



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

June 2014 Vol 16, Issue 6

www.mirecc.va.gov/visn16

Communiqué

In This Issue

Enhancing VISN 16 Research and Education Initiatives by Working with the SC MIRECC-MHPL CAB	p. 1
Recent SC MIRECC Publications	p. 1
June CBOC MH Rounds: Treating LGBT Veterans in Rural Settings	p. 3
FY2015 Clinical Educator Grants Call for Applications	p. 5
Pilot Study Application July Deadline	p. 5

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Getting on Board: Enhancing VISN 16 Research and Education Initiatives by Working with the SC MIRECC-Mental Health Product Line Consumer Advisory Board

Since 2002, SC MIRECC and the VISN 16 Mental Health Product Line (MHPL) have benefitted from the expertise of a 15-member consumer advisory board (CAB). The CAB gives invaluable feedback on research, education, and clinical care program initiatives that target consumers and mental health providers in VISN 16. The CAB includes stakeholders from groups that strive to improve mental health care in VA and the community, including Veterans, family members of Veterans, representatives from Veterans Service Organizations, the National Alliance for Mental Illness, VISN 16 leaders, VA medical center management and frontline providers, and public health leaders.

The CAB is a great resource for researchers and program developers in VISN 16. The CAB can give feedback on a range of topics to investigators

See CAB on page 2

RECENT SC MIRECC PUBLICATIONS

DIAGNOSTIC SPECIFICITY AND MENTAL HEALTH SERVICE UTILIZATION AMONG VETERANS WITH NEWLY DIAGNOSED ANXIETY DISORDERS

Barrera, T. L., Mott, J. M., Hundt, N. E., Mignogna, J., Yu, H. J., Stanley, M. A., & Cully, J. A.

General Hospital Psychiatry, 2014, 36(2), 192-198

This study examined rates of specific anxiety diagnoses (posttraumatic stress disorder, generalized anxiety disorder, panic disorder, obsessive-compulsive disorder, social anxiety disorder, and specific phobia) and anxiety disorder

See PUBLICATIONS on page 4

CAB (continued from page 1)

seeking funding from competitive grant agencies and those seeking pilot study or education grants from SC MIRECC. Because many CAB members live in rural areas across VISN 16 (all or most of Oklahoma, Arkansas, Louisiana, and Mississippi, and parts of Texas, Missouri, Alabama, and Florida), their feedback is especially useful for investigators seeking SC MIRECC funding, which targets rural and other underserved Veterans.

CAB members know about the unique needs of Veterans in VISN 16 and can provide insight into how Veterans perceive research; how to enhance research by reaching out to family members of Veterans; and the effect that certain images and language in products may have on Veterans. Karen Valentin, a long-standing CAB member, knows first-hand how the involvement of spouses and family members can lead to successful recovery and reintegration for Veterans and how this knowledge can improve research. "As a caregiver, my world often revolves around appointments, medications, and VA as much or more than it does for our Veterans. Providers only see Veterans for a small amount of time in a controlled environment. Research needs input on Veterans and their issues outside of controlled environments to better understand what Veterans and families are living with on a daily basis." Ray Wodynski, another long-standing member, adds that past investigators "have found feedback from the CAB useful, informed, and important...the Veteran [CAB] members have been in treatment and recovery for many years and have gained a lot of knowledge and expertise in the field of mental health."

