University of Arkansas Medical Sciences

The South Central VA Mental Illness Research, Education, and Clinical Center

(SC MIRECC)

and the division of Health Services Research

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The South Central VA Mental Illness Research, Education, and Clinical Center (SC MIRECC)

The South Central VA Mental Illness Research, Education and Clinical Center (MIRECC), a multi-site, "virtual" center, has as its mission to "close the gap" between what research demonstrates is possible to achieve with mental health treatments and services, and what is actually achieved in day-to-day clinical practice. MIRECC researchers and educators focus their efforts in three areas (1) promoting access to mental health care, especially in rural areas, (2) understanding stress and resilience related to trauma; and (3) improving mental health care for older veterans. The South Central MIRECC operates through five anchor sites (VA Medical Centers in Houston, Jackson, Little Rock Oklahoma City and New Orleans), and draws on the clinical, education and research expertise from all network facilities. The MIRECC is affiliated with four medical schools: Baylor College of Medicine (Houston), University of Mississippi Medical Center (Jackson), University of Arkansas for Medical Sciences (UAMS) (Little Rock), and Tulane University School of Medicine (New Orleans).

Services research is a particular strength and focus, and the MIRECC works directly with the network Mental Health Product line (MHPL) to improve the quality of mental health care delivered at the 10 VA facilities in the network and at the Community Based Outpatient Clinics (CBOCs). We have also closely partnered with the Division of Mental Health Services Research at UAMS, with VA HSR&D programs in Houston and Little Rock, with the VA Mental Health QUERI program, and with the UCLA/Rand Health Services Research Center.
Since the recent hurricanes occurred mainly in our VA network, we are beginning to conduct research particularly relevant to this major natural disaster.

We are also conducting programs and research projects relative to the local Little Rock community, in particular with the local religious community (Kramer, Mattox), with school personnel, and with other communities, including "community" defined as a community of providers (Sullivan).

The Division of Health Services Research

The Division of Health Services Research (DHSR), in the Department of Psychiatry, UAMS College of Medicine, has been recognized as one of the largest and most innovative health services research organizations in the nation for over a decade. Our goal is to improve mental health care nationally and locally through the development, implementation, and dissemination of policy relevant and clinically relevant, mental health services research.

We are a growing research group that currently supports 82 employees, including 22 faculty, 41 research assistants/associates and programmers, and 19 administrative staff, with a current operating research budget of more than $4 million per year from a variety of funding sources, including NIMH, NIAAA, NIDA, HCFA, and the VA. The division has well established, collaborative relationships with many UAMS and state organizations including the Center for Ambulatory Research and Education, the Center on Aging, the Arkansas Department of Human Services, and the network of the State Community Mental Health Centers. Within the Arkansas Department of Human Services, extensive collaboration has occurred not only with the Division of Behavioral Health Services, but also with the Division of Children and Family Services and the Division of Economic Services.

Last year, our researchers were involved with 39 research grants worth more than $43 million in direct costs for all years. This year we have 28 active grants and 15 grants in review at NIMH, NIDA SAMHSA, the VA, and other funding agencies. The researchers currently funded by DHSR have collectively published over 660 articles, books, or book chapters. In 2005, they published 50 peer-reviewed articles and 2 book chapters. So far this year, they have published 30 articles and one book chapter, and they have 17 articles in press.

Since 1990, researchers working at DHSR have been awarded extramural grants worth well over 80 million dollars in direct costs, and they have served on most of the major HSR study sections that review mental health and substance abuse health services research, including the NIMH, NIDA, and VA HSR committees.

The Department of Psychiatry has recently secured the funding necessary to build a new $5.5 million Psychiatric Research Institute. Designed to consolidate the Department's clinicians, educators, and researchers into one facility, PRI will provide DHSR with new facilities. Groundbreaking has already taken place and the opening should occur in 2008.

Although we currently do not have a funded NIMH center, DHSR was home to an NIMH Center from 1990 until 2004. DHSR has received a tremendous amount of support from NIMH and the VA since it was formally organized in 1990. It is currently the home of three VA-funded research centers, which are all designed to be developmental centers stimulating further research in health services for mental health and substance use disorders.

