



South Central MIRECC Communiqué

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“Closing the efficacy-effectiveness gap”

MIRECC Develops New “Access to Care” Emphasis Group

Greer Sullivan, MD, MSPH, Director, South Central MIRECC

Preparing for the MIRECC’s recent five-year review was an opportunity for MIRECC leadership to review our overall program and its evolution. Increasingly, we have attempted to focus on issues that are highly relevant to veterans in the South Central VA Health Care Network. Our network serves a needy veteran population – a population characterized by poverty, rural residency, and very poor mental and physical health status. We serve more veterans with dementia and more who are service-connected for PTSD than any other VISN, and our geographic region continues to supply a disproportionately high percentage of personnel for current military efforts while, at the same time, serving an aging veteran population.

As we “mapped” our areas of expertise and research experience onto the characteristics of the VISN 16 veteran population, three key areas of emphasis emerged: (1) *psychological consequences of war*, (2) *older veterans*, and (3) *access to care*. The first two areas are not new to the MIRECC, since the MIRECC has had research teams that focused on PTSD and dementia. However, we are now more broadly defining these first two “new” emphasis areas. (For example, depression and family disruption, not solely PTSD, can be considered as psychological consequences of war.) The third area, access to care, is new to the MIRECC, and I would like to describe in more detail what we mean by access to care – a term that we are also defining broadly.

Barriers to care. Large scale community-based epidemiologic studies have revealed the “big picture” of mental health care in the US. Unfortunately, most people with common mental disorders (especially depression and anxiety disorders) receive no treatment at all. Consequently, there is great need that is currently going unmet. Many factors contribute to this unmet need, including the public’s lack of knowledge about mental disorders and their effective treatment and the stigma attached to receiving mental health treatment. Factors such as poverty, lack of resources, and lack of insurance or poor insurance coverage for mental disorders undoubtedly also play a role. In our part of the country, there are many counties that have a shortage of both mental health providers and general medical providers. About half of the veterans in VISN 16 live in rural areas where geographic distances to outpatient and inpatient treatment can be daunting. Hence, the VA has been investing in telemedicine equipment to bring treatments to veterans. Several MIRECC researchers are working on these aspects of access, including Snigdha Mukherjee, PhD, (stigma of mental illness and dementia), John Fortney, PhD, (telemedicine) and Rhonda Mattox, MD (public attitudes regarding mental illness).

Delivery of mental health care in non-mental health settings. When individuals with mental disorders actually do present for care, they may receive sub-optimal care, which can be traced to issues related to both patients (e.g., poor health behaviors) and providers’ lack of knowledge and/or sub-optimal practices. Many people with mental health problems are seen in primary care rather than mental health settings. In fact, in the US, providers in primary care settings treat far more persons with common mental disorders (depression and anxiety disorders) than do providers who specialize in mental health. For this

reason, approaches to improve the care that persons with mental disorders receive in primary care settings (e.g., the VA's large scale TIDES/WAVES project) have been tested extensively. Numerous models exist for assisting primary care providers to deliver better mental health care and most, but not all, have been found to be clinically and cost-effective. The majority of this research has focused exclusively on treating depression.

It is important to note that primary care can be defined to include not only the care that is provided at VA facilities by generalists but also the care in community-based outpatient clinics (CBOCs), nursing homes, and rehabilitation programs. Many MIRECC investigators are doing work in these aspects of access, including Jeff Culley, PhD, and Mark Kunik, MD, (improving mental health care for persons with chronic physical illnesses); Lynn Snow, PhD, and Dean Blevins, PhD, (improving care in nursing homes); JoAnn Kirchner, MD, John Fortney, PhD, Jeff Pyne, MD, Mark Edlund, MD, and Greer Sullivan, MD (improving care provided by primary care physicians); and Pat Dubbert, PhD (using physical exercise in primary care to optimize mental and physical health).

Disparities in access to and use of services. In addition, we have all become increasingly aware of the disparities that exist in treatment for health and mental health problems. This descriptive work has found differences in access to or use of treatment, or to specific kinds of treatment, based on gender, race, and age. And, more recently, studies have found that persons with mental disorders are less likely to receive a variety of types of physical health care. Disparities can be viewed as a problem in differential access to or use of services and far more work needs to be done to develop effective ways to eliminate disparities. Both Teresa Hudson, PharmD, and Greer Sullivan, MD, are doing work related to disparities.

Community-based participatory approaches. Finally, there is a more radical movement in research today that assumes that unmet mental health needs cannot be adequately remedied through institutions. An alternative approach is to go directly to communities or community groups and to work in partnership with these groups, empowering them to develop ways to educate their members about mental health issues and to devise approaches that promote mental health care and community resilience. Maga Jackson-Triche, MD, Grayson Norquist, MD, and Greer Sullivan, MD, are beginning a project based on these principles in hurricane-affected communities in Mississippi and Louisiana.

In conclusion, *access to care* is defined broadly within our MIRECC and includes barriers to care, delivery of care in non-mental health settings, disparities in care, and community partnerships to improve access. I hope that this brief discussion has conveyed the sense of the work that is currently underway and has peaked the interest of others! Our MIRECC access to care group has already begun meeting. For now, I will be leading this group, and I invite all who are interested in this topic to contact me at gsullivan@uams.edu.

