MENTAL HEALTH WEEKLY
Essential information for decision-makers

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Mental health and disability advocates have banded together to urge lawmakers to preserve the Supplemental Security Income (SSI) program for low-income children with mental and physical disabilities. The SSI program has been under fire due to media inaccuracies, say the SSI Coalition for Children and Families who submitted testimony during a recent subcommittee hearing to examine the program. . . . *See story, top of this page*

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Advocates work to protect SSI program for children with mental disabilities

As the deadline for the deficit reduction package approaches, more than 80 national organizations representing mental health and disability providers, advocates and consumers are demanding that lawmakers preserve funding and improve the Supplemental Security Income (SSI) disability program for children with mental and physical disabilities. They are responding following previous media allegations of fraud and inaccuracies about the program.

Bottom Line...
The SSI coalition intends to review an upcoming GAO report examining the program and vow to continue educating policymakers about the challenges facing children, adults, and families with mental disabilities.

Members of the SSI Coalition for Children and Families testified during the Oct. 27 House Ways and Means Subcommittee on Human Resources hearing to convince lawmakers about the significance of the federal assistance program that provides financial assistance to low-income families struggling to meet the needs of children with severe mental and physical disabilities.

Concerns about the SSI disability program commenced with a Boston Globe three-part investigative series that began last November. The newspaper claimed SSI fraud, noting that the program created, for many needy parents, a financial motive to seek prescriptions for power-

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N.C. clubhouses find greater benefit from smoking cessation initiative

A program that started as an encouragement to North Carolina psychosocial rehabilitation clients to consider quitting smoking has ended up bringing significantly more benefits to the sites that have implemented it. In creating an environment for productive discussions about individuals' overall health, the effort has spawned other projects ranging from walking clubs to tools for healthier eating.

Bottom Line...
The Breathe Easy, Live Well curriculum has yielded numerous spillover benefits in health and wellness that go well beyond smoking reduction alone.

An article published this year in the BioMed Central journal *BMC Public Health* documented the effects of the "Breathe Easy, Live Well" curriculum that was implemented at nine clubhouse settings in North Carolina in 2009. An adapted version of the University of Medicine and Dentistry of New Jersey's "Learning About Healthy Living: Tobacco and You" curriculum, Breathe Easy, Live Well was an effort advanced by the North Carolina Health & Wellness Trust Fund (a state health promotion agency) and the Southern Regional Area Health Education Center (SR-AHEC).

While the program did have some impact on moving smokers toward reducing use or quitting alto-

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ful drugs for their children.

The Judge David L. Bazelon Center for Mental Health Law, refuted those assertions and in a subsequent statement noted that the Globe article continues to target low-income children with mental impairments and, in particular, attention-deficit hyperactivity disorder (ADHD). While ADHD is a common childhood mental disorder, only a small percentage (3 percent to 5 percent) of children has severe enough forms of this disorder to qualify for SSI, according to the Bazelon statement.

SSI Coalition for Children and Families

The Bazelon Center in January convened the SSI Coalition for Children and Families, including such organizations as the American Psychiatric Association (APA), the American Mental Health Counselors Association (AMHCA), and the American Academy of Child and Adolescent Psychiatry (AACAP), to address congressional concerns and to preserve SSI for eligible children with ADHD and other mental health disorders. "Safeguarding the eligibility requirements under law is one of our advocacy goals," Laurel Stine, director of federal relations for the Bazelon Center, told *MHW*.

Stine added, "Our coalition wants to dispel these [media] claims and educate legislators on the facts of the program." The coalition wants to ensure that misleading media reports do not affect the eligibility process for families, she said. Hearing discussions included the possibility of "block granting" the SSI program and shifting responsibility for the program from the federal government to the states, a move the coalition vigorously opposes, said Stine.

The eligibility requirements for the program are strict; the program is only for low-income and severely disabled children, Stine said. Approximately 1.6 percent of children in this country receives SSI disability supports, she said, which is the equivalent of 1/10 of children with disabilities across the country.

The coalition in September submitted a letter to co- chairs of the Joint Select Committee on Deficit Reduction requesting their support and leadership in preserving the SSI disability program and to solicit input from stakeholders that serve SSI families. "Proposals to limit eligibility and reduce benefits would be harmful to these struggling families, they wrote.

"Without the necessary services and supports afforded by SSI, these children's functioning would likely deteriorate, and any projected "savings" realized by cuts would quickly be exceeded by escalating costs incurred by child welfare, public safety, juvenile justice, and publicly funded institutional care."

