I. Science and Service News Updates

II. Resources: Publications, Toolkits, Other Resources

III. Calendar of Events

IV. Clinical Trial Participation News

V. Funding Information

Subscribe to Receive the Update

Follow NIMH on Social Media
http://twitter.com/nimhgov
http://www.facebook.com/nimhgov
http://www.youtube.com/nimhgov

Prepared by the U.S. Department of Health and Human Services, National Institutes of Health, National Institute of Mental Health
INTERVENTION SHOWS PROMISE FOR TREATING DEPRESSION IN PRESCHOOL-AGED CHILDREN; PCIT-ED IS ONE OF THE FIRST PSYCHOTHERAPEUTIC TREATMENTS TO TARGET EARLY CHILDHOOD DEPRESSION

Researchers funded by the National Institutes of Health (NIH) have shown that a therapy-based treatment for disruptive behavioral disorders can be adapted and used as an effective treatment option for early childhood depression. Children as young as three-years-old can be diagnosed with clinical depression, and although preschool-aged children are sometimes prescribed antidepressants, a psychotherapeutic intervention is greatly needed. The study, funded by the National Institute of Mental Health (NIMH), part of NIH, appeared online June 20 in the *American Journal of Psychiatry*. [https://www.nimh.nih.gov/news/science-news/2018/intervention-shows-promise-for-treating-depression-in-preschool-aged-children.shtml](https://www.nimh.nih.gov/news/science-news/2018/intervention-shows-promise-for-treating-depression-in-preschool-aged-children.shtml)

THERAPY REDUCES RISK IN SUICIDAL YOUTH; CLINICAL TRIAL SHOWS DBT THERAPY EFFECTIVENESS


NIMH RELEASES UPDATES TO ITS RDOC FRAMEWORK; NEW UPDATE REORGANIZES THE POSITIVE VALENCE DOMAIN

The NIMH’s Research Domain Criteria (RDoC) is a research framework for studying mental disorders. From its initial creation, RDoC was envisioned as a dynamic and continually developing framework. Now, the RDoC Unit has unveiled changes to the RDoC framework—a reorganization of content within the Positive Valence domain. The main alterations include the changing of some constructs in the previous version to sub-constructs in the new version (e.g., Initial Responsiveness to Reward) and the addition of new constructs (e.g., Probabilistic and Reinforcement Learning). The reorganization is intended to make the constructs more straightforward and to align them more closely with computational and animal model perspectives, as well as data from human neuroimaging studies. [https://www.nimh.nih.gov/news/science-news/2018/nimh-releases-updates-to-its-rdoc-framework.shtml](https://www.nimh.nih.gov/news/science-news/2018/nimh-releases-updates-to-its-rdoc-framework.shtml)
TRAINING MODULE NOW AVAILABLE FOR ACUTE PAIN MANAGEMENT IN HOSPITALIZED ADULTS

A case-based clinician training module designed for the evaluation of acute pain and opioid management for adults is now available through the Centers of Excellence in Pain Education program, coordinated by the National Institute on Drug Abuse (NIDA). This module includes three short case studies that teach emergency department responders and pharmacists how to: assess patients before treating with opioid pain relievers; identify risk factors for opioid related adverse events; describe how to safely initiate therapy, modify dose, and discontinue opioids; counsel patients and caregivers about the safe use of opioids; and comply with controlled substances laws and regulations, among other guidelines.