The VA research centers include ***Mental Illness Research, Education and Clinical Center*** **(MIRECC)**, ***Center for Mental Healthcare and Outcomes Research*** ***(*****CeMHOR**, and the ***Mental Health Quality Enhancement Research Initiative Coordinating Center*** (MH QUERI). Faculty member Dr. Greer Sullivan is the Director of The South Central (VISN 16) MIRECC, a multi-site, network-wide center which

prides on its mission of improving the interface between the VA and communities by "closing the gap" between what research demonstrates is possible to achieve with mental health treatments and services, and what is actually achieved in day-to-day clinical practice. At this center, we focus our efforts on four clinically disordered populations - schizophrenia, posttraumatic stress disorder (PTSD), substance abuse, and geropsychiatric disorders. We operate through four anchor sites (VA Medical Centers in Houston, Jackson, Little Rock and New Orleans), and draw on the clinical, education and research expertise from all VISN 16 facilities, one of the largest networks in the nation. The MIRECC is affiliated with four medical schools: Baylor College of Medicine (Houston), University of Mississippi Medical Center (Jackson), University of Arkansas for Medical Sciences (Little Rock), and Tulane University School of Medicine (New Orleans). Services research is a particular strength and focus, and the MIRECC works directly with the network Mental Health Product line (MHPL) to improve the quality of mental health care delivered at the 10 VA facilities in the network and at the more than 30 Community Based Outpatient Clinics (CBOCs).

The VA ***Center for Mental Healthcare and Outcomes Research*** **(CeMHOR),** directed by Richard Owen, MD is the only VA HSR&D Center for Excellence entirely devoted to mental health and substance abuse health services research. The overall goal of CeMHOR is to improve mental health care within the Department of Veterans Affairs and nationwide through the development, implementation, and dissemination of policy relevant and clinically relevant health services research.

CeMHOR's areas of emphasis continue to be schizophrenia, cognitive impairment, substance abuse, comorbid conditions, and depressive disorders. CeMHOR has also included an emphasis on mental health treatment in primary care settings. Its themes continue to be access to and utilization of services, effectiveness and outcomes of care, and costs and efficiency of care with an emphasis on managed care. Dr. Owen is a nationally-recognized expert in research on the quality and outcomes of care for schizophrenia, and on the implementation of evidence-based practices into routine clinical practice. Currently Dr. Owen is conducting **A Study of Strategies to Improve Schizophrenia Treatment**, which will examine variance in antipsychotic prescription across the VA and evaluate strategies to increase guideline-concordant medication management. Dr. Owen's other research includes a project to develop evidence-based recommendations to help psychiatrists monitor adverse medical complications of atypical antipsychotics as well as a project led by principal investigator Dr. Geoffrey Curran to develop a treatment algorithm to improve recognition of depression in the VA setting. His other activities have included conducting training programs for opinion leaders; developing informatics tools; and developing methods for performance feedback reporting.

The goal of ***Mental Health QUERI*** **(MHQ)**, also directed by Dr. Owen, is to create a data-driven, outcomes-based national quality improvement program that utilizes a six-step process to facilitate the implementation of research findings and evidence-based clinical practices to achieve better health care outcomes and improve the quality of care for veterans with major depressive disorder or schizophrenia, through the timely translation of research knowledge into clinical and organizational practice. QUERI integrates and disseminates this information on a continuous basis. Particular emphasis is

given to the documentation of best practices, implementation strategies, and dissemination. The mission is to enhance the quality and outcomes of VA mental health care by systematically implementing clinical research findings and evidence-based recommendations into routine clinical practice. In evaluating quality of care, the process focuses on three elements: 1) structure (provider and organizational characteristics), 2) process (providers' clinical actions toward patients), and 3) outcome (health status, economic impact, satisfaction). QUERI is founded on the principle that practice needs determine the research agenda, and research results determine interventions that improve the quality of patient care. The specific aims include the following: 1) integrate research, clinical, operational, and policy expertise to improve mental health care policy, 2) target high priority mental health delivery issues, 3) evaluate interventions and provide feedback to encourage best practices, 4) develop risk-adjusted quality improvement activities for comparison with public/private mental health care systems, and 5) identify gaps in knowledge and create new data to inform policy decisions. The collaborative structure and systematic approach inherent in the QUERI process encourage continuous quality improvements in mental health care.

Collaborative Work with Local Faith-Based Organizations and Ministers

PARTNERS (Community Advisory Board Members):

Dr. J. E. Booker, Union District Baptist Association
David Bruns, Fellowship Baptist Church(5000-6000 members)
Billy Burris, Arkansas Department of Human Services
Rev. Dennis Coop, Park Hill Baptist Church (900 members)
Vanessa Davis, Arkansas Department of Human Services
Rev. James D. Freeman, Westover Hills Presbyterian Church (450 members)
Rev. Warren Harvey, St. Mary's Church
Rev. Leonard Hawkins St. John Missionary Baptist Church (2000 members)
Rev. Michael McCarthy, Faith Lutheran Church
Kim Arnold, National Alliance for the Mentally Ill
Rev. William H. Robinson, Jr., Theresa Hoover United Methodist Church (300 members)
Rev. Floyd M. Schoenhals, The Arkansas-Oklahoma Synod
Rev. Neal Scoggins, St. Mark Baptist Church (5500 members)
Rev. Robert Willingham, Mt. Pleasant Missionary Baptist Church (300 members)

