

Consumer Council News

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Treatment for Substance Use Decreases

Treatment for Substance Use Disorder was most impacted during the 1990's when VA reduced the number of inpatient beds. Many inpatient programs were eliminated and the treatment in the outpatient clinic programs never compensated for the loss. According to this year's Capacity Report dollars declined again as did the number of patients treated by 17% for veterans being treated for drug and alcohol problems. There has been a six year decline in treatment in the VA for drug and alcohol problems. The 2002 National Survey on Drug Use and Health stated that 7.7 million adults needed treatment for a diagnosable drug problem in 2002 and 18.6 million needed treatment for a serious alcohol problem. There were

362,000 people who recognized they needed treatment for drug abuse and 88,000 who tried but were unable to obtain treatment in 2002. There were 266,000 who tried to obtain alcohol abuse treatment but were unable to get treatment. The Access to Recovery initiative which was proposed in January 2003 would provide vouchers to people seeking drug and alcohol treatment to pay for a range of community-based services. The VA will propose a performance indicator to measure for veterans who have a diagnosed substance use disorder to see if they receive any specialty substance abuse treatment. It will take significant monitoring to ensure veterans have access to drug and alcohol treatment.



ALS Registry

Amyotrophic lateral sclerosis (ALS) was found to be nearly twice as likely for veterans that were deployed to the Gulf War in 1990. ALS, or Lou Gehrig's disease, kills cells in the brain and spinal cord that control muscle movement, resulting in gradual wasting of the muscles. VA established a national ALS registry to identify veterans with ALS. ALS is now recognized as a service-connected illness for VA Benefits based on the results of research studies.

CARES Center Stage

The CARES proposal was released to controversy on both sides of the political spectrum. The proposed realignment changes include 11 million square feet of space to be renovated, nine million to be constructed and 3.6 million to be eliminated: the reduction of 600 acute care hospital beds; the opening of 48 new community based outreach clinics; two new hospitals (Orlando, FL and Las Vegas); a replacement hospital in Denver; and the closing of VA hospitals in Canandaigua, N.Y.; Pittsburgh, PA; Lexington, KY; Brecksville, OH; Gulfport, MI; Livermore, CA and Waco, TX. This landmark study of the VA health care system gives general and specific recommendations on how to change the structure of the system in ways that are supposed to

improve the delivery of services. It was prompted by a GAO report that showed the VA losing a million dollars a day due to unused facilities. CARES was started as a way to pare down the system's infrastructure and redirect resources to optimize their use for veterans. It projects the future demand for VA health care services on a 10 and 20 year scale in each Veterans Integrated Service Network and compares them against the current structure and identifies the changes needed to meet the need. The plan is now set for debate on its merits.

Newsletter sponsored by
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Online Newsletter
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SAMHSA Report On Co-Occurring Disorders

The Substance Abuse and Mental Health Services Administration (SAMHSA) has prepared a report for Congress on the "Prevention and Treatment of Co-Occurring Substance Abuse Disorders and Mental Disorders". SAMHSA administrator Charles G. Curie, said. "That report acknowledged that too often individuals are treated for only one of the two disorders, if they receive treatment at all."

Nationwide, almost 4 million Americans have co-occurring serious mental illness and substance abuse problems, according to SAMHSA's latest household survey. This number would be much higher if it reflected less severe mental illnesses or less severe substance use problems.

In May, 2003 SAMHSA sponsored a participatory dialogue meeting that brought together mental health consumers with co-occurring mental illness and addiction issues and providers, policymakers, and researchers. Participants were asked to identify and

discuss the many longstanding systemic barriers to appropriate treatment and support services for people with co-occurring issues and provide recommendations that support successful partnerships between the two groups, address the barriers to effective services, and promote recovery.

Some of the recommendations from the meeting include:

- ⇒ Maintaining consumer-driven partnerships in policymaking
- ⇒ Transforming workforce development that emphasizes peer-based approach
- ⇒ Expanding programs to reduce stigma and discrimination against underserved populations
- ⇒ Research and service delivery

A new technical assistance center is available-The Co-occurring Center for Excellence, Jill Hensley, Project Director, 5530 Wisconsin Ave, Chevy Chase, MD. The e-mail is samhsacoce@cdmgroup.com

Stigma Erodes Morale over Time

Dr. Jennifer Ritscher conducted research at the VA Medical Center, San Francisco with veterans who have serious mental illness to measure the intensity and prevalence of internalized stigma and whether this predicted deteriorations in morale (self-esteem and depressive symptoms). They studied 82 outpatients and administered a questionnaire that measures five dimensions of internalized stigma-Alienation, Stereotype Endorsement, Discrimination Experience, Social Withdrawal and Stigma Resistance.

The results confirmed that internalized stigma does erode morale over time. The most consistently harmful consequences were those of alienation. The feeling different and divided from others may be a powerful component of internalized stigma that reduces self-esteem and increases depressive symptoms.

Internalized stigma impedes recovery from SMI by dragging people down. Treatment approaches that focus on reducing internalized stigma may be able to prevent this by helping clients overcome the aspect of stigma that is within themselves. What is needed to overcome internalized stigma is the interpersonal engagement, such as that provided by self-help groups, the role of recovery inherent in supported employment, or psychotherapy.

It is noteworthy that it is the internalization of stigma, not the discrimination itself, that is the most psychologically damaging aspect of stigmatizing experiences. If experiences occur but one does not internalize the stigma, one will be less emotionally damaged. This lends importance to combating the discrimination in society and the way that it is internalized within individuals.

Information and Resources

A new web-based resource was launched to address discrimination and stigma associated with mental illness by CMHS.

www.adscenter.org

This site offers specific activities to counter discrimination and stigma and lists many resources.