

National Institute of Mental Health Outreach Partnership Program

Update

February 1, 2010

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**U.S. DEPARTMENT OF HEALTH AND HUMAN SERVICES
National Institutes of Health
National Institute of Mental Health
Office of Constituency Relations and Public Liaison**

Science and Service News Updates

Obama Administration Issues Rules Requiring Parity in Treatment of Mental, Substance Use Disorders--Paul Wellstone, Pete Domenici Parity Act Prohibits Discrimination

The Departments of Health and Human Services, Labor and Treasury jointly issued new rules providing parity for consumers enrolled in group health plans who need treatment for mental health or substance use disorders. The new rules prohibit group health insurance plans—typically offered by employers—from restricting access to care by limiting benefits and requiring higher patient costs than those that apply to general medical or surgical benefits. The rules implement the Paul Wellstone and Pete Domenici Mental Health Parity and Addiction Equity Act of 2008 (MHPAEA). The official notice of the rules will be published in the February 2 edition of the *Federal Register*:

<http://www.federalregister.gov/>

Press Release: <http://www.hhs.gov/news/press/2010pres/01/20100129a.html>

NIMH: Genes and Circuitry, Not Just Clinical Observation, to Guide Classification for Research

NIMH is launching a long-term project aimed at ultimately improving treatment and prevention by studying classification of mental illness, based on genetics and neuroscience in addition to clinical observation. The Research Domain Criteria (RDoC) project is not intended to replace psychiatry's existing diagnostic system for practitioners and will proceed in an independent direction, said Bruce Cuthbert, Ph.D., Director of the NIMH Division of Adult Translational Research, who is directing the effort. By taking a fresh look - without preconceived categories - the project aims to improve the validity of classification for researchers. RDoC will create a framework to study basic dimensions of functioning — such as fear or memory. It will encompass multiple levels of analysis, from genes to neural circuits to behaviors — cutting across traditional diagnostic categories.

Science Update: <http://www.nimh.nih.gov/science-news/2010/genes-and-circuitry-not-just-clinical-observation-to-guide-classification-for-research.shtml>

NIMH: From Neurons to Thought: Coherent Electrical Patterns Observed Across the Brain

Amidst the background hum of electrical signaling generated by neurons in the brain, scientists have found that local groups of neurons, firing in coordination, sometimes create a signal that is mirrored instantaneously and precisely by other groups of neurons across the brain. These transient episodes of coherence across different parts of the brain may be an electrical signature of thought and actions.

Science Update: <http://www.nimh.nih.gov/science-news/2010/from-neurons-to-thought-coherent-electrical-patterns-observed-across-the-brain.shtml>

NIMH: Same Genes Suspected in Both Depression and Bipolar Illness: Increased Risk May Stem From Variation in Gene On/Off Switch

Researchers, for the first time, have pinpointed a genetic hotspot that confers risk for both bipolar disorder and depression. People with either of these mood disorders were significantly more likely to have risk versions of genes at this site than healthy controls. One of the genes, which codes for part of a cell's machinery that tells genes when to turn on and off, was also found to be over-expressed in the executive hub of bipolar patients' brains, making it a prime suspect. The results add to mounting evidence that major mental disorders overlap at the molecular level. Researchers supported in part by NIMH report on the findings of their genome-wide meta-analysis online January 17, 2010 in the journal *Nature Genetics*.

Science Update: <http://www.nimh.nih.gov/science-news/2010/same-genes-suspected-in-both-depression-and-bipolar-illness.shtml>

FDA Issues a Safety Alert for Zyprexa Use in Adolescents

Lilly and the Food and Drug Administration (FDA) notified healthcare professionals of changes to the Prescribing Information for Zyprexa related to its indication for use in adolescents (ages 13-17) for treatment of schizophrenia and bipolar I disorder. The revised labeling states that:

- Section 1, Indications and Usage: When deciding among the alternative treatments available for adolescents, clinicians should consider the increased potential (in adolescents as compared with adults) for weight gain and hyperlipidemia. Clinicians should consider the potential long-term risks when prescribing to adolescents, and in many cases this may lead them to consider prescribing other drugs first in adolescents.
- Section 17.14, Need for Comprehensive Treatment Program in Pediatric Patients: Zyprexa is indicated as an integral part of a total treatment program for pediatric patients with schizophrenia and bipolar disorder that may include other measures (psychological, educational, social) for patients with the disorder. Effectiveness and safety of ZYPREXA have not been established in pediatric patients less than 13 years of age.