METHADONE AND BUPRENORPHINE REDUCE RISK OF DEATH AFTER OPIOID OVERDOSE; NIH RESEARCH CONFIRMS EFFECTIVE TREATMENTS FOR OPIOID USE DISORDER ARE UNDERUTILIZED

A NIH-funded study found that treatment of opioid use disorder with either methadone or buprenorphine following a nonfatal opioid overdose is associated with significant reductions in opioid related mortality. The research, published in the Annals of Internal Medicine, was co-funded by NIDA and the National Center for Advancing Translational Sciences, both parts of NIH. https://www.nih.gov/news-events/news-releases/methadone-buprenorphine-reduce-risk-death-after-opioid-overdose

NIH-FUNDED STUDY FINDS NEW EVIDENCE THAT VIRUSES MAY PLAY A ROLE IN ALZHEIMER’S DISEASE; ADDITIONAL RESEARCH NEEDED TO DETERMINE IF ROLE IS CAUSATIVE

Analysis of large data sets from post-mortem brain samples of people with and without Alzheimer’s disease has revealed new evidence that viral species, particularly herpesviruses, may have a role in Alzheimer’s disease biology. Researchers funded by the National Institute on Aging, made the discovery by harnessing data from brain banks and cohort studies participating in the Accelerating Medicines Partnership - Alzheimer’s Disease consortium. Reporting in the June 21 issue of the journal Neuron, the authors emphasize that their findings do not prove that the viruses cause the onset or progression of Alzheimer’s. Rather, the findings show viral DNA sequences and activation of biological networks — the interrelated systems of DNA, RNA, proteins, and metabolites — may interact with molecular, genetic, and clinical aspects of Alzheimer’s. https://www.nih.gov/news-events/news-releases/nih-funded-study-finds-new-evidence-viruses-may-play-role-alzheimers-disease
SAMHSA ANNOUNCES $930 MILLION FUNDING OPPORTUNITY TO COMBAT THE OPIOID CRISIS

The Substance Abuse and Mental Health Services Administration (SAMHSA), an agency within the U.S. Department of Health and Human Services (HHS), is now accepting applications for $930 million in State Opioid Response Grants. SAMHSA will distribute funds to states and territories in support of their ongoing efforts to provide prevention, treatment, and recovery support services to individuals with opioid use disorder. The State Opioid Response Grants aim to address the opioid crisis by increasing access to evidence-based medication-assisted treatment, reducing unmet treatment need, and reducing opioid-related overdose deaths. https://www.hhs.gov/about/news/2018/06/15/samhsa-announces-930-million-funding-opportunity-to-combat-opioid-crisis.html

SAMHSA ACCEPTING APPLICATIONS FOR UP TO $50 MILLION TO HELP TRIBES ADDRESS OPIOID CRISIS

SAMHSA is accepting applications for up to $50 million in Tribal Opioid Response Grants. The grants, which will go to tribes and tribal organizations, will fund prevention, treatment, and recovery activities in response to the opioid crisis. The Tribal Opioid Response Grants will address the opioid crisis in tribal communities by increasing access to culturally-appropriate evidence-based treatment, including medication-assisted treatment. https://www.samhsa.gov/newsroom/press-announcements/201806210500

VA RELEASES NATIONAL SUICIDE DATA REPORT; ANALYSIS PART OF VA’S COMPREHENSIVE EXAMINATION OF MORE THAN 55 MILLION DEATH RECORDS

The U.S. Department of Veterans Affairs (VA) released findings from its most recent analysis of Veteran suicide data for all 50 states and the District of Columbia. This report yields several insights. Suicide rates increased for both Veterans and non-Veterans, underscoring the fact that suicide is a national public health concern that affects people everywhere. The average number of Veterans who died by suicide each day remained unchanged at 20. The suicide rate increased faster among Veterans who had not recently used Veterans Health Administration health care than among those who had. https://www.va.gov/opa/pressrel/pressrelease.cfm?id=4074

FDA APPROVES FIRST GENERIC VERSIONS OF SUBOXONE SUBLINGUAL FILM, WHICH MAY INCREASE ACCESS TO TREATMENT FOR OPIOID DEPENDENCE

The U.S. Food and Drug Administration (FDA) approved the first generic versions of Suboxone (buprenorphine and naloxone) sublingual film (applied under the tongue) for the treatment of opioid dependence. The agency is taking additional steps to advance the development of new FDA-approved treatments for opioid dependence and encourage their more widespread use. https://www.fda.gov/NewsEvents/Newsroom/PressAnnouncements/ucm610807.htm
NEW FROM NIMH

