Consumer Council News

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The Emotional Side of Injury

The returning Iraq soldiers that have been injured have to cope with the magnitude of what has happened to them. At Walter Reed Army Medical Center who has received those injured on the battlefield the wounded soldiers are living day to day. The emotional and psychological complexities of traumatic injury come in the aftermath of treating the medical problems. The road to recovery will involve psychological healing.

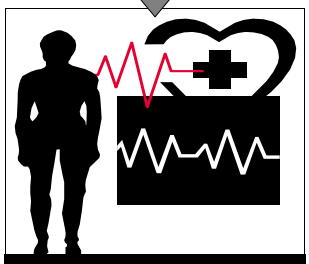
Iraqi Freedom
www.va.gov

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

VHA Domiciliary Report

During the 1990's VHA went through reorganization that drastically reduced the inpatient bed capacity. Since many specialty programs particularly in mental health were effected there was a shift to providing specialty mental health care within the domiciliary environment. A recent task force report on VHA Domiciliary (DOM) Care pointed out a number of concerns such as:

* Consistency is lacking across domiciliaries where some provide highly specialized psychiatric treatment programs while others are providing basic services
* Safety concerns within a very diverse population where the elderly can be housed with younger veterans with mental illness



We Care About Our Veterans

The report cites differences in staffing and outcome measures among the approximately 43 VA domiciliaries which is due to the mix of programs and missions of the various programs. In an effort to lessen the variability and ensure a program base that will ensure that veterans receive rehabilitation services appropriate to their needs, several recommendations were made that included:

* All DOMs should provide a therapeutic community that includes Outreach, Interdisciplinary Assessment, Basic services, integrated treatment or rehabilitative services, discharge planning and aftercare.
* Safety training
* CARF accreditation

CARES Commission Questions

Several recurrent questions were asked at the CARES Commission Meeting in October that met in Washington DC. The nine Veterans Service Organizations present raised concerns about moving forward. The key issues were:

⇒ Impact of contracting for care
⇒ Rapid timeframe for completing CARES
⇒ Funding for CARES implementation
⇒ Incorporating Mental Health, Long Term Care and Domiciliary Care into projections.
⇒ Safeguards for quality of care

The Commission discussed with Dr. Roswell what lessons had been learned from the VISN 12 pilot, the status of VA/DOD sharing especially in Las Vegas where a new hospital was recommended to be built, how the enhanced lease process would work for buildings not being used by VA, how mental health services, long term care services and domiciliary services were going to be impacted by the realignments that were proposed and finally the need for cost information to support many of the recommendations. Both the National Mental Health Association and the National Alliance for the Mentally Ill testified that they were concerned about the methodology used to produce mental health forecasts.

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

Innovative Practice Models in Mental Health Casemanagement

The expansion of the Mental Health Intensive Case Management Teams (MHICM) in 2003 to 75 MHICM teams treating 3, 961 veterans with serious mental illness was a significant step forward. In addition the recognition of other Case Management models was requested by Dr. Lehmann, Chief Consultant in Mental Health in April 2003 and 13 were selected as being exemplary.

These programs are very important as they treat veterans that may not be treated by the MHICM programs but provide an alternative model.

These are some of the selected casemanagement models:

1. Errera Community Care Center (ECCC) Integrated Array of Case Management Services from West Haven, CN-They provide mobile crisis case management; short and longterm case management with varying intensities; homeless outreach, advocacy, and housing casemanagement;family support and education; psycho-geriatric case management;tele-mental health case management; vocational rehabilitation, case management and placement; and consumer to consumer (Vet to Vet) case management, peer support and empowerment. Contact person is Laurie Harkness at (203) 931-4062
2. Continuous Supported Self-Care Program (CSSCP), Topeka, KS-This intensive case management program is based on the strengths perspective that helps individuals to identify and build on their strengths and to realize their potential for self-care. A consumer counselor group assists with program development, identifies consumer needs, and interfaces with inpatients transitioning into the community settings. Contact person is Terri Shaughnessy (785) 350-3111

All the selected exemplary programs are available, for a copy e-mail lucia.freedman@hq.med.va.gov

Successful programs in working with families of persons with schizophrenia

The VA system is reviewing ways to engage families in the treatment process of their relatives who have schizophrenia. While there is a portion of veterans without family involvement the majority do have families they are in contact with.

In an excerpt on family intervention from *Rehabilitation of the Psychiatrically Disabled** five successful programs were reviewed and several in common processes were identified:

- Connecting with Relatives and Patients-a process of respectful interviews were used to build a relationship between the clinician and family member.
- Focus on Current Transactions-There was a focus on present-day coping, on how the patient and relatives deal with stress, and how they react to each other. There was concentration on skill building in communication and problem-solving.
- Psychoeducation-The education process involved explaining the illness and the treatments for the illness including medication. This gave families a more realistic and better idea of what to expect and helped them to feel more in control.
- Improving Drug Compliance-The family psycho education programs led to greater compliance with medication.
- Focus on Bio-psychosocial factors-There was a focus on reducing overstimulation, buffering the patient against stress of external life events and decreasing stress from the family but keeping expectations at a level optimal for the person with schizophrenia.

*R.P. Liberman,Rehabiliation of the Psychiatrically Disabled. New York: Plenum Publishing Company

Information and Resources

Mental Illness Awareness Week-October 5-11, 2003

Supported Employment-a guide for mental health planning and advisory councils-Published by US Department of Health and Human Services-copies can be requested at The National Association of Mental Health Planning and Advisory Councils-703-838-7522 or www.samhsa.gov