Canada

Date	Link (location)	Summary (Excerpts)
2/1/10	http://www.marketwire.co m/press-release/Canadian- Centre-on-Substance- Abuse-Unveils-Resource- Enhancing-Canadas- Substance-Abuse- 1109979.htm	The Canadian Centre on Substance Abuse (CCSA)-Canada's non-governmental organization dedicated to reducing the harms associated with alcohol and drugs-today announced the release of the Competencies for Canada's Substance Abuse Workforce. The Competencies are a free resource to over 2,400 addictions organizations and 1,000 substance abuse programs estimated to exist in Canada. The Competencies provide substance abuse professionals and organizations with a comprehensive framework and set of tools designed to assess and enhance traits of performance and professionalism within the workforce with the end goal of improving and ensuring quality client care for all Canadians While focused on the substance abuse workforce, the Competencies can also be used by allied professionals-individuals who are not addiction workers yet who interact regularly with people who are susceptible to, or have, addiction issues. Professionals in policing, primary health care, mental health and education can use the Competencies to better assess and strengthen their ability to help those affected by addiction. To download the Competencies in PDF format please visit: www.cnsaap.ca http://www.cnsaap.ca/Eng/DevelopingTheWorkforce/Competencies/Pages/default.aspx To learn more about the Sustaining Workforce Development priority please visit: http://www.ccsa.ca/eng/priorities/workforce/competencies
2/18/10	The Caledon Institute of Social Policy http://www.caledoninst.org/	How did the just society become just don't care? Sherri Torjman, Ken Battle, Michael Mendelson, February 2010 This commentary on poverty and inequality is part of a series that the Toronto Star is publishing in preparation for the Liberal policy conference in March 2010. The op ed asks how it is possible that Canada, one of the wealthiest countries in the world, is also so poor. Government intervention – through redistributive programs and progressive income taxes – is essential to help offset market-based inequalities. Slaying the dual dragons of poverty and inequality requires two forms of intervention. Safety net measures help offset the negative impact of low income while springboard measures create opportunities for success over the longer term. Proposed safety net changes include increases to the Canada Child Tax Benefit and the Working Income Tax Benefit. For those who are unemployed, the entire machinery needs to be upgraded and reconstructed, including the reinstatement of the insurance basis of Employment Insurance, the introduction of a temporary income to assist the unemployed avoid welfare and the creation of a federal income

program for persons with disabilities. A two-percentage-point
hike to the GST to its original level would help pay for these
proposals, though an associated rise in the GST credit for lower-
income households would also be required.
http://www.caledoninst.org/Publications/PDF/852ENG.pdf

Provinces – Eastern Canada

Date	Link (location)	Summary (Excerpts)
2/10/10	http://www.earthtimes.org/a rticles/press/product- innovators-launch-unique- sensory-tool-for-special- needs-youth,1159221.html	Kid Companion's ingenuity is in its 'discreet effectiveness' and its safety features. The wearable tool is attractive for growing children, is ideal for SPD and ASD, and helps ADD/ADHD youth focus for tasks without calling attention to themselves or disrupting a classroom. Meg C., the mother of a youth with sensory integration issues, incorporates the Kid Companion 'Chewelry' in her son's daily routine. "My son is a sensory kid and this is helping him be a lot more discreet with his need for biting and chewing. This product has made a huge difference for us" The Kid Companion was designed to North American safety standards. All components are safe, non-toxic and sourced in North America. A CPSIA (Consumer Product Safety Improvement Act) 3rd party testing certificate is sent with each order and is available on the company's website. http://www.chewelry.ca/
2/28/10	ARCH Disability Law Centre http://www.archdisabilityla w.ca/	Ontario: In this submission ARCH makes recommendations to strengthen the second regulation under the Services and Supports to Promote the Social Inclusion of Persons with Developmental Disabilities, the law that will reform the way in which the government delivers services to people with intellectual disabilities. ARCH strongly urges the government to include rights for people with intellectual disabilities, make services more accountable to the people who receive them, and develop clear and effective complaint mechanisms. http://www.archdisabilitylaw.ca/sites/all/files/ARCH %20Submission%20re%20Quality%20Assurance%20Measures-FINAL-Feb%2016%2010_0.doc http://www.archdisabilitylaw.ca/sites/all/files/ARCH %20Submission%20re%20Quality%20Assurance%20Measures-FINAL-Feb%2016%2010%20(TEXT)_0.txt Priority Area: Services for Persons with Intellectual Disabilities http://www.archdisabilitylaw.ca/?q=services-persons-intellectual-disabilities