Requesting CAB feedback for your project is a simple process. Email the CAB coordinator at mitchelllakiesha@uams.edu to discuss your needs and schedule a time to present your project during a CAB teleconference. The CAB teleconference occurs the fourth Friday of every month. For more information, visit <http://www.mirecc.va.gov/visn16/clinical.asp>. ♦



2014-2015 CAB MEMBERS

- ★ KIM ARNOLD (NAMI ARKANSAS)
- ★ JANELLE BOLLMAN (CONSUMER)
- ★ KELLEN C. ECO PALMER (VA)
- ★ PATRICIA DUBBERT (VA, CO-CHAIR)
- ★ ROBERT GRAVLEY (CONSUMER)
- ★ KATHY L. HENDERSON (VA, CO-CHAIR)
- ★ DICK HILLS (CONSUMER)
- ★ LAKIESHA KEMP (VA, COORDINATOR)
- ★ ESTELLA MORRIS (VA)
- ★ BETH JEFFRIES (VA)
- ★ DELORIS QUATTLEBAUM (CONSUMER)
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- ★ KAREN VALENTIN (CONSUMER)
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- ★ TERRY WILLIAMS (CONSUMER)
- ★ RAY WODYNSKI (CONSUMER)
- ★ KEN WOODS (CONSUMER)

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 “**The Challenge of Treating LGBT Veterans in Rural Settings**” on Wednesday, June 11 at 8:00-9:00 a.m. CT or Thursday, June 12 at 11:00-12:00 p.m. CT. This Microsoft Lync session will be presented by Michael Kauth, Ph.D. At the conclusion of this educational program, learners will be able to:

1. Describe two VHA policies that directly affect care to LGBT Veterans;
2. Cite three health disparities experienced by LGBT Veterans;
3. List three factors that distinguish rural LGB individuals from urban LGB people; and,
4. Identify two resources for learning more about LGBT Veteran health care.

Call 1-800-767-1750 and use access code 26461# 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 and Thursdays Monthly
8:00-9:00 am CT; (800) 767-1750; 26461#

July 9 & 10, 2014
Chronic Pain

August 13 & 14, 2014
Veterans' Justice Program

September 10 & 11, 2014
Evaluation of Cognitive Complaints in a Clinical Setting

Recognizing the Reserve Component: Needs, Access and Treatment Issues Facing National Guard and Reserve Members Training

This free training is available to VA mental health providers through the VA Talent Management System (www.va.tms.gov). Recorded during the November 2012 CBOC Mental Health Rounds, Dr. Harold Kudler teaches learners to identify three distinctions between the Reserve and Active Duty Components of the military; articulate two unique concerns of Reserve Component Members when they present for VA care; and describe three specific steps that VA providers can take to ensure there is “no wrong door” in their communities to recognize and respond to deployment-related health needs among Reserve Component Members and their families.

Continuing education credit is available for physicians, psychologists, nurses and social workers. To access this training in TMS, visit https://www.tms.va.gov/learning/user/deeplink_redirect.jsp?linkId=ITEM_DETAILS&componentID=17674&componentTypeID=VA&revisionDate=1372706760000. **This training expires July 7, 2014. ♦**

PUBLICATIONS (continued from page 1)

not otherwise specified (anxiety NOS) in a national sample of Veterans and assessed their mental health service utilization. This study used administrative data extracted from Veteran Health Administration outpatient records to identify patients with a new anxiety diagnosis in fiscal year 2010 (N = 292,244). Logistic regression analyses examined associations among diagnostic specificity, diagnostic location, and mental health service utilization. Anxiety NOS was diagnosed in 38% of the sample. Patients in specialty mental health were less likely to receive an anxiety NOS diagnosis than patients in primary care (odds ratio [OR] = 0.36). Patients with a specific anxiety diagnosis were more likely to receive mental health services than those with anxiety NOS (OR = 1.65), as were patients diagnosed in specialty mental health compared with those diagnosed in primary care (OR = 16.29). Veterans diagnosed with anxiety NOS are less likely to access mental health services than those with a specific anxiety diagnosis, suggesting the need for enhanced diagnostic and referral practices, particularly in primary care settings.

BUILDING PARTNERSHIPS WITH RURAL ARKANSAS FAITH COMMUNITIES TO PROMOTE VETERANS' MENTAL HEALTH: LESSONS LEARNED

Sullivan, G., Hunt, J., **Haynes, T. F.,** Bryant, K., **Cheney, A. M., Pyne, J. M.,** Reaves, C., **Sullivan, S.,** Lewis, C., Barnes, B., Barnes, M., Hudson, C., Jegley, S., Larkin, B., Russell, S., White, P., Gilmore, L., Claypoole, S., Smith, J., & Richison, R.

