Reducing Mental Health Disparities Among Rural Veterans

South Central MIRECC

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Communiqué

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Primary Care Mental Health Integration Update

By Lawrence Daily, L.M.S.W.

This month, the SCMIRECC Communiqué talked with Mr. Lawrence Daily about the VISN 16 Primary Care Mental Health Integration program.

Q: *What is the Primary Care Mental Health Integration program?*

The Primary Care Mental Health Integration (PCMHI) program places behavioral health providers in primary care clinics to support primary care providers in addressing Veterans' mental health needs.

Q: *Have all VAMCs now implemented the program?*

All VISN 16 facilities have implemented at least one of the two components of the PCMHI program: co-located collaborative care and care management. Co-located collaborative care requires both mental health

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Recovery Corner

Serving Together Then, Supporting Each Other Now

Twenty years after the liberation of Kuwait in the first Gulf War: How it has Impacted my Professional Life and Led to a Career at the VA (edited version)

By Brenten T. Byrd, M.S., C.P.S.

It was around 1:30 on a normal November morning in 1990 when I got the call. I can still remember saying, "Yes, Staff Sergeant, I'll be there." My unit was called up for Operation Desert Shield and I had only four days to report for active duty. *Four days*. That is not a lot of time to leave school, quit my job, say all of the goodbyes, and get the rest of my legal and personal affairs in order. Suddenly, one phone call snatched me from my comfortable existence and flung me into a whirlwind of harried events. My life was indelibly changed from that experience forever.

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PCMHI (continued from page 1)

and primary care practitioners to be physically located in the primary care setting with shared responsibility for developing treatment plans, providing clinical services, and coordinating care to meet the physical and behavioral health needs of patients. Care management is an evidence-based, collaborative care model that involves primary care providers and registered nurses. This telephone-based care promotes treatment adherence and recovery for Veterans with depression, anxiety and alcohol misuse.

Q: *How many providers are involved with the program and what mental health disciplines are embedded in primary care?*

Currently, VISN 16 has 61 providers assigned to the program, including psychiatrists, psychologists, advanced practice nurses, physician assistants, registered nurses and social workers.

Q: *What kinds of patients are they seeing?*

The PCMHI program sees patients with a wide range of mental health concerns. All programs triage patients sent by primary care providers to determine if the patient should remain in primary care or be referred to specialty mental health care. Patients diagnosed with PTSD, depression, alcohol misuse or anxiety are treated in the primary care setting.

Q: *How has the program changed since it first started?*

The program has changed drastically since its inception in May 2007. PCMHI began in VISN 16 with special funding to establish one or more PCMHI components at each of our facilities. In June 2008, VACO issued the Uniform Mental Health Services Handbook, specifying the mental health services that must be made available in medical centers and community-based outpatient clinics. It also established the requirement for all PCMHI programs to become blended programs based on the size of each medical center and community-based outpatient clinic. Blended programs combine the requirements of both the co-located collaborative care and care management services. This increased the need for additional staff and required the combining of the two components into one program. Currently, eight of our ten medical centers have blended programs, three of six very-large community-based outpatient clinics have blended programs, and two of our 12 large community-based outpatient clinics have blended programs. Five of our 12 large community-based outpatient clinics have co-located care only and five have care management only.

Q: *Is there anything else you would like our readers to know?*

As VISN 16 continues the transformation of Veterans health care through the implementation of the Patient Aligned Care Teams and the Health Promotion and Disease Program, collaboration between services will become more imperative to ensure Veterans' mental and other medical conditions are addressed. Integrating these services into a team will ensure all care is Veteran-centric, team-based, integrated, and accessible; and will guarantee effective health care for all Veterans. ♦

ATTRIBUTION: ACKNOWLEDGEMENT OF MIRECC RESEARCH SUPPORT/EMPLOYMENT

SCMIRECC researchers and educators have a responsibility to ensure that the SCMIRECC receives proper credit for SCMIRECC-supported studies or projects in articles, presentations, interviews, and other professional activities in which the results of those projects are publicized or recognized. All investigators should credit the SCMIRECC if they receive either direct or indirect support from the SCMIRECC. For example, "This work was supported in part by the VA South Central (VISN 16) Mental Illness Research, Education, and Clinical Center." If you receive salary support from the SCMIRECC, you should list the SCMIRECC as an affiliation.

MESSAGE FROM THE SCMIRECC ASSOCIATE DIRECTOR FOR RESEARCH TRAINING

Many exciting things are happening in the SCMIRECC Research Training Program. Fall marks the start of term for new and returning SCMIRECC fellows.

In Houston, we congratulate Dr. Jeffrey Cully for his appointment as the Assistant Director of Advanced Fellowships at the VA's Office of Academic Affiliations. Dr. Cully remains the Director of the SCMIRECC VA Advanced Fellowship Program in Mental Illness Research and Treatment for psychology in Houston. Dr. Cully's appointment will enhance administration and oversight of "non-accredited" specialty fellowship programs at the VA. His expertise will not only benefit the SCMIRECC fellowship, but VA programs nationwide.