Provinces – Western Canada

Date	Link (location)	Summary (Excerpts)
<i>Date</i> 2/9/10	Link (location) http://www.newswire.ca/en/ releases/archive/February20 10/09/c8219.html	The Mental Health Commission of Canada (MHCC) will assume responsibility for administration of the Mental Health First Aid (MHFA) program this spring. The program is being transferred from Alberta Health Services (AHS). The term 'Mental Health First Aid' refers to the help provided to a person developing a mental health problem or experiencing a mental health crisis. For over four years the program has been teaching people across Canada how to respond to mental health emergencies, enabling them to better manage potential or developing mental health problems in themselves, a family member, a friend or colleague Mental Health First Aid (MHFA) originated in Australia and is now available in 14 countries. The Canadian program was
		coordinated by the Alberta Mental Health Board prior to being merged into Alberta Health Services. More than 19,000 people have been trained across Canada. The program is available to anyone interested in learning mental health first aid, as well as employees such as human resource managers, teachers, counselors, transit workers, nurses and police officers. MHFA does not teach people how to be therapists but does teach how to: - Recognize the signs and symptoms of mental health problems - Provide initial help - Guide a person towards appropriate professional help MHFA also offers a basic instructor course to equip those who want to train others in mental health first aid and an instructor
		course specifically for people who work directly with youth. The program has 270 instructors across Canada and will continue to operate out of Edmonton For further information: please visit http://www.mentalhealthfirstaid.ca
2/9/10	http://www.businesswire.co m/portal/site/home/permali nk/2 ndmViewId=news_view&n ewsId=20100209006244&n ewsLang=en	Cúram Software, the leading provider of Social Enterprise Management (SEM) software solutions, today announced that the Saskatchewan Ministry of Social Services has selected the Cúram Business Application Suite™ to establish a common case management platform for child welfare and income support. This initiative, called Linkin, will replace the patchwork of aging systems across the Ministry in an effort to standardize child welfare practices and improve service delivery to children and youth in care. It will also address recommendations from Saskatchewan's Provincial Auditor and Children's Advocate Following a comprehensive procurement process led by a wide range of stakeholders, Cúram Software was selected as the preferred solution provider for its commercial off-the-shelf (COTS) software, which provides best-practice child welfare

2/10/10	http://www.jointogether.org /news/research/summaries/ 2010/alcohol-exposed- infants-feel.html	functionality out-of-the-box. In addition, the Cúram Solution software allows a holistic approach to service delivery across the enterprise with outcome-focused processes and tools. While the software was a fit for the new Linkin initiative, Cúram Software's substantial Canadian footprint and depth and breadth of experience in social services further solidified the Ministry's decision. Cúram Software underscores its Canadian leadership position as the new enterprise standard in Saskatchewan, following the selection as an enterprise standard in the Provinces of Alberta and Ontario. Ongoing customer implementations include health and human services, workforce services and social services ministries throughout Alberta, British Columbia, Saskatchewan, and Ontario Cúram Software is the leading provider of Social Enterprise Management (SEM) software solutions, delivering best-in-class applications for social enterprises globally including, health and human services, workforce services, and social security organizations. Using the Cúram Business Application Suite™ agencies can immediately reap the benefits of client-centric business processes and an outcomes-driven integrated service delivery model. The Cúram Business Application Suite, underpinned by the Cúram Enterprise Framework™, combines the advantages of commercial off-the-shelf (COTS) software, an enterprise platform and service-oriented architecture with the business and technical flexibility required to allow agencies to implement solutions to meet their strategic objectives. Cúram Software is headquartered in Dublin, Ireland with offices throughout North America, Europe, Australia, and India. For more information, visit www.curamsoftware.com Babies who were prenatally exposed to alcohol seem to be less responsive to pain stimuli, according to researchers at the University of British Columbia. HealthDay News reported Jan. 27 that researcher Tim F. Oberlander and colleagues studied 28 newborns and found that the 14 whose mothers drank heavily during pre
		Page 4 of 18 9/22/2010

		sense, we think our findings may reflect a first glimpse at how prenatal alcohol exposure might 'calibrate' or 'program' emerging
		stress systems in early life."
		The study was published online in the journal Alcoholism:
		Clinical and Experimental Research.
		http://onlinelibrary.wiley.com/doi/10.1111/j.1530-
2///22/10	http://www.lfpress.com/ne	0277.2009.01137.x/abstract
2///23/10	ws/london/2010/02/22/1299	London, Ontario
	<u>0356.html</u>	A new Web portal with links to 250 mental-health agencies aims
		to provide a one-stop shop for children and teens with mental-
		health issues.
		Area school boards, along with 28 community partners, launched
		www.mentalhealth4kids.ca on Monday.
		The goal is to make it easier for students, their families, teaching
		staff and mental-health providers to access information and
		navigate a maze of local social services
		The website has links to about 800 programs offered by youth-
		serving agencies.
		Users can look for specific agencies and programs, search by
		postal code or navigate through topics that include addiction,
		abuse, healthy living, mental health and sexual and reproductive
		health. Those topics are further broken down to make navigating
		easier. For instance, mental health's several subheadings include
		schizophrenia, eating disorders and suicide
		"The challenge for caregivers and educators is to navigate
		through a system that can sometimes feel either cluttered or
		inaccessible," said Maria Luisa Contursi, program director of
		MindYourMind.ca mental health website
		http://mindyourmind.ca/

Canadian Territories

Date	Link (location)	Summary (Excerpts)
		no relevant news alerts for this time period

