



MIRECCs: “Achieving the Promise”

“We envision a future when everyone with a mental illness will recover, a future when mental illnesses can be prevented or cured, a future when mental illnesses are detected early, and a future when everyone with a mental illness at any stage of life has access to effective treatment and supports—essential for living, working, learning, and participating fully in the community.” President’s New Freedom Commission (NFC) on Mental Health, 2003



PRESIDENT'S NEW FREEDOM COMMISSION ON MENTAL HEALTH

In July 2003, the President’s New Freedom Commission on Mental Health (NFC) issued its report: *Achieving the Promise: Transforming Mental Health Care in America*. The Commission described a new 21st century mental health care system and identified six goals as the foundation for this transformation.

The Veterans Health Administration (VHA) and the Department of Veterans Affairs (VA) responded with an *Action Agenda* in December 2003, endorsing all six Commission goals. The VA noted that its mental health workloads have increased by 35% since 1995. Veterans with mental illness now represent 21% of veterans cared for by the VA.

The *Action Agenda* identifies the Mental Illness Research, Education and Clinical Centers (MIRECCs) as integral to achieving the Commission goals. The MIRECCs are charged by Congress to develop new knowledge about mental illness and its effective treatment and to quickly integrate that knowledge into routine clinical practice. Below is a brief selection of MIRECC activities that address the Commission goals.

Goal 1. Americans understand that mental health is essential to overall health

The first goal of the NFC report and *Action Agenda* targets the importance of mental health in overall health. Several MIRECCs have implemented programs to integrate mental health and primary care services to address both psychiatric and medical concerns of veterans. Multiple research projects are investigating how veterans obtain rehabilitation and primary care services, which may help eliminate disparities in access to treatment. Some MIRECCs are evaluating psychosocial rehabilitation/disease management models to improve health and overall functioning

of seriously mentally ill patients, and others are assessing the quality of medical care received by these veterans. A collaborative study involving the MIRECC, the VA HSR&D Centers of Excellence, and the QUERI is assessing a collaborative care model for treatment of depression in primary care clinics to facilitate treatment of depression and improve outcomes. Some MIRECCs are also addressing psychiatric and medical care in long-term care settings. For example, researchers are validating the Minimum Data Set (MDS) III in VA nursing homes and are conducting studies of psychological and pharmacotherapy interventions to improve outcomes for nursing home residents.

Another aim of Goal 1 is to address the serious problem of suicide. Several MIRECCs have developed and implemented suicide prevention programs for VA patients, family, staff, and the community. In 2004, a new MIRECC was funded with the specific goal of examining suicidality and improving suicide prevention.

Goal 1 also focuses on reducing stigma associated with seeking mental health care. An exemplary anti-stigma program, “Us vs. Them,” was developed by one MIRECC to challenge common stereotypes about mental illness. This program was broadcast VISN-wide and is also available at www.va.gov/scmirecc/.

Goal 2. Mental health care is consumer and family driven

Goal 2 highlights the central role of the consumer and family in mental health policy, service delivery, research, and education. Several MIRECCs specifically have furthered the veteran and families’ participation in the veterans’ care by facilitating the creation of consumer advisory boards and councils to address local and regional mental health needs.

The MIRECCs have established and extended collaborative efforts with existing service delivery systems both internal and external to the VA to better serve the needs of veterans and their families. For example, MIRECCs have partnered with Geriatric Research, Education and Clinical Centers (GRECC), Parkinsons’ Disease Research, Education and Clinical Centers (PADRECC), Primary Care, and other clinical programs to improve educational and

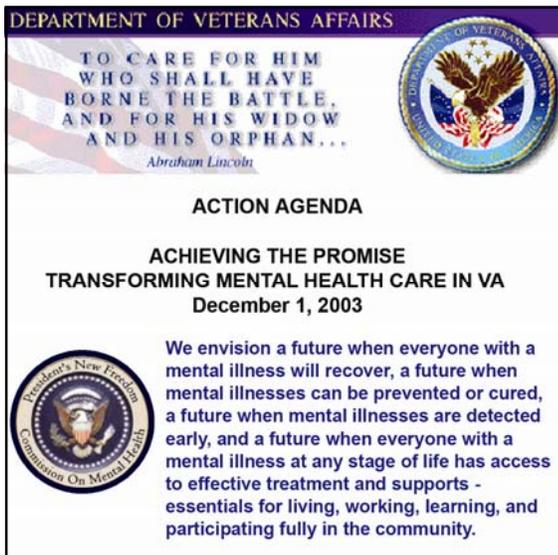
Inside this issue:

