

Veterans'

HealthMatters

Winter 2003

The Wellness
Magazine from
the VA Sierra
Pacific Network

Network Highlights

PTSD

**Suicide Threats
and Prevention**

**Mental Health
Services for Women**

CARES



Network

Highlights

How Do You Feel?

This issue of *Veterans' Health Matters* focuses on one of VA's core services—mental health care.

Your VA clinics and hospitals offer a comprehensive array of services for veterans with post-traumatic stress disorder (PTSD), substance abuse, depression and other mental or behavioral health illnesses. Unlike many private health plans, VA does not have any set limits on the number of visits or duration of mental health care.

I would like you to know that in the VA Sierra Pacific Network, we have some of the finest mental health programs in the Nation. We have special services for women veterans, house national PTSD programs, Centers of Excellence and leading-edge research programs.

I am very proud of the VA psychiatrists,

psychologists, nurses, social workers, addiction therapists and other mental health in the Network. As an integrated team, they compassionately provide crucial services to veterans who struggle with mental health disorders.

I encourage you to read the articles in this edition, especially those on PTSD, suicide and special services for women veterans. Regrettably, some patients may not recognize mental health symptoms.

If you know a veteran who may have a mental health concern (including yourself), please encourage him or her to contact a nearby VA clinic or hospital. Your dedicated VA staff is ready and able to meet your needs.

Robert L. Wiebe, M.D., M.B.A
Director, VA Sierra Pacific

VA Palo Alto Health Care System (VAPAHCS): Primary care Behavioral Health services

Beginning in 2003, VAPAHCS veterans seeking care at many primary care clinics will be routinely screened for mental health conditions, such as Post Traumatic Stress Disorder (PTSD), major depression and panic disorder as part of a new pilot.

A brief screening will be administered when patients check-in for their primary care appointment. A clinician will ask whether the patient is currently experiencing distressing thoughts and feelings related to their

military service, unexpected panic attacks, or prolonged periods of feeling depressed, anxious or angry. Patients will have an opportunity to discuss these symptoms with a behavioral health specialist in the clinic. Often referred to as *Integrated Primary Care/Behavioral Health*, this service provides a one-stop approach for meeting veteran's health care needs. If the veteran requests service, the behavioral health specialist can provide brief treatment, help problem

solve, and provide a referral for more intense psychological therapy.

The National Center for PTSD, located at the VAPAHCS Menlo Park Division, leads the effort throughout VA to encourage the integration of VA Primary Care and Behavioral Health services. The *Integrated Primary Care/Behavioral Health* program will provide an opportunity for veterans to talk with their primary care physicians about possible treatment options for PTSD, as well as other conditions.

VA Central California Health Care System (VACCHCS): Outpatient mental health

The VACCHCS Mental Health Clinic at Fresno is the primary site for the delivery of outpatient mental health services, the Chemical Dependency Treatment Program (CDTP), Dual Diagnosis Day Treatment Program (DDDTP), and Neuropsychology Program. Mental Health clinics are also located at the Atwater and Tulare Community Based Outpatient Clinics.

The CDTP is a 90-day intensive program, which is a combination of hospital stay and halfway house living. The DDDTP provides treatment to veterans who suffer alcohol and drug addiction, and other psychiatric problems. The program provides supportive education; problem solving groups; and recreational activities to help veterans identify

their problems and learn new coping skills. Treatment is five days per week with an expected length of stay of one year. The Neuropsychology Program treats individuals suspected of having memory or other cognitive disorders, as well as neurologically based behavioral problems. Although not limited to geriatrics, this is the primary group of veterans served, and the program includes a dementia caregiver support group.

VACCHCS participates in the VA Sierra Pacific Network's multi-site research project designed to assess the "real world" effectiveness of donepezil (Aricept) in the treatment for Alzheimer's disease and psychosocial and biological predictors of treatment outcome in veterans with dementia.

VA Northern California Health Care System (VANCHCS): Family Day program

The VANCHCS has a new educational program at the VA Medical Center (VAMC) Sacramento to educate patients and family members about Post Traumatic Stress Disorder (PTSD).

"Family Day" is a half-day program for patients and their family members designed to provide information about PTSD; acknowledge how PTSD affects families; introduce the PTSD Team members; provide information about the specialized program for the treatment of PTSD; and provide information about VA's approach to the treatment of family members.

"Family Day" is offered on a quarterly basis in conjunction with VANCHCS' PTSD educational program; the first stage of treatment for veterans enrolled in the PTSD program. More than 90 family members along with 40 veterans have attended these popular educational meetings since the program was developed. For more information, contact the PTSD Program Coordinator at (916) 366-5433.