Now in its third year, the Little Rock fellowship has experienced tremendous growth with an advanced fellowship program in Mental Illness Research and Treatment and Health Services Research and Development. This program includes the Little Rock SCMIRECC, the Little Rock Health Services Research & Development Program Center for Mental Healthcare and Outcomes Research, and the Central Arkansas Veterans Healthcare System clinical fellowship programs. We thank Drs. Patricia Dubbert and Justin Hunt, fellowship directors, and the fellowship steering committee for all their hard work.

The SCMIRECC Little Rock and Houston VA Advanced Fellowship Programs in Mental Illness Research and Treatment are interdisciplinary programs aimed to train psychiatrists, psychologists, and associated health professionals to become outstanding clinical or health services researchers in high priority areas of mental health. These fellowships emphasize mental health services research while offering clinical research opportunities. Little Rock focus areas include rural mental health or telemedicine, mental health in primary care, implementation science, PTSD, cognitive impairment and neuropsychology, and substance abuse. Houston focus areas include medical psychology/behavioral medicine, geropsychology, PTSD, anxiety and substance use disorders, health services and outcomes research, and implementation science. At both sites, individualized, mentored research and clinical training are combined with a state-of-the-art curriculum that emphasizes research methods, statistics, epidemiology, mental health systems, quality improvement methods, education, and service delivery.

Mark Kunik, M.D., M.P.H.

Didactic research training is coordinated through a fellowship hub site located at the Palo Alto VAMC while research mentors are located at the training site. Fellows devote 75% of their time to research and education activities and 25% to clinical training. In collaboration with their mentors, fellows will develop and implement research projects, publish and present findings, participate in grant writing, and utilize the latest technology for educational activities and clinical service delivery.

This month, we are pleased to introduce our new and returning research fellows in Houston and Little Rock. We wish them well in this new and exciting endeavor.

Mark Kunik, M.D., M.P.H.
SCMIRECC Associate Director for Research Training

Meet the SCMIRECC Fellows

Claudia Drossel, Ph.D. is a first-year fellow in Little Rock. She received her first doctoral degree from Temple University's Brain & Cognitive Sciences Program in 2004 and her second this year, from the University of Nevada, Reno's Clinical Psychology Program. From 2004 through 2010, Dr. Drossel co-led the Nevada Caregiver Support Center, a state-funded agency offering home and clinic-based services to individuals with dementia and their caregivers. She completed her pre-doctoral clinical internship at the Central Arkansas Veterans Healthcare System, focusing on interventions to improve the quality of life of individuals with complex chronic psychiatric and physical conditions. Dr. Drossel's research centers on the health psychology of chronic medical conditions and neurodegenerative diseases, and the impact of medical, psychological, and social factors on functional disability. Her interests also include the dissemination of evidence-based practices through outreach and education. Dr. Drossel co-authored Dementia in context: A step-by-step guide to working with individuals and families (McCurry & Drossel, 2011; APA).

Tiffany Haynes, Ph.D. is a second-year fellow in Little Rock. She received her Ph.D. in Clinical Psychology from the University of Michigan in Ann Arbor. Her current research interests focus on understanding patterns of mental health service utilization among rural minorities, with a particular interest in understanding the role of religion and spirituality in the decision to initiate mental health treatment.

Natalie Hundt, Ph.D. is a first-year fellow in Houston. She received her Ph.D. in Clinical Psychology from the University of North Carolina at Greensboro. Dr. Hundt completed a predoctoral internship at the Salem VA Medical Center with rotations in PTSD, substance abuse, neuropsychology and research. Her research interests include self-management in depression, homework compliance, and the use of technology in treatment.

Juliette Mott, Ph.D. is a second-year fellow in Houston. She received her Ph.D. in Clinical Psychology from the University of Missouri-St. Louis in August 2010 and completed her predoctoral internship at the Michael E. DeBakey VAMC. Dr. Mott's primary research interest is in increasing engagement in evidence-based psychotherapies for PTSD. With funding from the SCMIRECC, she is currently conducting a pilot study designed to develop and test a decision-making intervention that will help Veterans with PTSD make well-informed treatment choices.

Angie Waliski, Ph.D. is a third-year poly-trauma fellow under the direction of the SCMIRECC in Little Rock. Dr. Waliski received her bachelor and master's degrees from Southeastern Louisiana University and her Ph.D. from the University of Arkansas, Fayetteville in 2001. Following her degree program, she worked at a community mental health agency where she provided services in a therapeutic day treatment program and in local schools to children aged 2-5 and their families. Dr. Waliski decided to treat preschool aged children after spending five years working with adolescents and adults seeking treatment due to sexual victimization and substance abuse. She believes that early interventions and treatment for abuse can prevent later mental health and addiction problems. After working with preschoolers for 5 years, she decided that more research was needed to determine evidence-based practices for this population and this fellowship gives her the opportunity to do that. Dr. Waliski's current research focus is on the needs of young children in OIF/OEF families. ♦

SAVE the DATE!