Safety Alert:

<http://www.fda.gov/Safety/MedWatch/SafetyInformation/SafetyAlertsforHumanMedicalProducts/ucm198402.htm>

Army Releases December Suicide Data

The Army released suicide data for the month of December. Among active-duty soldiers, there were 10 potential suicides: one has been confirmed as suicide, and nine remain under investigation. For November, the Army reported 11 potential suicides among active-duty soldiers. Since the release of that report, three have been confirmed as suicides, and eight remain under investigation.

Press Release: <http://www.defense.gov/releases/release.aspx?releaseid=13242>

Resources: Publications, Toolkits, Other Resources

New from NIMH Director Blog

Ensuring Public Trust

Over the past three years, Senator Charles Grassley (R-Iowa), the ranking member of the Senate Finance Committee, has been investigating payments by pharmaceutical manufacturers to many academic leaders and researchers. Several of the researchers identified in this investigation have been psychiatrists, and some have been supported by the NIH. From the beginning, NIMH has been concerned that these allegations raise questions about the integrity of our funded research. The NIMH Director discusses NIH and NIMH activities to ensure public trust in light of these allegations.

<http://www.nimh.nih.gov/about/director/2010/ensuring-public-trust.shtml>

Reducing Suicide in the Military

NIMH Director discusses an NIMH and Army partnership to study and reduce the rate of suicide among members of the military.

<http://www.nimh.nih.gov/about/director/2010/reducing-suicide-in-the-military.shtml>

Latest NIDA NewScan Available

The January 2010 issue of the National Institute on Drug Abuse's Addiction News Service is now available. Research summaries cover a range of findings, including a survey of school districts responses to positive results from random drug testing.

<http://www.nida.nih.gov/newsroom/10/NS-01.html>

AHRQ Research Summaries

Fewer Public Psychiatric Hospital Beds May Lead to Higher Suicide Rates

The process of deinstitutionalization has led to the massive transfer of severely mentally ill persons out of institutional care in favor of community treatment. From 1970 to 2000, public psychiatric hospital beds dropped from 207 to 21 beds per 100,000 persons. This reduction in public psychiatric beds may lead to increased suicide rates, concludes a study by Agency for Healthcare Research and Quality (AHRQ)- supported researchers. They examined State-level variations in suicide rates in relation to psychiatric beds and U.S. community mental health spending from 1982 to 1998. They calculated that a decrease of one psychiatric bed per 100,000 people (approximately 1,818 beds nationwide) would result in 45 additional suicides per year. The researchers also found that greater expenditures on community mental health could offset the effects of a reduction in public psychiatric beds on suicide rates.

<http://www.ahrq.gov/research/jan10/0110RA13.htm>

Antidepressant Use Rises While Psychotherapy Declines

From 1996 to 2005, the annual rate of antidepressant treatment for U.S. individuals ages six and older rose from six percent to 10 percent, while the number of individuals being treated with antidepressants increased from 13.3 million to 27 million. This trend made antidepressants the most widely prescribed class of medications in office-based and hospital outpatient-based medical practice, according to a study of national trends in antidepressant use, which was based on data from AHRQ's Medical Expenditure Panel Surveys conducted in 1996 and 2005.

<http://www.ahrq.gov/research/jan10/0110RA14.htm>

Youths Initially Diagnosed with ADHD Receive an Array of Medications

Among children and adolescents newly diagnosed with attention-deficit/hyperactivity disorder (ADHD), youths who were male, school-aged, white, living in rural areas, or under foster care were more likely to be treated with ADHD drugs (stimulants). In addition to these sociodemographic factors, provider specialty (primary care, psychiatry, neurology, other specialty) also influenced treatment, according to a team of AHRQ-supported researchers. Children diagnosed by psychiatrists were 42 percent less likely to receive ADHD drugs. However, they were more likely to receive other psychotropics than children diagnosed by primary care physicians, even after adjusting for other coexisting mental disorders.

