

# Consumer Council News

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**H R 2792**  
This legislation proposes to provide "Counseling, training, and mental health services for immediate family members" (Sec. 1782). This would expand the current services being provided to families with veterans that have a mental illness. This legislation allows reimbursement of travel and incidental expenses of family members receiving counseling services. This bill also allows bereavement counseling. If passed this bill will foster family involvement.

Newsletter sponsored by VA Mental Health Consumer Council  
FAX comments to Lucia Freedman at 703-748-0475 or call 202-273-8370

## Stigma: A Call for Action

In an article "The Stigma of Serious Mental Illness: A Modest Action Manifesto for Clinicians", *Public Service Psychology*, Winter 2001, Dolly Sadow, Ph.D., psychologist at the VA medical facility in Bedford, MA outlines a strategy for clinicians to deal with stigma. She advocates that the clinicians are responsible for dealing with stigma in themselves, in their clinical practice and in the public arena. She has called on clinicians to model non stigmatizing behavior by being more sensitive to how they communicate in written and oral communication which would include what they put in medical records. She states that behavioral neutral terms should be used instead of diagnostic labels.



The importance of forming a relationship with the person with mental illness is a key that can emphasize partnership and equality which will reduce stigma. Dr. Sadow emphasizes that we must educate the person being treated for a mental illness as to the treatability of the illness and the literature on stigma. This will be a first step to empowering the person with mental illness to develop techniques for dealing with situations arising from stigmatizing attitudes. She calls on clinicians to be a source of inspiration so that we begin to restructure the attitudes of the public when it comes to mental illness. This modeling of advocacy with the public and in the professional arena in regard to stigma can make a difference.

## Why Police need Training in Mental Illness

There are nearly five times more mentally ill people in the nation's jails and prisons (nearly 300,000) than there are in all of the state psychiatric hospitals combined (fewer than 60,000). Nationally, conservative estimates show that people with mental illness are killed by police at a rate four times greater than the general population. Police shootings are just one symptom of a much larger epidemic involving people with mental illness in our criminal justice system. Thirty years ago, laws governing treatment of the mentally ill were radically reformed so that people who refuse treatment for a mental illness must become dangerous before they can be treated. When that happens, it is the police who are called to respond.

There are many innovative programs being developed around the country to make police encounters with the mentally ill safer and divert them out of the criminal justice system. One program in Miami, Crisis Intervention Teams (CIT) provides special training to patrol officers who are dispatched to respond to calls involving persons with mental illness in crisis. CIT policing has substantially reduced police injuries and reduced the arrest rate of individuals with mental illness. The next step will involve changing the laws that criminalize mental illness and most importantly alternative treatment settings need to be developed in the community for persons in crisis.

## Guiding Practices when there is a Tragedy

When a stressor outside the realm of usual human experiences occurs, it is natural to experience the aftereffects to varying degrees. This is trauma and expected emotional reactions can range from a sense that life is out of balance to social withdrawal. For persons with mental illness the feelings of an unsafe environment can lead to greater anxiety. Veterans may experience PTSD flashbacks. These reactions are generally temporary but need to be acknowledged. There can be a re-emergence of emotional feelings after days, weeks or months. This is a time to seek help from a mental health professional or support groups.

Some self-help techniques are :

1. Don't push thoughts and memories of the event away, it is critical to talk about them.
2. Don't feel embarrassed about a repetitious need to talk to people.
3. Plan extra time to do usual tasks.

4. Keep you life in balance by having a familiar routine with familiar people and surroundings, balance work with rest and avoid new major projects in life during this time.

There is a need for support to persons who have experienced trauma before such as veterans with PTSD so they can work through their intense feelings. If there has been a loss of a friend or family member the grieving process will take time. Setting small goals and taking one day at a time is important. If you are needing to give solace to a person who has suffered a loss it is important to realize that sympathetic company is usually welcomed and is one of the best kinds of support to offer. It is important to be willing to talk about the loss and encourage the person grieving to do the same. You can help a person who is grieving by volunteering to help with practical necessities (food, laundry, etc.). Caring, compassion, and understanding are keys to dealing with tragedy.

## VHA Rated High in Patient Satisfaction for Inpatient Care and Pharmacy Service

VHA inpatient services and outpatient pharmacy services led all segments of the health care industry in providing patient satisfaction, according to recent findings of the American Customer Satisfaction Index (ACSI) Report for 2000. ACSI was developed by the University of Michigan Business School to reflect customer evaluations of the quality of goods and services in the government and private-sector. An ACSI score above 80 is a very good rating, based on a 100 point scale.

VHA received an ACSI patient satisfaction score of 82 for veterans discharged from a VHA acute medical center to home between November 1 and December 7, 2000. VHA performance significantly exceeded all comparable service scores.

	Score
* VHA Inpatient Services	82
* Federal govt.-wide Inpatient Svcs.	68.6
* Hospitals (Private sector) Inpatient Svcs.	68

VHA scores for Courtesy and Loyalty were even higher, at 90 and 91.

In a second survey, VHA received an ACSI score of 83 for veterans who had outpatient visits from December 1-8, 2000, and who had received outpatient pharmacy services.

	Score
⇒ VHA Outpatient Pharmacy Svc.	83
⇒ Private Sector Comparable Svc..	71.2
⇒ Retail (private sector) Svc.	72.9

## Information and Resources

### **We Can Do This! Ending Homelessness for People with Mental Illnesses and/or Substance Use Disorders**

December 5, 2001 8:00 AM - 7:00 PM

**Omni Shoreham Hotel, Washington DC**