

THE VISN 5 MIRECC MATTERS

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FROM THE EDITOR'S DESK

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

In our last issue, I gave you an idea of the extent to which MIRECC investigators are sharing their expertise by publishing in prestigious journals and by speaking to professional audiences around the world. In this issue, the list continues.....

In May, **Alan S. Bellack, PhD**, spoke about the cognitive deficits and treatment of substance abuse in schizophrenia to an audience of 250 mental health professionals at the annual Atlantic Psychiatric

Conference – Link 2001, held in Prince Edward Island. The name of this year's conference (Link 2001) recognized the Confederation Bridge, which joins Prince Edward Island and New-Brunswick and is the longest bridge over ice-covered waters in the world.

At the recent International Congress on Schizophrenia Research (ICOSR) in Whistler, British Columbia, VISN 5 MIRECC investigators made a solid showing. The ICOSR is a biennial meeting where research scientists from around the world gather to exchange data, techniques, and ideas. Begun in 1987, the Congress has grown to attract over 1,300 attendees representing a broad range of disciplines. To this distinguished group, **William Carpenter, Jr., MD**, gave a presentation entitled *The Ethics of Schizophrenia Research: the North American Perspective* during a session that included speakers on the South African, Japanese, United Kingdom and Russian perspectives. Dr. Carpenter also spoke about *A Model Academic/Industry Collaboration*, and **Karen Wohlheiter, MS**, presented *Improving Employment Outcomes for Persons With Schizophrenia and Other Severe and Persistent Mental Illnesses*. MIRECC investigators who presented posters included **Alan S. Bellack, PhD, Robert W. Buchanan, MD, William Carpenter, Jr., MD, Robert R. Conley, MD, Dwight Dickinson, PhD, JD, Jim Gold, PhD, Julie Kreyenbuhl, PharmD, PhD, Guntant Thaker, MD, and Elaine E. Weiner, MD.**

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PROJECTS AND PROGRAMS UPDATE

CAPITOL NETWORK MIRECC PARTNERS WITH MENTAL HEALTH SERVICE LINE OF VISN 5 TO PROVIDE NOVEL CONTINUUM OF CARE FOR SERIOUSLY AND CHRONICALLY MENTALLY ILL VETERANS

Joseph Liberto, M.D.

Shifting from an inpatient hospital-based healthcare system to an outpatient community-based healthcare system has driven much of the Department of Veterans Affairs (VA) reorganization over the last decade. For Mental Health in particular, such a shift has required innovative treatment programming that allows patients to be placed in the least restrictive level of care based on their needs. VA has been a leader nationally, developing such programming as Assertive Community Treatment (ACT) and Continuous Care Teams under the Mental Health Intensive Care Management initiative.

In FY2000, the VISN 5 Mental Health Service Line identified a need to develop programming for treatment refractory severely and chronically mentally ill (SCMI) veterans. These patients often occupy long-term inpatient psychiatric beds with little improvement in their psychiatric condition and seemingly little hope for discharge to the community. The MIRECC was asked to consult on the development of services that would help improve the quality of life for these veterans and facilitate their transfer to community-based programs.

The VAMHCS/ Perry Point was chosen as a target site because of its high volume of treatment refractory SCMI inpatients. Following a needs assessment of treatment refractory cases at Perry Point, recommendations were made for the development of a model continuum of care. Central to the continuum were the development of a 40-bed inpatient Treatment Refractory Unit and a 17-bed SCMI Track in the Domiciliary Care for Homeless Veterans Program.

The Treatment Refractory Unit (364A), established in FY2000, is the site of multiple novel antipsychotic medication and behavioral trials. Core to the unit is the Points Incentive Program (PIP), a token economy social learning program designed to motivate and rehabilitate veterans. When patients perform certain targeted behaviors, they earn points or tokens that can be traded for tangible items or activities. For example, patients can redeem points in exchange for extra free time, long distance phone cards, and coupons for the canteen store located on the hospital grounds.

