

THE VISN 5 MIRECC MATTERS

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FROM THE EDITOR'S DESK

*Shannon Thomas-Lohrman, M.S.
Project Manager, VISN 5 MIRECC*

As this issue is being prepared, we are barreling toward the holidays and the end of the year. So, from our staff to yours: we wish you *many* wonderful hours with family and friends in the days ahead, and a peaceful and happy New Year!

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NEW! "GUIDE TO RESEARCH" ON THE WEB

Obtaining IRB and VA R & D approval for grants that involve the use of human subjects has become an increasingly complicated process. In an effort to simplify this process for everyone submitting projects through the MIRECC, the MIRECC Education Core has put an overview on our website of the steps involved in initiating a research study. The site also includes links to all of the required MIRECC, IRB and VA R & D forms.

To access the website, go to the main VISN 5 MIRECC website at <http://www.va.gov/VISN5mirecc/>.

In the menu to the far left, double-click on "Guide to Conducting Research".

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FIRST EXTERNAL ADVISORY COMMITTEE MEETING

*Submitted by Lisa Dixon, MD, MPH
Associate Director Research Core*

The MIRECC had its first External Advisory Committee Meeting on October 29, 2001, to solicit feedback both from seasoned VA investigators and administration as well as non-VA investigators about how our MIRECC could better serve the VISN. We also asked for specific advice on strategies for pursuing research funding through the VA, requested that the Advisory Committee evaluate the progress of our MIRECC to date, and sought direction for our future work. We appreciate **Larry Siever, MD**, Director VISN 3 MIRECC, **Nina Schooler, PhD**, Director of Psychiatry Research at Hillside Hospital, **Robert Rosenheck, MD**, Director VA Northeast Program Evaluation Center and Professor of Psychiatry and Public Health, Yale University, and **Ira Katz, MD, PhD**, Director of the VISN 4 MIRECC giving of their time to serve on the Committee.

Much of the meeting focused on how the MIRECC fits into the structure, challenges and needs of VISN 5. Presentations by **Stephen Deutsch, MD, PhD**, Director, Mental Health Service Line, VISN 5, **Anthony Lehman, MD, MSPH**, Chair, University of Maryland Department of Psychiatry, and each of the MIRECC core directors drew productive feedback from the Advisory Committee. Committee members remarked on how the MIRECC has begun to grow its own VA-based unit and staff in addition to substantively

integrating University of Maryland faculty and staff within the VA. It was noted that the MIRECC staff and each of its cores were now ready to serve the VISN more actively.

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WHAT DO PEOPLE WHO HEAR VOICES REALLY HEAR?

The MIRECC is conducting a voluntary "virtual voices" training, which allows mental health staff to gain additional insight into the auditory hallucinations that patients with schizophrenia often hear. The 1.5 hour training session consists of listening to an audiotape which was created by people who actually hear voices. The program was produced by Patricia Deegan, PhD, Director of Training and Education for the National Empowerment Center, Inc. and the training session is conducted by **Bette Stewart** of the National Alliance for the Mentally Ill.

Participants are asked to perform tasks such as completing a reading comprehension test, talking to a mental health professional, or asking an unfamiliar person for information while the tape is playing. Afterwards, participants gather to discuss their experiences. Many staff who have completed the program consider it to be one of the most powerful and compelling training experiences they have had. Recently, 20 staff from Unit 364-A and the Domiciliary Care for the Homeless Veterans Program at Perry Point participated in this training. Another session is planned for January at Perry Point. If you would like to participate, please contact **Cindy Clark, RNC, CD**, at 410-605-7298 or Cynthia.Clark@med.va.gov.

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PROJECTS AND PROGRAMS UPDATE

NEW DATA BASE MANAGEMENT SYSTEM

*Submitted by Lisa Dixon, MD, MPH
Associate Director, Research Core*

We are pleased to announce that the MIRECC has invested in a data entry/data management system that promises to enhance the efficiency and conduct of our scientific enterprise. **Dr. Bob McCarter**, Associate Professor in the Department of Epidemiology and Preventive Medicine, and his staff are developing a customized research management system similar to ones being used by the Cancer Center and the School of Medicine General Clinical Research Center. This system provides a range of services, including scannable data entry forms, instant error checking during data entry, tracking and monitoring of research encounters, and IRB report requirements and due dates. It also provides data reports to investigators and data analysts in a wide variety of possible formats.