NIMH DIRECTOR’S MESSAGE: HIGHLIGHTING SERVICES AND EFFECTIVENESS RESEARCH AT NIMH

Figuring out how best to deliver effective therapies is the domain of services research. NIMH Director Joshua Gordon offers examples of the spectrum of services research supported by the Institute. https://www.nimh.nih.gov/about/director/messages/2018/highlighting-services-and-effectiveness-research-at-nimh.shtml

ARCHIVED WEBINAR: REWARD SENSITIVITY AND DEPRESSION: FROM MECHANISM TO IMPLEMENTATION

On September 26, 2017, NIMH’s RDoC Unit, the Delaware Project, and the Association for Behavioral and Cognitive Therapies conducted the second webinar in a series examining the science-to-service pipeline in psychology and psychiatry. An archived video is available of this webinar which focused on function and dysfunction in reward systems including anhedonia and other related constructs. https://www.nimh.nih.gov/news/media/2017/rdoc-reward-sensitivity-and-depression-from-mechanism-to-implementation.shtml

NEW FROM NIH

NIDA: OUTCOMES OF COMPUTERIZED CBT RIVAL THOSE OF CLINICIAN-DELIVERED CBT

This clinical trial found that patients who self-administered cognitive behavioral therapy (CBT) using computerized training modules reduced their drug use as much as patients who received clinician-delivered CBT, and they maintained this advantage through a six-month follow-up. It suggests that by reducing the time that clinicians need to spend with individual patients, computer-based CBT training may enable treatment programs to accommodate larger caseloads and increase access to treatment. https://www.drugabuse.gov/news-events/nida-notes/2018/06/outcomes-computerized-cbt-rival-those-clinician-delivered-cbt

NIDA: A GENE LINKS IMPULSIVITY AND DRUG USE VULNERABILITY

This research identified a gene variant that promotes impulsive behavior and enhanced responses to heroin in rats. It linked the corresponding human gene variant to increased risk for impulsivity and drug use. https://www.drugabuse.gov/news-events/nida-notes/2018/06/gene-links-impulsivity-drug-use-vulnerability
## NEW FROM SAMHSA

### GUIDE FOR MEDICAL PROVIDERS IN THE EMERGENCY DEPARTMENT TAKING CARE OF SUICIDE ATTEMPT SURVIVORS

This brochure offers professional care providers tips for enhancing emergency department treatment for people who have attempted suicide. It discusses patient assessment and HIPAA and provides tips for communicating with family and other treatment providers. [https://store.samhsa.gov/product/A-Guide-for-Medical-Providers-in-the-Emergency-Department-Taking-Care-of-Suicide-Attempt-Survivors/All-New-Products/SMA18-4359](https://store.samhsa.gov/product/A-Guide-for-Medical-Providers-in-the-Emergency-Department-Taking-Care-of-Suicide-Attempt-Survivors/All-New-Products/SMA18-4359)

### GUIDE FOR TAKING CARE OF YOURSELF AFTER YOUR TREATMENT IN THE EMERGENCY DEPARTMENT: AFTER AN ATTEMPT

This brochure available in English and Spanish helps support people recovering from a suicide attempt. It discusses how to move ahead after receiving emergency department treatment for a suicide attempt and how to cope with thoughts of suicide. The brochure lists information resources for suicide and mental illness.


### GUIDE FOR TAKING CARE OF YOUR FAMILY MEMBER AFTER TREATMENT IN THE EMERGENCY DEPARTMENT: AFTER AN ATTEMPT

This brochure available in English and Spanish helps family members cope after a relative's suicide attempt. It describes the emergency department treatment process, lists questions to ask about follow-up treatment, and describes how to reduce risk and ensure safety at home.


