



New MIRECCs Address Critical Needs for Veterans

In early 2004, the VA Central Office requested applications for new Mental Illness Research, Education, and Clinical Centers (MIRECCs). MIRECCs are Network-wide centers devoted to developing new knowledge about mental illness and its treatment and then quickly bringing that new knowledge to routine clinical practice. Seven Networks submitted proposals addressing a wide range of mental health topics. After extensive review, Central Office announced the funding of two new MIRECCs in VISN 6 and VISN 19. Both MIRECCs address critical areas of need for veteran health care. Below is a description of the two MIRECCs and their goals.

Mid-Atlantic (VISN 6) MIRECC: Enhancing the Mental Health of Post-Deployment Veterans

by Katherine H. Taber, PhD & Robin A. Hurley, MD

The goal of the VISN 6 Mid-Atlantic MIRECC, directed by Gregory McCarthy, PhD, is the establishment of a translational medicine center targeting clinical assessment and treatment of post-deployment mental illness, with an emphasis on early detection and prevention. The population served includes veterans of the Vietnam and Gulf wars as well as Operation Enduring Freedom and Operation Iraqi Freedom (OEF/OIF). The unique geography of VISN 6, which includes numerous military bases and programs, provides many opportunities for joint VA/DoD projects. Womack Army Medical Center is a full and active partner, a collaboration that will allow the MIRECC to follow combat veterans and their families into the VA system.

The heart of the Clinical Care component, directed by Harold Kudler, MD, is promoting use of the Clinical Practice Guidelines (CPG) for management of posttraumatic stress. The CPG will be the backbone of a new, highly integrated system of post-deployment clinical care that will drive the Research and Education components of the MIRECC. These, in turn, will be the testing ground for the next generation of post-deployment health services. Early detection and treatment of post-deployment mental illnesses is essential. The MIRECC is collaborating with area military bases and veteran organizations to facilitate outreach efforts. A new outreach program is being implemented on military bases to meet the needs of men and women at the point of separation from the service. Opportunities for cross-training are being created such that the reserve unit mental health care providers get more traditional mental health background and VA providers get a better sense of how patients present in the field.

The Research component will utilize state-of-the-art genetic, neurocognitive, and neuroimaging assessments to identify characteristics that differentiate individuals who develop post-deployment mental illnesses from those who do not. In addition, novel behavioral and pharmacological interventions will be developed and their efficacy assessed. The Neurosci-

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Rocky Mountain (VISN 19) MIRECC: Preventing Suicide

by Janet Kemp RN, PhD

The focus of the new VISN 19 MIRECC, directed by Lawrence E. Adler, MD, is suicidology. This MIRECC will lead efforts in the VA to develop effective educational and treatment strategies for suicide prevention.

Suicide among veterans is influenced by a number of risk factors, some of which are related to military service and other traumatic life events. Other risks include mental illnesses such as depression and substance abuse. Current epidemiological models point to psychiatric illness as the single most significant, potentially modifiable factor associated with suicide. Although the VA has several ongoing programs to reduce the risk of suicide, the suicide rate among veterans remains significant. Because VA mental health care already makes good use of existing treatment modalities, lowering suicide rates further requires new approaches, including new pharmacotherapies, new psychotherapies, and new techniques to monitor the neurobiological mechanisms of treatment response. VA research in schizophrenia and other major mental disorders provides one model. Investigators in these areas have developed promising strategies for such incremental improvements. The VISN 19 MIRECC will lead efforts to adapt this model to suicidal behaviors. More effective assessment and treatment of suicidal behavior may ultimately lower the stigma of mental illness and increase veterans' willingness to access treatment.

Suicide patients have traditionally been viewed as a research risk. First, the risk of an adverse outcome that would lead to closure of a study by an Institutional Review Board (IRB) or other regulatory body is increased in suicidal patients. Second, most suicidal individuals have multiple problems (e.g., bipolar disorder, alcoholism, and PTSD) that complicate the causal picture. Third, suicide itself is rare and unpredictable, so that it is dif-

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Post-Deployment Veterans *(Continued from page 1)*

ence core will employ animal models of post traumatic stress disorder (PTSD) based on fear conditioning, potentiated startle, and learned helplessness to more fully explore and understand the underlying pathophysiology. The Neurocognitive core is coordinating a prospective study of the effects of traumatic brain injury on the initial severity, treatment response, and outcome of PTSD in returning OEF/OIF veterans. These research data (both at initial intake and follow up) will be used to inform and educate VA and non-VA staff regarding diagnosis and treatment issues. For example, how OEF/OIF is different from Vietnam or Gulf War PTSD, how to tailor PTSD treatment for this cohort, how traumatic brain injury can compound treatment of PTSD, and cognitive rehabilitation techniques to treat the traumatic brain injury for those with PTSD. This effort involves collaborating VA personnel from sites across VISN 6 (Richmond, Fayetteville, Salisbury, Durham) as well as DoD personnel from the Defense and Veterans Brain Injury Center at Walter Reed Army Medical Center.

