



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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*Associate Director
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RESEARCH TO PRACTICE

Monitoring Metabolic Side Effects When Prescribing Antipsychotics

By Kathy L. Henderson, M.D.

The need for clinicians to monitor the metabolic side effects of antipsychotics is a topic that is near and dear to my heart. This issue was initially brought to my attention many years ago by a facility Chief of Staff who described the death of a Veteran with diabetic ketoacidosis, the cause of which was thought to be related to the use of an atypical antipsychotic. This incident occurred around the time the Food and Drug Administration issued guidelines in 2003 to antipsychotic drug manufacturers about labeling products with warning statements that describe increased risks for hyperglycemia and



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SC MIRECC Community Partnerships: Updates on VA Office of Rural Health-Funded Clergy and Student Veteran Programs

By Steve Sullivan, M.Div., Th.M., Ann Cheney, Ph.D., Justin Hunt, M.D.,
and Dianne Swaim, M.Div.

VA-Clergy Partnership Program

Project Director: Steve Sullivan, M.Div., Th.M.

Project Team: Bonita Barnes, M.Div., Michael Barnes, M.Div., Keneshia Bryant, Ph.D., R.N., Tiffany Haynes, Ph.D., Cliff Hudson, Susan Jegley, LCSW, Caleb Lewis, M.Div., Jeffrey Pyne, M.D., Shane Russell, and Dianne Swaim, M.Div.



Over 6 million Veterans live in rural or highly rural areas. Mental health problems occur in approximately one in five of these Veterans and suicide rates are significantly higher among rural residents. Although VA has

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diabetes in patients taking these medications. Further, a Consensus Development Conference on Antipsychotic Drugs and Obesity and Diabetes was convened with expert recommendations published for metabolic monitoring of patients prescribed antipsychotic medication (American Diabetes Association, 2004). To improve outcomes for Veterans prescribed antipsychotics, a multi-year partnership between the VISN 16 Mental Health Product Line and the Central Arkansas Center for Mental Healthcare and Outcomes Research (CeMHOR) was formed, which still thrives today.

A January 2013 *Psychiatric Services* article from the CeMHOR research team authored by Dinesh Mittal, et al., "Monitoring Veterans for Metabolic Side Effects When Prescribing Antipsychotics," examined monitoring practices at 32 VA facilities in VISNs 18-22 from April 2008 through March 2009 (12,009 Veterans). This study is one of the largest and most comprehensive examinations of monitoring metabolic side effects of antipsychotics among VA outpatients to date. Patients were included if they had received a new antipsychotic prescription with at least a 60-day supply and had not been prescribed this medication in the previous 180 days. This did not include patients who had a hospital stay or who received extended care (nursing home or residential program). Monitoring of weight, glucose, hemoglobin A1c, and serum low-density lipoprotein (LDL) cholesterol was reviewed within 30 days before or after the prescription date (baseline) and between 60 -120 days after the prescription date (follow-up).

Study highlights for clinicians:

- Frequency of monitoring was greater at baseline than at follow-up for each metabolic parameter
- Weight was the most frequently monitored parameter at baseline and follow-up (66.6% baseline; 49.5% follow-up)
- Diagnoses of diabetes, dyslipidemia, obesity, and hypertension were the most significant predictors of increased monitoring
- Monitoring did not differ between patients with serious mental illness (schizophrenia, bipolar disorder) and patients with nonpsychotic mental disorders (66.4% of sample)
- Patients without psychiatric diagnoses (2.2% of total sample) were much less likely to receive monitoring at baseline and follow-up

- Patients receiving antipsychotics with high (clozapine, olanzapine) and medium propensity to cause metabolic side effects had minor increases in baseline monitoring. This pattern disappeared at follow-up.

Currently, the VA Office of Mental Health Operations, Mental Health Services, and National Pharmacy Benefits Management are coordinating a Psychotropic Drug Safety Initiative (PDSI) to address key indicators where the greatest opportunity for improvement exists. Several measures review the use of antipsychotics, including metabolic monitoring for Veterans taking antipsychotic medications and the use of olanzapine in obese patients. Most of our facilities have done well in these two areas, but monitoring will continue.

In addition, I encourage you to read a September 2014 article by Drs. Kristen Viverito, Richard Owen, and Dinesh Mittal in *Psychiatric Services* on the management of new hyperglycemia in patients taking antipsychotic medications. Although awareness of metabolic issues and the need for monitoring has increased over the last 10 years, there is still work to be done. Let's make sure that we continue to educate our providers AND our Veterans and their families regarding the importance of this issue.

