

# Consumer Council News

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## Volunteers

Every VA medical facility has volunteers that provided help and support to veteran patients. Volunteers come from the Service Organizations, family members, or veterans in the community who want to donate time and/or money to help veterans. The efforts of volunteers are coordinated through the Volunteer Service who provide training and register the volunteer to work within the facility. The activities can be providing personal care items to veterans, escorting veterans to appointments and visiting. This is a

Newsletter sponsored by  
VA Mental Health  
Consumer Council  
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## Tragedy Brings People Together

The events of September 11, 2001 terrorist attack in New York and Washington, DC have shaken a nation. As events unfolded in the days following this tragedy an outpouring of support was shown by individuals and agencies that was unparalleled. Dr. Garhtwaite stated in a letter to all VA employees " The VHA family is part of the American family. When a member is hurt, or suffers loss, we are all diminished. But we *respond* as a family would... together."

The agencies that are part of the National Mental Health Consumer Liaison Council offered services quickly. Substance Abuse and Mental Health Services Administration offered grants within 48 hours totaling over 1

million dollars to augment mental health services in New York. National Mental Health Association offered information at their web site ([www.nmha.org](http://www.nmha.org)) which

included support groups that were available. The National Depressive Manic Depressive Association ( [NDMDA](http://www.ndmda.org)) offered information at their web site ([www.ndmda.org](http://www.ndmda.org)) to help people cope with the tragedy. The VA had the expertise of the PTSD special unit from Palo Alto working with the Pentagon to offer direct services.

The efforts of mental health providers was seen as essential.

This tragedy has brought out the spirit of community that is greatly needed and



## New Freedom Initiative Report

On June 18, 2001, President Bush signed Executive Order No. 13217 on Community based Alternatives for Individuals with Disabilities. The order commits the United States to community-based alternatives for individuals with disabilities. The Order calls upon the federal government to assist states and localities to swiftly implement the decision of the United States Supreme Court in *Olmstead v. L.C.* and directs specific federal agencies to review their policies, programs, statutes and regulations to determine whether any should be revised or modified to improve availability of community-based services for individuals with disabilities.

VA was invited to participate and joined

other federal agencies to a listening session on some of the barriers to community services. Some of the barriers frequently mentioned were transportation, staff shortages and an underfunded system. The VA will submit a New Freedom Initiative Report that will be forwarded along with other federal agencies reports to the President. The report describes the programs and services currently in place, the barriers that have already been addressed and the barriers that remain. An action plan was developed as part of the report to eliminate the barriers that have been identified. The New Freedom Initiative is broad in scope but will provide a good foundation understanding the barriers

## MHICM 2000

The recent report on Mental Health Intensive Case Management (July 26, 2001) showed that there were 50 MHICM teams in operation and a dozen more teams were in development. The report is based on an evaluation of 2,683 veterans that have been served by this program. Overall, 77.7% of MHICM veterans had a diagnosis of psychotic illness at entry and they had spent an average of 104 days in the hospital in the year prior to program entry. A primary objective of MHICM teams is to reduce veteran reliance on psychiatric inpatient services. Over a 12 month period hospital use was reduced 73% and met the goal set for the program. Monitored outcomes include four categories:

1. Improvements in health status-Case managers reported a 10% overall reduction in observed symptoms and clients reported an 11% decrease in symptoms.
2. Community functioning-Clients rated their

functioning in activities of daily living had improved 2.2%.

3. Quality of Life-Clients rated five life satisfaction items and reported an 11% improvement from entry to follow-up in the program. There was a 15.1% gain in housing independence.

A minority of MHICM veteran reported a full or part-time work history in the three years preceding program entry. Overall, the number of unique participants in any work or rehabilitation activity declined from 393 veterans at entry to 321 at follow-up and this is a concern.

4. Customer satisfaction-Client ratings of the overall quality of VA mental health services revealed a statistically significant 17.6% gain from the entry of the program.

MHICM is modeled on evidence-based, "best practice" programs used elsewhere in the nation and it is hoped that this program will be expanded and improved.

## Report on Consumer/Survivor-operated Self Help Programs

The U.S. Department of Health and Human Services, Substance Abuse and Mental Health Service Administration recently published *Consumer/Survivor-operated self-help programs: A Technical Report*. This retrospective review describes 13 Demonstration Grant Projects, reports findings and gives overall recommendations. In 1987-1992, The National Institute of Mental Health funded 5 million for community based consumer/survivor demonstration programs. The definition of self-help that distinguished it from traditional professional services was (1)Non-reliance on professionals (2)Voluntary(3)Self-help is egalitarian and peer-based (4)Non-judgmental and (5) Informality is generally the norm with self-help groups. The goals of the 13 demonstration sites were similar and included: Mutual Support, Basic Human Needs ( i.e. housing, employment),Empowerment, Public

Education and Rights Protection. A broad and diverse range of services were provided which included: Drop-In Centers, Support Groups, Information and Referral, Information Dissemination, Advocacy, Outreach, Technical Assistance, Training, Independent Living and Employment. The overall recommendations that were mentioned by the greatest number of sites were (1)Increased Technical Assistance and Training (2)Better Planning (3) Adequate Funding and Continuation (4)Enhanced Cooperation (5)Expanded People of Color Representation (6)Fund Projects Directly. Since this report was done a large number of additional consumer/survivor-operated services have been developed. There is clearly a need for more research. It was demonstrated that these programs can reach large numbers of diverse individuals.

## Information and Resources

Hand In Hand  
A National Summit on Mental Health in the Workplace  
October 9, 2001  
Ronald Reagan Building  
Washington, D. C.  
<http://www.mentalhealth.org/employmentsummit>