This project derives from five years of preliminary work involving the research team and segments of the faith community in Arkansas. According to individuals who will constitute the CAB, responses to this work have been strikingly enthusiastic, with additional unsolicited commitment emerging from leaders of various denominations. The specific aims and design of this study have been informed through collaboration with the local chapter of the National Alliance for the Mentally Ill (NIMH #ROW 7348-001); discussions with ministers, youth ministers, and lay health advisers in the community; and development and execution of a program to improve knowledge of depression and depression treatment among school personnel, K-12 students, and the general public (NIH # R25 RR15976-03).

BACKGROUND/RATIONALE:

In 2001, Dr. Kramer began to collaborate with the local chapter of the National Alliance for the Mentally Ill; the Social Work Department of Philander Smith College, an urban, primarily African American college; and the Arkansas Division of Behavioral Health Services to form the coalition, "Partners for Mental Health Outreach: Promoting Mental Health in Diverse Communities."

OBJECTIVE(S):

Because there were insufficient infrastructure and resources devoted to mental health outreach in African American communities, the goal of the coalition was to initiate several faith-based activities to address gaps, including a depression workshop for ministers, presentations and participation in health fairs for local congregations and health ministers on mental illness, and meetings with youth fellowship.

METHODS:

The needs of clergy in local churches were explored. In 2004, two focus groups consisting of 6 to 8 members each were conducted, including both African American and

Caucasian ministers. Audiotapes of the groups were transcribed, proofed for accuracy and entered into a database for qualitative data analysis. Data were subjected to primary and secondary data coding, resulting in a manuscript recently accepted for publication.

Following the focus groups, Dr. Kramer developed a standing committee of 12 ministers from African American and Caucasian, Christian churches in the Little Rock area who were interested in improving the mental health of parishioners. Initial committee activities involved contribution to the development of the CD-ROM prototype. In addition, two churches participated in a survey of parishioners to estimate depression prevalence and treatment preferences.

FINDING/RESULTS:

Feedback from church leaders and members indicated a need for:

- *Accurate information* about depression at leadership and congregational levels;
- *Linkages* to African American or culturally competent mental health providers;
- *Cultural inclusiveness* in development, planning and execution of interventions;
- *Technical assistance* from mental health providers to consult with clergy and health ministers, participate in church health fairs to conduct depression screening, and provide ongoing training to clergy on assessment and referral;
- *Sustained contact* to achieve long-term trust in the communities.

Through the focus groups, ministers described interpersonal and intrapersonal factors that affect their ability to intervene successfully with depressed parishioners and parallel factors that have influenced parishioner's efforts to initiate care, including: a) lack of knowledge and time (intrapersonal); b) stigma (intrapersonal and interpersonal); c) absence of self efficacy (intrapersonal); and d) limited support (interpersonal).

STATUS:

Dr. Kramer and the Steering Committee recently held an inaugural conference at the Clinton Presidential Library in Little Rock. The conference, entitled "Bridging Faithful Spirits and Healthy Minds," featured nationally known experts on the science of faith and mental health, social advocacy and action, and policy development with an attendance of 250. In June 2006, the partners submitted a grant titled, *A Faith-Based Intervention to Improve Initiation of Formal Depression Care* (PAR-06-248) to NIMH to develop and evaluate an intervention that combines information about depression screening, treatment, and care activation for faith leaders receptive to working with formal caregivers. This intervention is intended to increase faith leaders' knowledge; modify their perceptions of depression and effective treatments; enhance their ability to activate parishioners to initiate care; and expand their skills to better access resources and negotiate the healthcare system.

Partners in Behavioral Health Services (PIBHS) Project

PARTNERS:

Little Rock School District, North Little Rock School District, PHHS Division of Behavioral Health, Central Arkansas Coalition for Spiritual and Mental Health, VA South Central MIRECC, University of Arkansas Clinton School of Public Service, University of Nebraska Public Policy Center, Arkansas Educational Association, UALR School of Social Work, Arkansas Drug Free Youth, Dr. Robert E. Elliott Foundation, Dawson Educational Cooperative, Department of Health Tobacco Prevention and Education Program

BACKGROUND:

As a leader in the PIBHS project (NIH #R25RR15976-03), Dr. Kramer has had extensive experience in developing educational material related to depression.