Other Countries

Australia

Australia	•	
Date	Link (location)	Summary (Excerpts)
2/2/10	http://www.themoneytimes.com/featured/20100202/fish-oil-may-prevent-onset-mental-illness-study-id-1099134.html http://www.schizophrenia.com/sznews/archives/005788.html http://www.medicalnewstoday.com/articles/178086.php	A new study suggests that fish oil supplement is a potentially safer way of preventing and treating those vulnerable to developing psychosis. The study adds to the mounting evidence that the best way to prevent full blown psychosis in young people may be with early intervention. Researchers suggest that health care providers should opt for fish oil as an effective alternative therapy in treating patients with so-called "pro-dromal" signs of mental illness rather than the more expensive and risky anti-psychotics. Lead author Dr. G. Paul Amminger, from the Youth Health Research Center* at the University of Melbourne in Australia state, "The finding that treatment with a natural substance may prevent or at least delay the onset of psychotic disorder gives hope that there may be alternatives to antipsychotics for the prodromal phase [symptoms leading up to psychosis onset]." * http://www.edfac.unimelb.edu.au/yrc/ Long-chain omega-3 fatty acids for indicated prevention of psychotic disorders (2010) Journal: Archives of General Psychiatry 67(2), 146-154 http://archpsyc.ama-assn.org/cgi/content/abstract/67/2/146
2/24/10	http://www.allvoices.com/c ontributed-news/5295909- australians-find-a- breakthrough-test-for-adhd- and-question-drug-use	there has been no comprehensive test for ADHD. That is up until now. Australian researchers have just announced a breakthrough a new testing method that is 96% accurate in determining who suffers from the disorder that is characterized by impulsivity, lack of self-control, hyperactivity and inattention. Working through the University of Sydney, a consortium of scientists identified ADHD sufferers by using a computer tool (called IntegNeuro*), that sees how the brain performs when put under increasing load by carrying out game-like tasks. "Our study has shown for the first time that there is a biological basis to ADHD which can be reliably tested to diagnose it," said University of Sydney Professor of Cognitive Neuropsychiatry Leanne Williams**.Estimating that the disorder affects at least one child in every classroom worldwide, she said the computer tool introduced in Sydney and Adelaide as well as in Israel - should cut down on misdiagnoses and make it easier for parents and doctors to decide whether any medication is needed. "For clinicians and parents," Williams said, "there is great peace of mind knowing that there is evidence that a child has some physical or biological change that makes it necessary to be medicated." But, ironically, almost at the same time as Williams was making that statement, another new Australian study - the world's first into the long-term effects of stimulant medication on children with ADHD - raised questions about whether drugs do any good

at all. The research, funded by the Western Australian
Department of Health, and involving 131 children charted from
birth up to the age of 14, concluded that there was "little long-
term benefit of stimulant medication" and some downsides for
ADHD sufferers
* http://www.brainclinics-products.com/neuropsychologie
**http://sydney.edu.au/medicine/people/academics/profiles/lea.p
hp#contactDetails

Ireland (includes Northern Ireland)

Helanu	(includes Northern Treland)	
Date	Link (location)	Summary (Excerpts)
2/15/10	http://amnesty.ie/reports/mi	THE MISSING LINK: COORDINATED GOVERNMENT
	ssing-link-coordinated- government-action-mental-	ACTION ON MENTAL HEALTH
	health	Attaining the highest possible standard of mental health does not
		just mean a good health service. Access to housing, jobs, social
		support and employment are also crucially important. This report
		outlines why we need a whole of Government approach to
		mental health, and what departments outside of health should be
		doing.
		http://amnesty.ie/sites/default/files/report/2010/05/The
		%20Missing%20Link.pdf
		Speech by Minister Moloney at the launch of the Amnesty
		International Report, The Missing Link: Coordinated
		Government action on mental health
		24 February 2010
		http://www.dohc.ie/press/speeches/2010/20100224.html

New Zealand

Date	Link (location)	Summary (Excerpts)
		no relevant news alerts for this time period

Scotland

Date	Link (location)	Summary (Excerpts)
2/12/10	http://www.communitycare. co.uk/Articles/2010/02/12/1 13785/are-personal- budgets-more-cost- effective.htm	Are personal budgets more cost-effective? Is personalisation compatible with saving money? Councils in England have two overriding imperatives in adult social care – personalising services around users' needs in line with government policy, and reducing costs in the face of financial constraints and significant demographic pressures. Over recent years a debate has raged over whether these two goals are compatible or contradictory, particularly over whether direct payments and personal budgets are more or less costly than conventional social care support. This debate was picked up in two reports published this week. A government-commissioned Birmingham University study* claimed adult care costs could be contained at close to current levels in future – despite massive demographic pressures – if a series of reforms were pushed to the limit, including personalisation.

It said that rolling out personal budgets could cut spending on social care services by 9%, a figure based on the evaluation of the second phase of charity In Control's pilots of self-directed support from 2005-7**.

Meanwhile, the Scottish government justified its self-directed support strategy*** - its blueprint for personalising services issued last week – as a way of tackling "tighter financial pressures and demographic changes" on the basis that "more of the same" could not deliver improved outcomes...

The evaluation of the individual budget pilots****, published in 2008, found little difference in the costs of support of people recieiving IBs and a control group, though the improved outcomes enjoyed by IB holders suggested the personalised system was more cost-effective.

However, it also found rolling out IBs required substantial investment, and identified increased care management costs for IB holders, with practitioners spending more time on support planning and completing assessment documentation...

Last year there were about 100,000 personal budgets in England, including direct payments...

If personalisation does not prove to be less costly, there is already good evidence that it will prove to deliver better outcomes for the same cost.

