



*A decade of bridging
the gap between research
and clinical care*

Communiqué

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“Improving access to mental health care for rural and other underserved veterans”

New Directions for the SC MIRECC: What I Learned from the Retreat

Greer Sullivan, MD, MSPH
Director, South Central MIRECC

From April 16-18, we met in Little Rock for our annual MIRECC Retreat. I emerged from the retreat convinced that our new, more focused direction – improving care for rural and other underserved veterans – will be a fun and productive undertaking. It promises to be fun because we have an extraordinary group of people involved in and committed to our new MIRECC mission – people who not only know how to laugh but also how to play SC MIRECC Jeopardy! These are the very same people who, at all levels of the MIRECC, made us successful in our first ten years as an organization. I came away from the retreat assured of MIRECCers’ willingness to participate fully in our change process as we move in a new direction and convinced that even with the challenges we face, and will continue to face, we can truly enjoy the process!

About half of the veterans in the South Central VISN live in rural areas, and rural health care issues appear to be becoming more prominent in the VA and elsewhere. An increase in funding to support research in this area improves our chances of being productive. Mr. George Gray, the Network Director, offered to talk with us about additional funding, and Mr. Anselm Beach (*stomp, stomp!*) informed us about upcoming funding opportunities in the VA Office of Rural Health. Linda Lipson from VA Central Office told us that the HSR&D service will likely identify veterans living in rural areas as a new priority group. And, I know that other federal funders such as NIMH are always looking for high quality rural applications.

Dr. Joseph Constans reminded us at the retreat that VISN 16 has more veterans returning from the Middle East than any other VISN. Their return, and especially their return to rural areas of our Network, makes our new mission even more timely, important, and potentially of service. We were honored to hear from a panel of veterans and frontline military responders, including the clergy, who helped to make the realities of war more meaningful for all of us. It was a coincidence that the recent RAND report on returning veterans, *Invisible Wounds of War: Psychological and Cognitive Injuries, Their Consequences, and Services to Assist Recovery*, was released during our retreat. This report highlights the mental health needs of returning veterans, especially those with PTSD, depression, and TBI. The report also estimates the cost of these illnesses, and describes the health care gaps that need to be filled in order to meet these needs, including recommendations for the VA. I suggest that everyone take a look at this document which can be accessed at <http://www.rand.org/pubs/monographs/MG720/>

We also heard from a panel of VA providers who work at several community-based outpatient clinics (CBOCs) in our VISN about their challenges in providing care in mostly rural areas of the network. They expressed a need and desire for education about mental health issues and reported often feeling isolated and “out in the middle of nowhere.” Dr. Kathy Henderson, who has been involved in national CBOC planning efforts, described the steps by which the VA has begun to implement mental health services in CBOCs and told us that there is more to come. All of this information was wonderful background as we plan our upcoming MIRECC survey of VISN 16 CBOCs, which will be led by Dr. Cayla Teal. Dr. John Fortney, our Associate Director for Research, hopes to take the next step in working with CBOCs to create a “provider network” of those who wish to participate in research. And, I know that Dr. Michael Kauth, our Associate Director for Education, left the retreat with a much clearer picture of the kinds of education that might be helpful at these rural clinics.

Many individuals were recognized at this retreat for their contributions to the MIRECC (see announcement in this issue), and we enjoyed a wonderful anniversary celebration, including a cake, in the Pinnacle Room of the Peabody Hotel, with an expansive view of the Arkansas River. Since many of us have been working together for ten years, it was a great pleasure to have the opportunity to interact face to face. I was honored when the Associate Directors presented me with a plaque entitled “A Toast to Leadership.” As I said at the time, leading the MIRECC has been the most rewarding experience of my career, and I am very much looking forward to our next ten years with our new mission and direction. Working together – researchers, clinicians, and consumers – I am certain we can make a difference.



