

Commission on PTSD & TBI Meeting Notes
Walker Building, Room 274
Thursday March 21, 2019
Recorder: Tony Paradiso

Member attendance:

COL Richard Oberman	NH National Guard
Catrina Watson	NHMS
Gavin Cherry	Easter Seals Military Veterans Services
Robert Motolla	Manchester VA
Latha Mangipudi	State Legislative Representative
Richard Osborne	State Legislative Representative
Erin Hall	Brain Injury Association of NH
Amy Cook	DHHS
Maj Gen Gretchen Dunkelberger	NH Veterans Cemetery Association
Trooper Seth Gahr	NH State Police
Dr. Nicole Sawyer	NH Psychological Association
Ken Norton	NAMI
Denise Roy-Innarelli	NHES
Suellen Griffin	NHCBHA
Jerry Donavan	Robin Hill Farms
Ana McKenna	Care Coordination Program NH
Peggy LaBrecque	NH Veterans Home
Tony Paradiso	Veterans Advocate
Dr. Richard Wren	White River Junction VA

Guest attendance:

Dr. James Whitlock	Manchester VA
Nina Romano	US Dept of Veterans Affairs
Leslie Ela	Care Coordination Program NH
Cindy Seaward-Salvati	Care Coordination Program NH

I. Welcome & Introductions

Pledge of Allegiance

New Member Introduction:

Maj Gen Gretchen Dunkelberger	NH Veterans Cemetery Association
Latha Mangipudi	State Legislative Representative

New Guest Introductions:

Guest Speaker: Dr. James Whitlock, Manchester VA

II. Approval of Minutes

The minutes for the February 21, 2019 meeting were approved as amended. (Catrina Watson was left off the attendee list in error.)

III. Commission Updates (Updates pertinent to COPT mission)

Catrina Watson: This is conference season so there is quite a bit of traveling. Working on getting materials out to family physicians.

Robert Mottola: The VA continues to participate in the Governor's Challenge. He indicated that the VA plans to give to more new events. They also had a positive increase in enrollment and are one of the few agencies that did. Their Annual Health Summit will be held this summer.

Rep Mangipudi: Latha is glad to be a member of the Commission and wishes to continue to foster better working relationship with the VA and work to alleviate shortages of providers for mental health.

Rep Richard Osborne: He is a member of the health and human services committee which is always seeking ideas for new legislation.

Erin Hall: The Brain Injury Association had a successful vertical challenge which raised \$5,000. Their conference coming up on May 15th and they will conduct their Walk by the Sea event in June at Hampton Beach. March is brain injury awareness month.

Amy Cook: Phase III of Governor's Challenge was funded by SAMHSA. A team went to Washington DC to finalize an action plan and will soon start workgroup work. They are moving into implementation phase.

With respect to ATQ they continue to pound the pavement. Met with schools to help them form teams to implement ATQ. Amy will be sending out link to the toolkit to solicit feedback. The old website is being sundowned this fall. The goal is to have everything up and running on the new site by the summer. She will provide a link to Google drive

Trooper Seth Gahr: The state police continue to bring veterans to the Dept of Veterans Affairs and works to get them enrolled in the VA. Last week in one day alone he worked with six veterans. They are starting to get a number of female veterans. It has taken a long time for female veterans to begin to reach out. The VA has been extremely helpful working to get veterans out of their homes and into the outdoors. Had first CIT training

and they are working with NAMI NH to train 25 state troopers. The plan is to conduct two more trainings to train a total of 75 troopers.

Dr. Nicole Sawyer: She finished the draft of the survey summary and has been working with Trooper Gahr on training. She is looking forward to doing a couple of more trainings this year.

Ken Norton: Ken is excited about the CIT training. They are looking to how they can sustain it beyond the three-year grant. NAMI was designated by the state to submit a five-year suicide prevention grant which was submitted Friday. NAMI had 200 people at their annual conference.

Denise Roy-Innarelli: Their first career resource fair was held today. The next one will be held next Wednesday. NHES wants to see how the staggered schedule helps attendance.

Suellen Griffin: Suellen is retiring so a new representative needs to be identified to represent the CMHCs. Recently Suellen received a call from the VA specific to benefits for women and thought it was great to see the outreach by the VA.

Dr. Richard Wren: Dr. Wren is on the caregiver support team at WRJ. The program has gone through a number of revisions. In their program staff go into the home and provide training on how to be a caregiver. They provide on-going support including instructions on grants. The program has become much more recovery oriented. It has greatly improved and has better utilization.

VA Video Connect is being rolled out by both VA's. The goal is to be able to connect a provider with a veteran through their cell phone and improve access to care.

Col Richard Oberman: The National Guard has been accepted as a finalist to initiate a program and have submitted the CMHC concept on liaison program. There is a question as to whether it's possible to implement it this year. If not, it would go into next year's budget. They are working diligently to make this year's deadline. It will be a community-based pilot program that will cover service members' families and veterans.

Peggy LaBrecque: The Veterans Home is doing well. They continue to look for nurses and are engaging with all colleges and school to reach out to graduates as well as look outside the box for candidates. The Home currently has 12 women veterans and their oldest veteran will be 101.