<http://www.ahrq.gov/research/jan10/0110RA15.htm>

Persons with Mental Disorders Switching from Medicaid to Medicare Drug Coverage May Have Drug Access Problems

Low-income elderly persons and those with disabilities qualify to receive health insurance coverage from both Medicare and State-run Medicaid programs. Called "dual eligibles," these individuals were required to transfer their prescription drug coverage from Medicaid to Medicare Part D drug plans in 2006. Today, dual eligibles represent 29 percent of Medicare Part D recipients. AHRQ researchers investigated how these changes in drug coverage affected dual eligibles with mental disorders. Although this vulnerable population has experienced little change in out-of-pocket drug costs for psychiatric medications as a result of the coverage switch, potential access problems may be emerging.

<http://www.ahrq.gov/research/jan10/0110RA3.htm>

SAMHSA Reports

Substance Use Treatment Need and Receipt among People Living in Poverty

Combined 2006 to 2008 data from SAMHSA's National Survey on Drug Use and Health (NSDUH) indicate that 3.7 million persons aged 12 or older living in poverty were in need of substance use treatment in the past year. Of these, 17.9 percent received treatment at a specialty facility during this time period. Males living in poverty were nearly twice as likely as their female counterparts to need treatment in the past year, but were only as likely as their female counterparts to have received treatment. Among persons living in poverty, those aged 18 to 25 had the highest rate of past year treatment need; however, this age group had the lowest rate of treatment receipt.

<http://www.oas.samhsa.gov/2k10/173/173Poverty.cfm>

Violent Behaviors among Adolescent Females

Combined 2006 to 2008 data indicate that about one quarter of adolescent females engaged in at least one of the following violent behaviors in the past year: 18.6 percent of adolescent females got into a serious fight at school or work; 14.1 percent participated in a group-against-group fight; and 5.7 percent attacked others with the intent to seriously hurt them. Adolescent females who engaged in at least one of these violent behaviors were more likely than those who did not to have indicated past month binge alcohol use, marijuana use and use of illicit drugs other than marijuana. The rate of substance use was higher the more types of violent behaviors the girls engaged in.

<http://www.oas.samhsa.gov/2k9/171/171FemaleViolence.cfm>

Illicit Drug Use among Older Adults

An estimated 4.3 million adults aged 50 or older, or 4.7 percent of adults in that age range, had used an illicit drug in the past year, based on data from the 2006 to 2008 NSDUH surveys. Marijuana use was more common than the nonmedical use of prescription-type drugs for adults aged 50 to 54 and those aged 55 to 59, but among those aged 65 or older, nonmedical use of prescription-type drugs was more common than marijuana use. Marijuana use was more common than the nonmedical use of prescription-type drugs among males aged 50 or older, but among females, the rates of marijuana use and nonmedical use of prescription-type drugs were similar.

<http://www.oas.samhsa.gov/2k9/168/168OlderAdults.cfm>

Latest National Survey of Substance Abuse Treatment Services

Throughout the nation, the 13,688 eligible facilities that responded to the survey reported that a total of nearly 1.2 million clients were in treatment in their facilities on March 31, 2008. Private non-profit run facilities made up the bulk of treatment facilities (58 percent) while private for-profit facilities made up 29 percent of these services in 2008. The remaining facilities were operated by local governments (6 percent), state governments (3 percent), the Federal government (2 percent) and tribal governments (1 percent).

<http://www.dasis.samhsa.gov/08nssats/nssats2k8.pdf>

Overview of Opioid Treatment Programs within the United States: 2008

In 2008, 1,132 (8 percent) of all substance abuse treatment facilities were certified as Opioid Treatment Programs (OTPs). Of these, 1,044 (92 percent) offered outpatient treatment. On March 31, 2008, there were 268,071 clients who received methadone and 4,280 clients who received buprenorphine in facilities with OTPs. In addition, 654 facilities (58 percent) with OTPs provided substance abuse treatment services in a language other than English, either by a staff counselor or through an on-call interpreter; and 498 (44 percent of all OTPs) provided these services by a staff counselor in Spanish.