The coalition is also recommending that the Institute of Medicine (IOM) convene a body of experts to conduct a thorough review of the SSI program for children so that future policy decisions can be made based upon facts and evidence rather than unsupported allegations.

GAO input

The Boston Globe investigative series also prompted lawmakers to request an investigation of SSI by the U.S. Government Accountability Office (GAO), particularly focusing on children with ADHD, depression, and other mental impairments. A representative from GAO provided testimony offering preliminary observations during last month's hearing.

As part of its preliminary work, the GAO noted that the Social Security Administration (SSA) is required to periodically review the medical eligibility of certain individuals. The GAO's preliminary work shows that SSA has conducted significantly fewer continuing disability reviews (CDRs) for children receiving SSI benefits in recent years, including those with mental impairments. Childhood CDRs for those with

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mental impairments declined from more than 84,000 to about 34,000 (an 84 percent decrease).

SSA officials attributed the decrease to resource limitations and greater emphasis on processing initial claims and reducing the backlog of requests for appeals hearings in recent years. A full-scale GAO report on the SSI disability program is expected next spring.

ADHD challenges

"The overwhelming majority of children with ADHD who apply for SSI are denied benefits," Ruth Hughes, Ph.D., CEO of Children and Adults with Attention Deficit/Hyperactivity Disorder (CHADD), told *MHW*. In 2010, 72.2 percent of applicants with a primary diagnosis of ADHD were denied enrollment, one of the highest denial rates of any disability category, she said.

"There are several criteria for eligibility and only one of them is medical evidence of a disabling condition," she said. There are also functional criteria to assess the level of impairment that are designed to identify those with the most disabling conditions, Hughes said. "You can have ADHD and have a mild level of impairment or range all the way to a severe level of impairment," she said. "This program is for children with a severe level of impairment."

'The overwhelming majority of children with ADHD who apply for SSI are denied benefits.'

Ruth Hughes, Ph.D.

Only 4 percent of children diagnosed with ADHD receive SSI benefits, and many of these children also have additional severe co-occurring mental impairments, such as bipolar disorder, depression, anxiety learning disabilities and autism spectrum disorders, according to a CHADD fact sheet.

A congressional briefing had been held in July on the SSI disability program, which addressed significant budget cuts, said Hughes, who attended both the July briefing and the October hearing. While funding will never be far from anyone's mind, the concerns at the hearing last month were about the lack of continuing disability reviews (CDRs), and that too many children on SSI drop out of school, and too many remained unemployed when they reach 18, said Stine.

Hughes noted a difference between the July briefing and the October hearing. "It changed quite dramatically," when witnesses and lawmakers focused discussions on improvements to the program rather than drastic cuts, she said. It wasn't so much about fraud as it was about meeting children's needs, Hughes added.

Hughes added, "We'll be watching very carefully to make sure funds are not cut from this program. We're going to be very proactive. In our current environment anything could happen." •

Mass. forum addresses MH payment, delivery system reform

As Massachusetts moves forward in implementing the Affordable Care Act, more than 300 Massachusetts officials, policymakers, health care professionals and consumers gathered in Boston last month to discuss payment and delivery system reform and to ensure that any reform proposal will aid individuals with behavioral health conditions.

The Oct. 26 Boston forum, "Beyond Parity: Mental Health and Substance Use Disorder Care under Payment and Delivery System Reform in Massachusetts," was also an opportunity to share findings and recommendations of a new report with the same name as the forum.

Hosted by the Massachusetts Department of Mental Health, the Massachusetts Health Policy Forum and Blue Cross Blue Shield (BCBS) of Massachusetts, the forum provided an opportunity for a dialogue among stakeholders about how payment and delivery system reform in Massachusetts should improve access to behavioral health prevention and early identification services.

Bottom Line...
Stakeholders say delivery system reform and payment reform have the potential to improve health care access for consumers with serious mental health issues.

"Despite the evolution of community care, difficulties still exists," Phillip W. Johnston, chair of Blue Cross Blue Shield of Massachusetts Foundation, told attendees. Even though nearly everyone in the state has health insurance coverage, some providers may not take MassHealth or even private payers like BCBS, Johnston said.

Legislators and Gov. Deval Patrick have to come up with a more effective health care system in general in Massachusetts, said Johnston. Patrick in February filed "An Act Improving the Quality of Health Care and Controlling Costs by Reforming Health Care Systems and Payments to promote the development of alternative health care provider payment systems to control rising health care costs.

