



Promoting equity in engagement, access, and quality of mental health care for Veterans facing barriers to care, especially rural Veterans

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Communiqué

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RESEARCH TO PRACTICE

Veterans' Perceptions of Behavioral Health Care in VHA

By Kathy L. Henderson, M.D.

This article by Kimberly Hepner, et al., in the August 2014 issue of *Psychiatric Services* is especially timely, as one of our major focuses in VHA (and challenges) is ensuring that Veterans have ready access to recovery-oriented mental health care and that they are satisfied with the care they receive. I had the opportunity to be involved in this 5-year VHA Mental Health Services Evaluation that was completed by RAND, and know that this study was conducted with the utmost scientific rigor. Although VHA is now conducting an annual satisfaction survey for Veterans engaged in mental health services, these RAND study results give us insight into Veterans' *perceptions* of



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On a Higher Plane: The SC MIRECC Pilot Study Research Program

By Ashley McDaniel and Mary Newsome, Ph.D.

Nationwide, MIRECCs are uniquely positioned to advance mental healthcare and research in VHA. MIRECCs work closely with mental health service lines, university research departments, and community stakeholders to conduct research and provide education that will improve quality of life for our unique Veteran populations. The knowledge that is garnered through these relationships is funneled through research, education, and clinical programs to narrow the gap between innovation and implementation.

There are 10 MIRECCs in VHA and each has its own emphasis area and mission. In VISN 16, we work to improve mental health care access and treatment for rural and other Veterans who face barriers to care. One of our instruments for accomplishing this goal is our pilot study grant program that awards funding to VISN 16 investigators to conduct research on

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timeliness of care, satisfaction with care, symptom improvement, and staff orientation to recovery needs, by Veterans' mental health diagnosis.

This study included a random sample of 6,190 Veterans who participated in a telephone interview from November 2008-August 2009. Veterans in the sample had at least one inpatient episode or two outpatient encounters in FY2007 with one or more following diagnoses: schizophrenia, bipolar disorder, PTSD, major depressive disorder, and substance use disorder (co-occurring with the 4 other diagnoses). From that sample, 5,185 Veterans reported receiving mental health care in VHA within the 12 months prior to the interview and telephone interview data from those individuals were used for this analysis.

Study highlights for clinicians:

- Nearly half (49.6%) of the Veterans reported "always" receiving appointments as soon as requested. Perceptions of timeliness did not differ by mental health diagnosis.
- Over 42% were highly satisfied with their mental health care.
- Veterans with schizophrenia were most likely to be satisfied with their care.
- Veterans with a substance use disorder were significantly less likely to be satisfied with their care.
- 43% of Veterans strongly agreed that staff listened to and respected the Veteran's decisions about treatment.
- 14% of Veterans strongly agreed that staff introduced the Veteran to role models or mentors.
- Veterans with a substance use disorder were three times more likely to report needing housing and

twice as likely to report needing employment assistance compared to Veterans without a substance use disorder.

- Nearly three-quarters of Veterans reported being helped by their counseling or treatment.
- Veterans with schizophrenia were most likely to report their care as helpful.
- Veterans with a substance abuse disorder perceived their treatment as less helpful.
- Only 32% reported that their symptoms had improved with treatment.
- Veterans with PTSD were least likely to report improvement in symptoms.

Although these results show that Veterans' perceptions regarding their mental health care are generally favorable, there is clearly room for improvement. With VHA's increased emphasis on Veteran-centered care, now is the time to increase our focus on recovery-oriented models of care, and engage in quality improvement efforts that can enhance Veterans' perceptions of the mental health care we provide.

This article may be viewed at <http://www.ncbi.nlm.nih.gov/pubmed/24733444>.

Citation

Hepner, K. A., Paddock, S. M., Watkins, K. E., Solomon, J., Blonigen, D. M., & Pincus, H. A. (2014). Veterans' perceptions of behavioral health care in the Veterans Health Administration: A national survey. *Psychiatric Services, 65*(8), 988-996. ♦

ATTRIBUTION: ACKNOWLEDGEMENT OF MIRECC RESEARCH SUPPORT/EMPLOYMENT

SC MIRECC researchers and educators have a responsibility to ensure SC MIRECC receives proper credit for SC MIRECC-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 SC MIRECC if they receive either direct or indirect SC MIRECC support. 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 SC MIRECC, you should list SC MIRECC as an affiliation.

CBOC Mental Health Rounds

Sponsored by the South Central MIRECC

VA mental health providers are invited to attend the next CBOC Mental Health Rounds session titled “**Ethical Challenges of Dual Relationships**” on Thursday, November 13 at 11:00-12:00 p.m. CT. This Microsoft Lync session will be presented by Laurie Guillory, LCSW and Beth Jeffries, Ph.D. At the conclusion of this educational program, learners will be able to:

1. List 5 major risk areas related to boundaries and dual relationships;
2. Discuss boundary violations, boundary crossings and dual relationships;
3. Explore challenges of dual relationships in rural practice;
4. Identify when dual relationships are unavoidable and how to handle such situations;
5. Evaluate risks of boundary crossings and multiple role relationships under various circumstances (e.g. rural communities; embedded communities; unanticipated encounters); and,
6. Utilize case studies to understand improper dual relationships.

Call 1-800-767-1750 and use access code 69723# to participate. Email Ashley.McDaniel@va.gov or call (501) 257-1223 for registration and continuing education credit information.

