

Consumer Council News

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Making the Consumer Voice Strong

Parity and the VA
The Department of Veterans Affairs (VA) has parity for mental health. The new proposed legislation for parity in the private sector does not include substance abuse care which the VA provides. The VA care system has provided mental health benefits to veterans on a par with medical/ surgical benefits. The Mental Health Parity Act is also tied to the level of services allowed in each state which may vary. The VA is standardized across the nation.

Involving consumers has been an area of emphasis in assessing the quality of health care. The how to and the definition of quality has been at the heart of the debate. In Philadelphia there was a Consumer Satisfaction Team put into place after the deaths of two patients in a state facility. A team of consumers made visits to the patients at the state mental health facility and asked them about their needs and wishes for community care. As part of this project the consumers were trained to gather data on the quality of services. When the state hospital was closed the Consumer Satisfaction Team grew from one team with a budget of \$138,000 to four teams with a budget of \$2.8 million and 30 employees. The focus of the consumer teams is on the



experience of people receiving services. They are less interested in satisfaction with a single visit or global satisfaction with a plan of care which is typically a focus of satisfaction surveys. There evaluation has made a difference in the services that the city purchases. The visits that the consumer teams make are unannounced to mental health and substance abuse treatment sites, including inpatient and partial hospitalization units. They do not see themselves as casemangers or advocates on behalf of any patient but rather a team that provides information to the providers of services. These team have been in place for 12 years and service as a model of success.

Placebo or Medication

In a recent study "Changes in Brain Function of Depressed Subjects During Treatment With Placebo", American Journal of Psychiatry, January 2002 brain function was evaluated in depressed persons receiving either active medication or placebo. Patients who are depressed have been shown to have substantial reductions in symptoms (25% to 60%) when treated with a placebo. This is not unique to depression as other medical and psychiatric illnesses have similarly high placebo response rates. The study used quantitative electroencephalography (QEEG) to compare changes in brain function. The findings indicated that 52% of the patients receiving antidepressant medication responded to treatment, and 38 of those receiving placebo responded. Both responder

groups had similar rates of decline in lower depression scores. While the placebo and medication treatment group showed similar symptomatic improvement the treatment affect on the prefrontal brain function differed. Placebo responders showed an increase in prefrontal cordance and the medication responders showed a decrease. This study did show that giving a placebo is an active treatment rather than the no-treatment comparison it has been thought to provide. It was shown that the brain physiology using a placebo was altered in a different way than using the medication. This study will help study the effectiveness of antidepressant medication.

Newsletter sponsored by
VA Mental Health
Consumer Council
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The Independent Budget

The Independent Budget was released February 20, 2002. This is the 16th year for this report which is produced by AMVETS, Disabled American Veterans, Paralyzed Veterans of American and Veterans of Foreign Wars of the United States. The document discusses the Capacity legislation and the need to maintain services for veterans with mental illness. There were four recommendations for mental health:

1. Congress should incrementally augment funding for specialized treatment for seriously mentally ill veterans by \$160 million each year from FY 2003 through FY 2005.
2. VHA should partner with mental health advocacy organizations such as the National Mental Health Association, National Alliance for the Mentally Ill, National Depressive Manic Association, and veterans service organizations to provide support services such as outreach, educational programs, family support services, and self-help resources.

3. VHA should increase funding for Mental Illness Research Education and Clinical Care (MIRECC) Centers.

4. VHA should reinvest savings from closing inpatient mental health programs to develop an outpatient continuum of care that includes case management, psychosocial rehabilitation, housing alternatives, and other support services for veterans with severe and chronic mental illness.

The document states that capacity has not been met in mental health according to the Public Law 104-262.

For advocates the Independent Budget and the Fifth Annual Report (2001) submitted by the Committee on Care of Veterans with Serious Mental Illness are good resources. The independent budget can be obtained from www.independentbudget.org and the SMI Report can be obtained at www.mentalhealth.med.va.gov/cc.

Overview of VHA Mental Health Care

The VA has the most comprehensive national mental health programs integrating mental health care with substance use disorder care. In Fiscal Year 2000 VA treated more than 524,000 veterans in a comprehensive array of mental health programs. Only 11.2 percent of these patients required an inpatient stay. The clinical care cost for these services was \$3.4 billion. Treatment for persons with a mental illness diagnosis rests on two main approaches pharmacotherapy and psychotherapy. The VA formulary for psychotropic medications includes all the newer atypical antipsychotic and anti-depressant drugs. The VA approach includes psycho-social rehabilitation techniques, designed to optimize patients strengths and correct behavioral issues. Interventions include patient and family education, cognitive and behavioral therapy, working and living skills training, and intensive case

management. VA has identified several target populations and has developed special emphasis programs designed to serve these populations. They include veterans with serious mental illness, homeless veterans with mental illness, veterans suffering from Post Traumatic Stress Disorder and those with substance use disorder. VA operates an internationally recognized network of 151 specialized programs for the treatment of PTSD through its medical centers and clinics.

VA's Mental Illness Research, Education and clinical Centers (MIRECCs), which began in October 1997, bring together research, education, and clinical care to provide advanced scientific knowledge on evaluation and treatment of mental illness. There are eight MIRECCs who are now generating new knowledge about the causes and treatments of mental disorders.

Information and Resources

For up to date information from the Center for Mental Health Services subscribe on line to the CMHS Consumer Affairs e-News- www.mentalhealth.org/consumersurvivor/

National Mental Health Association
2002 Annual Conference
Washington, D.C.
June 5-8, 2002 www.nmha.org (703-838-7504)

NAMI Annual Convention
"Building Communities of Hope"
June 26-30th
Cincinnati, Ohio
www.nami.org 703-524-7600