<http://www.oas.samhsa.gov/2k10/222/222USOTP2k10.cfm>

Gender Differences among Black Treatment Admissions Aged 18 to 25

In 2007, of non-Hispanic Black substance abuse treatment admissions among adults aged 18 to 25, males were more likely than females to report marijuana as the primary substance of abuse; however, females were three times more likely than males to report smoked cocaine as the primary substance of abuse. More than two thirds of young adult Black male admissions were referred to treatment by the criminal justice system, compared to only about one third of female admissions. More than half of all young adult admissions had not completed high school or obtained a GED and most were either unemployed or not in the labor force.

<http://www.oas.samhsa.gov/2k10/224/224BlackTx2k10.cfm>

Federal Trade Commission Offers Net Cetera: Chatting With Kids About Being Online

Kids and parents have many ways of socializing and communicating online, but they come with certain risks. This guide encourages parents to reduce the risks by talking to kids about how they communicate – online and off – and helping kids engage in conduct they can be proud of. *Net Cetera* covers what parents need to know, where to go for more information and issues to raise with kids about living their lives online.

<http://www.onguardonline.gov/topics/net-cetera.aspx>

New Reports from the National Council on Disability

Report on Housing Opportunities for People with Disabilities

This report provides recommendations to improve housing opportunities for people with disabilities. The research contained in this report presents a comprehensive overview of the state of housing in the twenty-first century, and answers important questions about the current housing needs and options for people with disabilities living in the United States.

http://www.ncd.gov/newsroom/publications/2010/A_Disability_Perspective.html

Workforce Infrastructure in Support of People with Disabilities: Matching Human Resources to Service Needs

This new report calls for policymakers at all levels of government to proactively address current shortages and examine how labor market changes are driving both current and future supply. This report presents recommendations that call for partnerships among federal departments and agencies, their State counterparts, and the private sector, including organizations involved with education/training, health care and employment services.

<http://www.ncd.gov/newsroom/news/2010/r10-596.htm>

NLM Launches Mobile MedlinePlus to Meet the Health Information Needs of an On-the-Go Public

The National Library of Medicine's (NLM) *Mobile Medline Plus* builds on the NLM's MedlinePlus Internet service, which provides authoritative consumer health information to over 10 million visitors per month. Visitors can now access MedlinePlus from throughout the United States as well many other countries, and use desktop computers, laptops and even mobile devices to get there.

<http://m.medlineplus.gov>

Department of Justice Reports

Report Describes Sexual Victimization in Juvenile Correctional Facilities

This report presents data from the 2008-2009 National Survey of Youth in Custody and provides national and facility-based estimates of sexual victimization in juvenile correctional facilities. About 12 percent of youth in state juvenile facilities and large non-state facilities reported experiencing one or more incidents of sexual victimization by facility staff or another youth in the past 12 months.

<http://ojjdp.ncjrs.gov/enews/10juvjust/100107.html>

Bulletin Provides Data on Juvenile Residential Facilities

This bulletin provides data from the Juvenile Residential Facility Census, which collects information about the facilities in which juvenile offenders are held. Facilities report on such characteristics as size, structure, type, ownership and security arrangements. They also describe the range of services they provide to youth in their care. In addition, facilities report on the number of deaths of youth in custody during the prior 12 months. According to the census, the population of juvenile offenders in custody decreased 3 percent from 2004, a trend that may be explained by the decline in juvenile arrests.

<http://ojjdp.ncjrs.gov/enews/10juvjust/100111.html>

Calendar of Events

Conference Call: Advancing a Public Health Approach to Children's Mental Health

February 18, 2010, 2010 1:00 – 2:30 PM ET

SAMHSA's National Technical Assistance Center for Children's Mental Health is sponsoring this teleconference to examine a public health approach to children's mental health. This call will present some promising practices in states and facilitate dialogue with early adopters and leaders to explore the concepts of a public health approach. Implementation activities will be shared.

<http://gucchdtcenter.georgetown.edu/resources/2010calls.html>

Teleconference: SSA's Ticket to Work: The Role of Braided Funding in Mental Health Programs

February 18, 2010 3:00 PM – 4:30 PM ET

The Social Security Administration (SSA) invites you to participate in a Ticket to Work Teleconference for mental health organizations currently participating in the Ticket to Work program as well as those interested in learning more about the role of braided funding in successful Program implementation. This teleconference will clarify the relationship between Ticket and Medicaid Funding as well as provide participants with examples of successful braided funding strategies currently at work in New York and Maryland.