Recognition of Excellence in the MIRECC

The South Central MIRECC recognized the substantial contributions of several individuals at the annual retreat, April 16-18, in Little Rock. Please join us in congratulating the following awardees:

MIRECC Major Contributor Award

Mary Sue Farmer, MS (Little Rock)

Excellence in Education Award

Laurel Franklin, PhD (New Orleans)

Clinical Care Award

Kim Arlinghaus, MD (Houston)

Clinical Leadership Award

Joseph DeVance Hamilton, MD (Houston)

Excellence in Research Education Award

Melinda Stanley, PhD (Houston)

In addition, Dr. Greer Sullivan bestowed a special lifetime award to a long-time (now retired, but still active) supporter of the South Central MIRECC and all MIRECCs:

MIRECC Super Hero Award

Thomas B. Horvath, MD, FRACP (Houston)

MIRECC Fellow Wins Young Investigator Award

The International Society for Research on Aggression (ISRA) announced that **Andra Teten, PhD**, South Central MIRECC Psychology Fellow, received the ISRA Young Investigator Award. The award is a \$2,500 grant from the National Science Foundation to support attendance at the XVIII World Meeting of the ISRA in Budapest, Hungary, July 8-12, 2008. There, Dr. Teten will present (with Thomas Kent, MD, as a co-author) "Towards a Developmental Model of Impulsive Aggression: Alexithymia as the Confluence of Neurobiological and Psychological Determinants." The award also includes participation in mentoring events and networking opportunities during the World Meeting.

Congratulations to Dr. Teten!

Meet the MIRECC Researchers: Dr. Blevins

Interview with

Dean Blevins, PhD

Health Services Researcher, South Central MIRECC &

Central Arkansas Veterans Healthcare System's HSR&D Center for Mental Health Outcomes

Research (CeMHOR), North Little Rock, AR

Assistant Professor, Department of Psychiatry, College of Medicine, University of Arkansas for Medical Sciences, Little Rock

Editor: *What is your area of research?*

Dr. Blevins: My area of research is somewhat diverse, but involves a combination of implementation research and community-based participatory research. This covers topics in disseminating evidence-based practices, as well as developing and testing health system interventions to facilitate access to evidence-based practices.

Editor: *What active studies do you have going?*

Dr. Blevins: I have several active studies in various stages of development: three are in active data collection, and two are in the data analysis phase. Several more are in the planning phases. The first project in data collection is an evaluation of the use of the implementation strategy of external facilitation (PI: Michael Kauth, PhD) to implement CBT (cognitive behavior therapy) in VAMC and CBOC primary care clinics in VISN 16. This project is actually a bundle of several projects involving MIRECC faculty at Houston, Little Rock, and Oklahoma City. It will examine organizational factors that relate to implementation and the costs of external facilitation.

The second project in data collection is a qualitative study (PI: JoAnn Kirchner, MD) exploring how to better involve veteran consumers in VA quality improvement initiatives. We are talking to clinicians, veterans, and administrators across the VISN.

The third project in data collection is an evaluation of Life Guard (PI: Vince Roca, PhD), an intervention targeting returning OIF/OEF veterans in the National Guard to improve social functioning and adjustment returning to civilian life and/or non-combat situations. The evaluation will include 1,000 returning veterans who go through the program, screening for mental health needs and changes over a six-month period before and after participants experience the Life Guard workshop.

Projects in data analysis include an assessment of the mental health needs of and care received by veterans in the Gulf Coast Region following Hurricanes Katrina and Rita with Greer Sullivan, MD, and Mary Sue Farmer, MA. Another project in data analysis is a project focused upon using administrative data to identify and refer

(continued on page 4)

(continued from page 3)

nursing home patients who are eligible for hospice care. Correlating a gold standard assessment of eligibility with MDS (Minimum Data Set, a standard assessment of resident status and functioning) quality indicators, all patients in two nursing homes in central Arkansas were evaluated. The hope is to be able to identify eligible residents using administrative reports that are routinely generated in nursing home settings to refer for further evaluation.

Editor: *What are the implications or potential benefits of your research?*

Dr. Blevins: Most of my research is meant to improve the mental health care that veterans in the VA system and those in the community receive and access to evidence-based programs. The research with which I am involved pursues these goals in several ways, ranging from identifying the needs of veterans to developing programs, to encouraging the use and implementation of these programs.

