

Consumer Council News

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Tribute to Jesse Brown

Jesse Brown, 58, a Vietnam veteran and former Disabled American Veterans official who served as Secretary of Veterans Affairs from 1993 to 1997, died Aug. 15. He stood up for veterans interests in the Clinton Cabinet. He was able to prevail with Congress to support Veteran programs and wanted to be remembered as "someone who made a difference in the quality of veterans' lives." He did make a difference and will be remembered.

Newsletter sponsored by
VA Mental Health
Consumer Council
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Research on Telemedicine at CBOCs

Many of the small rural Community Based Outpatient Clinics (CBOCs) do not have specialty staff or resources to treat persons with mental illness. There have been two grants funded to implement and evaluate a state-of-the-art, telemedicine-based intervention for veterans with depression who are seen in small, rural CBOCs. Telemedicine includes telephone, electronic patient medical records and interactive video. There will be 200 CBOC veterans randomized to a Telemedicine Enhanced Antidepressant Management (TEAM) intervention for depression. Another 200 veterans will be assigned to usual care that involves interactive video only. And 200 veterans will receive usual care in a primary care clinic. TEAM researchers



hope to compare quality outcomes and costs among the three different categories of interventions. Some of the questions that researchers hope to answer:

- (1) Will this intervention produce the same quality and outcomes as those of a primary care clinic?
- (2) Does using interactive video alone in treating depression generate the same quality and outcomes as a primary care clinic?
- (3) Is this TEAM intervention cost-effective?

The goal is to work with clinic provider to give them resources and information they need to identify and treat depression in a primary care setting. This study could help an underserved population receive services.

The Next Step: Veterans and Self-Help

The Committee on Care of Veterans with Serious Mental Illness (SMI) had a meeting in July 2002. The VHA Mental Health Consumer Liaison Council presented a white paper authored by Paolo Del Vecchio, Acting Director, Office of External Liaison, Substance Abuse & Mental Health Service Administration (SAMHSA) on "The Next Step: Veterans and Self Help".

The paper identified self-help as a way to improve the lives of veterans living with serious mental illnesses. The evidence-based practice of self-care has been growing in the literature for the past few years and models of care have expanded in public and private mental health systems.

The Veterans Health Administration (VHA) has not embraced self-help in mental health

but could clearly benefit from expanding it use during a time of escalating consumer demand and reduced resources. Self Care includes not only self-help groups but also peer counseling, self-management and wellness approaches, peer education, consumer-operated services and consumers hired within traditional mental health systems. Research has shown that self-help provides interpersonal support, coping strategies, assistance in making better decisions and helping to understand the illness and its treatment.

A task force has been established to specify recommendations that can be made to strengthen the use of self-help approaches in the VA.

Priority 7 Veterans' Use of Prescription Drugs

The General Accounting Office (GAO) and VHA Office of Policy and Planning have been reviewing the use of prescription drugs by Priority 7 Veterans.

Increased Priority 7 prescription usage has been consistent with overall increases in drug dispensing—from 10.7 million in 1999 to 26.4 million in 2001—due primarily to enrollment expansion. In 2001, Priority 7 veterans accounted for 14% of the total \$3 billion in overall pharmacy costs. Of that group, only 11% account for approximately 50% of the cost.

A key point was that Priority 7 veterans' prescription drug usage rose from \$178 million in 1999 to \$418 million in 2001. This net cost is reduced by the \$2.00 co-payments, which resulted in a collection of \$41 million, an impressive 90% collection rate.

There is considerable variation in the percentage of total prescription workload among the Veterans Integrated Service Networks (VISNs) associated with Priority 7 drug use—from a low of 9% in VISN 20 to a high

of 29% in VISN 3. Most of this unevenness is driven by the numbers of enrolled Priority 7s in each VISN. In looking at the available information the prescription drug benefits for Priority 7 veterans might not be a major contributor to rising health care costs, as many have perceived. It was noted that those VISNs with high numbers of Priority 7 enrollees may not be receiving an adequate share of funding, since care for these veterans is not included in VERA (funding method for VHA) workload projections.

The House Veterans Affairs Committee has asked for a review of the Priority 7 Veterans' use of prescription drugs to explore (1) the extent of use of Priority 7 veterans of prescription drug benefits; (2) the cost of such usage; (3) the variations in levels of usage among the VISNs.

The co-payments will increase from \$2 to \$7 and it is anticipated that co-payment should cover associated costs of dispensing drugs.

Describing Recovery in Mental Health

How do you describe recovery in mental health? This term is used frequently and has many interpretations. Mark Ragins, MD author of "an Empowerment Revolution" describes recovery as the normal adaptation process with four fluid stages:

The first stage is HOPE—In the blackest times of despair what's needed first is hope as a light at the end of the tunnel, some idea that things can get better that life will be more than the present destruction caused by mental illness.. Without hope there's no real possibility of positive action.

The second stage is ENPOWERMENT—To move forward, people need to have a sense of their own capability, their own power. Their hope needs to be focused on things they can do rather than new cures or fixes someone else will discover or give to them. It often takes some actual experience of success to really be-

lieve one can be successful.

The third stage is SELF-RESPONSIBILITY— At some point most people who recover realize that no one else can do it for them, that they have to take charge of their recoveries. People can, and often need, to be supported in their efforts to recover, but they can't be caretaken or protected into recovery.

The fourth stage is MEANINGFUL ROLE IN LIFE— Ultimately to recover one must achieve some meaningful role apart from the destruction. After achieving increased hopefulness, inner strength and self-responsibility, these traits are applied to meaningful roles apart from the destruction.

Put together as a coherent series of stages these descriptions can provide a roadmap of the process of recovery from the destruction of serious mental illness.

Information and Resources

October 6-12, 2002
Mental Illness Awareness Week

October 10, 2002
National Depression Screening
1-800-520-6373