

MIRECC Messenger

VISN 4 Stars & Stripes Network



Suicide Prevention Initiative

From the Co-Director

Beginning with our first conference in September 2000, the MIRECC has launched an effort to improve suicide risk identification and prevention across VISN 4 through a series of conferences and workshops, and by making educational materials available to VA practitioners. This initiative grew out of the Surgeon General's National Suicide Prevention Strategy (see www.surgeongeneral.gov) and the vision of professionals at VA Central Office. The Surgeon General has identified suicide as a serious public health problem and has called for the convening of conferences to exchange information about research, prevention, and intervention strategies. Over 32,000 people in the United States kill themselves every year, making suicide the ninth leading cause of death in the U.S. Mental illness and substance use disorders constitute a significant risk factor for suicide, as they are present in approximately 90% of completed suicides. Medical illness, too, represents a major risk factor, playing an important role in the motivation to commit suicide for more than half of the sui-

cides of persons over 50. Risk for suicide increases with age among white males, and is greatest for males over 65.

The VA treats many people who fall into these high-risk categories, and the VISN 4 MIRECC has as its specific mission the treatment of people with comorbid psychiatric, medical, and substance use disorders. We therefore need to be proactive in providing the education necessary to prevent suicide among our patient population and are excited about our plans for ongoing training. Please see the "Upcoming Events" section, below, for further information on our next suicide prevention effort, which focuses on geriatrics.

References: American Foundation for Suicide Prevention (www.afsp.org); Centers for Disease Control and Prevention (www.cdc.gov/ncipc); Robins, E. (1981). *The final months*. New York: Oxford University Press.



Gretchen Haas, Ph.D.,
Co-Director, MIRECC
and President, Pitts-
burgh Chapter of the
American Foundation
for Suicide Prevention

★ ★ ★ ★ ★ ★ ★ ★ ★ ★ ★ ★ ★ ★ ★ ★

Congratulations!

The VISN 4 MIRECC recently was awarded funding for two fellows through the VA Special Fellowships Program in Advanced Psychiatry and Psychology. These fellows will join the MIRECC in July 2001. Applications currently are being accepted from Postdoctoral psychologists and post-residency psychiatrists. Please contact Dr. Laura McNicholas (215-823-6085) for further information.

★ ★ ★ ★ ★ ★ ★ ★ ★ ★ ★ ★ ★ ★ ★ ★

Inside this issue:

MIRECC Research: Telephone Disease Management	2
Educational Offerings	2
The MIRECC as a Resource	3
Spotlight on a MIRECC In-	3

Upcoming Events

Feedback from participants at our fall conference on "Suicide Risk Identification and Prevention in Primary Care and Behavioral Health-care Settings" revealed the following areas of interest for further training:

1. Use of a brief suicide risk assessment tool;
2. Practical issues in assessing and treating risk factors for suicide, such as depression;
3. Impact of suicide attempts and completions on staff and families;

4. Ethical and legal issues, including those related to malingering;

5. System-level issues, such as the availability of an emergency service team for triaging and phone consultation, referral protocols, and access to computer information.

To respond to these interests, we will offer a set of three workshops at the Pittsburgh and Philadelphia medical centers, one each tai-

(Continued on page 4)



MIRECC Research: Telephone Disease Management

Research tells us that primary care providers actually are quite good at recognizing the need for treatment for depression and alcohol abuse among their patients. Problems emerge, however, in follow-up care. Patients may receive insufficient education about their disorder and its treatment or may show poor treatment compliance, and physicians may not adjust medications as needed or may exclude non-pharmacological interventions. The disease management model of care represents an effort to improve the ongoing treatment of mental health patients within primary care and medical subspecialty care practices, the context in which most patients with these disorders receive ongoing treatment. In the past, this model has been carried out by staffing clinics with a behavioral health specialist who monitors patients' symptoms, provides education, and serves as a liaison with the physician to recommend treatment modifications when necessary. The main drawback of this model is that it is tenable only in large clinics where there is a significant density of mental health patients, or when two or more practices are located in close proximity. To deliver disease management to small or geographically dispersed practices, care providers have turned to the telephone.