Many patients on the Treatment Refractory Unit will be transitioned to the residential SCMI Domiciliary Track that started in May of 2001. The goal of the Domiciliary SCMI Track is to help veterans obtain their highest level of independent functioning. A major component of the program builds on the goals of the PIP, but with higher-level target behaviors coupled with higher-level reinforcers. For example, patients can exchange points for off-station visits with family members, time on the computer, and various recreational activities. Living skills training, aimed at teaching behaviors necessary for independent living, are another important part of the SCMI Domiciliary treatment strategy. For example, emphasis is placed on learning how to budget money, prepare cost-effective meals, comply with medications and shop for clothing and personal items. Much of this teaching and training is accomplished in the community as a form of acclimation to the "real" world. This includes helping patients improve their socialization skills and get involved in positive recreational experiences.

Additional components rounding out the continuum of care for SCMI patients include the development of transitional housing located on the Perry Point campus and further expansion of the VAMHCS ACT and Continuous Care Teams. Treatment outcome throughout the continuum will be tracked by the MIRECC so that treatment strategies can be refined and evidence-based best practices can be exported throughout VISN 5, the VA nationally and the mental health field.

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CONGRATS ARE IN ORDER!

We are delighted to announce that the 2001 H. McKee Jarboe Award for Mental Health Research went to not one, but two key MIRECC personnel: **Wendy Tenhula, PhD**, MIRECC Coordinator, and **Richard Goldberg, PhD**, Assistant Director of the Education Core. This annual award is presented by the University of Maryland Department of Psychiatry to outstanding young investigators.

We are very proud to announce that out of the ten Stanley Foundation Treatment Trial grants recently awarded in the United States, MIRECC investigators received four grants. The studies funded include: (-) 3PPP in Treatment Resistant Schizophrenia (**Robert Conley, MD**), a Clinical Trial of Dipyridamole in Schizophrenia (**Gunvant Thaker, MD**), Galantamine Treatment of Schizophrenia (**Robert Buchanan, MD** and **Robert Conley, MD**), and Galantamine as an Adjunctive Therapy for the Treatment of Schizophrenia (**Matthew Nelson, PharmD**, **Dwight Dickinson, PhD**, and **Robert Conley, MD**).

The latter project will study whether galantamine, a new drug approved for the treatment of cognitive and psychiatric symptoms in Alzheimer's Disease, may provide similar benefits in schizophrenia. Antipsychotic medications are most effective at controlling the "positive" symptoms of schizophrenia, which include hallucinations and delusions. These treatments have been less successful at improving cognitive deficits (such as cognitive slowing and poor memory) and "negative" symptoms (such as diminished motivation, curiosity and social drive). The limitations of antipsychotic treatment for schizophrenia have led to a search for adjunctive treatments. Some patients with Alzheimer's Disease show cognitive and symptomatic benefits from treatments that target the acetylcholine neurotransmitter system. Various research findings suggest that there are abnormalities in this system in schizophrenia. Thus, galantamine, a new agent targeting acetylcholine systems, may offer benefits that complement the benefits of antipsychotic treatment.

In May, VISN 5 MIRECC Coordinator **Wendy Tenhula, PhD** received a three-year Merit Review Entry Program (MREP) grant from the Medical Research Service of the VA. MREP grants are designed to provide funding and mentorship to investigators who are early in their research careers. The project will study whether the effects of social skills training and computer-assisted cognitive remediation generalize beyond the clinic to help patients with schizophrenia function better in their work environments. The project has four phases: 1) an assessment of each participant's cognitive functioning, social functioning, work history and functioning, and current symptoms; 2) neuropsychological training on problem-solving tasks to look at generalization from one problem-solving task to another; 3) a clinical trial in which participants will receive social skills training focused on social interactions at work and a brief trial of computer assisted cognitive skills training, and 4) a follow-up assessment six months after social skills training ends. **Alan Bellack, PhD**, and **James Gold, PhD** are the co-mentors for Dr. Tenhula's project.

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WELCOME TO NEW MEMBERS OF THE VISN 5 MIRECC TEAM

With our continued expansion, we are thrilled to welcome our new secretary **Kim Merritt**. Kim comes to us from the US Postal Service, and has over 14 years of customer service and administrative assistant experience with large organizations. She will perform secretarial duties in support of the MIRECC Director, work closely with Mary Lupi, our Administrative Officer, and support the increasing activities of the Education Core. She is located in the front of the MIRECC suite and will be the first to greet you as you enter our area. Kim is a welcomed addition to our staff. As she learns the MIRECC ropes over the next several weeks, stop by and introduce yourself!

