

MENTAL HEALTH WEEKLY

Essential information for decision-makers

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Training staff to be recovery-focused must start at the top, leaders say

As mental health treatment organizations evolve to become more recovery-centered with clients, how can they best prepare their workforce to flourish under this new set of assumptions? Two leaders interviewed by MHW say they need to start in the executive office.

"We think recovery happens at the line level, but then no one else in the organization emulates it," said Lori Ashcraft, Ph.D., who directs the Recovery Opportunity Center at Recovery Innovations, Inc. (formerly META Services) in Phoenix. "The staff has been trained in a new clinical approach, but the organization maintains the same policies and procedures."

Bottom Line...

Mental health organizations should look at the recovery mission less as something that line staff must fulfill and more as a transformation throughout the organization.

"I could mechanically train as much as I wanted, but if the staff doesn't see recovery in the mission statement and in the strategic plan, and if they don't hear the CEO and COO talking about it, it just comes across as another fad," said Stephen Christian-Michaels, chief operating officer of Family Services of Western Pennsylvania. "And they figure that

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New alliance forms to tackle Latino BH workforce shortage

Despite a soaring population, the number of Latino behavioral health providers is woefully inadequate, contributing to disparities in the availability of and access to the provision of quality, culturally and linguistically competent behavioral care for the population, according to a new report. The workforce crisis affecting the Latino population prompted the formation of a new alliance to tackle the issue.

The report was released last month by the Department of Health and Human Services' (HHS) Office of Minority Health and the National Resource Center for Hispanic Mental Health (NRCHMH). The report, "Movilizandonos por Nuestro Futuro: Strategic Development of a Mental

Bottom Line...

One way the Latino community is hoping to address the critical shortage of bilingual and bicultural behavioral health providers is to ensure that a behavioral health representative is part of a new health commission that is forming as a result of the health reform law.

Health Workforce for Latinos," contains consensus statements and recommendations for pushing the workforce development agenda forward.

The Latino population comprises more than 15 percent of the overall population, not including four million residents of Puerto Rico, said

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as long as they keep their head low for a couple of weeks or a couple months, it'll go away — like every other fad does.”

The provider organizations where Ashcraft and Christian-Michaels work have become well-known examples of agencies where recovery sits at the core of all activity. Ashcraft now offers, through the Recovery Opportunity Center, training and technical assistance to other recovery-minded operations across the country. The efforts of Christian-Michaels' agency to develop a better-prepared case management workforce led to an innovative workforce development partnership throughout Allegheny County, with recovery principles at the forefront (see *MHW*, March 15).

Both Ashcraft and Christian-Michaels see the transformation to a recovery-centered organization as a lengthy process characterized by some uncertainty. Christian-Michaels said the redefinition at his agency started in 2003, and he still would contend that the agency has further progress to make. Ashcraft said that even with her experience at her own treatment agency and in observing the activities of others, she is often surprised at which staff members prove to excel under a recovery vision and which ones end up struggling.

Consumers prominent

Both Christian-Michaels and Ashcraft believe that training a mental health organization workforce to be recovery-focused requires a great deal of direct involvement from recovering consumers themselves. “You have to hire people who are in recovery,” Ashcraft said. “They know exactly what to do, because

‘You have to hire people who are in recovery. They know exactly what to do, because they have had the wrong things done to them in the past.’

Lori Ashcraft, Ph.D.

they have had the wrong things done to them in the past.”

Christian-Michaels said transformation comes to life when an organization's staff meeting rooms suddenly are well-populated with consumer representatives. “It changes the way people think,” he said in reference to the traditional staff. “All of a sudden you can't act the way you

could when the room was filled with smoke, and it was a sea of misery.”

A total of 10 programs at Family Services of Western Pennsylvania employ peer workers, indicating that consumer participation can be found everywhere in the agency. In addition, Christian-Michaels said that both the board of directors and the advisory board for the organization include consumer representation on these panels of authority. While he said the board of directors will never have as much as 50 percent representation from consumers, the advisory board could get to that level of representation.

Most importantly, though, the organization schedules opportunities for meaningful discussions that open the eyes of staff members. It has conducted facilitated dialogues with equal participation from staff and consumers (they're called “trialogues” when family members also represented in an equal proportion). At these meetings, a couple of lively questions allow participants to see issues from the other group's perspective.