### VIDEO: THE PATIENT SAFETY SCREENER: A BRIEF TOOL TO DETECT SUICIDE RISK IN ACUTE CARE SETTINGS

SAMHSA’s Suicide Prevention Resource Center released this new video which describes the Patient Safety Screener (PSS-3), a tool for identifying patients at risk of suicide in the acute care setting. Accompanying materials will help providers administer the PSS-3, plan for patients who screen positive, and implement screening sustainably and effectively. [http://www.sprc.org/micro-learnings/patientsafetyscreener](http://www.sprc.org/micro-learnings/patientsafetyscreener)
FACT SHEET: ADDRESSING THE CHALLENGES OF THE OPIOID CRISIS AND SERIOUS MENTAL ILLNESS

This fact sheet includes information about opioid abuse and serious mental illness in the U.S., and how SAMHSA is addressing these challenges. It describes resources, priorities, and key activities for preventing and addressing the related issues of opioid abuse, serious mental illness, and suicide.  
http://www.sprc.org/resources-programs/addressing-challenges-opioid-crisis-serious-mental-illness

FACT SHEET: SUICIDE PREVENTION FACTS AND RESOURCES

This fact sheet includes information about suicide in the U.S., the Suicide Assessment Five-Step Evaluation and Triage for clinicians, and the warning signs for suicide. It also provides a list of suicide prevention resources and online directories for treatment and crisis services. http://www.sprc.org/resources-programs/suicide-prevention-facts-resources
NATIONAL MINORITY MENTAL HEALTH AWARENESS MONTH

JULY 2018

July is National Minority Mental Health Awareness Month and the month offers organizations of all types and sizes an opportunity to create mental health awareness in diverse communities. The U.S. House of Representatives proclaimed July as this special month in 2008, aiming to improve access to mental health treatment and services through increased public awareness. Since then, many organizations have hosted a variety of events and activities in communities across the country each year. 


WEBINAR: A PSYCHIATRIST'S VIEW: THE ROLE OF MEDICATION IN A RECOVERY-ORIENTED FRAMEWORK FOR CARE

JULY 11, 2018, 1:00-2:00 PM ET

In this SAMHSA Recovery to Practice webinar, Lisa Dixon, M.D., M.P.H., a professor of Psychiatry at Columbia University Medical Center and the director of the Center for Practice Innovations at the New York State Psychiatric Institute will discuss the importance of including prescribers in decisions about person-centered approaches, understanding how individuals may view the role of medication in their lives, and integrating medication recommendations with holistic healthcare. https://events-na2.adobeconnect.com/content/connect/c1/916603251/en/events/event/shared/1239368532/event_landing.html? sco-id=1092833019&_charset_=utf-8

NIMH CONFERENCE TO EXPLORE MENTAL HEALTH SERVICES RESEARCH

AUGUST 1-2, 2018, ROCKVILLE, MD

NIMH is hosting the 24th Mental Health Services Research (MHSR) Conference with the theme: “What’s the Next Big Thing?” MHSR is organized every other year by the Services Research and Clinical Epidemiology Branch, part of NIMH’s Division of Services and Intervention Research. The conference aims to promote high-priority areas in mental health services research and identify opportunities with potential for significant impact for people with mental disorders. https://www.nimh.nih.gov/news/science-news/2018/nimh-conference-to-explore-mental-health-services-research.shtml
WEBINAR: USING SIMULATION TO EVALUATE SOCIAL DETERMINANTS OF HEALTH IN PEOPLE WITH MENTAL ILLNESS: POTENTIAL USE OF FINDINGS IN DISCUSSIONS WITH POLICYMAKERS, COMMUNITY GROUPS, CONSUMERS, AND ADVOCATES

AUGUST 6, 2018, 4:00-5:30 PM ET

Improving the efficacy of treatment among socioeconomically diverse populations with mental illness requires tackling the myriad of social determinants of health, including education, income, and employment. Modern research techniques, like simulation testing, can lead to efficient and effective intervention design among people with mental illness by giving an indication of what might work. This webinar in the 2018 NIMH Office for Research on Disparities and Global Mental Health Webinar Series will cover evidence for addressing social determinants; the use of simulations to test the potential of improving income, education, and employment to improve mental health outcomes using two data sets; illustrate the reactions from policymakers, community groups, consumers and advocates on the research results; and demonstrate how research results can inform policy. http://nimhordgmh2018.thebizzellgroup.com/august-6-webinar

