

## PSYCHIATRIC SUMMARY XIII

By Frederick Langheim, MD

This issue marks the thirteenth installment consolidating recent clinical updates, mental health policy news, popular press news patients may be reading, and changes in the landscape of psychiatry in Wisconsin.

### OF GENERAL INTEREST

#### **Mandated Controlled Substance PDMP Review**

In the presence of opioid abuse and overdose deaths, several states are beginning to mandate review of their prescription drug monitoring program before clinicians prescribe. In a piece appearing in JAMA ([LINK](#)) Haffajee, Jena and Weiner explore the risks and benefits of policies mandating review. They conclude: "Prescription drug monitoring program mandates are a proliferating policy tool. It will be critical to strike a balance between addressing legitimate practitioner concerns and retaining features fundamental to mandate efficacy. System imperfections, such as the lack of real-time, interstate data and lack of full integration into clinical workflow, are important drawbacks that should be addressed. However, these limitations do not render PDMPs useless, nor should they block mandates altogether."

#### **ABPN re MOC**

In response to recent news that the American Board of Internal Medicine was revising maintenance of certification requirements based on member feedback, the ABPN sent an email to members on 2/10/2015 beginning as follows:

The purpose of this letter is to respond to inquiries from many American Board of Psychiatry and Neurology (ABPN) diplomates concerning the recent communication from the American Board of Internal Medicine (ABIM) about changes it plans to make in its Maintenance of Certification (MOC) Program. The ABIM has now pledged to engage the internal medicine community in an effort to make its MOC Program more relevant and meaningful for physicians involved in patient care and clinical leadership. While all 24 Member Boards of the American Board of Medical Specialties (ABMS) have agreed to follow its MOC Standards, the specific manner in which those standards are met is largely up to the Member Boards. **It is gratifying to note that most of the changes now planned by the ABIM are consistent with policies and practices already in place in the ABPN MOC Program.**

For further news on the ABIM revision, please see the article in Medscape by Alicia Ault ([LINK](#)) quoting ABIM President and CEO Richard Baron in a letter to diplomates as: "We got it wrong and sincerely apologize."

#### **Anticholinergics → Dementia**

Exploring the cumulative impact of anticholinergic load on risk for dementia, Gray et al. (JAMA Internal Medicine [LINK](#)) used pharmacy dispensing data in a cohort of nearly 3500 patients in Seattle, WA, ages 65 or older with no dementia at study onset. They found: "The most common anticholinergic classes used were tricyclic antidepressants, first-generation antihistamines, and bladder antimuscarinics. During a mean follow-up of 7.3 years, 797 participants (23.2%) developed dementia (637 of these [79.9%] developed Alzheimer disease). A 10-year cumulative dose-response relationship was observed for dementia and Alzheimer disease (test for trend,  $P < .001$ ). For dementia, adjusted hazard ratios for cumulative anticholinergic use compared with nonuse were 0.92 (95% CI, 0.74-1.16) for TSDDs of 1 to 90; 1.19 (95% CI, 0.94-1.51) for TSDDs of 91 to 365; 1.23 (95% CI, 0.94-1.62) for TSDDs of 366 to 1095; and 1.54 (95% CI, 1.21-1.96) for TSDDs greater than 1095. A similar pattern of results was noted for Alzheimer disease. Results were robust in secondary, sensitivity, and post hoc analyses."

#### **Peer Review**

Science ran an article (John Bohannon April 3, 2015 [LINK](#)) titled Hoax-Detecting Software Spots Fake Papers. The article recounts the history of a fraudulent scientific paper generating program created in 2005 called

SClgen, devised by three computer science PhD students as a prank to test the low level of peer review for computer science conference abstracts. The program took off, generating nonsense jargon filled papers accepted at multiple journals. Spring, stung by scandal, developed SClDetect, software to assist in recognition of fraudulent papers. An example of SClgen content:

After years of compelling research into access points, we confirm the visualization of kernels.

Amphibious approaches are particularly theoretical when it comes to the refinement of massive multi player online role-playing games.

