

# Consumer Council News

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## **Mandatory Funding**

**The Disabled American Veterans has been joined by the Veterans of Foreign Wars and The American Legion in requesting Congress to make funding for the VA mandatory. In a joint statement the service organizations stated that no veteran should be forced to fight for what he/she is entitled to receive for having fulfilled a military commitment. Funding now does not meet the need of all the veterans that need and are entitled to health care. See [www.dav.org](http://www.dav.org) for details.**

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

## CASH and COUNSELING

A demonstration project, Cash and Counseling project, jointly supported by Health and Human Services and the Robert Wood Johnson Foundation offers Medicaid consumers control over their own supportive services. Under the Cash and Counseling approach, the persons needing service are provided with a monthly allowance which is equivalent to what would be spent under traditional Medicaid for their care. The persons in the study can use their allowances to hire friends and family members (excluding spouses) as caregivers. They may also use the monthly allowance to purchase assistive equipment or home-modifications related to their personal care needs. Counseling is provided to help recipients develop a



spending plan for the allowance. The study compared randomly selected, voluntary participants using the Cash and Counseling approach with a control group of those who had to rely on traditional agencies. Findings included:

- \* Satisfaction with caregivers was much higher for those in Cash and Counseling. Reports of paid caregivers failing to complete tasks were about 60 percent lower than the control group
- \* Program participants were nearly 20 percentage points more likely than the control group to express satisfaction with their lives. Approaches like this hold great promise for making Medicaid more cost-effective and better serving people with disabilities.

## Insight into Consumer Needs

The Substance Abuse and Mental Health Services Administration (SAMHSA) sponsors regional consumer meetings to hear directly from mental health consumers/survivors in their own communities about their views on methods to improve the publicly funded mental health system. The following issues were some identified as the most pressing consumer needs and concerns:

1. Affordable housing
2. Increased funding
3. Increased consumer-operated services
4. Medicaid reform to promote independence
5. Insurance parity
6. Affordable medications
7. Increased Employment
8. Increased crisis services

9. Better access to services
10. Jail diversion

In 2003 there are more meetings planned. These regional meetings have provided an opportunity for consumers to convene on a regional basis to network and share information about what they have learned in their efforts to make mental health service more accessible and effective.

The strength of hearing directly from consumers is that they can identify their most pressing needs and give suggestions on how to address these concerns. This information helps both the State and Federal mental health system.

## Suicide in the U.S. Military

In an article in *Military Medicine*, March 2003 "Suicidal Admissions in the United States Military" research is presented on military persons who are at high risk for death by suicide. Suicide is currently the second leading cause of death in the U.S. Military. In 2000, approximately 153 active duty U.S. military members killed themselves. The study was a records review conducted at Walter Reed Army Medical Center of 100 consecutive cases admitted to inpatient psychiatry between July 1998 and January 1999. Of the 100 charts, 54 of the patients were admitted following an attempted suicide, whereas the remaining 46 service members were admitted after voicing significant suicidal ideation. Sixty-six patients were men and 34 patients were women. The age of the patients ranged from 19 to 46 years, with an average age of 27.6 years. At the time of admission, 94% of the patients in this study subjectively reported depressed mood. The precipitating stresses prior to hospitaliza-

tion were: 78% occupational, 61% marital or romantic, 35% deployment related, 39% financial, and 33% other. Sixty-four percent reported a history of previous suicide attempts or gestures. Prior to this hospitalization 49% of the patients had been prescribed psychotropic medications. Of the 100 patients, 47% were returned to a full duty status and 29% were returned to duty with a medical recommendation for administrative separation and 18% were recommended for administrative separation.

The study implies that the military is unknowingly accepting more members into the service with psychiatric histories and attempting to maintain them on active duty. The services have ongoing efforts to better screen recruits prior to entering the military. The military wants to improve their suicide prevention program and more studies will need to be done to learn more about the factors surrounding suicidal behavior in the U.S. military.

### Focus on Families

In 2001 VISN 5 Mental Health Research and Clinical Center (MIRECC) started a project to assess family need in the VA. The purpose of the assessment was to explore and catalogue the needs of family members of veterans with serious mental illnesses, so that they may be optimal allies in their relative's treatment and recovery and may take optimal care of themselves in their difficult role. The project used focused groups as a method to get information. There were three groups involved the staff, family member, and the veteran. The staff group reported on many of the same issues identified by families and veterans which were:

- \* Family need for information on the illness and navigating the VA and community mental health system
- \* Staff need for more education/awareness of

family perspective

- \* Earlier and more supportive contact with families to enhance patient outcomes and prevent family burnout
- \* Staff need for information and assistance from family members

A recent survey done in 2003 within the VA showed that no one is doing Family Psycho education as described in the PORT study. There were two VISNs reporting an organized Family Psychosocial Intervention program. Eleven VISNs reported at least one NAMI Family-to-Family Education Program within their Network.

There is clearly a emergence of family programs in the VA but there is a long way to go. Part of the issue is that resources are limited and family programs require staff, training and follow-up.

### Information and Resources

June 4-7, 2003  
 NMHA Annual Conference  
 "America's Mental Health Crisis: Finding Solutions Together"  
 Washington, DC  
[www.nmha.org](http://www.nmha.org)

June 28-July 1, 2003  
 NAMI Annual Conference  
 Minneapolis, MN  
[www.nami.org](http://www.nami.org)

August 15-17, 2003  
 Depression Bipolar Support Alliance (DBSA)  
 Annual Conference, Long Beach CA  
[www.DBSAAlliance.org/800-826-3632](http://www.DBSAAlliance.org/800-826-3632)