However, with government funding for councils expected to contract from 2011 onwards and the numbers of older and disabled people requiring care set to go on increasing, social care leaders will hope that self-directed support can definitely deliver more for less...

The cost delusion?

Research does not universally support the view that implementing personalised services will lead to significant savings

- 2006 Audit Commission study found direct payments had significant implementation costs, including staff training and support for users.
- March 2008 Evaluation of In Control pilots found 9% fall in average care costs in a sample of 104 users after they switched from traditional care to personal budgets
- October 2008 Individual budget pilot evaluation found little difference in average costs of IBs and conventional support but said rolling out IBs would require substantial investment.
- * http://www.hsmc.bham.ac.uk/news/news/2010/2/social-care-reform.shtml

http://www.hsmc.bham.ac.uk/news/pdfs/social_reform-final_report-feb2010.pdf

** http://www.in-

control.org.uk/site/INCO/Templates/General.aspx? pageid=818&cc=GB

http://www.scotland.gov.uk/Publications/2010/02/05133942/0

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		Self-Directed Support: A National Strategy for Scotland
		http://www.scotland.gov.uk/Resource/Doc/301424/0094007.pdf
		**** http://php.york.ac.uk/inst/spru/research/summs/ibsen.php
		http://www.york.ac.uk/inst/spru/pubs/pdf/IBSEN.pdf
		Audit Commission report
		http://www.audit-
		commission.gov.uk/nationalstudies/localgov/pages/choosingwell.
		<u>aspx</u>
		In Control study
		http://www.in-control.org.uk/site/INCO/Templates/Library.aspx?
		pageid=397&cc=GB
		IB evaluation
		http://php.york.ac.uk/inst/spru/research/summs/ibsen.php
2/23/10	http://www.egovmonitor.co m/node/33924	Scotland Launches Supported Employment Framework To Help
	111/110QC/33924	Disabled People Into Sustained Employment
		Just under half (48.1 per cent) of disabled people in Scotland are
		in work, compared to around 75 per cent of the general
		population. There is considerable variation in the employment
		rates for different health problems or disabilities, with less than
		one in five people with severe learning difficulties in paid
		work
		The Supported Employment Framework for Scotland has been
		created to knock down barriers to work and offer people help to
		find and maintain employment, an issue which is more pressing
		than ever given the current economic climate
		The framework - produced in conjunction with Cosla following a
		report by the Scottish Parliament's Equal Opportunities
		Committee - intends to:
		* Raise awareness about the contribution supported
		employment can make to economic growth, to employment, to
		social inclusion and to the health and wellbeing of disabled
		people.
		* Ensure that supported employment is seen by local
		authorities and their partners as a valued and integral part of local
		mainstream employment services.
		* Help agencies work together to make sure that individuals
		are not caught in a 'training cycle' but make the transition from
		training to paid employment.
		Bruce Brodie, Vice-Chair of the Scottish Union of Supported
		Employment (SUSE), said:
		"The Scottish Union of Supported Employment* welcomes the
		"Supported Employment Framework for Scotland" document as
		a major catalyst in the ongoing development of employment
		focussed services for people with disabilities.
		"The Framework's underpinning commitment to person centred
		planning and support, recognised national quality standards for
		service delivery, practitioner development and long-term
		sustainable funding align perfectly with our vision for the future
		of supported employment
		Employment rates vary widely. In 2008, people with diabetes,
	<u> </u>	Page Q of 18 0/22/2010

	severe disfigurement, skin problems or difficulties in hearing had employment rates much close to the Scottish average (75.6 per cent). However, people with depression or severe learning difficulties have very low employment rates (24.7 per cent and 17 per cent respectively)
	* http://www.susescotland.co.uk/

UK

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Date	Link (location)	Summary (Excerpts)
2/1/10	http://www.bristol.ac.uk/news/2010/6816.html	Parents with learning disabilities, staff from the Norah Fry
	<u>w3/2010/0010.html</u>	Research Centre* at the University of Bristol and representative
		of affiliated organisations in England, Scotland and Wales,
		gathered to raise a glass to celebrate the successes of the
		Working Together with Parents Network** and to launch a new
		publication by the Norah Fry Research Centre. The publication,
		entitled Supporting people with learning disabilities and
		difficulties: Stories of positive practice***, is a collection of real-
		life stories of parents with learning disabilities who have had the
		right support to enable them to look after their children.
		Funded by the Baring Foundation and the Esmée Fairbairn
		Foundation, the Working Together with Parents Network was the
		brainchild of Tessa Baring, CBE, former chair of trustees of the
		Baring Foundation, who was concerned that parents with
		learning disabilities did not always get the support they needed to
		be parents, and so lost their children to the care system
		* http://www.bristol.ac.uk/norahfry/
		** http://www.bristol.ac.uk/norahfry/right-support/
		*** http://www.bristol.ac.uk/norahfry/right-
		support/download/positivepractice.pdf
		Information and Resources Section for parents and for
		professionals
2/5/10	Update	http://bristol.ac.uk/norahfry/right-support/proinfo.html
2/5/10	http://www.officefordisabili	Office for Disability Issues: Right to Control
	ty.gov.uk/	http://www.officefordisability.gov.uk/working/right-to-
		control.php
		Making choice and control a reality for disabled people
		Consultation on the Right to Control
		http://www.officefordisability.gov.uk/docs/wor/rtc/rtc-consult-
		standard.pdf Coad practice guide for delivering the Dight to Control
		Good practice guide for delivering the Right to Control Guidance for front line staff: June 2010
		http://www.officefordisability.gov.uk/docs/wor/rtc/rtc-good-
		practice.pdf
2/8/10	http://www.wellcome.ac.uk	New mental health website aims to dispel myths of psychosis
2,0,10	/News/2010/News/WTX05	Written in clear and simple language, the website
	<u>8416.htm</u>	mentalhealthcare.org.uk, explains mental health terms, provides
	http://www.communitycare.	information about medication and other treatments such as
	co.uk/Articles/2010/02/08/1 13751/Institute-of-	talking therapies and sets out how mental health services work.
	Psychiatry-launches-site-to-	All information on the website is based on research carried out to
	help-mental-health.htm	