## CLINICAL PSYCHIATRY IN THE NEWS, IN BRIEF

### **Atypicals, Falls and Fractures in the Elderly**

Looking at falls risks in the elderly on atypical antipsychotics, Fraser et al (JAMA Internal Medicine [LINK](#)) studied nearly 98,000 individual in Canada over the age of 65. In 90 days of follow-up, those prescribed atypical antipsychotics had higher risk for falls (odds ratio, 1.54) and fractures (OR, 1.29), especially hip fractures (OR, 1.67).

### **3 Month Antipsychotic Depot**

Janssen Research & Development, LLC received FDA Priority Review of their New Drug Application for a 3-month version of the atypical antipsychotic paliperidone palmitate injection to treat schizophrenia in adults. Pending approval this would be the first long-acting antipsychotic that has a dosing schedule of every 3 months.

### **Alzheimer's \$1 Trillion/Year by 2050**

According to the 2/5/15 AMA Morning Report:

The [Washington Post](#) (2/5, Kunkle) reports that costs associated with Alzheimer's disease in the US could skyrocket to more than \$1 trillion a year by 2050, according to a report released Thursday by the Alzheimer's Association. The report "urges the federal government to meet its own goals for research funding in a bid to find a cure or effective treatments by 2025." The organization estimates the US could save \$220 billion within the first five years if such treatments are found. "Basically, the science is ready," Robert J. Egge, vice president of public policy at the Alzheimer's Association, said in an interview. He added, "But we see a lot of good science waiting to be funded, and there simply aren't the funds to do so."

### **Marijuana Legalization Reduces Suicide Rates**

Appearing in the American Journal of Public Health, Anderson, Reese and Sabia ([LINK](#)) demonstrated an inverse correlation between marijuana legalization and suicide rates in men using population data from 1990-2007:

"After adjustment for economic conditions, state policies, and state-specific linear time trends, the association between legalizing medical marijuana and suicides was not statistically significant at the .05 level. However, legalization was associated with a 10.8% (95% confidence interval [CI] = -17.1%, -3.7%) and 9.4% (95% CI = -16.1%, -2.4%) reduction in the suicide rate of men aged 20 through 29 years and 30 through 39 years, respectively. Estimates for females were less precise and sensitive to model specification."

### **High IQ is Neuroprotective**

Appearing in the American Journal of Psychiatry ([LINK](#)), Kendler and colleagues found that, controlling for other factors: "High intelligence substantially attenuates the impact of genetic liability on the risk for schizophrenia."

### **Psychedelics Protect Mental Health**

In a study of over 190,000 respondents to the National Survey on Drug Use and Health (2008-2012), Hendricks et al. (Psychopharmacology, [LINK](#)) controlled for a range of covariates and found that: "Lifetime classic psychedelic use was associated with a significantly reduced odds of past month psychological distress (weighted odds ratio (OR)=0.81 (0.72-0.91)), past year suicidal thinking (weighted OR=0.86 (0.78-0.94)), past year suicidal

planning (weighted OR=0.71 (0.54–0.94)), and past year suicide attempt (weighted OR=0.64 (0.46–0.89)), whereas lifetime illicit use of other drugs was largely associated with an increased likelihood of these outcomes.”

### **Hydroxyzine and QT Prolongation**

According to an article at Medscape (Robert Lowes, 2/13/2015, [LINK](#)) the European Medicines Agency announced that hydroxyzine should be limited to short duration of use, lowest doses necessary, no more than 100 mg total daily, not used in those with arrhythmia or other QT prolonging agents, and not used in the elderly.

### **High Potency Marijuana and Psychosis**

In a case control study published in the Lancet (Di Forti et al., [LINK](#)), authors looked at 410 first-break cases between May 1, 2005, and May 31, 2011, matched with 370 controls: “The risk of individuals having a psychotic disorder showed a roughly three-times increase in users of skunk-like cannabis compared with those who never used cannabis (adjusted odds ratio [OR] 2.92, 95% CI 1.52–3.45, p=0.001). Use of skunk-like cannabis every day conferred the highest risk of psychotic disorders compared with no use of cannabis (adjusted OR 5.4, 95% CI 2.81–11.31, p=0.002).”

