Putting Veterans Perspectives Front and Center: Veterans Mental Health Councils

This month we are excited to share an interview with Dr. Peggy Henderson, the national VA Point of Contact for Veterans Mental Health Councils (VMHCs), who gives us insight into how the councils help Veterans and other stakeholders provide input in VA mental health care. This interview is shortened for space but please visit our website to read the entire interview.

Q. Can you tell us a bit about the purpose and history of VA mental health consumer councils?

In 2003, the President’s New Freedom Commission on Mental Health addressed problems in America’s fragmented mental health service delivery system. In

Amplifying the Veteran Voice in Research, Education and Clinical Care: the SC MIRECC Consumer Advisory Board

Since 2002, SC MIRECC and the VISN 16 Mental Health Product Line (MHPL) have benefitted from the expertise of a consumer advisory board (CAB). The mission of the CAB is to advise the SC MIRECC and MHPL regarding development of educational programs, research materials, and improvement of clinical services to benefit Veterans and educate Veterans, consumers,

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his charge to the Commission, President Bush directed its members to study the problems and gaps in America’s mental health system and make concrete recommendations for immediate improvements that the federal government, state governments, local agencies, and public and private health care providers could implement. One of the goals of the Commission was to transform the mental health system to a recovery orientation, one component of which is to “involve consumers and families fully in orienting the mental health system toward recovery.”

VA took the New Freedom Commission’s recommendations very seriously and developed the Uniform Mental Health Services Handbook (UMHSH) to implement its goals. In that document, VA medical centers are strongly encouraged to facilitate the Veterans Mental Health Councils (VMHCs). A VMHC is a group of Veteran mental health consumers, Veteran family members, and other relevant stakeholders who provide input into VA Mental Health Services. Each council has a VA staff liaison assigned to help the council partner with the local VA facility.

The council’s purpose is to share the unique perspective of the Veteran (and family members), particularly the input of the Veteran who is or has been the recipient of VA Mental Health programs and services. The goal is for councils to work in partnership with the local facility and to foster open communication between VA Mental Health and Veterans. Currently, there are 115 VMHCs affiliated with VA facilities nationwide.

Q. How do Veterans feel about participating in VMHCs?

Most Veterans who are long term participants on VMHCs have found their council participation beneficial. Some quotes from Veterans serving on VMHCs:

• “It gives me a sense of purpose that I am doing something to advocate and assist my fellow Veteran to assure that he or she receives the best quality of mental health care they both deserve”.

• “Veterans feel empowered to participate in their own recovery process because they feel they have a voice

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and platform to address their whole health and wellness. By participating on the council, the members feel they demonstrate how to use and build on the skills learned to improve their health and well-being can be used to facilitate change at the VAMC”.

**Q.** How have VMHCs changed to best suit member needs and reflect VA priorities?

VMHCs are independent entities and are not managed by VA, and all the members of the VMHC serve without monetary compensation from VA. Like similar community boards or committees that rely on the time and energy of volunteers, recruitment and retention of members is an issue. Councils are encouraged to make recruitment and retention of members a priority, and VMHCs are strongly encouraged to have a diverse membership, including diversity in race, ethnicity, gender, and military service era.

Many VMHCs have found that personal recruitment tends to be the most successful tool. Other recruitment methods include having VMHC brochures or fact sheets widely available, creating VMHC outreach events, and placing VMHC tables in highly trafficked areas of the local facility. Community mental health partners or Veteran Service Organizations (VSO) can also be invited to attend council meetings.

**Q.** Can you highlight 2-3 important lessons your office has learned from VMHCs?

- The time invested in forging open, positive, and respectful relationships with the council members early in the VMHC development is well worth the effort.
- Truly listening to the VMHC and working with them to find solutions to their concerns is vital. Sometimes the VA is not able to act on a VMHC suggestion. If that is the case, VA leadership should have a conversation to explain why and to explore other solutions or partial solutions to the concern.

**Q.** Can you highlight 2-3 best practices for starting or maintaining VMHCs?

- Local VA mental health leadership is strongly encouraged to periodically attend VMHC council meetings to get to know the VMHC, its members, and its mission.
- Document the Council’s activities, accomplishments, and efforts.

