



# Mental Health Innovations

Updates from VA's Specialized Mental Health Centers

**IN THIS ISSUE:** Transforming Care through the Implementation of Evidence-Based Practices

## RESEARCH

### Improving Quality of Care through Implementation Science



*VISN 22 MIRECC improves quality of care by implementing an innovative weight management program.*

People coping with serious and persistent mental illnesses have high rates of obesity and related medical disorders. Behavioral weight loss practices are supported by research and are included in national treatment guidelines. However, only a small proportion of patients receive appropriate interventions for weight management. Past efforts to implement these services in specialty mental health have shown little or no success. EQUIP, “Enhancing Quality-of-care in Psychosis,” is a VISN 22 MIRECC implementation study. The goal is to improve access to and use of weight management services in specialty mental health clinics. Eight VA medical centers in VISNs 3, 16, 17, and 22 participated in the study. Four clinics used quality improvement methods to increase the use of weight management services and were compared to four control clinics that did not implement these methods. Education and marketing to Veterans and clinicians were used to promote participation in the weight management program. Touch screen assessment kiosks were also placed in the waiting room at these clinic sites. Veterans entered their weight and use of weight management services at the kiosk and printed the assessment prior to their appointment. This allowed them to easily track their progress and share this information with their clinician.

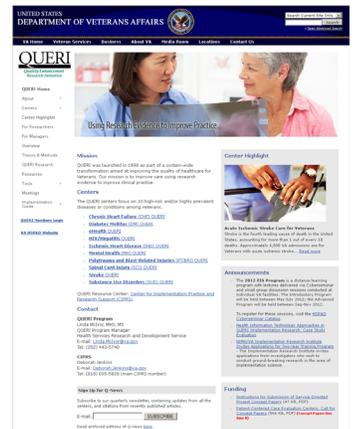
Over 800 Veterans with schizophrenia completed the assessments. Clinicians at the intervention sites were trained to deliver a 16-week, group-based, weight management program to which the Veterans were then referred if indicated by the assessment. At clinics implementing this program,

*At the conclusion of the study, Veterans’ final weight at implementation sites averaged 13 pounds less than at control sites.*

use of weight management services increased from 15% to 32% of overweight patients within 15 months. In addition, the average number of weight management sessions attended increased from 2 to 11; there was no change at the control clinics. At the conclusion of the study, Veterans’ final weight at implementation sites averaged 13 pounds less than at control sites. The EQUIP program was successful in raising awareness of service needs, improving communication between Veterans and clinicians and increasing engagement in health behaviors. This study shows that quality improvement methods can be used effectively in specialty mental health care.

## HIGHLIGHT

### VA Quality Enhancement Research Initiative



## LEARN MORE

VA/DoD Clinical Practice Guidelines

Evidence-Based Behavioral Practice

Implementation Science

EDUCATION

Changing Practice through Education and Dissemination

To provide the best possible mental and behavioral health care for Veterans and their families, the Department of Veterans Affairs has implemented initiatives focused on increasing the use of evidence-based mental health interventions. Evidence-based mental health treatments are those most supported by best practice guidelines and research findings. Across the Nation, selected evidence-based interventions are being “rolled out” in the VA medical centers. The rollouts involve extensive training of VA clinicians through intensive workshops followed by approximately 6 months of consultation from national experts as clinicians use the new interventions with Veterans and their families. This training process helps clinicians develop confidence that they can put their new skills into practice. National competency-based staff training programs in the following evidence-based psychotherapies have been established and are administered by the Psychotherapy and Psychogeriatrics section of the Office of Mental Health Services and are supported by field coordinating centers (noted in parentheses): Social Skills Training (VISNs 5 and 22 MIRECCs), Motivational Interviewing and Motivational Enhancement Therapy (VISN 6 MIRECC), Cognitive Behavioral Therapy for Chronic Pain (VISN 6 MIRECC), Cognitive Behavioral Therapy for Insomnia (VISN 21 MIRECC), Cognitive Behavioral Therapy, Acceptance and Commitment Therapy and Interpersonal Psychotherapy for Depression (VISN 21 MIRECC), Integrative Behavioral Couples Therapy (VISN 22 MIRECC), Behavioral Family Therapy (VISN 22 MIRECC), and Prolonged Exposure and Cognitive Processing Therapy for PTSD (NC-PTSD). The goal of these rollouts is to train VA clinicians throughout the healthcare system to successfully use the evidence-based interventions in their everyday practice with Veterans and family members. To date, over 5,800 VA mental health clinicians across the country have received training in these evidence-based mental health interventions and have brought these cutting edge skills and practices back to the Veterans and families that they serve.



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CLINICAL

Internet-Based Smoking Cessation Program for Veterans

Veterans are at higher risk than non-Veterans for smoking. In addition, those with Posttraumatic Stress Disorder experience greater difficulty with smoking cessation. National data indicate that 50% of Veterans who served during Operation Enduring Freedom (OEF) or Operation Iraqi Freedom (OIF) have a lifetime history of smoking and 26% are current smokers. VISN 6 MIRECC researchers conducted focus groups to better understand this topic. OEF/OIF Veterans expressed an interest in quitting but also reported multiple barriers to quitting and participating in treatment. Veterans also indicated that they would prefer flexible scheduling, free nicotine replacement therapy, peer support, and family inclusion in treatment. Many of these needs and preferences could be met by providing smoking cessation counseling using the internet. VISN 6 clinicians and researchers partnered with a smoking cessation website designed in line with national smoking cessation guidelines. Best of all, the web-based intervention removes barriers to participation, such as scheduling conflicts and geographical distance from VA clinics. The website produces individualized content based on how the Veteran answers initial questions and their motivation level. Among the many features of this treatment is the capability of the Veteran to set specific goals and target dates for quitting and to connect with fellow users online. Experts are available around the clock to provide support and answer questions. Providing the intervention online allows many more Veterans to access treatment, broadly impacting quality of care.



VISN 6 MIRECC partners with a website to implement a smoking cessation program.

There are 15 VA specialized mental health centers of excellence which include 10 Mental Illness Research, Education and Clinical Centers (MIRECCs), 4 Mental Health Centers of Excellence, and the National Center for PTSD. The centers share a mission to improve the health and well being of Veterans through cutting-edge science, education, and clinical initiatives. Mental illnesses are often multiple complex conditions. Each center addresses a particular mental illness, problem, environmental situation or Veteran cohort. To learn more about these centers, go to [www.mirecc.va.gov](http://www.mirecc.va.gov).

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