

©Copyright 2015, American Psychiatric Association

Psychiatric News, ISSN 0033-2704, is published biweekly on the first and third Friday of each month by the American Psychiatric Association, 1000 Wilson Boulevard, Arlington, Va. 22209-3901. Periodicals postage paid at Arlington, Va., and additional mailing offices. Postmaster: send address changes to *Psychiatric News*, APA, Suite 1825, 1000 Wilson Boulevard, Arlington, Va. 22209-3901. Online version: ISSN 1559-1255.

SUBSCRIPTIONS

U.S.: individual, \$130. International: APA member, \$177; nonmember, \$195. Single issues: U.S., \$24; international, \$41. Institutional subscriptions are tier priced. For site licensing and pricing information, call (800) 368-5777 or email institutions@psych.org.

OFFICERS OF THE ASSOCIATION

Paul Summergrad, M.D., President
 Renée Binder, M.D., President-elect
 Frank Brown, M.D., Treasurer
 Maria Oquendo, M.D., Secretary
 Jenny Boyer, M.D., Speaker of the Assembly
 Saul Levin, M.D., M.P.A., CEO and Medical Director

STAFF OF PSYCHIATRIC NEWS

Jeffrey Borenstein, M.D., Editor in Chief
 Catherine F. Brown, Executive Editor
 Mark Moran, Aaron Levin, Vabren Watts, Nick Zagorski, Senior Staff Writers
 B. Alma Herndon, Production Manager
 Sergey Ivanov, Senior Graphic Designer
 Joe Winkle, Online Content Editor
 Ken Hausman, Joan Arehart-Treichel, Eve Bender, Lynne Lamberg, Contributors
 Lindsey Fox, Advertising Manager
 Roger Domras, Director of Circulation

PSYCHIATRIC NEWS

EDITORIAL ADVISORY BOARD

Joseph Cerimele, M.D., Paramjit Joshi, M.D., John Luo, M.D., Molly McVoy, M.D., Claudia Reardon, M.D., Altha Stewart, M.D., and Ann Marie Sullivan, M.D.

PUBLISHER

Rebecca Rinehart

EDITORS-IN-CHIEF EMERITI

Robert J. Campbell III, M.D.
 James P. Krajeski, M.D.

EDITORIAL OFFICES

Telephone: (703) 907-7860
 E-mail: cbrown@psych.org
 Web site: psychnews.org

ADVERTISING SALES

Frank Cox, Kathleen Harrison, Tim Wolfinger, Eamon Wood, Pharmaceutical Media Inc., 30 East 33rd Street, New York, N.Y. 10016; (212) 904-0379; fax: (212) 685-6126; twolfinger@pminy.com. Nonpharmaceutical and Classified advertising: ewood@pminy.com; (212) 907-0363

CHANGES OF ADDRESS

Call the APA Answer Center at (888) 35-PSYCH in the U.S. and Canada; in other countries, call (703) 907-7300.

The content of *Psychiatric News* does not necessarily reflect the views of APA or the editors. Unless so stated, neither *Psychiatric News* nor APA guarantees, warrants, or endorses information or advertising in this newspaper. Clinical opinions are not peer reviewed and thus should be independently verified.

The information or advertising contained in this newspaper is not intended to be a substitute for professional treatment or diagnosis. Reliance on such information is at the reader's own risk; neither APA nor *Psychiatric News* shall be liable if a reader relies on information in the newspaper rather than seeking and following professional advice in a timely manner.

Those who submit letters to the editor and other types of material for *Psychiatric News* are agreeing that APA has the right, in its sole discretion, to use their submission in print, electronic, or any other media.

CONTENTS



26



8



24

INTERNATIONAL NEWS

5 Opening of Insular Nation Brings Opportunities to Improve MH Care

Myanmar is shedding the effects of decades of military rule and isolation, and its people are benefiting through efforts to modernize the mental health system, including expertise from U.S. psychiatrists.