**Q.** Any final thoughts?

VA has embarked on a mission to modernize its health care system. This effort is designed to deliver “exceptional, coordinated, and connected” Veteran-driven care that ensures that the Veteran is at the center. Getting the Veterans’ input on the health care provided to them is a key component of the modernization effort. VMHCs are a unique way to partner with Veterans, to listen to Veterans, and to receive firsthand information on how Veterans experience VA mental health programs. This information is a gift to VA mental health leaders that can be used to improve the wonderful mental health programs that VA offers and to modify what we do to best fit the needs of local Veterans. Thank you for this opportunity to talk about VMHCs.
CAB (continued from page 1)

and their families about MIRECC and MHPL accomplishments.

The CAB includes stakeholders from groups that strive to improve mental health care in VA and the community, including Veterans, family members of Veterans, representatives from Veterans Service Organizations, the National Alliance for Mental Illness, VA medical center management and frontline providers, and public health leaders.

The CAB is a great resource for researchers and program developers in VISN 16 and 17. The CAB can give feedback on a range of topics to investigators seeking funding from competitive grant agencies and those seeking pilot study or education grants from SC MIRECC. Because many CAB members live in rural areas, their feedback is especially useful for investigators seeking SC MIRECC funding, which targets rural and other underserved Veterans.

CAB members know about the unique needs of Veterans and can provide insight into how Veterans perceive research; how to enhance research and the provision of clinical services by reaching out to family members of Veterans; and the effect that certain images and language in products and communications may have on Veterans.

We thank the CAB for giving us their support, insight, and expertise for the past 15 years. Our ability to complete our mission to improve mental health care for rural and underserved Veterans is strengthened because of their honesty and dedication. To learn more about the CAB, email the coordinator at Zenab.Yusuf@va.gov.

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SC MIRECC Appoints New Consumer Advisory Board Co-Chair

We congratulate Dr. Traci Abraham on her recent appointment as Co-Chair of the SC MIRECC Consumer Advisory Board (CAB). Dr. Abraham is an SC MIRECC affiliate investigator in Little Rock, Arkansas. She is a research health scientist and medical anthropologist with the HSR&D Center of Innovation (COIN), Center for Mental Healthcare Outcomes & Research (CeMHOR) and an assistant professor at the University of Arkansas for Medical Sciences Division of Health Service Research.

Q. Why are Veteran advisory boards so important?

To me, their most important role is in keeping research "real". By providing an avenue of communication between researchers and diverse stakeholders concerned about Veterans, CABs help ensure that research priorities align with what Veterans really need. In anthropology, we refer to this as research that is driven from the "ground up" - rather than "top down."

Q. What do you hope to learn from SC MIRECC CAB members as the new co-chair?

I'd like to learn everyone's perspectives regarding best strategies for disseminating information about our research, both in the sense of making more Veterans aware of ongoing projects and how to best share study findings with research participants. I think it's important that more Veterans be aware of what we do and how it relates to clinical care. The Veterans I speak with are often surprised to learn that there is research going on at the VA—and are often genuinely touched that someone cares about them. If more Veterans were aware of the commitment at the VA to improving their healthcare, it might help restore faith in the system.

Q. What are you most excited to do in your new role?

Communicating the needs and expectations of our stakeholders to the other research investigators at my COIN. I think this is super important for keeping our research on the right track. I'm also excited to hear the various perspectives about research from such a diverse group of stakeholders. I anticipate a real learning experience!

Q. When you are reflecting on your experience with the CAB a year from now, what do you hope you will have accomplished?

Hopefully, I will have at least helped to ensure that research priorities at the SC MIRECC stay aligned with Veterans' needs. A long-term goal that I'd like to begin moving toward is ensuring that study findings are consistently shared with Veterans who participate in research projects at my COIN. This is a difficult challenge, as most projects run out of time and money,

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making dissemination almost impossible. We'll have to see if we can get this topic on this year's agenda and brainstorm together how I can begin moving toward achieving this goal.