Policymakers have to continue being attentive to behavioral health issues if they hope to manage mental illness efficiently and effectively in the state and around the country,

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added Richard G. Frank, moderator and Margaret T. Morris Professor of Health Economics at the Department of Health Care Policy at Harvard Medical School.

One-half of Medicaid beneficiaries who are disabled have mental illness, said Frank. And about 30 percent of individuals who have Social Security Disability Insurance (SSDI) have a mental illness, he said.

Rep. Steven M. Walsh, chair of the joint committee on health care financing, and a panelist, said that as state lawmakers work on drafting payment reform legislation, workforce development is going to be an important part of the bill.

"We've got to build models that work clinically and financially, not as two separate things, and workforce development [plays a] key role in that effort," he said. More outreach is needed and looking more at the holistic health of patients, said Walsh. "The government should be our partner," he said.

Integrated care issues

"The lack of integration of behavioral health with health care has been an endemic problem at state and national level, exacerbated by payment arrangements," Colleen L. Barry, Ph.D., associate professor of the Department of Health Policy and Management at Johns Hopkins Bloomberg School of Public Health, told attendees. Barry is also the author of the Beyond Parity report that helped shaped the framework for the forum.

Behavioral health services are not often reimbursed, she said. "Payment system reform has the potential to help integrated care." The report examined how proposed state and national reforms and initiatives will impact care for consumers with mental health and substance use disorders.

Behavioral health providers lagged behind other specialties in adopting information technology and third-party billing practices, Barry said. "We need to develop standardized well-vetted behavioral health performance measures, and incorporate them into the larger effort — [i.e.,] pay for performance incentives," she said.

Payment and delivery system reform under consideration in Massachusetts offers both opportunities and challenges for behavioral health care, Barry noted in her report. Bundled payment models, for example, can provide opportunities to fund evidence-based behavioral health services not typically reimbursed under commercial and public insurance.

Preliminary recommendations outlined in the report on major policy changes that might be implemented with the goal of improving mental health and addiction care in Massachusetts include:

- Payment and delivery system reform should include provider workforce training, information technology linkages and other mechanisms to strengthen connection between health providers and the rest of the medical care system. It is critical to improve behavioral health providers' "readiness" to be part of a more integrated health care system in the state.
- Payment and delivery system reform should be designed to take strategic advantage of numerous federal funding opportunities currently available to improve integration of behavioral health care.

'The lack of integration of behavioral health with health care has been an endemic problem at state and national level, exacerbated by payment arrangements.'

Colleen L. Barry, Ph.D.

State innovations

During the forum panelists addressed delivery system and payment reform innovations from other states. The Greater Nashua Mental Health Center in New Hampshire was one of 13 awardees receiving a Substance Abuse and Mental Health Services Administration (SAMHSA) grant, for its Primary and Behavioral Health Care Integration Project.

Consumers with SMI who receive services at the center were reluctant to follow through on receiving services for their primary care even though a federally qualified health center (FQHC) was right across the street, said Mara Huberlie, panelist and director of project implementation at the Greater Nashua Mental Health Center.

In order for the doctor or nurse practitioner to see the consumers on the center's site and bill for that service, the Nashua Mental Health Center had to go through a change of scope, said Huberlie. The FQHC is co-located in the center's building, she said, which helps eliminate billing complications.

The program includes dental care, yoga and a nutritionist and peer support, she said. "We're really trying to change what mental health is all about," Huberlie said. The challenge is that years from now the center would still like to have this program in place once the grant funding is gone, said Huberlie, who remains confident that the center will be able to tap into other community resources.

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FROM THE FIELD...

Educating psychologists to treat our warriors

by Joseph E. Troiani, Ph.D., CADC

The Adler School of Professional Psychology continues the pioneering work of the first community psychologist, Alfred Adler, by training clinical psychologists to be socially responsible practitioners, who engage communities, advance social justice, and work with marginalized populations. One such group is our veterans, who have long been marginalized within American society. As a Dec. 14, 2008 editorial by the Houston Chronicle observed: "Since the start of the wars in Afghanistan and Iraq and all of the resulting harms to soldiers, civilians, economies and constitutional principles, no segment of society has been more abused and neglected than returning U.S. military veterans."

One of the largest veteran populations is that of veterans from the Vietnam War, who often were marginalized the minute they stepped off the plane following their tours of duty. Veterans of that war, as well as veterans of current conflicts, often have problems securing housing and employment, trying to further their educations, and managing all of the above while attempting to seek treatment for post-service mental health issues.

