

Consumer Council News

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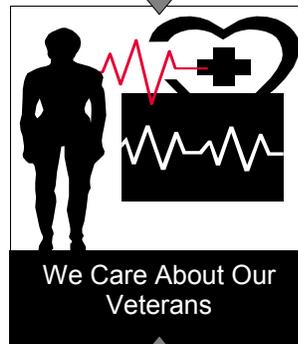
Medicare Maze

Medicare generally covers less than half the cost of mental health-care services. Medicare covers a range of mental health services, including inpatient care under Medicare Part A and doctors', social workers' or therapists' services under Part B. People with Medicare who need inpatient care either in a general or psychiatric hospital must pay the Part A hospital deductible (\$840) and 50% for services under Part B. For more info: [www. MedicareEd.org](http://www.MedicareEd.org)

Newsletter sponsored by
VA Mental Health
Consumer Council
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Improving Treatment for Schizophrenia

The Center for Mental Healthcare & Outcomes Research in North Little Rock, Arkansas has received a grant to study strategies to improve schizophrenia treatment. Dr. Richard R. Owen will lead the effort to translate research finding about antipsychotic treatment into routine VA care. From reviewing data in the VA it is evident that many patients diagnosed with schizophrenia are prescribed an antipsychotic at a daily dose outside the range recommended by treatment guidelines. The other issue from reviewing VA data is that clozapine, the only antipsychotic agent proven effective for patients who fail trials with two or more other drugs, is not as widely used in the VA as it is in other health care settings. Dr.



Owen and his team will work with two networks to develop strategies aimed at increasing guideline medication management and implementing a support program to promote use of clozapine. This is considered translation research

which means making changes in practice from recommendations from research studies. From a previous study they found it effective to involve more staff such as the multidisciplinary team to get results. There will be five sites and there will be a site coordinator. The goal is to diffuse knowledge from the team members to other providers and staff at the participating VA medical centers. The VA currently treats 100,000 veterans with schizophrenia.

Implementing Recovery Oriented Approaches

On March 27, 2003, VHA sponsored the second satellite broadcast on implementing recovery oriented approaches for veterans with serious mental illness. Dr. Roswell, Under Secretary for Health, gave introductory remarks. Dr. Roswell made several key points:

- * A recovery environment is characterized by respect and dignity, hope and empowerment, veteran choice and personal responsibility.
- * A recovery-oriented VHA mental health system is one with active inclusion and participation by people who have had, or are currently receiving, mental health care.
- * It is not enough to reduce symptoms of serious mental illness. VHA's mental

health system must be oriented to the single most important goal of the veterans it serves-the goal of recovery.

Several topics were covered in this broadcast which included:

- ⇒ Recovery in Action-a recovery based program in West Haven and Bedford VA medical centers
 - ⇒ Consumers and Service Delivery-presented by Fred Frese PhD
 - ⇒ Evidence-Based Recovery-Clinical Practice Guidelines
 - ⇒ Empowerment: Understanding Needs & Expectations
- Copies of the broadcast are available upon request.

Online Newsletter
www.mentalhealth.med.va.gov/cc

Consumer Volunteers

As more veteran consumers are being recruited to be involved in Mental Health Consumer/ Advocate Councils there are some helpful steps to help them transition to volunteers on a Council. It becomes important to have an orientation that includes and overview of the mental health programs in the VA, the goals of the Council and the expectations of members of the Council. There needs to be reassurance that being assertive will not result in reprisals. This becomes particularly important in that consumers are intimidated by the belief that benefits can be curtailed or be done away with entirely.

Active participation in meetings can be fostered by sending out information ahead of time that can be reviewed. Creating an atmosphere where questions can be asked comfortably is important because many times consumers voices have been ignored. As the group works on goals that they want to accomplish it would be good to give assignments that are concrete

and are manageable. This helps to make members of the Consumer Council feel that they are making a contribution to the work of the group. The arrangements of meetings needs to be convenient to the veteran consumers. For instance travel can be a big barrier and thought needs to be given to conference calls or reimbursement of travel for members coming a long distance.

The need to keep data understandable is paramount to having good meetings. Data can be overwhelming and needs to be broken down into understandable bits.

Following the meeting it is important to get minutes of the meeting to the veteran consumer and encourage contact between meetings to discuss any issues that need to be clarified.

The council will work most effectively when relationships are nurtured and volunteers feel appreciated. Recognition can be done yearly or throughout the year at various times.

CARES Developments

The third step of Capital Asset Realignment for Enhance Services (CARES) was completed in November 2002 and involved conducting a thorough analysis and projection of the veteran population and their health care needs for the next two decades. From that projection, VA identified "planning initiatives" or gaps, between current supply and future demand through 2022.

In December, VA's 21 health care networks began focusing on resolving the needs identified by the planning initiatives. They had 90 days to develop market plans (solutions) to the planning initiatives (gaps). Although veterans and other stakeholders are encouraged to be actively involved in the entire CARES process, this 90 day period was the most critical for getting input. Market plans were submitted in April.

Regional network plans will be integrated into a draft National CARES Plan, which will be reviewed by VA clinical leaders and by an independent CARES Commission. After the commission has held a series of public hearings and collected input from veterans and other stakeholders, it will submit the final plan to the Secretary, who will announce his decision in October. Mental Health has had strong advocacy in the process and initial concerns with the modeling and projections resulted in a postponement of recommendations for mental health programs until a workable model can be developed that has reliability. Mental Health still needs to be advocated for on the local and national level so that plans for delivery of service do not get overlooked. This remains a challenging process and will take considerable effort to be a true reflection of future need.

Information and Resources

June 4-7
NMHA Annual Conference
Washington, DC
www.nmha

June 28-July 1, 2003
NAMI Annual Conference
Minneapolis, MN
www.nami.org

August 15-17, 2003
Depression BiPolar Support Alliance (DBSA) Annual Conference
Long Beach, CA
www.dbsalliance.org