Health Sciences Library (Lowell General Hospital, Lowell), http://www.lowellgeneral.org/library/HomePageLinkeds/WWW.htm

• **Massachusetts:** Paul E. Woodard Health Sciences Library (New England Baptist Hospital, Boston), http://www.nebh.org/health_lib.asp

• **Massachusetts:** St. Luke’s Hospital Health Sciences Library (St. Luke’s Hospital, Southcoast Health System, New Bedford), http://www.southcoast.org/library/

• **Massachusetts:** Treadwell Library Consumer Health Reference Center (Massachusetts General Hospital), http://www.mgh.harvard.edu/library/chrcindex.html

• **Massachusetts:** UMass HealthNet (University of Massachusetts Medical School, Worcester), http://healthnet.umassmed.edu/

• **Michigan:** Botsford General Hospital Library - Consumer Health (Botsford General Hospital, Library & Internet Services), http://www.botsfordlibrary.org/consumer.htm

• **Michigan:** Helen DeRoy Medical Library (Providence Hospital and Medical Centers), http://www.providence-hospital.org/library/

• **Michigan:** Marquette General Hospital - Consumer Health Library (Marquette General Hospital, Health Information Center), http://www.mgh.org/center.html

• **Michigan:** Patient Education Resource Center - University of Michigan Cancer Center (University of Michigan Comprehensive Cancer Center, Ann Arbor), http://www.cancer.med.umich.edu/learn/leares.htm

• **Michigan:** Sladen Library & Center for Health Information Resources - Consumer Health Information (Detroit), http://www.henryford.com/body.cfm?id=39330

• **Montana:** Center for Health Information (St. Patrick Hospital and Health Sciences Center, Missoula)

• **National:** Consumer Health Library Directory (Medical Library Association, Consumer and Patient Health Information Section), http://caphis.mlanet.org/directory/index.html

• **National:** National Network of Libraries of Medicine (National Library of Medicine) - provides library services for health professionals in the United States who do not have access to a medical library, http://nnlm.gov/

• **National:** NN/LM List of Libraries Serving the Public (National Network of Libraries of Medicine), http://nnlm.gov/members/
• **Nevada**: Health Science Library, West Charleston Library (Las Vegas-Clark County Library District, Las Vegas),
http://www.lvccld.org/special_collections/medical/index.htm

• **New Hampshire**: Dartmouth Biomedical Libraries (Dartmouth College Library, Hanover),
http://www.dartmouth.edu/~biomed/resources.htmlml/conshealth.htmlmld/

• **New Jersey**: Consumer Health Library (Rahway Hospital, Rahway),
http://www.rahwayhospital.com/library.htm

• **New Jersey**: Dr. Walter Phillips Health Sciences Library (Englewood Hospital and Medical Center, Englewood),
http://www.engagehospital.com/links/index.htm

• **New Jersey**: Meland Foundation (Englewood Hospital and Medical Center, Englewood),
http://www.geocities.com/ResearchTriangle/9360/

• **New York**: Choices in Health Information (New York Public Library) - NLM Consumer Pilot Project participant,
http://www.nypl.org/branch/health/links.html

• **New York**: Health Information Center (Upstate Medical University, State University of New York, Syracuse),
http://www.upstate.edu/library/hic/

• **New York**: Health Sciences Library (Long Island Jewish Medical Center, New Hyde Park),
http://www.lii.edu/library/library.html

• **New York**: ViaHealth Medical Library (Rochester General Hospital),
http://www.nyam.org/library/

• **Ohio**: Consumer Health Library (Akron General Medical Center, Medical & Consumer Health Library),
http://www.akrongeneral.org/hwlibrary.htm

• **Oklahoma**: The Health Information Center at Saint Francis Hospital (Saint Francis Health System, Tulsa),
http://www.sfh-tulsa.com/services/healthinfo.asp

• **Oregon**: Planetree Health Resource Center (Mid-Columbia Medical Center, The Dalles),
http://www.mcmc.net/phrc/

• **Pennsylvania**: Community Health Information Library (Milton S. Hershey Medical Center, Hershey),
http://www.hmc.psu.edu/commhealth/

• **Pennsylvania**: Community Health Resource Library (Geisinger Medical Center, Danville),
http://www.geisinger.edu/education/commlib.shtml

• **Pennsylvania**: HealthInfo Library (Moses Taylor Hospital, Scranton),
http://www.mth.org/healthwellness.html

• **Pennsylvania**: Hopwood Library (University of Pittsburgh, Health Sciences Library System, Pittsburgh),
http://www.hsls.pitt.edu/guides/chi/hopwood/index_html

• **Pennsylvania**: Koop Community Health Information Center (College of Physicians of Philadelphia),
http://www.collphyphil.org/kooppg1.shtml

• **Pennsylvania**: Learning Resources Center - Medical Library (Susquehanna Health System, Williamsport),
http://www.shscare.org/services/lrc/index.asp

• **Pennsylvania**: Medical Library (UPMC Health System, Pittsburgh),
http://www.upmc.edu/passavant/library.htm

• **Quebec, Canada**: Medical Library (Montreal General Hospital),
http://www.mghlib.mcgill.ca/
- **South Dakota**: Rapid City Regional Hospital Medical Library (Rapid City Regional Hospital), [http://www.rcrh.org/Services/Library/Default.asp](http://www.rcrh.org/Services/Library/Default.asp)
- **Texas**: Houston HealthWays (Houston Academy of Medicine-Texas Medical Center Library), [http://hhw.library.tmc.edu/](http://hhw.library.tmc.edu/)
- **Washington**: Community Health Library (Kittitas Valley Community Hospital), [http://www.kvch.com/](http://www.kvch.com/)
- **Washington**: Southwest Washington Medical Center Library (Southwest Washington Medical Center, Vancouver), [http://www.swmedicalcenter.com/body.cfm?id=72](http://www.swmedicalcenter.com/body.cfm?id=72)
ONLINE GLOSSARIES

The Internet provides access to a number of free-to-use medical dictionaries. The National Library of Medicine has compiled the following list of online dictionaries:

- ADAM Medical Encyclopedia (A.D.A.M., Inc.), comprehensive medical reference:  
- MedicineNet.com Medical Dictionary (MedicineNet, Inc.):  
- Merriam-Webster Medical Dictionary (Inteli-Health, Inc.):  
  http://www.intelihealth.com/IH/
- Multilingual Glossary of Technical and Popular Medical Terms in Eight European Languages (European Commission) - Danish, Dutch, English, French, German, Italian, Portuguese, and Spanish:  
  http://allserv.rug.ac.be/~rvdstick/eugloss/welcome.html
- On-line Medical Dictionary (CancerWEB):  
  http://cancerweb.ncl.ac.uk/omd/
- Rare Diseases Terms (Office of Rare Diseases):  
- Technology Glossary (National Library of Medicine) - Health Care Technology:  

Beyond these, MEDLINEplus contains a very patient-friendly encyclopedia covering every aspect of medicine (licensed from A.D.A.M., Inc.). The ADAM Medical Encyclopedia can be accessed at  
http://www.nlm.nih.gov/medlineplus/encyclopedia.html. ADAM is also available on commercial Web sites such as drkoop.com (http://www.drkoop.com/) and Web MD (http://my.webmd.com/adam/asset/adam_disease_articles/a_to_z/a).

Online Dictionary Directories

The following are additional online directories compiled by the National Library of Medicine, including a number of specialized medical dictionaries:

- Medical Dictionaries: Medical & Biological (World Health Organization):  
  http://www.who.int/hlth/virtuallibrary/English/diction.htm#Medical
- MEL-Michigan Electronic Library List of Online Health and Medical Dictionaries (Michigan Electronic Library):  
  http://mel.lib.mi.us/health/health-dictionaries.html
- Patient Education: Glossaries (DMOZ Open Directory Project):  
  http://dmoz.org/Health/Education/Patient_Education/Glossaries/
- Web of Online Dictionaries (Bucknell University):  
  http://www.yourdictionary.com/diction5.html#medicine
MENTAL HEALTH DICTIONARY

The definitions below are derived from official public sources, including the National Institutes of Health [NIH] and the European Union [EU].

1-Naphthylamine: A suspected industrial carcinogen (and listed as such by OSHA). Its N-hydroxy metabolite is strongly carcinogenic and mutagenic. [NIH]

Abdominal: Having to do with the abdomen, which is the part of the body between the chest and the hips that contains the pancreas, stomach, intestines, liver, gallbladder, and other organs. [NIH]

Abdominal Cramps: Abdominal pain due to spasmodic contractions of the bowel. [NIH]

Aberrant: Wandering or deviating from the usual or normal course. [EU]

Absenteeism: Chronic absence from work or other duty. [NIH]

Academic Medical Centers: Medical complexes consisting of medical school, hospitals, clinics, libraries, administrative facilities, etc. [NIH]

Accommodation: Adjustment, especially that of the eye for various distances. [EU]

Acculturation: Process of cultural change in which one group or members of a group assimilates various cultural patterns from another. [NIH]

Acetylcholine: A neurotransmitter. Acetylcholine in vertebrates is the major transmitter at neuromuscular junctions, autonomic ganglia, parasympathetic effector junctions, a subset of sympathetic effector junctions, and at many sites in the central nervous system. It is generally not used as an administered drug because it is broken down very rapidly by cholinesterases, but it is useful in some ophthalmological applications. [NIH]

Acetylcholinesterase: An enzyme that catalyzes the hydrolysis of acetylcholine to choline and acetate. In the CNS, this enzyme plays a role in the function of peripheral neuromuscular junctions. EC 3.1.1.7. [NIH]

Acquired Immunodeficiency Syndrome: An acquired defect of cellular immunity associated with infection by the human immunodeficiency virus (HIV), a CD4-positive T-lymphocyte count under 200 cells/microliter or less than 14% of total lymphocytes, and increased susceptibility to opportunistic infections and malignant neoplasms. Clinical manifestations also include emaciation (wasting) and dementia. These elements reflect criteria for AIDS as defined by the CDC in 1993. [NIH]

Actualization: Possibilities of realizing fully one's personal (e.g. intellectual) potential. [NIH]

Adaptation: 1. The adjustment of an organism to its environment, or the process by which it enhances such fitness. 2. The normal ability of the eye to adjust itself to variations in the intensity of light; the adjustment to such variations. 3. The decline in the frequency of firing of a neuron, particularly of a receptor, under conditions of constant stimulation. 4. In dentistry, (a) the proper fitting of a denture, (b) the degree of proximity and interlocking of restorative material to a tooth preparation, (c) the exact adjustment of bands to teeth. 5. In microbiology, the adjustment of bacterial physiology to a new environment. [EU]

Adjustment: The dynamic process wherein the thoughts, feelings, behavior, and biophysiological mechanisms of the individual continually change to adjust to the environment. [NIH]

Adolescence: The period of life beginning with the appearance of secondary sex characteristics and terminating with the cessation of somatic growth. The years usually
referred to as adolescence lie between 13 and 18 years of age. [NIH]

**Adolescent Psychiatry:** The medical science that deals with the origin, diagnosis, prevention, and treatment of mental disorders in individuals 13-18 years. [NIH]

**Adrenergic:** Activated by, characteristic of, or secreting epinephrine or substances with similar activity; the term is applied to those nerve fibres that liberate norepinephrine at a synapse when a nerve impulse passes, i.e., the sympathetic fibres. [EU]

**Adverse Effect:** An unwanted side effect of treatment. [NIH]

**Age of Onset:** The age or period of life at which a disease or the initial symptoms or manifestations of a disease appear in an individual. [NIH]

**Agoraphobia:** Obsessive, persistent, intense fear of open places. [NIH]

**Akathisia:** 1. A condition of motor restlessness in which there is a feeling of muscular quivering, an urge to move about constantly, and an inability to sit still, a common extrapyramidal side effect of neuroleptic drugs. 2. An inability to sit down because of intense anxiety at the thought of doing so. [EU]

**Alexia:** The inability to recognize or comprehend written or printed words. [NIH]

**Algorithms:** A procedure consisting of a sequence of algebraic formulas and/or logical steps to calculate or determine a given task. [NIH]

**Alkaloid:** A member of a large group of chemicals that are made by plants and have nitrogen in them. Some alkaloids have been shown to work against cancer. [NIH]

**Alpha Particles:** Positively charged particles composed of two protons and two neutrons, i.e., helium nuclei, emitted during disintegration of very heavy isotopes; a beam of alpha particles or an alpha ray has very strong ionizing power, but weak penetrability. [NIH]

**Alternative medicine:** Practices not generally recognized by the medical community as standard or conventional medical approaches and used instead of standard treatments. Alternative medicine includes the taking of dietary supplements, megadose vitamins, and herbal preparations; the drinking of special teas; and practices such as massage therapy, magnet therapy, spiritual healing, and meditation. [NIH]

**Amino acid:** Any organic compound containing an amino (-NH2) and a carboxyl (-COOH) group. The 20 a-amino acids listed in the accompanying table are the amino acids from which proteins are synthesized by formation of peptide bonds during ribosomal translation of messenger RNA; all except glycine, which is not optically active, have the L configuration. Other amino acids occurring in proteins, such as hydroxyproline in collagen, are formed by posttranslational enzymatic modification of amino acids residues in polypeptide chains. There are also several important amino acids, such as the neurotransmitter y-aminobutyric acid, that have no relation to proteins. Abbreviated AA. [EU]

**Amphetamines:** Analogs or derivatives of amphetamine. Many are sympathomimetics and central nervous system stimulators causing excitation, vasopression, bronchodilation, and to varying degrees, anorexia, analepsis, nasal decongestion, and some smooth muscle relaxation. [NIH]

**Amyloid:** A general term for a variety of different proteins that accumulate as extracellular fibrils of 7-10 nm and have common structural features, including a beta-pleated sheet conformation and the ability to bind such dyes as Congo red and thioflavine (Kandel, Schwartz, and Jessel, Principles of Neural Science, 3rd ed). [NIH]

**Anal:** Having to do with the anus, which is the posterior opening of the large bowel. [NIH]

**Anaphylatoxins:** The family of peptides C3a, C4a, C5a, and C5a des-arginine produced in the serum during complement activation. They produce smooth muscle contraction, mast
cell histamine release, affect platelet aggregation, and act as mediators of the local inflammatory process. The order of anaphylatoxin activity from strongest to weakest is C5a, C3a, C4a, and C5a des-arginine. The latter is the so-called "classical" anaphylatoxin but shows no spasmogenic activity though it contains some chemotactic ability. [NIH]

**Anatomical:** Pertaining to anatomy, or to the structure of the organism. [EU]

**Anthrax:** An acute bacterial infection caused by ingestion of bacillus organisms. Carnivores may become infected from ingestion of infected carcasses. It is transmitted to humans by contact with infected animals or contaminated animal products. The most common form in humans is cutaneous anthrax. [NIH]

**Anti-Anxiety Agents:** Agents that alleviate anxiety, tension, and neurotic symptoms, promote sedation, and have a calming effect without affecting clarity of consciousness or neurologic conditions. Some are also effective as anticonvulsants, muscle relaxants, or anesthesia adjuvants. Adrenergic beta-antagonists are commonly used in the symptomatic treatment of anxiety but are not included here. [NIH]