The current ongoing conflicts involving Operation Enduring Freedom (OEF) and Operation Iraqi Freedom (OIF) continue to produce high rates of both medical and behavioral health causalities. The nature of these conflicts (e.g. use of improvised explosive devices) has produced a significant rate of increase in traumatic brain injury (TBI). Advances in military medicine have generated a decrease in death rates, but an increase in severe injuries such as TBI, spinal cord injuries and catastrophic burns. These injuries require long-term clinical psychological care, including medical and rehabilitative psychology.

The occurrence rate of post-traumatic stress disorders (PTSD) is double if not triple the rates of prior conflicts including the Korean War, the Vietnam War, and the first Gulf War. The PTSD rate specifically among women is estimated at close to 40 percent. The military has also reported a 25 percent increase in rates of alcohol abuse and alcoholism problems among returning veterans.

This all results in the critical need for specialized psychological services in military-focused clinical psychology — a recognized specialty in the area of mental health. OIF/OEF surpass a decade of engagement, hundreds of thousands of troops return to civilian life facing challenges that are unprecedented and unique to their generation while re-integrating into society, preparing for possible additional deployment, or recovering from traumatic injury.

Yet until recently, the only specialized option for pursuing military psychology existed within the U.S. government medical training system, at the Uniformed Service University of Health Sciences, the federal health sciences university in Bethesda, Md. It offers a doctoral Ph.D. program for active-duty military in clinical psychology with a military psychology track, and a Ph.D. program for civilians in medical psychology with a clinical psychology track.

Now, the Adler School offers a doctor of psychology in clinical psychology (Psy.D.) program specializing in military clinical psychology. The program quickly enrolled students to capacity, and began classes this fall. Students arrived at Adler in August from all over the world and several are commissioned officers.

The goal is to educate future practitioners pursuing their doctoral degrees in clinical psychology in the clinical specialization of military clinical psychology defined as the science and application of clinical psychology as it relates to the military.

The track trains students to provide clinical psychology services to military personnel, retirees and their families in the Department of Defense medical system. It also trains students to provide clinical psychology services to veterans served through the Veterans Administration (VA) system, other local governmental units and programs in the private sector.

The intent is to provide students with an integrated understanding of the professional and scientific literature and practical aspects of the field, in order to provide a comprehensive understanding of the psychological needs of military personnel, veterans, and their families.

Upon completion of the Psy.D. degree, the graduate will be prepared for either entering the uniform services or working in the government or private sectors providing clinical psychology services to current and prior military personnel and their families.

This program speaks directly to Adler's mission to train students to be socially responsible practitioners, who work with marginalized populations. Our hope is that through this program our students will be able to treat military personnel, veterans and their families, but also be able to understand military culture and the unique challenges our military personnel face.

Joseph E. Troiani is an associate professor of clinical psychology and founder of the Psy.D. military clinical psychology track at the Adler School of Professional Psychology and a retired U.S. Navy Commander.

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Integrating care

"Behavioral health is important, it's part of health reform and it's an opportunity for us to be at the table," Barbara A. Leadholm, commissioner of the Massachusetts Department of Mental Health, told *MHW*.

The state has to work toward integrating traditional medical care and behavioral health care so that individuals and families have the services they need "rather than having to navigate through this fragmented system," said Leadholm, who spearheaded the event.

Follow-up survey responses revealed that more conversations are needed to address issues of payment reform, she said. "We need to talk more about what this will mean for the provider community, for individuals and families and state agencies," she said. •

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gether, its greatest effect is seen as that of starting a conversation about better health for individuals with serious mental illness. This in turn has furthered members' interest in policies to make their psychosocial rehabilitation sites a healthier environment to visit each weekday.

"The curriculum provided an open space to talk about health and wellness," Joseph Lee, lead author of the evaluation with the Tobacco Prevention and Evaluation Program at the University of North Carolina School of Medicine, told *MHW*. "It provided the opportunity for members and staff to come together and think about bigger-picture policies."

How effort worked

Lee said a primary goal of the program was "to get people interested in quitting smoking if they weren't really thinking about it." Still, the overall mission of the effort was somewhat broader, as Lee referred to the program as a group smoking cessation and wellness promotion curriculum.

Staff members at the participating clubhouses received a two-day training in how to implement the 26-week curriculum for members. The first 20 weeks of the program emphasized educational information, with the final six devoted largely to enhancing individuals' motivation for change. The original participating sites received a toolkit as well as funding support for the training.