Q. Is there anything you want to share that I have not asked you?

I'm grateful to be a part of an organization with a strong commitment to stakeholder involved research. Although the notion of "participatory research" has become pretty trendy, I believe that the VA is really committed to it as an everyday practice, and is in many ways forging a path for others to follow.

Announcements

SC MIRECC Funds Five Clinical Educator Grants for Fiscal Year 2018

We congratulate the VISN 16 and 17 clinicians and researchers who were awarded funding in the FY2018 Clinical Educator Grant application cycle. The complete list of projects is below.

Coping with Sexual Difficulties After Military Sexual Trauma (MST)

Carey S. Pulverman, PhD (Principal Applicant) and Suzannah K. Creech, PhD
Central Texas Veterans Health Care System, Waco, Texas

This set of psychoeducational brochures on coping with sexual difficulties after MST will be created for women Veterans and VA providers with the input of an MST population at one large VA medical center women's clinic and associated rural community-based outpatient clinics.

Explaining Unexplained Symptoms: Understanding Gulf War Illness

Richard W. Seim, PhD (Principal Applicant) and Laura Zambrano-Vazquez, PhD
VISN 17 Center of Excellence, Central Texas Veterans Health Care System, Waco, Texas

This brochure and short informational video will describe Gulf War Illness and its symptoms and provide information on resources available to Veterans.

Obsessive Compulsive and Related Disorders VA Pulse Page

Terri Barrera, PhD (Principal Applicant), Melinda Stanley, PhD, Jan Lindsay, PhD, and Ellen Teng, PhD
Michael E. DeBakey VA Medical Center, Houston, Texas

This page will provide VHA mental health clinicians with resources on the assessment and behavioral treatment of obsessive compulsive disorder and related disorders, including hoarding disorder, body dysmorphic disorder, excoriation disorder, trichotillomania, and obsessive compulsive personality disorder.

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Pocket Pharmalogical Cards for Primary Care Providers Working in Remote VA Clinics for Management of PTSD with Comorbid Traumatic Brain Injury (TBI)

Muhammad Rais Baig, MD (Principal Applicant), Adeel Meraj, MD, Rebecca Tapia, MD
Audie L. Murphy VA Medical Center, San Antonio, Texas

These pocket cards will be easy-to-use resources by primary care providers to improve safety of pharmacological management for PTSD with comorbid TBI in remote CBOC clinics with no available primary care mental health integration and polytrauma system of care.

Treating Serious Mental Illness: A Guide to Evidence-Based Psychosocial Approaches

Jared Bernard, PhD (Principal Applicant), Daniel Heathcock, LMSW, Amy Cuellar, PhD, and Charlie Nguyen, PhD
Michael E. DeBakey VA Medical Center, Houston, Texas

This guide will review the major evidence-based psychotherapies (individual and group) and models for working with Veterans with serious mental illness, particularly psychotic-spectrum disorders.

Clinical Education Product Highlight: Operation Enduring Families Manual

Developers Ursula B. Bowling, PsyD, Alan Doerman, PsyD, and Michelle Sherman, PhD

This 5-session psychoeducational class is for returning Iraq and Afghanistan war Veterans and their families. Topics include deployment and its impact on the family; parenting tips; communication skills; coping with depression, PTSD, and anger; and reconnecting as a family. The manual also includes promotional materials, leader’s guide, and participant handouts.

Download the manual.
CBOC Mental Health Rounds

Caregiving: Trends and Successful Interventions
Jennifer Martindale-Adams, EdD and Linda Nichols, PhD
Thursday, November 9 at 11:00-12:00 am CT

Registration: Select the links below to register for this training in TMS. Only register for one day; registering for both days will cause delays when completing the program evaluation for CEU.

Click here to register in TMS for Thur 11/9

About the Topic: This webinar will address the challenges caregivers face in providing care and the changing demographics and circumstances of caregiving in the US, including the economic costs of caregiving. It will present two evidence-based skills building interventions that are available to VA staff nationally to assist caregivers.

Audio: Call 1-800-767-1750 and use access code 37009#

Visual: Join Adobe Connect through VA TMS

Contact: Ashley.McDaniel@va.gov

Learn more about SC MIRECC by visiting https://www.mirecc.va.gov/visn16/index.asp