**Antibacterial:** A substance that destroys bacteria or suppresses their growth or reproduction. [EU]

**Antibiotic:** A drug used to treat infections caused by bacteria and other microorganisms. [NIH]

**Antibodies:** Immunoglobulin molecules having a specific amino acid sequence by virtue of which they interact only with the antigen that induced their synthesis in cells of the lymphoid series (especially plasma cells), or with an antigen closely related to it. [NIH]

**Antibody:** A type of protein made by certain white blood cells in response to a foreign substance (antigen). Each antibody can bind to only a specific antigen. The purpose of this binding is to help destroy the antigen. Antibodies can work in several ways, depending on the nature of the antigen. Some antibodies destroy antigens directly. Others make it easier for white blood cells to destroy the antigen. [NIH]

**Antidepressant:** A drug used to treat depression. [NIH]

**Antidepressive Agents:** Mood-stimulating drugs used primarily in the treatment of affective disorders and related conditions. Several monoamine oxidase inhibitors are useful as antidepressants apparently as a long-term consequence of their modulation of catecholamine levels. The tricyclic compounds useful as antidepressive agents also appear to act through brain catecholamine systems. A third group (antidepressive agents, second-generation) is a diverse group of drugs including some that act specifically on serotonergic systems. [NIH]

**Antiemetic:** An agent that prevents or alleviates nausea and vomiting. Also antinauseant. [EU]

**Antigen:** Any substance which is capable, under appropriate conditions, of inducing a specific immune response and of reacting with the products of that response, that is, with specific antibody or specifically sensitized T-lymphocytes, or both. Antigens may be soluble substances, such as toxins and foreign proteins, or particulate, such as bacteria and tissue cells; however, only the portion of the protein or polysaccharide molecule known as the antigenic determinant (q.v.) combines with antibody or a specific receptor on a lymphocyte. Abbreviated Ag. [EU]

**Antigen-Antibody Complex:** The complex formed by the binding of antigen and antibody molecules. The deposition of large antigen-antibody complexes leading to tissue damage causes immune complex diseases. [NIH]

**Antimicrobial:** Killing microorganisms, or suppressing their multiplication or growth. [EU]

**Antipsychotic:** Effective in the treatment of psychosis. Antipsychotic drugs (called also
neuroleptic drugs and major tranquilizers) are a chemically diverse (including phenothiazines, thioxanthenes, butyrophenones, dibenzoxazepines, dibenzodiazepines, and diphenylbutylpiperidines) but pharmacologically similar class of drugs used to treat schizophrenic, paranoid, schizoaffective, and other psychotic disorders; acute delirium and dementia, and manic episodes (during induction of lithium therapy); to control the movement disorders associated with Huntington's chorea, Gilles de la Tourette's syndrome, and ballismus; and to treat intractable hiccups and severe nausea and vomiting. Antipsychotic agents bind to dopamine, histamine, muscarinic cholinergic, α-adrenergic, and serotonin receptors. Blockade of dopaminergic transmission in various areas is thought to be responsible for their major effects: antipsychotic action by blockade in the mesolimbic and mesocortical areas; extrapyramidal side effects (dystonia, akathisia, parkinsonism, and tardive dyskinesia) by blockade in the basal ganglia; and antiemetic effects by blockade in the chemoreceptor trigger zone of the medulla. Sedation and autonomic side effects (orthostatic hypotension, blurred vision, dry mouth, nasal congestion and constipation) are caused by blockade of histamine, cholinergic, and adrenergic receptors. [EU]

**Antiviral:** Destroying viruses or suppressing their replication. [EU]

**Anus:** The opening of the rectum to the outside of the body. [NIH]

**Anxiety:** Persistent feeling of dread, apprehension, and impending disaster. [NIH]

**Anxiety Disorders:** Disorders in which anxiety (persistent feelings of apprehension, tension, or uneasiness) is the predominant disturbance. [NIH]

**Apathy:** Lack of feeling or emotion; indifference. [EU]

**Applicability:** A list of the commodities to which the candidate method can be applied as presented or with minor modifications. [NIH]

**Aptitude:** The ability to acquire general or special types of knowledge or skill. [NIH]

**Aqueous:** Having to do with water. [NIH]

**Area Health Education Centers:** Education centers authorized by the Comprehensive Health Manpower Training Act, 1971, for the training of health personnel in areas where health needs are the greatest. May be used for centers other than those established by the United States act. [NIH]

**Arterial:** Pertaining to an artery or to the arteries. [EU]

**Arteries:** The vessels carrying blood away from the heart. [NIH]

**Artery:** Vessel-carrying blood from the heart to various parts of the body. [NIH]

**Assay:** Determination of the amount of a particular constituent of a mixture, or of the biological or pharmacological potency of a drug. [EU]

**Astrocytes:** The largest and most numerous neuroglial cells in the brain and spinal cord. Astrocytes (from "star" cells) are irregularly shaped with many long processes, including those with "end feet" which form the glial (limiting) membrane and directly and indirectly contribute to the blood brain barrier. They regulate the extracellular ionic and chemical environment, and "reactive astrocytes" (along with microglia) respond to injury. Astrocytes have high-affinity transmitter uptake systems, voltage-dependent and transmitter-gated ion channels, and can release transmitter, but their role in signaling (as in many other functions) is not well understood. [NIH]

**Atypical:** Irregular; not conformable to the type; in microbiology, applied specifically to strains of unusual type. [EU]

**Autoimmune disease:** A condition in which the body recognizes its own tissues as foreign and directs an immune response against them. [NIH]
Autoimmunity: Process whereby the immune system reacts against the body's own tissues. Autoimmunity may produce or be caused by autoimmune diseases. [NIH]

Autonomic: Self-controlling; functionally independent. [EU]

Bacillus: A genus of Bacillaceae that are spore-forming, rod-shaped cells. Most species are saprophytic soil forms with only a few species being pathogenic. [NIH]

Bacteria: Unicellular prokaryotic microorganisms which generally possess rigid cell walls, multiply by cell division, and exhibit three principal forms: round or coccal, rodlike or bacillary, and spiral or spirochetal. [NIH]

Bacterial Physiology: Physiological processes and activities of bacteria. [NIH]

Bacterium: Microscopic organism which may have a spherical, rod-like, or spiral unicellular or non-cellular body. Bacteria usually reproduce through asexual processes. [NIH]

Basal Ganglia: Large subcortical nuclear masses derived from the telencephalon and located in the basal regions of the cerebral hemispheres. [NIH]

Basal Ganglia Diseases: Diseases of the basal ganglia including the putamen; globus pallidus; claustrum; amygdala; and caudate nucleus. Dyskinesias (most notably involuntary movements and alterations of the rate of movement) represent the primary clinical manifestations of these disorders. Common etiologies include cerebrovascular disease; neurodegenerative diseases; and craniocerebral trauma. [NIH]

Base: In chemistry, the nonacid part of a salt; a substance that combines with acids to form salts; a substance that dissociates to give hydroxide ions in aqueous solutions; a substance whose molecule or ion can combine with a proton (hydrogen ion); a substance capable of donating a pair of electrons (to an acid) for the formation of a coordinate covalent bond. [EU]

Behavioral Medicine: The interdisciplinary field concerned with the development and integration of behavioral and biomedical science, knowledge, and techniques relevant to health and illness and the application of this knowledge and these techniques to prevention, diagnosis, treatment, and rehabilitation. [NIH]

Behavioral Symptoms: Observable manifestations of impaired psychological functioning. [NIH]

Benchmarking: Method of measuring performance against established standards of best practice. [NIH]

Bereavement: Refers to the whole process of grieving and mourning and is associated with a deep sense of loss and sadness. [NIH]

Beta-pleated: Particular three-dimensional pattern of amyloidoses. [NIH]

Biochemical: Relating to biochemistry; characterized by, produced by, or involving chemical reactions in living organisms. [EU]

Biotechnology: Body of knowledge related to the use of organisms, cells or cell-derived constituents for the purpose of developing products which are technically, scientifically and clinically useful. Alteration of biologic function at the molecular level (i.e., genetic engineering) is a central focus; laboratory methods used include transfection and cloning technologies, sequence and structure analysis algorithms, computer databases, and gene and protein structure function analysis and prediction. [NIH]

Bioterrorism: The use of biological agents in terrorism. This includes the malevolent use of bacteria, viruses, or toxins against people, animals, or plants. [NIH]

Bipolar Disorder: A major affective disorder marked by severe mood swings (manic or major depressive episodes) and a tendency to remission and recurrence. [NIH]

Bladder: The organ that stores urine. [NIH]
Blood Platelets: Non-nucleated disk-shaped cells formed in the megakaryocyte and found in the blood of all mammals. They are mainly involved in blood coagulation. [NIH]

Blood pressure: The pressure of blood against the walls of a blood vessel or heart chamber. Unless there is reference to another location, such as the pulmonary artery or one of the heart chambers, it refers to the pressure in the systemic arteries, as measured, for example, in the forearm. [NIH]

Blood vessel: A tube in the body through which blood circulates. Blood vessels include a network of arteries, arterioles, capillaries, venules, and veins. [NIH]

Bone scan: A technique to create images of bones on a computer screen or on film. A small amount of radioactive material is injected into a blood vessel and travels through the bloodstream; it collects in the bones and is detected by a scanner. [NIH]

Bowel: The long tube-shaped organ in the abdomen that completes the process of digestion. There is both a small and a large bowel. Also called the intestine. [NIH]

Bowel Movement: Body wastes passed through the rectum and anus. [NIH]

Brachiocephalic Veins: Large veins on either side of the root of the neck formed by the junction of the internal jugular and subclavian veins. They drain blood from the head, neck, and upper extremities, and unite to form the superior vena cava. [NIH]

Branch: Most commonly used for branches of nerves, but applied also to other structures. [NIH]

Buccal: Pertaining to or directed toward the cheek. In dental anatomy, used to refer to the buccal surface of a tooth. [EU]

Budgets: Detailed financial plans for carrying out specific activities for a certain period of time. They include proposed income and expenditures. [NIH]

Calcium: A basic element found in nearly all organized tissues. It is a member of the alkaline earth family of metals with the atomic symbol Ca, atomic number 20, and atomic weight 40. Calcium is the most abundant mineral in the body and combines with phosphorus to form calcium phosphate in the bones and teeth. It is essential for the normal functioning of nerves and muscles and plays a role in blood coagulation (as factor IV) and in many enzymatic processes. [NIH]

Cannabis: The hemp plant Cannabis sativa. Products prepared from the dried flowering tops of the plant include marijuana, hashish, bhang, and ganja. [NIH]

Capital Punishment: The use of the death penalty for certain crimes. [NIH]

Carcinogen: Any substance that causes cancer. [NIH]

Carcinogenic: Producing carcinoma. [EU]

Cardiovascular: Having to do with the heart and blood vessels. [NIH]

Cardiovascular disease: Any abnormal condition characterized by dysfunction of the heart and blood vessels. CVD includes atherosclerosis (especially coronary heart disease, which can lead to heart attacks), cerebrovascular disease (e.g., stroke), and hypertension (high blood pressure). [NIH]

Catecholamine: A group of chemical substances manufactured by the adrenal medulla and secreted during physiological stress. [NIH]

Catheter: A flexible tube used to deliver fluids into or withdraw fluids from the body. [NIH]

Causal: Pertaining to a cause; directed against a cause. [EU]

Cell: The individual unit that makes up all of the tissues of the body. All living things are made up of one or more cells. [NIH]
Central Nervous System: The main information-processing organs of the nervous system, consisting of the brain, spinal cord, and meninges. [NIH]

Cerebral: Of or pertaining to the cerebrum or the brain. [EU]

Cerebral Palsy: Refers to a motor disability caused by a brain dysfunction. [NIH]

Cerebrovascular: Pertaining to the blood vessels of the cerebrum, or brain. [EU]

Cerebrum: The largest part of the brain. It is divided into two hemispheres, or halves, called the cerebral hemispheres. The cerebrum controls muscle functions of the body and also controls speech, emotions, reading, writing, and learning. [NIH]

Cervix: The lower, narrow end of the uterus that forms a canal between the uterus and vagina. [NIH]

Character: In current usage, approximately equivalent to personality. The sum of the relatively fixed personality traits and habitual modes of response of an individual. [NIH]

Chemoreceptor: A receptor adapted for excitation by chemical substances, e.g., olfactory and gustatory receptors, or a sense organ, as the carotid body or the aortic (supracardial) bodies, which is sensitive to chemical changes in the blood stream, especially reduced oxygen content, and reflexly increases both respiration and blood pressure. [EU]

Chemotactic Factors: Chemical substances that attract or repel cells or organisms. The concept denotes especially those factors released as a result of tissue injury, invasion, or immunologic activity, that attract leukocytes, macrophages, or other cells to the site of infection or insult. [NIH]

Child Behavior: Any observable response or action of a child from 24 months through 12 years of age. For neonates or children younger than 24 months, infant behavior is available. [NIH]

Child Care: Care of children in the home or institution. [NIH]

Child Welfare: Organized efforts by communities or organizations to improve the health and well-being of the child. [NIH]

Chin: The anatomical frontal portion of the mandible, also known as the mentum, that contains the line of fusion of the two separate halves of the mandible (symphysis menti). This line of fusion divides inferiorly to enclose a triangular area called the mental protuberance. On each side, inferior to the second premolar tooth, is the mental foramen for the passage of blood vessels and a nerve. [NIH]

Chiropractic: A system of treating bodily disorders by manipulation of the spine and other parts, based on the belief that the cause is the abnormal functioning of a nerve. [NIH]

Choline: A basic constituent of lecithin that is found in many plants and animal organs. It is important as a precursor of acetylcholine, as a methyl donor in various metabolic processes, and in lipid metabolism. [NIH]

Cholinergic: Resembling acetylcholine in pharmacological action; stimulated by or releasing acetylcholine or a related compound. [EU]

Cholinesterase Inhibitors: Drugs that inhibit cholinesterases. The neurotransmitter acetylcholine is rapidly hydrolyzed, and thereby inactivated, by cholinesterases. When cholinesterases are inhibited, the action of endogenously released acetylcholine at cholinergic synapses is potentiated. Cholinesterase inhibitors are widely used clinically for their potentiation of cholinergic inputs to the gastrointestinal tract and urinary bladder, the eye, and skeletal muscles; they are also used for their effects on the heart and the central nervous system. [NIH]

Chorea: Involuntary, forcible, rapid, jerky movements that may be subtle or become
confluent, markedly altering normal patterns of movement. Hypotonia and pendular reflexes are often associated. Conditions which feature recurrent or persistent episodes of chorea as a primary manifestation of disease are referred to as choreatic disorders. Chorea is also a frequent manifestation of basal ganglia diseases. [NIH]

**Chromosomal:** Pertaining to chromosomes. [EU]

**Chromosome:** Part of a cell that contains genetic information. Except for sperm and eggs, all human cells contain 46 chromosomes. [NIH]