With Dr. McCarter's staff providing around-the-clock service for problems, MIRECC staff will be relieved of the responsibility for maintaining what we expect will be an increasingly complicated research database. We are now testing this system with three MIRECC studies, and anticipate that data will be directly entered into the new system as new studies start up. **John Junginger, PhD**, Director of the Assessment Core, and **Clayton Brown, PhD**, Director of the Biostatistics Core, are playing key roles in ensuring that we maximize the benefits of this exciting new data entry/management system.

THE ASSESSMENT CORE

*Submitted by John Junginger, PhD
Associate Director, Assessment Core*

Things have proceeded fairly smoothly since I stepped off the boat from Hawaii a few months ago to assume the direction of the MIRECC Assessment Core. One of the major responsibilities of the Assessment Core is to identify reliable and valid research measures in various "domains" (i.e., psychiatric status, substance abuse, quality of life, etc.) and arrange for training on their administration. The development of the MIRECC database (see article above) has added the responsibility of "prepping" data forms for all of our research measures for entry into the database. This will be accomplished with a sophisticated hardware/software package known as "TELEform". We have prepared several research measures which seem to have good reliability and validity, and are fairly widely used in the field. The Structured Clinical Interview for the Positive and Negative Syndrome Scale (PANSS; in the "Psychiatric Status" domain) and the Addiction Severity Index (in the domain of "Substance Abuse") have been "TELEformed" and are ready for use, with several more assessments in the queue.

We have also begun a training collaboration with the Maryland Psychiatric Research Center (MPRC). MIRECC staff **Shannon Thomas-Lohrman, MS** and **Wendy Tenhula, PhD** are midway through training at the MPRC for the Brief Psychiatric Rating Scale. We also hope to share training resources with MPRC on other measures in the near future.

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YOUR OPINIONS MATTER: RESULTS OF THE STAFF SATISFACTION SURVEY

*Submitted by Joseph Liberto, MD
Associate Director, Clinical Core*

In the 4th quarter of FY2000, the MIRECC conducted a staff satisfaction survey among mental health care administrative and clinical providers in the VISN. Staff's awareness of the MIRECC and their participation and satisfaction with MIRECC-related activities were assessed. A total of 142 out of approximately 577 surveys were returned for a response rate of about 24%. As expected, since most activity up to now has been based at the VAMHCS, a higher percentage of responding staff at the Baltimore and Perry Point sites were aware of the MIRECC (100% and 89% respectively) compared to Martinsburg (57%) and Washington (65%) VAMCs. Of those staff in the VISN who had heard of the MIRECC and who had responded to a question regarding the MIRECC's effect on the Mental Health Service Line (MHSL), 53% strongly agreed or agreed with the statement "I think the MIRECC has a positive effect on the MHSL" while 15% disagreed or strongly disagreed. Thirty-three percent were neutral. Several comments related the need for the MIRECC to provide feedback on research findings to front line staff when they become available and suggested a variety of topics for education and staff training. A few comments, however, noted concerns over research in general within VA at a time when clinical demands are high and clinical resources are stretched. Information regarding staff feedback on specific MIRECC activities are being shared with the Clinical, Education and Research Cores in an effort to enhance the role of the MIRECC in our VISN.

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UPCOMING EVENTS

April 15, 2002

Women and Schizophrenia

Location: Turf Valley Resort and Conference Center, Ellicott City, Maryland

This one-day conference will focus on important issues related to women with schizophrenia including: gender differences in illness course and presentation, the use of anti-psychotic medications and other psychotropic medications, sexual and physical victimization, and reproductive issues including genetic counseling. There will be a poster session with a \$150 award for Outstanding Poster.

For more information, contact Stacey Kaltman at 410-605-7000 x 4734 or altman@psych.umaryland.edu.

September 23, 2002

Dual Diagnosis Conference

This one-day conference will take place at the US Fish and Wildlife Service National Conservation Training Center, Shepherdstown, WV (located 8 miles from the Martinsburg VA). It will cover a range of issues related to the assessment and treatment of patients with both substance abuse and severe mental illness. Topics to be covered include: psychopharmacological management, non-pharmacological treatment, integrated services, and psychopathology.

December 2 & 3, 2002

Schizophrenia and the Criminal Justice System

This two-day conference will take place at a conference center in the Baltimore-Washington area. It will cover issues related to the interface between the criminal justice system and the mental health treatment needs of patients with schizophrenia. Topics to be explored include: prevalence of severe mental illness (SMI) in jails and prisons, arrest rates of persons with SMI, SMI and crime in a broader, "social" context, symptom-motivated criminal behavior, police training programs, jail diversion, treatment in jail, community re-entry, federal perspective on crime and SMI, and the local perspective.