		ury, 2010) (1 (otto Shungou Iormus)
2/8/10	http://www.wired.co.uk/ne ws/archive/2010-02/08/can- coma-patients- communicate-with-brain- patterns.aspx	learn more about the causes of psychosis in order to develop better treatments or improve existing ones. Funded by a public engagement grant from the Wellcome Trust, the site is a joint venture between the Institute of Psychiatry at King's College London and South London and Maudsley NHS Foundation Trust, in association with Rethink, the campaigning mental health charity that runs support groups for carers mentalhealthcare.org.uk aims to address these key issues by providing video interviews with health professionals and researchers talking about different aspects of psychosis, treatment and care, summaries of Institute of Psychiatry research about psychosis, written in plain English, and Ask the Pharmacist, Ask the Psychologist and Ask the Psychiatrist pages where visitors to the site can submit general questions http://www.mentalhealthcare.org.uk/ Coma patients previously considered to be in a vegetative state have been able to communicate with doctors through their brain patterns. A 29-year-old Belgian, who has been in a coma since a road accident in 2003, had shown no sign of consciousness or awareness of the outside world for five years. However, the Belgian patient was able to successfully answer "yes" and "no" questions by stimulating different parts of his brain while being scanned by an MRI machine He was instructed by doctors to imagine himself playing tennis and hitting a ball back and forth with an illusory partner this stimulated the motor region of his brain. Then, doctors instructed the patient to imagine himself navigating the streets of a familiar city or home, to make the spatial region of his brain react. With these two commands, the comatose patient can answer binary choice questions by imaging a tennis game (which is translated as yes) or by navigating a space (translated as no). The Belgian patient successfully answered five of six personal questions (such as "Is your father's name Alexander" and "Is your father's name Thomas"). While the findings do suggest positive impl
		over a period of weeks to paint a bigger picture of their
		awareness and functional capabilities, leaving no stone
		unturned," says Gill.
		While the findings are encouraging, the research is still in a
	<u> </u>	Page 11 of 18 9/22/2010

