



Mental Illness –Treatment Challenges

Without appropriate treatment for mental illness, “the loss of human potential is staggering.”¹

William Jefferson Clinton
President of the United States

“HSR&D has committed significant resources to the study of mental illness, and we expect our research efforts will continue to improve treatment methods and outcomes for our veteran population who are afflicted by these disorders.”

John G. Demakis, MD
Director, Health Services Research and Development

What is mental illness?

Mental illness is any illness that affects the healthy or normal functioning of the mind. There are many different forms of mental illness or disorders: depression, post-traumatic stress disorder (PTSD), and schizophrenia, to name a few. Everyone gets the “blues” on occasion, but for someone with clinical depression the “blues” don’t disappear in a few hours or days but are relentlessly chronic and can be debilitating. Persons with PTSD, diagnosed before 1980 as “combat fatigue” or “shell shock,” often involuntarily, and repeatedly, experience the trauma of a terrifying event (i.e., war, violent assault, sexual abuse, or severe accident). It is estimated that over 15% of Vietnam theater veterans (approximately 480,000 men) currently suffer from PTSD.² And schizophrenia, a prevalent illness among VA service users, is often a chronic, debilitating condition with a pervasive influence on all aspects of a person’s life, on family members, and on the community. As with any type of illness, the severity and chronicity of the disorder varies based upon the individual. However, what is true for most people who suffer from mental illness, and their loved ones, is the shame associated with this type of disorder. Tipper Gore, a well known advocate for mental health issues, stated at a recent White House Conference on Mental Health that, “It is time to bring mental health care into the 21st Century and end the stigma...”³

How does mental illness impact veterans’ health care?

Mental illness represents a substantial burden to national health care. For example, the economic burden of schizophre-

nia in the US exceeds \$30 billion per year, and depression costs approximately \$43 billion annually.⁴ As the largest system of health care in the US, VA is greatly impacted by the responsibilities and challenges associated with the treatment and care of patients who suffer from mental illness. By the very nature of the illness, persons with mental disorders are often difficult to treat. Patients who have schizophrenia, for instance, may not see the need for medication unless their condition has already been stabilized by medication. Further complications arise with comorbidity (coexistence of two or more illnesses) which often affects treatment. For example, 40% of veterans with PTSD have concurrent clinically significant depression and are particularly difficult to treat.⁵ It is also estimated that up to 52% of seriously mentally ill veterans have significant comorbid substance abuse that complicates treatment and often results in poor outcomes. Substance abuse is a particular problem for those who suffer from depression and/or anxiety, and who try to alleviate their symptoms by using alcohol or other drugs. In addition, those who suffer from mental illness may be reluctant to seek help due to the embarrassment often associated with this type of illness.

All VA clinicians face many challenges in treating mental illness, including identifying patients with this type of illness and assuring patient compliance with treatment once an illness has been diagnosed. Despite the difficulties associated with treating mental illness, new and rapidly expanding pharmacological and psychosocial treatments are available.

How is health services research helping alleviate the impact of mental illness on the VA health care system?

HSR&D focuses on advancing mental health care within VA and nationwide, through the development, implementation and dissemination of health services research that will result in improved treatment and policies for the mentally ill. The HSR&D Center for Mental Health Care and Outcomes Research in Little Rock, Arkansas (CeMHOR) conducts research on mental health care topics, such as depression, schizophrenia, dementia, and comorbid psychiatric and substance abuse disorders. HSR&D's Center for Health Care Evaluation in Palo Alto, California focuses on improving many aspects of health care services including treatments for substance abuse and psychiatric disorders. HSR&D investigates patients' access to mental health care and patient outcomes. HSR&D also is leading the new Quality Enhancement Research Initiative (QUERI) with the mission to translate research discoveries and innovations into better patient care and systems improvement. QUERI is a comprehensive, data-driven, outcomes based, quality improvement program that focuses on eight high volume and/or high-risk conditions among veterans. Mental health and substance abuse are two of the eight conditions of initial QUERI focus. The Mental Health QUERI targets two disorders: major depressive disorder and schizophrenia. Both of these disorders have a devastating impact on affected veterans' lives and impose a substantial cost on the VA. The Substance Abuse QUERI is working to establish an evidence-based program which identifies best practices for the treatment of substance use disorders, developing new research and disseminating information in order to promote ongoing improvements in practice.

Below are promising studies and recent findings from HSR&D research projects addressing the issues of mentally ill veterans.

PTSD Seriously Impacts Health and Health Care Use

Post-traumatic stress disorder (PTSD) occurs in response to an extreme traumatic stressor, and it is estimated that approximately 1 million patients who were exposed to combat may suffer from this disorder. Despite the substantial impact on VA resources, the extent and means by which PTSD affects health and health care use is unclear. This three-year ongoing study of 2,425 VA ambulatory care patients will establish the validity of a PTSD screening measure for VA ambulatory care settings; estimate the prevalence of PTSD in this treatment setting; and enhance understanding of the effects of PTSD on health status and health care.

