



VA Capitol Healthcare Network MIRECC (VISN 5) Mental Illness Research, Education and Clinical Center

Overview

The Department of Veterans Affairs' long-standing commitment to veterans with schizophrenia and other serious mental illnesses (SMI) was expanded in 1999 with the creation of the VISN 5 Mental Illness Research, Education and Clinical Center (MIRECC). The center is based at the Baltimore Division of the Veterans Affairs Maryland Health Care System (VAMHCS) with active research, educational and clinical program links across all VISN 5 facilities.

About Schizophrenia

Schizophrenia is a serious and chronic mental illness characterized by symptoms such as hallucinations, delusions, disorganized thoughts and speech, disorganized or catatonic behavior, and negative symptoms such as apathy. Schizophrenia is also frequently associated with ongoing social, occupational and cognitive deficits and poor quality of life. Schizophrenia has a lifetime prevalence of nearly 1%. Treatment of schizophrenia accounts for about 2.5% of all U.S. health care costs and for about 10% of all totally, permanently disabled persons and perhaps 20% of the homeless in the United States.

Mission

The primary mission of the VISN 5 MIRECC is to improve the care of all veterans with schizophrenia and other SMI within the VISN, and ultimately, within the entire VA system and in the community at-large. This goal is achieved by: a) generating new research data, b) conducting educational programs, c) developing new clinical programs, and d) evaluating the cost of new programs and systems of care. We view the link between research, education, and clinical service as a continuum with an ongoing feedback loop, in which research leads to new educational curricula, which are then translated into new and more effective clinical interventions; at the same time, clinical and educational activities generate ideas for new research.

Research

The Research Program, in keeping with the overall mission of the VISN 5 MIRECC to improve the quality and cost-effectiveness of services for veterans with schizophrenia and their families, emphasizes research that promotes the translation of research findings into evidence-based practice. The VISN 5 MIRECC focuses primarily on six topic areas within schizophrenia: substance abuse; psychopharmacology; rehabilitation; health behaviors and medical comorbidity; recovery-oriented and family services; health services research. These cores are tightly integrated so that knowledge gained in one domain can be quickly applied to the others.

Clinical and Education

The Clinical and Education Cores of the MIRECC play an integral and coordinated role in contributing to our ultimate goal of improving the care of veterans with serious mental illness. They include a multi-faceted program of training, technical assistance and consultation, clinical program development, evaluation and needs assessment, and information dissemination. The overlapping goals of these two Cores are to:

- 1) Provide education, resources, and support to veterans living with schizophrenia, and their families and caregivers.
- 2) Develop and coordinate opportunities for education and training of VA-based clinicians, researchers, trainees and policy makers who work with SMI veterans and their families.

- 3) Provide technical assistance and consultation to VA administrators and clinical staff.
- 4) Conduct needs assessments to generate ideas for clinical, research & educational programs.
- 5) Develop, implement, support and evaluate demonstration projects and other innovative clinical services.
- 6) Disseminate MIRECC generated findings and products to the VA and non-VA Community.
- 7) Establish the VISN 5 MIRECC as a regional and national resource for information, education, materials and technical assistance in the area of schizophrenia.

Selected Studies and Projects

- Cognition in Schizophrenia Patients With and Without Diabetes: The goal of this project is to assess whether diabetes worsens cognitive impairment in schizophrenia through neuropsychological, clinical, functional, and metabolic examination of matched samples of schizophrenia/diabetes patients, schizophrenia only patients, and diabetes only patients.
- Bipolar & Schizophrenia Consortium for Parsing Endophenotypes: Five-center grant that will collect a comprehensive battery of psychosis endophenotypes and DNA sample in 500 schizophrenia and 500 bipolar disorder I (with psychosis) families and healthy control group.
- Behavioral Treatment for Substance Abuse in Serious and Persistent Mental Illness: This study examines a new behavioral treatment for substance abuse in people with severe mental disorder: Behavioral Treatment for Substance Abuse in SPMI (BTSAS). Thus far, BTSAS is more effective than a supportive comparison treatment in percent clean urines, staying in treatment, and session attendance. BTSAS also had significant effects on community functioning.
- The effectiveness of FMPO in Improving the Quality of Care for Persons with SMI: Caregiver involvement in mental health care is not the norm even though it can be helpful to veterans with severe mental illness (SMI). We have developed and are studying a new, family-engagement approach called Family Member Provider Outreach (FMPO).

Selected Publications

- Bellack, A.S., Bennett, M.E., Gearon, J.S., Brown, C.H., & Yang, Y. (2006). A randomized clinical trial of a new behavioral treatment for drug abuse in people with severe and persistent mental illness. *Archives of General Psychiatry*, 63, 426-432.
- Buchanan, R.W., Conley, R.R., Dickinson, D., Ball, M.P., Feldman, S., Gold, J.M., McMahon, R.P. (2008). Galantamine for the treatment of cognitive impairments in patients with schizophrenia. *American Journal of Psychiatry*, 165(1), 82-89.
- Dickinson, D., & Gold, J.M. (2008). Less unique variance than meets the eye: Overlap among traditional neuropsychological dimensions in schizophrenia. *Schizophrenia Bulletin*, 34(3), 423-434.
- Kreyenbuhl J, Medoff DR, Seliger SL, Dixon LB. Use of medications to reduce cardiovascular risk among individuals with psychotic disorders and Type 2 diabetes. *Schizophrenia Research* 2008; 101: 256-265.

Leadership

Director – Alan S. Bellack, PhD, ABPP
Associate Research Director – Lisa B. Dixon, MD, MPH
Associate Education Director – Paul Ruskin, MD
Associate Clinical Director – Richard Goldberg, PhD
MIRECC Coordinator – Wendy Tenhula, PhD
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