The Education component, directed by Robin Hurley, MD, will help translate research advances into clinical care of the



The sorrow of leaving, the struggles of war, and the joy of returning home.
Photos from US Department of Defense, Photo Collage by Louise Mahoney

post-deployment veteran. A working group drawn from throughout VISN 6 incorporating all mental health disciplines will assure that the latest knowledge in the field is made readily available to healthcare personnel as well as to patients, families, and community leaders. A major clinical education project has been initiated in collaboration with the Clinical Care component to identify, assemble, organize, and make

National MIRECC Conference in New Orleans

The national MIRECC conference on “Risk, Rehabilitation, and Recovery: Treating Mental Illness in the VA” will be held June 6-8 in New Orleans. This conference presents new research and demonstration projects related to suicidal behavior, post-deployment mental health and PTSD, and hard-to-reach populations. Conference co-sponsors include American Association of Suicidology, American Foundation for Suicide Prevention, Mental Health QUERI (SP), National Alliance for the Mentally Ill, National Centers for PTSD, Readjustment Counseling Service (Vet Centers), and the United States Army.

accessible to veterans all the contact information they may have need of related to post deployment issues. The pilot project is being conducted at Salisbury. Resources already gathered by the OEF/OIF point-of-contact will be extended based upon patient, family, and healthcare provider feedback. Once these materials are considered complete, a template will be created that will facilitate gathering of the equivalent information for every VISN 6 site. One focus of the Education component is medical informatics research using advanced information design techniques that allow fusion of basic and clinical science into enduring educational materials. The Education component will also provide ongoing advanced clinical training by a variety of methods including electronic newsletters, a website, lectures, clinical case conferences, visiting electives for staff and trainees, and post-doctoral training. Training will also be created specifically for the pastoral/clergy population within VISN 6 in collaboration with the National Chaplain Center and Clinical Pastoral Counseling program that focuses on care of citizen-soldiers and their families during and after deployment.

The Services Evaluation and Effectiveness component, directed by Marian Butterfield, MD, MPH, will evaluate the success of the other components, thus closing the loop between research and clinical practice. In addition, innovative translational and health services research focused on post-deployment mental health is planned that will optimize treatment effectiveness while providing information to policy makers on how to improve mental health services. ♦

Preventing Suicide *(Continued from page 1)*

difficult to achieve sufficient statistical power to conclude anything substantial about suicidal behavior. Nevertheless, suicide is the “canary in the coal mine” for mental health researchers. As long as suicides continue, these deaths remain solemn testimonial to the significant limitations of our collective ability to deliver adequate care to veterans.

Robert Freedman, MD, is the Scientific Director of the VISN 19 MIRECC and leads a team of funded investigators conducting ongoing research in areas such as the development

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Preventing Suicide (Continued from page 2)

of two new drug strategies for schizophrenia, a new psychotherapeutic strategy for bipolar disorder, and collaborative studies for improved therapeutic strategies for alcohol dependence. The collaboration between Denver and Salt Lake City is responsible for the identification of one of the molecular mechanisms of psychosis, a deficit in the expression of the $\alpha 7$ -nicotinic receptor. A major clinical research thrust of the VISN 19 MIRECC is to exploit the therapeutic possibilities of this disease mechanism, through the introduction of two new pharmacological approaches to the mechanism and through monitoring its role in the effectiveness of existing therapeutics, such as clozapine.

Health services research is an integral part of this new MIRECC. VISN 19 is a center for health services research on the effectiveness of cardiac medicine and cardiovascular surgery. This work, with its dual emphasis on population-wide risk factors, is the model for the VISN 19 MIRECC's approach to the assessment of its efforts to improve the treatment of mental illnesses that underlie suicide.

In addition to the scientific infrastructure, the VISN 19 MIRECC has a solid clinical infrastructure. The clinical aim of the VISN 19 MIRECC is to provide two types of clinical services: outreach and intensive clinical treatment for suicidal veterans. The clinical outreach over the 9 state region that comprises VISN 19 is directed at several levels: (1) population wide through the media and veterans' service organization to all recent veterans in the region and their families, (2) service-wide to all military installations charged with discharge of veterans, (3) profession-wide to all psychiatrists, psychologists, nurses, social workers, and physicians through their professional societies to let them know of the VA's special interest in suicidal veterans, and (4) VISN 19 system-wide to let all VA health care providers know the referral procedure for suicidal veterans. The outreach will attempt to lower treatment barriers by making the referral process simple and direct and by de-stigmatizing the reasons for veterans to seek treatment. The mission of the Clinical Team, led by Jay Griffith, MD, will be to provide treatment for the suicidal veteran. The team will provide consultation services and direct patient care through the establishment of an Intensive Treatment Service. Treatment will be based on established protocols and driven by research findings.