**Chronic:** A disease or condition that persists or progresses over a long period of time. [NIH]

**Chronic Disease:** Disease or ailment of long duration. [NIH]

**Chronic Fatigue Syndrome:** Fatigue caused by the combined effects of different types of prolonged fatigue. [NIH]

**CIS:** Cancer Information Service. The CIS is the National Cancer Institute's link to the public, interpreting and explaining research findings in a clear and understandable manner, and providing personalized responses to specific questions about cancer. Access the CIS by calling 1-800-4-CANCER, or by using the Web site at http://cis.nci.nih.gov. [NIH]

**Civil Rights:** Legal guarantee protecting the individual from attack on personal liberties, right to fair trial, right to vote, and freedom from discrimination on the basis of race, religion, national origin, age, or gender. [NIH]

**Clinical Medicine:** The study and practice of medicine by direct examination of the patient. [NIH]

**Clinical trial:** A research study that tests how well new medical treatments or other interventions work in people. Each study is designed to test new methods of screening, prevention, diagnosis, or treatment of a disease. [NIH]

**Cloning:** The production of a number of genetically identical individuals; in genetic engineering, a process for the efficient replication of a great number of identical DNA molecules. [NIH]

**Coca:** Any of several South American shrubs of the Erythroxylon genus (and family) that yield cocaine; the leaves are chewed with alum for CNS stimulation. [NIH]

**Cocaine:** An alkaloid ester extracted from the leaves of plants including coca. It is a local anesthetic and vasoconstrictor and is clinically used for that purpose, particularly in the eye, ear, nose, and throat. It also has powerful central nervous system effects similar to the amphetamines and is a drug of abuse. Cocaine, like amphetamines, acts by multiple mechanisms on brain catecholaminergic neurons; the mechanism of its reinforcing effects is thought to involve inhibition of dopamine uptake. [NIH]

**Cofactor:** A substance, microorganism or environmental factor that activates or enhances the action of another entity such as a disease-causing agent. [NIH]

**Cognition:** Intellectual or mental process whereby an organism becomes aware of or obtains knowledge. [NIH]

**Cognitive restructuring:** A method of identifying and replacing fear-promoting, irrational beliefs with more realistic and functional ones. [NIH]

**Cognitive Therapy:** A direct form of psychotherapy based on the interpretation of situations (cognitive structure of experiences) that determine how an individual feels and behaves. It is based on the premise that cognition, the process of acquiring knowledge and forming beliefs, is a primary determinant of mood and behavior. The therapy uses behavioral and verbal techniques to identify and correct negative thinking that is at the root of the aberrant behavior. [NIH]
**Cohort Effect**: Variation in health status arising from different causal factors to which each birth cohort in a population is exposed as environment and society change. [NIH]

**Combination Therapy**: Association of 3 drugs to treat AIDS (AZT + DDC or DDI + protease inhibitor). [NIH]

**Communicable disease**: A disease that can be transmitted by contact between persons. [NIH]

**Community Health Services**: Diagnostic, therapeutic and preventive health services provided for individuals in the community. [NIH]

**Community Mental Health Centers**: Facilities which administer the delivery of psychologic and psychiatric services to people living in a neighborhood or community. [NIH]

**Community Mental Health Services**: Diagnostic, therapeutic, and preventive mental health services provided for individuals in the community. [NIH]

**Comorbidity**: The presence of co-existing or additional diseases with reference to an initial diagnosis or with reference to the index condition that is the subject of study. Comorbidity may affect the ability of affected individuals to function and also their survival; it may be used as a prognostic indicator for length of hospital stay, cost factors, and outcome or survival. [NIH]

**Competency**: The capacity of the bacterium to take up DNA from its surroundings. [NIH]

**Complement**: A term originally used to refer to the heat-labile factor in serum that causes immune cytolysis, the lysis of antibody-coated cells, and now referring to the entire functionally related system comprising at least 20 distinct serum proteins that is the effector not only of immune cytolysis but also of other biologic functions. Complement activation occurs by two different sequences, the classic and alternative pathways. The proteins of the classic pathway are termed 'components of complement' and are designated by the symbols C1 through C9. C1 is a calcium-dependent complex of three distinct proteins C1q, C1r and C1s. The proteins of the alternative pathway (collectively referred to as the properdin system) and complement regulatory proteins are known by semisystematic or trivial names. Fragments resulting from proteolytic cleavage of complement proteins are designated with lower-case letter suffixes, e.g., C3a. Inactivated fragments may be designated with the suffix 'i', e.g. C3bi. Activated components or complexes with biological activity are designated by a bar over the symbol e.g. C1 or C4b,2a. The classic pathway is activated by the binding of C1 to classic pathway activators, primarily antigen-antibody complexes containing IgM, IgG1, IgG3; C1q binds to a single IgM molecule or two adjacent IgG molecules. The alternative pathway can be activated by IgA immune complexes and also by nonimmunologic materials including bacterial endotoxins, microbial polysaccharides, and cell walls. Activation of the classic pathway triggers an enzymatic cascade involving C1, C4, C2 and C3; activation of the alternative pathway triggers a cascade involving C3 and factors B, D and P. Both result in the cleavage of C5 and the formation of the membrane attack complex. Complement activation also results in the formation of many biologically active complement fragments that act as anaphylatoxins, opsonins, or chemotactic factors. [EU]

**Complementary and alternative medicine**: CAM. Forms of treatment that are used in addition to (complementary) or instead of (alternative) standard treatments. These practices are not considered standard medical approaches. CAM includes dietary supplements, megadose vitamins, herbal preparations, special teas, massage therapy, magnet therapy, spiritual healing, and meditation. [NIH]

**Complementary medicine**: Practices not generally recognized by the medical community as standard or conventional medical approaches and used to enhance or complement the standard treatments. Complementary medicine includes the taking of dietary supplements, megadose vitamins, and herbal preparations; the drinking of special teas; and practices such
as massage therapy, magnet therapy, spiritual healing, and meditation. [NIH]

Compliance: Distensibility measure of a chamber such as the lungs (lung compliance) or bladder. Compliance is expressed as a change in volume per unit change in pressure. [NIH]

Compulsions: In psychology, an irresistible urge, sometimes amounting to obsession to perform a particular act which usually is carried out against the performer's will or better judgment. [NIH]

Computational Biology: A field of biology concerned with the development of techniques for the collection and manipulation of biological data, and the use of such data to make biological discoveries or predictions. This field encompasses all computational methods and theories applicable to molecular biology and areas of computer-based techniques for solving biological problems including manipulation of models and datasets. [NIH]

Computed tomography: CT scan. A series of detailed pictures of areas inside the body, taken from different angles; the pictures are created by a computer linked to an x-ray machine. Also called computerized tomography and computerized axial tomography (CAT) scan. [NIH]

Concomitant: Accompanying; accessory; joined with another. [EU]

Confounding: Extraneous variables resulting in outcome effects that obscure or exaggerate the "true" effect of an intervention. [NIH]

Congestion: Excessive or abnormal accumulation of blood in a part. [EU]

Consciousness: Sense of awareness of self and of the environment. [NIH]

Constipation: Infrequent or difficult evacuation of feces. [NIH]

Constriction: The act of constricting. [NIH]

Consultation: A deliberation between two or more physicians concerning the diagnosis and the proper method of treatment in a case. [NIH]

Consumer Participation: Community or individual involvement in the decision-making process. [NIH]

Consumer Satisfaction: Customer satisfaction or dissatisfaction with a benefit or service received. [NIH]

Consumption: Pulmonary tuberculosis. [NIH]

Continuum: An area over which the vegetation or animal population is of constantly changing composition so that homogeneous, separate communities cannot be distinguished. [NIH]

Contraindications: Any factor or sign that it is unwise to pursue a certain kind of action or treatment, e.g. giving a general anesthetic to a person with pneumonia. [NIH]

Controlled study: An experiment or clinical trial that includes a comparison (control) group. [NIH]

Coordination: Muscular or motor regulation or the harmonious cooperation of muscles or groups of muscles, in a complex action or series of actions. [NIH]

Coronary: Encircling in the manner of a crown; a term applied to vessels; nerves, ligaments, etc. The term usually denotes the arteries that supply the heart muscle and, by extension, a pathologic involvement of them. [EU]

Coronary heart disease: A type of heart disease caused by narrowing of the coronary arteries that feed the heart, which needs a constant supply of oxygen and nutrients carried by the blood in the coronary arteries. When the coronary arteries become narrowed or clogged by fat and cholesterol deposits and cannot supply enough blood to the heart, CHD results. [NIH]
**Coronary Thrombosis:** Presence of a thrombus in a coronary artery, often causing a myocardial infarction. [NIH]

**Cost Savings:** Reductions in all or any portion of the costs of providing goods or services. Savings may be incurred by the provider or the consumer. [NIH]

**Cost-benefit:** A quantitative technique of economic analysis which, when applied to radiation practice, compares the health detriment from the radiation doses concerned with the cost of radiation dose reduction in that practice. [NIH]

**Criminology:** The study of crime and criminals with special reference to the personality factors and social conditions leading toward, or away from crime. [NIH]

**Curative:** Tending to overcome disease and promote recovery. [NIH]

**Cutaneous:** Having to do with the skin. [NIH]

**Cytogenetics:** A branch of genetics which deals with the cytological and molecular behavior of genes and chromosomes during cell division. [NIH]

**Cytokine:** Small but highly potent protein that modulates the activity of many cell types, including T and B cells. [NIH]

**Data Collection:** Systematic gathering of data for a particular purpose from various sources, including questionnaires, interviews, observation, existing records, and electronic devices. The process is usually preliminary to statistical analysis of the data. [NIH]

**Deamination:** The removal of an amino group (NH2) from a chemical compound. [NIH]

**Deception:** The act of deceiving or the fact or condition of being deceived. [NIH]

**Decision Making:** The process of making a selective intellectual judgment when presented with several complex alternatives consisting of several variables, and usually defining a course of action or an idea. [NIH]

**Defecation:** The normal process of elimination of fecal material from the rectum. [NIH]

**Delirium:** (DSM III-R) an acute, reversible organic mental disorder characterized by reduced ability to maintain attention to external stimuli and disorganized thinking as manifested by rambling, irrelevant, or incoherent speech; there are also a reduced level of consciousness, sensory misperceptions, disturbance of the sleep-wakefulness cycle and level of psychomotor activity, disorientation to time, place, or person, and memory impairment. Delirium may be caused by a large number of conditions resulting in derangement of cerebral metabolism, including systemic infection, poisoning, drug intoxication or withdrawal, seizures or head trauma, and metabolic disturbances such as hypoxia, hypoglycaemia, fluid, electrolyte, or acid-base imbalances, or hepatic or renal failure. Called also acute confusional state and acute brain syndrome. [EU]

**Delivery of Health Care:** The concept concerned with all aspects of providing and distributing health services to a patient population. [NIH]

**Delusions:** A false belief regarding the self or persons or objects outside the self that persists despite the facts, and is not considered tenable by one’s associates. [NIH]

**Dementia:** An acquired organic mental disorder with loss of intellectual abilities of sufficient severity to interfere with social or occupational functioning. The dysfunction is multifaceted and involves memory, behavior, personality, judgment, attention, spatial relations, language, abstract thought, and other executive functions. The intellectual decline is usually progressive, and initially spares the level of consciousness. [NIH]

**Demography:** Statistical interpretation and description of a population with reference to distribution, composition, or structure. [NIH]

**Dendritic:** 1. Branched like a tree. 2. Pertaining to or possessing dendrites. [EU]
Density: The logarithm to the base 10 of the opacity of an exposed and processed film. [NIH]

Dental Care: The total of dental diagnostic, preventive, and restorative services provided to meet the needs of a patient (from Illustrated Dictionary of Dentistry, 1982). [NIH]

Depersonalization: Alteration in the perception of the self so that the usual sense of one's own reality is lost, manifested in a sense of unreality or self-estrangement, in changes of body image, or in a feeling that one does not control his own actions and speech; seen in depersonalization disorder, schizophrenic disorders, and schizotypal personality disorder. Some do not draw a distinction between depersonalization and derealization, using depersonalization to include both. [EU]

Depressive Disorder: An affective disorder manifested by either a dysphoric mood or loss of interest or pleasure in usual activities. The mood disturbance is prominent and relatively persistent. [NIH]

Derealization: Is characterized by the loss of the sense of reality concerning one's surroundings. [NIH]

Developing Countries: Countries in the process of change directed toward economic growth, that is, an increase in production, per capita consumption, and income. The process of economic growth involves better utilization of natural and human resources, which results in a change in the social, political, and economic structures. [NIH]

Dexterity: Ability to move the hands easily and skillfully. [NIH]

Diagnostic procedure: A method used to identify a disease. [NIH]

Diagnostic Services: Organized services for the purpose of providing diagnosis to promote and maintain health. [NIH]

Diarrhea: Passage of excessively liquid or excessively frequent stools. [NIH]

Diastolic: Of or pertaining to the diastole. [EU]

Diathesis: A constitution or condition of the body which makes the tissues react in special ways to certain extrinsic stimuli and thus tends to make the person more than usually susceptible to certain diseases. [EU]

Diffusion of Innovation: The broad dissemination of new ideas, procedures, techniques, materials, and devices to which these are accepted and used. [NIH]

Digestion: The process of breakdown of food for metabolism and use by the body. [NIH]

Digestive system: The organs that take in food and turn it into products that the body can use to stay healthy. Waste products the body cannot use leave the body through bowel movements. The digestive system includes the salivary glands, mouth, esophagus, stomach, liver, pancreas, gallbladder, small and large intestines, and rectum. [NIH]

Dimethyl: A volatile metabolite of the amino acid methionine. [NIH]

Direct: 1. Straight; in a straight line. 2. Performed immediately and without the intervention of subsidiary means. [EU]

Discrete: Made up of separate parts or characterized by lesions which do not become blended; not running together; separate. [NIH]

Discrimination: The act of qualitative and/or quantitative differentiation between two or more stimuli. [NIH]

Disorientation: The loss of proper bearings, or a state of mental confusion as to time, place, or identity. [EU]

Disparity: Failure of the two retinal images of an object to fall on corresponding retinal points. [NIH]
Disposition: A tendency either physical or mental toward certain diseases. [EU]

Dizziness: An imprecise term which may refer to a sense of spatial disorientation, motion of the environment, or lightheadedness. [NIH]

Dominance: In genetics, the full phenotypic expression of a gene in both heterozygotes and homozygotes. [EU]

Donepezil: A drug used in the treatment of Alzheimer's disease. It belongs to the family of drugs called cholinesterase inhibitors. It is being studied as a treatment for side effects caused by radiation therapy to the brain. [NIH]

Dopamine: An endogenous catecholamine and prominent neurotransmitter in several systems of the brain. In the synthesis of catecholamines from tyrosine, it is the immediate precursor to norepinephrine and epinephrine. Dopamine is a major transmitter in the extrapyramidal system of the brain, and important in regulating movement. A family of dopaminergic receptor subtypes mediate its action. Dopamine is used pharmacologically for its direct (beta adrenergic agonist) and indirect (adrenergic releasing) sympathomimetic effects including its actions as an inotropic agent and as a renal vasodilator. [NIH]