### **Marijuana Less Dangerous than Alcohol**

According to a study published in Scientific Reports (Lachenmeier and Rehm, [LINK](#)), using a Margin of Exposure (MOE) approach: “On a population scale, only alcohol would fall into the “high risk” category, and cigarette smoking would fall into the “risk” category, while all other agents (opiates, cocaine, amphetamine-type stimulants, ecstasy, and benzodiazepines) had MOEs > 100, and cannabis had a MOE > 10,000. The toxicological MOE approach validates epidemiological and social science-based drug ranking approaches especially in regard to the positions of alcohol and tobacco (high risk) and cannabis (low risk).”

### **Exercise and Depression in Women**

In a study of 2891 women over 10 years, Dugan et al. (Medicine & Science in Sports & Exercise [LINK](#)) found that: “Higher PA [Physical Activity] was associated with lower levels of depressive symptoms persistently over 10 yr, independent of potential confounders. Our findings suggest that reaching moderate-intensity PA levels during midlife may be protective against depressive symptoms.”

### **Suicide Rising Faster Among Females**

According to a CDC report (3/6/2015 [LINK](#)) “during 1994–2012, suicide rates by suffocation increased, on average, by 6.7% and 2.2% annually for females and males, respectively.”

### **Emergency Physicians at Risk for PTSD**

According to a Medscape report (Lowry 3/5/2015, [LINK](#)), a presentation by Dr Zun at the American Academy of Emergency Medicine 21st Annual Scientific Assembly in Austin, Texas, suggested an incidence of 17%, akin to the 15% rate seen among trauma surgeons.

### **Chantix, Alcohol Tolerance and Seizure Risk**

Also reported at Medscape (Cassels 3/9/2015, [LINK](#)): “The US Food and Drug Administration (FDA) has changed the labeling on the smoking cessation drug varenicline (Chantix, Pfizer Inc) to reflect concerns that the drug may lower tolerance to alcohol and is linked to a rare risk for seizures.”

### **Rural Youth = 2 x Suicide Rate**

Appearing in JAMA Pediatrics, Fontanella et al. ([LINK](#)) reported that: “Suicide rates for adolescents and young adults are higher in rural than in urban communities regardless of the method used, and rural-urban disparities appear to be increasing over time.”

### **Treatment of Maternal Depression and Child Outcomes**

Research published on-line ahead of print at The American Journal of Psychiatry (Weissman et al., [LINK](#)) involved “a randomized double-blind 12-week trial of escitalopram, bupropion, or the combination of the two in depressed mothers (N=76), with independent assessment of their children (N=135; ages 7-17 years). Results: There were no significant treatment differences in mothers' depressive symptoms or remission. Children's depressive symptoms and functioning improved significantly among those whose mothers were in the escitalopram group (compared with those whose mothers were in the bupropion and combination treatment groups). Only in the escitalopram group was significant improvement of mother's depression associated with improvement in the child's symptoms.

### **Stress, Depression and MI**

Appearing in Circulation: Cardiovascular Quality and Outcomes, Safford et al. ([LINK](#)) explored the effects of depression and stress on myocardial infarction on nearly 4500 individuals. “During a median 5.95 years of follow-up, 1337 events occurred. In the first 2.5 years of follow-up, participants with concurrent high stress and high depressive symptoms had increased risk for myocardial infarction or death (adjusted hazard ratio, 1.48 [95% confidence interval, 1.08–2.02]) relative to those with low stress and low depressive symptoms. Those with low stress and high depressive symptoms (hazard ratio, 0.92 [95% confidence interval, 0.66–1.28]) or high stress and low depressive symptoms (hazard ratio, 0.86 [95% confidence interval, 0.57–1.29]) were not at increased risk. The association on myocardial infarction or death was not significant after the initial 2.5 years of follow-up (hazard ratio, 0.89 [95% confidence interval, 0.65–1.22]).”

### **ADHD Increases Mortality**

Following 1.92 million subjects, 32,061 with ADHD, Dalsgaard et al. (Lancet, [LINK](#)) found that: “ADHD was associated with significantly increased mortality rates. People diagnosed with ADHD in adulthood had a higher MRR [Mortality Rate Ratio] than did those diagnosed in childhood and adolescence. Comorbid oppositional defiant disorder, conduct disorder, and substance use disorder increased the MRR even further. However, when adjusted for these comorbidities, ADHD remained associated with excess mortality, with higher MRRs in girls and women with ADHD than in boys and men with ADHD. The excess mortality in ADHD was mainly driven by deaths from unnatural causes, especially accidents.