<i>Achieving the Promise, cont’d.</i>	2
<i>MIRECCs Target Suicidality</i>	3
<i>Education Activities</i>	3
<i>Nationwide MIRECCs</i>	4
<i>Editorial Board</i>	4

Achieving the Promise (Continued from page 1)

clinical services. In the larger community, MIRECCs have joined efforts with organizations such as NAMI to reach out to veterans with mental illness and their families.

Researchers from many of the MIRECCs are investigating innovative psycho-educational approaches and service delivery interventions that target veterans and their families. One MIRECC is evaluating the effectiveness of an internet-based family therapy for persons with schizophrenia, while another MIRECC is assessing and evaluating programs and interventions that address the needs of veterans receiving VA and non-VA services.



Reproduction of the cover page from the VA Action Agenda Report

Veterans and their caregivers are actively participating in a variety of research efforts to evaluate innovative psycho-educational approaches and the delivery of services. One MIRECC is evaluating the use of telehealth to provide mental health services beyond the confines of traditional care settings. MIRECCs have also created a number of educational materials that are resources for consumers in various modalities such as printed patient education materials, videotapes, CDs, DVDs, and interactive web-based programs.

Goal 3. Disparities in mental health service are eliminated

This goal addresses disparities in mental health treatment, particularly for those who are typically under-represented in research and treatment development. The needs of women veterans have been a significant focus. One MIRECC is examining the treatment needs and outcomes of women veterans in a transitional housing program, another is providing self-defense training for women veterans who have experienced sexual trauma, while another MIRECC holds an annual regional conference for treatment providers on issues related to women with mental illness.

Other approaches that some MIRECCs have taken to eliminate disparities in mental health treatment include

conducting a multicultural training day for VA staff with roundtable discussions on racial disparities, spirituality, sexual identity/orientation, and gender issues. One MIRECC developed a cross-cultural evaluation, and another held a regional conference on racial disparities in mental health care.

The MIRECCs have also addressed disparities for other underserved veteran groups. Three innovative MIRECC studies of homeless veterans treated in non-VA systems have shown that homeless veterans, a traditionally underserved population, have more potential for rehabilitation than do non-veteran homeless men and women and, therefore, should receive aggressive rehabilitation services. Among other findings, these studies demonstrated that proximity to VA services is the strongest factor determining whether homeless veterans use VA services, suggesting that outreach to underserved communities is crucial for this population. Other MIRECC projects in this area include a peer support intervention for individuals at high risk for incarceration or hospitalization, as well as substance abuse treatment and telemedicine in rural settings.

Goal 4. Early mental health screening, assessment, and referral to service are common practice

This goal focuses on early detection and treatment for mental illness and substance use disorders in a range of care settings, including primary care. Towards this goal, MIRECCs have developed and distributed PTSD screening tools for primary care clinics. Web-based training programs have been developed to train providers to screen for early dementia. Screening for problem gambling, an under-recognized issue in the veteran population, has also been initiated.

MIRECCs have played a key role in the development of a Mental Health Assessment and Referral Clinic to assess veterans within one day after referral for mental health treatment, dramatically shortening waiting times. Another MIRECC developed a Behavioral Health Laboratory to provide follow-up assessment and referral for patients who screen positive for depression in Primary Care and assist primary care providers in treatment planning. Several MIRECCs assisted in the development of a metabolic monitoring clinical reminder system that promotes early detection of problems related to antipsychotic usage.