Progress in Community Health Partnerships, 2014, 8(1), 11-19

The Mental Health-Clergy Partnership Program established partnerships between institutional (VA chaplains, mental health providers) and community (local clergy, parishioners) groups to develop programs to assist rural Veterans with mental health needs. The objective of this study was to describe the development, challenges, and lessons learned from the Mental Health-Clergy Partnership Program in three Arkansas towns between 2009 and 2012. Researchers identified three rural Arkansas sites, established local advisory boards, and obtained quantitative ratings of the extent to which partnerships were participatory. Results showed that partnerships seemed to become more participatory over time. Each site developed distinctive programs with variation in fidelity to original program goals. Challenges included developing trust and maintaining racial diversity in local program leadership. The study showed that academics can partner with local faith communities to create unique programs that benefit the mental health of returning Veterans. Research is needed to determine the effectiveness of community-based programs, especially relative to typical "top-down" outreach approaches.



Attention VA mental health providers!

Visit the VISN 16 Mental Health Practice, Research and Education Portal (MH PREP) to interact with other mental health providers about clinical care issues, access educational products and services, and discover the latest continuing education opportunities. The MH PREP is accessible from a VA computer at <https://vaww.visn16.portal.va.gov/SiteDirectory/mhp/default.aspx>. ♦

FY2015 Clinical Educator Grants Program Call for Applications

Don't miss your chance to submit a proposal for the fiscal year 2015 SC MIRECC Clinical Educator Grants program. We designed these small grants (up to \$10,000 for multi-site projects) to help VISN 16 clinicians develop innovative clinical education tools that benefit the mental healthcare of rural and other under-served Veterans. We are especially interested in funding projects that involve collaborations between medical centers and community-based outpatient clinics.

Examples of past projects include a manual for conducting brief cognitive behavioral therapy in primary care clinics; a manual to conduct psychoeducational workshops for returning Iraq and Afghanistan Veterans and their families about readjustment issues; and a DVD of ex-Prisoners of War telling their stories about internment and their struggle with PTSD symptoms and how they have managed to survive and thrive in their lives. The Clinical Educator Grants program has produced more than 30 excellent education products that are available to clinicians and consumers free of charge. Download or request products at <http://www.mirecc.va.gov/VISN16/clinicalEducationProducts.asp>.

If you have an idea for an educational tool to improve care delivery, this may be the opportunity for you! The deadline for submitting a proposal is August 8, 2014. For more information about the Clinical Educator Grants program, contact Dr. Geri Adler at Geri.Adler@va.gov.

- Download Application at http://www.mirecc.va.gov/VISN16/docs/CEG_Application.pdf.
- Download Example Application 1 at http://www.mirecc.va.gov/VISN16/docs/Sample_application_I.pdf.
- Download Example Application 2 at http://www.mirecc.va.gov/VISN16/docs/Sample_application_II.pdf. ♦

SC MIRECC Pilot Study Program Quarterly Application Deadline is July 1

The Pilot Study Research Program is for investigators who want to collect preliminary data on current SC MIRECC emphasis areas, 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 rural and other Veterans facing barriers to care.

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).

We accept applications four times a year: January 1, April 1, July 1, October 1, or the following Monday after a weekend. For more information, contact Dr. John Fortney at FortneyJohnC@uams.edu or (501) 257-1726. Visit http://www.mirecc.va.gov/VISN16/docs/SCMIRECC_Pilot_Study_RFA.docx to download the application. ♦

Published by the South Central MIRECC
Editor: Ashley McDaniel, M.A.
Reviewer: Carrie Edlund, M.S., M.A.

VA



U.S. Department of Veterans Affairs

Veterans Health Administration
South Central MIRECC