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Hard Times and Mental Stress

No surprise here: A national survey found that the unemployed are far more likely than others to report severe mental distress. Mental Health America and the National Alliance on Mental Illness (NAMI) surveyed 1,002 adults (half men, half women) nationwide in mid-September. About 13% of those without jobs said they'd had thoughts of harming themselves—four times the rate of people with jobs. Unemployed people were also twice as likely to say they were concerned about their mental health or had used alcohol or drugs in the past 6 months. Among those who had not consulted a health provider about their concerns, 42% said that lack of insurance coverage or cost was the main impediment.

Phone Intervention Effective

A structured phone intervention appears to be as effective as in-office primary care visits when it comes to managing patients receiving antidepression therapy, according to a study from the Group Health Cooperative's Center for Health Studies in Seattle. Patients starting antidepressants were invited to be randomized into a trial comparing two telephone-support programs with standard care (Arch. Gen. Psychiatry 2009;66:1081-9). One telephone group received up to five brief calls or personalized mailings from care managers with bachelor's degree–level training. The second group got up to 12 calls, which included care management and structured cognitive-behavioral psychotherapy delivered by clinicians with master's degree–level training and psychotherapy experience. For effectiveness assessment, patients were contacted 1 month after entering the study and every 3 months thereafter, for a year and half. Each time, they were assessed on the Symptom Checklist 90 depression scale. Both phone programs had long-term clinical benefits but a greater impact was seen from the intervention that included therapy.

Gene Centers of Excellence

The National Human Genome Research Institute and the National Institute of Mental Health are awarding $45 million in grants to establish two new Centers of Excellence in Genomic Science in Wisconsin and North Carolina and to support existing centers at the University of Southern California, Los Angeles, and Johns Hopkins University, Baltimore. The Medical College of Wisconsin, Milwaukee, and the University of Wisconsin, Madison, will codirect a center, and the University of North Carolina, Chapel Hill, will establish the other new center. In North Carolina, researchers are developing new approaches to identifying genetic and environmental factors that may contribute to psychiatric disorders. The Johns Hopkins researchers plan to study in bipolar disorder, aging, and autism.

Levamisole-Laced Cocaine

The Drug Enforcement Administration and the Substance Abuse and Mental Health Services Administration are warning health providers and treatment centers that "substantial levels" of cocaine may be adulterated with levamisole, a veterinary drug. SAMHSA said there have been 20 confirmed or probable cases of agranulocytosis, including 2 deaths, in people who had ingested cocaine that was mixed with the antiparasite agent, which can suppress white blood cell counts. Levamisole was once used in human chemotherapy but is no longer approved for that indication. The DEA reported that levamisole has been found in cocaine samples since 2002. An analysis in July concluded that 70% of cocaine samples contained levamisole. SAMHSA, the DEA, the Food and Drug Administration, the Centers for Disease Control and Prevention, and the Office of National Drug Control Policy are gathering case reports from state health departments. So far, there has been no uptick in cases of cocaine-related agranulocytosis, but reporting probably lags behind occurrences.

Practice Revenues Decline

Medical practice revenues fell in 2008, possibly because of declining patient volumes and payments from people in financial hardship, according to the Medical Group Management Association. Medical practices responded by trimming overhead costs more than 1%, but that wasn't enough to offset shrinking revenues, the MGMA found in its yearly practice-cost survey. Multispecialty group practices saw a 1.9% decline in total medical revenue in 2008, with substantial drops in both the number of procedures and the number of patients. Bad debt in multispecialty group practices from fee-for-service charges increased 13% from 2006 to 2008. Practices trimmed their expenses mostly by cutting support-staff costs. However, total worker count remained constant, suggesting that practices might have eliminated raises and bonuses or even cut pay, the MGMA said.

—Alicia Ault