PROFESSIONAL NEWS

8 Colleges See Value in Suicide 'Postvention' as Well as Prevention

A new guidebook will help college officials deal more effectively with the short- and long-term effects of a suicide by one of their students.

ASSOCIATION NEWS

10 APA Calls for Public-Health Approach to Issues of Gun-Related Violence

The APA Board of Trustees approves a statement on firearms access that urges several regulatory measures and explains that data don't support a link between gun violence and mental illness.

CLINICAL & RESEARCH NEWS

18 Combining Benzodiazepines, Other Abused Substances Often Leads to ER

A government study documents the frequency with which use of benzodiazepines in combination with opioids or alcohol results in emergency room visits.

24 Huge School System Reacts to Data on Teens' Sleep Needs

Responding to concerns about how early high school start times compromise teens' sleep and daytime functioning, a major school system says school days can begin later.

26 Dogs Not Only Pets to Help Children With Autism Spectrum Disorder

While research has shown that dogs can boost socialization skills in children with autism, it appears that birds, rodents, and other pets in the home may confer benefits that are just as valuable.

27 Association Found Between CBT Treatment Response and Suicide

Cognitive-behavioral therapy (CBT) for child anxiety may have a protective effect over the long term against later suicide ideation and attempts.

Early-Bird Rates in Effect For Annual Meeting



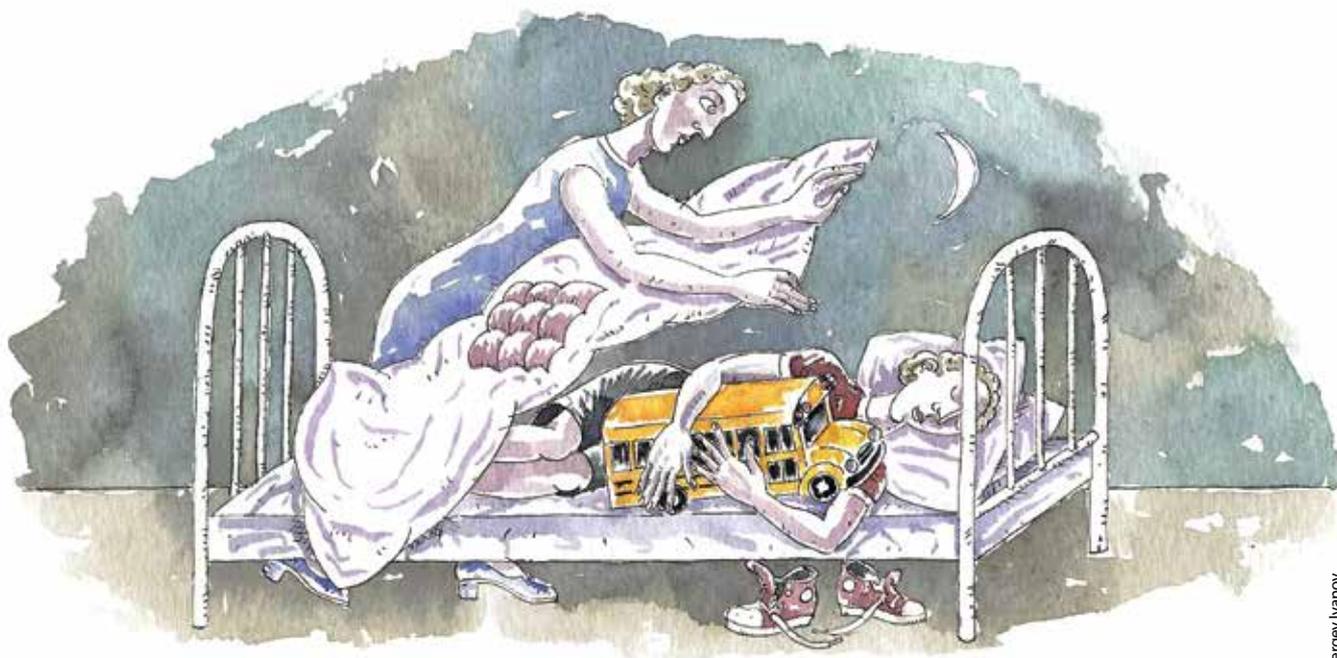
Lester Balajadia/Shutterstock

Join your colleagues from across the United States and more than 50 countries for the psychiatry event of the year. APA's 2015 annual meeting is being held in Toronto from May 16 to 20 on the theme "Psychiatry: Integrating Body and Mind, Heart and Soul." Take advantage of the lowest registration fees offered by APA by registering now at annualmeeting.psychiatry.org. And you can beat the rush for the most desired hotel rooms by reserving your room as well.

For travel information to and from Canada, see the box on page 5.

Departments

- 4 | FROM THE PRESIDENT
- 6 | FROM THE EXPERTS
- 16 | VIEWPOINTS
- 17 | PSYCHIATRY & INTEGRATED CARE
- 28 | JOURNAL DIGEST



Sergey Ivanov

Sleep Data Lead Large School System To Push Back High School Start Times

The nation's 11th-largest school district aims to boost teens' sleep and improve classroom performance, mental and physical health, and driving safety by delaying current school start times.

BY LYNNE LAMBERG

My day starts in pitch black," high school sophomore Claire Heiden told the Fairfax County, Va., School Board when it met last October to vote on delaying the county's present 7:20 a.m. high school start time.

