In VISN 16, more Veterans return to rural areas than in any other VA network. These Veterans are more likely to seek help from clergy than mental health providers due to greater mental health stigma and access to fewer resources in the community. In 2009, the SC MIRECC, with support from the VA Office of Rural Health, started the VA-Clergy Partnership Project to improve access to mental health care by rural Veterans. After piloting the project in El Dorado, Arkansas, we have expanded this project to faith communities across the state (Pine Bluff, and Russellville) and to Muskogee, Oklahoma. Using a community participatory approach, each site develops a program to engage local Veterans in formal care, including establishing protocols for appropriate mental health referrals from clergy to providers and building networks between local churches, mental health providers, community resources, military support services, and the VA.

Taking Root

The El Dorado pilot site is a large town in southern Arkansas. The program started with an advisory board comprised of local clergy, the El Dorado VA community-based outpatient clinic (CBOC) mental health provider, a National Guard Veteran representative, and a Veteran from the Governor’s office. In 2010, we hosted a training program on issues affecting returning Veterans, including military culture, combat, reintegrating into civilian and family life, mental health disorders, and spirituality. We also discussed collaboration between clergy and mental health providers and available resources from local churches, Veteran service organizations and social service agencies.

Two local pastors took ownership of the program and marshaled support from various community groups and churches to create a faith-based community group named Project SOUTH (Serving Our Units aT Home).
group is divided into five focus areas: prayer, resources, publicity, partnership (adopting service members and their families), and mental health. With support from the local Baptist association, Project SOUTH has held several community events, including working with area churches and volunteers for a breakfast at the armory for troops and a military family banquet to mark the 10-year anniversary of 9/11. Project SOUTH has received local grant funding to sustain the program.

Branching Out

The success of the El Dorado site encouraged us to expand to other rural areas in Arkansas and beyond. We have established sites in Russellville and Pine Bluff and are developing a fourth site in Searcy. Like El Dorado, these towns are home to a VA CBOC.

Russellville, Arkansas

Russellville is a large town in northwest-central Arkansas. During initial discussions in 2010 to expand to the town, we learned about the suicide of a young Veteran in the community. A close family friend of the Veteran mobilized pastors and community leaders to host a suicide prevention workshop and eventually partnered with our program for ongoing support. Approximately 60 participants attended the event and indicated interest in continuing training and networking in the city. However, despite the preexistence of a local ministerial alliance and regular events hosted by our team, interest from clergy waned. We are now focusing on facilitating communication between a few pastors and mental health providers to increase trust and referrals between the groups. This is proving to be an effective, non-threatening way to build relationships. After 18 months, momentum is building and the community is taking ownership of the program.

Pine Bluff, Arkansas

Pine Bluff is a town in central Arkansas. The lead pastor at this site is identifying Veteran members of his congregation who are willing to share their stories to motivate other pastors to join the program. We began working with this site in August 2011.

Muskogee, Oklahoma

The partnership project has also expanded to other areas in VISN 16. In 2011, we started a unique clinical pastoral education program at the Muskogee VA Medical Center. Directed by Chaplain Kenneth Blank, this innovative program offers a 16-week course to local pastors wanting to learn about Veteran-specific care in addition to a traditional clinical pastoral education curriculum. The program is nearing the end of its first year. Our students have hosted additional trainings on Veteran needs in their respective churches and are exploring opportunities to introduce what they have learned to pastoral training programs in the area that prepare rural and minority students for the ministry.

Bearing Fruit

The partnership project has been successful in a number of ways, including increased: 1) awareness of the needs of Veterans and their families among local communities in rural Arkansas; 2) communication and collaboration among mental health providers, the clergy, and community groups; and 3) referrals by project stakeholders to appropriate mental health and community resources.