OBJECTIVE:

Improving Knowledge of Depression within the Community

Dr. Kramer developed a depression education program to increase depression knowledge among school personnel, students, and the general public. The program was intended to encourage (a) detection of depression in children and adolescents and (b) treatment referrals for depressed and suicidal students. Teaching venues included school personnel workshops on the UAMS campus, televideo-conferencing across the state of Arkansas, and curriculum dissemination through toolkits and internet access.

METHODS:

Dr. Kramer conceptualized, wrote, and directed the creative production of two videotapes about the brain and depression that were included in a PIBHS exhibit ("Mysteries of the Mind: Pathways into Hope") at the Museum of Discovery, the state's leading science museum. A complementary curriculum for elementary, middle, and high school students visiting the museum was also developed.

FINDINGS/RESULTS:

A sample of teachers and other school personnel (n=37) attending the workshops reported changes in knowledge, attitudes, and behaviors up to nine months post-intervention,(Kirchner, Yoder, Kramer, Lindsey, & Thrush, 2000) and an evaluation of the toolkit and science curriculum are currently under way.

Obtaining Guidance Regarding Linkages between Faith-based Leaders and Formal Mental Health Services

PARTNERS:
Teresa Kramer, Carol Cornell, Dean Blevins

OBJECTIVE(S):

After review of an NIMH application last year, it became clear that an effective way of promoting linkage between informal caregivers, i.e., ministers and church leaders, and the formal health care system was needed. Such a linkage should be both feasible and acceptable to the local ministers.

METHODS:

We conducted informal discussions with the Steering Committee. We queried ministers about their preferences and the perceived preferences of their parishioners. For example, we asked about where formal services should be provided (at an established clinic, at a clinic located at one or two local churches, etc.) and what would optimize ministers' and parishioners' comfort with seeking formal help.

FINDINGS/RESULTS:

Ministers uniformly stated that they would be most comfortable if formal treatment were provided in established clinics and also believed that parishioners would also be most comfortable with this. The primary barrier for referral to such clinics seemed to be a lack of personal knowledge of providers whom they felt they knew and could "trust." Ministers thought that having help in facilitating formal linkages and "translating" treatment recommendations for both themselves and their parishioners would be optimal. This information was critical in guiding us toward development of a proposed way to link ministers into formal care.

Messages about Mental Health in Sermons of Faith-based Leaders

PARTNERS:

Rhonda Mattox, Greer Sullivan

BACKGROUND:

Rhonda Mattox, MD, a fellow in the NIMH-funded mental health services research program at UAMS, is currently conducting a content analysis of televised sermons appearing on two Christian religious channels that air not only in Arkansas but in large parts of the country.

OBJECTIVE(S):

This project aims to inform our understanding of why individuals with depression and anxiety may or may not seek formal treatment.

METHODS:

Supervised by Dr. Sullivan and a local qualitative expert, Dr. Mattox systematically recorded 400 sermons, screened each sermon for content related to mental health or mental health treatment, created a code book to be used in qualitative analysis, recruited and trained several coders, and began qualitative analysis, completing 100 of the 400 sermons.

FINDINGS/RESULTS:

Preliminary results suggest that ministers often present mental health issues as developing from an inadequate relationship with God and often recommend remedies such as prayer, tithing, or meditation on scripture. Dr. Mattox recently presented preliminary results at the May 2006 American Psychiatric Association meeting in Toronto.

Reference List

Kirchner, J. E., Yoder, M. C., Kramer, T. L., Lindsey, M. S., & Thrush, C. R. (2000). Development of an educational program to increase school personnel's awareness about child and adolescent depression. *Education, 120(2),* 235-246.

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Partner organizations

St. John Missionary Baptist Church
Rev. Leonard Hawkins

As Pastor of St. John Missionary Baptist Church for the last nine and a half years, I have seen and visited with several persons who, in my opinion, needed more than I could provide through spiritual counseling alone. Often their needs required specialized care that only professional therapy could provide. I have long thought and hope for the day when these two much needed services would be bridged to bring comprehensive healing to those who are battling depression and confusion as a result of so many triggers. St. John has been around, in, and part of the community for 116 years and has been very active in a variety of ways in trying to provide a wholistic ministry that ranges from abstinence, community wellness, health fairs, senior care, to summer camps for youth. It is the position of the church that wellness is an integral part of being able to do ministry, of which, mental wellbeing is no exception. As a body of believers, we wholeheartedly embrace the need for this kind of connection and are anxiously awaiting the time when it will not be viewed as a good idea if we can make it work, but a necessity that we must make work.

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