For example, Christian-Michaels said, a consumer might report being addressed by a staff member in a condescending and not recovery-affirming way. A staff member might volunteer that when a consumer did not show for an appointment, the staffer was left with an

MENTAL HEALTH WEEKLY

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hour of unproductive time.

"This is a good way to get people to think in another person's shoes, which is something that professionals are not good at," Christian-Michaels said.

In addition, when employees at Family Services of Western Pennsylvania receive training in recovery concepts, the presentations are jointly conducted by both a staff member and a consumer. In essence, most signs of staff-consumer separation have been eliminated at the agency, even down to the very basic.

"I waited for the staff-only bathrooms to go away," Christian-Michaels. "Finally, I had to issue an edict that there would be no staff-only bathrooms."

Sharing the vision

Ashcraft said the vision of recovery must permeate all aspects of a treatment organization in order for the workforce to achieve complete buy-in. Staff members who are told to empower their clients but are

not given the tools to do so will ultimately come to believe that recovery doesn't happen, she said, because they won't see it happening in their clients.

In addition, training doesn't stop at the state level, because to some degree the consumer must be "trained" as well in an organization's emerging orientation toward recovery. "Organizations tend not to tell people what they do," Ashcraft said. "Instead, they create a plan for the client, one that the client may not know about. And then they wonder why the client doesn't achieve it."

Ashcraft believes staff members must have open discussions with clients about the organization's plans to work differently and to embrace the possibilities of recovery. This will involve a complete description of how staff and client roles will change.

In essence, then, the training of the workforce in recovery concepts involves an organization-wide commitment: It begins in the executive

suite, permeates the clinical staff, and is readily felt among the population served.

It is by no means an easy process, these two leaders acknowledge. Some staff members will resist the change; Christian-Michaels said this is less a function of how long a staff member has been working in the field and more a manifestation of an individual's never having seen a consumer working in a leadership role.

Christian-Michaels said organizations must expect that some staff members will speak the rhetoric of change but not truly embrace it in their one-on-one work with clients. For those individuals who might become even more openly hostile to change, the organization must communicate through its actions that change is necessary and will happen.

"For those employees who remained disrespectful to consumers, we put them on probation," Christian-Michaels said. •

Pa. agency's quest to provide quality service helps retain staff

At a time when continued decreases in federal and state funding plague community-based mental health organizations, along with stagnant reimbursement rates, and increased service demand, retaining staff remains an ongoing challenge for the industry.

For the Pittsburgh-based Milestone Centers Inc., the implementation of a modified management system to address those challenges has resulted in increasing staff productivity and decreasing staff turnover while providing access to quality services and decreasing operating expenses.

The goal of the agency's Care Initiative Process (CIP) is to also create a system that eliminates waste, increases revenue and maintains a high level of consumer and staff satisfaction. Milestone employs more than 400 individuals, and annually services 3,000 consumers located

Bottom Line...

Ongoing training, education and leadership opportunities allow staff to feel more empowered, enhance their abilities and lead to a greater sense of responsibility.

throughout 20 Pennsylvania counties.

The agency's intake department for more than two years had witnessed an annual turnover rate of 66 percent, said Scott A. Douglass, service coordination unit supervisor for Milestone Centers, Inc. "We were looking at a two-thirds loss of staff every nine months," Douglass told *MHW*. "The loss of staff was crippling our ability to keep up with demand for services." In the past five years the intake department has retained all of its staff.

Douglass conducted a poster session on the agency's CIP pro-

gram during the National Council for Community Behavioral Healthcare's 40th Mental Health and Addictions Conference last month in Orlando, Fla. (see *MHW*, March 22).

Feeling 'overwhelmed'

It takes about two months to hire someone followed by a three-month training process, said Douglass. "It wasn't so much about salary as it was about their feeling absolutely overwhelmed in this position," he said. "They couldn't keep their head above water and were constantly playing catch-up."

The tasks and responsibilities that prompted those feelings included duplication of activities, lack of established internal standardized processes, problems in communicating with other areas of the agency, and excessive administra-

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tive duties, Douglass said.

The agency's first attempt to decrease the staff turnover rate was by making a compensation adjustment, said Douglass. Company officials looked at similar positions in other agencies and adjusted its compensation rate to be more competitive, but it did not solve the problem, he said.

"Staff continued to present the same issues and it became evidently clear in a short period of time that this approach was not going to be successful in retaining staff," Douglass said. "This is when the focus shifted to the functions of the positions, and staff were brought into the business processes."

