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The next issue of the *South Central MIRECC Communiqué* will be published March 3, 2010. Deadline for submission of items to the March newsletter is February 24, 2010. Urgent items may be submitted for publication in the *Communiqué Newsflash* at any time. Email items to the Editor, Mary Sue Farmer, at Mary.Farmer2@va.gov

South Central MIRECC Internet site: www.mirecc.va.gov/visn16

National MIRECC Internet site: www.mirecc.va.gov

THE ROLE OF THE PSYCHIATRIC NURSE PRACTITIONER/PHYSICIAN'S ASSISTANT IN MENTAL HEALTH CARE

VIRGINIA JONES, APN

MT. VERNON CBOC

FAYETTEVILLE, AR VAMC

Interviewed by Ashley McDaniel

Tell us a little about who you are and your role in the VA.

I am a psychiatric and family nurse practitioner in the primary and mental health care clinics at the Mt. Vernon CBOC. I provide Veterans with quick access to mental health care initiation and treatment.

What is the role of the psychiatric nurse practitioner/physician's assistant (NP/PA) in the delivery of mental health care in the VA?

Our role is to improve access to mental health care for Veterans. For example, in non-VA healthcare it can take four to six months for a patient to get an appointment with a psychiatric prescriber, delaying critical treatment. Depending on the patient's circumstances, a psychiatric NP/PA is able to transition a Veteran into mental health care management within a two-week period. We are able to evaluate patients' symptoms, diagnose their mental health status,

manage their medication and brief therapy, and refer for more in-depth treatment if needed.

What do you like best about your role in the delivery of mental health care in the VA?

I enjoy working with the OEF/OIF Veterans and Veterans from other combat eras new to the current mental health treatments offered at the VA. I am providing many Veterans with a service that they have never received before. I educate them about what they are experiencing, what is happening in their brains, and how medication or therapy can help them normalize some of what they are feeling. They are able to relax once their experiences are placed in another context.

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The Role of the Psychiatric NP/PA in MH Care continued...

As we embark on a new year, what unique challenges will psychiatric NP/PAs face in the VA?

The increasing number of patients, especially with the refinement of screening tools, will be a big challenge, especially in rural areas due to problems with transportation. Moreover, I think that the economy has made a huge impact on what is happening with our Veterans. Veterans may be unable to keep appointments because they are dealing with unemployment, reductions in pay, loss of benefits, and/or the price of fuel. Those are going to be two big challenges.

What about psychiatric NP/PAs outside the VA. What challenges will they face?

Given that the patient need for mental health services has increased at a faster rate than mental health providers have, in terms of provider to patient ratio, psychiatric

NP/PAs can fill a niche in providing mental health care, as well as primary care. One of the things that I try to do is get people interested in a career in mental health nursing. I give lectures and I teach a class in the pharmacology program at Missouri State University yearly. Currently, several patients are referred to mental health treatment whose conditions were traditionally considered primary health care issues, such as diabetes, hypertension, and alcohol misuse or abuse. Because people are recognizing the psychological component to these conditions, I think that psychiatric NPs/PAs will be a great help to primary care doctors as they treat these issues.

How can people get in touch with you if they have questions?

People can contact me at Virginia.Jones3@va.gov.

MEET YOUR CBOC: MERIDIAN, MS

PARENT FACILITY: JACKSON VAMC

By Ashley McDaniel

In the winter of 2008, the CBOC Partnership Project team had the opportunity to visit the Meridian, Mississippi CBOC. Incorporated in February 1860, Meridian is the sixth largest city in Mississippi. Meridian is home to many attractions, including the Causeyville General Store, the Chaney Memorial Site, The Jimmie Rodgers Museum, the Meridian Museum of art, and a host of natural beauties.

Meridian also has a great military history. At the Meridian Magnolia Cemetery, you will find the memorial for G.V. "Sonny" Montgomery, Jackson VAMCs namesake and proponent of the Montgomery G.I. Bill.



During our visit, we met with Deritha Barber and Sonia McClinton, a social worker and nurse practitioner, respectively, at the Meridian CBOC. The clinic provides individual, relaxation, supportive and cognitive behavioral therapy, medication management, smoking cessation, substance abuse and PTSD screening, and caregiver support.

We thank the Meridian CBOC for welcoming us during our visit.

RECENT SC MIRECC PUBLICATIONS

TELEPHONE-ADMINISTERED COGNITIVE BEHAVIORAL THERAPY: A CASE STUDY OF ANXIETY AND DEPRESSION IN PARKINSON'S DISEASE

Veazey C, Cook KF, Stanley M, Lai EC, Kunik ME

J Clin Psychol Med Settings 16:243-253, 2009

Parkinson's disease (PD) is a chronic medical illness with a high incidence of psychiatric comorbidity, specifically depression and anxiety. Research on treatment of such psychiatric complications is scarce. Non-pharmaceutical treatment options are especially attractive. Cognitive behavioral therapy (CBT) is a psychotherapeutic treatment option that has been successful in other chronically medically ill populations with comorbid depression and anxiety. The current research had two aims. The first was to pilot the feasibility of screening and identifying PD patients with symptoms of anxiety and depression in a specialized outpatient clinic. The second aim was to pilot the feasibility of telephone-administered CBT for the treatment of depression and anxiety in persons with PD, which was done through a case series comparing telephone-administered CBT to a support strategy.

