There is also the sad fact that salaried psychiatrists owe fealty to the corporation that pays them, rather than to their state or national organizations, which formerly provided an opportunity for collegiality and a potential for effective political action.

Erewhon or not, Dr. Becker and I, presumably along with a silent cadre of elderly retired psychiatrists, grieve for a profession going backward to nowhere.

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Bored in Board-and-Care and Other Settings: Perspectives of Latinos With Schizophrenia

TO THE EDITOR: The problem of boredom among persons with psychiatric problems may be an impediment to meaningful social integration and recovery (1). Boredom is defined as a subjectively unpleasant state arising from situations construed as monotonous in which individuals may experience a disconnection from the social world (2); it should be distinguished from negative symptoms (3). Research on boredom in psychiatric populations is underdeveloped (2) and has excluded the perspectives of Latinos with schizophrenia. Our practice and research experiences have corroborated the ubiquitous nature of boredom as a legitimate problem among persons with schizophrenia. We report here on data from qualitative interviews conducted with 13 Latinos with a diagnosis of schizophrenia. The data are part of a larger study to determine the effectiveness of an educational intervention to improve the informed consent process. Boredom emerged as a salient theme related to research participation. The study was approved by the University of California, San Diego, Institutional Review Board and the San Diego County Mental Health Services Research Committee. A grounded theory approach was used for qualitative analysis of transcribed interviews.

Participants were Latinos of Mexican origin. More than half of the 13 participants were women (N=7, 54%), and most participants preferred using the Spanish language (N=11, 85%). The average age was 47.7±9.6. Most participants (N=10, 77%) lived with family or others.

As participants noted in their interviews, participation in research represented social interaction, engaging in conversation with "normal people," and having the opportunity "to learn something." Participants' statements that they were "just sitting here" and that "there's nothing to do" summed up the sentiment that participation in research offered a break from the monotony and tedium of everyday life. Such concerns existed across service settings and types of living situations. Social interaction and learning new information and skills emerged as prominent strategies to address boredom. A previous board-and-care resident, who now lives with family and participates in clubhouse activities, stated, "I just go from here [home] to the club, back and forth, back and forth." Her phrasing implied monotony and a lack of fulfillment in the routine of her everyday life. Boredom was described as having "a lot of free time." Participation in research was "better than being in the room all day." Solitary and sedentary experiences characterize how the participants spent most of their time in board-and-care homes. As one interviewee stated, "Look at what they do . . . smoking. That's their free time."

Boredom was tied to a lack of meaning in the lives of participants. Because more than half lived with family and experienced persistent boredom, it is important to note that the personal and social needs of Latinos with schizophrenia cannot be entirely or adequately met within the family system. The opportunity to participate in research offered a break from monotony and daily boredom. In this respect, boredom may function as a motivator of change (4) and signal a readiness to engage in social opportunities that appeal to individual preferences and awaken a sense of purpose.

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Can E-Mail Reminders Sustain Training Gains From Continuing Education?

TO THE EDITOR: Suicide is a significant public health problem and is the most frequently encountered emergency situation in mental health settings. Because of the ubiquity of suicide

risk in psychiatric services and the paucity of training in this area, there have been calls to improve training in the assessment and management of suicide risk (1). The most common strategy to increase provider knowledge about and attitudes toward addressing client suicide is conducting one-time continuing education training sessions. Unfortunately, an ever-growing body of implementation research has consistently documented that single-exposure training models are largely ineffective (2). Although these workshop models can yield increases in provider knowledge immediately after training, they are limited in the extent to which they produce consistent or sustained changes in knowledge, attitudes, and behaviors over time (3).

There is increasing recognition that provision of ongoing contact and posttraining support is essential to the successful implementation of new practices; however, this can easily increase the cost of training by 50% or more. Efficient methods for supporting trainees after initial training are needed. The overarching aim of the study reported here was to evaluate whether the addition of an e-mail reminder system to a traditional professional development model can enhance its effects and result in detectable, sustained changes in practitioner knowledge and attitudes.

Data on knowledge and attitudes were obtained prior to the training, immediately after the training, and at three-month follow-up beginning in May 2014. Participants included 83 clinicians recruited from an in-person suicide prevention training, designed to meet the requirements of new legislation in Washington State (4). Participants were randomly assigned to a low-cost e-mail reminder condition that provided information related to suicide assessment and management or a no-reminder condition. Repeated-measures analysis of variance was used to examine the effect of posttraining reminders on suicide knowledge and attitudes.

From pre- to posttest, all practitioners demonstrated increases in suicide assessment knowledge and reported more favorable attitudes toward engaging with suicidal clients and using standard assessments of suicide risk. These gains were maintained at the three-month follow-up (for suicide assessment knowledge, $F=10.43$, $df=3$ and 72, $p=.002$; for attitudes, $F=6.90$, $df=3$ and 72, $p=.001$). No differences were found by reminder condition, suggesting that the presence or timing of e-mail reminders did not influence the extent to which clinicians benefited from the continued education program.

Recognizing the expense involved in introducing new practices in routine service contexts, implementation researchers and practitioners are increasingly asking, "How low can you go?" in regard to training and implementation support while still demonstrating a positive effect (5). This study reflects one such effort in which participants who completed a one-day suicide workshop were randomly assigned to receive e-mail reminders. Results did not support the added benefit of reminders or differences by reminder timing. Future research may compare different levels of reminder intensity (such as reminder visibility and links to direct services), frequency (such as number of reminders provided), or duration (such as length of reminder period) to improve the impact of traditional "train and hope" approaches and drive discovery of more cost-effective implementation strategies.

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