<http://www.cessi.net/ttw/registrations/Default.aspx?MeetingID=52>

2010 National GAINS Center Conference

March 17-19, 2010 Orlando, Florida

The SAMHSA Center for Mental Health Services National GAINS Center Conference represents a unique opportunity for practitioners and researchers working at the interfaces of the criminal justice and mental health systems to network, learn and share knowledge on creating effective services for justice-involved individuals with mental illness.

<http://gainscenter.samhsa.gov/html/conference/registration.asp>

Blending Addiction Science and Practice: Evidence-Based Treatment and Prevention in Diverse Populations and Settings

April 22-23, 2010 Albuquerque, New Mexico

NIDA's 8th Blending Conference presents innovative, science-based approaches that have been proven to be effective in the prevention and treatment of drug abuse and addiction. The conference objectives are to: 1) discuss and disseminate science-based, drug abuse prevention and treatment practices across diverse populations and settings; 2) provide additional resources to enhance knowledge and skill development of science-based practices; 3) appreciate the value of bi-directional communication to advance the exchange of ideas among drug abuse and addiction researchers and community treatment providers; 4) recognize NIDA's research and its role in the development of science-based practices; and 5) identify Blending Team products and discuss their utilization in drug abuse and addiction treatment.

<http://www.seiservices.com/blendingalbuquerque/>

Calls for Public Input

Office of Minority Health's National Plan for Action Is Open for Public Comments

The National Plan for Action: Changing Outcomes - Achieving Health Equity, which captures the status of health disparities in our country and proposes 20 strategies for their elimination, is a thoughtful and thorough collaborative effort of representatives from community, faith-based and non-profit organizations, academic institutions, foundations, and Federal, State and local agencies. Initiated by the Office of Minority Health within the U.S. Department of Health and Human Services, the *National Plan for Action* inspires us to move forward to implement the strategies and provides a roadmap to make an impact in the elimination of health disparities, a costly and undue burden on our country.

Deadline for comments: February 12, 2010.

<http://www.minorityhealth.hhs.gov/npa/templates/browse.aspx?lvl=1&lvlID=31>

2010 Science and Service Awards Will Honor Implementation of Evidence-Based Mental Health and Substance Abuse Interventions

SAMHSA has issued a call for applications for its 2010 Science and Service Awards, a national program that recognizes community-based organizations and coalitions that have shown exemplary implementation of evidence-based mental health and substance abuse interventions.

Awards will be made in each of the five categories: substance abuse prevention; treatment of substance abuse and recovery support services; mental health promotion; treatment of mental illness and recovery support services; and co-occurring disorders. To be eligible for an award, an organization must have successfully implemented a recognized evidence-based intervention. Examples include those that are published in scientific literature and/or appear on a Federal and/or state registry of evidence-based interventions.

Application deadline: April 9, 2010

<http://www.samhsa.gov/newsroom/advisories/1001065017.aspx>

Clinical Trial Participation News

NIMH Anxious Depression & AZD2327

If you (or someone you know) have been diagnosed with major depression and have anxiety symptoms, you may be able to participate in an NIMH research study that seeks to decrease symptoms of depression and understand the causes of anxious depression. Anxiety symptoms may include tension, worry, apprehension, restlessness, or loss of appetite.

- This study evaluates the effectiveness and safety of the study drug AZD2327, in the treatment of major depression and anxiety symptoms. This drug has a different mechanism of action from commonly used SSRI's (selective serotonin reuptake inhibitors) for anxiety and depression.
- This is a 12 week-outpatient study including an inpatient stay of 4 days in Bethesda, MD.
- If you are 18-65 years of age and have been diagnosed with major depression and have anxiety symptoms, you may be eligible for this clinical trial. There is the chance of receiving placebo in this study.
- After completion of the study, NIMH will provide short-term follow-up care, and then you will return to the care of your own provider. In addition, all research participation is without cost and we will cover all transportation costs from anywhere in the United States.
- To find out if you qualify or for more information, please call 1-877-MIND-NIH (1-877-646-3644) or email us at moodresearch@mail.nih.gov (TTY: 1-866-411-1010) Atendemos pacientes de habla hispana.