A fairly large portion (67.5%) of patients screened in the outpatient clinic was identified as having symptoms of anxiety and/or depression. Results also indicated that CBT delivered via the telephone is a useful approach for targeting psychiatric symptoms in this

population. A case example is given to illustrate the clinical considerations associated with delivering therapy via telephone to persons with PD.

THE LINK BETWEEN POST- TRAUMATIC STRESS DISORDER AND PHYSICAL COMORBIDITIES: A SYSTEMATIC REVIEW

Qureshi SU, Pyne JM, Magruder KM, Schulz PE, Kunik ME

Psychiatr Q 80(2):87-97, June 2009

Returning Veterans from Afghanistan and Iraq will increase frequency of post-traumatic stress disorder (PTSD). Little is known about its impact on physical health. Our objective was to complete a systematic literature review focusing on the association between PTSD and specific physical disorders. Our data sources included an electronic search using PUBMED and hand search of four journals with an anxiety focus for studies published between January 1981 and July 2008, plus a manual search of article bibliographies.

We selected original research reports focusing on PTSD and its association with physical health. Studies investigating only PTSD symptoms, trauma and physical disorders classified at the organ-system level were excluded. Eighty studies were reviewed and seven selected for final analysis. Specific physical-health diagnoses were organized by system and tabulated. They were considered positive only if results were statistically significant. The total number of positive and negative

studies for each diagnosis was then calculated for review. Findings showed that seven studies examined the relationship between PTSD and specific physical disorders. Arthritis was associated with PTSD in most studies. Data conflicted regarding diabetes, coronary heart disease, and stroke. We concluded that few studies have examined the relationship between PTSD and physical health. Large, prospective epidemiological trials are needed.

TYPE, FREQUENCY, AND DISRUPTIVENESS OF AGGRESSIVE BEHAVIOR IN PERSONS WITH DEMENTIA

McNeese TD, Snow AL, Rehm LP, Massman PJ, Davila JA, Walder A, Morgan RO, Kunik ME

Alzheimer's Care Today 10(4):204-211, 2009

This study examined aggressive behavior in 400 community-dwelling Veterans, 60 years or older and newly diagnosed with dementia, who were nonaggressive at the beginning of the study. Aggression was assessed using the Ryden Aggression Scale and the Cohen-Mansfield Agitation Inventory. Participants and caregivers were assessed monthly for 24 months (home visits at baseline and months 5, 9, 13, 17, 21, and 25 and by telephone during other months). Data about aggression were analyzed to determine frequency and disruptiveness of types of aggression and specific aggressive acts. Verbal aggression was the most common type and was associated with the highest levels of disruptiveness.

RECOVERY CORNER

THE RECOVERY TRANSFORMATION CONTINUES: NEW PEOPLE AND SKILLS

Cristina Gamez-Galka, Ph.D.

LRC/Recovery Services Consultant

Michael E. DeBakey VAMC

As we begin 2010, change is part of what we experience as professionals and people. While change can be met with trepidation, some view it as exciting and are eager for the experience. In VISN 16, the Local Recovery Coordinators (LRCs) embraced change by setting objectives for the year that will further the recovery transformation. The strategic planning meeting you read about last month brought together the nine current LRCs. This was significant, given that in the last year one LRC has moved to another VA and three have joined the group. Before the introductions of the newest LRCs in VISN 16, I would like to take a moment to recognize some recovery advocates. Erin Williams, Ph.D., was one of the first LRCs in the nation and helped spread recovery throughout the Little Rock VA and the VISN. Erin moved to the Battlecreek VA in Michigan in September 2009 where she continues to promote recovery-oriented care as a psychologist and member of the primary care/mental health integration team. Bill Dycus, Ph.D., a psychologist at the Oklahoma VA, deserves many thanks for aiding the VISN in recovery efforts while a permanent LRC was sought. The VISN 16 LRCs are also appreciative of the long-standing support of recovery efforts provided by the South Central MIRECC through their educational products and this newsletter. Thanks to all! Let's meet the newest LRCs.

Oklahoma City VA Medical Center

Jennifer Halter has been the Recovery Coordinator in Oklahoma City since June 2009. She graduated from the University of Minnesota-Twin Cities with a Masters in Social Work, is a licensed independent clinical social worker, and has a Diplomate in Clinical Social Work from the National Association of Social Workers.