A rehabilitation specialist with one of the participating sites says her site's effort valued even small reductions in member smoking. "One of the biggest things we emphasized is, 'If you smoke one less cigarette, we consider that a success,'" Diana Boswell, rehabilitation specialist at Adventure House, told *MHW*.

Several participants and observers agreed that some of the new knowledge shared in the educational portion of the curriculum served as a great motivator for clubhouse members. While most already were aware in general of the health risks of smoking, few understood how highly people with serious mental illness are represented in the overall population of smokers. This made some members feel that they were being specifically targeted in the marketing efforts of tobacco companies, and possibly created extra motivation to cut down or quit.

The University of North Carolina research involved member surveys and staff interviews at the nine clubhouses. Researchers reported these results within four domains:

- Eight of the nine clubhouses reported a generally successful implementation of the curriculum, although the median number of group meetings attended by clubhouse members was only five (out of a possible 26 to 30 at the participating sites). Staff members reported being skeptical about the effort at first, but eventually saw it as generating momentum for healthful changes in the clubhouse environment.
- Staff appreciated the technical assistance offered by SR-AHEC. "The quality of technical assistance was matched by the importance of having someone keep track of the project," the research article stated. "Without this type of assistance, the busy clubhouse environment may not have implemented the program as successfully."
- Most of the sites reported needing to adjust the original curriculum to some extent, to make it broader and more interactive. "While tobacco-spe-

Letter to the Editor

Thanks for the story on the necessity of electronic data sharing in the new era we are speedily journeying to (see "Technological supports key in era of health reform and integrated care," *MHW*, Oct. 31). It is absolutely frustrating that all federal hi-tech money (except for some workarounds) is going to private and hospital primary care providers. In New York, our providers will be speeding to managed care in two to three years [with] no help from the feds on the necessary hi-tech fixes.

Phillip A. Saperia, CEO
The Coalition of Behavioral Health Agencies, Inc.
New York, New York

cific information was appreciated and reportedly interesting, staff felt compelled to provide resources about diet and exercise for non-smoking participants," the researchers wrote. The information that is not about smoking also can prove useful for early engagement of smokers who may not be ready to consider quitting right away.

- Seventy-one percent of clubhouse members who reported that they had smoked in the past week did say that they at least reduced their tobacco use as a result of Breathe Easy, Live Well. In addition, the curriculum resulted in momentum toward healthy-living policies at the clubhouses, with 84 percent of members stating that they would continue to attend their clubhouse even if its leaders banned smoking outright on the premises.

"The greatest thing about this program is the entire clubhouse changed the way it thought about health," Nicole Collins, the program coordinator for SR-AHEC at the time of the original implementation, told *MHW*.

Modifications

Since the original group of sites participated in the effort, the program has expanded to 15 additional psychosocial rehabilitation sites in the state. The 26-week curriculum has been shortened to 15 weeks, with only about half of that time devoted to tobacco specifically, Collins said.

'The greatest thing about this program is the entire clubhouse changed the way it thought about health.'

Nicole Collins

The experience of Adventure House illustrates how the mission of the effort has broadened. Boswell said the clubhouse's health-related efforts now fall under a more diverse initiative labeled "Wellness Wednesday." She said, "There's more to it than tobacco cessation. We now have a walking group that walks every day, either outside or on our walkway inside when there's inclement weather."

Boswell said that about 20 of the clubhouse's members successfully quit smoking during the first incarnation of the program, and four staff members were able to quit as well. The clubhouse continues to make use of the original program materials.

Boswell added that staff will assist members in funding nicotine replacement therapies if they are having trouble getting those costs covered by their public insurance.

There do remain some barriers to more widespread implementation of the curriculum across all of North Carolina. Recent state budget constraints resulted in the elimination of funding for the North Carolina Health & Wellness Trust Fund, ending the efforts of one of the program's original drivers.

Still, some leaders of the initiative consider the curriculum to be relatively inexpensive to implement — and potentially groundbreaking for those sites that choose to adopt it, as well as the individuals they serve. •

Briefly Noted

MU studies link depression with breast cancer outcomes

This year, more than 230,000 women will be diagnosed with breast cancer and nearly 40,000 women will die of the disease, according to the American Cancer Society. New research from the University of Missouri published in *Psychology and Health* shows that factors like marital status, having children in the home, income level and age, affect the likelihood of depression in breast cancer survivors, and that depressed patients are less likely to adhere to medication regimens, potentially complicating the progress of their treatment. The research shows that more depressed breast cancer survivors have less favorable attitudes toward and perceptions of treatment regimens and thus are less likely to adhere to them.