Dreams: A series of thoughts, images, or emotions occurring during sleep which are dissociated from the usual stream of consciousness of the waking state. [NIH]

Drug Costs: The amount that a health care institution or organization pays for its drugs. It is one component of the final price that is charged to the consumer (fees, pharmaceutical or prescription fees). [NIH]

Drug Interactions: The action of a drug that may affect the activity, metabolism, or toxicity of another drug. [NIH]

Drug Tolerance: Progressive diminution of the susceptibility of a human or animal to the effects of a drug, resulting from its continued administration. It should be differentiated from drug resistance wherein an organism, disease, or tissue fails to respond to the intended effectiveness of a chemical or drug. It should also be differentiated from maximum tolerated dose and no-observed-adverse-effect level. [NIH]

Duodenum: The first part of the small intestine. [NIH]

Duty to Warn: The legal, moral, or ethical responsibility of a health professional to warn an intended victim of specific threats of harm or to warn a person of potential risk for acquiring a disease as the result of a relationship to a patient. [NIH]

Dyes: Chemical substances that are used to stain and color other materials. The coloring may or may not be permanent. Dyes can also be used as therapeutic agents and test reagents in medicine and scientific research. [NIH]

Dyskinesia: Impairment of the power of voluntary movement, resulting in fragmentary or incomplete movements. [EU]

Dyslexia: Partial alexia in which letters but not words may be read, or in which words may be read but not understood. [NIH]

Dysphoria: Disquiet; restlessness; malaise. [EU]

Dysphoric: A feeling of unpleasantness and discomfort. [NIH]

Dyspnea: Difficult or labored breathing. [NIH]

Dystonia: Disordered tonicity of muscle. [EU]

Eating Disorders: A group of disorders characterized by physiological and psychological disturbances in appetite or food intake. [NIH]

Effector: It is often an enzyme that converts an inactive precursor molecule into an active second messenger. [NIH]
**Efficacy:** The extent to which a specific intervention, procedure, regimen, or service produces a beneficial result under ideal conditions. Ideally, the determination of efficacy is based on the results of a randomized control trial. [NIH]

**Electrolyte:** A substance that dissociates into ions when fused or in solution, and thus becomes capable of conducting electricity; an ionic solute. [EU]

**Emaciation:** Clinical manifestation of excessive leanness usually caused by disease or a lack of nutrition. [NIH]

**Embryology:** The study of the development of an organism during the embryonic and fetal stages of life. [NIH]

**Emergency Medicine:** A branch of medicine concerned with an individual's resuscitation, transportation and care from the point of injury or beginning of illness through the hospital or other emergency treatment facility. [NIH]

**Emergency Treatment:** First aid or other immediate intervention for accidents or medical conditions requiring immediate care and treatment before definitive medical and surgical management can be procured. [NIH]

**Empirical:** A treatment based on an assumed diagnosis, prior to receiving confirmatory laboratory test results. [NIH]

**Encephalitis:** Inflammation of the brain due to infection, autoimmune processes, toxins, and other conditions. Viral infections (see encephalitis, viral) are a relatively frequent cause of this condition. [NIH]

**Encephalomyelitis:** A general term indicating inflammation of the brain and spinal cord, often used to indicate an infectious process, but also applicable to a variety of autoimmune and toxic-metabolic conditions. There is significant overlap regarding the usage of this term and encephalitis in the literature. [NIH]

**Endopeptidases:** A subclass of peptide hydrolases. They are classified primarily by their catalytic mechanism. Specificity is used only for identification of individual enzymes. They comprise the serine endopeptidases, EC 3.4.21; cysteine endopeptidases, EC 3.4.22; aspartic endopeptidases, EC 3.4.23, metalloendopeptidases, EC 3.4.24; and a group of enzymes yet to be assigned to any of the above sub-classes, EC 3.4.99. EC 3.4.-. [NIH]

**Endotoxins:** Toxins closely associated with the living cytoplasm or cell wall of certain microorganisms, which do not readily diffuse into the culture medium, but are released upon lysis of the cells. [NIH]

**Environmental Health:** The science of controlling or modifying those conditions, influences, or forces surrounding man which relate to promoting, establishing, and maintaining health. [NIH]

**Enzymatic:** Phase where enzyme cuts the precursor protein. [NIH]

**Enzyme:** A protein that speeds up chemical reactions in the body. [NIH]

**Epidemic:** Occurring suddenly in numbers clearly in excess of normal expectancy; said especially of infectious diseases but applied also to any disease, injury, or other health-related event occurring in such outbreaks. [EU]

**Epidemiological:** Relating to, or involving epidemiology. [EU]

**ERV:** The expiratory reserve volume is the largest volume of gas that can be expired from the end-expiratory level. [NIH]

**Esophagus:** The muscular tube through which food passes from the throat to the stomach. [NIH]

**Ethnic Groups:** A group of people with a common cultural heritage that sets them apart
from others in a variety of social relationships. [NIH]

**Evacuation:** An emptying, as of the bowels. [EU]

**Evoke:** The electric response recorded from the cerebral cortex after stimulation of a peripheral sense organ. [NIH]

**Excitation:** An act of irritation or stimulation or of responding to a stimulus; the addition of energy, as the excitation of a molecule by absorption of photons. [EU]

**Expiratory:** The volume of air which leaves the breathing organs in each expiration. [NIH]

**Expiratory Reserve Volume:** The extra volume of air that can be expired with maximum effort beyond the level reached at the end of a normal, quiet expiration. Common abbreviation is ERV. [NIH]

**Extracellular:** Outside a cell or cells. [EU]

**Extrapyramidal:** Outside of the pyramidal tracts. [EU]

**Family Planning:** Programs or services designed to assist the family in controlling reproduction by either improving or diminishing fertility. [NIH]

**Family Relations:** Behavioral, psychological, and social relations among various members of the nuclear family and the extended family. [NIH]

**Fathers:** Male parents, human or animal. [NIH]

**Fatigue:** The state of weariness following a period of exertion, mental or physical, characterized by a decreased capacity for work and reduced efficiency to respond to stimuli. [NIH]

**Feces:** The excrement discharged from the intestines, consisting of bacteria, cells exfoliated from the intestines, secretions, chiefly of the liver, and a small amount of food residue. [EU]

**Fees, Pharmaceutical:** Amounts charged to the patient or third-party payer for medication. It includes the pharmacist’s professional fee and cost of ingredients, containers, etc. [NIH]

**Fibrosis:** Any pathological condition where fibrous connective tissue invades any organ, usually as a consequence of inflammation or other injury. [NIH]

**Flexion:** In gynaecology, a displacement of the uterus in which the organ is bent so far forward or backward that an acute angle forms between the fundus and the cervix. [EU]

**Focus Groups:** A method of data collection and a qualitative research tool in which a small group of individuals are brought together and allowed to interact in a discussion of their opinions about topics, issues, or questions. [NIH]

**Folate:** A B-complex vitamin that is being studied as a cancer prevention agent. Also called folic acid. [NIH]

**Folic Acid:** N-(4-(((2-Amino-1,4-dihydro-4-oxo-6-pteridinyl)methyl)amino)benzoyl)-L-glutamic acid. A member of the vitamin B family that stimulates the hematopoietic system. It is present in the liver and kidney and is found in mushrooms, spinach, yeast, green leaves, and grasses. Folic acid is used in the treatment and prevention of folate deficiencies and megaloblastic anemia. [NIH]

**Formularies:** Lists of drugs or collections of recipes, formulas, and prescriptions for the compounding of medicinal preparations. Formularies differ from pharmacopoeias in that they are less complete, lacking full descriptions of the drugs, their formulations, analytic composition, chemical properties, etc. In hospitals, formularies list all drugs commonly stocked in the hospital pharmacy. [NIH]

**Formulary:** A book containing a list of pharmaceutical products with their formulas and means of preparation. [NIH]
**Fundus:** The larger part of a hollow organ that is farthest away from the organ's opening. The bladder, gallbladder, stomach, uterus, eye, and cavity of the middle ear all have a fundus. [NIH]

**Gallbladder:** The pear-shaped organ that sits below the liver. Bile is concentrated and stored in the gallbladder. [NIH]

**Ganglia:** Clusters of multipolar neurons surrounded by a capsule of loosely organized connective tissue located outside the central nervous system. [NIH]

**Gas:** Air that comes from normal breakdown of food. The gases are passed out of the body through the rectum (flatus) or the mouth (burp). [NIH]

**Gastrointestinal:** Refers to the stomach and intestines. [NIH]

**Gastrointestinal tract:** The stomach and intestines. [NIH]

**Gastrostomy:** Creation of an artificial external opening into the stomach for nutritional support or gastrointestinal compression. [NIH]

**Gavage:** Feeding by a tube passed into the stomach; called also tube feeding. [NIH]

**Gene:** The functional and physical unit of heredity passed from parent to offspring. Genes are pieces of DNA, and most genes contain the information for making a specific protein. [NIH]

**General practitioner:** A medical practitioner who does not specialize in a particular branch of medicine or limit his practice to a specific class of diseases. [NIH]

**Genetics:** The biological science that deals with the phenomena and mechanisms of heredity. [NIH]

**Geriatric Psychiatry:** A subspecialty of psychiatry concerned with the mental health of the aged. [NIH]

**Gestures:** Movement of a part of the body for the purpose of communication. [NIH]

**Gland:** An organ that produces and releases one or more substances for use in the body. Some glands produce fluids that affect tissues or organs. Others produce hormones or participate in blood production. [NIH]

**Governing Board:** The group in which legal authority is vested for the control of health-related institutions and organizations. [NIH]

**Government Agencies:** Administrative units of government responsible for policy making and management of governmental activities in the U.S. and abroad. [NIH]

**Grade:** The grade of a tumor depends on how abnormal the cancer cells look under a microscope and how quickly the tumor is likely to grow and spread. Grading systems are different for each type of cancer. [NIH]

**Gravidity:** Pregnancy; the condition of being pregnant, without regard to the outcome. [EU]

**Growth:** The progressive development of a living being or part of an organism from its earliest stage to maturity. [NIH]

**Habitual:** Of the nature of a habit; according to habit; established by or repeated by force of habit, customary. [EU]

**Hallucinogens:** Drugs capable of inducing illusions, hallucinations, delusions, paranoid ideations, and other alterations of mood and thinking. Despite the name, the feature that distinguishes these agents from other classes of drugs is their capacity to induce states of altered perception, thought, and feeling that are not experienced otherwise. [NIH]

**Health Behavior:** Behaviors expressed by individuals to protect, maintain or promote their health status. For example, proper diet, and appropriate exercise are activities perceived to
influence health status. Life style is closely associated with health behavior and factors influencing life style are socioeconomic, educational, and cultural. [NIH]

**Health Care Costs**: The actual costs of providing services related to the delivery of health care, including the costs of procedures, therapies, and medications. It is differentiated from health expenditures, which refers to the amount of money paid for the services, and from fees, which refers to the amount charged, regardless of cost. [NIH]

**Health Education**: Education that increases the awareness and favorably influences the attitudes and knowledge relating to the improvement of health on a personal or community basis. [NIH]

**Health Expenditures**: The amounts spent by individuals, groups, nations, or private or public organizations for total health care and/or its various components. These amounts may or may not be equivalent to the actual costs (health care costs) and may or may not be shared among the patient, insurers, and/or employers. [NIH]

**Health Policy**: Decisions, usually developed by government policymakers, for determining present and future objectives pertaining to the health care system. [NIH]

**Health Promotion**: Encouraging consumer behaviors most likely to optimize health potentials (physical and psychosocial) through health information, preventive programs, and access to medical care. [NIH]

**Health Resources**: Available manpower, facilities, revenue, equipment, and supplies to produce requisite health care and services. [NIH]

**Health Services**: Services for the diagnosis and treatment of disease and the maintenance of health. [NIH]

**Health Status**: The level of health of the individual, group, or population as subjectively assessed by the individual or by more objective measures. [NIH]

**Heart attack**: A seizure of weak or abnormal functioning of the heart. [NIH]

**Helping Behavior**: Behaviors associated with the giving of assistance or aid to individuals. [NIH]

**Hemorrhage**: Bleeding or escape of blood from a vessel. [NIH]

**Hemostasis**: The process which spontaneously arrests the flow of blood from vessels carrying blood under pressure. It is accomplished by contraction of the vessels, adhesion and aggregation of formed blood elements, and the process of blood or plasma coagulation. [NIH]

**Hepatic**: Refers to the liver. [NIH]

**Heredity**: 1. The genetic transmission of a particular quality or trait from parent to offspring. 2. The genetic constitution of an individual. [EU]

**Heterogeneity**: The property of one or more samples or populations which implies that they are not identical in respect of some or all of their parameters, e.g. heterogeneity of variance. [NIH]

**Heterozygotes**: Having unlike alleles at one or more corresponding loci on homologous chromosomes. [NIH]

**Histamine**: 1H-Imidazole-4-ethanamine. A depressor amine derived by enzymatic decarboxylation of histidine. It is a powerful stimulant of gastric secretion, a constrictor of bronchial smooth muscle, a vasodilator, and also a centrally acting neurotransmitter. [NIH]

**HIV**: Human immunodeficiency virus. Species of lentivirus, subgenus primate lentiviruses, formerly designated T-cell lymphotropic virus type III/lymphadenopathy-associated virus (HTLV-III/LAV). It is acknowledged to be the agent responsible for the acute infectious
manifestations, neurologic disorders, and immunologic abnormalities linked to the acquired immunodeficiency syndrome. [NIH]

**Homeless Persons:** Persons who have no permanent residence. The concept excludes nomadic peoples. [NIH]

**Homogeneous:** Consisting of or composed of similar elements or ingredients; of a uniform quality throughout. [EU]

**Hormone:** A substance in the body that regulates certain organs. Hormones such as gastrin help in breaking down food. Some hormones come from cells in the stomach and small intestine. [NIH]

**Hybrid:** Cross fertilization between two varieties or, more usually, two species of vines, see also crossing. [NIH]

**Hydration:** Combining with water. [NIH]

**Hydrogen:** The first chemical element in the periodic table. It has the atomic symbol H, atomic number 1, and atomic weight 1. It exists, under normal conditions, as a colorless, odorless, tasteless, diatomic gas. Hydrogen ions are protons. Besides the common H1 isotope, hydrogen exists as the stable isotope deuterium and the unstable, radioactive isotope tritium. [NIH]

**Hydrolysis:** The process of cleaving a chemical compound by the addition of a molecule of water. [NIH]

**Hyperplasia:** An increase in the number of cells in a tissue or organ, not due to tumor formation. It differs from hypertrophy, which is an increase in bulk without an increase in the number of cells. [NIH]

**Hypersensitivity:** Altered reactivity to an antigen, which can result in pathologic reactions upon subsequent exposure to that particular antigen. [NIH]

**Hypertension:** Persistently high arterial blood pressure. Currently accepted threshold levels are 140 mm Hg systolic and 90 mm Hg diastolic pressure. [NIH]

**Hypertrophy:** General increase in bulk of a part or organ, not due to tumor formation, nor to an increase in the number of cells. [NIH]

