



VISN 6 Mid-Atlantic MIRECC Post Deployment Mental Health

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Governor's Summit

Returning Combat Veterans and their Families

Harold Kudler, MD and David Raney, PhD

On constant alert for snipers or roadside bombs, doing without sleep, wearing a full set of "battle rattle," seeing buddies killed or wounded, wondering about what might be happening at home. This is the daily routine for our newest North Carolina veterans on duty in the global war on terrorism. When they return, what support will they need for a successful transition to civilian activities?

On Wednesday, September 27, key leaders of North Carolina State Government, the Department of Veterans Affairs, and the Department of Defense, along with representatives of provider and consumer groups met to address that question.



In his address, Governor Michael Easley charged Summit participants to develop new ideas that would help veterans succeed in getting back to their families, their jobs and their communities.

Michael Lancaster, M.D., Chief of Clinical Policy for the North Carolina Division of Mental Health, Developmental Disabilities, and Substance Abuse Services (DMH/DD/SAS),

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Recently Approved Grants

Moore, SD. *Ethanol and peptidergic systems in the central amygdala.*
VA Merit Review

Taber KH and Hurley RA. *Investigation of Tissue-Level Mechanisms of Primary Blast Injury through Modeling, Simulation, Neuroimaging and Neuropathological Studies.* JIEDDO

Evaluation Component Update

Everett Jones, MD

The VA's very positive press in the past several years is, in many ways, the end result of a key cornerstone shift in the VA under the leadership of Dr. Ken Kizer to a "Framework of Accountability" in VA operations. In essence, the definition of key strategic goals, targets, benchmarks and regular measurement over time have helped this broad and diverse organization deliver on the right things in an effective and efficient manner. Our MIRECC recognized the importance of an accountability framework in our original charter by establishing an Evaluation Component in addition to the traditional

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Returning Combat Veterans and their Families

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chaired the meeting, which was co-sponsored by the Governor's Office of North Carolina, DMH/DD/SAS, the NC Department of Health and Human Services, the Department of Veterans Affairs (VA); the Department of Defense (DoD), the Governor's Institute on Alcohol and Substance Abuse, Inc, the Mid-Atlantic Addiction Technology Transfer Center, and GlaxoSmithKline. Dr. Harold Carmel officially represented NCPA at the Summit.

Speakers included Harold Kudler, M.D. of the VA's Post Deployment Mental Illness Research, Education and Clinical Center (MIRECC) who provided an overview of current approaches across the DoD/VA continuum of care. Dr. Kudler emphasized a public health approach that provides outreach, education, and emotional



support to all returning veterans and their family members. While triage to mental health services must be available when appropriate, Kudler noted that all veterans and their families deal with significant readjustment stress during and after deployment. He therefore recommended a population-based outreach strategy that aims at increasing resiliency rather than simply screening for new diagnoses.



COL Edward Crandell of the Army, CAPT Richard Welton of the Navy, and CAPT Monica Mellon of the Marine Corps, provided a "boots on the ground perspective" for their respective Services. Lil Ingram, wife of Major General William Ingram, Adjutant General, NC National Guard (who was also in attendance), spoke clearly and movingly from the perspective of a family member of a deployed service member.

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National Chaplain Center

On October 17, **Debra Volkmer, MSW, LCSW** presented "Psychosocial and Spiritual Issues of Returning OIF/OEF Veterans" in the National Chaplain Center's Spiritual Care Grand Rounds (audio conference).

Publications

Friedman JNW, Hurley RA, Taber KH. Bipolar Disorder: Neuroimaging of State versus Trait. *J Neuropsychiatry Clin Neurosci* 2006 Summer; 18(3): 296-301.

Marx CE, Shampine LJ, Duncan GE, Vandoren MJ, Grobin AC, Massing MW, Madison RD, Bradford DW, Butterfield MI, Lieberman JA, Morrow AL. Clozapine markedly elevates pregnenolone in rat hippocampus, cerebral cortex, and serum: Candidate mechanism for superior efficacy? *Pharmacol Biochem Behav.* 2006 Aug;84(4):598-608.

Marx CE, Shampine LJ, Khisti RT, Trost WT, Bradford DW, Grobin AC, Massing MW, Madison RD, Butterfield MI, Lieberman JA, Morrow AL. Olanzapine and fluoxetine administration and coadministration increase rat hippocampal pregnenolone, allopregnanolone and peripheral deoxycorticosterone: Implications for therapeutic actions. *Pharmacol Biochem Behav.* 2006 Aug;84(4):609-17.

Straits-Tröster KA, Kahwati LC, Kinsinger LS, Orelie J, Burdick MB, Yevich SJ. Racial/ethnic differences in Influenza vaccination in the Veterans Affairs healthcare system. *Am J Prev Med* 2006;31(5):375-382.

