

Consumer Council News

January 28, 2003

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BUDGET

Secretary Principi heralded the President's 2004 budget request of \$63.6 billion for VA stating that it supports his three highest priorities to: (1) sharpen the focus of our health care system to achieve primary care access standards that complement our quality standards (2) meet the timeliness goal in claims processing (3) ensure the burial needs of veterans are met, and maintain national cemeteries as shrines. This budget is a 7.7 % increase over last year.

Newsletter sponsored by VA Mental Health Consumer Council
FAX comments to Lucia Freedman at 202-273-9069 or call 202-273-8370

Restoring Balance

Secretary Principi in this testimony before the House Committee on Veterans' Affairs emphasized restoring balance to the VA system. The demand for VA health care has risen dramatically in recent years. From 1996 to 2002, the number of patients the VA provides health care to grew by 54 percent. To restore balance to provide the best care possible to the highest priority veterans, Secretary Principi proposed the following changes to the budget:

- * Assess an annual enrollment fee of \$250 for non-service-connected Priority 7 veterans and all Priority 8 veterans
- * Increase co-payments for Priority 7 and 8 veterans for outpatient primary care



from \$15 to \$20 and for pharmacy benefits from \$7 to \$15

- * Eliminate the pharmacy co-payment for Priority 2-5 veterans whose income is below the pension aid and attendance level of \$16,169

- * Expand non-institutional long-term care with reductions in institutional care in recognition of patient preference and the improved quality of life possible in non-institutional settings

There is also a new initiative with Department of Health and Human Services to offer Priority 8 veterans aged 65 and older a VA+Choice Medicare plan that would allow these veterans to use their Medicare benefits for care from VA.

SMI Committee Priorities

The Committee on Care of Veterans with Serious Mental Illness met January 2003 and endorsed a number of recommendations focused around the theme of recovery for veterans with mental illness. There is a focus on developing a complete comprehensive continuum of care for veterans with mental illness. This includes work restoration, supported housing, family supports, access to community based VA outpatient clinics and Mental Health Intensive Case Management programs.

The active involvement of veterans with mental illnesses and their family members was seen as a first step to de-stigmatizing mental illness and promoting a recovery oriented system. The Committee recommended that the Veterans Health Administration (VHA) de-

velop a written policy directive designed to counter known stigma associated with serious mental illness and to promote the overarching values, policies, and practices consistent with a recovery oriented mental health service system. Through promotion of the VA Clinical Practice Guidelines for Psychosis, VA is promoting evidence-based practices of assertive community treatment, self-care skills training, family education and support, the enhancement of work restoration programming and other key recovery-enhancing services. A recommendation that focuses on work would require veterans to receive an assessment of their capabilities. The Compensated Work Program would be enhanced to provide greater benefits and supported employment.

Family Education

In the most recent meeting of the Committee on Care of Veterans with Serious Mental Illness (SMI) it was recommended that VA develop a monitor to measure the current degree of contact with family member of veterans with serious mental illness who have involved families and to measure the provision of any form of psychoeducation to these families. There is very little family psychoeducation done in the VA nationally. This is in part due to staffing that would be needed to provide this care. An extension of the Patient Outcomes Research Team (PORT) study evaluating a total of 466 veterans found that only about 30% of veterans reported that their families had even received information about the illness (Rosenheck et al, 2000). Focus groups of families of veterans and staff demonstrate the demand for information and services by families as well as the desire of staff to better meet family member needs. Research has demonstrated that family psychoeducation has

improved the functional status of persons with mental illness and increased family sense of well being. Some randomized controlled research trials have shown a decreased relapse rate among patients whose families receive family psychoeducation. This is an area for research and the SMI Committee recommended that the Mental Health QUERI should develop a Request for Proposals to better understand the effective translation of current evidence-based interventions providing psychoeducation for families of veterans with serious mental illness. The research would seek to identify if there are subgroups of veterans who require differing forms of family psychoeducation for optimal clinical impact. It has also been recommended that the VA develop an education program for all VA Mental Health managers on the evidence base for family psychoeducation. This will move the VA to improve the care they give to both the veterans and their families.

Increased Mental Health Discharges from the Military

In an article "Mental Disorders Among U.S. Military Personnel in the 1990s: Association with High Levels of Health Care Utilization and Early Military Attrition" in the American Journal of Psychiatry (September, 2002) analyzed hospitalizations, ambulatory visits, and discharges from military service among all active-duty military personnel. The findings showed that persons with mental health diagnoses were the leading category of discharge diagnoses among men and the second leading category among women of all hospitalizations. Six percent of the military population received ambulatory services for mental health annually. Of those who were hospitalized for the first time for a mental illness, 47% left military service within 6 months as compared to 12% for other disease categories. The objective of the study was to estimate the

burden of mental illness on the use of health care and on occupational functioning as measured by attrition from military service. The conclusions of the study was that mental illness appears to represent the most important source of medical and occupational problems. The U.S. military represents approximately 1% of the entire U.S. adult working population between the ages of 18 and 45. The analyses confirmed that mental illness was a major public health problem and a leading cause of lost occupational functioning in the military population. As the VA begins to prepare its system of care for the future it will need to take into consideration the type of medical care it will need to provide for the military personnel who are leaving the service. The need for comprehensive psychiatric care will be a priority.

Information and Resources

June 4-7, 2003

NMHA's Annual Conference

America's Mental Health Crisis: Finding Solutions Together

Hyatt Regency

Washington, DC

www.nmha.org/703-684-7722

June 28-July 1, 2003

NAMI Annual Conference

Confronting The Mental Health Crisis in Our Communities, Minneapolis, MN

www.NAMI.org

August 15-17, 2003

Depression BiPolar Support Alliance Annual Conference

Charting a Course: Improving Our Lives, Long Beach, CA 800-826-3632 www.DBSA.org