The January 2013 metabolic monitoring article may be accessed at <http://www.ncbi.nlm.nih.gov/pubmed/23117285>. The September 2014 hyperglycemia management article may be accessed at <http://www.ncbi.nlm.nih.gov/pubmed/25179283>.

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- Mittal, D., Li, C., Williams, J. S., Viverito, K., Landes, R. D., & Owen, R. R. (2013). Monitoring veterans for metabolic side effects when prescribing antipsychotics. *Psychiatric Services*, 64(1), 28-35.
- Viverito, K., Owen, R., Mittal, D., Li, C., & Williams, J. S. (2014). Management of new hyperglycemia in patients prescribed antipsychotics. *Psychiatric Services*. Advance online publication. ♦

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 "**Evaluation of Cognitive Problems in Integrated Care Settings**" on Wednesday, September 10 at 8:00-9:00 a.m. CT or Thursday, September 11 at 11:00-12:00 p.m. CT. This Microsoft Lync session will be presented by Bret Hicken, Ph.D., MSPH. At the conclusion of this educational program, learners will be able to:

1. Identify situations when cognitive evaluation is indicated;
2. Discuss qualities of brief tests of cognition; and,
3. Describe the process for following up on cognitive test results.

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
(8:00-9:00 am CT)
and
Thursdays
(11:00-12:00 am CT)
Monthly
(800) 767-1750; 26461#

October 8 & 9, 2014
Obstructive Sleep Apnea

November 12 & 13, 2014
Ethics

December 10 & 11, 2014
Spirituality



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://vawww.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:

- NCPTSD Monthly Update, August 2014: 25th Anniversary of the National Center for PTSD
- SAMHSA Update: How to Manage Chronic Pain in Adults: KAP Keys for Clinicians
- September 12 at 2:00 CT: Geriatrics and Extended Care Core Palliative Care: Integrating Spirituality Into the Whole Person Treatment and Care Plans Webinar
- September 17 at 1:00 CT: Assessment and Management of Posttraumatic Headaches Webinar

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greatly improved access to health services through rural community-based outpatient clinics, rural culture may discourage use of mental health services even when they are available, in part because poor mental health literacy and mental illness stigma are widespread.

In many rural areas, community-based clergy serve as “first responders” to individuals experiencing mental health problems. Yet many clergy do not know how to recognize mental health problems or how to respond effectively, especially in acute situations (such as suicidal thinking). Brief, one-day training programs (such as those offered by the VHA National Chaplain Center), while helpful, may not offer enough in-depth education or ongoing support to promote concerted action on behalf of Veterans.

Since 2009, the Arkansas VA-Clergy Partnership (VCP) has demonstrated that community leaders can be organized and their effort sustained to improve access to mental health services for rural Veterans. Over the past year, VCP has expanded that work by:

1. Offering a training program on developing sustainable VA/clergy community partnerships in five rural sites, one in VISN 16 and four in other VISNs;
2. Assisting local sites to adapt and implement a local Mental Health Referral Protocol; and
3. Providing ongoing technical support through a VCP “hub” based at Central Arkansas Veterans Healthcare System.

So far, two start-up workshops in Muskogee, Oklahoma and Louisville, Kentucky have been conducted. In September and October, two more workshops in Walla Walla, Washington and Augusta, Maine will be held. Additional funding has been requested to conduct four more trainings in fiscal year 2015. Furthermore, VCP has joined the VA National Chaplain Center Rural Clergy Training Program. Over the summer, VCP participated in four rural clergy trainings where community partnerships were discussed. VCP has also participated in National Chaplain Center webinars, including "Bringing Your Community Together to Bring Our Veterans Home." One such training that was presented in March is available to VA employees through the VA eHealth University at www.myvehucampus.com.



VA-Clergy and Student Partnership team members discussing program plans at weekly staff meeting.

Finally, to better understand Veterans receiving end-of-life care, VCP has started to partner with local hospices. Many hospices are part of the "We Honor Veterans" program, a joint effort between VA and National Hospice and Palliative Care Association. A pilot partnership with Arkansas Hospice is being planned. Training on the unique needs of Veterans at the end of life, such as moral injury (related to guilt and shame) and PTSD, will be provided to hospices located near VCP program sites.

VA-Student Partnership Program

Project Directors: Ann Cheney, Ph.D.
and Justin Hunt, M.D., M.S.

Project Team:

Bonita Barnes, M.Div.,
Michael Barnes, M.Div.,
Cliff Hudson,
Susan Jegley, LCSW,
Caleb Lewis, M.Div.,
Bridgette Perkins, M.B.A.,
Jeffrey Pyne, M.D.,
Shane Russell, Steve Sullivan, M.Div., Th.M.,
Dianne Swaim, M.Div., and Angie Waliski, Ph.D.