### **Rising Suicide Rates in the Workplace**

According to a study published in the American Journal of Preventive Medicine (Tiesman et al., [LINK](#)): “Between 2003 and 2010, a total of 1,719 people died by suicide in the workplace. Workplace suicide rates generally decreased until 2007 and then sharply increased ( $p=0.035$ ). This is in contrast with non-workplace suicides, which increased over the study period ( $p=0.025$ ). Workplace suicide rates were highest for men (2.7 per 1,000,000); workers aged 65–74 years (2.4 per 1,000,000); those in protective service occupations (5.3 per 1,000,000); and those in farming, fishing, and forestry (5.1 per 1,000,000).”

### **Stimulant Adjunct in Depression**

In a 16 week randomized double-blind placebo controlled study of citalopram, methylphenidate, and their combination, 143 older outpatients diagnosed with major depression participated (Lavretsky et al., American Journal of Psychiatry, [LINK](#)). “Combined treatment with citalopram and methylphenidate demonstrated an enhanced clinical response profile in mood and well-being, as well as a higher rate of remission, compared with either drug alone. All treatments led to an improvement in cognitive functioning, although augmentation with methylphenidate did not offer additional benefits.”

### **Chronic Pain (and Opiates); Contraindications for Benzodiazepines**

Reported in Psychiatric Times (Steven King 1/16/2015, [LINK](#)): “Compared with non-users, benzodiazepine users reported greater levels of pain and lower feelings of self-efficacy. They were more likely to be taking higher doses of opioids, as well as antidepressants or antipsychotics and to have a history of a diagnosed mental

disorder. They were also more likely to report use of illicit drugs and an alcohol use disorder, in addition to being more likely to use emergency healthcare services at a greater rate”

### **Young Adult Unemployment and Depression**

According to the CDC (McGee and Thompson, [LINK](#)) “Almost 12% of emerging adults [ages 18 to 25] were depressed (PHQ-8  $\geq 10$ ) and about 23% were unemployed. Significantly more unemployed than employed emerging adults were classified with depression. In the final model, the odds of depression were about 3 times higher for unemployed than employed emerging adults. Conclusion: The relationship between unemployment and depression is significant among emerging adults. With high rates of unemployment for this age group, this population may benefit from employment- and mental-health–focused interventions.

### **Military Parent = Risk for Suicide**

In a study published in *European Child & Adolescent Psychiatry* (Gilreath et al., [LINK](#)) nearly 400,000 California 11th graders completed the 2012–2013 California Healthy Kids Survey. Nearly 12% of children with a parent in the military were found to have attempted suicide. In addition, “military-connected youth were at increased risk for suicidal ideation (OR = 1.43, 95 % CI = 1.37–1.49), making a plan to harm themselves (OR = 1.19, CI = 1.06–1.34), attempting suicide (OR = 1.67, CI = 1.43–1.95), and an attempted suicide which required medical treatment (OR = 1.71, CI = 1.34–2.16).”

### **Autism Confers Risk for Psychosis and Bipolar Disorder**

According to a nested case control study of over 31,000 individuals 17 years and younger in the county of Stockholm (Selten et al., *JAMA Psychiatry* [LINK](#)) an autism spectrum diagnosis is associated with increased risk for non-affective psychotic disorders and bipolar disorder.

## MENTAL HEALTH IN THE POPULAR PRESS

### **American Academy of Pediatrics on Marijuana**

Many news sources, including NBC (Briggs, 1/25/2015, [LINK](#)) reported on the AAP’s call “that the federal government change marijuana from a Schedule I illegal drug (where it's classified along side heroin) to a Schedule II controlled substance, Levy said. The U.S. Drug Enforcement Administration lists Adderall or Ritalin as examples of Schedule II drugs. That change would facilitate a needed, new wave of cannabinoid research, the academy contends.”

### **Manic and Marijuana Using? Abstain**

In a longitudinal study in Europe separating over 1900 manic and mixed/manic patients into tiers of marijuana never users, previous users, and current users, Zorilla et al. (*Acta Psychiatrica Scandinavica* [LINK](#)) found that “patients who stop using cannabis during manic/mixed episode have similar clinical and functional outcomes to never users, while continued use is associated with higher risk of recurrence and poorer functioning.”