Upcoming CBOC Mental Health Rounds
Second Wednesdays
(8:00-9:00 am CT)
and
Thursdays
(11:00-12:00 am CT)
Monthly
(800) 767-1750; 69723#

December 10 & 11, 2014
Spirituality

January 14 & 15, 2015
ADHD

February 11 & 12, 2015
CBT and Chronic Pain



Other Resources and Continuing Education

We regularly post details for resources, training and continuing education opportunities from across the VA and the community on the Mental Health Practice, Research and Education Portal (MH PREP) SharePoint. The MH PREP is accessible from a VA computer at <https://vaww.visn16.portal.va.gov/SiteDirectory/mhp/default.aspx>. Find resources on the home page and a training calendar on the education page. Visit the SharePoint for details. Recent posts include:

- November 19 at 1:00 CT: Applications of Motivational Interviewing in Veterans with PTSD by Michelle Drapkin, PhD

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SC MIRECC emphasis areas. This program enables investigators to collect preliminary data on topics such as integrating mental and physical health services, using technology for distance delivery of mental health services, and evidence-based practices. Pilot study results serve as the foundation for federally funded research projects that are designed to improve the delivery of behavioral health services to Veterans.

Pilot study research can benefit investigators and participants. For instance, Veterans with reduced access to novel or evidence-based treatments due to distance or limited resources may be able to receive treatments that will result in significant improvements in their mental health recovery or quality of life. The results from these studies can lead to evidence that these treatments should be implemented in standard VHA care. Furthermore, our program allows investigators to collect the data necessary to apply for competitively funded grants through organizations like the National Institutes of Health and VA Health Services Research & Development. This pilot data will help investigators obtain funding for studies that can test these treatments in larger and more diverse populations.

Our pilot study research program has existed for 13 years. We have awarded more than 80 grants over this period on a myriad of topics, including telemental health, evidence-based psychotherapies, peer support, violence, and substance use. Over the next year, the Communique will feature former grant recipients, sharing with our readers the outcomes of their pilot research and how the program impacted their careers.

Featured Grant: Remote Cognitive Rehabilitation and Web-Based Intervention in Rural Veterans with Comorbid PTSD and Mild TBI: A Feasibility Study

Principal Investigator: Mary Newsome, Ph.D.

Mary Newsome is a Research Health Scientist in the Research Service Line at the Michael E. DeBakey VA Medical Center and an Assistant Professor in the Department of Physical Medicine and Rehabilitation at Baylor College of Medicine. She utilizes neuroimaging techniques to research effects of traumatic brain injury (TBI) and PTSD on brain activation during cognitive tasks and the functional connectivity of brain regions at rest. Her research interests include resilience of brain structures and function to injury and social adversity, and contributors to

and effects of neuroplasticity. Her grants investigate neural and behavioral mechanisms involved in TBI and PTSD before and after novel treatments in Veterans exposed to blast. The goal of her 2011 SC MIRECC pilot study, “Cognitive Training in OEF-OIF Veterans with comorbid PTSD and TBI: A Feasibility Study,” was to investigate the feasibility of remotely administering computerized cognitive rehabilitation tasks to rural Veterans diagnosed with PTSD and mild TBI.

Q. What interested you in the SC MIRECC pilot study research program?

My interest in SC MIRECC pilot funding stemmed from work in the literature that suggested performing computerized cognitive exercises may improve memory and attention. Because of the possibility that mild TBI and PTSD could lead to problems in memory and attention, and because of the mission of SC MIRECC to serve Veterans who live in rural areas, I thought computerized programs that could be completed at home might provide a way of engaging Veterans who do not live near a VA. In particular, I was interested in investigating cognitive improvements in Veterans with mild TBI and PTSD. However, we first had to establish whether it was feasible to conduct a long distance study in which participants completed computer exercises five hours per week over eight weeks.

Q. What did your research reveal about the treatment you provided or the patient population you were studying?

We had a number of hurdles to overcome, such as identifying Veterans who had enough time to devote on a regular basis to complete the protocol and receiving approval from the Information and Security and Privacy Officers to transfer the data. We found that of the subjects who enrolled, about half completed the 8-week intervention. However, some interesting preliminary case series data suggest that after eight weeks, subjects who received the cognitive training exercises had reduced stress and anxiety scores and reduced negative cognitions about themselves that were not observed in a subject who completed control computer exercises.

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Q. How has the knowledge you gained from this study informed your research?

During the course of the SC MIRECC pilot study, I had several conversations with the vice president of the company that provided the computerized programs. These conversations led to him inviting me to participate in a multisite grant that proposed to investigate improvements in cognition in Veterans with mild TBI. The grant was subsequently funded by the Department of Defense, and we are currently enrolling Veterans at our site, some of whom are rural Veterans!

Q. What advice do you have for investigators interested in applying for SC MIRECC pilot study funds?

I was extremely fortunate to receive guidance from SC MIRECC leaders Melinda Stanley and Ellen Teng before submitting the grant application. Their thoughtful and generous feedback was critical in formulating the proposal. The constructive critiques from SC MIRECC reviewers after submission were also very beneficial. The best advice I could give would be to seek feedback from other SC MIRECC investigators! ♦

SC MIRECC Pilot Study Program Quarterly Application Deadline is January 5

We accept applications for the SC MIRECC Pilot Study Research Program four times a year: January 1, April 1, July 1, October 1, or the following Monday after a weekend. Due to the holiday, the next application deadline is January 5, 2015.

Generally, pilot study grants are less than \$75,000. Investigators proposing multi-site studies may request additional funds. Study expenses must be justified and we welcome proposals with more modest budgets. All SC MIRECC core and affiliate faculty and fellows are eligible to apply. A SC MIRECC core or affiliate investigator must serve as co-principal investigator on trainee proposals (fellow, resident, or intern).

For more information, contact Dr. Ellen Fischer at fischerellenp@uams.edu or (501) 257-1711. Visit <http://www.mirecc.va.gov/visn16/research.asp> to download the application. ♦



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