Colleges and universities across Arkansas are gearing up for a new year of academics. Among their students will be nearly 3,000 returning Operation Enduring Freedom, Operation Iraqi Freedom, and Operation New Dawn Veterans. Veterans often have a difficult time transitioning from the military to the campus and academic world. The VA-Student Partnership team has been working throughout

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the summer preparing to help smooth the way for these Veterans. Nine volunteer Servicemembers and Veteran peer advisors have been enlisted from five campuses to serve as liaisons to identify the specific needs of these students and match them with available resources. These peer advisors are bringing Servicemembers and Veterans together to share information, build supportive relationships and work toward the goal of an academic degree.

The partnership has held relationship-building events for peer advisors to get to know one another, which will enable them to rely on each other to overcome challenges and share their successes throughout the project. College orientations and resource fairs have included booths specifically for Veterans to make contact with one another and learn of opportunities for assistance. The peer advisor from Arkansas Tech University (Russellville, Arkansas), with the support of National Guard leadership and our Project Outreach Coordinator, hosted a “Tech Talk” and an informational session about the Student Veteran Partnership

at Camp Robinson. Approximately 40 Servicemembers attended, many of whom were currently attending college. The peer advisor from SouthArk (El Dorado, Arkansas), with the support of local community-based organization, Project SOUTH, hosted a military kids’ camp in the summer and a family bowling night for Veterans.

VA-Student Partnership team members are presently meeting with administrative leadership and faculty members at each school to bring awareness to the particular challenges student Veterans face and to offer resources to meet those challenges. Chaplains from the team are making plans to bring campus ministers together to help educate them on PTSD and moral injuries often experienced by returning Veterans.

Anticipation is high for returning Veterans, along with their families, to have better opportunities toward building new futures made possible by secondary education degrees. ♦

SC MIRECC Pilot Study Program Quarterly Application Deadline is October 1

The Pilot Study Research Program is designed 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. Ellen Fischer at fischerellenp@uams.edu or (501) 257-1711. Visit http://www.mirecc.va.gov/VISN16/docs/SCMIRECC_Pilot_Study_RFA.docx to download the application. ♦

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.

SC MIRECC ANNOUNCEMENTS

Dr. John Fortney Accepts Position with the University of Washington in Seattle



John Fortney, Ph.D.

After many years of distinguished service as the SC MIRECC Associate Director for Research, Dr. John Fortney stepped down in August to start a new chapter of his life at the University of Washington in Seattle. This month, Dr. Fortney begins a tenured professor position in the University of Washington Department of Psychiatry. Dr. Fortney will serve as the Associate Director of Research for the Department's Division of Integrated Care and Public Health, which is led by Dr. Jürgen Unützer. Dr. Fortney will retain his appointment at the Department of Veterans Affairs, transferring to the HSR&D Center for Innovation at the Puget Sound Health Care System.

In addition to his duties as the SC MIRECC Associate Director for Research, Dr. Fortney held a number of positions in our affiliated research and academic centers in Little Rock. He was the Director of the University of Arkansas for Medical Sciences Division of Health Services Research, a Co-Investigator with the VA HSR&D Center for Mental Healthcare and Outcomes Research, the Director of the VA postdoctoral fellowship program, Associate Director of the NIMH Fellowship Training Program, and Associate Director of the NIMH Center for Mental Healthcare Research. Dr. Fortney's contributions to all of our programs helped us thrive over the years. We appreciate all of his hard work.

While a national search for Dr. Fortney's replacement is underway, Dr. Jeffrey Pyne will serve as the Acting Associate Director for Research. Dr. Pyne has served as the SC MIRECC Little Rock Anchor Site Leader for several years and will do a great job serving in this interim role. We wish Dr. Fortney and his family the best of luck in the future. We will miss him.

Drs. Michael Kauth and Jillian Shipherd Receive APA Award from the Society for the Psychological Study of LGBT Issues



Michael Kauth, Ph.D. and Jillian Shipherd, Ph.D.

In August, Drs. Michael Kauth and Jillian Shipherd received the Distinguished Contribution to Education and Training Award from the Society for the Psychological Study of Lesbian, Gay, Bisexual and Transgender (LGBT) Issues (Division 44). The ceremony was held at the American Psychological Association Convention in Washington, DC. Drs. Kauth and Shipherd also presented a plenary address on "LGBT Veteran Healthcare is Coming Out of the Closet" at the convention where they described recent VHA initiatives on LGBT Veteran health care. Dr. Kauth is the SC MIRECC Co-Director and Associate Director for Education. Drs. Kauth and Shipherd are LGBT Program Coordinators for VA Central Office Patient Care Services. ♦

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