

Consumer Council News

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Secretary Principi talks with NAMI

CARES Commission

The Capital Asset Realignment for Enhanced Services (CARES) commission will be seeking stakeholder input to the National Plan for VA through some 40 meetings across the country starting in Baltimore and Cleveland August 12, 2003. More information on commenting and being involved in the meetings can be accessed at www.va.gov/cares. The process is to identify the infrastructure the VA will need to serve veterans in the future.

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

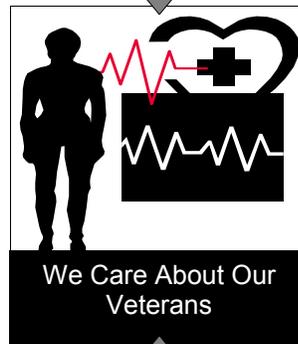
In the spring edition of the National Alliance for the Mentally Ill (NAMI) "Advocate", VA Secretary Principi stated in an article *The Department of Veterans Affairs: A Major Provider for People with Mental Illnesses* that VA is prepared to meet the challenge and provide for the complex and changing needs of our veterans with mental illness.

Underlying the VA commitment is a formulary for psychotropic medications that is one of the most open in organized health care. It includes virtually all of the newer atypical antipsychotic and antidepressant drugs.

A renewed focus on quality of care is reflected in best-practices criteria in the field, such as patient clinical improvement, prevention, screening activities, and

patient satisfaction. VA clinicians are involving mental health professionals in medical primary care teams, and medical capabilities are being enhanced in mental health primary care teams.

Secretary Principi stated "I envision VA's mental health programs promoting a rehabilitation orientation of treatment. We must focus not only on the symptoms and functional deficits of our patients, but also on their strengths and potential for growth and development. VA views mental health as an essential component of overall health. That's why these comprehensive mental health services are part of VA's basic benefits package." Sec. Principi sees VA as a leader in mental health care now and into the future.



NEPEC Report Card

The Northeast Program Evaluation Center (NEPEC) has finalized the National Mental Health Program Performance Monitoring Report for 2002. Some of the highlights are:

- ◆ In 2002, 757,767 veterans, 17% of all veterans received VA mental health services, up 6.4% from 2001.
- ◆ Half (51.2%) of all veterans who receive VA compensation payments for a psychotic disorder used VA mental health services as did 60.5% of those who received VA compensation for P.T.S.D.

Since 1995 the trends and changes showed:

- ◆ A 34% increase in total mental health patients seen.
- ◆ A 64% decline of occupied general psychiatry beds and a 97% decline in the occupied substance abuse beds.

- ◆ A 38% increase since 1995 in the number of veterans treated in outpatient mental health programs and a 12% decline over the same period in the intensity of outpatient services.

In this report Consumer Satisfaction is reported on but twenty six items that specifically focused on mental health are no longer collected by the National Performance Feedback Resource Center and this reflects only veterans who have been discharged from inpatient care. The average general satisfaction score with VA services was 63%.

www.nepec.gov

Online Newsletter

www.mentalhealth.med.va.gov/cc

Evidence Based Practice Versus Recovery

At the recent National Mental Health Association Annual meeting the Director for the Center for Mental Health Quality & Accountability (NASMHPD) reported on what stakeholders need to know about Evidence Based Practice. It is a given that effectiveness is proven and inherent in evidence-based practices (EBP). The gap has been between knowledge and practice. In a survey of the states 86.5% stated that the implementation of EBP is a high priority. During a time of fiscal constraints the implementation of EBP will be a challenge. The other challenge is getting stakeholder buy in. The question of how will Evidence Based Practice help in recovery is being questioned by some consumers. The concern is that much of the existing, published Evidence Based Treatment research was conceived or implemented prior to the emergence of a recovery vision. The danger feared is that the shift to an evidence based approach potentially favors both "Big Science" and a

"top-down view of best practices" in which both research and service dollars tend to flow into more traditional programs. Evidence-based practices research has shown little effect on the array of outcomes identified by consumers as meaningful to recovery, such as quality of life, self esteem, empowerment, satisfaction and well-being (Bond, Becker, Drake, Rapp, et al, 2001). There is concern that the emphasis is on the program models as opposed to the helping process occurring between client and clinician which are seen as less important. Processes such as goal setting, skills training, developing a person-centered plan, building relationships, housing and coaching which is important in the Recovery model has not been emphasized in the Evidence Based Practice Models. The unanswered question such as how does EBP fit with recovery and will it limit or expand consumer choice will have to be worked through to get the necessary buy in from consumers.

A Call to Action to the Primary Care Community and People with Depression

The Depression and Bipolar Support Alliance in *Beyond Diagnosis: Depression and Treatment* did a comprehensive study of people being treated for major depression in the primary care setting and of primary care physicians. The survey confirmed that a significant percentage of people with depression are diagnosed and treated for long periods of time by primary care physicians. While the primary care physicians are routinely involved in the treatment of depression and overwhelmingly rely on antidepressants as the treatment of choice, a significant population of patients who require antidepressant therapy may be achieving less than the best possible treatment outcomes. Lack of compliance to antidepressant therapy, persistent or problematic side effects and suboptimal recovery are all consequences of the situation.

The Depression and BiPolar Support Alliance is trying to raise awareness among primary care physicians that the communication dynamic with patients about depression and its treatment can positively affect patient compliance with therapy, as well as complete recovery and satisfaction with care. Nearly half of the patients surveyed reported having problems with medication side effects at some point and among this group 55% had stopped taking their antidepressant. It was clear from the study that primary care physicians and patients need better tools to help them communicate more effectively. It was recommended that protocols need to be developed for the primary care physician to follow when discussing depression with patients and patient education material needs to be available.

www.dbsalliance.org or 1-800-826-3632

Information and Resources

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

Department of Veterans Affairs
National Mental Health Program Performance Monitoring System: Fiscal Year 2002 Report
www.nepec.gov