premature state and substantial implications are not yet clear. Bell concludes "this research is likely to lead to further work trying to detect which patients are conscious and to develop methods to communicate with them." 2/10/10 http://www.curckalert.org/pub.releases/2010-002/epe.ddi0/20510.php New research provides insight into why fragile X syndrome, the most common known cause of autism and mental retardation, is associated with an extreme hypersensitivity to sounds, touch, smells, and visual stimuli that causes sensory overload and results in social withdrawal, hyperarousal, and anxiety. The study, published by Cell Press in the February 11 issue of the journal Neuron, uncovers a previously unknown developmental delay in a critical brain circuit that processes sensory information in a mouse model of fragile X syndrome. Fragile X syndrome is caused by a mutation that interferes with production of fragile X mental retardation protein (FMRP). FMRP has been shown to play a key role in neuronal development and plasticity, and the loss of FMRP results in the complex and severely debilitating symptoms associated with fragile X syndrome. "A central feature of fragile X syndrome is an alteration in sensory processing that manifests in early infancy and progressively worsens through childhood," explains senior study author, Dr. Anis Contractor from the Department of Physiology at the Northwestern Feinberg School of Medicine in Chicago. "Little is known about how disruptions in the part of the brain that process sensory information, called the sensory cortex, contribute to these deficits." Dr. Contractor and colleagues used a mouse model of fragile X syndrome that exhibits hypersensitivity to sensory stimuli, similar to the human syndrome, to examine the development of synapses in the sensory cortex. Synapses are the sites of			
New research provides insight into why fragile X syndrome, the most common known cause of autism and mental retardation, is associated with an extreme hypersensitivity to sounds, touch, smells, and visual stimuli that causes sensory overload and results in social withdrawal, hyperarousal, and anxiety. The study, published by Cell Press in the February 11 issue of the journal Neuron, uncovers a previously unknown developmental delay in a critical brain circuit that processes sensory information in a mouse model of fragile X syndrome. Fragile X syndrome is caused by a mutation that interferes with production of fragile X mental retardation protein (FMRP). FMRP has been shown to play a key role in neuronal development and plasticity, and the loss of FMRP results in the complex and severely debilitating symptoms associated with fragile X syndrome. "A central feature of fragile X syndrome is an alteration in sensory processing that manifests in early infancy and progressively worsens through childhood," explains senior study author, Dr. Anis Contractor from the Department of Physiology at the Northwestern Feinberg School of Medicine in Chicago. "Little is known about how disruptions in the part of the brain that process sensory information, called the sensory cortex, contribute to these deficits." Dr. Contractor and colleagues used a mouse model of fragile X syndrome that exhibits hypersensitivity to sensory stimuli, similar to the human syndrome, to examine the development of synapses in the sensory cortex. Synapses are the sites of			Bell concludes "this research is likely to lead to further work trying to detect which patients are conscious and to develop
correctly process incoming information is predicated on the correct development of these structures. Although previous work had shown that there are clear defects in the size, shape, and number of synapses in the sensory cortex of fragile X mice, it was not clear whether the abnormalities had any functional impact on the development of the sensory cortex. During perinatal development in the normal mouse, there is an activity-dependent maturation of synapses. This sensory-driven maturation of key synapses must occur at the right time, called the "critical period." The researchers found that the fragile X mice exhibited a profoundly altered development of synapses in the part of the mouse cortex that processes sensory information from the whiskers. Loss of FMRP resulted in a dysregulation of synapse maturation so that there was a delay in the normal window for synaptic plasticity. "The precise timing of critical periods during cortical	2/10/10	ub_releases/2010-02/cp-	methods to communicate with them." New research provides insight into why fragile X syndrome, the most common known cause of autism and mental retardation, is associated with an extreme hypersensitivity to sounds, touch, smells, and visual stimuli that causes sensory overload and results in social withdrawal, hyperarousal, and anxiety. The study, published by Cell Press in the February 11 issue of the journal Neuron, uncovers a previously unknown developmental delay in a critical brain circuit that processes sensory information in a mouse model of fragile X syndrome. Fragile X syndrome is caused by a mutation that interferes with production of fragile X mental retardation protein (FMRP). FMRP has been shown to play a key role in neuronal development and plasticity, and the loss of FMRP results in the complex and severely debilitating symptoms associated with fragile X syndrome. "A central feature of fragile X syndrome is an alteration in sensory processing that manifests in early infancy and progressively worsens through childhood," explains senior study author, Dr. Anis Contractor from the Department of Physiology at the Northwestern Feinberg School of Medicine in Chicago. "Little is known about how disruptions in the part of the brain that process sensory information, called the sensory cortex, contribute to these deficits." Dr. Contractor and colleagues used a mouse model of fragile X syndrome that exhibits hypersensitivity to sensory stimuli, similar to the human syndrome, to examine the development of synapses in the sensory cortex. Synapses are the sites of communication between neurons, and the ability of the brain to correctly process incoming information is predicated on the correct development of these structures. Although previous work had shown that there are clear defects in the size, shape, and number of synapses in the sensory cortex. During perinatal development in the normal mouse, there is an activity-dependent maturation of synapses. This sensory-driven maturation of key synapses must o
			developing it is essential for the probet of gainzation of synablic i
connections and circuits," says Dr. Contractor. "The delayed timing of plasticity windows we observed might contribute to the			development is essential for the proper organization of synaptic connections and circuits," says Dr. Contractor. "The delayed

		altered refinement of cortical circuits that persist throughout the life of the animal and contribute to sensory processing deficits in fragile X syndrome."
		http://www.cell.com/neuron/issue?pii=S0896-6273(10)X0003-4 Critical Period Plasticity Is Disrupted in the Barrel Cortex of Fmr1 Knockout Mice p385 Emily G. Harlow, Sally M. Till, Theron A. Russell, Lasani S. Wijetunge, Peter Kind, Anis Contractor
		http://www.cell.com/neuron/abstract/S0896-6273(10)00050-4
		See also: Regulation of Synaptic Structure and Function by FMRP-Associated MicroRNAs miR-125b and miR-132 p373 Dieter Edbauer, Joel R. Neilson, Kelly A. Foster, Chi-Fong Wang, Daniel P. Seeburg, Matthew N. Batterton, Tomoko Tada, Bridget M. Dolan, Phillip A. Sharp, Morgan Sheng http://www.cell.com/neuron/abstract/S0896-6273(10)00010-3
2/11/10	http://www.personneltoday.	The government's new mental health strategy aims to create a
	com/articles/2010/02/11/54 092/mental-health-mindful-	healthier, more productive society, and reduce workplace
	approach.html	absence According to the government's new mental health at work
		strategy, New Horizons*, which was unveiled in December, at
		any one time just over a fifth of working-age women and 17% of
		working-age men are affected by stress and anxiety. One in six adults will suffer from a mental health problem at
		some point in their lives. Mental ill health, it argued, is also the
		most common reason for claiming health-related benefits and
		costs the economy between £30bn and £40bn through lost
		production, sick pay and NHS treatment. The new document comprises a UK-wide national mental health
		and employment strategy, a cross-governmental delivery plan,
		and commitments to action that span 11 government
		departments
		Alongside the strategy document, the government also published a Department for Work and Pensions-commissioned review of employment support for people with mental health conditions, entitled Realising Ambitions**
		Both documents are a central part of the government's response
		to national director for health and work Dame Carol Black's
		vision for the future of workplace health***, with the government's over-arching aim being to have, by 2025, radically
		narrowed the gap between the employment rate of people in
		contact with secondary mental health services and those of
		people with disabilities generally. The strategy therefore needs to be seen as another piece of the
		The strategy therefore needs to be seen as another piece of the puzzle ministers have been putting together to tackle workplace
		ill health in the wake of the Black recommendations, including
		the launch of a new fit note, a Fit for Work service, the reform of
		incapacity benefits, and a dedicated workplace health helpline for small and medium-sized enterprises (SMEs). In fact, the
	l .	Dage 12 of 10

