Ten Years: 1998 - 2008
South Central MIRECC

A decade of bridging the gap between research and clinical care

Communiqué

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Improving Access to Mental Health Care for Rural and Other Underserved Veterans: A New Direction for the South Central MIRECC

Greer Sullivan, MD, MSPH
Director, South Central MIRECC

In the fall of 2007, the South Central MIRECC Advisory Board, headed by Ira Katz, MD, Deputy Chief Patient Care Services Officer for Mental Health, recommended that we change our theme to focus on access to mental health care for rural and other underserved veterans. Subsequently, the SC MIRECC Leadership Council met and crafted a new theme statement, as follows:

"To improve access to evidence-based practices in rural and other underserved populations, especially returning war veterans, veterans experiencing natural disasters, and vulnerable elderly veterans."

In addition to adopting a new theme, we also identified and recruited a new Associate Director for Research, John Fortney, PhD, a medical geographer and national expert in rural mental health care. Dr. Fortney, spotlighted in this newsletter, has already made significant contributions toward turning the South Central MIRECC in a new direction.

While change is challenging, this new theme and direction offer wonderful opportunities that will allow us to build on the strong foundation we have established during our first ten years. We have developed good working relationships with both clinicians and administrators and a degree of trust for which there is no substitute. Our immediate need is to build on these relationships to take the MIRECC to the next level, particularly in terms of our research agenda. We will continue to face longstanding challenges – such as the fact that we have relatively few mental health researchers in our VISN and that we must work virtually across distances. But, in many ways, our new theme gives us a rallying point that can serve to unify our efforts more than ever before.

Improving access to mental health care is highly relevant to veterans in VISN 16 and is, therefore, a particularly appropriate theme for the SC MIRECC. As we move forward, we should keep in mind that the whole purpose of the MIRECC is to produce research and educational programs that enhance clinical care for veterans. Relative to other VA networks, the South Central Network (VISN 16) serves veterans who are more ill (both mentally and physically) and who, at the same time, have the least resources available to expend in support of their health. More than one-third of these veterans live in rural areas and a large proportion are elderly. Our network is also receiving a disproportionately high number of veterans returning from Iraq and Afghanistan. These soldiers are often returning to small communities with few resources and without optimal support. Some are returning to the Gulf Coast area which, as we all know, is

still recovering from the devastation of the 2005 hurricanes. Our mission is, in a nutshell, is to devise more efficient and effective ways to get mental health care to these veterans.

For everyone interested in the SC MIRECC, I cannot stress enough the importance of attending the upcoming retreat, April 16-18, in Little Rock, AR. This will be a pivotal meeting in several respects. First, we will be celebrating the close of a very successful first ten years of funding as a center. Second, we will be welcoming in, and planning for, this next phase of the MIRECC with a new theme on rural access to mental health care. To make our new theme "work," the leadership of the SC MIRECC will need support and assistance from all who have been involved in our MIRECC, and the retreat will help everyone to get "on the same page" regarding our new direction. With a unified effort, we simply cannot fail! Please join us in moving into this next promising and exciting phase of the South Central MIRECC.

Meet the MIRECC Researchers: Dr. Fortney

Interview with
John Fortney, PhD
Associate Director for Research, South Central MIRECC
Professor, Department of Psychiatry, University of Arkansas for Medical Sciences, Little Rock
Research Health Scientist, HSR&D Center for Mental Healthcare and Outcomes Research, Central Arkansas Veterans Health Care System, North Little Rock

Editor: *Congratulations on two accounts: First, on your recent appoint as a standing member of an NIMH study section, Mental Health Services in Non-Specialty Settings (SRNS), and second, on your new position as Associate Director for Research with the South Central MIRECC. As you know, the MIRECC now has a new theme. What exactly does "access for rural and other underserved populations" mean?*
Dr. Fortney: Thank you. Veterans' perceptions about the need for and access to treatment greatly influence their help seeking behavior. Perceptions about "access" are complex but can be categorized into four dimensions: availability, accessibility, affordability and acceptability. Perceived availability can be thought of as the perceived awareness of a provider offering clinically effective treatments. Perceived accessibility can be thought of as the perceived travel distance/time required to obtain services. Perceived affordability can be thought of as the difficulty in meeting out-of-pocket treatment costs. Perceived acceptability can be thought of as the stigma and anonymity associated with service use. For our work, perceived access depends on the characteristics of veterans and the VA health care system. Characteristics of rural veterans that impact access include perceptions about treatment effectiveness, residential location, income, insurance coverage, and their sense of self-reliance and privacy. Modifiable characteristics of the VA health care system that impact access include the delivery of evidence-based practices, service delivery locations and modalities, co-payments, and the cultural competence of providers.