Goal 5. Excellent mental health care is delivered and research is accelerated

The 5th Commission recommendation is about accelerating research endeavors that focus on prevention, treatment, recovery, and resilience. Important populations include those diagnosed with PTSD, depression, schizophrenia, post-deployment veterans, and the elderly. This goal is, in fact, the *raison d'être* of the MIRECCs, which span research from basic biological science to the implementation and evaluation of best clinical practices, as well as the development of new treatments. The MIRECCs are on the cutting edge of genetic research in mental health and

(Continued on page 3)



New MIRECCs Target Suicidality and Post-Deployment Adjustment

On September 3, 2004, VA Central Office announced funding of new MIRECCs in VISN 6 and VISN 19. This announcement followed a competitive application process and review. The VISN 6 MIRECC focuses on post-deployment mental illness and adjustment. Director Gregory McCarthy, Ph.D., is located in Durham, NC. The VISN 19 MIRECC focuses on suicidality and suicide prevention. Director Lawrence Adler, M.D., is located in Denver, CO. Watch this newsletter for more information about these MIRECCs, or go to www.mirecc.med.va.gov. ♦

Achieving the Promise *(Continued from page 2)*

illness. MIRECCs are employing genotyping to evaluate endophenotypes in schizophrenia, bank genetic material, examine genotypes for vulnerability factors (in schizophrenia, PTSD, dual diagnosis, Alzheimer's Disease) or as predictors of treatment response. Multiple MIRECCs are developing new pharmacological treatments and/or augmentation strategies for substance use disorders and dual diagnosis, schizophrenia, and PTSD. Many MIRECCs are also evaluating best practices for psychopharmacological and psychosocial treatments for these respective disorders.

Special mention is reserved for the MIRECC discovery of the utility of prazosin (Minipress) for the treatment of nightmares and hyperarousal symptoms associated with PTSD. All MIRECCs have worked to disseminate this particular finding which suggests a promising, inexpensive, and effective treatment for a chronic and very troubling symptom of PTSD.

Goal 6. Technology is used to access mental health care and information

The final goal focuses on using technology to provide mental health care and to enhance access to information. Since its inception, MIRECCs have used a variety of technologies to enhance timely distribution of information and to improve mental health care for veterans. Websites have promoted the dissemination of information and sharing of resources. The national MIRECC website, www.mirecc.med.va.gov, is a clearing house for information about the ten MIRECCs. Video teleconferencing has been used to spread information about best practices to providers and to offer expert consultations on complex patients. Video presentations captured from CME conferences and workshops are also available on MIRECC web sites for clinicians to view at their convenience (mirecc.stanford.edu & www.mirecc.org).

MIRECCs have developed interactive web-based sites to assist veterans with such issues as applying for housing, smoking cessation, and pain management. Three videotapes on treatment of PTSD from a MIRECC conference were broadcast nationally on the VA Knowledge Network. Trials of computer-based training for cognitive behavioral therapy in the areas of substance abuse and depression are underway. Web-based programs to provide in-home mental health

information and support for veterans and their caregivers are being developed and tested. Some MIRECCs are now evaluating telemedicine strategies to monitor patients post-discharge from treatment for substance abuse, depression, and PTSD.

The MIRECCS have also developed the Medical Informatics Network Tool (MINT), a system that supports collaborative care for persons with schizophrenia, and are contributing to the informatics applications for *HealthVet*, a supportive collaborative care system for patients with chronic mental illness.

In summary, the MIRECCs have made significant progress meeting the essential goals for VA mental health care in the 21st Century as outlined in the NFC and Action Agenda. The MIRECCs exemplify the integration of research, education and clinical service and will continue to promote excellence in mental health care for veterans. ♦