Editor: *How did you get started in this area of research?*

Dr. Blevins: My work on community-based participatory research projects began about 12 years ago, while working with nursing homes and mental health clinics. Due to the collaborative nature of the relationships with various sites, my research was a balance between what the community partners needed and what I was interested in pursuing. Only about 30-40% of the research projects with which I have been involved were completely derived from my own interests, and these tended to be exploratory studies that contributed to the work I was doing with community agencies. Over the last six years that I have been working in Little Rock at the VA and medical school, I have transitioned into much more work focused specifically on implementation research.

Editor: *What person or experience had the most influence on your research career?*

Dr. Blevins: I honestly cannot pinpoint a single person. Rather, it has been the combination of

mentors and colleagues through which I have learned about how to conduct research, but also how to adapt my interests to address the research needs of the field. Experiences I have had running my own company and a large non-profit community healthcare organization over the years have also given me a unique perspective of how top-level administrators think about quality and providing healthcare, but also how researchers can potentially become detached from practice settings – and this has to be guarded against if our work is truly going to impact our communities. I have to also acknowledge that while the technical aspects of conducting research and engaging in activities important to my research career came from mentors and peers, much of the way I approach research issues and choose projects comes from what I have learned from the research participants (patients, providers, and administrators) with whom I have worked over the years.

Editor: *What advice would you give to junior investigators and to people who are new to research?*

Dr. Blevins: For those interested in implementation research, I think it is equally important to have an actively involved mentor and to have experience in the settings where your research is taking place and meant to impact. Mentors vary in their personal styles of mentoring; good mentors should complement the strengths and weaknesses of the new investigator. That is, the mentor should have the skills and desire to provide advice and direction within the areas that the new investigator might consider his or her weaknesses.

Experience is critical to understanding the needs and the settings we wish to impact with our research. Whether the research is clinical, educational, or policy-based, those who are consumers of our findings must value the knowledge we are creating as much as we do.

Editor: *How can people get in touch with you if they have questions about your work?*

Dr. Blevins: E-mail is usually the best means of reaching me (BlevinsDean@uams.edu), but I can also be reached by phone at 501-257-1102.



New Product: OEF/OIF Vets & Family Manual

A 5-session psychoeducational workshop manual for returning Iraq and Afghanistan war veterans and their families is now available. The manual, *Operation Enduring Families: A Support and Education Program for Returning Iraq and Afghanistan Veterans and Their Families*, was developed by Ursula B. Bowling, PsyD; Alan Doerman, PsyD; and Michelle Sherman, PhD (Oklahoma City). The workshop features topics, such as deployment and its impact on the family; parenting tips; communication skills; coping with depression, PTSD, and anger; and reconnecting as a family. The manual also includes promotional materials, a leader's guide, and participant handouts.

The workshop manual was conceived by Drs. Bowling, Sherman, Campbell, and Holmes after talking with veterans and their family members about their post-deployment needs. Content of the manual was reviewed by experts, and then the manual was piloted with 11 veterans and 12 family members at two sites. Participants, especially those in the National Guard or Reserve, commented that hearing the experiences of other veterans was very helpful. Providing support and education, as well as normalizing some reactions to stressors, was also helpful.

The *Operation Enduring Families* manual was supported by a Clinical Educator grant from the South Central MIRECC. To request a copy of this manual, contact Michael.kauth@va.gov

Recovery Corner

Community Integration: Get Connected

VISN 16 Local Recovery Coordinators

In this issue, we explore a central tenet of the Recovery philosophy: community integration. This has been a long-standing difficulty given the pervasive, negative effects of stigma. Helping veterans gain access or return to communities of their choice is an integral component of the definition of Recovery. In our clinical practice, asking veterans about what they desire to do in the community whether that means working, socializing, or going to school is part of promoting movement toward independence, personal fulfillment and, ultimately, an enhanced quality of life. Similarly, fostering hope, understanding mental health conditions, and transferring skills that bolster a positive sense of self will help to minimize the impact of stigma and ease integration into the community. The twin themes of Stigma and Community Integration are being highlighted in this year's Mental Health Month.