Jennifer's perspective about mental health recovery was formed during childhood when her older brother was diagnosed with a severe mental illness. Given her life experiences, she neither believes in mental health symptoms derailing people from living the lives they want

to lead, nor internalizing society's stigma about having mental health symptoms. She became a social worker to help individuals with mental health symptoms and their families achieve their potential.

Jennifer reinforced these beliefs when she served as a mental health paraprofessional and, later, as a mental health provider in the Air Force. As a mental health provider, Jennifer frequently worked with military personnel from all branches of service to identify mental health symptoms and psychosocial stressors impacting each person's overall wellness with the goal of returning many personnel to duty. She has experience in general mental health, substance disorders, domestic violence, community organizing and outreach/education. These experiences are the keys to her ability to lead the recovery transformation at the OKC VA.

Jennifer is recently retired from the Air Force after 20 years of service. Her demand for personal excellence is evident in her being selected as the 2002 and 2003 Air Mobility Command Social Worker of the Year, a member of the 2005 Pacific Air Forces Behavioral Health Team of the Year, and receiving the 2008 Air Combat Command and Air Force Social Worker of the Year awards. She is most grateful for her opportunity to serve as the mental health provider to 500 Army personnel on a Forward Operating Base in Iraq in 2008. The underlying achievements of these awards reinforce the reason she continues to work on mental health recovery – the resilience of the human spirit is astounding. She can be reached at Jennifer.Halter@va.gov

Veteran's Healthcare System of the Ozarks (VHSO), Fayetteville

Wanda Shull, M.S., CRC, became the Local Recovery Coordinator at the Veterans Healthcare System of the Ozarks in Fayetteville, AR on October 25, 2009.

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Her background is in Vocational Rehabilitation, working both as a Vocational Rehabilitation Specialist in the Supported Employment program at VHSO, and five years as a Vocational Rehabilitation Counselor for the state of Missouri Department of Vocational Rehabilitation. She has a Master of Science degree in Vocational Counseling, and is currently pursuing a Ph.D. in Rehabilitation Education from the University of Arkansas – Fayetteville. Wanda's current role as a LRC involves coordinating the Psychosocial Rehabilitation and Recovery Center, as well as the Compensated Work Therapy programs. Wanda believes that work is a vital role for many people, and therefore can be an essential component of recovery for Veterans with SMI. She can be reached at Wanda.Shull@va.gov

Central Arkansas Veterans Healthcare System (CAVHS), Little Rock

J. Glen White, Ph.D., has a doctorate in Clinical Psychology from the University of Southern Mississippi. Prior to joining CAVHS, he worked with young adults, families and children, while also serving as Director of Training for the Clinical Psychology internship program at the University of Arkansas for Medical Sciences (UAMS) College of Medicine in the department of Psychiatry. A five-time recipient of UAMS's Red Sash Award for excellence in teaching, he enjoys teaching and lecturing on a wide variety of topics, and especially enjoys training budding mental health professionals. He has taught at the University of Arkansas at Little Rock and is now adjunct faculty in the department of Psychiatry at UAMS. Prior to

UAMS, he worked at Professional Counseling Associates in Little Rock, with specialties in anxiety disorders and forensic psychology. Dr. White is a fellow of the Arkansas Psychological Association and has served on several of its committees, as well as serving on the board of directors from 1999-2000.

In the two years Dr. White has worked with CAVHS, he has served as the psychologist for the Psychosocial Rehabilitation and Recovery Center. Training responsibilities include serving as a supervisor, assistant training director, and currently the Director of Training for CAVHS fellowships, including the Psychology Postdoctoral and Interdisciplinary Psychosocial Rehabilitation Fellowship programs. He also chairs the Family Service Task Force and is a member of the committee for developing Mental Health Advance Directives. Throughout his time in the VA, Dr. White has provided a variety of clinical, educational, and supportive services to Veterans and their families, as well as introducing Veterans, family members, providers, and administrators to the basic tenets of recovery-oriented mental health services. Current responsibilities as the LRC include providing advisory and supportive assistance to the local Mental Health Consumer Advisory Council, while serving as liaison for that group with CAVHS's mental health services leadership. He also plans to emphasize the inclusion and development of family services at CAVHS, and he will also work to utilize existing training programs in providing education and delivery of recovery-oriented services throughout CAVHS. His personal interests include golf, photography, the outdoors, and music, especially jazz. He can be reached at Jerry.White4@va.gov

FEBRUARY CONFERENCE CALLS

CALL-IN NUMBER: 1-800-767-1750

ACCESS

CODE

8	MIRECC Site Leaders, 9:00 AM CT	27761#
9 & 23	MIRECC Leadership Council, 3:30 PM CT	19356#
11	National MIRECC & COE Education Group, 1:00 PM CT	28791#
16	VISN 16 Mental Disaster Team, 11AM CT	76670#
25	National MIRECC & COE Implementation Science discussion, 2:00 PM CT	28791
17	MIRECC Program Assistants, 2PM Central	43593#
22	MIRECC Education Core, 3:00 PM CT	16821#