

The Frontline Reports column features short descriptions of novel approaches to mental health problems or creative applications of established concepts in different settings. Material submitted for the column should be 350 to 750 words long, with a maximum of three authors (one is preferred) and no references, tables, or figures. Send material to Francine Cournos, M.D., at the New York State Psychiatric Institute (fc15@columbia.edu) or to Stephen M. Goldfinger, M.D., at SUNY Downstate Medical Center (smgoldfingermd@aol.com).

A Consultation Service to Support Participants in Psychiatric Research

Participants in psychiatric research are drawn from a potentially vulnerable population. They may enroll in research out of the need for low-cost or subsidized treatment. As with other vulnerable populations, research involving individuals with mental illness should focus on their needs in addition to those of the investigators. At New York State Psychiatric Institute (NYSPI) participants may be involved in research that does not focus on social issues, as in many medication trials, nor provide clinical interventions, as in many neuroscience studies. Participants very often enter studies with a variety of unmet social concerns that may substantially affect their quality of life and interfere with their ability to remain involved with the research program. Concrete social needs often fall outside of the scope of a typical research protocol, meaning that they may otherwise go unaddressed for individuals who have limited access to additional services.

The Social Work Consultation Service (SWCS) at NYSPI was developed in 2006 to meet the needs of research participants that extend beyond what is provided by any particular research study or clinical trial. Participants seeking services from the SWCS have expressed needs that tend to be con-

crete and specific, ranging from assistance with job placement, to fighting an upcoming eviction, to referrals for basic psychiatric or medical services. Participants are limited to three sessions in which they are provided with advice, resources, or referrals to outside agencies.

A recent chart review of the initial 131 participants, drawn from the first five years of the program (2006–2011), found that the SWCS has successfully addressed diverse needs from a wide variety of research units. High rates of referrals were from neuropsychiatric units (42%), although outpatient mental health clinics (28%) and substance abuse research clinics (15%) were also major referral sources. Many participants sought assistance from SWCS for multiple needs. The most common were assistance with entitlements (39%), such as Supplemental Security Income, Medicaid, food stamps, and so on, followed by employment assistance (36%) and mental health service referrals (28%). Housing issues (25%) and referrals for co-occurring medical conditions (21%) were also in demand. Single individuals (90%) and those lacking private insurance (84%) were especially likely to seek assistance through the service.

Of those who followed up on the initial referral and attended at least one appointment, 84% had their presenting problem successfully addressed within the three-session limit. A successful referral required, on average, just under two in-person meetings, adding up to an estimated four hours of service time, including associated paperwork and outside contacts—a modest time commitment when considering that each social worker was working with at most a single SWCS referral at any given time. At a large institution such as NYSPI, this service can be easily absorbed into the existing social work department with minimal effect on existing programming.

Psychiatric research is often conducted at hospitals, universities, and other agencies that have existing social service departments to facilitate

the implementation of a consultation service. These departments can assign service coordination to one social worker who has the responsibility of delegating cases to the rest of the staff. Implementing the service is then a matter of publicizing its existence to the in-house research units and receiving referrals. Agencies that train social work interns can involve them in the service, further spreading the workload while providing valuable training. Smaller research projects that are unable to collaborate with an existing social work department may have more difficulty meeting the additional needs of study participants. Alternative means of providing these services may need to be explored, such as training research assistants to conduct basic needs assessments.

SWCS likely benefits patients as well as research teams. The referred patients receive assistance in facing substantial social stressors, such as evictions, layoffs, relationship problems, and medical complications. Alleviating these stressors may improve participant retention in the research studies. Researchers should consider the possibility that their own work may reap secondary benefits from direct services provided to their vulnerable research population.

A potential risk in implementing a consultation service is a systematic bias on the results of referring studies, particularly intervention studies. SWCS was offered to all research participants at NYSPI; however, internal validity may be compromised if researchers preferentially refer participants from their experimental or control group. Furthermore, if consultation services are accessed by a large proportion of participants from one study, the impact of such services must be considered when generalizing the outcomes of that study.