MH advocates warn against cuts for community MH services

Lawmakers are negotiating final funding levels for fiscal year 2012. Mental health advocates are urging consumers to help prevent deep cuts to the Substance Abuse and Mental Health Services Administration (SAMHSA) (8.4 percent of its budget) as proposed in the House Labor, Health and Human Services, and Education Appropriations Bill (HR 3070). For the action alert webpage, visit http://bit.ly/tJsVFB.

State News

Maine considering bill for veteran treatment court

Maine's Rep. Maeghan Maloney, (D-Augusta), has submitted new legislation to establish a specialized treatment court for veterans suffering from mental illness and

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drug addiction for the upcoming legislative session in January. Veterans Treatment Courts operate similar to Drug Courts but serve only military veterans suffering from substance abuse and mental illness. They rely on a coordinated response that involves cooperation with the traditional community and criminal justice partners found in Drug Courts, with the addition of the U.S. Department of Veterans Affairs health care networks, the Veterans' Benefits Administration, state veterans agencies/departments, volunteer veteran mentors, veterans service organizations and veterans' family support groups.

Anti-suicide program for Minnesota veterans ramps up

On the heels of an intensive campaign to prevent soldiers from committing suicide, the Minnesota National Guard is hoping to continue reaching at-risk veterans, Minnesota Public Radio reported last week. Senior National Guard leaders have traveled throughout Minnesota since September, teaching Guard members how to recognize the symptoms that indicate colleagues might to try to commit suicide. The Case Management, Outreach, Referral and Education program, or CORE program, was started by Veterans Affairs and Lutheran Social Service of Minnesota to help military personnel, veterans and their families with medical care and mental health, substance abuse, financial and job counseling. Services are free. For more information, visit www.minnesotaveteran.org or www.lssmn.org/veterans.

New York law expands healthcare coverage for autism treatment

Gov. Andrew M. Cuomo signed a law last week requiring health insurance providers to offer coverage for the diagnosis and treatment of autism spectrum disorder (ASD). Under the new law, health insurance companies must provide coverage for treatment of autism spectrum disorders, though coverage may be subject to deductibles, copays, and coinsurance consistent with those imposed on other benefits. Previously, state law only required that insurance coverage not exclude the diagnosis and treatment of autism disorder. While some health insurers provide limited coverage for ASD treatment most don't offer coverage for treatments deemed not medically necessary.

Coming up...

The **Interdisciplinary Council on Developmental and Learning Disorders (ICDL)** will hold its 15th Annual Conference, "The DIR/Floortime Approach: Bridging Developmental Disabilities, Learning Differences, and Mental Health," **November 11-13** in **Rockville, Md.** Visit **www.icdl.com/conferences/AnnualConference** for more information.

The 2012 **NASPA** Mental Health Conference will be held **January 19-21, 2012** in **Atlanta, Ga.** For more information, visit **www.naspa.org**.

ACMHA-The College for Behavioral Health Leadership will present its Summit 2012 on **March 21-23, 2012** in **Charleston, S.C.** Visit **www.acmha.org** for more information.

Resources

Mayo Clinic, partners create tools for youth MI identification

Mayo Clinic researchers and partners in numerous national mental health advocacy organizations are issuing new simple-to-understand tools to help identify youth who may have mental health disorders for use by parents, professionals and community members. Studies have repeatedly shown that up to 75 percent of youth with mental health disorders such as attention-deficit/hyperactivity disorder (ADHD), bipolar disorder, anxiety, and eating disorders are usually not identified, and youth do not receive the care they need. After surveying more than 6,000 parents and children about mental health services in the U.S. during the past decade, researchers created a mental health disorder Action Signs tool kit to help easily identify symptoms for youth who may be experiencing mental disorders. For more information, visit www.mayoclinic.org.

Mental Health Weekly welcomes letters to the editor from its readers on any topic in the mental health field. Letters no longer than 350 words should be submitted to:

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Letters may be edited for space or style.

In case you haven't heard...

Who knew? Doctors can be hooked on the Internet just like the rest of us. A new survey from Wolters Kluwer Health of more than 300 American Medical Association members (primary care physicians and specialists) found that physicians frequently use web browsers like Google and Yahoo as information sources to diagnose and treat patients. When doctors were asked how often they used certain sources to gain information used to diagnose, treat and care for patients, 46 percent said they use general web browsers. Free online services like WebMD were cited by 42 percent of respondents as frequent sources of information.