IV. Action Items (Items that require decision /action by COPT)

None

V. Old Business

2017 Veteran Survey – This was tabled until next month to give members time to properly review the draft summary.

VI. New Business

Dr. Whitlock, VA - Discussion on TBI

Summary of discussion:

A handout was provided that outlined the differences and similarities between PTSD and TBI. Jerry Donovan also distributed a copy of a Miami Herald article on how family members are impacted by a brain injury to a loved one.

There was a discussion of the symptoms of TBI and PTSD as related specifically to brain physiology. There was also a discussion regarding sleep and achieving restorative sleep versus drug assisted sleep. It was suggested that alternative treatments such as yoga or CBT can be the most powerful tools to aid sleep but Dr. Whitlock still hopes for better tools. Patients must maintain a commitment to alternative treatments for them to be effective.

A comment was made that PTSD is a disorder of forgetting but in actuality it is a disorder of the inability to forget.

Question: Is there a propensity for misdiagnosis of TBI that has gone undetected and mistakenly diagnosed as PTSD? What about CBT - what does it entail and what are the success rates?

Answers: The most common TBI seen at the VA is mild TBI related to explosions. There were some issues, but most were back to baseline within a day. The most common symptom is headaches. It was noted that it is rare to see cases related to bad falls.

It was once thought that there were a few physical symptoms that indicated mild TBI but that turned out not to be the case - loss of sense of smell - PTSD is also associated with this symptom. Headaches also. PTSD has a higher risk of developing chronic headaches than TBI.

CBT is a technique designed to help people change their mind. It is a way of exploring how people think about things - alternative ways of viewing things. Dr. Whitlock noted that he doesn't use CBT. Patients have to want to do it. CBT is the best treatment for several conditions - PTSD, anxiety, depression...

Question: Is there a regiment of supplements that is helpful for TBI?

Answer: It depends on the issue. They check for nutrition and if imbalances exist they introduce patients to ways to mitigate them. Supplements are only for deficiencies. Nutrition is more critical.

Question: Social connectedness and community support. Issues/importance? Need to build resiliency. What is being done in this area?

Answer: The VA has much higher levels of support than the general population. Often patients seek isolation. By the same token part of the issue is loss of connection to the military. The retreat program - 45 North - provides a respite and periods of tranquility and engagement. Creating more of these types of programs would be helpful.

Richard Osborne – who former Navy doctor – asked why are things missed by doctors?

He believes is often because of time. Primary care providers see so many patients they can't spend sufficient time with patients. Nicole Sawyer added a big part of it is trust. It's hard to build trust in 10 to 15 minutes. This is especially true if the doctor is sitting at a computer. In her experience the stigma around PTSD is far less than TBI so there is a greater reluctance about providing information related to TBI.

Dr. Whitlock mentioned that many young men are afraid that they may have CTE. There are numerous symptoms related to CTE that create a high level of stigma. He noted that the public information is far ahead of the science.

Question: Having TBI and breakdown of frontal lobe - does that lead to dementia?

Answer: The biggest risk factor is related to severe brain injury. This can accelerate later problems including dementia.

Question: What about the opioid crisis and the long-term effects of narcan? And what about brain injuries caused by lack of oxygen to brain?

Answer: Dr. Whitlock hasn't as yet seen people with that condition at the VA. Certain parts of the brain are more sensitive to loss of oxygen. Frontal temporal areas - same areas that are susceptible to brain injuries. The brain sort of dies in stages if it's deprived of oxygen. At the other extreme is the inability to form new memories.

There may be an increased number of people who experience brain damage due to narcan. Hypoxic brain injury - severe symptoms - can be very deranged.

Question: Hearing more about neurological symptoms - being diagnosed with TBI but actually finding high levels of heavy metals?

Answer: Dr. Whitlock does heavy metal testing for dementia and Alzheimer's patients but not for TBI. The best way to test is 24-hour urine. They try to get a history of exposure to lead, arsenic etc.

Col. Oberman will get Dr. Whitlock more information on the case he is familiar with. He sees the issue related to the military continually handling ammunition, some of which it is not made in the U.S. any longer. This is why they test for metals.

Question: Tinnitus - is this ever a symptom or been caused by PTSD or TBI?

Answer: All the patients Dr. Whitlock sees tend to suffer from tinnitus because they have been exposed to loud noises.

Question: How often do you see patients about other problems other than neurology?

Answer: Not very often. Seeing the same people who are seeing a primary care or other physicians. Blending community-based care with VA is an on-going challenge. Working on access discussing telemedicine etc.

There was a discussion related to connecting care and issues related to understanding the services that are available and benefits that are available through the VA. Less expensive prescriptions and other services. There still remains a great deal of education that needs to take place among civilian providers to make them aware that these options exist so they can communicate it to patients. This is the purpose of the toolkit for providers.

Question: Col Oberman - What do you [Dr. Whitlock] view as the biggest challenges for our veterans and their families?

Answer: The American culture. We work too much, sleep too little and are disconnected. This is a barrier to all health care. Health care is something to be avoided at all costs. How do we overcome this? Transitioning from health care and disease to wellness.

One issue is transportation for many veterans. This is a frequent barrier to care.

Helping families and instructing caregivers on how to approach caregiving. Caregivers must take care of themselves first. There are some conferences available, but it is difficult for caregivers to allocate the time. They are concerned about leaving their loved one.

VII. Adjournment

The meeting was adjourned at 4:28 pm

Next Commission Meeting is Thursday, April 18, 2019 from 2:30 – 4:30 pm at the Walker Building, Room 274, 21 South Fruit Street, Concord