MIRECC Retreat Next Week

The annual South Central MIRECC Retreat will be held in Little Rock, AR on **January 12-13, 2006**. We invite all interested parties to attend. The MIRECC recently successfully completed our five year review and renewal for the next five years. The theme of this year's retreat is "**Celebrating Renewal.**" Much of the program will focus on issues relevant to the coming five years, so this is an especially important retreat.

In addition, a **Pre-Retreat Research Meeting** will take place on the afternoon of **January 11, 2006** at the hotel. At this meeting we will discuss plans for MIRECC research over the next five years. For this reason, all MIRECC researchers (affiliate and core) are urged to attend. We would like to have input from as many researchers as possible.

The MIRECC is supporting travel for all Core MIRECC investigators and a few designated Affiliate MIRECC investigators who have already been notified. We strongly encourage all MIRECC Affiliate and Associate investigators to attend, and we welcome non-MIRECC investigators who have an interest in the future of MIRECC research, especially those based in Little Rock.

Third “After the Storms” Program January 23

The third program in a series, *After the Storms: Employees’ Guide to Managing Stress*, will be broadcast January 23, 2006, at 12:30-1:00 PM CT (1:30-2:00 PM ET). This program, “**Impact on Two Employees,**” will feature two displaced VA employees – Donna Collins and Darlene Eubanks-White – who will talk about their stressors and stress reactions following the hurricanes. Both will discuss how they have coped over the past 5 months and what coping strategies worked for them. Then, Dr. Fran Norris, an expert on post disaster social and community functioning, will comment on common stress reactions experienced by disaster victims and effective ways of managing stress. Dr. Norris is a Research Associate, Executive Division, at the National Center for PTSD, and a Research Professor, in the Department of Psychiatry, Dartmouth Medical School.

If you have topics, issues, or questions that you would like addressed in these programs, please contact Michael.kauth@med.va.gov.

This series is sponsored by the MIRECC, the South Central VA Health Care Network (SCVAHCN), and the SCVAHCN Mental Health Product Line, in collaboration with the National Centers for PTSD and VA Employee Education System (EES).

Recovery Assessment Information

Several VISN 16 facilities have already begun to implement recovery-oriented programs. Attached is a link to information about tools for evaluating recovery approaches:

<http://tecathsri.org/redirect.asp?pid=129&where=tecnews112805&oid=0>. To join a discussion forum about recovery assessment instruments, go to: <http://www.tecathsri.org/bb/viewforum.php?f=15>.



UAMS Memory Research Center Pilot Grants

The University of Arkansas for Medical Sciences (UAMS) Memory Research Center (MRC) is accepting applications for pilot research grants. Deadline for submitting a letter of intent is January 6, 2006; full proposals are due January 27, 2006.

These grants are intended to advance basic, clinical, and health services research in the area of Alzheimer’s disease, other forms of dementia, and relevant aspects of aging. Investigators are encouraged to use the MRC database. Priority is given to proposals that will provide pilot data to support future submissions for major extramural funding. Faculty members at UAMS and at other institutions are eligible for these pilot grants. Junior investigators and established investigators are encouraged to apply.

For more information about this program and details concerning the letter of intent and application, contact Ms. Marian Hart, MRC Project Coordinator, at hartmarianc@uams.edu or 501-603-1294.

Please note: Pilot funding for this program is dependent on continued funding of the UAMS Alzheimer’s Disease Core Center. An application was submitted to NIA for continued funding 7/01/06 – 6/30/11, Cornelia Beck, PhD, RN, Principal Investigator. The initial peer review should be completed by the end of March 2006, and a funding decision will be made by May 2006.

Recent grants, publications, and presentations by MIRECC personnel will appear in the February 2006 issue. Send updates to Michael.kauth@med.va.gov

Military Facts

VA Central Office has distributed an informative brochure titled, *Military Facts: For Non-Military Social Workers*. The attached document contains an excellent overview of the military branches and defines common military jargon. This document will be helpful to clinicians new to working with veterans and to the experienced VA clinician.



January Conference Calls 1-800-767-1750

- 2—Education Core, 2:00 PM CT, *cancelled – will meet at the retreat*
- 2—Access Group, 2:00 PM CT, *cancelled – will meet at the retreat*
- 3—Directors Call, 3:00 PM CT, access code 19356#
- 4—Neuroimaging Group, 9:00 AM CT, access code 24394#
- 16—Research Team Leaders, 2:00 PM CT, *cancelled – will meet at the retreat*
- 17—Substance Abuse Team, General, 1:00 PM CT, access code 23400#
- 18—Neuroimaging Group, 9:00 AM CT, access code 24394#
- 18—Program Assistants, 2:00 PM CT, access code 43593#
- 24—Directors Call, 3:00 PM CT, access code 19356#
- 25—Neuroimaging Group, 9:00 AM CT, access code 24394#

The next issue of the *South Central MIRECC Communiqué* will be published February 6, 2006. Deadline for submission of items to the February newsletter is January 30. Urgent items may be submitted for publication in the *Communiqué Newsflash* at any time. Email items to the Editor, Michael R. Kauth, Ph.D., at Michael.Kauth@med.va.gov or FAX to (601) 364-1395.

South Central MIRECC Internet site: www.va.gov/scmirecc/

SC MIRECC intranet site: yaww.visn16.med.va.gov/mirecc.htm

National MIRECC Internet site: www.mirecc.med.va.gov