Editor: *What is your area of research?*
Dr. Fortney: I am a rural mental health services researcher. For the last 15 years, my research has focused on understanding the help seeking behaviors of rural individuals and tailoring evidence-based practices for delivery to rural populations.

Editor: *What active studies do you have going?*
Dr. Fortney: Currently, I am the principal investigator of two multi-site studies. The first is an NIMH funded effectiveness study of telemedicine based collaborative care for depression. The OUTREACH study is being conducted in seven rural federally qualified health centers in Arkansas. Patients are randomized to receive either on-site depression care management delivered by local clinicians or off-site depression care management delivered by a telemedicine depression care team

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(psychiatrist, psychologists, pharmacist and nurse care manager). The evaluation focuses on comparing patient level outcomes between patients receiving on-site and off-site depression care.

The second study is a VA QUERI funded implementation study of telemedicine based collaborative care for depression. The RIPPLE study is being conducted in eleven VA community-based outpatient clinics (CBOCs) lacking on-site psychiatrists in Arkansas and California. We are using evidence-based quality improvement methods to tailor services for local needs, resources, and preferences. The evaluation for this study focuses on implementation outcomes including reach, adoption, fidelity, and sustainability.

Editor: *What are the implications or potential benefits of your research?*
Dr. Fortney: I have come to the conclusion that researchers can have a bigger impact on public health by helping health systems implement new scientific discoveries than by actually making new scientific discoveries. I hope that my research will help the VA implement evidence-based practices that improve the quality of life for rural veterans.

Editor: *How did you get started in this area of research?*
Dr. Fortney: My training is in Human Geography, which is a synthetic science that integrates a range of academic traditions (economics, psychology, sociology, anthropology) to study the impact of the physical and built environment on human behaviors. When I was exposed to the multidisciplinary field of health services research, I realized it was a good match for my research skills. I was raised in an urban environment (Durham, NC), so my interest in rural mental health services research is purely theoretical. I like to think that makes me objective, although others might say it makes me naïve.

Editor: *What are your plans for developing rural research in the MIRECC?*
Dr. Fortney: The South Central MIRECC is bursting with talented and experienced investigators. My hope is that we can effectively focus this talent and experience towards research that improves outcomes for rural veterans, as well as veterans in urban areas. Researchers at Harvard and Yale are not going to address the health disparities faced by rural veterans. We need to do it! VISN 16 clinicians, researchers, and administrators must work in partnership to improve care in our own backyard. My hope is to link talented MIRECC investigators with VA providers at rural sites, like some of our small medical centers or our CBOCs, to improve access to evidence-based practices for rural veterans.

Editor: *What person or experience had the most influence on your research career?*
Dr. Fortney: Brenda Booth, PhD has been my primary mentor throughout my career. Brenda hired me as a SAS programmer back when I was still in graduate school and introduced me to the field of health services research. Brenda became my official mentor when I enrolled in the VA post doctoral fellowship program. My first published paper was based on data from one of her studies. In terms of academic productivity, Brenda was an outstanding role model, and she set high expectations for me. In return, she generously devoted her time to help me develop my own research agenda. I am not alone in this experience. Brenda has been a devoted mentor for eighteen junior faculty and fellows in our group.

Editor: *What advice would you give to junior investigators and to people who are new to research?*
Dr. Fortney: Find a successful investigator doing research that interests you and try to make yourself useful. Finding a devoted mentor is critical to success as a researcher.

Editor: *How can people get in touch with you if they have questions about your work or want to get more involved in MIRECC research?*
Dr. Fortney: People should not hesitate to contact me about their ideas. My email addresses are fortneyjohnc@uams.edu and john.fortney@va.gov. My office phone numbers are 501-660-7527 (UAMS) and 501-257-1726 (VA).