For more information on mental health research studies conducted at the NIH in Bethesda, Maryland: <http://patientinfo.nimh.nih.gov>

Funding Information

Temporary Assistance for Families Funds Available for Families Needing Short Term Mental Health and Substance Use Treatment Services

In the face of growing need for mental health and substance abuse treatment, the U.S. Department of Health and Human Services' Administration for Children and Families and Substance Abuse and Mental Health Services Administration (SAMHSA) are notifying states about how Temporary Assistance for Needy Families (TANF) funds can be used to help families in their communities in need of short term mental health or substance use treatment services. The grant notification includes an explanation of how resources under the TANF Emergency Fund – a provision of the American Recovery and Reinvestment Act – can be used to support such services.

<http://www.samhsa.gov/newsroom/advisories/1001213245.aspx>

ONDCP and SAMHSA Accepting Applications for \$18.75 Million to Harness the Power of Drug Free Community Coalitions

The White House Office of National Drug Control Policy (ONDCP), in partnership with SAMHSA, has announced the availability of new Drug Free Communities Support Program funding. ONDCP expects to award approximately \$18.75 million for 150 new competing grants to support the efforts of community coalitions working to prevent and reduce substance use among youth.

Application due date: March 19, 2010

<http://www.samhsa.gov/newsroom/advisories/1001215249.aspx>

NIH: Innovative Faith-Based Approaches to Health Disparities Research

The NIH National Center on Minority Health and Health Disparities issued this Funding Opportunity announcement to solicit exploratory and developmental research project grant applications that propose innovative and transdisciplinary interventions on health disparities, social determinants of health, health behavior and promotion, and disease prevention that is jointly conducted with faith-based organizations or faith-motivated programs and the research community. The ultimate goal is to foster empirical, formative, evaluative and intervention research on effective faith-motivated initiatives, concepts and theories that have played an important role in addressing health disparities. Funding is also intended to provide support for early and conceptual stages of exploratory and developmental research projects.

Application Due Date: March 17, 2010

<http://grants.nih.gov/grants/guide/rfa-files/RFA-MD-10-004.html>

Programmatic Funding

CDC: Research Grants for Preventing Violence and Violence-Related Injury

<http://www.grants.gov/search/search.do;jsessionid=scwnLvyGCNCwyZIGMfRn24ByxZGrBBhbd0SJzD5MCpccYwF8p8mG!-1179711943?oppId=51358&mode=VIEW>

HRSA Best Practices in Women's Health

<https://grants.hrsa.gov/webExternal/SFO.asp?ID=6E66F018-90D2-4BC1-9E8E-3FA57BD3D67F>

Substance Abuse and HIV Prevention Ready-To-Respond Initiative in Communities Highly Impacted by Substance Use and HIV Infection

<http://www.samhsa.gov/Grants/2010/SP-10-003.aspx>

Research Funding Opportunities

Selected Request for Applications

Medications Development for Substance Related Disorders

<http://grants.nih.gov/grants/guide/rfa-files/RFA-DA-10-018.html>

Selected Program Announcements

Technology-Based Adherence Interventions for Substance Abusing Populations with HIV

<http://grants.nih.gov/grants/guide/pa-files/PAS-10-097.html> (R01)

<http://grants.nih.gov/grants/guide/pa-files/PAS-10-098.html> (R34)



U.S. DEPARTMENT OF HEALTH AND HUMAN SERVICES

National Institutes of Health

The **Outreach Partnership Program** is a nationwide outreach initiative of the National Institute of Mental Health (NIMH) with support from the National Institute on Drug Abuse (NIDA) and in cooperation with the Substance Abuse and Mental Health Services Administration (SAMHSA) that enlists state and national organizations in a partnership to help close the gap between mental health research and clinical practice, inform the public about mental illnesses, and reduce the stigma and discrimination associated with mental illness. For more information on the NIMH Outreach Program please visit <http://www.nimh.nih.gov/outreach/partners>.

To subscribe to receive the *Update* every two weeks, go to: <http://www.nimh.nih.gov/health/outreach/partnership-program/subscribe-to-the-update.shtml>

The information provided in the NIMH Update is intended for use by the 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.