### **Stimulants and Brain Development**

In a February 2nd article (NY Times [LINK](#)) Katherine Ellison reported on conflicting views regarding whether use of stimulants in ADHD may be neuroprotective and help to normalize attention over time or if they are simply without long term harms or possibly undermine attention over time. Proponents of neuroprotection cite a 2013 review article (Spencer et al, *Journal of Clinical Psychiatry* [LINK](#)) while others point to a 2013 PLOS One article (Wang et al. [LINK](#)) which concluded that stimulants “may decrease treatment efficacy and exacerbate symptoms while not under the effects of the medication.”

### **California, Foster Care and Antipsychotics**

The BMJ (Jeanne Lenzer [LINK](#)) reported on how the San Jose Mercury News investigated the prescribing of psychotropics to nearly a quarter of foster children in the area, with over 60% prescribed antipsychotics, with

many of the prescribing physicians also receiving income from pharmaceutical companies.

### **Forced Treatment and CSPs save Money**

Time ran an article (2/21, Edwards, [LINK](#)) suggesting that the savings in cycling through jail, homeless shelters, emergency rooms and prison would be interrupted in an overall cost savings through increased community support and enforced treatment.

### **Cerebellum, Schizophrenia and Autism on NPR**

As reported in the AMA Morning Report of 3/17/2015: "On its "All Things Considered" program and in its "Shots" blog, [NPR](#) (3/17, Hamilton) reports that "a new understanding of the brain's cerebellum could lead to new treatments for people with problems caused by some strokes, autism and even schizophrenia." There now is "growing evidence that symptoms ranging from difficulty with abstract thinking to emotional instability to psychosis all have links to the cerebellum, says Jeremy Schmahmann, a professor of neurology at Harvard and Massachusetts General Hospital." For example, "a published [study](#) of eight patients" with schizophrenia "found that repeated, noninvasive stimulation to that part of the brain over the course of five days seemed, at least temporarily, to reduce symptoms and improve thinking."

### **Dangers of Loneliness**

Also reported in the AMA Morning Report of 3/17/2015: "The [New York Times](#) (3/17, Parker-Pope) reports in its "Well" blog that research from Brigham Young University shows "just how bad loneliness and social isolation, even for people who prefer their own company, can be for health." The article notes the studies, which followed people for about seven years on average, "showed that people who were socially isolated, lonely or living alone had about a 30 percent higher chance of dying during a given study period than those who had regular social contact." In addition, "the effect was greater for younger people than for those over 65," citing the report in Perspectives on Psychological Science."

### **ECT and Neuroplasticity**

Also appearing in the popular press (LA Times, Melissa Healey, 3/30/2015, [LINK](#)) Biological Psychiatry published the research of Joshi et al., (on-line ahead of print [LINK](#)) in which electro-convulsive therapy was shown to induce neuroplasticity and volumetric normalization of the amygdala and hippocampus in depressed patients.

### **Cancer Drug Restores Memory**

The Washington Post (Kunkle, 3/31/2015 [LINK](#)) ran an article about research conducted at Yale and published in the Annals of Neurology which "found that the previously approved drug, saracatinib, targeted beta amyloid deposits and reduced their toxic effect on surrounding brain cells."

### **No Deployment and Suicide Link**

As posted in the AMA morning report, many news outlets ran articles as below:

[USA Today](#) (4/2, Zoroya) reports that a "massive study" conducted by the Defense Department's National Center for Telehealth and Technology at Joint Base Lewis-McChord in Washington state and published online April 1 in JAMA Psychiatry suggests there is "no link between being deployed in or near a war zone and a high risk of suicide." Researchers, who focused on "3.9 million US troops who served during the first six years after" the Sept. 11, 2001 attacks, "found almost no difference between the suicide rates of those who deployed versus those who did not."

The [New York Times](#) (4/2, A15, Philipps, Subscription Publication) reports that the study "also tracked suicides of military personnel after they left the military, by linking records kept by the Pentagon and the Centers for Disease Control and Prevention." The authors of the study and other experts "cautioned, however, that the findings do not rule out combat exposure as a reason for the increase in suicides, adding that more information was needed."