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unveiling of the NHS Plus-run helpline was bundled into the launch of the strategy, such is the way ministers see all the different elements meshing together to create a larger whole. Recommendations The strategy also needs to be seen in the context of guidance from the National Institute for Health and Clinical Excellence (NICE) published in November, promoting mental health and wellbeing in the workplace****. *New Horizons: http://www.nhs.uk/NHSEngland/NSF/Pages/NewHorizonconsult ation.aspx http://www.dh.gov.uk/en/Publicationsandstatistics/Publications/PublicationsPolicyAndGuidance/DH_109705 http://www.dh.gov.uk/prod_consum_dh/groups/dh_digitalassets/@dh/@en/documents/digitalasset/dh_109708.pdf
**Realising Ambitions
http://www.dwp.gov.uk/docs/realising-ambitions.pdf
*** http://www.workingforhealth.gov.uk/documents/improving-
health-and-work-changing-lives.pdf
**** http://guidance.nice.org.uk/PH22

USA

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Date	Link (location)	Summary (Excerpts)
2/11/10	hcbs.org > Clearinghouse Clips	DIRECT SERVICE WORKFORCE CORE COMPETENCIES: ANNOTATED BIBLIOGRAPHY This bibliography summarizes current thinking about developing core competencies for all direct care workers, regardless of the setting they work in. It includes recommendations from six statelevel reports, two national studies, and the federal Retooling the Health Care Workforce for an Aging America Act. http://www.hcbs.org/moreInfo.php/nb/doc/2949 http://www.hcbs.org/files/174/8658/Core Competencies.pdf
2/11/10	hcbs.org > Clearinghouse Clips	ePolicyWorks Website Summary: Check out ePolicyWorks, a collaborative, information-sharing initiative between national policy-makers and stakeholders, managed by the Office of Disability Employment Policy. It addresses barriers to employment for individuals with disabilities, using web-based technology to enable communication between departments on key policy areas. The workspace contains news, a bulletin board to post info, social networking and eWorkgroup capacities. The initiative is currently focusing on health care. http://www.hcbs.org/moreInfo.php/nb/doc/2950 http://www.epolicyworks.org/
2/11/10	hcbs.org > Clearinghouse Clips	Strengthening the Direct Service Workforce in Rural Areas

		Summary: This issue brief summarizes the challenges of the direct service workforce in rural areas and strategies that stakeholders can use to provide high-quality long-term care services and supports. States engaged in development of their direct service workforce can use the resources presented to gain knowledge of these challenges and learn about some direct service related strategies that other states and rural agencies have implemented. The Appendix contains an annotated list of resources. http://www.hcbs.org/moreInfo.php/nb/doc/2969 http://www.hcbs.org/files/175/8742/Rural_Brief[1].pdf http://www.dswresourcecenter.org/tiki-index.php? page=Webinars/Calls http://www.hcbs.org/files/180/8962/DSW_Presentation_Rural_Is sue.pdf
2/11/10	hcbs.org > Clearinghouse Clips	Developing and Implementing Self-Direction Programs and Policies: A Handbook Summary: The Handbook is a living document developed to provide state staff, policymakers, service providers, program participants, and other stakeholders with a comprehensive source of information about self-direction programs and policies. Its
		primary purpose is to explain how States can increase program participants' choice of and control over their services and supports. Readers have the option of signing up for a listserv used only for handbook updates. http://www.hcbs.org/moreInfo.php/nb/doc/2572 http://www.cashandcounseling.org/resources/handbook
2/11/10	hcbs.org > Clearinghouse Clips	Implementing Self-Direction Programs with Flexible Individual Budgets: Lessons Learned from the Cash & Counseling Replication States Summary: Twelve states received Cash & Counseling Replication grants in October 2004. Here, the Replication States' experiences in developing and implementing their new programs are documented in three stages: planning; design/development; and implementation/enrollment. The appendix includes summaries of the states' grant initiatives. http://www.hcbs.org/moreInfo.php/nb/doc/2573 http://www.hcbs.org/files/153/7636/CC_Replication_Report_final.pdf http://www.hcbs.org/files/153/7636/CC_Replication_Report_final.pdf
2/11/10	hcbs.org > Clearinghouse Clips	Cash & Counseling: Improving the Lives of Medicaid Beneficiaries Who Need Personal Care or Home and Community-Based Services Summary: This final report summarizes the findings from five years of research on how each of the three demonstration states implemented its program, and on how the programs have affected the consumers who participated, the consumers' paid and unpaid caregivers, and the costs to Medicaid. The analysis is based on an experimental design to ensure that the estimates of