Students who ride school buses often rise before 5 a.m. and leave home at 5:30 a.m., Heiden said. Those who commute by car—relatively new drivers and often barely awake, she asserted—face the added challenge of driving in the dark.

"The evidence for later school start times is clear and compelling," Phyl-

lis Payne, M.P.H., a Fairfax parent and health educator, said at the meeting. More than a decade ago, Payne told *Psychiatric News*, she rose before dawn to tend a child, glanced outside, and saw her babysitter and other teenagers gathered under a streetlight waiting for their school bus.

In 2004, Payne and another parent, Sandy Evans, now a school-board member, cofounded the Start Later for Excellence in Education Proposal (SLEEP), a community group advocating later opening-bell times and increased sleep education in the curriculum. Their group submitted a petition to the board with more than 10,000 signatures of people favoring the delay.

After hearing these and other presentations, including one opposing the delay, the board voted 11 to 1 to accept a plan to start school later developed by sleep specialists at Children's National Medical Center in Washington, D.C.

Beginning in September, classes will start between 8 a.m. and 8:10 a.m. and end between 2:45 p.m. and 2:55 p.m. for more than 57,000 students in Fair-

fax County's 22 high schools. Students attending three middle schools located on high school campuses will follow the high school schedule. Remaining middle schools will open at their current start time, 7:30 a.m. Elementary schools will start at the same time they do now, or within five to 10 minutes of that time, with openings varying from 8 a.m. to 9:20 a.m.

The new schedule will cost \$4.9 million to implement, mainly to purchase 27 new buses to reduce extremely early pickup times.

Students Can Get 50 Minutes More Sleep

The new start times will give all Fairfax public high school students and some middle school students the opportunity to sleep 40 to 50 minutes longer on school nights than they do now, Judith Owens, M.D., a professor of pediatrics at George Washington University School of Medicine and Health Sciences, told *Psychiatric News*. Studies in communities that have delayed start times show students do not stay up later, Owens said. They go to bed at the same time and get more sleep.

Owens directs sleep medicine at Children's National Medical Center. She and colleagues received a \$143,000 grant from the Fairfax County School Board in 2013 to develop workable scenarios for starting school later.

Because the start-time debate had roiled Fairfax for years, Owens and her team sought broad community involvement. The team held eight town-hall meetings at which more than 1,000 people offered opinions on four options. It also reviewed 3,000 emails area residents sent via its website.