The volume of referrals received over the five-year period suggests that there is a substantial need for additional services among psychiatric research participants and provides preliminary support to provide adjunctive social services. A social work con-

sultation service may help fulfill the responsibility of researchers to address the needs of this vulnerable population and may improve retention in research studies by alleviating barriers to participation.

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A Web-Based Intervention for Alcohol Misuse in VA Primary Care

Web-based brief alcohol interventions are effective in reducing alcohol consumption among adults and college students who misuse alcohol. These interventions have also been used effectively in ambulatory care clinics, including primary care, hepatitis C clinics, and emergency departments. Users typically complete the intervention, which consists of an initial assessment of alcohol use and related problems, in five to ten minutes. These data are then used to generate personalized feedback comparing a person's reported alcohol use with that of age- and gender-matched peers and provide information about alcohol-related consequences and risk factors. Despite growing evidence of their effectiveness, brief alcohol interventions have yet to be used to address alcohol misuse by U.S. veterans seeking primary care, where rates of alcohol misuse are estimated to range from 20% to 25%. Therefore, we conducted a pilot study to examine the feasibility of implementing a Web-based brief alcohol intervention in a large Veterans Affairs (VA) primary care clinic.

We conducted two focus groups with primary care administrators and clinic staff to determine their interest in and need for this intervention in

their clinic. Both groups expressed a desire to implement the protocol but emphasized the need for effective intervention tools that minimally affect clinic operations. On receiving approval from clinic administrators, a single computer and printer were set up within the primary care clinic to be used by eligible patients. Twenty veterans who screened positive (men, ≥ 4 ; women, ≥ 3) on the three-item Alcohol Use Disorders Identification Test–Consumption Items (AUDIT-C) were invited to participate. Screening was conducted by a clinic nurse at intake. Nurses gave veterans who screened positive a flyer describing the study and obtained informed consent. After completing their primary care visit, veterans were handed off to study staff also at the clinic. Participants were asked to complete the intervention, print out and review their personalized feedback report, and complete a brief set of questionnaires assessing their experience of the study protocol.

About half of our sample was Caucasian and reported an annual income of $\leq \$30,000$. More than half of participants (60%) reported a history of receiving treatment for a substance use disorder and AUDIT-C scores in a range indicating alcohol misuse (mean $\pm$ SD = 6.2 ± 2.69 out of 12 points). These results suggest that clinic nurses were referring appropriate patients to the brief alcohol intervention.

On completion of the intervention, most participants reported being willing to discuss their alcohol use with a primary care provider or nurse (90%) and to attend a first appointment with an alcohol counselor if recommended by their provider (73%). However, most veterans also reported that they could reduce (83%) or abstain (76%) from using alcohol on their own, which suggests that veterans who screened positive for alcohol misuse were open to discussing their alcohol use with a provider and considering treatment if recommended but also felt able to reduce their alcohol consumption without (or with minimal) assistance.

All participants completed a brief questionnaire assessing usability of the brief intervention. A majority of

participants (95%) indicated that the program was easy to use and that personalized feedback was easy to understand, and they found the graphics helpful and easy to interpret. Most participants (90%) also felt comfortable disclosing information about their alcohol use via computer, with 90% feeling that their information would be secure and confidential. This is an especially important finding given some initial concern that veterans might feel uncomfortable disclosing private behavior via computer.

In terms of perceived effectiveness, almost all participants reported that the brief intervention helped them more clearly understand how their alcohol use may affect their overall health and would recommend it to a friend. Most participants also felt that they would be more likely to reduce their alcohol use (and possibly seek treatment) in the future as a result of the intervention.

This pilot study was a first step in establishing the feasibility of a Web-based brief alcohol intervention in VA primary care. Larger studies are needed to determine whether reductions in alcohol use observed in prior studies (with nonveteran populations) generalize to U.S. military personnel who misuse alcohol. This is particularly important in light of findings indicating that veterans may use alcohol excessively to cope with complex negative emotions associated with highly prevalent mental health problems (such as posttraumatic stress disorder).

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