	1	
		program effects are unbiased, and has sample sizes that are adequate to detect program effects of policy-relevant magnitudes. http://www.hcbs.org/moreInfo.php/nb/doc/2108 http://www.hcbs.org/files/129/6409/Crosscutting.pdf
2/11/10	hcbs.org > Clearinghouse Clips	Choosing Independence: An Overview of the Cash & Counseling Model of Self-Directed Personal Assistance Services Summary: In light of this major change and assuming that states may want to learn more about Cash & Counseling, this publication offers an in-depth description of the option, a discussion of key findings from the three-state demonstration, and preliminary information about the program's expansion into 12 more states. At the end is a list of resources—both Web sites and published materials—for further information. Stories about consumers who have first-hand experience appear throughout this publication. http://www.hcbs.org/moreInfo.php/nb/doc/1879 http://www.hcbs.org/files/116/5765/CCsummary.pdf
2/11/10	hcbs.org > Clearinghouse Clips	http://www.hcbs.org/files/116/5765/CCsummary.pdf New State Strategies To Meet Long-Term Care Needs Summary: States' efforts to expand consumer-directed long-term
2/17/10	RRTCADD_NEWS@listserv.uic.edu	care service programs, are often hindered by challenges related to costs, staffing and organizational issues, infrastructure requirements, and resistance from stakeholders. Yet states have developed a number of successful strategies for overcoming these challenges. Their experiences offer valuable insights, guidance, and encouragement to other states considering CDS. The abstract (free) and full report (subscription required) are available. http://www.hcbs.org/moreInfo.php/nb/doc/2974 http://content.healthaffairs.org/cgi/content/full/29/1/49 http://content.healthaffairs.org/cgi/content/abstract/29/1/49 Contact: Pamela Doty (Pamela.Doty@hhs.gov) is a senior policy analyst in the Office of the Assistant Secretary for Planning and Evaluation (ASPE) in the U.S. Department of Health and Human Services in Washington, D.C. New policy brief: Health profile of aging family caregivers
	Princed.	supporting adults with intellectual and developmental disabilities at home Study finds a higher prevalence of chronic health conditions, including arthritis, high blood pressure, obesity, and activity limitations for older caregivers of adults with developmental disabilities than for the general population of older women. For more information on this study, see the policy brief from the Rehabilitation Research and Training Center on Aging with Developmental Disabilities: Lifespan Health and Function, Institute on Disability and Human Development, University of Illinois at Chicago. Health profile of aging family caregivers supporting adults with intellectual and developmental disabilities at home,

	1	Ta a,
		by Yamaki, K., Hseih, K., and Heller, T.
		Download the brief in
		PDF:
		http://www.idhd.org/downloads/Briefs/HealthProfilesBrief8.pdf Word:
		http://www.idhd.org/downloads/Briefs/Health_Profiles_Brief.doc
		"The presence of chronic health conditions likely limits caregivers' capacity to provide care for their family members, and when their health begins to interfere with their ability to care, family caregivers often have few other family members to whom they can shift their caring responsibility."
		Feel free to visit our website: www.idhd.org IDHD at UIC is the federally designated University Center for Excellence, Education, Research and Service (UCE) in Developmental Disabilities for the state of Illinois. Authorized under the Developmental Disabilities Assistance and Bill of Rights Act (Public Law 106-402), the IDHD is part of a network of sixty-seven university-based centers in every state and territory of the United States. Institute on Disability and Human Development University of Illinois at Chicago 1640 W. Roosevelt Road, Room 251, Chicago, Illinois 60608-
		6904
2/22/10	Weekly Digest e-mail from Disability.gov	Disability.gov Federal Employer Resources Update: How to Support the Employment of People with Disabilities Through this captioned video presentation from the U.S. Department of Agriculture's (USDA) TARGET Discovery Series*, learn about the technology, organizations, hiring authorities, and best practices that can help increase the employment and advancement of people with disabilitiesone of the biggest untapped resources in today's federal and private workplaces. This information has recently been updated, and can be read by visiting this link: http://www.disability.gov/employment/employing_people_with_disabilities/federal_employer_resources Video at https://connectpro36216355.na5.acrobat.com/p96149019/?
		launcher=false&fcsContent=true&pbMode=normal
		* http://www.dm.usda.gov/oo/target/discovery/index.html
2/24/10	Weekly Digest e-mail from Disability.gov	Disability.gov Housing Update: Opening Doors: A Discussion of Residential Options for Adults Living with Autism & Related Disorders
		This report focuses on the residential concerns of adults with autism and related disorders and is designed to advance the
	I .	Page 17 of 18

development of residential models that offer quality, affordable housing options. The study also looks at current and projected demand for life-long living options that support individuals with autism spectrum and related disorders who are unable to live on their own.
This information has recently been updated, and can be read by visiting this link: http://www.disability.gov/housing/research_ %26_statistics
See http://www.autismcenter.org/documents/openingdoorsprint.pdf for the report.

Other International

Date	Link (location)	Summary (Excerpts)
2/9/10	http://www.psychiatrictime	Dementia: A Focused Review
	s.com/home/content/article/ 10168/1520823	By Raj K. Kalapatapu, MD
	10100/1020023	• The differences between the dementias and their causes
		Differential diagnosis of the dementias
		Treatment strategies for the dementias
		Future direction of clinical studies