

THE VISN 5 MIRECC MATTERS

An Electronic Publication of the VA Capitol Health Care Network
(VISN 5) Mental Illness Research, Education, and Clinical Center

August 26, 2004 Volume 5, No. 4

Editor: Shannon Thomas-Lohrman (shannon.thomas-lohrman@med.va.gov)

FROM THE DIRECTOR'S DESK

Submitted by Alan S. Bellack, PhD, ABPP

The last few months have been notable for the MIRECC on several fronts. We recently convened our annual External Advisory Board, and focused on our impending external review. A highlight of our presentation to the Board was having several of our newer investigators present, rather than relying on our *old hands*. **Sarah Morris, PhD, Julie Kreyenbuhl, PhD, and Melanie Bennett, PhD**, each did wonderful jobs, and underscored our success in developing a cadre of new funded investigators for VA. Another notable component of the session was participation by **Drs. Nocks, Simhan, and Deutsch**, which reflects the excellent support we have received from the VISN since our inception in 1999. Overall, the Board was very positive about our accomplishments and the directions we have been pursuing. The key message for preparing for the external review was, *keep up the good work!*

There have been several significant personnel events since the last issue of this Newsletter. **Wendy Tenhula, PhD**, gave birth to Ellie, a beautiful little girl, and **Sarah Morris, PhD**, returned from China with her new adopted daughter, Abby, a beautiful 14-month old. On a less happy note, **Jean Gearon, PhD**, our Clinical Core Director, has decided to resign from the MIRECC in order to pursue other interests. She will maintain a part-time appointment in the Division of Community Psychiatry and continue supervising Psychology and Psychiatry trainees, so we hope to have her around now and then. **Brian Kirkpatrick, MD**, has agreed to serve as Acting Director of the Clinical Core while we mount a national search for a permanent Director. Brian joined the MIRECC team about a year ago. He is an expert on schizophrenia, with particular interests in

psychopathology and pathophysiology. He is also the Director of the Schizophrenia T-32 Post-doctoral Training grant at the Maryland Psychiatric Research Center, and was instrumental in the recent development of a clozapine clinic in the VAMHCS.

DOES A CRITICAL TIME INTERVENTION IMPROVE PSYCHIATRIC INPATIENT-OUTPATIENT TRANSITION OUTCOMES?

Submitted by Virginia Iannone, PhD

During the period following hospital discharge, patients with serious mental illness (SMI) are at very high risk for psychotic relapse, suicide, violence, rapid re-hospitalization and a variety of other adverse outcomes. A successful transition from inpatient to outpatient treatment can reduce the risk of these adverse outcomes, while delayed or absent outpatient follow-up psychiatric treatment can contribute to poor outcome and recidivism. The VHA is cognizant of the importance of continuous care at the inpatient-outpatient transition, and focuses on the timely and appropriate use of outpatient psychiatric services following inpatient hospitalization. While previous work has evaluated correlates of enhanced retention in psychiatric treatment, few studies have specified interventions that directly target and improve continuity of care.

Lisa Dixon, MD, MPH, is leading a team of investigators in examining the effectiveness of one intervention to help bridge the gap between inpatient and outpatient mental health treatment, and improve the continuity of care for veterans within the VAMHCS. The Critical Time Intervention (CTI) is a

brief, 3-month case management intervention in which patients are assigned a social worker to provide support and assistance across 9 target areas: Systems Coordination, Psychiatric Services, Substance Abuse Treatment, Medication Adherence, Life Skills Training, Integrated Medical Care, Family Involvement, Practical Needs Assistance, and Community Linkages. The CTI clinician focuses on the areas that are of the highest priority for each veteran, and can assist the veteran with everything from scheduling appointments and providing transportation, to putting together a resume and finding a job. Although CTI is a manualized treatment, it is implemented to meet the needs of each individual veteran.

Dr. Dixon's study is a randomized trial examining whether CTI can improve engagement and compliance with outpatient psychiatric treatment following hospital discharge, as compared to usual care. To date, 108 participants from VA hospitals in Baltimore, Perry Point, Washington, and Martinsburg have been enrolled in the trial. Recruitment is expected to continue through June of 2005, with a target sample size of 240 participants. For more information about the study, please contact **Virginia N. Iannone, PhD**, at (410) 605-7000, ext. 4734.

BEST PRACTICES IN NETWORK MENTAL HEALTHCARE SYSTEMS

Submitted by Paul Ruskin and Richard Goldberg

A VA conference entitled "Best Practices in Network Mental Healthcare Systems" was held June 24-25, 2004, in Cambridge, Massachusetts. The purpose of the conference was to give the VA networks the opportunity to share the current state of VISN-based best practices in mental health. Speakers at the conference described a number of cutting-edge mental health programs that have been developed in the VA, including a series of tele-mental health programs, an area in which the VA is emerging as a national leader. Another focus of the meeting was the importance of preventive care in the VA, and the vital role that mental health can play in influencing patient behavior. On this topic, Dr. Steven J. Yevich, Director of the VA National Center for Health Promotion and Disease Prevention, and a former member of the military, presented an inspirational talk on the importance of prevention, and Drs.