VA Medical & Regional Office Center Honolulu (VAM&ROC): Improving PTSD services

A Post Traumatic Stress Disorder (PTSD) Residential Rehabilitation Program (PRRP), located in Hilo, Hawaii has a variety of programs including Assessment Admissions; War Trauma Focus; PTSD and Addictions; and Here and Now Groups. The Hilo PRRP has maintained a 100 percent completion rate of assessments administered during the time veterans are admitted to the program. Aggressive efforts are underway to improve

the completion rate of the four-month follow up. During fiscal year 2002, a completion rate of 90.3 percent was achieved, significantly higher than the national average of 81.1 percent. This program is unique because it is the only freestanding program located in the community rather than in a medical center setting. The Hilo PRRP is committed to providing the best possible care for our veterans affected by the psychological trauma of combat.

VA Medical Center San Francisco (SFVAMC): Mental health services

SFVAMC's mental health treatment programs are nationally recognized for using the latest and most effective treatments available. Mental health specialists are located at VA community clinics in Eureka, Santa Rosa, downtown San Francisco, and at the medical center. In addition to individual, group, medication and family treatment approaches, specialty services include women's, HIV and geriatric mental health programs.

Special focused programs provide a variety of services in substance abuse including day hospital, anger management classes, and opiate replacement therapy. The Post Traumatic Stress Disorder (PTSD) Program is a VA Center of Excellence and includes specialized group therapy, specific medication treatments, stress reduction training, and family therapy.

The Health Psychology Program offers services for chronic medical conditions and includes weight control, smoking cessation, pain management, and stress management.

The Mental Health Service's clinical research guides and improves the clinical services offered by carefully examining the effectiveness of the treatments that are most promising.

VA Sierra Nevada Health Care System (VASNHCS): Green Team provides mental health services

The VASNHCS's Mental Health Primary Care Team, commonly referred to as the Green Team, provides coordinated medical care for patients who receive primary services in Mental Health. The Mental Health Team consists of psychiatrists, psychologists, nurses, pharmacists, social workers, a chaplain, and support staff. They provide a vast array of inpatient and outpatient resources including a Day Treatment Program, Compensated Work Therapy Program, Addictive Disorders Treatment Program

(alcohol and drug treatment), Health Care for Homeless Veterans Program, individual and group therapies, family therapy, crisis intervention, suicide prevention, medication clinic, vocational rehabilitation and inpatient care.

Care begins with a comprehensive intake interview to determine the best treatment plan. Treatment plans are developed on an individual basis with the Mental Health Team members. Veterans can call the Green Team at (775) 328-1476, to set up an appointment.

Shadows from the past

Post Traumatic Stress Disorder

Post traumatic stress disorder (PTSD) is an anxiety disorder that can develop after experiencing or witnessing a life-threatening or traumatic event, such as military combat, a violent assault, or a serious accident. The traumatic event causes you to respond with fear, helplessness and horror. PTSD afflicts approximately eight percent of Americans.

In World War I, PTSD was known as “shell shock” and combat is still the most common trigger for PTSD in men. Yet, twice as many women as men suffer from the disorder, and for them the initial trauma is most often some form of sexual abuse or attack. If PTSD symptoms are severe, the disorder may be disabling.

Common symptoms of PTSD

- Recurring, intrusive and distressing memories of the event. You continue to relive the traumatic event through painful memories, vivid dreams, or believing that the event is occurring in the present time (called a flashback).
- Avoiding situations that remind you of the event. You may avoid the place where it occurred, TV programs or news reports about the event, or other mental triggers that remind you of the event (such as sights, sounds, smells, or certain people).
- Becoming emotionally numb and withdrawing. It may be difficult for you to feel or express emotions toward other people.
- Difficulty sleeping and concentrating, and fearing for your personal safety. You may also think that you will have a shortened life span or will not reach personal goals such as having a career or family.