EDUCATION ACTIVITIES

VISN 1 April 11-13, 2005	Veteran-Centered Care and VA: Discovering Today's Possibilities & Prospects for the Future Contact: Robert.Rosenheck@med.va.gov
VISN 3 April 2005	Dialectical Behavioral Therapy Training NY Harbor VA, Manhattan Contact: Bruce.Levine@med.va.gov or Marianne.Goodman@med.va.gov
VISN 4 January - March 2005 January 21 2005	Motivational Interviewing Half-Day Workshop All 10 medical centers in VISN 4 Contact: ruckdesc@mail.med.upenn.edu Grand Rounds Pittsburgh, PA Contact: sara.salmon-cox@med.va.gov
VISN 5 May 16, 2005	Understanding and Treating PTSD in Women Sheraton Inner Harbor Hotel, Baltimore, Maryland Contact: Paul.Ruskin@med.va.gov
VISN 16 Ongoing 2004-2005	Monthly Web-based Conference Series Third Thursdays at noon, CT Contact: Michael.Kauth@med.va.gov
VISN 20 December 2004-June 2005 April 8, 2005	"MIRECC Presents," a bi-weekly V-Tel Conference on a range of mental health topics PTSD and Families: Paths Toward Healing (for veterans and their families) Portland, OR Contact: Shannon.squire@med.va.gov
VISN 21 Spring 2005 TBA	PTSD & Health Care: Primary Issues & Needs of the Veteran VA Palo Alto Health Care System Contact: Jennifer.Gregg@med.va.gov 6th Annual Updates in Dementia: Translating Research into Practice Contact: rosena@stanford.edu
VISN 22 Ongoing	The NFC Report and Action Agenda: Reaching the Goals Lectures on topics & programs relevant to the NFC Report/VA Action Agenda, highlighting interventions designed to achieve the promise www.mirecc.org/conferences/rehab-and-recovery/Rehab-and-recovery.html or Contact: Louise.Mahoney@med.va.gov

Editorial Board

Senior Editor

Michael R. Kauth, Ph.D. (VISN 16)

Associate Editors

Bruce Levine, M.D. (VISN 3)
 Katy Ruckdeschel, Ph.D. (VISN 4)
 Ruth Ann Tsukuda, MPH (VISN 20)
 Robyn Walsler, Ph.D. (VISN 21)
 Sonia Ancoli-Israel, Ph.D. (VISN 22)
 Louise Mahoney, M.S. (VISN 22)

Consultants

Mark E. Shelhorse, M.D.
 Acting Chief Consultant, Mental Health Strategic
 Healthcare Group
 Thomas Horvath, M.D.
 Coordinator, Science Advisor,
 Mental Health Strategic Health Care Group
 Jim Williams, MPA
 Central Office Liaison for the MIRECC

National MIRECC Education Group

Bruce Rounsaville, M.D. (VISN 1)
 Marcie Hebert, Psy.D. (VISN 1)
 Bruce Levine, M.D. (VISN 3)
 Dennis C. Daley, Ph.D. (VISN 4)
 Laura McNicholas, M.D., Ph.D. (VISN 4)
 Katy Ruckdeschel, Ph.D. (VISN 4)
 Cynthia Clark, R.N. (VISN 5)
 Paul Ruskin, M.D. (VISN 5)
 Wendy Tenhula, Ph.D. (VISN 5)
 Shannon Thomas-Lohrman, M.S. (VISN 5)
 Robin Hurley, M.D. (VISN 6)
 Katherine Taber, Ph.D. (VISN 6)
 Michael R. Kauth, Ph.D. (VISN 16)
 Allen Thomas, Ph.D. (VISN 16)
 Jan Kemp, PhD, RN (VISN 19)
 James K. Boehnlein, M.D. (VISN 20)
 Ruth Ann Tsukuda, MPH (VISN 20)
 Allyson Rosen, Ph.D. (VISN 21)
 Dolores Gallagher-Thompson, Ph.D. (VISN 21)
 Jennifer Gregg, Ph.D. (VISN 21)
 Fred Gusman, MSW (VISN 21)
 Josef Ruzek, Ph.D. (VISN 21)
 Robyn Walsler, Ph.D. (VISN 21)
 Sonia Ancoli-Israel, Ph.D. (VISN 22)
 Laurie Lindamer, Ph.D. (VISN 22)
 Louise Mahoney, M.S. (VISN 22)
 Christopher Reist, M.D. (VISN 22)

NATIONWIDE MIRECCs

VISN 1	VISN 16
Bruce Rounsaville, M.D., Director (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	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	VISN 19
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	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	VISN 20
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	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	VISN 21
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	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	VISN 22
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	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



NATIONAL
MIRECC
 EDUCATION GROUP