CBOC MENTAL HEALTH ROUNDS: SPONSORED BY THE SC MIRECC

The SCMIRECC is pleased to announce a Live Meeting broadcast, and the first monthly *CBOC Mental Health Rounds: Sponsored by the SCMIRECC*, on Suicide Prevention Safety Planning. This one-hour broadcast will be offered on Wednesday, November 9, 2011 at 8:00 AM (CST). The VA Employee Education System will be sending out official notification, including information on accreditation, soon. The primary audience is CBOC mental health providers. Medical center mental health providers are welcome to attend. Thank you for assisting us to inform the VA learning community of this opportunity. For more information contact: Geri Adler, Ph.D., SCMIRECC, 713-794-8660; Geri.Adler@va.gov.

RECOVERY (continued from page 1)

Hope for the Future, Individual Satisfaction, Improved Quality of Life—All in a Day's Work

Today, I work at the Veterans Health Care System of the Ozarks in Fayetteville, Arkansas, where "Serving Those Who Served" is not only our motto but what we preach and practice every day. I was fortunate enough to join an exciting new program called the Psychosocial Rehabilitation and Recovery Center (PRRC), which is led by Janet Tekell, M.D., our Chief of Psychiatry Service, and Wanda Shull, Ph.D., our Local Recovery Coordinator.

This program serves eligible Veterans suffering from long-standing mental health issues, traumatic brain injuries, and other co-occurring disorders. It uses an interdisciplinary team of professionals who provide a wide variety of rehabilitative services based on the recovery model. This program works with other providers and services that the VA and the community offer to provide a well-rounded, integrated, and collaborative treatment approach. Veterans participating in the PRRC program make their own choices on the treatment they receive and the parts of the program in which they want to participate. They work on individual recovery plans with staff "recovery coaches" and choose goals that are right for them based on their needs, strengths, current treatment plans, and personal experiences.

Left to Right: John Jordan, President George H.W. Bush, Brenten T. Byrd, Scott Stump, Jennifer Stroup, and John Stroup January 2011. The group presented President Bush with a handmade mural commemorating Operation Desert Shield/Storm. Photo credit: George Bush Presidential Library Foundation/Chandler Arden.

Peer Support is Key for Veteran Success

Within this treatment milieu is a practice called peer support. It is not a new concept; various organizations and programs have used it for years. Moe "Doc" Armstrong is a true pioneer in this field with his program Vet-to-Vet USA and other related work. Similar programs have evolved from the success of Vet-to-Vet and are being increasingly used at the VA and in our communities on a daily basis.

Peer support specialists play a vital role within the program. They are trained providers who, in most cases, are also Veterans receiving many of the same VA benefits as their clients. They provide direct patient care and, additionally, may serve as a liaison between other providers, services, and the community. They bring a wide variety of skills to the recovery process, including serving as role models, technicians, coaches, mentors, teachers, case-managers and program developers. They can also provide counseling when program needs and the qualifications of the individual are met.

No matter what challenges I have faced, I have always been able to count on my fellow Marines for support. I have found this bond to be a privilege, as well as a necessity, even before the VA created the peer support technician and specialist position. Now the VA is in the process of reclassifying and expanding peer support services, which should open the doors for volunteer opportunities, and more paid positions. Additionally, the Department of Defense Centers of Excellence for Psychological health and Traumatic Brain Injury identified services at the VA as a best practice in January 2011. Visit http://www.dcoe.health.mil/Content/Navigation/Documents/Best_Practices_Identified_for_Peer_Support_Programs_Jan_2011.pdf to download an electronic copy of the document.

Commemorating Past Service and Finding Healthy Ways to Express, Learn, and Heal for the Future

How does one work through all of the feelings, emotions, and scars of the past? One way, I have learned, is through art. A highly effective and popular class offered at our clinic is therapeutic art, which is led by Sharon Wilcox, L.C.S.W. I have worked in similar programs where art therapy was offered but I did not understand the magnitude

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of the program until I joined the VA. I never imagined how powerful expression through art—in all forms—can actually be when used as a positive tool in the recovery process. I am now an avid supporter of the therapeutic arts and try to find ways for our Veterans to be exposed to them and have the resources available to work on their own passions. Community integration has also been a vital tool for our program, as it connects Veterans with local programs, venues and resources with which they can become actively involved.

Therapeutic art was especially useful for me this year, as it marked the 20-year anniversary of Operation Desert Storm, an important event for many individuals in the armed services. The people of Kuwait are celebrating "50/20" right now. That is fifty years of recognition as an independent state and twenty years of liberation from Iraq. In January 2011, I was honored to be invited to the Desert Storm 20th Commemoration event held at the Texas A&M University George Bush School of Government and Public Service. Prior to attending the ceremony, my peer group created a handmade mural commemorating Desert Storm for our former Commander in Chief as a token of our appreciation.

As I look towards the future, I see nothing but endless opportunities for programs like the PRRC to continue developing client-centered recovery services and to help Veterans reintegrate into their local communities with higher levels of self-sufficiency. Fostering hope, advocating independence, and providing opportunities to those who seek to recover from disabilities will only create a higher standard of living and quality of life for all of us. Peer support is one of the foundations in this collaborative treatment approach and will continue to grow into a widely accepted field of practice. ♦

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