National Mental Health Month: Get Connected

May is National Mental Health Month, which was established to bring societal awareness and decrease stigmatization of those diagnosed with a serious mental illness. Stigma involves putting a

negative label on these persons, whether through language used, ideas presented, or biases exhibited. In the health care system, stigma functions as a barrier to health and mental health services. Acknowledging the presence of bias by providers and other staff is the beginning of tearing down the walls of stigma. Treating each individual as a valuable member of the community, as well as fostering the setting of goals and working toward those goals, is vital in the transformation of the VA system to one that is more recovery oriented.

One particularly damaging aspect of stigma is the loss of belonging that many individuals with mental illness experience. The theme of this year's Mental Health Month, "*Get Connected*," aims to encourage relationships and networks to decrease stigma and increase a sense of belonging. Veterans diagnosed with serious mental illness are encouraged to "get connected" with family and friends, mental health service supports, and their communities.

Reaching out to those with serious mental illness is no small task. According to the National

(continued on page 6)

(continued from page 5)

Psychosis Registry Report for FY 06, VISN 16 has 17,880 veterans on the registry. This number reflects data collected from the VA Medical Centers in Alexandria (1,252), Gulf Coast (2,533), Fayetteville (1,356), Houston (3,612), Jackson (1,768), Little Rock (2,108), Muskogee (1,237), New Orleans (1,141), Oklahoma City (1,626), and Shreveport (1,247). VISN 16's Local Recovery Coordinators acknowledge the importance of connecting these veterans with supportive resources and are dedicated to ensuring that all mental health services provided to them are under a recovery-oriented umbrella, including all 10 elements of recovery: Hope, Self-Direction, Holistic Care, Responsibility, Person-Centered Care, Strength-Based Care, Non-Linear Care, Respect, Peer Support, and Empowerment.

Events are being planned across the VISN in recognition of Mental Health Month. Please participate in the activities at your facility during Mental Health Month and promote the importance of getting "connected" to all veterans with whom you work. For resources on promoting Mental Health Month, see www.mentalhealthamerica.net/go/may.

Recovery Coordinator personnel changes

Mike Brand, LCSW, recently resigned as LRC at Oklahoma City VAMC. He has joined the Oklahoma University Physicians ExecuCare Program as an Associate Professor of Psychiatry

and Behavioral Sciences. Mike contributed significantly to the VISN 16 LRC group, and he will be missed.

VISN 16 has Local Recovery Coordinators at eight facilities. The Fayetteville VA Medical Center is currently in the selection process for an LRC at that facility.

Please welcome D. Jeff Johnson, PhD, the newest Local Recovery Coordinator in VISN 16, serving at the Jack C. Montgomery VA Medical Center, Muskogee, OK. Dr. Johnson is a licensed psychologist from Florida. This is a return home for him, as much of his youth was spent in Oklahoma while travelling the country as an Air Force dependent. He earned his BA with High Honors from the University of Oklahoma and spent the next few years working as the assistant director for a suicide hotline before moving to the local state hospital where he worked with chronically, severely mentally ill inpatients. His graduate work was completed at Iowa State University. Early exposure to the value of working with veterans while completing a graduate residency at the Des Moines VAMC prompted Dr. Johnson to pursue his pre-doctoral internship at the then brand new Minneapolis VAMC. Jobs in Chicago and Fort Myers allowed him to focus on his interests in rehabilitation psychology, especially the area of chronic pain. The last eighteen years were spent in private practice in Naples, FL where Dr. Johnson consulted with a wide variety of local physicians. Dr. Johnson can be contacted at Donald.Johnson2@va.gov.



May Conference Calls **1-800-767-1750**

- 13—MIRECC Leadership Council, 3:30 PM CT, access code 19356#
- 20—VISN 16 Mental Disaster Team, noon PM CT, access code 76670#
- 21—MIRECC Program Assistants, 2:00 PM CT, access code 43593#
- 22—National MIRECC & COE Education Recovery Interest Group, noon CT, access code 22233#
- 22—National MIRECC & COE Education Implementation Science Group, 1:00 PM CT, access code 28791#
- 26—MIRECC Education Core, 3:00 PM CT, *cancelled due to holiday*
- 27—MIRECC Leadership Council, 3:30 PM CT, access code 19356#

The next issue of the *South Central MIRECC Communiqué* will be published June 2, 2008. Deadline for submission of items to the June newsletter is May 26. 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.va.gov/scmirecc

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