We are also pleased to welcome **Clayton Brown, PhD**. Clay will be serving as the lead biostatistician for the MIRECC, collaborating with investigators in writing grant proposals, analyzing data, and writing papers. He joined the Department of Epidemiology and Preventive Medicine after completing his doctorate in biostatistics at the Johns Hopkins School of Public Health, where he had a NIMH traineeship in biostatistics and epidemiology of mental disorders. Throughout his doctoral training, Dr. Brown assisted in the data analysis of several research studies, mostly related to psychiatric epidemiology, and including longitudinal studies. His expertise includes conducting statistical research on random effects models for longitudinal data and estimating change over time in the context of selection bias due to non-ignorable dropout. His past research collaborations have included papers on alcohol use and depression, comorbidity of anxiety/depression disorders, and the prevalence of personality disorders.

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CONFERENCE UPDATE

MIRECC personnel **Alan S. Bellack, PhD, Paul Ruskin, MD, and Mary Lupi** represented VISN 5 at "The Impact of Mental Health on Medical Illness in the Primary Care Setting and the Aging Veteran" conference recently held in New York City. This conference was a collaborative effort by the national MIRECCs, GRECCs (Geriatric Research, Education and Clinical Centers) and Primary Care to address mental health issues that arise among older Veterans in the primary care setting. The conference allowed MIRECC Directors, Education Core Directors, and Administrators, who typically conduct meetings by conference call, to finally meet each other face-to-face. Plans are already underway for a national MIRECC conference in 2003, and VISN 5 Education Core Director **Paul Ruskin, MD**, is serving on the planning committee.

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UPCOMING EVENTS

September 17, 2001

8:30 am - 4:30 pm

Speaking the Unspoken: Racial Disparities in Mental Health Services for African Americans with Schizophrenia

Presented by the VA Capitol Health Care Network VISN 5 Mental Illness Research, Education and Clinical Center (MIRECC), the Department of Veterans Affairs, and the Chesapeake Health Education Program, Inc. (CHEP)

Location: The Maritime Institute of Technology
Linthicum, Maryland (near the BWI Airport; off Route 295)

This conference will focus on the diverse aspects of racial disparities in mental health care for African Americans with schizophrenia. There will be nationally known speakers, workshop sessions, and a research poster display.

Contact Gwen Kergides at 800-949-1003 x 5472 or gwen.kergides@lrn.va.gov for more information

October 2, 2001

Mental Illness: A Family Dilemma

Presented by the VISN 5 Mental Illness Research, Education and Clinical Center (MIRECC), and the Mental Health Clinic/Mental Health Intensive Case Management Team, Baltimore VA

Location: Baltimore VA Medical Center Auditorium

A half-day seminar to provide education and support to family members of veterans with mental illness (Lunch will be provided)

This event will include an educational program about mental illness and treatment of mental illness, an overview of community and VA resources for families, and information about what we have learned from the VA family needs assessment

For more information, contact Fikre Workneh at 410-605-7257

November 13, 2001

1:00 pm-5:00 pm

9th Annual Maryland Schizophrenia Conference

Presented by The Maryland Psychiatric Research Center, NAMI Maryland, Maryland Council of Community Mental Health Programs, VA Capitol Health Care Network VISN 5 Mental Illness Research, Education and Clinical Center (MIRECC)

Location: Martin's West

CME credits available for: Physicians, Psychologists, Nurses, Social Workers, Therapists/counselors

For more information:

Contact Toni Tinnirella at 410-402-6051 or ttinnire@mprc.umaryland.edu

Or visit www.mdschizconf.org

April 15, 2002

8:00 am 4:30 pm

Women with Schizophrenia

Presented by the VA Capitol Health Care Network VISN 5 Mental Illness Research, Education and Clinical Center (MIRECC), the Department of Veterans Affairs, and the Chesapeake Health Education Program, Inc. (CHEP)

Location: Baltimore-Washington metropolitan area (to be announced at a later date)

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, substance abuse, and reproductive issues including genetic counseling.

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

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VISIT OUR WEBSITE at www.va.gov/visn5mirecc

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REMINDER: The deadline for submission of items to the August *MIRECC MATTERS* is July 30, 2001. Please email items to Shannon.Thomas-Lohrman@med.va.gov, or call Ms. Thomas- Lohrman at 410-605-7000, x 4733.