Start Times, Biological Clocks Out of Sync

Most adolescents need 8.5 to 9.5 hours of sleep for optimum alertness and well-being, said Owens, who chairs the American Academy of Pediatrics (AAP) Adolescent Sleep Working Group. Few get that amount, AAP said in a policy statement published in *Pediatrics* in September 2014. That's because school start times are not in sync with adolescents' biological clocks.

Two-thirds of Fairfax students in grades 8, 10, and 12 reported in a 2011 survey that they averaged seven hours or less sleep on school nights, and 29 percent reported symptoms of depression, findings that alarmed the school board and the community.

According to the AAP, "The average teenager in today's society has difficulty falling asleep before 11 p.m. and is best suited to wake at 8 a.m. or later." The AAP urged the nation's middle and high schools to start classes at 8:30 a.m. or later—30 to 60 minutes later than most do now. While Fairfax's 8 a.m. or later start times fall short of that goal, they are a positive first step, Owens said, and a practical compromise considering the community's size—385 square miles—traffic woes, and other factors.

"We have found every minute of delay useful," Kyla Wahlstrom, Ph.D., director of the Center for Applied Research and Education Improvement at the University of Minnesota and a longtime investigator of school start-time changes, told *Psychiatric News*. "The greater the delay, the greater the benefit."

When school starts later, Wahlstrom said, attendance rises; tardiness falls; academic performance improves in the core subjects of English, math, social studies, and science; and scores rise on national standardized tests. Students who average eight hours or more sleep each night report fewer symptoms of depression and thoughts of suicide than those who usually sleep less than eight hours.

Schools have ample time to prepare for the new schedules, said Fairfax County Public Schools Superintendent Karen Garza. "Because we are such a large and diverse district," she said, "the changes likely will be easier for some parents and more challenging for others."

Most Fairfax County middle school students still will start classes earlier than sleep specialists recommend, Owens said. Her team hopes to assess the impact of the new start times and to work with the school board to explore further delays. **PN**

➤ "Children's National Medical Center Blueprint for Change" is posted at <http://www.fcps.edu/supt/update/1415/Blueprint-Change-School-Start-Time-Change-Report-Final4-14-14.pdf>.

Fairfax Decision Could Have National Impact

The American Academy of Sleep Medicine (AASM) hopes the Fairfax County action on start times will encourage school boards, parents, and physicians in other communities to work together to help teenagers to get the sleep they need, Timothy Morgenthaler, M.D., AASM president, told *Psychiatric News*. He is a professor of medicine at Mayo Medical School in Rochester, Minn.

Morgenthaler is the father of five. One of his children starts high school at 7:45 a.m., and another attends a middle school that opens at 8:05 a.m. Morgenthaler drives both children to school to allow them to sleep 30 minutes longer than they could if they took a bus, an option he knows is not possible for all parents.

"I've been asking our membership to enlighten local school boards," Morgenthaler said. "We support community efforts to move start times later."

CLINICAL & RESEARCH NEWS



Teen-Driver Crash Rate Lower When School Starts Later

Adjacent suburban counties have very different rates for car crashes involving teen drivers. The difference may be the later school start time in one of the counties.

BY LYNNE LAMBERG

Teen drivers whose Virginia high school started classes at 8:45 a.m. had significantly lower rates of car crashes than peers in an adjacent county where

high school began at 7:20 a.m., researchers at Eastern Virginia Medical School in Norfolk have found.

Robert Vorona, M.D., an associate professor of medicine, and colleagues compared data on weekday crashes and time of day for drivers aged 16 to 18 and adult drivers in two demographically similar Virginia counties for the school years 2009-2010 and 2010-2011. The combined total high school enrollment in the two counties was about 34,000 students.

In 2009-2010, licensed teen drivers in Henrico County, where high schools

started at 8:45 a.m., had a weekday crash rate about 29 percent lower than teen drivers in neighboring Chesterfield County, where classes started at 7:20 a.m.

