

Consumer Council News

April 26, 2001

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New VA Budget

A 5.6 billion budget has been approved for the VA. This is a 12% increase and is 1 billion over the Presidents proposal. This budget will allow for increases in mental health care, long term care, additional staff to reduce waiting times, higher pharmacy costs, spinal cord injury care, homeless veteran transitional housing and emergency care. One focus will be on mental health

Newsletter sponsored by VA Mental Health Consumer Council FAX comments to Lucia Freedman at 703-748-0475 or call

Schizophrenia Conference

A VHA conference "Schizophrenia: Scientific, Clinical and Economic Challenges to the VA" sponsored by the National Association VA Psychiatrist included consumers, family members and mental health advocacy agencies. There was a focus on the latest research and the effectiveness of the latest medications to treat schizophrenia. Several issues were

Next Conference call May 16th 1PM EST

addressed such as vocational rehabilitation and the importance that work plays in the recovery process for the person with schizophrenia. The atypical medications were found to reduce the negative symptoms of anxiety that many times caused patients not to be able to



work and participate in rehabilitation programs. The dually diagnosed patients with substance abuse and schizophrenia need more structured programs to meet their needs. Dr. Dixon discussed the importance of family involvement and her research on the NAMI Family to Family program. Studies have confirmed better outcomes when families are involved in treatment. The VA Mental Health Care lines were discussed and there is a need to advocate for a adequate budget so that the needs of the mental ill are not short changed. This involves presenting data that can show the cost savings of providing treatment. This conference provided a good forum to discuss mental health issues among staff, consumers and advocates .

NAMI Veterans Committee Training Program

The NAMI Veterans Committee met March 14-17th to provide training on various issues affecting veteran health care. One day was spent on Capitol Hill with presentations from Veteran Service Organizations , Congressional staffers, SAMHSA and Homeless Veterans program. This provided an opportunity to network and dialogue about issues such as bed closures, appropriations and drug formularies. On March 16th the NAMI Veterans Committee came to the Department of Veterans Affairs Headquarters. The Committee was provided an update by Mental Health Headquarters staff on enhancements on PTSD provided through the Millenium Bill, access and treatment

issues for veterans having substance abuse problems, programs for psychosocial rehabilitation and future goals for these programs, case management, expansion of homeless programs and an update on Mental Health Consumer Councils. Several issues and concerns were raised such as the reductions of beds to an inadequate level in different locations across the country, uneven access to medications in certain VISNs and Medical Centers and adequacy of vocational rehabilitation programs. This provided and opportunity for VHA Mental Health staff to discuss issues directly affecting veterans across the country and share initiatives that will enhance mental health

Designing Work Experiences for Persons with Schizophrenia

In an article "Designing Work Experiences for Persons with Serious Mental Disorders" by Walter Penk a new approach is discussed in vocational rehabilitation for the treatment of persons with serious mental disorders. The concept is that a person goes through various stages in their illness and the work environment should be structured to best match their current needs and their choices.

The continuum goes from work that is suitable for the acute phase of the disorder, when symptoms are less well controlled; to work that is more suitable for a stabilization phase, when symptom management is instituted. At the remission phase when social connections are reestablished a higher level of work experience can be attained. The goal in recovery is to provide the transitional work experiences leading to mainstream employment with job coaching. The benefits are significant when productive activities or competitive employment occurs as the person with a mental illness increases social interaction, symptoms

decrease and medical and mental health indicators improve. The new medications have changed the system of care from a long-term hospitalization to a emphasis on community based care where productive employment can become a reality.

The person in recovery is at the center in making choices about possible productive activities and employment. Persons in recovery become more active in choosing, getting and keeping the kinds of work suited to their stage in recovery. As symptoms subside and persons regain control in the everyday management of their lives they can live independently in the community and receive case management support, psychotherapy, and pharmacotherapies delivered in outpatient settings. Clinicians working with persons with mental illness need to think innovatively and work towards the highest level of accomplishment.

*Penk, Walter, Designing Work Experiences for Persons with Serious Mental Disorders, New Directions for Mental Health Services, no.88, Winter 2000.

CARES Project -Phase One

The Capital Asset Realignment for Enhanced Services (CARES) project has begun in VISN 12. The veterans health care needs will be assessed by the VISN as it exists now and in 2010 and delivery of care options will be presented to meet the needs. A team of health care consultants will visit facilities by network, gathering information from stakeholders and employees to help develop service delivery options. Each facility will hold meetings between consultants for the CARES study, Booz-Allen & Hamilton, and employees, volunteers, veterans service organizations, medical school affiliates, congressional staff and others.

VHA employees and stakeholders will be involved in the CARES process in a number of ways. Prior to the facility visits, each network will assemble an official CARES Support Task Force to provide information to and coordinate with the CARES consultant. Each CARES Support Task Force will designate a

"stakeholder communication coordinator". The coordinator will oversee implementation of a communications plan that will allow comments and concerns of stakeholder to be made to the team and consultant. A new focus will be on outpatients care and community based care. Any changes recommended for a change in mission of a facility will require the Secretary's approval. This can involve closing and opening VHA medical care facilities. If the Secretary of the VA approves a mission change for a facility, the report will go to Congress and stakeholder groups. There will be a formal 45-day comment period before implementation. The impact of CARES is that it will be aligning funding with the recommendations made for the service delivery options. VA expects to begin CARES initiative in VISNs 1,3,4,10,11,12,21, and 22.

Information and Resources

June 6-9, 2001
National Mental Health Association Conference
Hyatt Regency (Capitol Hill) Washington, D>C>
Contact: Diana Looney (703)838-7504/or
dlooney@nmha.org

NAMI 2001 Annual Convention

July 11-15, 2001
Wahington, D.C. call - 703-524-760

August 17-19, 2001
2001 National DMDA(Depressive Manic Depressive Association)
Cleveland, OH
800-826-3632 (ex:157)/www.ndmda.org