**Hypnotic:** A drug that acts to induce sleep. [EU]

**Hypoglycaemia:** An abnormally diminished concentration of glucose in the blood, which may lead to tremulousness, cold sweat, piloerection, hypothermia, and headache, accompanied by irritability, confusion, hallucinations, bizarre behaviour, and ultimately, convulsions and coma. [EU]

**Hypotension:** Abnormally low blood pressure. [NIH]

**Hypothalamic:** Of or involving the hypothalamus. [EU]

**Hypothalamus:** Ventral part of the diencephalon extending from the region of the optic chiasm to the caudal border of the mammillary bodies and forming the inferior and lateral walls of the third ventricle. [NIH]

**Hypoxia:** Reduction of oxygen supply to tissue below physiological levels despite adequate perfusion of the tissue by blood. [EU]

**Id:** The part of the personality structure which harbors the unconscious instinctive desires and strivings of the individual. [NIH]

**Idiopathic:** Describes a disease of unknown cause. [NIH]

**Illusions:** The misinterpretation of a real external, sensory experience. [NIH]

**Imipramine:** The prototypical tricyclic antidepressant. It has been used in major depression,
dysthymia, bipolar depression, attention-deficit disorders, agoraphobia, and panic disorders. It has less sedative effect than some other members of this therapeutic group. [NIH]

**Immune function:** Production and action of cells that fight disease or infection. [NIH]

**Immune response:** The activity of the immune system against foreign substances (antigens). [NIH]

**Immune system:** The organs, cells, and molecules responsible for the recognition and disposal of foreign ("non-self") material which enters the body. [NIH]

**Immunity:** Nonsusceptibility to the invasive or pathogenic effects of foreign microorganisms or to the toxic effect of antigenic substances. [NIH]

**Immunization:** Deliberate stimulation of the host's immune response. Active immunization involves administration of antigens or immunologic adjuvants. Passive immunization involves administration of immune sera or lymphocytes or their extracts (e.g., transfer factor, immune RNA) or transplantation of immunocompetent cell producing tissue (thymus or bone marrow). [NIH]

**Immunodeficiency:** The decreased ability of the body to fight infection and disease. [NIH]

**Immunodeficiency syndrome:** The inability of the body to produce an immune response. [NIH]

**Immunoglobulin:** A protein that acts as an antibody. [NIH]

**Immunologic:** The ability of the antibody-forming system to recall a previous experience with an antigen and to respond to a second exposure with the prompt production of large amounts of antibody. [NIH]

**Immunology:** The study of the body's immune system. [NIH]

**Impairment:** In the context of health experience, an impairment is any loss or abnormality of psychological, physiological, or anatomical structure or function. [NIH]

**In situ:** In the natural or normal place; confined to the site of origin without invasion of neighbouring tissues. [EU]

**Incision:** A cut made in the body during surgery. [NIH]

**Indicative:** That indicates; that points out more or less exactly; that reveals fairly clearly. [EU]

**Induction:** The act or process of inducing or causing to occur, especially the production of a specific morphogenetic effect in the developing embryo through the influence of evocators or organizers, or the production of anaesthesia or unconsciousness by use of appropriate agents. [EU]

**Infancy:** The period of complete dependency prior to the acquisition of competence in walking, talking, and self-feeding. [NIH]

**Infant Behavior:** Any observable response or action of a neonate or infant up through the age of 23 months. [NIH]

**Infarction:** A pathological process consisting of a sudden insufficient blood supply to an area, which results in necrosis of that area. It is usually caused by a thrombus, an embolus, or a vascular torsion. [NIH]

**Infection:** 1. Invasion and multiplication of microorganisms in body tissues, which may be clinically unapparent or result in local cellular injury due to competitive metabolism, toxins, intracellular replication, or antigen-antibody response. The infection may remain localized, subclinical, and temporary if the body's defensive mechanisms are effective. A local infection may persist and spread by extension to become an acute, subacute, or chronic clinical infection or disease state. A local infection may also become systemic when the
microorganisms gain access to the lymphatic or vascular system. 2. An infectious disease. [EU]

**Infection Control:** Programs of disease surveillance, generally within health care facilities, designed to investigate, prevent, and control the spread of infections and their causative microorganisms. [NIH]

**Infertility:** The diminished or absent ability to conceive or produce an offspring while sterility is the complete inability to conceive or produce an offspring. [NIH]

**Inflammation:** A pathological process characterized by injury or destruction of tissues caused by a variety of cytologic and chemical reactions. It is usually manifested by typical signs of pain, heat, redness, swelling, and loss of function. [NIH]

**Information Systems:** Integrated set of files, procedures, and equipment for the storage, manipulation, and retrieval of information. [NIH]

**Informed Consent:** Voluntary authorization, given to the physician by the patient, with full comprehension of the risks involved, for diagnostic or investigative procedures and medical and surgical treatment. [NIH]

**Ingestion:** Taking into the body by mouth [NIH]

**Inpatients:** Persons admitted to health facilities which provide board and room, for the purpose of observation, care, diagnosis or treatment. [NIH]

**Institutionalization:** The caring for individuals in institutions and their adaptation to routines characteristic of the institutional environment, and/or their loss of adaptation to life outside the institution. [NIH]

**Intermittent:** Occurring at separated intervals; having periods of cessation of activity. [EU]

**Interpersonal Relations:** The reciprocal interaction of two or more persons. [NIH]

**Intestine:** A long, tube-shaped organ in the abdomen that completes the process of digestion. There is both a large intestine and a small intestine. Also called the bowel. [NIH]

**Intoxication:** Poisoning, the state of being poisoned. [EU]

**Intracellular:** Inside a cell. [NIH]

**Intravenous:** IV. Into a vein. [NIH]

**Invasive:** 1. Having the quality of invasiveness. 2. Involving puncture or incision of the skin or insertion of an instrument or foreign material into the body; said of diagnostic techniques. [EU]

**Involuntary:** Reaction occurring without intention or volition. [NIH]

**Ions:** An atom or group of atoms that have a positive or negative electric charge due to a gain (negative charge) or loss (positive charge) of one or more electrons. Atoms with a positive charge are known as cations; those with a negative charge are anions. [NIH]

**Isopropyl:** A gene mutation inducer. [NIH]

**Job Satisfaction:** Personal satisfaction relative to the work situation. [NIH]

**Kb:** A measure of the length of DNA fragments, 1 Kb = 1000 base pairs. The largest DNA fragments are up to 50 kilobases long. [NIH]

**Labile:** 1. Gliding; moving from point to point over the surface; unstable; fluctuating. 2. Chemically unstable. [EU]

**Large Intestine:** The part of the intestine that goes from the cecum to the rectum. The large intestine absorbs water from stool and changes it from a liquid to a solid form. The large intestine is 5 feet long and includes the appendix, cecum, colon, and rectum. Also called colon. [NIH]
**Latent:** Phoria which occurs at one distance or another and which usually has no troublesome effect. [NIH]

**Length of Stay:** The period of confinement of a patient to a hospital or other health facility. [NIH]

**Lentivirus:** A genus of the family Retroviridae consisting of non-oncogenic retroviruses that produce multi-organ diseases characterized by long incubation periods and persistent infection. Lentiviruses are unique in that they contain open reading frames (ORFs) between the pol and env genes and in the 3' env region. Five serogroups are recognized, reflecting the mammalian hosts with which they are associated. HIV-1 is the type species. [NIH]

**Lethal:** Deadly, fatal. [EU]

**Library Services:** Services offered to the library user. They include reference and circulation. [NIH]

**Life Expectancy:** A figure representing the number of years, based on known statistics, to which any person of a given age may reasonably expect to live. [NIH]

**Linkage:** The tendency of two or more genes in the same chromosome to remain together from one generation to the next more frequently than expected according to the law of independent assortment. [NIH]

**Lipid:** Fat. [NIH]

**Lithium:** An element in the alkali metals family. It has the atomic symbol Li, atomic number 3, and atomic weight 6.94. Salts of lithium are used in treating manic-depressive disorders. [NIH]

**Liver:** A large, glandular organ located in the upper abdomen. The liver cleanses the blood and aids in digestion by secreting bile. [NIH]

**Liver scan:** An image of the liver created on a computer screen or on film. A radioactive substance is injected into a blood vessel and travels through the bloodstream. It collects in the liver, especially in abnormal areas, and can be detected by the scanner. [NIH]

**Local Government:** Smallest political subdivisions within a country at which general governmental functions are carried-out. [NIH]

**Localized:** Cancer which has not metastasized yet. [NIH]

**Loneliness:** The state of feeling sad or dejected as a result of lack of companionship or being separated from others. [NIH]

**Longitudinal Studies:** Studies in which variables relating to an individual or group of individuals are assessed over a period of time. [NIH]

**Longitudinal study:** Also referred to as a "cohort study" or "prospective study"; the analytic method of epidemiologic study in which subsets of a defined population can be identified who are, have been, or in the future may be exposed or not exposed, or exposed in different degrees, to a factor or factors hypothesized to influence the probability of occurrence of a given disease or other outcome. The main feature of this type of study is to observe large numbers of subjects over an extended time, with comparisons of incidence rates in groups that differ in exposure levels. [NIH]

**Long-Term Care:** Care over an extended period, usually for a chronic condition or disability, requiring periodic, intermittent, or continuous care. [NIH]

**Loop:** A wire usually of platinum bent at one end into a small loop (usually 4 mm inside diameter) and used in transferring microorganisms. [NIH]

**Lung Transplantation:** The transference of either one or both of the lungs from one human or animal to another. [NIH]
Lupus: A form of cutaneous tuberculosis. It is seen predominantly in women and typically involves the nasal, buccal, and conjunctival mucosa. [NIH]

Lupus Nephritis: Glomerulonephritis associated with systemic lupus erythematosus. It is classified into four histologic types: mesangial, focal, diffuse, and membranous. [NIH]

Lymph: The almost colorless fluid that travels through the lymphatic system and carries cells that help fight infection and disease. [NIH]

Lymphadenopathy: Disease or swelling of the lymph nodes. [NIH]

Lymphatic: The tissues and organs, including the bone marrow, spleen, thymus, and lymph nodes, that produce and store cells that fight infection and disease. [NIH]

Lymphocyte: A white blood cell. Lymphocytes have a number of roles in the immune system, including the production of antibodies and other substances that fight infection and diseases. [NIH]

Lymphocyte Count: A count of the number of lymphocytes in the blood. [NIH]

Magnetic Resonance Imaging: Non-invasive method of demonstrating internal anatomy based on the principle that atomic nuclei in a strong magnetic field absorb pulses of radiofrequency energy and emit them as radiowaves which can be reconstructed into computerized images. The concept includes proton spin tomographic techniques. [NIH]

Malaise: A vague feeling of bodily discomfort. [EU]

Malignant: Cancerous; a growth with a tendency to invade and destroy nearby tissue and spread to other parts of the body. [NIH]

Mania: Excitement of psychotic proportions manifested by mental and physical hyperactivity, disorganization of behaviour, and elevation of mood. [EU]

Manic: Affected with mania. [EU]

Manic-depressive psychosis: One of a group of psychotic reactions, fundamentally marked by severe mood swings and a tendency to remission and recurrence. [NIH]

Manifest: Being the part or aspect of a phenomenon that is directly observable: concretely expressed in behaviour. [EU]

Marital Status: A demographic parameter indicating a person's status with respect to marriage, divorce, widowhood, singleness, etc. [NIH]

Mediator: An object or substance by which something is mediated, such as (1) a structure of the nervous system that transmits impulses eliciting a specific response; (2) a chemical substance (transmitter substance) that induces activity in an excitable tissue, such as nerve or muscle; or (3) a substance released from cells as the result of the interaction of antigen with antibody or by the action of antigen with a sensitized lymphocyte. [EU]

Medical Records: Recording of pertinent information concerning patient's illness or illnesses. [NIH]

MEDLINE: An online database of MEDLARS, the computerized bibliographic Medical Literature Analysis and Retrieval System of the National Library of Medicine. [NIH]

Membrane: A very thin layer of tissue that covers a surface. [NIH]

Memory: Complex mental function having four distinct phases: (1) memorizing or learning, (2) retention, (3) recall, and (4) recognition. Clinically, it is usually subdivided into immediate, recent, and remote memory. [NIH]

Meninges: The three membranes that cover and protect the brain and spinal cord. [NIH]

Menopause: Permanent cessation of menstruation. [NIH]

Menstruation: The normal physiologic discharge through the vagina of blood and mucosal
tissues from the nonpregnant uterus. [NIH]

**Mental:** Pertaining to the mind; psychic. 2. (L. mentum chin) pertaining to the chin. [EU]

**Mental Disorders:** Psychiatric illness or diseases manifested by breakdowns in the adaptational process expressed primarily as abnormalities of thought, feeling, and behavior producing either distress or impairment of function. [NIH]

**Mental Health:** The state wherein the person is well adjusted. [NIH]

**Mental Health Services:** Organized services to provide mental health care. [NIH]

**Mental Processes:** Conceptual functions or thinking in all its forms. [NIH]

**Mental Retardation:** Refers to sub-average general intellectual functioning which originated during the developmental period and is associated with impairment in adaptive behavior. [NIH]

**Mentors:** Senior professionals who provide guidance, direction and support to those persons desirous of improvement in academic positions, administrative positions or other career development situations. [NIH]

**Mesolimbic:** Inner brain region governing emotion and drives. [NIH]

**Metabolite:** Any substance produced by metabolism or by a metabolic process. [EU]

**Methionine:** A sulfur containing essential amino acid that is important in many body functions. It is a chelating agent for heavy metals. [NIH]

**MI:** Myocardial infarction. Gross necrosis of the myocardium as a result of interruption of the blood supply to the area; it is almost always caused by atherosclerosis of the coronary arteries, upon which coronary thrombosis is usually superimposed. [NIH]

**Microbiology:** The study of microorganisms such as fungi, bacteria, algae, archaea, and viruses. [NIH]

**Microglia:** The third type of glial cell, along with astrocytes and oligodendrocytes (which together form the macroglia). Microglia vary in appearance depending on developmental stage, functional state, and anatomical location; subtype terms include ramified, perivascular, ameboid, resting, and activated. Microglia clearly are capable of phagocytosis and play an important role in a wide spectrum of neuropathologies. They have also been suggested to act in several other roles including in secretion (e.g., of cytokines and neural growth factors), in immunological processing (e.g., antigen presentation), and in central nervous system development and remodeling. [NIH]

**Minority Groups:** A subgroup having special characteristics within a larger group, often bound together by special ties which distinguish it from the larger group. [NIH]

**Modeling:** A treatment procedure whereby the therapist presents the target behavior which the learner is to imitate and make part of his repertoire. [NIH]

**Modification:** A change in an organism, or in a process in an organism, that is acquired from its own activity or environment. [NIH]

**Molecular:** Of, pertaining to, or composed of molecules: a very small mass of matter. [EU]

**Molecular Structure:** The location of the atoms, groups or ions relative to one another in a molecule, as well as the number, type and location of covalent bonds. [NIH]