Henrico had 37.9 crashes per 1,000 teen drivers, while Chesterfield had 48.8 crashes per 1,000 teen drivers that school year. Peak crash rates in Henrico occurred one hour later in the morning and two hours later in the afternoon than in Chesterfield, consistent with commute times. Crash rates in 2010-2011 were similar.

Adult crash rates and traffic congestion did not differ in either county in the study years, the researchers reported in the November 2014 *Journal of Clinical Sleep Medicine*. Because the counties are adjacent, weather conditions probably had no impact on the differing crash rates.

The Chesterfield teens had significantly more crashes that involved running off the road to the right than did the Henrico students—the type of crash associated with falling asleep at the wheel.

Since the researchers were able to obtain only aggregate driving data from the Virginia Department of Motor Vehicles, they could not examine individual teens' sleep habits, work schedules, or other factors that may have contributed to crashes.

The findings, they said, “suggest that early high school start times put teens at risk for sleep restriction and conflict with the phase delay that typifies adolescents' circadian rhythms.” Their results replicate and extend research Vorona and colleagues conducted in two other Virginia counties in 2007 and 2008.

According to an accompanying editorial, more than half of fall-asleep crashes occur in drivers aged 25 or younger. Per mile driven, drivers aged 16 to 19 are three times more likely than drivers aged 20 and older to have a fatal crash, said Saba Hamiduzzaman, M.D., and Barbara Phillips, M.D., of the University of Kentucky College of Medicine. [PM](#)

[▶](#) An abstract of “Adolescent Crash Rates and School Start Times in Two Central Virginia Counties, 2009-2011: A Follow-up Study to a Southeastern Virginia Study, 2007-2008” is posted at <http://www.aasmnet.org/jcsm/ViewAbstract.aspx?pid=29746>.

Puberty Prompts Later Bedtimes And Wake Times

Extensive data document the sleep changes that coincide with the onset of adolescence.

BY LYNNE LAMBERG

A longitudinal study documents pubertal changes in timing of sleep, suggesting early middle and high school start times may suppress a biologically driven need to sleep later.

A team led by Stephanie Crowley, Ph.D., at the E.P. Bradley Hospital sleep research laboratory and Department of Psychiatry and Human Behavior at the Warren Alpert Medical School of Brown University followed 94 adolescents in two cohorts: 38 children, first assessed at age 9 to 10, and 56 teens, enrolled at age 15 to 16.

Crowley, now an assistant professor of behavioral sciences at Rush Medical Col-

lege, and colleagues reported their findings in *PLOS ONE* in November 2014. The study was supported by NIH.

The researchers determined the adolescents' pubertal status at baseline and then assessed participants roughly every six months for the next two and a half years,

always while school was in session. Participants wore a wrist activity monitor at home and kept a daily diary for at least one week before each assessment, recording when they went to sleep and got up. They also called the laboratory's time-stamped answering machine just before they went to bed and on arising each morning.

Participants then spent an evening in the laboratory, where researchers collected saliva samples every 30 minutes under dim light, starting five hours before their usual bedtime and ending

30 minutes after that time. Using the samples, researchers determined when melatonin secretion started, an indicator of circadian timing. A physician assessed participants' pubertal status at each visit.

As participants got older, melatonin onset time moved later. They went to sleep later on both weekdays and weekends and got up later on weekends. Starting around age 11, after entering middle school, participants began to get up earlier on weekdays, always before 7 a.m. Around age 18, after completing high school, they started sleeping about 90 minutes later on weekdays than they did when in school.

Participants aged 11 and older averaged less than eight hours of sleep on weekdays. The 16- and 17-year-olds slept less than seven hours on average on weekdays, while those aged 18 and older averaged seven and a half hours of sleep on weekdays. [PM](#)

[▶](#) “A Longitudinal Assessment of Sleep Timing, Circadian Phase, and Phase Angle of Entrainment Across Human Adolescence” is posted at <http://www.plosone.org/article/info%3Adoi%2F10.1371%2Fjournal.pone.0112199>.

