

# Mental Health

LITTLE ROCK, ARKANSAS

JULY 2014

## Background

Mental illnesses rank first among the illnesses that cause disability in the United States. In 2003, Veterans treated for mental health conditions represented approximately 21% of Veterans cared for by VA. Today, 37% percent of Veterans returning from service in Iraq and Afghanistan and entering VA healthcare have received a mental health diagnosis. VA operates the largest mental health program in the nation and is committed to ensuring that Veterans receive the highest quality mental healthcare. Thus, improving care for Veterans with mental health conditions by implementing evidence-based practices is a VA priority.

## Mental Health Quality Enhancement Research Initiative (QUERI)

The Mental Health (MH)-QUERI utilizes the QUERI six-step process to improve quality of care, outcomes, and health-related quality of life for Veterans with mental health conditions by promoting research to close gaps in knowledge and implementing evidence-based practices within the VA healthcare system and beyond. The following are MH-QUERI's strategic goals.

Support and enhance the implementation of evidence-based practices—as well as promising clinical practices that address high-priority system needs—for Veterans with mental health conditions, in the following focus areas:

- Serious mental illness (SMI) health,
- Primary Care-Mental Health (PC-MH),
- Recovery,
- PTSD,
- Suicide prevention, and

- Disparities for special or vulnerable populations, such as women and Veterans residing in rural areas.

Develop and evaluate strategies that promote bi-directional partnerships for the co-production of research and knowledge exchange between investigators and stakeholders, including: consumers (Veterans), peers and family members of consumers, providers, clinical managers, VA Operations and Management leadership, and VA Policy and Services leadership.

## MH-QUERI Projects and Findings

This fact sheet offers a few select examples of MH-QUERI research that is working to implement evidence-based practices and to ensure that Veterans receive the highest quality mental healthcare.

### Improving Health of Veterans with SMI

MH-QUERI's work in the area of improving physical health treatment and outcomes for Veterans with serious mental illness (SMI) has culminated in several national impacts. Most importantly, MH-QUERI's past and current work in improving metabolic side-effect monitoring and management for Veterans taking antipsychotics informed the MIAMI (MIRECC Initiative on Antipsychotic Management Improvement) Project's national training conference, as well as two cyberseminars, to train VA clinicians on how to improve care in this area. This was a partnership involving VA's Office of Mental Health Services (OMHS), Employee Education System (EES), MH-QUERI, the VISN 16 South Central MIRECC, and the

## About QUERI

VA/HSR&D's Quality Enhancement Research Initiative (QUERI) currently focuses on ten areas of great importance related to healthcare for Veterans: Chronic Heart Failure, Diabetes, eHealth, HIV/Hepatitis, Ischemic Heart Disease, Mental Health, Polytrauma and Blast-Related Injuries, Spinal Cord Injury, Stroke, and Substance Use Disorder.

Working with health system partners to develop research that speeds improvements in Veterans' healthcare, QUERI utilizes a six-step process to diagnose gaps in performance and identify and implement interventions to address them.

- Identify priority conditions and opportunities for improving the health of Veterans.
- Identify effective practices for improving outcomes for priority conditions.
- Examine variations in existing practices, the sources of variation, and their relation to health outcomes.
- Identify and test interventions to improve the delivery of best practices.
- Evaluate the feasibility, adoption, and impact of coordinated improvement programs to spread best practices.
- Evaluate the effects of improvement programs on Veterans' health outcomes, including quality of life.

VISN 22 Desert Pacific MIRECC. MH-QUERI supplemented these educational activities with quality improvement tools and strategies from previous MH-QUERI projects, and by creating a MIAMI Project Technical Assistance Center to assist VA providers with implementing those tools and strategies to improve metabolic side-effect monitoring.

### **Supporting Primary Care-Mental Health Integration**

MH-QUERI investigators also are testing a blended external and internal facilitation strategy to support the implementation of the PC-MHI models. This project not only supports ongoing OMHS and Clinical Operations efforts to implement evidence-based PC-MHI models, but also will advance knowledge of the effectiveness of the blended facilitation strategy.