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New Education Product

Resilience to Trauma DVD

Wright Williams, PhD
Michael E. DeBakey VA Medical Center, Houston

In 2005, I received a MIRECC Clinical Educator grant to create a DVD about resilience in the face of extreme stress. Originally, the idea came from a professional quandary. Several times a week, I am confronted with a veteran who says to me, "Doc, I've got that PTSD crap; and you know you never get over that." In actuality, most veterans reorient their experience of PTSD, and their lives improve over time.

For many years I have met with a group of WW II and Korean former Prisoners of War (POWs), who have survived the most horrific experiences imaginable. Although many still have some symptoms of PTSD, they have worked, married, raised a family, and coped successfully with everyday living. The traumas these men faced are gripping. They and their stories are living history. Yet their lives are—more often than not—rather normal.

My hope is that these veterans' stories about how they have coped and dealt successfully with the worst parts of life, and the worst parts of themselves will touch other veterans (and other people in general) with a little bit of their spirit. The intent is that these men and their stories—their real stories, not sanitized versions—might inspire a WW II, Korean, Vietnam, Persian Gulf, or returning Iraqi veteran and help him or her to begin to live differently. Perhaps then the journey of these veterans and their resilience will echo down the generations of returning warriors.

I began this project by discussing and outlining my specific plan with several ex-POWs. Most were enthusiastic, offered their ideas, and agreed to be interviewed. Originally, I intended to go to New Orleans to interview additional veterans. However, Hurricane Katrina eliminated that possibility. Scott Cardin, PhD, then a postdoctoral fellow at the Houston VA and now a psychologist at the Biloxi VAMC, helped me to select an inexpensive film editing package and begin to choose clips from the interviews. Throughout the process, I reviewed the material with the participating ex-POWs and discussed any concerns they had. We incorporated their suggestions. After eight frustrating months of selecting and editing film clips, I began to look for someone who really understood this new world (to me) of film making.

Then came the luckiest thing that happened to this project—finding Julye Newlin, a Houston independent film maker who appreciated and valued the veterans and their stories and took on the project as a labor of love. She revised and trimmed the story line, added music, and found most of the historical pictures to render a stunning project. Julye's work and the openness and vulnerability of the participating veterans made this project. She took it when it was in an adolescent stage and crafted it into adulthood. The depth of her vision as a documentary filmmaker shines throughout. She created a film that will surprise you and will reveal new meaning each time you watch it.

The DVD is intended as a therapy tool for all combat veterans, but it was specifically designed to hold the attention of returning Iraqi veterans, who are used to rapidly changing, engaging electronic media. The project may also be valuable to communicate with the general public about trauma and resilience and about the historical experiences of WW II POWs. I recommend that viewers see the film in its entirety. However, it is divided into three sections: Section 1: Trauma Changes People, Section 2: PTSD over the Lifecycle, and Section 3: Pathways to Resilience. Thus, the DVD can be viewed in segments and stopped for discussion, for example, if shown in a group.

The film premiere on November 16, 2007, was a moving experience. Ex-POWs featured in the program and their wives came to see the final version. The daughter of one participant who had died after he was interviewed attended the viewing. The guys laughed and joked with each other during the screening. They and their wives nodded agreement. Afterward, each participant discussed his or her experience of the film, and the responses were uniformly positive. They loved it—and I think you will, too.

I want to thank the ex-POWs who participated in this project and their wives and family members who shared their stories (and family photographs). Their courage, good humor, and willingness to share so that others might benefit are so important.

For a copy of the DVD, contact Dr. Michael Kauth at Michael.kauth@va.gov.

MIDAS – MIRECC Implementation, Design, and Analysis Support

MIDAS is a new service arm of the South Central MIRECC created to assist VISN 16 investigators who are seeking intramural or extramural funding or conducting pilot studies. The MIDAS team offers design, methods, and analytic support for all phases of project development, implementation, analysis, and/or dissemination. Team members have expertise in biostatistics, epidemiology, psychometrics, qualitative methods and project implementation and management. To apply for MIDAS services or to learn more about MIDAS, please contact Ms. Melonie Shelton (sheltonmelonies@uams.edu) or Dr. Ellen Fischer (fischerellenp@uams.edu).