The [Seattle Times](#) (4/2, Bernton) reports that the study did find “higher rates of suicide among those who served less than four years in the military, or did not leave military service with an honorable discharge.” For example, “someone who served less than one year in the military before discharge had more than triple the risk of suicide than someone who served 20 or more years,” and “service members who did not receive an honorable discharge had a 21 percent higher risk of suicide than a service member who received an honorable discharge.”

The [Los Angeles Times](#) (4/2, Zarembo) points out that the study’s “findings are likely to spur debate over whether efforts to stem veteran suicides are targeting the right people and to strengthen calls to expand access to benefits and care — especially for those who blame post-traumatic stress disorder or other war-related problems for their misconduct and subsequent dismissals from the military.”

### **Heavy Facebook Use and Depression**

As posted in the AMA Morning Report, USA Today and the Washington Post both reported on research linking heavy use of Facebook with depression:

[USA Today](#) (4/8, Guynn) reports that research published in the Journal of Social and Clinical Psychology suggests that “liking other people’s status updates and photos on Facebook could make you like yourself less.” The study’s lead author pointed out that “people with emotional difficulties” appear to be “most vulnerable.”

The [Washington Post](#) (4/7, Moyer) “Morning Mix” blog reported that in arriving at these conclusions, researchers “completed two experiments with more than 100 subjects designed to measure their Facebook usage, depressive symptoms and tendency to compare themselves with others.” Participants “completed questionnaires and/or kept diaries, self-reporting their behavior and states of mind.” The study revealed that “spending a great deal of time on Facebook (or viewing Facebook more frequently) is positively related to comparing one’s self to others...which in turn is associated with increased depressive symptoms.”

## MENTAL HEALTH POLICY

### **Satcher & Kennedy on Policy**

According to the 2/5/2015 AMA Morning Report:

In an opinion piece in [USA Today](#) (2/5), former US Surgeon General David Satcher, MD, PhD, director of the Satcher Health Leadership Institute at the Morehouse School of Medicine, and former US Rep. Patrick J. Kennedy (D-RI), founder of the Kennedy Forum, announce “a partnership between the Kennedy Forum and Morehouse School of Medicine that will fulfill President Kennedy’s vision of ensuring the best possible mental well-being for every American.” First, Satcher and Kennedy call for complete implementation of the Mental Health Parity and Addiction Equity Act. Second, they call for increased “focus on greater innovation to expand research and further our knowledge of the brain.” Third, they seek improved access to “high quality” mental healthcare not only by increasing the number of mental healthcare professionals, but also by asking primary care physicians to “make mental health part of their charge.” Fourth, Kennedy and Satcher call for “better integration to bring mental health into the mainstream” of US medicine.

### **President Signs Veteran Suicide Bill**

As reported in the 2/13/2015 AMA Morning Report:

[ABC World News](#) (2/12, story 5, 2:00, Muir) reported that at the White House yesterday, the President signed “a suicide prevention bill.”

[McClatchy](#) (2/12, Clark, Subscription Publication) reports that the President said, “This is one of those areas where we can’t have an argument,” offering a “special acknowledgment” to Sen. John McCain (R). The bill “seeks to improve mental health services and prevent suicide in what is described as a growing epidemic among veterans.” According to the VA in 2012, between 18 and 22 veterans “committed suicide each day from 1999 to 2010.”

The [Washington Times](#) (2/12, Klimas) reports that the law will “create a pilot loan repayment program to help recruit mental health professionals” to the VA, “require an annual evaluation of mental health programs to see what’s working and create a transition assistance program for veterans leaving the service to connect with peers.”

The [New York Times](#) (2/13, Baker, Subscription Publication) reports that the bill “passed by unanimous votes in the House and Senate” and is “designed to make it easier for veterans to find mental health resources, do more to recruit and retain professionals to help them and increase accountability for the government programs serving them.”

Also covering the story are the [AP](#) (2/13, Kuhnenn), [USA Today](#) (2/12, Korte), the [CBS News](#) (2/13, Farhi) website, the [NPR](#) (2/12, Martin) “All Things Considered” program, the [Houston Chronicle](#) (2/13, Barsed-Smith), the [Kansas City \(KS\) Kansan](#) (2/13), the [New Orleans Times-Picayune](#) (2/13, Alpert) and [The Hill](#) (2/13, Matishak).