In telephone disease management, the behavioral health specialist conducts an initial face-to-face diagnostic interview with the referred patient, but maintains ongoing contact through regularly scheduled phone calls. During these calls, the specialist monitors the patient for adherence to the treatment plan and treatment effectiveness, and provides manual-guided education and recommendations for adjunctive interventions.

Drs. Katz, Oslin, Conigliaro, and Cornelius are evaluating this approach in their MIRECC study, "Telephone Disease Management for Depression and At-Risk Drinking." This project tests the effectiveness of telephone-based disease management for these disorders in primary care, as well as in cardiology and rheumatology subspecialty care clinics. For this study, telephone contacts are being made 1, 3, 6, 9, and 12 weeks after the initial patient interview. Patients with depressive disorder and at-risk drinking currently are being recruited. Those identified through screening are being randomized at the clinic level to either telephone disease management or usual care.

Data collection began in November in Philadelphia and in late February in Pittsburgh. As of early February, 181 patients had been screened in Philadelphia, drawing from three local practices. Of these, 87 patients were found to have depression and 22 to have alcohol abuse, with 94 unique patients due to overlap among these groups. Interestingly, 29 of those who screened positive for depression already were receiving mental health care (these patients were excluded from the study). Without knowing anything further about their length and course of treatment, one can not draw any conclusions about treatment success. Nevertheless, it was encouraging to learn that they had already been picked up by the system. So far, 14 patients have been randomized, 5 into the telephone treatment group, and 9 into usual care. Patients will be followed up for 12 months.

We look forward to learning the results of this study, and will report them as they become available.

Educational Offerings

We soon will be making available a videotape of our fall conference on "Suicide Risk Identification and Prevention in Primary Care and Behavioral Healthcare Settings." VA clinicians and researchers who were unable to attend the actual event and who would like to view the video should contact Katy Ruckdeschel, MIRECC Sr. Education Coordinator (215-823-5800, ext. 5957).

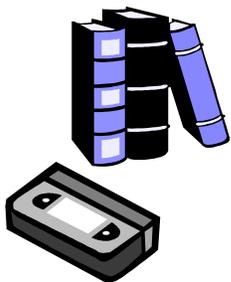
Currently available are two videos produced by the American Foundation for Suicide Prevention of the proceedings of the *Suicide Prevention 2000* national conference, held in May 2000. With segments on treating suicidal patients with a variety of psychiatric disorders, when to hospitalize patients at risk for suicide, and treating suicidal elders, among others, these videos provide an invaluable learning opportunity. Please contact Katy Ruckdeschel to borrow the videos.

The VISN 16 MIRECC recently distributed two educational products, which also are available for loan:

1) *PTSD Families Matter*: A 30-minute videotape designed to inform caregivers about combat-related PTSD and available treatments. Created by Tom Freeman, M.D., Central Arkansas Healthcare Systems, North Little Rock.

2) *Support and Family Education (SAFE) Program: Mental Health Facts for Families manual*: A 14-session evidence-based program for families of a veteran with a severe mental illness. Created by Michelle Sherman, Ph.D., Oklahoma City. The manual is also available at <http://w3.ouhsc.edu/safeprogram>.

A new MIRECC website currently is under construction. A temporary site is available through www.MIRECC.org. Please watch your next newsletter for the latest on our new site.



Educational videos and manuals are available through the MIRECC



The MIRECC as a Resource

The MIRECC is pleased to announce the release of two Requests for Proposals (RFPs). The first RFP invites VA staff to submit proposals for research projects on comorbidity with budgets up to \$25,000. If you have a great idea but don't have much research experience, call Dr. Steve Sayers, the MIRECC's Sr. Research Coordinator. Dr. Sayers will try to match you up with others who share your interests and whose skills complement yours.

The second RFP is for clinical or educational demonstration projects, with budgets of up to \$5,000. With this RFP, we are hoping to encourage clinical staff and educators to enhance existing programs or to develop new, innovative clinical and educational interventions, materials, or programs that target pa-

tients with comorbidity and/or their families. Please refer to our website for complete instructions for both RFPs.