**Molecule:** A chemical made up of two or more atoms. The atoms in a molecule can be the same (an oxygen molecule has two oxygen atoms) or different (a water molecule has two hydrogen atoms and one oxygen atom). Biological molecules, such as proteins and DNA, can be made up of many thousands of atoms. [NIH]

**Monitor:** An apparatus which automatically records such physiological signs as respiration,
pulse, and blood pressure in an anesthetized patient or one undergoing surgical or other
procedures. [NIH]

**Monoamine:** Enzyme that breaks down dopamine in the astrocytes and microglia. [NIH]

**Monoamine Oxidase:** An enzyme that catalyzes the oxidative deamination of naturally occurring monoamines. It is a flavin-containing enzyme that is localized in mitochondrial membranes, whether in nerve terminals, the liver, or other organs. Monoamine oxidase is important in regulating the metabolic degradation of catecholamines and serotonin in neural or target tissues. Hepatic monoamine oxidase has a crucial defensive role in inactivating circulating monoamines or those, such as tyramine, that originate in the gut and are absorbed into the portal circulation. (From Goodman and Gilman’s, The Pharmacological Basis of Therapeutics, 8th ed, p415) EC 1.4.3.4. [NIH]

**Mood Disorders:** Those disorders that have a disturbance in mood as their predominant feature. [NIH]

**Morale:** The prevailing temper or spirit of an individual or group in relation to the tasks or functions which are expected. [NIH]

**Motility:** The ability to move spontaneously. [EU]

**Movement Disorders:** Syndromes which feature dyskinesias as a cardinal manifestation of the disease process. Included in this category are degenerative, hereditary, post-infectious, medication-induced, post-inflammatory, and post-traumatic conditions. [NIH]

**Mucosa:** A mucous membrane, or tunica mucosa. [EU]

**Multiple Personality Disorder:** A dissociative disorder in which the individual adopts two or more distinct personalities. Each personality is a fully integrated and complex unit with memories, behavior patterns and social friendships. Transition from one personality to another is sudden. [NIH]

**Mutagenic:** Inducing genetic mutation. [EU]

**Myocardial infarction:** Gross necrosis of the myocardium as a result of interruption of the blood supply to the area; it is almost always caused by atherosclerosis of the coronary arteries, upon which coronary thrombosis is usually superimposed. [NIH]

**Myocardium:** The muscle tissue of the heart composed of striated, involuntary muscle known as cardiac muscle. [NIH]

**Nausea:** An unpleasant sensation in the stomach usually accompanied by the urge to vomit. Common causes are early pregnancy, sea and motion sickness, emotional stress, intense pain, food poisoning, and various enteroviruses. [NIH]

**NCI:** National Cancer Institute. NCI, part of the National Institutes of Health of the United States Department of Health and Human Services, is the federal government's principal agency for cancer research. NCI conducts, coordinates, and funds cancer research, training, health information dissemination, and other programs with respect to the cause, diagnosis, prevention, and treatment of cancer. Access the NCI Web site at http://cancer.gov. [NIH]

**Need:** A state of tension or dissatisfaction felt by an individual that impels him to action toward a goal he believes will satisfy the impulse. [NIH]

**Needs Assessment:** Systematic identification of a population's needs or the assessment of individuals to determine the proper level of services needed. [NIH]

**Neoplasms:** New abnormal growth of tissue. Malignant neoplasms show a greater degree of anaplasia and have the properties of invasion and metastasis, compared to benign neoplasms. [NIH]

**Nerve:** A cordlike structure of nervous tissue that connects parts of the nervous system with
other tissues of the body and conveys nervous impulses to, or away from, these tissues. [NIH]

**Nervous System:** The entire nerve apparatus composed of the brain, spinal cord, nerves and ganglia. [NIH]

**Networks:** Pertaining to a nerve or to the nerves, a meshlike structure of interlocking fibers or strands. [NIH]

**Neural:** 1. Pertaining to a nerve or to the nerves. 2. Situated in the region of the spinal axis, as the neural arch. [EU]

**Neuroleptic:** A term coined to refer to the effects on cognition and behaviour of antipsychotic drugs, which produce a state of apathy, lack of initiative, and limited range of emotion and in psychotic patients cause a reduction in confusion and agitation and normalization of psychomotor activity. [EU]

**Neurologic:** Having to do with nerves or the nervous system. [NIH]

**Neurology:** A medical specialty concerned with the study of the structures, functions, and diseases of the nervous system. [NIH]

**Neuromuscular:** Pertaining to muscles and nerves. [EU]

**Neuromuscular Junction:** The synapse between a neuron and a muscle. [NIH]

**Neurons:** The basic cellular units of nervous tissue. Each neuron consists of a body, an axon, and dendrites. Their purpose is to receive, conduct, and transmit impulses in the nervous system. [NIH]

**Neurosciences:** The scientific disciplines concerned with the embryology, anatomy, physiology, biochemistry, pharmacology, etc., of the nervous system. [NIH]

**Neuroses:** Functional derangement due to disorders of the nervous system which does not affect the psychic personality of the patient. [NIH]

**Neurosis:** Functional derangement due to disorders of the nervous system which does not affect the psychic personality of the patient. [NIH]

**Neurotransmitter:** Any of a group of substances that are released on excitation from the axon terminal of a presynaptic neuron of the central or peripheral nervous system and travel across the synaptic cleft to either excite or inhibit the target cell. Among the many substances that have the properties of a neurotransmitter are acetylcholine, norepinephrine, epinephrine, dopamine, glycine, y-aminobutyrate, glutamic acid, substance P, enkephalins, endorphins, and serotonin. [EU]

**Neutrons:** Electrically neutral elementary particles found in all atomic nuclei except light hydrogen; the mass is equal to that of the proton and electron combined and they are unstable when isolated from the nucleus, undergoing beta decay. Slow, thermal, epithermal, and fast neutrons refer to the energy levels with which the neutrons are ejected from heavier nuclei during their decay. [NIH]

**Nonverbal Communication:** Transmission of emotions, ideas, and attitudes between individuals in ways other than the spoken language. [NIH]

**Nuclear:** A test of the structure, blood flow, and function of the kidneys. The doctor injects a mildly radioactive solution into an arm vein and uses x-rays to monitor its progress through the kidneys. [NIH]

**Nuclear Family:** A family composed of spouses and their children. [NIH]

**Nursing Care:** Care given to patients by nursing service personnel. [NIH]

**Nursing Staff:** Personnel who provide nursing service to patients in an organized facility, institution, or agency. [NIH]
**Nutritional Support:** The administration of nutrients for assimilation and utilization by a patient by means other than normal eating. It does not include fluid therapy which normalizes body fluids to restore water-electrolyte balance. [NIH]

**Obsessional:** Neurosis characterized by the repetitive intrusion into the mind, against volition, of ideas, nimations and phobias, often associated with compulsive actions. [NIH]

**Obsessive-Compulsive Disorder:** An anxiety disorder characterized by recurrent, persistent obsessions or compulsions. Obsessions are the intrusive ideas, thoughts, or images that are experienced as senseless or repugnant. Compulsions are repetitive and seemingly purposeful behavior which the individual generally recognizes as senseless and from which the individual does not derive pleasure although it may provide a release from tension. [NIH]

**Occupational Exposure:** The exposure to potentially harmful chemical, physical, or biological agents that occurs as a result of one's occupation. [NIH]

**Occupational Health:** The promotion and maintenance of physical and mental health in the work environment. [NIH]

**Occupational Therapy:** The field concerned with utilizing craft or work activities in the rehabilitation of patients. Occupational therapy can also refer to the activities themselves. [NIH]

**On-line:** A sexually-reproducing population derived from a common parentage. [NIH]

**Opacity:** Degree of density (area most dense taken for reading). [NIH]

**Opportunistic Infections:** An infection caused by an organism which becomes pathogenic under certain conditions, e.g., during immunosuppression. [NIH]

**Oral Health:** The optimal state of the mouth and normal functioning of the organs of the mouth without evidence of disease. [NIH]

**Organization and Administration:** The planning and managing of programs, services, and resources. [NIH]

**Organizational Policy:** A course or method of action selected, usually by an organization, institution, university, society, etc., from among alternatives to guide and determine present and future decisions and positions on public matters. It does not include internal policy relating to the organization and administration within the corporate body, for which organization and administration is available. [NIH]

**Orphanages:** Institutions for the housing and care of orphans, foundlings, and abandoned children. They have existed as such since the medieval period but the heading is applicable to such usage also in modern parlance. [NIH]

**Orthostatic:** Pertaining to or caused by standing erect. [EU]

**Outpatient:** A patient who is not an inmate of a hospital but receives diagnosis or treatment in a clinic or dispensary connected with the hospital. [NIH]

**Paediatric:** Of or relating to the care and medical treatment of children; belonging to or concerned with paediatrics. [EU]

**Palliative:** 1. Affording relief, but not cure. 2. An alleviating medicine. [EU]

**Pancreas:** A mixed exocrine and endocrine gland situated transversely across the posterior abdominal wall in the epigastric and hypochondriac regions. The endocrine portion is comprised of the Islets of Langerhans, while the exocrine portion is a compound acinar gland that secretes digestive enzymes. [NIH]

**Panic:** A state of extreme acute, intense anxiety and unreasoning fear accompanied by disorganization of personality function. [NIH]

**Panic Disorder:** A type of anxiety disorder characterized by unexpected panic attacks that
last minutes or, rarely, hours. Panic attacks begin with intense apprehension, fear or terror and, often, a feeling of impending doom. Symptoms experienced during a panic attack include dyspnea or sensations of being smothered; dizziness, loss of balance or faintness; choking sensations; palpitations or accelerated heart rate; shakiness; sweating; nausea or other form of abdominal distress; depersonalization or derealization; paresthesias; hot flashes or chills; chest discomfort or pain; fear of dying and fear of not being in control of oneself or going crazy. Agoraphobia may also develop. Similar to other anxiety disorders, it may be inherited as an autosomal dominant trait. [NIH]

Paresthesias: Abnormal touch sensations, such as burning or pricking, that occur without an outside stimulus. [NIH]

Parity: The number of offspring a female has borne. It is contrasted with gravidity, which refers to the number of pregnancies, regardless of outcome. [NIH]

Parkinsonism: A group of neurological disorders characterized by hypokinesia, tremor, and muscular rigidity. [EU]

Pathogenesis: The cellular events and reactions that occur in the development of disease. [NIH]

Pathophysiology: Altered functions in an individual or an organ due to disease. [NIH]

Patient Advocacy: Promotion and protection of the rights of patients, frequently through a legal process. [NIH]

Patient Education: The teaching or training of patients concerning their own health needs. [NIH]

Pediatrics: A medical specialty concerned with maintaining health and providing medical care to children from birth to adolescence. [NIH]

Peptide: Any compound consisting of two or more amino acids, the building blocks of proteins. Peptides are combined to make proteins. [NIH]

Perception: The ability quickly and accurately to recognize similarities and differences among presented objects, whether these be pairs of words, pairs of number series, or multiple sets of these or other symbols such as geometric figures. [NIH]

Personality Disorders: A major deviation from normal patterns of behavior. [NIH]

Pharmacologic: Pertaining to pharmacology or to the properties and reactions of drugs. [EU]

Pharmacopoeias: Authoritative treatises on drugs and preparations, their description, formulation, analytic composition, physical constants, main chemical properties used in identification, standards for strength, purity, and dosage, chemical tests for determining identity and purity, etc. They are usually published under governmental jurisdiction (e.g., USP, the United States Pharmacopoeia; BP, British Pharmacopoeia; P. Helv., the Swiss Pharmacopoeia). They differ from formularies in that they are far more complete: formularies tend to be mere listings of formulas and prescriptions. [NIH]

Pharmacotherapy: A regimen of using appetite suppressant medications to manage obesity by decreasing appetite or increasing the feeling of satiety. These medications decrease appetite by increasing serotonin or catecholamine—two brain chemicals that affect mood and appetite. [NIH]

Phenyl: Ingredient used in cold and flu remedies. [NIH]

Phobia: A persistent, irrational, intense fear of a specific object, activity, or situation (the phobic stimulus), fear that is recognized as being excessive or unreasonable by the individual himself. When a phobia is a significant source of distress or interferes with social functioning, it is considered a mental disorder; phobic disorder (or neurosis). In DSM III phobic disorders are subclassified as agoraphobia, social phobias, and simple phobias. Used
as a word termination denoting irrational fear of or aversion to the subject indicated by the stem to which it is affixed. [EU]

**Phobic Disorders:** Anxiety disorders in which the essential feature is persistent and irrational fear of a specific object, activity, or situation that the individual feels compelled to avoid. The individual recognizes the fear as excessive or unreasonable. [NIH]

**Physiology:** The science that deals with the life processes and functions of organismus, their cells, tissues, and organs. [NIH]

**Pilot study:** The initial study examining a new method or treatment. [NIH]

**Plants:** Multicellular, eukaryotic life forms of the kingdom Plantae. They are characterized by a mainly photosynthetic mode of nutrition; essentially unlimited growth at localized regions of cell divisions (meristems); cellulose within cells providing rigidity; the absence of organs of locomotion; absence of nervous and sensory systems; and an alteration of haploid and diploid generations. [NIH]

**Platinum:** Platinum. A heavy, soft, whitish metal, resembling tin, atomic number 78, atomic weight 195.09, symbol Pt. (From Dorland, 28th ed) It is used in manufacturing equipment for laboratory and industrial use. It occurs as a black powder (platinum black) and as a spongy substance (spongy platinum) and may have been known in Pliny's time as "alutiae". [NIH]

**Pneumonia:** Inflammation of the lungs. [NIH]

**Poisoning:** A condition or physical state produced by the ingestion, injection or inhalation of, or exposure to a deleterious agent. [NIH]

**Policy Making:** The decision process by which individuals, groups or institutions establish policies pertaining to plans, programs or procedures. [NIH]

**Population Characteristics:** Qualities and characterization of various types of populations within a social or geographic group, with emphasis on demography, health status, and socioeconomic factors. [NIH]

**Posterior:** Situated in back of, or in the back part of, or affecting the back or dorsal surface of the body. In lower animals, it refers to the caudal end of the body. [EU]

**Postnatal:** Occurring after birth, with reference to the newborn. [EU]

**Practicability:** A non-standard characteristic of an analytical procedure. It is dependent on the scope of the method and is determined by requirements such as sample throughout and costs. [NIH]

**Practice Guidelines:** Directions or principles presenting current or future rules of policy for the health care practitioner to assist him in patient care decisions regarding diagnosis, therapy, or related clinical circumstances. The guidelines may be developed by government agencies at any level, institutions, professional societies, governing boards, or by the convening of expert panels. The guidelines form a basis for the evaluation of all aspects of health care and delivery. [NIH]

**Precursor:** Something that precedes. In biological processes, a substance from which another, usually more active or mature substance is formed. In clinical medicine, a sign or symptom that heralds another. [EU]

**Prejudice:** A preconceived judgment made without adequate evidence and not easily alterable by presentation of contrary evidence. [NIH]

**Prescription Fees:** The charge levied on the consumer for drugs or therapy prescribed under written order of a physician or other health professional. [NIH]