### **Promoting Recovery**

Several ongoing projects focus on identifying and implementing strategies to promote mental health recovery, including testing strategies to reduce homelessness and improve housing outcomes, enhancing family involvement in care, and assessing the impact of adding consumer providers to Mental Health Intensive Case Management teams on patient recovery outcomes and the use of recovery-oriented care.

### **Identifying and Minimizing Disparities**

MH-QUERI projects also focus on identifying and/or minimizing disparities for Veterans living in rural areas by ensuring access to evidence-based care for depression and other mental illnesses. Regarding gender sensitivity, one MH-QUERI study interviewed clinical managers and patients to better understand women Veterans' preferences, use, and experiences with regard to mental healthcare. Another study tested the feasibility and desirability of web-based mental health screening and individualized education for female Veterans.

### **Other MH-QUERI research includes studies related to:**

- Suicide prevention,
- Improving engagement in care and PTSD assessment for OEF/OIF Veterans,
- Treatment of mental health conditions and co-occurring disorders, and
- Reducing stigma to seeking care for mental health disorders.

### **Partnerships**

MH-QUERI prioritizes developing, nurturing and sustaining partnerships with a diverse collection of stakeholders in defining and executing its implementation research agenda. MH-QUERI's priority areas for future research were identified in collaboration with OMHS, VA's Office of Mental Health Operations (OMHO), Office of Primary Care-Mental Health Integration (PC-MHI), and other clinical leaders. Work to accomplish MH-QUERI's goals will emphasize testing new strategies, tools, and mechanisms that can support the development (capacity building) and maintenance of partnerships with Veterans, clinicians, managers, and policymakers. Toward this end, MH-QUERI has established a Stakeholder Council comprised of key partners that will advise MH-QUERI investigators throughout the research process.

### **Advancing Implementation Science**

MH-QUERI research is advancing implementation science by:

- Increasing our understanding of contextual characteristics that influence readiness or capacity to implement evidence-based practices;
- Developing and testing internal and external facilitation strategies for implementing evidence-based practices; and
- Developing methods and tools to support implementation and evaluation.

### **Contact information for MH-QUERI:**

Mona Ritchie, M.S.W., Ph.D. Candidate  
Co-Implementation Research Coordinator  
Tel: (501) 257-1737  
E-mail: [Mona.Ritchie@va.gov](mailto:Mona.Ritchie@va.gov)

### **Contact for general QUERI information:**

Linda McIvor, M.H.S., M.S.  
QUERI Program Manager  
Tel: (202) 443-5740  
E-mail: [Linda.McIvor@va.gov](mailto:Linda.McIvor@va.gov)

### **The MH-QUERI Executive Committee**

Each QUERI Center is led by a research expert and a clinician. The research expert and Director for MH-QUERI is **JoAnn Kirchner, M.D.** and the Clinical Coordinator is **Kathy Henderson, M.D.** The Implementation Research Coordinators are **Jeff Smith** and **Mona Ritchie, Ph.D. candidates**, and **Monica Matthieu, Ph.D.** The Executive Committee includes other experts in the field of mental health: Thomas Berger, Ph.D.; Robert Bossarte, Ph.D.; David Chambers, D.Phil.; Kenneth Conner, Psy.D., MPH; Geoffrey Curran, Ph.D.; Nicole Hart, B.A.; Maga Jackson-Triche, M.D., M.S.H.S.; Daniel Kivlahan, Ph.D.; Dean Krahn, M.D.; Kathleen Lysell, Psy.D.; Stephen Marder, M.D.; Susan McCutcheon, R.N., Ed.D.; Skye McDougall, Ph.D.; Richard Owen, M.D.; Craig Rosen, Ph.D.; Lisa Rubenstein, M.D., M.S.P.H.; Annapurni Teague, MD; Wendy Tenhula, Ph.D.; John Williams, Jr, M.D., M.H.S.; Laura Wray, Ph.D.; and Alexander Young, M.D., M.S.H.S.

### **QUERI web link:**

[www.hsrp.research.va.gov/queri](http://www.hsrp.research.va.gov/queri)