If you have any special skills or expertise related to comorbidity that you would like to share with others, please contact Dr. Katy Ruckdeschel in Philadelphia (ruckdesc@mail.med.upenn.edu) or Dr. Dennis Daley in Pittsburgh (daleydc@msx.upmc.edu). Also, please contact us if there are particular comorbidity-related topics that you would like to learn more about.

The easiest way to become involved in the MIRECC is to attend our educational offerings! We hope to see you at our next set of workshops on suicide risk prevention.

“We are hoping to encourage clinical staff and educators to enhance existing programs or to develop new, innovative clinical and educational interventions, materials, or programs.”

Spotlight on a MIRECC Investigator: Joseph Conigliaro, M.D., MPH

Dr. Joseph Conigliaro wears many hats. His medical degree is complemented by an MPH in epidemiology, which gives him a breadth of experiences that enrich his research and clinical work. Staff physician at the VA Pittsburgh Healthcare System, Associate Professor of Medicine at the University of Pittsburgh School of Medicine, and Assistant Professor of Epidemiology at the University of Pittsburgh, Dr. Conigliaro also serves as Medical Director of the Pittsburgh VA's Health Improvement Program, an outpatient early intervention program. He is Director of the Substance Abuse Detection and Early Intervention Program at the Pittsburgh VA and, within the MIRECC, serves as Co-Associate Director for Research and Co-Principal Investigator of a study of Telephone Disease Management (see page 2).

Trained at Harvard Medical School, Dr. Conigliaro was struck during his internal medicine residency at Albert Einstein College of Medicine/Jacobi Hospital by the impact of alcohol and drug use on patients' health. He has pursued this interest through his research, which focuses on the diagnosis and treatment of alcohol abuse in medical settings. Current interests, for which he plans to

seek VA and NIH funding, include brief motivational interventions to reduce at-risk drinking in settings such as pre-natal clinic and pre-operative surgical clinics. Broader research interests include the use of interactive computer programs to aid primary care providers in performing interventions with their patients, and variations in health care utilization among people of different races and ethnicities and by “labeled patients” such as alcoholics.

Dr. Conigliaro has been named a Fellow of the American College of Physicians. He also has been recognized by the VA HSR&D Service with a Career Development Award and by the Robert Wood Johnson Foundation's Generalist Physician Faculty Scholar Award.

A father of two and an aspiring blues guitarist, Dr. Conigliaro also is an accomplished cyclist. He will be riding to raise money for the Leukemia and Lymphoma Society in a 100-mile race on May 20, 2001 in Sante Fe, NM. Dr. Conigliaro assures us that he will gratefully accept our donations to sponsor him in this race. Our part is easy – the rest of us are lucky he's doing the all the hard work.



Dr. Joseph Conigliaro

VISN 4 Stars & Stripes Network

Philadelphia VAMC/116A
University & Woodland Avenues
Philadelphia, PA 19104
Phone: 215-823-5957
Fax: 215-823-4123

Focus on Comorbidity

WE'RE ON THE WEB!
WWW.MIRECC.ORG

Upcoming Events

(Continued from page 1)

lored to geriatrics, behavioral health, and primary care.

These half-day workshops will provide an interactive, clinically-focused forum in which to address the identified issues as they apply within each clinical setting.

The three workshops then will be integrated into a single workshop, to be offered at the remaining eight medical centers throughout the VISN.

The first workshop will focus on **geriatrics**. Watch your email for the program brochure and be sure to save the following dates: **Monday, 3/19/01** in Pittsburgh and **Tuesday, 3/27/01** in Philadelphia. Both programs will run from 8:45-12:30.

Nearby:

Our neighbor, VISN 5 will hold a conference in Baltimore on April 2 entitled, "Assessment and Treatment of Psychosis and Behavioral Problems in Dementia." Contact Dr. Richard Goldberg at Rgoldber@umpsy.umaryland.edu for more information about this event.

Save the dates:

March 19, 2001 in
Pittsburgh and
March 27, 2001 in
Philadelphia