Staff input

"The first step in initiating CIP was asking staff about what areas they thought needed to be changed, what their frustrations were, and their suggestions for improving the process," said Douglass. "Once this dialogue was opened up, we all worked together in developing new approaches, securing needed tools and resources, and including staff from all the other internal programs we interact with in the CIP approach."

Douglass added, "All of our intake staff are master's-level clinicians and over the years this has included individuals who had their master's degree in social work, education, and counseling."

When the agency transitioned from a paper documentation system to an electronic medical record (EMR) system it experienced some loss of productivity from the staff while they learned the new system,

said Douglass.

When staff left and new staff was hired, they had to repeat the cycle, he added. "In response we developed a training manual for the intake staff that walked them through each step of the EMR that they would be utilizing," Douglass said. This effort not only decreased the amount of productive time lost, but it also decreased the error rates in that all staff were now operating from a standard procedure, he added.

The EMR did eliminate a majority of the paper documentation, however there still are some paper documents that are required, he

'The staff really had a significant voice. In essence, they created the environment that we operate in.'

Scott A. Douglass

said. "Our initial process was resulting in duplication of these documents and made it very difficult to track them," Douglass said.

The department subsequently implemented the red and blue folder system which places all of the intake documents into a folder which is then distributed to the clinicians. The folders include directions posted on the front cover stating where the documents are to be sent if the appointment is kept or not kept. "This has allowed us to track these documents with 100 percent accuracy," Douglass added.

Even as the volume of patients

increased, the intake department had a flexible process in place. "We built flexibility in regard to the number of appointments we could schedule within the intake department and created a walk-in clinic," he said. By streamlining our processes, we increased our efficiency, which in turn opened up more time per clinician that could be used to provide access and services to incoming consumers."

The CIP effort helped increase quality services and decreased no-show rates as more consumers were keeping their appointments, he said. "This reduced the amount of revenue being lost and increased the amount of revenue being generated," Douglass said. They also were able to increase their consumer capacity in regard to scheduling the initial assessments and decreasing the waiting times, he said, adding that supply costs and error rates were also reduced.

Shaping the process

The input from staff helped form the processes and approaches of the CIP, said Douglass. "We looked at every suggestion," he said. "It may have taken 20 tries to find the right combination, but we worked at it. The staff really had a significant voice. In essence, they created the environment that we operate in."

Douglass attributed staff retention to treating employees with respect, helping them feel empowered, and getting them involved in the agency business process. Staff retention is the core of the whole CIP. The whole idea around CIP is to provide the highest quality positive environment for our consumers." •

LATINO from page 1

Teresa Chapa, Ph.D., policy advisor of mental health at the HHS' Office of Minority Health. "Latinos are visibly absent from all areas of behavioral health professions including medicine, nursing, psychology and

social work, and in positions of leadership across the board,"

According to the report, the Latino behavioral workforce includes 1 percent of clinical psychologists; 4.3 percent of social workers; 1.7 percent of registered nurses and

less than 3 percent of physicians. An increased Latino behavioral health leadership and workforce is the only way of ensuring health equity and progressing towards the elimination of disparities, according to the report.

"We need to create more Latino providers out there who understand our culture and speak our language," Henry Acosta, executive director of the National Resource Center for Hispanic Mental Health and chair of the newly formed Alliance for Latino Behavioral Health Workforce Development, told *MHW*.

The new report was prompted by an initiative of the same name when HHS' Office of Minority Health in 2009 convened a series of meetings with leaders from across the country to address the critical shortage of bilingual and bicultural health providers. The primary outcome of the initiative was the development of a steering committee to ensure the recommendations are not just on paper, but [would involve] pushing the federal government to adopt a level of standards, Acosta said.

New Jersey is currently the only state to enact a law requiring its medical schools to include six hours of cultural competency as part of the curriculum, said Acosta, whose organization is based in Mercerville, N.J.

Many studies point to the fact that the Latino community tends to underutilize mental health services more than other populations, he said. A federal National Latino and Asian American study, found that 60 to 75 percent of Latinos drop out of mental health care after only one visit, Acosta said. "Obviously one visit to a mental health professional is not enough for anyone to address their emotional, mental or behavioral issues," Acosta said.