### **Greek Austerity and Elevated Suicides**

The International Business Times (Hannah Osborne, 2/2/2015 [LINK](#)) ran an article correlating economic struggle in Greece, compounded by austerity to address their debt crisis, with increased suicide rates.

### **Banning Conversion Therapy**

Many states have taken steps to ban the disproven method of psychotherapy to change sexual orientation. Iowa is among the recent states to put forth a measure (William Petroski, The Des Moines Register [LINK](#)) while the states of California and New Jersey as well as D.C. have already instituted bans.

### **Many ACA Plans Violate Parity**

Appearing in the AMA Morning Report of 3/9/2015: “[USA Today](#) (3/10, Ungar, O'Donnell) reports that health insurance coverage for mental and physical illness remains unequal “despite promises that Obamacare would help level the playing field, mental health advocates and researchers say.” A new study published online in Psychiatric Services found that consumer information on a quarter of ACA plans examined by researchers appeared to violate a Federal “parity” law designed to stop discrimination in coverage for people with mental health or addiction problems. The study, which examined plans in two state-run exchanges, “found two big problems: financial disparities such as different co-pays or deductibles for mental and physical health services; and more stringent requirements for ‘prior authorizations’ from insurers before patients can get mental health services.”

### **Senators Preparing Federal Marijuana Bill**

According to the Washington Post (Chokshi 3/9/2015, [LINK](#)) a bill “to be introduced by Senators Rand Paul (R-Ky.), Cory Booker (D-N.J.), and Kirsten Gillibrand (D-N.Y.), would end the federal ban on medical marijuana and implement a series of reforms long sought by advocates. They include downgrading its status with the Drug Enforcement Agency from Schedule 1 to Schedule 2, allowing doctors to recommend its use in some cases to veterans, expanding access to researchers and making it easier for banks to provide services to the industry.”

### **FDA Approves Asenapine for Pediatric Bipolar Illness**

Reported at Medscape (Cassels 3/13/2015 [LINK](#)): “According to a release issued by the drug's manufacturer,

Actavis, asenapine (Saphris) received approval as monotherapy for the acute treatment of manic or mixed episodes associated with bipolar I disorder in pediatric patients aged 10 to 17 years.”

### **SAMHSA Releases “Suicide Safe” Suicide Prevention App**

The Substance Abuse and Mental Health Services Administration released a free application available for iOS and Android aimed at enhancing suicide-assessment and addressing suicide risk in physician practices.

### **Peer Run Respite**

Published in Governor Walker’s E-Update on 3/13/2015:

- The Department of Health Services (DHS) announced Wisconsin’s first Peer Run Respite will open this month, following open houses held this week.
- These Peer Run Respite, which will house at least four beds and as many as five, will serve adults struggling with mental health or substance use concerns. The homes offer a secure, supportive environment that is managed and staffed by individuals who have experienced similar stress and symptoms and who have been successful in the recovery process.
- Individuals self-refer themselves to Peer Respite Houses, which are open to all adults in emotional distress, no matter where they live in Wisconsin. Together, potential guests and staff determine whether the Peer Run Respite environment suits the individual’s needs. These services are voluntary and provided at no cost to the guest.
- Peer Run Respite, operated by non-profit organizations with support from DHS, are an excellent tool for individuals in the community who may be living with mental illness or battling substance abuse. Seeking help and Peer Run Respite services can be the first step to helping people live happy, healthy, and prosperous lives.

### **Innovation and Prevention to Curb Police Shootings**

Writing for the AP, David Warren (3/19/2015, [LINK](#)) provides the statistic that “At least half the people shot and killed by police each year have a mental health disorder, according to the National Sheriffs' Association and the nonprofit Treatment Advocacy Center, which works to secure treatment for the mentally ill.” His article suggests that “Police crisis intervention efforts and diversion courts are helpful in stemming the violence, but those on the front lines say states need innovative programs and more must be done to get people early and provide preventative care to curtail explosive moments of crisis.”

### **New NIMH Funding Policy**

The NIH posted a new Strategic Plan for Research ([LINK](#) to announcement, [LINK](#) to plan) “by the successes and challenges of recent years, the new plan updates the strategic objectives of its 2008 predecessor with the aim of balancing the need for long-term investments in basic research with urgent mental health needs.”