Educational efforts of the MIRECC, lead by Jan Kemp, RN, PhD, will build on its ongoing program of post residency and postdoctoral research education. Morton Silverman, MD, a nationally recognized suicidologist, is providing consultation on educational efforts of the MIRECC. Educational programs have been developed for VISN 19 primary care and mental health providers in the area of suicide risk awareness and treatment. The first program was held in May for Eastern Colorado Health Care System Mental Health providers. Collaborative projects with the NIH/NIMH Suicide Prevention Centers and the American Association of Suicidology are under development.

The VISN 19 MIRECC has brought together accomplished VA researchers and clinicians in a combined research, education, and clinical center. The MIRECC is poised to be a major contributor to the VA priority to develop new treatments that will significantly reduce the burden of mental illness and concomitant suicidal behavior. ♦

EDUCATION ACTIVITIES	
VISN 1 June 17, 2005 Ongoing	Successful Work with Diverse Veterans: More Than Just a Vision Bedford VA Medical Center Educational Website for Veterans & VA Staff www.veteranrecovery.org Contact: Marcie.Hebert@med.va.gov
VISN 3 July 2005	Suicide Prevention Training Hudson Valley HCS Contact: Bruce.Levine@med.va.gov
VISN 4 September 16, 2005	3rd Annual PADRECC/MIRECC Symposium on Neurodegenerative Diseases: The Interface of Psychiatry and Neurology Philadelphia, PA Contact: ruckdesc@mail.med.upenn.edu
VISN 5 May 16, 2005	Understanding and Treating PTSD in Women Baltimore, Maryland Contact: Kim.Gordley@med.va.gov
VISN 6 April 19-21 July 18-22	Mental Health Service Line Subcouncil Conference Salisbury, NC Combat Stress Control Training Durham, NC Contact: Katherine.Taber@med.va.gov
VISN 16 Ongoing 2005	Monthly Web-based Conference Series Third Thursdays at noon, CT Contact: Michael.Kauth@med.va.gov
VISN 19 May 23-24, 2005 June-September, 2005	Suicide Risk Assessment & Intervention Update Workshop Denver, CO Suicide Workshop at all VISN 19 sites Contact: Jan.Kemp@med.va.gov
VISN 20 October 2005—June 2006	"MIRECC Presents," a bi-weekly V-Tel Conference on a range of mental health topics Contact: Shannon.squire@med.va.gov
VISN 21 TBA	Combat Stress in Veterans Returning from Iraq and Afghanistan Contact: Jennifer.Gregg@med.va.gov
VISN 22 Ongoing March—August 2005	Recovery & Rehabilitation Online lectures on topics & programs relevant to the NFC Report/VA Action Agenda, www.mirecc.org Lunch & Learn 2nd & 4th Thursdays at noon Video presentations on recovery and rehab. Contact: Louise.Mahoney@med.va.gov

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NATIONWIDE MIRECCs

VISN 1

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(203) 932-5711 x7401
West Haven, Connecticut
<http://www.mirecc.org/other-mireccs/visn1/visn1.html>

Improve care for veterans with mental illness and substance dependence

VISN 16

Greer Sullivan, M.D., M.S.P.H., Director
(501) 257-1712

North Little Rock, Arkansas
<http://www.va.gov/scmirecc/>

Close the gap between mental health research and clinical practice

VISN 3

Larry Siever, M.D., Director
(718) 584-9000 x3704

Bronx, New York
<http://www.va.gov/visns/visn03/mirecc.asp>

Investigate causes and treatments of serious mental illness

VISN 19

Lawrence E. Adler, M.D., Director
(303) 303-8020 x2832

Denver, Colorado

Improve care for suicidal veterans through integration of research, education and clinical practice

VISN 4

Ira Katz, M.D., Ph.D., Director
(215) 349-8226

Philadelphia, Pennsylvania
<http://www.va.gov/visn4mirecc>

Advance care for veterans with concurrent physical, mental and/or substance use disorder

VISN 20

Murray A. Raskind, M.D., Director
(206) 768-5375

Seattle, Washington

<http://www.mirecc.org/other-mireccs/Visn20/visn-20.html>

Investigate the genetics, neurobiology and treatment of schizophrenia, PTSD and dementia

VISN 5

Alan S. Bellack, Ph.D., ABPP, Director
(410) 605-7451

Baltimore, Maryland
<http://www.va.gov/visn5mirecc>

Improve care for veterans with schizophrenia and for their families

VISN 21

Jerome Yesavage, M.D., Director
(650) 852-3287

Palo Alto, California

<http://mirecc.stanford.edu>

MIRECC Fellowship Hub Site

Individualize treatments for veterans with PTSD or with Alzheimer's Disease

VISN 6

Gregory McCarthy, Ph.D., Director
(919) 681-9803

Durham, North Carolina

Create a translational medicine center for the clinical assessment and treatment of post-deployment mental illness

VISN 22

Stephen R. Marder, M.D., Director
(310) 268-3647

Los Angeles, California

<http://www.mirecc.org>

Improve functional outcomes of veterans with psychotic disorders

Visit our website at www.mirecc.med.va.gov



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