WEBINAR: SUICIDE PREVENTION AND THE COLLABORATIVE CARE MODEL

AUGUST 23, 2018, 4:00-5:30 PM ET

As part of the 2018 NIMH Office for Research on Disparities and Global Mental Health Webinar Series, this presentation will provide an overview of available opportunities to address suicide prevention while delivering mental health services in primary care settings using the psychiatric collaborative care model (CoCM). The speakers will introduce the core features of CoCM, with a focus on data for reductions in suicidal ideation seen with collaborative care. The presentation will conclude with potential opportunities to utilize CoCM to prevent suicide. http://nimhordgmh2018.thebizzellgroup.com/august-23-webinar

NATIONAL RECOVERY MONTH

SEPTEMBER 2018

Each September, SAMHSA sponsors National Recovery Month (Recovery Month) to increase awareness and understanding of mental and substance use disorders, and to celebrate individuals living in recovery. This year’s theme is “Join the Voices for Recovery: Invest in Health, Home, Purpose, and Community.” The 2018 Recovery Month Toolkit and television and radio public service announcements are now available to view and download. Communities across the country use these materials to organize events, issue proclamations, increase public awareness, and encourage individuals in need of services and their friends and families to seek help. https://recoverymonth.gov/
CONCERNED THAT YOUR TEENAGER HAS DEPRESSION? NIH RESEARCH

Join a research study seeking to find causes and treatments of depression in teenagers.

The study is recruiting participants ages 11-17 who are depressed and have a pediatrician or medical provider. The study begins with an outpatient evaluation (clinical assessment, interviews, and questionnaires). Outpatient study visits include a clinical assessment, research tasks, and brain imaging, up to age 25. Eligible participants may receive treatment of evidence-based cognitive-behavioral therapy (CBT), and if indicated, standard medicines. Enrollment is from across the U.S. Transportation expenses to NIH in Bethesda, MD are reimbursed. There is no cost to participate; compensation is provided.

www.nimh.nih.gov/TeenDepressionStudy

Call 1-301-827-1350 [TTY: 1-866-411-1010] or Email depressedkids@mail.nih.gov

Department of Health & Human Services, National Institutes of Health, National Institute of Mental Health, Protocol Number: 18-M-0037

Social Media Messages:
• YouTube Video: https://youtu.be/Ik3qMFWQ9Mg
• Facebook:

Concerned about your teen’s depression?

Symptoms include depressed mood, loss of pleasure, lack of interest, problems with sleeping, eating, and concentration. Study seeks to find causes and treatments. Parental permission required. Contact us at depressedkids@mail.nih.gov or call 301-827-1350. www.nimh.nih.gov/TeenDepressionStudy

• Twitter: Concerned about your teens depression? Research study enrolling ages 11-17 for evaluations and treatment. www.nimh.nih.gov/TeenDepressionStudy

FUNDING INFORMATION

BUREAU OF JUSTICE ASSISTANCE STOP SCHOOL VIOLENCE PREVENTION AND MENTAL HEALTH TRAINING PROGRAM

https://www.grants.gov/web/grants/view-opportunity.html?oppId=306024
The Outreach Partnership Program is a nationwide outreach initiative of the National Institute of Mental Health (NIMH) that enlists state and national organizations in a partnership to increase the public’s access to science-based mental health information. For more information about the program, please visit: http://www.nimh.nih.gov/outreach/partnership-program/index.shtml. To subscribe to receive the Update every two weeks, go to: http://www.nimh.nih.gov/outreach/partnership-program/news-and-updates-from-the-program.shtml.

The information provided in the Update is intended for use by NIMH Outreach Partners, National Partners, and their associates for the express purpose of exchanging information that may be useful in the development of state and local mental health outreach, information, education, and partnership programs.