There have also been obstacles to implementing the partnership project. Primarily, identifying Veterans who need our services is one of our biggest struggles across all sites. We are brainstorming better ways to connect with family members of service members and Veterans so that they understand the abundant resources available to them from the VA and the community. Also, keeping a mental health focus for the project has been challenging. Our continued presence in the project sites will help ensure that treating the invisible wounds and mental health problems resulting from combat are balanced with meeting Veterans spiritual and physical needs. Finally, we have learned to be patient as community-based grass roots programs are unpredictable. Developing a local network like this is labor and time intensive. It has taken 18 months to grow the program in El Dorado and Russellville. One prescribed technique will not work for every site. This project is about empowering each community to create a self-sustaining program that best fits its needs.

Sowing Seeds

As the program continues to grow, we hope to increase the impact of our project in VISN 16 and the mental health research field. We have found an overwhelming need for more access points in the community to link Veterans to needed resources in Arkansas. As a result, we are creating a “navigator” position to connect rural Veterans with existing local resources in the Pine Bluff and Russellville project sites.

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Our work has resulted in several presentations about religion and mental health. In particular, our “the Pew vs. the Couch,” representation was delivered twice to the Arkansas Behavioral Institute and at the 2011 VA National Mental Health Conference. This presentation introduces the history of the tension between the church and mental health profession, discusses the “pew” and the “couch’s” perceptions of religion and mental health, and explores practical ways that therapists can integrate the spiritual histories of their clients into their treatment. The project has also received national attention, prompting the VA Mental Health Chaplaincy program to select Arkansas as the site for its next Bridging Chaplaincy and Mental Health Conference in April 2012, which highlights innovative opportunities for integrating mental health and spiritual care.

For more information about the SC MIRECC VA-Clergy Partnership Project, contact Steve Sullivan at Steve.Sullivan@va.gov.

ATTRIBUTION: ACKNOWLEDGEMENT OF MIRECC RESEARCH SUPPORT/EMPLOYMENT

SC MIRECC researchers and educators have a responsibility to ensure that the SC MIRECC receives proper credit for SC MIRECC-supported studies or projects in articles, presentations, interviews, and other professional activities in which the results of those projects are publicized or recognized. All investigators should credit the SC MIRECC if they receive either direct or indirect support from the SC MIRECC. For example, “This work was supported in part by the VA South Central (VISN 16) Mental Illness Research, Education, and Clinical Center.” If you receive salary support from the SC MIRECC, you should list the SC MIRECC as an affiliation.
MENTAL HEALTH RESOURCES

From the War Zone to the Home Front:
Supporting the Mental Health of Veterans and Families

One in three U.S. service members returning from Iraq or Afghanistan will experience signs of combat stress, depression, PTSD or symptoms of a traumatic brain injury. Only 50% receive their health care through the VA. Other Veterans and their families will seek care in community settings by primary care and community mental health clinicians.

The Red Sox Foundation and Massachusetts General Hospital Home Base Program, in collaboration with the VA National Center for PTSD, is providing this free, CME/CE-certified educational series of 14 one-hour sessions to help you prepare.

Listen and interact with clinical experts who share research, knowledge and experience to help you:

- Diagnose and treat PTSD and TBI with traditional and complimentary evidence-based therapy;
- Recognize and address emotional stresses in spouses, parents, and children of Veterans with PTSD or TBI;
- Support the needs of military families.

This program is intended for primary care and community mental health providers, pediatricians, community health centers, community mental health centers, college and university health professionals, psychiatric nurses, physician assistants, nurse practitioners, social workers, employee assistance programs, clergy and other first responders.

EVENT DETAILS

- **Dates:** Every Thursday at 11:30 AM CT beginning February 23, 2012 through May 24, 2012;
- **Location:** Online; participate in any or all of the 14 sessions, which are also available for on-demand viewing after the live event;
- **Tuition:** Free;
- **Credits:** Up to 1 CME/CE credit per session.