Collaboration Across the VA Network

Together We Make a Difference: Collaborative Efforts for Our Returning Veterans from Operation Iraqi Freedom & Operation Enduring Freedom

September 20 - 21, 2006 Lathan NY

Dr. Robin Hurley was an invited lecturer and panel discussant for the panel presentation "Traumatic Brain Injury, Posttraumatic Stress Disorder, and Military Sexual Trauma: What Everyone Needs to Know" as part of this collaborative meeting sponsored by VISN 2 and the New York State Veterans Services Coalition.

Recent Presentations

Ambler D, Kudler H. *Strategies in Service to New Combat Veterans and Their Families.* North Carolina Psychiatric Association Annual Meeting, September 14-17, 2006, Asheville, NC.

Chung L, Moore SD. *CCK increases spontaneous inhibitory postsynaptic currents in basolateral amygdala through the CCK-B receptor.* Society for Neuroscience Annual Meeting, October 14-18 2006, Atlanta, GA.

Hurley RA. *Windows to the Brain: Neuroimaging for Psychiatry.* North Carolina Psychiatric Association Annual Meeting, September 14-17, 2006, Asheville, NC.

Park MH, Moore SD. *Correlation of ethanol, CRF, and mu-opioid peptide actions on GABAergic neurotransmission in rat central amygdala.* ISBRA World Congress on Alcohol Research, September 10 - 13, 2006, Sydney, Australia.

Returning Combat Veterans and their Families

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By exchanging information about their respective agencies' assets and goals and identifying strategic partnerships, Summit attendees articulated an integrated continuum of care that emphasizes access, quality, effectiveness, efficiency, and compassion. Principles of resilience, prevention, and recovery were emphasized along with state-of-the-art clinical services as part of a balanced public health approach. This meeting is the beginning of a partnership among state and federal government and community providers and programs. The product envisioned is a referral network of informational, supportive, clinical, and administrative services that will comprise a system through which citizens of North Carolina will have ready access to post-deployment readjustment assistance for veterans and their families.



Evaluation Component Update

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MIRECC components of Research, Education and Clinical. In essence, evaluation is a tool to project where we intend to go, a means to provide focus and definition of our progress toward those goals, and a key tool for MIRECC decisional processes. "Little e" evaluation is of course familiar to all of us in our day to day roles, whether in research, hands on clinical work, educational projects etc, but "Big E" Evaluation - i.e., evaluation in a larger strategic and business sense somewhat less familiar yet critical to our success in addressing the charge embodied in our original charter. In essence, it is an invaluable tool that helps to focus our efforts to help assure that we can produce the biggest "bang for the buck" or return on investment.

This year, the Evaluation Component (Everett Jones, MD and Jimmy McGlawn, MHA) built on the excellent foundation laid by Dr. Mimi Butterfield by adding specific links between the goals of each component and core in the MIRECC charter and the planned objectives for the current fiscal year with quarterly targets identified. Also new this year are columns for projected budgetary/resource needs and quarterly updates. The Evaluation Component and senior MIRECC leadership met with each component and core director one-on-one on October 10th and 11th to both complete each director's goals and targets for the year and to explore further opportunities to link projects and tasks across MIRECC teams.

So, what's next? The Evaluation team will develop a cross-walk between the VACO Mental Health Strategic Plan (MHSP) and each specific MIRECC strategic goal in order to clearly link the day to day work we each engage in with the strategic needs and directions of the VA.

Noon V-tel Lecture Schedule:

November 10 No Lecture - VA Holiday

December 8

Katherine Taber, PhD (Salisbury VA)

Neurobiology of Traumatic Brain Injury

January 12

Debra Volkmer, LCSW, Nancy Hauck, P-LCSW,

Bill Hayes, P-LCSW (**Salisbury VA**)

*Salisbury Transitional Adjustment Reintegration Team:
An overview of innovative clinical practices for engaging
OIF/OEF veterans.*

Below are the [V-tel phone numbers](#) to dial to participate in the series for the calendar year 2006. Dial in at starts at 11:45 am Eastern Time.

VISN 6 Office	304 262-3950	Hampton 5th Floor	304 262-3930
Asheville	304 262-3952	Richmond	304 262-3951
Beckley	304 260-4839	Salem	304 262-3942
Durham	304 262-3924	Salisbury	304 262-3948
Fayetteville	304 262-3928	CBOC Jacksonville	304-260-4809

There are ten audio lines scheduled. For [audio lines only](#) call: 800-767-1750 and inform the operator that you are calling in for the "V6 PD Mental Health Problems"