Margaret Dundon and Mary Schohn described an inventive program for smoking cessation utilized in VISN 2.

Another interesting presentation was given by Dr. James M. Sardo, a VA psychologist who recently returned after 4 months of service in Iraq. Dr. Sardo described the types of mental health problems he encountered among American servicemen in Iraq, and speculated on some of the issues that will emerge when these servicemen return to the United States. Finally, Dr. Mark Shelhorse, Acting Chief Consultant Mental Health Strategic Health Care Group, VISN 6, Durham VA, discussed the President's New Freedom Commission on Mental Health Final Report and highlighted implications it will have for future directions regarding mental health and related strategic planning within the VA system.

The conference also featured over 20 poster presentations, including two from the VISN 5 MIRECC. **Paul Ruskin, MD**, Associate Director of the Education Core, presented a poster on involving families in the provision of care for veterans with schizophrenia, and **Richard Goldberg, PhD**, a MIRECC investigator, presented an overview of a "critical time intervention (CTI)", designed to provide continuity of care for seriously mentally ill veterans at risk for treatment dropout. Please see the related article in this newsletter if you would like further information.

In summary, this yearly conference was an excellent opportunity to learn about innovative mental health programs throughout the nation. All mental health staff who are able to attend future meetings are encouraged to do so.

WELCOME TO NEW MEMBERS OF THE VISN 5 MIRECC TEAM

We are thrilled to welcome **Nina R. Schooler, PhD**, on board. Dr. Schooler is Adjunct Professor of Psychiatry at Georgetown University School of medicine and a Research Psychologist with the VISN 5 MIRECC at the Washington VAMC. She also has an academic appointment at the State University of New York, Downstate Medical Center in Brooklyn, NY and is a Senior Research Scientist at The Zucker Hillside Hospital, a division of the North Shore Long Island Jewish Health System, in Glen Oaks, New

York. Until 2003 she was Director of Psychiatry Research at Hillside.

Her research has focused on schizophrenia and its treatment with both medication and psychosocial interventions. She has contributed to knowledge regarding long-term treatment with both older antipsychotics and the newer agents. She also has an interest in assessment of psychopathology, social adjustment, and adverse events.

At the Washington VAMC, she will be working with the other schizophrenia researchers there to expand research in both psychosocial and pharmacological treatments and to increase the integration of the Washington VAMC with other MIRECC sites.

Welcome also to **Brett Munjas**. Brett joined us following her graduation from Trinity University in San Antonio, Texas, where she majored in psychology, with minors in math and history. As an undergraduate, Brett participated in research that focused on depression and its effects on memory, specifically intentional forgetting, and designed a study that will continue running this fall at Trinity University. Brett fills an important position as a Research Assistant and the Data Manager for the Center for the Behavioral Treatment of Schizophrenia.

More important than her research and clinical contributions, however, we will miss Jean's laughter and generous spirit. We wish her all the best.

Research Assistants **Jessica DeGrandis** and **Angela Alexander, MA** recently left the MIRECC to pursue graduate degrees. We want to acknowledge them for their hard work and wish them success in their new endeavors.

GOOD-BYE AND THANKS

As mentioned in the Director's article above, we say a reluctant good-bye to **Jean Gearon, PhD**. Jean began her career in the UMB Psychiatry Department many years ago as a research assistant, went on to hold a post-doctoral fellow position, and, finally, an Assistant Professor post. As an independent investigator studying women with severe mental illness and PTSD, Jean contributed significantly to the field and the success of the Center for the Behavioral Treatment of Schizophrenia. When the MIRECC was established, Jean served as Assistant Director of the Research Core, then as the Associate Director of the Clinical Core. She also created and chaired the successful annual conference on women and serious mental illness.

Jean has played a vital role in the success of the MIRECC, and her shoes will be difficult to fill.

UPCOMING EVENTS

Working with Families of the Mentally Ill: Meeting the Challenges and Reaping the Rewards

October 18, 2004

Location: Maritime Institute, Linthicum Heights, MD

This one day conference will focus on the importance of family involvement and partnership with clinicians in the treatment of mental illness. National and local experts will address evidence-based practice models including MacFarland's Family Psycho-Education Model and NAMI's Family-to-Family Program, and will include a forum for consumers to address issues of families using the mental health care system.

For more information and registration, go to www.chepinc.org. Click on the conferences tab, and then on "Working with Families of the Mentally Ill: Meeting the Challenges and Reaping the Rewards."

Maryland Schizophrenia Conference

November 16, 2005

Martin's West, Baltimore, Maryland

For program information and fees, go to <http://www.mdschizconf.org>.

Women and Post-Traumatic Stress Disorder

Spring 2005

Baltimore metro area

National MIRECC Conference

June 5-8, 2005

New Orleans, Louisiana

Management of Violence in a Psychiatric Setting

Fall 2005

Near the Martinsburg, West Virginia VA Medical Center