For more information about this education series, visit http://mghcme.org/courses/course-detail/from_the_war_zone_to_the_home_front_supporting_the_mental_health_of_veteran.
SC MIRECC CLINICAL EDUCATION PRODUCTS

The SC MIRECC supports the development of clinical education products. These products are available to mental health providers and consumers via download or by request at no charge. Download the complete catalog at http://www.mirecc.va.gov/VISN16/clinicalEducationProducts.asp.

**After the Dust Settles: Assessing Mild Traumatic Brain Injury in the Combat Veteran**

This 55-minute instructional DVD demonstrates basic techniques to help clinicians recognize a history of combat-related mild traumatic brain injury, assess current symptoms, and provide feedback to the Veteran regarding the assessment results. The mock interview is separated into three chapters and punctuated with teaching moments. This program may be especially helpful to clinicians in rural areas or areas where Veterans may have difficult assessing specialty care for mild brain injury. For a copy of the DVD, contact Sophia Williams at Sophia.Williams@va.gov

**Self Help STOP Worry Manuals: A Tool for Older Veterans**

This clinician guide and self-help workbook provide a user-friendly, guided cognitive behavioral treatment of generalized anxiety disorder for Veterans 60 years of age or older who experience high levels of worry and anxiety. The self-help workbook contains practice exercises and forms to monitor progress. The workbook also includes a CD with instructions for diaphragmatic breathing and progressive muscle relaxation. The workbook may be used independently or as a component of formal treatment.

Clinicians: http://www.mirecc.va.gov/VISN16/docs/STOP_Worry_Clinican_Workbook.pdf


**The Reaching out to Educate and Assist Caring, Healthy Families (REACH) Program: Manual for Multifamily Psychoeducational Groups for PTSD**

The Oklahoma City VA Medical Center’s Family Mental Health Program modified William McFarlane’s multifamily group model, an evidence-based model of family psychoeducation, for a VA setting and for Veterans living with PTSD and their family members. Phase I of the three-phase REACH Program includes four single-family sessions focused on rapport building and goal setting. Phase II consists of six weekly sessions for cohorts of 4-6 Veterans and their families focused on problem-solving, psychoeducation about symptom management, communication, managing symptoms of depression, stress management, and anger/conflict resolution. In Phase III, Veterans/families attend six monthly multi-family groups to support maintenance of gains.


Students: http://www.mirecc.va.gov/MIRECC/VISN16/docs/REACH_Student_Workbook.pdf

**Attention all VA mental health providers!**

Visit the VISN 16 Mental Health Practice, Research and Education Portal (MH PREP) to interact with other mental health providers about de-identified clinical care issues, access educational products and services, and discover the latest continuing education opportunities. The MH PREP is accessible from a VA computer at https://vaww.visn16.portal.va.gov/SiteDirectory/mhp/default.aspx.
CBOC MENTAL HEALTH ROUNDS: SPONSORED BY THE SC MIRECC

Mind-Body-Spiritual Approach to Symptom Management: Mantram Repetition Program

Presenter: Jill Bormann, Ph.D., R.N.

VISN 16 clinicians are invited to attend the next SC MIRECC CBOC Mental Health Rounds on Wednesday, March 14, 2012 from 8:00-9:00 a.m. (CST).

VISN 16 clinicians should visit https://www.tms.va.gov/plateau/user/deeplink_redirect.jsp?linkId=REGISTRATION&scheduleID=1740423 to register.

VANTS: 1-800-767-1750; Access code: 26461#

Use your computer workstation with telephone capability or local site for viewing. You will need to access Live Meeting and dial into the VANTS call for this presentation. The presentation is limited to 250 participants on a first come, first served basis.

For more information, contact Geri Adler, Ph.D. at (713) 794-8660 or Geri.Adler@va.gov

The CBOC Mental Health Rounds: Sponsored by the SC MIRECC is held the second Wednesday of each month from 8:00-9:00 AM (CST). Only VISN 16 clinicians can register for CE credit.