



South Central MIRECC

(VISN 16) Mental Illness Research, Education, and Clinical Center

Overview

The South Central MIRECC was funded in 1998 and encompasses all or parts of eight states: Arkansas, Louisiana, Oklahoma, Mississippi, Texas, Florida, Alabama, and Missouri, extending from the panhandle of Oklahoma to the panhandle of Florida. The Center has anchor sites at five medical centers in Houston, Jackson, Little Rock, Oklahoma City, and New Orleans. It is closely aligned with the VISN 16 Mental Health Product Line, which oversees the delivery of mental health care, and the facility Mental Health Directors.

The South Central MIRECC is known for its strong educational/training programs and clinical services initiatives. In addition, the South Central MIRECC has expertise in conducting large-scale clinical trainings in evidence based treatments and in implementing training (i.e., getting new skills into actual clinical practice). The South Central MIRECC also has a great deal of expertise in conducting health services research.

In 2007, the Office of Mental Health Services requested that the South Central MIRECC alter its theme to focus more on access to mental health care for rural veterans, an important clinical priority. The South Central MIRECC is particularly well located and positioned to take on this challenge.

- VISN 16 treats more than 80,000 veterans annually for mental health problems, compared to an average of 45,474 in other VISNs
- Almost half of VISN 16 veterans live in rural areas
- Veterans residing in VISN 16 have the lowest per capita income and the lowest percent of college graduates
- Approximately 1 of every 4 veterans treated are ethnic minorities
- Veterans living in this network also report a higher physical and mental health disease burden relative to those in other VISNs
- The Gulf Coast is prone to hurricanes that devastate small communities, displace thousands of people, some for many months, and contribute to mental distress

Mission

The Center's mission is *"To improve access to evidence-based practices in rural and other underserved populations, especially returning war veterans, veterans experiencing natural disasters, and vulnerable elderly veterans."* The Center's organizational structure includes four main components: Research, Education, Improving Clinical Care, and Research Training.

Research

Investigators in the South Central MIRECC have extensive experience in research on rural mental health, distance delivery of mental health care via telemedicine, novel approaches to deliver mental health services in primary care settings, quality improvement interventions for older veterans, dissemination and implementation of evidence-based practices, understanding and predicting the development of PTSD, psycho-educational interventions for veterans' families, and exercise and mental health. Investigators are in the process of developing a "practice network" with all 43 community-based outpatient clinics (CBOCs) in VISN 16.

Education

At the request of VISN 16 clinical leadership, the South Central MIRECC has conducted more than six large scale trainings in evidence-based practices (EBPs) for providers, including training in psychosocial rehabilitation, dialectical behavior therapy, and cognitive behavioral therapy. The

Center has explored various approaches to implementing and sustaining EBPs in VA clinical settings, including use of learning collaboratives and a strategy called "facilitation." The Clinical Educator Grant program has produced more than 30 clinical education tools by frontline clinicians. The products are available for free upon request (<http://www.mirecc.va.gov/visn16/>).

Improving Clinical Care

The South Central MIRECC has worked closely with VISN leadership to implement and evaluate three models for providing mental health treatment in primary care (PC) clinics at all 10 medical centers and several CBOCs. To improve access to VA mental health services, the Center is reaching out to "first responders" in rural communities, including the clergy, court system, and community colleges. Persons in these settings are often the first to see returning veterans, and many are not prepared to address mental health or substance abuse problems.

Research Training

The South Central MIRECC has a two (2) two-year postdoctoral research fellowship programs for physicians and psychologists in Houston and Little Rock. In addition, the Training Residents in Psychiatry Scholarship (TRIPS) is designed to attract psychiatrists (PGY-II residents) to a research career in the VA. The Center periodically holds grant writing workshops to train others in successful grant writing techniques.

Selected Studies and Projects

- *Facilitating Implementation of Cognitive Behavioral Therapy (CBT) in Primary Care and Community-Based Clinics*. This pilot study examined the effect of facilitation on implementation of brief CBT in primary care and community outpatient clinics and found a 19% increase in CBT use by therapists receiving facilitation.
- *Telemedicine Enhanced Antidepressant Management (TEAM)*. This study evaluated a *telemedicine-based* collaborative care model adapted for small rural VA community clinics without on-site psychiatrists. Compared to treatment as usual, telemedicine-based collaborative care significantly improved medication adherence, depression severity, health status, health related quality of life, and satisfaction with care.
- *Preventing Aggression in Veterans with Dementia (PAVeD)*. This study developed a psychosocial intervention that improves caregivers' recognition of pain, communication skills, and activity-planning to decrease aggression in persons with dementia who have pain.

Selected Publications

- Dubbett PM, Morey MIC, Kirchner KA, Meydrech EF, Grothe K. 2008. Counseling for home-based walking and strength exercise in older primary care patients. *Archives of Internal Medicine*, 168(9):979-986.
- Fortney JC, Pyne JM, Smith JL, Curran GM, Otero JM, Enderle MA, McDougall S. 2009. Steps for implementing collaborative care programs for depression. *Popul Health Manag*, 12:69-79.
- Kirchner JE, Owen RR, Dockter N, Kramer TL, Henderson K, Armitage T, Allee E. 2008. Equity in veterans' mental health care: Veterans Affairs medical center clinics vs. community-based outpatient clinics. *American Journal of Medical Quality* 23(2):128-135.
- Sherman MD, Blevins D, Kirchner J, Ridener LC, Jackson T. 2008. Key factors involved in engaging significant others in the treatment of Vietnam veterans with PTSD. *Professional Psychology: Research and Practice*, 39(4):443-45.
- Stanley MA, Wilson NL, Novy DM, Rhoades HM, Wagener PD, Greisinger AJ, Cully JA, Kunik ME. 2009. Cognitive behavior therapy for generalized anxiety disorder among older adults in primary care: A randomized clinical trial. *JAMA*, 301(14):1460-7.
- Sullivan G, Blevins D, Kauth MR. 2008. Translating clinical training into practice in complex mental health systems: Toward opening the "Black Box" of implementation. *Implementation Science*, 3:33.

Leadership

Director – Greer Sullivan, MD, MSPH
Co-Director and Associate Director for Education – Michael R. Kauth, PhD
Associate Director for Research – John Fortney, PhD
Associate Director for Improving Clinical Care – Kim Arlinghaus, MD
Associate Director for Research Training – Mark Kunik, MD

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