Recovery Corner

How the VA Came to Focus on Recovery

Mental health or illness recovery is not a completely new idea. However, the recovery concept is receiving renewed and increased attention in mental health, psychiatry, psychology, social work, and the VA. President Bush's Freedom Commission on Mental Health, *Achieving the Promise: Transforming Mental Health Care in America*, represents a significant shift in US policy regarding the care of chronically mentally ill persons. The central theme is that metal health care should be consumer and family centered and increase patient and consumer ability to cope and function within the community. The Substance Abuse and Mental Health Services Administration's (SAMHSA) *A Life in the Community for Everyone, From Exclusion to Belonging: Transforming Mental Health Care in America* advances the policy described in the Freedom Commission's report by creating several initiatives in public mental health. Several states, including Connecticut, Oklahoma, and Wisconsin, have begun transforming their public mental health systems. The salient principles of the SAMHSA initiative are to promote resilience, address co-occurring disorders, and emphasize recovery. These reports prompted the VA to incorporate a number of the Freedom Commission's policy recommendations and SAMHSA initiatives into its most recent Mental Health Strategic Plan (MHSP). The VA MHSP targets are to reduce stigma and prevent suicide, individualize care, increase cultural competency, treat co-occurring disorders, use evidence- based practices (EBPs) and promote resilience and recovery. The VA is hiring local recovery coordinators (LRCs) at each facility to assist in implementing recovery concepts and systems.

Recovery Definitions, Values, and Practices

Mental illness recovery is described in the consumer and professional literatures in various ways. Larry Davidson and colleagues (2005) suggest that recovery consists of three components: acceptance of the illness, hope about the future, and finding a renewed sense of self. The Remission in Schizophrenia Working Group, as cited in Bellack (2006), suggests that recovery is the ability to function socially and vocationally in one's community, relatively free of symptoms. He further indicates that, while symptom remission is a necessary condition for recovery, in-and-of-itself remission is not recovery.

The recovery concept or philosophy can be thought of as comprising two components: a value-based component and an evidence-based component. The value-based component is drawn from the patient and consumer literature, which describes experiences in the "mental health system." It can be thought of as qualitative, ethnographic or first-person accounts describing the nature and qualities of their helping relationships with providers and institutions that they believe facilitated their recovery. The values identified from this literature are self-direction, person-centeredness, empowerment, holism, nonlinearness, a strengths-base, peer support, respect, responsibility, and hope. The professional literature has identified a number of EBPs shown to facilitate symptom remission and recovery. Lehman (2003) recommends two groups of EBPs for those working with chronically mentally ill veterans. The first group focuses on

psychopharmacological management. The second focuses on psychosocial interventions, such as family interventions, supportive work, cognitive-behavioral therapy, assertive community treatment or intensive community-based case management, social learning and reinforcement, and social skills training.

The Role of the LRCs

Each LRC in VISN 16 works with his/her providers and program staff, VA patients and consumers, and community partners to implement value-based and evidence-based practices, which support recovery-oriented services. In future Recovery Corner articles, we will expand on the value-based and evidence-based practices, introduce other LRCs and discuss how they are supporting implementation of recovery-oriented services at their facility.

Meet the LRCs

In the section below and in the March MIRECC Communiqué the VISN 16 LRCS will introduce themselves and describe some of the Recovery activities in which they participate.

Michael E. DeBakey VA Medical Center in Houston, Texas

Cristina (Cristy) Gamez-Galka received her doctorate in clinical psychology from the University of Houston. Her graduate and internship experiences emphasized work with children and families, trauma, and cultural diversity. Experiences and training in these areas, along with her work serving reservation-based Native Americans, helped to shape her thinking regarding the practice of psychology, leading towards her current role as LRC. This facility serving over 110,000 veterans a year offers services within six Mental Health Care Line programs to address veteran and family needs. Houston's Mental Health Care Line has adopted the shorthand term R/R, used in the military for "rest and relaxation," to indicate its commitment to providing programs and services that are "resources for recovery." The Mental Health R/R at the Houston VA includes the following programs: Consultation and Specialized Evaluation, Healthcare for Homeless Veterans, Substance Dependence and Vocational Rehabilitation, Comprehensive Mental Health, Inpatient Mental Health and Trauma Recovery.

