



*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

### Healthcare Provider Attitudes about Mental Illness

Summary by Patricia Dubbert, Ph.D.

Two recent publications authored by South Central MIRECC investigators can help us understand how providers' attitudes toward serious mental illness may affect patients' healthcare. Dinesh Mittal and colleagues studied attitudes of mental health and primary care providers in five VA medical centers. They analyzed the providers' responses to questionnaires that referred to a description of a patient who had been functioning well socially and at work for several years but had several chronic medical conditions, including back pain attributed to arthritis, obesity, and sleep problems.



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### Dr. Mark Kunik Receives 2015 Daniel Deykin Award for Outstanding Mentor

The SC MIRECC congratulates Dr. Mark Kunik, SC MIRECC Director and Associate Director of the VA Health Services Research & Development (HSR&D) Center for Innovations, Quality, Effectiveness and Safety (IQuEST), on receiving the 2015 HSR&D Daniel Deykin Award for Outstanding Mentor.

The Daniel Deykin Award for Outstanding Mentor is presented annually to a HSR&D researcher who exhibits outstanding dedication and skill in mentoring the next generation of researchers, particularly in guiding them toward a comprehensive understanding of the positive impact research can have on Veterans' health. This award was established in 2014 to honor the

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## RESEARCH (continued from page 1)

More than 350 providers (primary care physicians and nurses; psychiatrists, psychologists, and mental health nurses) anonymously completed questions on topics including negative feelings towards this patient, whether they would want to socialize with this person if he were not their patient, and whether they would prescribe pain medications and refer for specialty care. The patient descriptions in the questionnaire packets completed by all the providers were identical in every way except that some included schizophrenia in the list of diagnoses and others did not. Providers also answered some questions about their attitudes towards seeking mental illness treatment for themselves.

One publication (Mittal, et al.) examined several kinds of attitudes that might be affected by knowledge that a person has a serious mental illness, and tested whether these attitudes were different on average between mental health and primary care providers. As expected, the results showed that the primary care providers had more negative feelings towards the patient with a diagnosis of schizophrenia, but both mental health and primary care physicians indicated they would be less likely to want to have a social relationship with the person with schizophrenia.

The second publication (Corrigan, et al.) focused on provider expectations and behavioral intentions about whether the patient with schizophrenia would adhere to treatment and whether providers would be likely to refer such a patient for obesity treatment or sleep studies, and prescribe pain medication. This part of the study found no differences between mental health and primary care providers. Providers who indicated they themselves would be more comfortable seeking mental health care had more positive attitudes and were more likely to believe the patient would adhere to treatment. They were also more likely to say they would refill the patient's pain medication and refer him to a specialist.

The results supported the authors' expectations that providers with less favorable attitudes towards seeking mental health treatment for themselves would have more negative attitudes about a hypothetical patient with schizophrenia. Additionally, results suggest that these providers may have had less exposure to current scientific evidence showing that patients with mental illness are no less likely than other patients to fail to adhere to treatment. Providers with more negative attitudes may also have less knowledge of newer research showing that only a minority of persons with schizophrenia have a deteriorating course of illness and most have significant ability to recover.

The authors state that several approaches can help reduce the kind of stigma revealed in the study. Increasing knowledge about mental illness and direct contact with successfully recovering individuals has been shown in other research to help correct stereotypes. Updated information that nearly two thirds of the patients with serious mental illnesses such as schizophrenia can achieve meaningful recovery and function and have the ability to adhere to treatment recommendations might also favorably influence provider decisions about medication prescriptions and specialty referrals.

The Corrigan article may be accessed at <http://www.ncbi.nlm.nih.gov/pubmed/24774076>. The Mittal article may be accessed at <http://www.ncbi.nlm.nih.gov/pubmed/25313529>.

### Citations

- Corrigan, P. W., Mittal, D., Reaves, C. M., Haynes, T. F., Han, X., Morris, S., & Sullivan, G. (2014). Mental health stigma and primary health care decisions. *Psychiatry Research*, 218(1-2), 35-38.
- Mittal, D., Corrigan, P., Sherman, M D., Chekuri, L., Han, X., Reaves, C., Mukherjee, S., Morris, S., & Sullivan, G. (2014). Healthcare providers' attitudes toward persons with schizophrenia. *Psychiatric Rehabilitation Journal*, 37(4), 297-303. ♦

## 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.

## **AWARD (continued from page 1)**

critical importance of mentorship within VA's health services research community. Awardees receive a one-time research supplement of \$5,000 and a commemorative plaque.

Daniel Deykin Award nominees must demonstrate mentoring dedication and excellence to be considered for the award, such as giving mentees a comprehensive understanding of research's impact on Veterans; fostering the mentee's relationship with VA system stakeholders; developing and exposing mentees to internal and external VA career opportunities; supporting a diverse set of mentees; and serving as a role model in leadership, professionalism, integrity and life balance.

Nominated by Dr. Laura Petersen, IQuEST Director, Dr. Kunik has demonstrated all of these traits, and more, in his 15-year research career that started with a HSR&D Career Development Award. Since then, Dr. Kunik has helped more than 75 mentees develop careers in research and medicine. Many of his mentees have gone on to receive career development awards from VA and the National Institutes of Health, which has allowed them to grow as successful mentors, leaders, and researchers as well. ♦

## **Message from Daniel Deykin Awardee Dr. Mark Kunik**



Nothing gives me more pleasure than furthering the success of the next generation of clinical and health services research scientists. Although the act and results of my mentoring have been completely satisfying, the recognition of my research peers afforded by the Daniel Deykin Award for Outstanding Mentor is an amazing honor. I am particularly humbled to receive the inaugural award named after Dr. Deykin. As the first Director of the VA Health Services Research & Development Service, Dr. Deykin pioneered health services research in the VA and created the HSR&D Career Development Program. The Career Development Program fundamentally changed my career from that of being a geropsychiatry clinician educator to my current role as a health services researcher with leadership roles in HSR&D and the South Central MIRECC. Now, I have two remarkable reasons to be thankful to Dr. Deykin!

The roots of my passion for mentoring emanate from my roots as a clinician educator. In my first seven years on faculty at Baylor College of Medicine and the Houston VAMC, I enjoyed my position as a clinician educator and director of the geriatric psychiatry service. In this role, I took great pride in building an academic clinical service for trainees from medicine, psychology, social work and nursing. I spent much time honing my skills as an educator and prized this aspect of my career. When I received my career development award in 1999, I had to shift my efforts from education to research. Thankfully, I found I was able to preserve my affinity for education through research mentoring efforts.

# 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 “**CBT for Chronic Pain Management**” on Wednesday, February 11 at 8:00-9:00 a.m. CT and Thursday, February 12 at 11:00-12:00 p.m. CT. This Microsoft Lync session will be presented by Jill Klayman, Ph.D. At the conclusion of this educational program, learners will be able to:

1. Provide rationale for use of cognitive behavioral therapy with chronic pain patients;
2. Describe components of cognitive behavioral therapy for chronic pain; and
3. Identify VA’s evidence-based CBT-CP protocol as a tool for Mental Health providers when working with Veterans with chronic pain.

Call 1-800-767-1750 and use access code 37009# 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; 37009#**

March 11 & 12, 2015  
*Geriatric Addiction*

April 8 & 9, 2015  
*Brief CBT*

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## SC MIRECC Pilot Study Program Quarterly Application Deadline is April 1

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. The next application deadline is April 1, 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](mailto:fischerellenp@uams.edu) or (501) 257-1711. Visit <http://www.mirecc.va.gov/visn16/research.asp> to download the application. ♦

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