Additionally, behavioral health professionals with degrees from other countries entering the U.S. encounter barriers. "Across the nation there are probably tens of thousands of individuals who come to the U.S. with advanced degrees in a behavioral health field from their Latin American country," said Acosta. "When they have their credentials evaluated, or enroll in an

L.A. academy aims to push students into pursuing careers in mental health

The Human Services Academy, a Los Angeles school-based career program combines classroom experience, community experience and college planning to provide high school students, many from economically and educationally disadvantaged environments, with exposure to career possibilities in mental health and human services.

The career academy model, first opened in 1997 in Los Angeles followed by another one in 2000. The Academy, in partnership with the Los Angeles Unified School, sponsored the program on two high school campuses, Narbonne High School and Huntington Park High School, for students in grades 9 through 12.

"We're working to shape that population to get them to pursue an interest in mental health, get them workforce prepared, but also [ensure] they continue their education," Gustavo Loera, Ed.D., director of educational research and development for Mental Health America of Los Angeles, told *MHW*.

In addition to offering a supportive environment for students, the Academy aims to produce well-trained mental health and human services professionals who will focus on the recovery of people with severe and persistent mental illness, Loera said.

Components of the program include a career-related curriculum, work experience, college planning, personal development and career exploration, he noted. Students have opportunities to work in nursing homes, boys and girls clubs, and other facilities that allow them to work with people with mental illnesses, Loera said.

"Between 1998-2008, we had 724 of 926 students participating in this program," Loera said. The amount of time they worked in the community-based organizations totaled 105,365 hours and represented the equivalent work of 53 full-time employees, he said. "The students' work helped to remedy some of the workforce shortages these facilities were experiencing," he said.

Visit www.mhala.org/human-services-academy.htm for more information.

educational institution, or show evidence of a degree for a job, they are told their Ph.D. or master's degrees may just be equivalent to a master's or bachelor's degree respectively."

Recommendations

The report's recommendations for advancing a Latino behavioral health workforce development agenda include:

- HHS' OMH to institutionalize a Latino Behavioral Healthcare Workforce Advisory Council at the White House with federal partner representation with HHS, Department of Education, the Department of

Correction and other agencies.

- An interagency behavioral health steering committee under the secretaries of HHS, Labor, Education and Justice is developed.
- Create a Latino workforce "learning community" based on best practices, including peer-based and peer-to-peer programs (evidence-based, practice-based, and community-defined based).
- HHS and the Department of Education (DOE) authorize public-private funding for community-based organiza-

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tions, associations and other entities to provide outreach and educational activities aimed at increasing awareness among Latinos of the varied behavioral health professions.

Health reform commission

One of the provisions in the new health care reform law calls for the creation of a 15-member national health care commission to respond to the health care workforce shortage and make recommendations to Congress, said Acosta. The appointment of the commission is set for September 30, 2010. "The Alliance wants to ensure that this commission is racially diverse and includes behavioral health professionals," he said.

Another provision in the health care reform law calls for addressing workforce issues related to pediatric services, including the development of a behavioral health workforce in child development and adolescent services, said Acosta.

The Alliance plans to more thoroughly examine the new health care reform law to ensure that they have a voice to raise awareness of the need to address Latino behavioral health workforce issues. "We also want to make a big impact to

address the shortages that exist and the resulting crisis for Latinos who require mental health care," he said.

In mid-June the Alliance steering committee members will convene a strategic planning retreat in Washington, D.C. in order to prioritize recommendations contained in the report and for developing implementation strategies for the recommendations, Acosta said.

'There's a dearth in the Latino workforce from all aspects. That includes clerks, therapists, doctors and researchers.'

Ambrose Rodriguez

Workforce needs

"There's a dearth in the Latino workforce from all aspects," Ambrose Rodriguez, director of the Latino Behavioral Health Institute and a member of the Alliance, told *MHW*. "That includes clerks, therapists, doctors and researchers."

The problem cannot be fixed in the short term, he said. "Health care reform is a good first step," said

Rodriguez. "There is lot more to be achieved."

One way to remedy the shortage is to encourage students, as early as high school and middle school to work in the behavioral health field and for mental health and human services to become part of a national school curriculum, said Gustavo Loera, Ed.D., director of educational research and development for Mental Health America of Los Angeles.

Loera oversees a Human Services Academy which encourages students to pursue careers in mental health (see box, page 5).

As a member of the Alliance, Loera said he intends to help shape the student population to pursue careers in the mental health workforce. He also hopes to help influence policy, and identify ways to replicate model programs, like the Human Services Academy, and other programs throughout the country.