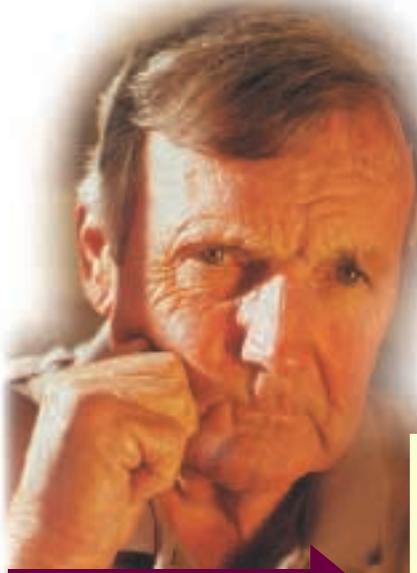
You may have a tendency to be on constant alert (increased arousal) after the traumatic event. PTSD can cause:

- Outbursts of anger or irritability.
- Difficulty concentrating.
- Constantly fearing for your safety.
- Becoming overly startled when someone surprises you.
- Feeling of intense guilt (especially if you survived when others died).

PTSD usually develops within three months of the trauma, although it may first occur months or years later. Symptoms last approximately three months in about half of those who get PTSD. Others may experience symptoms that come and go over several years.

The first treatment consideration for PTSD sufferers is safety. They must feel that they are in a safe, supportive environment before therapy can succeed. Working with mental health professionals trained in PTSD is the first step. Various types of talk therapy can help control anxiety and restore self-esteem. It's also important to address depression or substance abuse, which often accompany PTSD.

If you are diagnosed with PTSD and get help from a mental health professional, you stand a good chance of escaping the nightmares that haunt you.



You may contact the following mental health professionals, for more information:

VA Central California Health Care System

Mental Health Service (559) 228-5336

VA Medical & Regional Office Center Honolulu

Dr. Matthew Ikeda (808) 433-0627

VA Northern California Health Care System

Martinez Outpatient Clinic (925) 372-2105

Oakland Mental Health Clinic

(Oakland Army Base) (510) 587-3400

Redding Outpatient Clinic (530) 226-7675

Sacramento Mental Health Clinic (916) 366-5433

VA Palo Alto Health Care System

National Center for PTSD (650) 493-5000, ext. 27777

VA Sierra Nevada Health Care System

Mental Health Primary Care (Green) Team (775) 328-1476

VA Medical Center San Francisco

Mental Health Central Access Team (415) 750-6674

Suicide Threats and Prevention



More males than females commit suicide, but more females than males *attempt* suicide. The actual suicide rate is higher among persons 55 to 64 years of age, whereas the suicide attempt rate is higher among those between 24 and 44 years of age. White men older than age 65 who live alone are at especially high risk for suicide.

Other high-risk groups include the elderly, the sick, and the mentally ill. There is a tendency of suicides to occur in families, but there is no evidence of a genetically determined suicidal behavior pattern. There are also seasonal fluctuations in the suicidal rates, with the highest number occurring in the spring.

Approximately one third of all suicides have occurred in persons who have received psychiatric treatment. Depression is present in 95 percent of all suicidal cases, but these persons are most suicidal when they are just entering into or recovering from an attack of depression.

While some suicides occur without warning, most do not. It is important to recognize the warning signs of suicide and take action when the signs are present.

Suicide can be prevented

The World Health Organization offers the following suggestions for prevention of suicide:

- Availability of emergency medical services and poison control centers to prevent the fatal outcome of suicidal acts.
- Recognition of the early signs of suicidal tendencies and prompt treatment. Any suicide threat must be taken seriously. The widespread belief that no one who talks about suicide is likely to attempt it is false. Of those who commit suicide, at least 80 per cent have discussed it with someone else.
- Special medical and social attention to high-risk groups. Measures should be taken against social isolation and neglect of those who are already suffering from a feeling of worthlessness and despair. These persons need satisfying social relations within the family and in the larger community so that they can receive continued support from others and experience a sense of self-worth and dignity.

Warning signs of suicide in adults

The following warning signs may be present in adults who are at high risk for suicide:

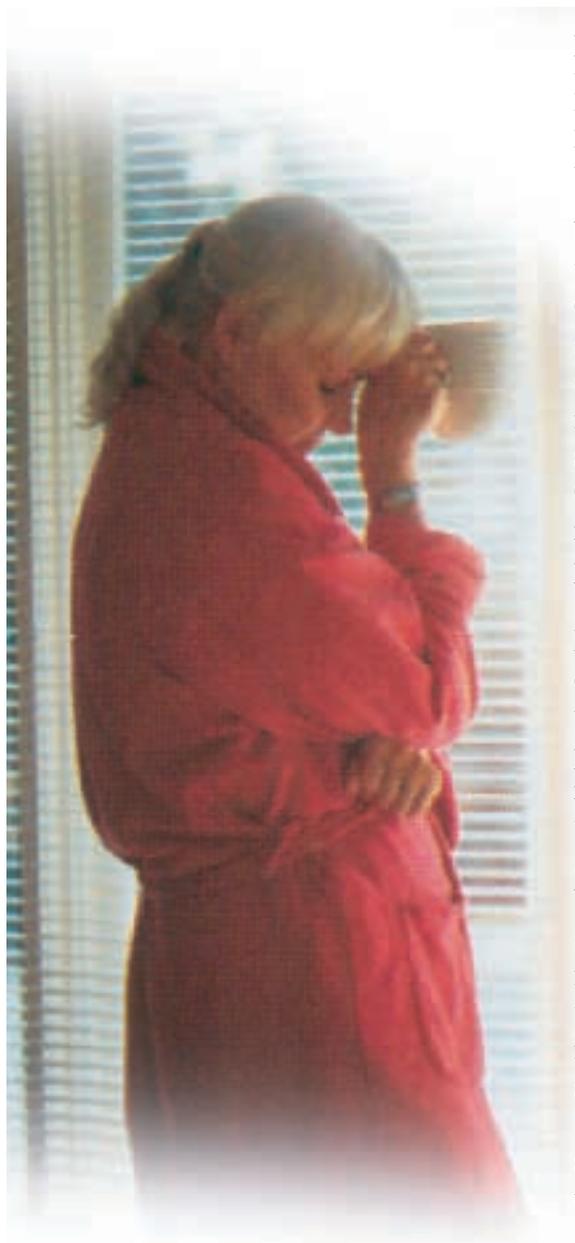
- Depression or other mental health condition, such as bipolar disorder (manic depression) or schizophrenia.
- Depression followed by sudden cheerfulness and contentment (this may mean the person has made a decision to finalize a suicide plan).
- Being alone for long periods of time (social isolations).
- Previous suicide attempt.
- Alcohol or substance abuse.
- Failing relationships.
- Poor performance on the job.
- Preoccupation with death in conversations.
- Giving away possessions.

Other factors that may contribute to thoughts of suicide include:

- A family member who has committed suicide.
- Diagnosis of a serious medical or physical illness.
- Recent life change, such as a death in the family, marriage or divorce, job loss, retirement, or financial difficulties.



Mental Health Services for Women



There are currently more than 26,000 women veterans in the California Bay Area, and this number is rising as women play an increasingly important role in the security of our nation. Unfortunately, the VA mental health services and programs are underutilized by women veterans. Why is this so? What are the reservations women veterans have in seeking care?

The Women's Mental Health Center, located at the VA Palo Alto Health Care System's Menlo Park Division, seeks to address these questions and build the trust of women veterans. In addition, the Center seeks productive alliances with other agencies and organizations that share its vision. The Center will serve as a 'Knowledge Center' for education and research regarding women's psychological health.

The Women's Trauma Recovery Program (WTRP), central to the establishment of the Center, was the first program of its kind to offer residential treatment to women with Post Traumatic Stress Disorder (PTSD). The WTRP provides diagnostic assessment and evaluation of female veterans from all eras who are suffering. Treatment is provided within a group setting and lasts 60 days.

There are a range of other symptoms that bring women to the Women's Mental

Health Center, including overwhelming feelings of sadness and despair, anxiety symptoms and panic, as well as issues of substance abuse. An outpatient staff, trained to address women's issues in an atmosphere of acceptance and understanding, addresses these symptoms.

A number of women still remain invisible and isolated in the community, either reluctant to seek services from the VA, or are unaware of the available resources. All women veterans are encouraged to make inquiries into the services offered by their local VA health care system. Women veterans are entitled to mental health services regardless of income or health insurance coverage.

For more information about the Women's Mental Health Center, contact **Darrah Westrup, M.D., Program Director**, at (650) 493-5000 ext. 22479.

For information about the Women's Trauma Recovery Program, contact **Gloria Grace, Clinical Coordinator**, at (650) 493-5000 ext. 27373 (veterans need to be referred to the WTRP by their outpatient treatment provider).

You may also contact a **Women Veterans Program Coordinator** at your local VA Health Care System, for more information on women's health services.

CARES Phase II

In the Fall 2002 issue of Veterans' **HealthMatters**, CARES (Capital Asset Realignment for Enhanced Services) Phase II was introduced and four of the nine steps were explained. In this issue, steps five through nine are outlined.