The Mental Health Care Line provides many opportunities to promote and facilitate recovery-oriented practice. Consulting with the Psychosocial Rehabilitation and Recovery Center (PRRC) and Mental Health Intensive Care Management (MHICM) teams, assisting the Vet-to-Vet program, and undertaking coordination of the facility's Consumer Council are recovery-oriented tasks to which Cristy has dedicated herself. In addition, forging relationships with members of community organizations, seeking opportunities to dialogue with Mental Health Care Line personnel about recovery, participating in research activities, and engaging in VISN recovery-oriented activities have all been welcome pursuits in conceptualizing and planning for recovery implementation. The creation of a strategic plan for recovery implementation will help her meet her long-range goals of fostering peer-support service delivery, initiating staff and veteran educational series, and furthering recovery-oriented thinking and practice at the individual, service, and system levels. Cristy can be contacted at Cristina.Gamez-Galka@va.gov or (713) 791-1414 ext 4378.

Oklahoma City VA Medical Center

Michael Brand earned a PhD in clinical social work from The University of Texas-Arlington; an MSW from the University of Oklahoma; an MS in marriage and family therapy and a BS in psychology from Abilene Christian University. The Oklahoma City VAMC includes a 169-bed VHA hospital; community- based outpatient clinics (CBOCs) in Lawton and North Oklahoma City and contract CBOCs in Konawa, Ponca City/Newkirk, Ardmore and Clinton and in Wichita Falls, Texas. The Oklahoma City VAMC serves 48 Oklahoma counties and two counties in North Central Texas, with a veteran population of 224,696.

Just before coming to the VA, Mike served as faculty in the College of Public Health at the University of Oklahoma Health Sciences Center and at East Central University. He is an OIF veteran who continues to serve in the US Army Reserves as part of a medical detachment dedicated to providing combat

and operational stress control. He previously worked in the private psychiatric hospital industry as a clinician and administrator. For him, these varied experiences highlight the essential role active collaboration and mutual respect between providers and patients play in achieving positive outcomes for consumers and their families. Mike has been collaborating with the National Alliance for the Mentally Ill (NAMI) chapter of Oklahoma on conducting an In Your Own Voice training seminar specifically for veterans. In addition, he serves on the Oklahoma Department of Mental Health and Substance Abuse Services advisory board on the development of certification and training for recovery support specialists in Oklahoma. He has developed an introductory PowerPoint presentation for mental health staff and is teaching and consulting with staff on implementing recovery-oriented principles and services. Mike is also actively working with the Oklahoma City VA Medical Center Mental Health Consumer Council. He has begun the process of convening a recovery-oriented services implementation work group that will include staff, patients, consumers, and mental health partners from Oklahoma. Mike can be contacted at michael.brand2@va.gov or 405-270-0502 Ext. 5264.

Southeast Louisiana Veterans Health Care System (SLVHCS)

Dr. Baris Konur received his PsyD in clinical psychology from Regent University in 2005. Before completing his doctorate, he completed a one-year clinical internship with Eastern Virginia Medical School in Norfolk, VA, with a focus on rehabilitation psychology and clinical neuropsychology within medical and psychiatric settings. Dr. Konur then completed a two-year post-doctoral fellowship with the VHA National Center for Organization Development, which has a mission to provide organizational assessment and consultation to VHA facilities nationwide. These prior experiences have prepared him for his current position as LRC. Dr. Konur participates in a variety of functions, including acting as coordinator and mental health liaison to the Mental Health Consumer Council, providing consultative services to mental health staff in areas of recovery, and creating and implementing a 3- to 5-year action plan for changing the mental health culture within SLVHCS towards one based on a recovery model that emphasizes, strengths, consumer choice, full community integration, and personal involvement. Baris can be reached at baris.konur2@va.gov or 504-571-8128.

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Recent SC MIRECC Publications

Below is a partial list of 2007 publications (S-Z) from South Central MIRECC core and affiliate investigators over the past year. MIRECC personnel are indicated in bold face. Please contact the lead author for further information about the study or paper.

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February Conference Calls
1-800-767-1750

4—Education Core, 2:00 PM CT, access code 16821#
12—MIRECC Leadership Council, 3:30 PM CT, access code 19356#
14—PSR Group Call, noon PM CT, access code 85388#
20—Program Assistants, 2:00 PM CT, access code 43593#
26—MIRECC Leadership Council, 3:30 PM CT, access code 19356#
28—National MIRECC Recovery Interest Group, noon CT, access code
28—Implementation Science Group, 1:00 PM CT, access code 28791#

The next issue of the *South Central MIRECC Communiqué* will be published March 3, 2008. Deadline for submission of items to the March newsletter is February 26. 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.

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

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