**Prevalence:** The total number of cases of a given disease in a specified population at a
designated time. It is differentiated from incidence, which refers to the number of new cases in the population at a given time. [NIH]

**Preventive Health Services:** Services designed for promotion of health and prevention of disease. [NIH]

**Primary Prevention:** Prevention of disease or mental disorders in susceptible individuals or populations through promotion of health, including mental health, and specific protection, as in immunization, as distinguished from the prevention of complications or after-effects of existing disease. [NIH]

**Private Sector:** That distinct portion of the institutional, industrial, or economic structure of a country that is controlled or owned by non-governmental, private interests. [NIH]

**Privatization:** Process of shifting publicly controlled services and/or facilities to the private sector. [NIH]

**Problem Solving:** A learning situation involving more than one alternative from which a selection is made in order to attain a specific goal. [NIH]

**Program Development:** The process of formulating, improving, and expanding educational, managerial, or service-oriented work plans (excluding computer program development). [NIH]

**Program Evaluation:** Studies designed to assess the efficacy of programs. They may include the evaluation of cost-effectiveness, the extent to which objectives are met, or impact. [NIH]

**Progressive:** Advancing; going forward; going from bad to worse; increasing in scope or severity. [EU]

**Prone:** Having the front portion of the body downwards. [NIH]

**Proportional:** Being in proportion: corresponding in size, degree, or intensity, having the same or a constant ratio; of, relating to, or used in determining proportions. [EU]

**Prospective study:** An epidemiologic study in which a group of individuals (a cohort), all free of a particular disease and varying in their exposure to a possible risk factor, is followed over a specific amount of time to determine the incidence rates of the disease in the exposed and unexposed groups. [NIH]

**Protease:** Proteinase (= any enzyme that catalyses the splitting of interior peptide bonds in a protein). [EU]

**Protease Inhibitors:** Compounds which inhibit or antagonize biosynthesis or actions of proteases (endopeptidases). [NIH]

**Protein S:** The vitamin K-dependent cofactor of activated protein C. Together with protein C, it inhibits the action of factors VIIIa and Va. A deficiency in protein S can lead to recurrent venous and arterial thrombosis. [NIH]

**Proteins:** Polymers of amino acids linked by peptide bonds. The specific sequence of amino acids determines the shape and function of the protein. [NIH]

**Proteolytic:** 1. Pertaining to, characterized by, or promoting proteolysis. 2. An enzyme that promotes proteolysis (= the splitting of proteins by hydrolysis of the peptide bonds with formation of smaller polypeptides). [EU]

**Protocol:** The detailed plan for a clinical trial that states the trial's rationale, purpose, drug or vaccine dosages, length of study, routes of administration, who may participate, and other aspects of trial design. [NIH]

**Protons:** Stable elementary particles having the smallest known positive charge, found in the nuclei of all elements. The proton mass is less than that of a neutron. A proton is the nucleus of the light hydrogen atom, i.e., the hydrogen ion. [NIH]
Protriptyline: Tricyclic antidepressant similar in action and side effects to imipramine. It may produce excitation. [NIH]

Psychiatric: Pertaining to or within the purview of psychiatry. [EU]

Psychiatry: The medical science that deals with the origin, diagnosis, prevention, and treatment of mental disorders. [NIH]

Psychic: Pertaining to the psyche or to the mind; mental. [EU]

Psychogenic: Produced or caused by psychic or mental factors rather than organic factors. [EU]

Psychological Adaptation: The alteration of the selective response of a neural unit due to the received signals. [NIH]

Psychological Tests: Standardized tests designed to measure abilities, as in intelligence, aptitude, and achievement tests, or to evaluate personality traits. [NIH]

Psychology: The science dealing with the study of mental processes and behavior in man and animals. [NIH]

Psychometrics: Assessment of psychological variables by the application of mathematical procedures. [NIH]

Psychomotor: Pertaining to motor effects of cerebral or psychic activity. [EU]

Psychopathology: The study of significant causes and processes in the development of mental illness. [NIH]

Psychopharmacology: The study of the effects of drugs on mental and behavioral activity. [NIH]

Psychosexual: Pertaining to the mental aspects of sex. [NIH]

Psychosis: A mental disorder characterized by gross impairment in reality testing as evidenced by delusions, hallucinations, markedly incoherent speech, or disorganized and agitated behaviour without apparent awareness on the part of the patient of the incomprehensibility of his behaviour; the term is also used in a more general sense to refer to mental disorders in which mental functioning is sufficiently impaired as to interfere grossly with the patient's capacity to meet the ordinary demands of life. Historically, the term has been applied to many conditions, e.g. manic-depressive psychosis, that were first described in psychotic patients, although many patients with the disorder are not judged psychotic. [EU]

Psychotherapy: A generic term for the treatment of mental illness or emotional disturbances primarily by verbal or nonverbal communication. [NIH]

Psychotropic: Exerting an effect upon the mind; capable of modifying mental activity; usually applied to drugs that effect the mental state. [EU]

Psychotropic Drugs: A loosely defined grouping of drugs that have effects on psychological function. Here the psychotropic agents include the antidepressive agents, hallucinogens, and tranquilizing agents (including the antipsychotics and anti-anxiety agents). [NIH]

Puberty: The period during which the secondary sex characteristics begin to develop and the capability of sexual reproduction is attained. [EU]

Public Assistance: Financial assistance to impoverished persons for the essentials of living through federal, state or local government programs. [NIH]

Public Health: Branch of medicine concerned with the prevention and control of disease and disability, and the promotion of physical and mental health of the population on the international, national, state, or municipal level. [NIH]

Public Policy: A course or method of action selected, usually by a government, from among
alternatives to guide and determine present and future decisions. [NIH]  

**Public Sector**: The area of a nation's economy that is tax-supported and under government control. [NIH]

**Pulse**: The rhythmical expansion and contraction of an artery produced by waves of pressure caused by the ejection of blood from the left ventricle of the heart as it contracts. [NIH]

**Quality of Life**: A generic concept reflecting concern with the modification and enhancement of life attributes, e.g., physical, political, moral and social environment. [NIH]

**Race**: A population within a species which exhibits general similarities within itself, but is both discontinuous and distinct from other populations of that species, though not sufficiently so as to achieve the status of a taxon. [NIH]

**Radiation**: Emission or propagation of electromagnetic energy (waves/rays), or the waves/rays themselves; a stream of electromagnetic particles (electrons, neutrons, protons, alpha particles) or a mixture of these. The most common source is the sun. [NIH]

**Radiation therapy**: The use of high-energy radiation from x-rays, gamma rays, neutrons, and other sources to kill cancer cells and shrink tumors. Radiation may come from a machine outside the body (external-beam radiation therapy), or it may come from radioactive material placed in the body in the area near cancer cells (internal radiation therapy, implant radiation, or brachytherapy). Systemic radiation therapy uses a radioactive substance, such as a radiolabeled monoclonal antibody, that circulates throughout the body. Also called radiotherapy. [NIH]

**Radioactive**: Giving off radiation. [NIH]

**Randomized**: Describes an experiment or clinical trial in which animal or human subjects are assigned by chance to separate groups that compare different treatments. [NIH]

**Randomized Controlled Trials**: Clinical trials that involve at least one test treatment and one control treatment, concurrent enrollment and follow-up of the test- and control-treated groups, and in which the treatments to be administered are selected by a random process, such as the use of a random-numbers table. Treatment allocations using coin flips, odd-even numbers, patient social security numbers, days of the week, medical record numbers, or other such pseudo- or quasi-random processes, are not truly randomized and trials employing any of these techniques for patient assignment are designated simply controlled clinical trials. [NIH]

**Rationalization**: A defense mechanism operating unconsciously, in which the individual attempts to justify or make consciously tolerable, by plausible means, feelings, behavior, and motives that would otherwise be intolerable. [NIH]

**Reality Testing**: The individual's objective evaluation of the external world and the ability to differentiate adequately between it and the internal world; considered to be a primary ego function. [NIH]

**Receptor**: A molecule inside or on the surface of a cell that binds to a specific substance and causes a specific physiologic effect in the cell. [NIH]

**Receptors, Serotonin**: Cell-surface proteins that bind serotonin and trigger intracellular changes which influence the behavior of cells. Several types of serotonin receptors have been recognized which differ in their pharmacology, molecular biology, and mode of action. [NIH]

**Rectum**: The last 8 to 10 inches of the large intestine. [NIH]

**Recurrence**: The return of a sign, symptom, or disease after a remission. [NIH]

**Refer**: To send or direct for treatment, aid, information, de decision. [NIH]
Reflective: Capable of throwing back light, images, sound waves: reflecting. [EU]

Refraction: A test to determine the best eyeglasses or contact lenses to correct a refractive error (myopia, hyperopia, or astigmatism). [NIH]

Regimen: A treatment plan that specifies the dosage, the schedule, and the duration of treatment. [NIH]

Rehabilitative: Instruction of incapacitated individuals or of those affected with some mental disorder, so that some or all of their lost ability may be regained. [NIH]

Relapse: The return of signs and symptoms of cancer after a period of improvement. [NIH]

Relaxation Techniques: The use of muscular relaxation techniques in treatment. [NIH]

Reliability: Used technically, in a statistical sense, of consistency of a test with itself, i.e., the extent to which we can assume that it will yield the same result if repeated a second time. [NIH]

Remission: A decrease in or disappearance of signs and symptoms of cancer. In partial remission, some, but not all, signs and symptoms of cancer have disappeared. In complete remission, all signs and symptoms of cancer have disappeared, although there still may be cancer in the body. [NIH]

Renal failure: Progressive renal insufficiency and uremia, due to irreversible and progressive renal glomerular tubular or interstitial disease. [NIH]

Research Design: A plan for collecting and utilizing data so that desired information can be obtained with sufficient precision or so that an hypothesis can be tested properly. [NIH]

Research Support: Financial support of research activities. [NIH]

Respiration: The act of breathing with the lungs, consisting of inspiration, or the taking into the lungs of the ambient air, and of expiration, or the expelling of the modified air which contains more carbon dioxide than the air taken in (Blakiston's Gould Medical Dictionary, 4th ed.). This does not include tissue respiration (= oxygen consumption) or cell respiration (= cell respiration). [NIH]

Resuscitation: The restoration to life or consciousness of one apparently dead; it includes such measures as artificial respiration and cardiac massage. [EU]

Retinal: 1. Pertaining to the retina. 2. The aldehyde of retinol, derived by the oxidative enzymatic splitting of absorbed dietary carotene, and having vitamin A activity. In the retina, retinal combines with opsins to form visual pigments. One isomer, 11-cis retinal combines with opsins in the rods (scotopsin) to form rhodopsin, or visual purple. Another, all-trans retinal (trans-r.); visual yellow; xanthopsin) results from the bleaching of rhodopsin by light, in which the 11-cis form is converted to the all-trans form. Retinal also combines with opsins in the cones (photopsins) to form the three pigments responsible for colour vision. Called also retinal, and retinene1. [EU]

Retrogression: A reversion to some earlier stage of succession consequent on the introduction of an adverse factor, commonly soil degradation. [NIH]

Retrospective: Looking back at events that have already taken place. [NIH]

Reversion: A return to the original condition, e.g., the reappearance of the normal or wild type in previously mutated cells, tissues, or organisms. [NIH]

Rheumatism: A group of disorders marked by inflammation or pain in the connective tissue structures of the body. These structures include bone, cartilage, and fat. [NIH]

Rheumatoid: Resembling rheumatism. [EU]

Rheumatoid arthritis: A form of arthritis, the cause of which is unknown, although infection, hypersensitivity, hormone imbalance and psychologic stress have been suggested
as possible causes. [NIH]

**Ribosome**: A granule of protein and RNA, synthesized in the nucleolus and found in the cytoplasm of cells. Ribosomes are the main sites of protein synthesis. Messenger RNA attaches to them and there receives molecules of transfer RNA bearing amino acids. [NIH]

**Risk factor**: A habit, trait, condition, or genetic alteration that increases a person's chance of developing a disease. [NIH]

**Risk patient**: Patient who is at risk, because of his/her behaviour or because of the type of person he/she is. [EU]

**Risk-Taking**: Undertaking a task involving a challenge for achievement or a desirable goal in which there is a lack of certainty or a fear of failure. It may also include the exhibiting of certain behaviors whose outcomes may present a risk to the individual or to those associated with him or her. [NIH]

**Risperidone**: A selective blocker of dopamine D2 and serotonin-5-HT-2 receptors that acts as an atypical antipsychotic agent. It has been shown to improve both positive and negative symptoms in the treatment of schizophrenia. [NIH]

**Rural Population**: The inhabitants of rural areas or of small towns classified as rural. [NIH]

**Salivary**: The duct that convey saliva to the mouth. [NIH]

**Salivary glands**: Glands in the mouth that produce saliva. [NIH]

**Satellite**: Applied to a vein which closely accompanies an artery for some distance; in cytogenetics, a chromosomal agent separated by a secondary constriction from the main body of the chromosome. [NIH]

**Scans**: Pictures of structures inside the body. Scans often used in diagnosing, staging, and monitoring disease include liver scans, bone scans, and computed tomography (CT) or computerized axial tomography (CAT) scans and magnetic resonance imaging (MRI) scans. In liver scanning and bone scanning, radioactive substances that are injected into the bloodstream collect in these organs. A scanner that detects the radiation is used to create pictures. In CT scanning, an x-ray machine linked to a computer is used to produce detailed pictures of organs inside the body. MRI scans use a large magnet connected to a computer to create pictures of areas inside the body. [NIH]

**Schizophrenia**: A mental disorder characterized by a special type of disintegration of the personality. [NIH]

**Sclerosis**: A pathological process consisting of hardening or fibrosis of an anatomical structure, often a vessel or a nerve. [NIH]

**Screening**: Checking for disease when there are no symptoms. [NIH]

**Seizures**: Clinical or subclinical disturbances of cortical function due to a sudden, abnormal, excessive, and disorganized discharge of brain cells. Clinical manifestations include abnormal motor, sensory and psychic phenomena. Recurrent seizures are usually referred to as epilepsy or "seizure disorder." [NIH]

**Self Concept**: A person's view of himself. [NIH]

**Self-Help Groups**: Organizations which provide an environment encouraging social interactions through group activities or individual relationships especially for the purpose of rehabilitating or supporting patients, individuals with common health problems, or the elderly. They include therapeutic social clubs. [NIH]

**Semen**: The thick, yellowish-white, viscid fluid secretion of male reproductive organs discharged upon ejaculation. In addition to reproductive organ secretions, it contains spermatozoa and their nutrient plasma. [NIH]
**Senescence:** The bodily and mental state associated with advancing age. [NIH]

**Serotonin:** A biochemical messenger and regulator, synthesized from the essential amino acid L-tryptophan. In humans it is found primarily in the central nervous system, gastrointestinal tract, and blood platelets. Serotonin mediates several important physiological functions including neurotransmission, gastrointestinal motility, hemostasis, and cardiovascular integrity. Multiple receptor families (receptors, serotonin) explain the broad physiological actions and distribution of this biochemical mediator. [NIH]