Step 5—Review and Evaluation (March - April 2003)

The CARES Program Office staff and Under Secretary for Health's (USH) Clinical CARES Advisory Group (CCAG) will review each Network CARES Market Plan. The CCAG will develop recommendations regarding the clinical impact of the Market Plans for the USH. To ensure that all VA assets are addressed in the market plans, the CARES One VA Committee will review each market plan and provide advice to the USH. The USH will consider these reviews and prepare a draft National CARES Plan. The draft National CARES Plan will be published and made available to stakeholders.

Step 6 – Independent Commission Review (May – August 2003)

The Secretary of Veterans Affairs (VA) will appoint a Commission comprised of non-VA executives to review the draft National CARES Plan. The Commission will be objective and provide an external perspective to the recommendations. The Commission will focus on accessibility, cost effectiveness of care to be provided, while ensuring that the integrity of VA's health care and related missions is maintained, and any adverse impact on VA staff and affected communities is minimized.

The Commission will take into consideration the views and concerns of veterans and other stakeholders, including Veterans Service Organizations, medical school affiliates and local community groups. The Commission will evaluate comments received during the 60-day public comment period (June-August 2003) following the publication of the National CARES Plan and may conduct regional public hearings and site visits.

Step 7 –VA Secretary Decides (October 2003)

The Secretary will consider the Commission's recommendations and make a determination to accept, reject or modify with comments recommendations received in the draft National CARES Plan.

Step 8 – Implementation

Depending upon the nature of the Secretary's decision, Networks may prepare detailed implementation plans for their CARES Market Plans that will be approved by VA Central Office (VACO).

Step 9 – Integration into Strategic Planning Process

As Networks proceed with the implementation of their Network CARES Market Plans, the Planning Initiatives will be refined and incorporated into the annual Veterans Health Administration's strategic planning cycle. This ensures that CARES program and capital implementation proposals are integrated into current VACO strategic planning, policy assumptions and objectives.

The VA Sierra Pacific Network is currently in **Step 4, Developing Market Plans to Address Planning Initiatives**. Planning Initiatives are the gaps, with both positive and negative differences, between current supply and future health care demand (through 2022). Factors such as workload, facility location, access, space, and health care needs were analyzed. Planning Initiatives do not represent final decisions; they simply are projected gaps in health care services or gaps in access to care. Our Network is in the process of developing solutions or plans to fill the gaps. VA's health care networks will present their draft market plans to VA headquarters on February 28, 2003.

A summary of our Planning Initiatives is as follows:

North Coast Market

- Outpatient Primary Care – Projected increase for 2012 and 2022
- Outpatient Specialty Care – Projected increase for 2012 and 2022
- Surgery Inpatient Beds – Projected decrease for 2022

South Coast Market

- Access to Acute Hospital Care - Does not meet criteria*
- Outpatient Primary Care – Projected increase for 2012 and 2022
- Outpatient Specialty Care – Projected increase for 2012
- Inpatient Medicine Beds – Projected decrease for 2022
- Inpatient Surgery Beds – Projected decrease for 2022

North Valley Market

- Outpatient Primary Care – Projected increase for 2012
- Outpatient Specialty Care – Projected increase for 2012
- Psychiatry Inpatient Beds – Projected increase for 2012
- Medicine Inpatient Beds – Projected increase for 2012 and 2022

South Valley Market

- Outpatient Specialty Care – Projected increase for 2012

Sierra Nevada Market

- Access to Tertiary Hospital Care –Does not meet criteria**
- Outpatient Primary Care – Projected increase for 2012
- Outpatient Specialty Care – Projected increase for 2012

Pacific Islands Market

- Access to Tertiary Hospital Care – Does not meet criteria**
- Outpatient Primary Care – Projected increase for 2012 and 2022
- Outpatient Specialty Care – Projected increase for 2012 and 2022

*Access to Acute Hospital Care Criteria

Less than 65 percent of enrollees are within 60 minutes driving time and at least 12,000 enrollees are outside 60 minutes driving time from nearest hospital.

**Access to Tertiary Hospital Care Criteria

Less than 65 percent of enrollees are within four hours driving time and at least 12,000 enrollees are outside four hours driving time of a tertiary hospital.