"The main goal is to figure out how to redirect funding and identify some of the best practices and programs with good outcomes to prepare people for this profession," he said. •

To obtain a copy of the report, "Movilizandonos por Nuestro Futuro: Strategic Development of a Mental Health Workforce for Latinos," visit www.nrchmh.org.

Md. bill to increase wages, address provider workforce shortage

Legislation to increase reimbursement rates for Maryland's mental health and developmental disability providers passed the Senate last week, much to the relief of the field, especially during a time of budgetary constraints and a deepening workforce crisis in the state.

The legislation, SB 633/ HB 1034, sponsored by Sen. Thomas McLain Middleton, requires the Community Services Reimbursement Rate Commission to develop an updated formula for determining rates paid to community mental health service

providers and developmental disabilities service providers.

According to the bill, the rate will be tied to the inflationary increases the state budgets for itself and will include items such as personnel, transportation and food. The legislation also requires the Department of Health and Mental Hygiene, in consultation with specified entities, to conduct a study and present a report by January 1, 2011.

"The legislation calls for a wage increase for providers if state employees receive a Cost-of-

Living Adjustment increase," Susan Lawrence, spokesperson for Sen. Middleton, told *MHW*.

In a recent editorial for the Baltimore Sun, Middleton wrote that while the state pays a starting wage of \$12.50 to \$15.80 per hour for direct support staff in institutions, it reimburses community providers \$9 or \$10 per hour for staff who do the same work in community settings.

Middleton also pointed to a state task force report released in 2008 that found that staff turnover rates in mental health programs exceed 30

percent and vacant positions remain open for months despite the high unemployment rate.

"Individuals can make more an hour working at McDonalds or Wal-Mart in most cases," said Lawrence. "Vacancies are remaining high because the responsibilities of the jobs are great with little reimbursement."

Strong advocacy support

Herb Cromwell, executive director of the Community Behavioral Health Association of Maryland, said the association is elated. "The passage of this bill in any year, much less at a time like today, is nothing short of miraculous," Cromwell told *MHW*.

The legislation requires annual inflationary adjustments in reimbursement rates for the providers based on the inflationary adjustments routinely built into state agency budgets, said Cromwell. "Even when state employees receive no increase, the state budget does allow increases for other cost centers such as transportation, benefits, fuel and supplies," he said. "The same will apply to community mental health and developmental disabilities services," Cromwell said.

The bill defines the role of the Community Services Reimbursement Rate Commission in calculating the adjustments, caps annual increases at 4 percent, sunsets the bill in 2016, and requires a plan for implementation of rate setting for community mental health and developmental disability providers, Cromwell said.

According to Cromwell, key factors in support of the bill included:

- Strong and committed advocacy by state legislative leaders, including Senators Thomas "Mac" Middleton, chair of the Senate Finance Committee, and Delegate Peter Hammen, Chair of the House Health and Government Operations Committee, along with Delegates Robert Costa, House sponsor and Jim Hubbard, House cosponsor, and Senators Edward

'The passage of this bill in any year, much less at a time like today, is nothing short of miraculous.'

Herb Cromwell

Kasemeyer and Rich Madaleno of the Senate Budget and Taxation Committee.

- Tremendous grassroots advocacy by Community Behavioral Health Association member agencies, and by other mental health and developmental disabilities organizations including the Mental Health Association, the Arc of Maryland, a statewide advocacy organization of and for people with mental retardation and related developmental cognitive disabilities; and

the National Alliance on Mental Illness.

- The willingness of Governor Martin O'Malley and his budget and health officials to negotiate an issue that in the past met with blanket opposition.
- A greater awareness among legislators and executive branch officials of the inadequacies and inequities in funding for community services, after many years of advocacy and education by mental health and developmental disabilities stakeholders. •

Correction

Mark Covall's title should have been referred to as president and CEO of the National Association of Psychiatric Health Systems in the article on parity regulations in the April 12 issue of *MHW*. He is no longer executive director of NAPHS. *MHW* regrets the error.

BRIEFLY NOTED

BH field urges lawmakers to support HIT funding

Behavioral health and advocacy leaders last week are calling for support to expand the Health Information Technology for Economic and Clinical Health Act (HITECH) Act to better incorporate behavioral health providers and organizations. The HITECH Act, which was included as part of the American Recovery and Reinvestment Act of 2009, provided for incentive payments to certain types of healthcare organizations for the adoption of electronic health records. The National Council for Community Behavioral Healthcare, the Centerstone Research In-

stitute, and the National Association of County Behavioral Health & Developmental Disability Directors, are among the groups supporting the bill. The organizations are calling on the government to improve the HITECH Act by making community behavioral health organizations eligible for facility payments under the law. The original sponsors of the bill, Rep. Patrick Kennedy (D-R.I.) and Rep. Tim Murphy (R-Penn.), are seeking additional cosponsors to build support for the bill.