**Serum:** The clear liquid part of the blood that remains after blood cells and clotting proteins have been removed. [NIH]

**Sex Characteristics:** Those characteristics that distinguish one sex from the other. The primary sex characteristics are the ovaries and testes and their related hormones. Secondary sex characteristics are those which are masculine or feminine but not directly related to reproduction. [NIH]

**Sex Counseling:** Advice and support given to individuals to help them understand and resolve their sexual adjustment problems. It excludes treatment for psychosexual disorders or psychosexual dysfunction. [NIH]

**Sexual Partners:** Married or single individuals who share sexual relations. [NIH]

**Shock:** The general bodily disturbance following a severe injury; an emotional or moral upset occasioned by some disturbing or unexpected experience; disruption of the circulation, which can upset all body functions: sometimes referred to as circulatory shock. [NIH]

**Side effect:** A consequence other than the one(s) for which an agent or measure is used, as the adverse effects produced by a drug, especially on a tissue or organ system other than the one sought to be benefited by its administration. [EU]

**Sign Language:** A system of hand gestures used for communication by the deaf or by people speaking different languages. [NIH]

**Signs and Symptoms:** Clinical manifestations that can be either objective when observed by a physician, or subjective when perceived by the patient. [NIH]

**Single Person:** The unmarried man or woman. [NIH]

**Skull:** The skeleton of the head including the bones of the face and the bones enclosing the brain. [NIH]

**Social Environment:** The aggregate of social and cultural institutions, forms, patterns, and processes that influence the life of an individual or community. [NIH]

**Social Problems:** Situations affecting a significant number of people, that are believed to be sources of difficulty or threaten the stability of the community, and that require programs of amelioration. [NIH]

**Social psychology:** The branch of psychology concerned with mental processes operating in social groups. [NIH]

**Social Security:** Government sponsored social insurance programs. [NIH]

**Social Support:** Support systems that provide assistance and encouragement to individuals with physical or emotional disabilities in order that they may better cope. Informal social support is usually provided by friends, relatives, or peers, while formal assistance is provided by churches, groups, etc. [NIH]

**Social Welfare:** Organized institutions which provide services to ameliorate conditions of need or social pathology in the community. [NIH]

**Social Work:** The use of community resources, individual case work, or group work to
promote the adaptive capacities of individuals in relation to their social and economic environments. It includes social service agencies. [NIH]

**Socialization:** The training or molding of an individual through various relationships, educational agencies, and social controls, which enables him to become a member of a particular society. [NIH]

**Socioeconomic Factors:** Social and economic factors that characterize the individual or group within the social structure. [NIH]

**Soma:** The body as distinct from the mind; all the body tissue except the germ cells; all the axial body. [NIH]

**Somatic:** 1. Pertaining to or characteristic of the soma or body. 2. Pertaining to the body wall in contrast to the viscera. [EU]

**Sound wave:** An alteration of properties of an elastic medium, such as pressure, particle displacement, or density, that propagates through the medium, or a superposition of such alterations. [NIH]

**Spasmodic:** Of the nature of a spasm. [EU]

**Specialist:** In medicine, one who concentrates on 1 special branch of medical science. [NIH]

**Species:** A taxonomic category subordinate to a genus (or subgenus) and superior to a subspecies or variety, composed of individuals possessing common characters distinguishing them from other categories of individuals of the same taxonomic level. In taxonomic nomenclature, species are designated by the genus name followed by a Latin or Latinized adjective or noun. [EU]

**Specificity:** Degree of selectivity shown by an antibody with respect to the number and types of antigens with which the antibody combines, as well as with respect to the rates and the extents of these reactions. [NIH]

**Spectrum:** A charted band of wavelengths of electromagnetic vibrations obtained by refraction and diffraction. By extension, a measurable range of activity, such as the range of bacteria affected by an antibiotic (antibacterial s.) or the complete range of manifestations of a disease. [EU]

**Sperm:** The fecundating fluid of the male. [NIH]

**Sperm Banks:** Centers for acquiring and storing semen. [NIH]

**Spike:** The activation of synapses causes changes in the permeability of the dendritic membrane leading to changes in the membrane potential. This difference of the potential travels along the axon of the neuron and is called spike. [NIH]

**Spinal cord:** The main trunk or bundle of nerves running down the spine through holes in the spinal bone (the vertebræ) from the brain to the level of the lower back. [NIH]

**Staff Development:** The process by which the employer promotes staff performance and efficiency consistent with management goals and objectives. [NIH]

**Staging:** Performing exams and tests to learn the extent of the cancer within the body, especially whether the disease has spread from the original site to other parts of the body. [NIH]

**Stasis:** A word termination indicating the maintenance of (or maintaining) a constant level; preventing increase or multiplication. [EU]

**Sterility:** 1. The inability to produce offspring, i.e., the inability to conceive (female s.) or to induce conception (male s.). 2. The state of being aseptic, or free from microorganisms. [EU]

**Stimulant:** 1. Producing stimulation; especially producing stimulation by causing tension on muscle fibre through the nervous tissue. 2. An agent or remedy that produces stimulation.
**Stimulus**: That which can elicit or evoke action (response) in a muscle, nerve, gland or other excitable issue, or cause an augmenting action upon any function or metabolic process. [NIH]

**Stomach**: An organ of digestion situated in the left upper quadrant of the abdomen between the termination of the esophagus and the beginning of the duodenum. [NIH]

**Stress**: Forcibly exerted influence; pressure. Any condition or situation that causes strain or tension. Stress may be either physical or psychologic, or both. [NIH]

**Stress management**: A set of techniques used to help an individual cope more effectively with difficult situations in order to feel better emotionally, improve behavioral skills, and often to enhance feelings of control. Stress management may include relaxation exercises, assertiveness training, cognitive restructuring, time management, and social support. It can be delivered either on a one-to-one basis or in a group format. [NIH]

**Stroke**: Sudden loss of function of part of the brain because of loss of blood flow. Stroke may be caused by a clot (thrombosis) or rupture (hemorrhage) of a blood vessel to the brain. [NIH]

**Subacute**: Somewhat acute; between acute and chronic. [EU]

**Subclinical**: Without clinical manifestations; said of the early stage(s) of an infection or other disease or abnormality before symptoms and signs become apparent or detectable by clinical examination or laboratory tests, or of a very mild form of an infection or other disease or abnormality. [EU]

**Superior vena cava**: Vein which returns blood from the head and neck, upper limbs, and thorax. It is formed by the union of the two brachiocephalic veins. [NIH]

**Support group**: A group of people with similar disease who meet to discuss how better to cope with their cancer and treatment. [NIH]

**Symptomatology**: 1. That branch of medicine with treats of symptoms; the systematic discussion of symptoms. 2. The combined symptoms of a disease. [EU]

**Synapses**: Specialized junctions at which a neuron communicates with a target cell. At classical synapses, a neuron's presynaptic terminal releases a chemical transmitter stored in synaptic vesicles which diffuses across a narrow synaptic cleft and activates receptors on the postsynaptic membrane of the target cell. The target may be a dendrite, cell body, or axon of another neuron, or a specialized region of a muscle or secretory cell. Neurons may also communicate through direct electrical connections which are sometimes called electrical synapses; these are not included here but rather in gap junctions. [NIH]

**Synergistic**: Acting together; enhancing the effect of another force or agent. [EU]

**Systemic**: Affecting the entire body. [NIH]

**Systemic disease**: Disease that affects the whole body. [NIH]

**Systemic lupus erythematosus**: SLE. A chronic inflammatory connective tissue disease marked by skin rashes, joint pain and swelling, inflammation of the kidneys, inflammation of the fibrous tissue surrounding the heart (i.e., the pericardium), as well as other problems. Not all affected individuals display all of these problems. May be referred to as lupus. [NIH]

**Systems Theory**: Principles, models, and laws that apply to complex interrelationships and interdependencies of sets of linked components which form a functioning whole, a system. Any system may be composed of components which are systems in their own right (sub-systems), such as several organs within an individual organism. [NIH]

**Systolic**: Indicating the maximum arterial pressure during contraction of the left ventricle of the heart. [EU]

**Tardive**: Marked by lateness, late; said of a disease in which the characteristic lesion is late
in appearing. [EU]

**Telecommunications:** Transmission of information over distances via electronic means. [NIH]

**Telemedicine:** Delivery of health services via remote telecommunications. This includes interactive consultative and diagnostic services. [NIH]

**Temporal:** One of the two irregular bones forming part of the lateral surfaces and base of the skull, and containing the organs of hearing. [NIH]

**Therapeutics:** The branch of medicine which is concerned with the treatment of diseases, palliative or curative. [NIH]

**Thorax:** A part of the trunk between the neck and the abdomen; the chest. [NIH]

**Threshold:** For a specified sensory modality (e.g., light, sound, vibration), the lowest level (absolute threshold) or smallest difference (difference threshold, difference limen) or intensity of the stimulus discernible in prescribed conditions of stimulation. [NIH]

**Thrombosis:** The formation or presence of a blood clot inside a blood vessel. [NIH]

**Time Management:** Planning and control of time to improve efficiency and effectiveness. [NIH]

**Tin:** A trace element that is required in bone formation. It has the atomic symbol Sn, atomic number 50, and atomic weight 118.71. [NIH]

**Tissue:** A group or layer of cells that are alike in type and work together to perform a specific function. [NIH]

**Tolerance:** 1. The ability to endure unusually large doses of a drug or toxin. 2. Acquired drug tolerance; a decreasing response to repeated constant doses of a drug or the need for increasing doses to maintain a constant response. [EU]

**Tomography:** Imaging methods that result in sharp images of objects located on a chosen plane and blurred images located above or below the plane. [NIH]

**Tooth Preparation:** Procedures carried out with regard to the teeth or tooth structures preparatory to specified dental therapeutic and surgical measures. [NIH]

**Torture:** The intentional infliction of physical or mental suffering upon an individual or individuals, including the torture of animals. [NIH]

**Toxic:** Having to do with poison or something harmful to the body. Toxic substances usually cause unwanted side effects. [NIH]

**Toxicity:** The quality of being poisonous, especially the degree of virulence of a toxic microbe or of a poison. [EU]

**Toxicology:** The science concerned with the detection, chemical composition, and pharmacologic action of toxic substances or poisons and the treatment and prevention of toxic manifestations. [NIH]

**Toxin:** A poison; frequently used to refer specifically to a protein produced by some higher plants, certain animals, and pathogenic bacteria, which is highly toxic for other living organisms. Such substances are differentiated from the simple chemical poisons and the vegetable alkaloids by their high molecular weight and antigenicity. [EU]

**Trace element:** Substance or element essential to plant or animal life, but present in extremely small amounts. [NIH]

**Tranquilizing Agents:** A traditional grouping of drugs said to have a soothing or calming effect on mood, thought, or behavior. Included here are the anti-anxiety agents (minor tranquilizers), antimanic agents, and the antipsychotic agents (major tranquilizers). These drugs act by different mechanisms and are used for different therapeutic purposes. [NIH]
Transfection: The uptake of naked or purified DNA into cells, usually eukaryotic. It is analogous to bacterial transformation. [NIH]

Translation: The process whereby the genetic information present in the linear sequence of ribonucleotides in mRNA is converted into a corresponding sequence of amino acids in a protein. It occurs on the ribosome and is unidirectional. [NIH]

Translational: The cleavage of signal sequence that directs the passage of the protein through a cell or organelle membrane. [NIH]

Transmitter: A chemical substance which effects the passage of nerve impulses from one cell to the other at the synapse. [NIH]

Trauma: Any injury, wound, or shock, must frequently physical or structural shock, producing a disturbance. [NIH]

Treatment Outcome: Evaluation undertaken to assess the results or consequences of management and procedures used in combating disease in order to determine the efficacy, effectiveness, safety, practicability, etc., of these interventions in individual cases or series. [NIH]

Triage: The sorting out and classification of patients or casualties to determine priority of need and proper place of treatment. [NIH]

Tricyclic: Containing three fused rings or closed chains in the molecular structure. [EU]

Trigger zone: Dolorogenic zone (= producing or causing pain). [EU]

Tryptophan: An essential amino acid that is necessary for normal growth in infants and for nitrogen balance in adults. It is a precursor serotonin and niacin. [NIH]

Tyramine: An indirect sympathomimetic. Tyramine does not directly activate adrenergic receptors, but it can serve as a substrate for adrenergic uptake systems and monoamine oxidase so it prolongs the actions of adrenergic transmitters. It also provokes transmitter release from adrenergic terminals. Tyramine may be a neurotransmitter in some invertebrate nervous systems. [NIH]

Unconscious: Experience which was once conscious, but was subsequently rejected, as the "personal unconscious". [NIH]

Universal Precautions: Prudent standard preventive measures to be taken by professional and other health personnel in contact with persons afflicted with a communicable disease, to avoid contracting the disease by contagion or infection. Precautions are especially applicable in the diagnosis and care of AIDS patients. [NIH]

Uterus: The small, hollow, pear-shaped organ in a woman's pelvis. This is the organ in which a fetus develops. Also called the womb. [NIH]

Vaccine: A substance or group of substances meant to cause the immune system to respond to a tumor or to microorganisms, such as bacteria or viruses. [NIH]

Vascular: Pertaining to blood vessels or indicative of a copious blood supply. [EU]

VE: The total volume of gas either inspired or expired in one minute. [NIH]

Vein: Vessel-carrying blood from various parts of the body to the heart. [NIH]

Vena: A vessel conducting blood from the capillary bed to the heart. [NIH]

Venous: Of or pertaining to the veins. [EU]

Ventricle: One of the two pumping chambers of the heart. The right ventricle receives oxygen-poor blood from the right atrium and pumps it to the lungs through the pulmonary artery. The left ventricle receives oxygen-rich blood from the left atrium and pumps it to the body through the aorta. [NIH]
Vertebrae: A bony unit of the segmented spinal column. [NIH]

Veterinary Medicine: The medical science concerned with the prevention, diagnosis, and treatment of diseases in animals. [NIH]

Virus: Submicroscopic organism that causes infectious disease. In cancer therapy, some viruses may be made into vaccines that help the body build an immune response to, and kill, tumor cells. [NIH]

Volition: Voluntary activity without external compulsion. [NIH]

Waiting Lists: Prospective patient listings for appointments. [NIH]

Wakefulness: A state in which there is an enhanced potential for sensitivity and an efficient responsiveness to external stimuli. [NIH]

War: Hostile conflict between organized groups of people. [NIH]

White blood cell: A type of cell in the immune system that helps the body fight infection and disease. White blood cells include lymphocytes, granulocytes, macrophages, and others. [NIH]

Withdrawal: 1. A pathological retreat from interpersonal contact and social involvement, as may occur in schizophrenia, depression, or schizoid avoidant and schizotypal personality disorders. 2. (DSM III-R) A substance-specific organic brain syndrome that follows the cessation of use or reduction in intake of a psychoactive substance that had been regularly used to induce a state of intoxication. [EU]

X-ray: High-energy radiation used in low doses to diagnose diseases and in high doses to treat cancer. [NIH]
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