VA MEDICAL CENTER SAN FRANCISCO

4150 Clement Street
San Francisco, CA 94121-1598
(415) 221-4810

VA EUREKA OPC

714 F Street
Eureka, CA 95501
(707) 442-5335

VA SANTA ROSA OPC

3315 Chanate Road
Santa Rosa, CA 95404
(707) 570-3855

VA 13TH & MISSION CLINIC

205 13th Street, Suite 3280
San Francisco, CA 94103
(415) 551-7300

VA UKIAH OPC

238B Hospital Drive
Ukiah, CA 95482
(707) 468-1870

VA PALO ALTO HEALTH CARE SYSTEM

3801 Miranda Avenue
Palo Alto, CA 94304-1290
(650) 493-5000

VA MENLO PARK DIVISION

795 Willow Road
Menlo Park, CA 94025
(650) 493-5000

VA LIVERMORE DIVISION

4951 Arroyo Road
Livermore, CA 94550
(650) 493-5000

VA CAPITOLA OPC

1350 N. 41st Street, Suite 102
Capitola, CA 95010
(831) 464-5519

VA STOCKTON OPC

500 W. Hospital Road
Stockton, CA 95231
(209) 946-3400

VA MODESTO OPC

1524 McHenry Blvd., Suite 315
Modesto, CA 95350
(209) 557-6200

VA MONTEREY OPC

3401 Engineer Lane
Seaside, CA 93955
(831) 883-3800

VA SAN JOSE OPC

80 Great Oaks Boulevard
San Jose, CA 95119
(408) 363-3011

VA SONORA OPC

720 Pauline Court, Bldg S
Sonora, CA 95370
(209) 533-5470

VA NORTHERN CALIFORNIA HEALTH CARE SYSTEM

VA MARTINEZ OPC

150 Muir Road
Martinez, CA 94553
(925) 372-2000

VA MEDICAL CENTER SACRAMENTO

10535 Hospital Way
Mather, CA 95655-1200
(916) 366-5366

VA REDDING OPC

351 Hartnell Avenue
Redding, CA 96002
(530) 226-7555

VA CHICO OPC

280 Cohasset Road
Chico, CA 95926
(530) 879-5000

VA SACRAMENTO OPC

5342 Dudley Boulevard
McClellan Park, CA 95652-1074
(916) 561-7400

VA MARE ISLAND OPC

201 Walnut Avenue
Mare Island, CA 94592
(707) 562-8200

OAKLAND MENTAL HEALTH CLINIC

Oakland Army Base
2505 West 14th Street
Oakland, CA 94607
(510) 587-3400

VA OAKLAND OPC

2221 Martin Luther King Jr. Way
Oakland, CA 94612
(510) 267-7820

VA FAIRFIELD OPC

103 Bodin Circle
Travis AFB, CA 94535
(707) 437-1800

VA CENTRAL CALIFORNIA HEALTH CARE SYSTEM

2615 E. Clinton Avenue
Fresno, CA 93703-2286
(559) 225-6100

VA SOUTH VALLEY OPC

1050 North Cherry Street
Tulare, CA 93274
(559) 684-8703

VA CASTLE OPC

3605 Hospital Road, Suite D
Atwater, CA 95301-5140
(209) 381-0105

VA SIERRA NEVADA HEALTH CARE SYSTEM

1000 Locust Street
Reno, NV 89502-2597
(775) 786-7200

VA SIERRA FOOTHILLS OPC

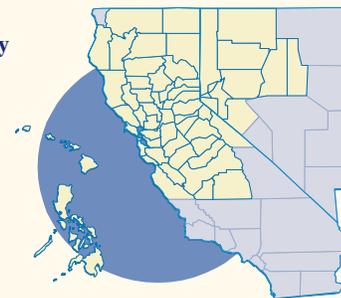
3123 Professional Drive
Suite 250
Auburn, CA 95603
(530) 889-0872

VA CARSON VALLEY OPC

925 Ironwood Drive
Minden, NV 89423
(888) 838-6256

VA MEDICAL & REGIONAL OFFICE CENTER HONOLULU

459 Patterson Road
Honolulu, HI 96819
(808) 433-1000



VA HILO PTSD RESIDENTIAL REHABILITATION PROGRAM

891 Ululani Street
Hilo, HI 96720
(808) 969-1684

VA MAUI OPC

203 Ho'ohana Street, Suite 300
Kahului, HI 96732
(808) 871-2454

VA HILO OPC

1285 Waiuanue Avenue
Suite 211
Hilo, HI 96720
(808) 935-3781

VA KONA OPC

75-5995 Kuakini Highway
Suite 413
Kailua-Kona, HI 96740
(808) 329-0774

VA KAUAI OPC

3367 Kuhio Highway, Suite 102
Lihue, HI 96766
(808) 246-0497

VA GUAM CLINIC

US Naval Hospital
313 Farenholt Road
Agana Heights, GU 96919
(671) 472-7250

VA REGIONAL OFFICE & OUTPATIENT CENTER MANILA

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