Thus far, findings suggest that PTSD has a direct effect on health status that is independent of the effects of comorbid medical conditions, depression, and alcohol use. Results also show that PTSD has both a direct and an indirect effect on health care utilization, after controlling for comorbid medical conditions, depression, and alcohol use. In addition to demon-

strating that traumatic events and the reaction to such events (e.g., PTSD) can and do have long-term effects, this study will provide VA administrators and policy makers with a better understanding of the role PTSD plays in the health status and health care use of ambulatory care patients so that VA can best plan resource utilization.

Spiro A III, Hankin CS, Mansell D, Kazis L. Post-traumatic stress disorder and health status: The Veterans Health Study. Medical Care Monographs. (In press.) HSR&D Study #IIR 96-030

Medication Management for Schizophrenia Essential for Better Treatment

Antipsychotic medication is an essential component of treatment for schizophrenia, which is the second most frequent discharge diagnosis in VA. Although the efficacy of antipsychotic medications are well established, there is little research data about their effectiveness in routine clinical settings. A three-year study by HSR&D sought out such data to investigate how patient outcomes are predicted by the management of their medication (e.g., dosage) and to identify unacceptable medication management practices. Using an existing data set from a longitudinal outcomes study, several patient screening components were examined, such as daily antipsychotic dose range and transition to outpatient care. Results of this study, so far, have shown that nearly half of the 152 subjects were prescribed doses outside the range recommended by practice guidelines for schizophrenia: 15% prescribed less than an optimal dose and 34% greater than guidelines suggest. Study findings also indicate that guideline dose category, for oral antipsychotic medication only, significantly predicted follow-up symptom severity.

Results from this ongoing investigation will help VA clinicians and managers determine which treatment variables are related to patient outcomes and also will help them measure performance of important aspects of care recommended by guidelines. This is especially important in light of the recent publication of clinical practice guidelines for schizophrenia.

Owen, R.R. The Quality of Medication Management for Schizophrenia. HSR&D Study #IIR 95-020

Improved Treatment for Substance Abuse Patients with Psychiatric Disorders

With the changing health care landscape, it is more important than ever to determine the best and most cost effective treatment available. In 1997, HSR&D began a study to provide information on current efforts to transfer mental health care away from hospitals and to match patients to different types of community care, as it relates to patients with comorbid substance abuse and psychiatric disorders. This study compares hospital-based treatment programs to

community-based programs, depending on the severity of patient illness and intensity of the treatment program. Investigators hypothesized that patients with severe clinical and functional problems will have better outcomes when matched to service- and structure-intensive programs, while patients with moderate problems will have better outcomes when matched to programs of a lower treatment intensity. Initial findings indicate that community residential facilities were more likely to serve dual diagnosis patients in 1998 than they were in 1995, and were also more likely to provide more services (i.e., rehabilitation and medical services, etc.). Data gathered from this study, which continues until September 2001, will help VA develop treatment programs that will best match the individual patient's needs thus resulting in the best possible outcome.

Timko, C. Matching Outcomes and Costs in Substance Abuse/Psychiatric Treatment. HSR&D Study #IIR 95-011

Telepsychiatry and the Treatment of Depression

Telepsychiatry is a novel means of providing expert psychiatric treatment to patients who live in geographically remote areas or in areas where psychiatric treatment is unavailable or expensive to maintain. HSR&D is conducting a three-year study, Efficacy of Telepsychiatry in the Treatment of Depression, to demonstrate whether or not treatment of depressive disorders via telepsychiatry is as effective as "live," in-person, treatment, and to determine if patients are as compliant and satisfied with this new method of care.

This randomized, controlled study examines 144 veterans treated at three VA Maryland health care facilities. Psychiatrists from each of the three facilities conduct both "live" and "remote" treatment, which involves eight sessions lasting 30 minutes each over a six-month study period. Treatment consists of psychotropic medication and psycho-education concerning the disease, medications, and side effects. Preliminary data suggest that treatment efficacy is similar for patients treated "live" and "remotely." Further, anecdotal evidence suggests that even older veterans are comfortable using telecommunications technology for treatment. With the use of telepsychiatry, VA health care can be widely expanded at great convenience to veterans and without incurring high costs.

Ruskin PE, Reed S, Kumar R, et al. Reliability and acceptability of psychiatric diagnosis via telecommunications and audiovisual technology. Psychiatric Services, 49(8): 1086-1090, Aug 1998. HSR&D Study #ACC 97-034

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1. "Clinton pushes mental health protection." Woodward, C. Associated Press. *Boston Globe* June 8, 1999.
2. Friedman, M.J., Schnurr, P., *Group Treatment of PTSD for Vietnam Theater Veterans* CSP Study # 420
3. *The White House Conference on Mental Health: Working for a Healthier America* <http://www.mentalhealth.gov/backgrdtext.asp> July 12, 1999.
4. Fischer E, Marder SR, Smith GR, et al., *Mental Health QUERI*. Medical Care (In press).
5. Dunn, N.J., Denney, L., Blackburn, A., Garcia, J., Wurth, M.; Baker, B., Stulb, V., & Perry, B.D. *Stereotypes of the Vietnam Vet: Experiences of the Houston VAMC PTSD Specialty Clinic*. Poster presented at the annual meeting of the International Society for Traumatic Stress Studies. San Antonio, TX., October 1993.

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