Study examines elevated depression rate during medical internship

A recent study is among the first to identify specific factors responsible for a significantly elevated

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vated rate of depression among medical interns. Srijan Sen, M.D., Ph.D. and colleagues studied 740 interns entering residency programs in 13 U.S. hospitals. The proportion of participants meeting criteria for depression climbed from 3.9 percent before internship to 25.7% during internship. The factors associated with developing depression included female sex, history of major depression, increased work hours, and perceived medical errors. Medical specialty did not have an impact. Sen suggests these findings could be valuable to medical residency program directors, "as they seek to make their programs healthier, both for the medical trainees and the patients they treat." The article appears online in *Archives of General Psychiatry*.

STATE NEWS

New York social workers support four-year licensure exemption

The National Association of Social Workers, New York Chapter (NASW-NY) is circulating a petition to save the four-year extension to exempt social workers and other mental health professionals from current licensing law, slated to expire on June 1. New York's 2004 social work licensing statute included an exemption from licensure for individuals employed in programs operated and/or funded by several government agencies. The expiration of this exemption

Coming up...

The **New York Association of Psychiatric Rehabilitation Services (NYAPRS)** will hold its 6th Annual Executive Seminar on Systems Transformation, "Transforming Systems and Services: From Policy to Practice," on **April 21-22** in **Albany, N.Y.** For more information, visit www.nyaprs.org.

The **Depression and Bipolar Support Alliance (DBSA)** will hold its 2010 National Conference, "Celebrating 25 Years of Peer Support," on **April 29-May 2** in **Itasca, Ill.** Visit www.dbsalliance.org for more information.

Children and Adults with Attention Deficit/Hyperactivity Disorder (CHADD) will hold a one-day education conference on AD/HD, "Knowledge is Power," on **May 22** in **Reston, Va.** This regional conference is geared toward parents, teachers and mental health professionals. For information and to register, visit www.chadd.org or call 800-233-4050, ext. 118.

The **American Psychiatric Association (APA)** will hold its 2010 Annual Meeting, "Pride and Promise: Toward a New Psychiatry," in **New Orleans** on **May 22-26**. Visit www.psych.org for more information.

would force state and voluntary agencies to lay off thousands of skilled social workers, at a huge cost to providers and the state. The petition urges the State Assembly to approve another four-year extension. The petition is available at www.gopetition.com/online/35182.html.

Audit finds Nebraska falling short on mental health reform

In its recent audit of the Department of Health and Human Services (HHS), the Nebraska Legislature's Performance Audit Committee turned up significant gaps in the department's implementation of the 2004 Nebraska Behavioral Health Services Act. The Associated Press reported April 13 that the 2004 law mandates a shift from mental health care in state

hospitals to community-based care. The audit found that HHS officials have yet to develop a statewide plan. Scot Adams, director of the Division of Behavioral Health, explained that the state's six regional behavioral health boards each have a plan in place. "I still think we're in compliance with the law," said Adams, "But we'll be in a better place by year's end with the new regulations."

RESOURCES

Evidence-Based Behavioral Health Practice KIT series

The Substance Abuse and Mental Health Services Administration (SAMHSA) is offering a new evidence-based behavioral health practice tool kit series. The new KITS, which contain information sheets, videos and training materials, include the following: Assertive Community Treatment, Integrated Treatment for Co-Occurring Disorders, Supported Employment, Family Psychoeducation and Illness Management and Recovery.

For additional information, visit <http://mentalhealth.samhsa.gov/cmhs/CommunitySupport/toolkits/about.asp>.

In case you haven't heard...

Although self-esteem tends to increase as a person ages, it hits a peak around age 60 and then begins a steep decline, according to a study led by Ulrich Orth, Ph.D. In the current issue of Journal of Personality and Social Psychology, Orth writes, "Self-esteem is related to better health, less criminal behavior, lower levels of depression, and overall, greater success in life." He hypothesizes that a change in roles (i.e., retirement, empty nest), in addition to declining health may impact one's sense of self-worth. Greater education, higher income and continued employment were all associated with higher self-esteem in later life.