



THE DEPUTY SECRETARY OF VETERANS AFFAIRS  
WASHINGTON

September 12, 2005

Terence M. Keane, Ph.D  
President  
Association of VA Psychologist Leaders  
VA Medical Center  
150 S. Huntington Avenue  
Boston, MA 02130

Dear Dr. Keane:

Thank you for responding to my request to provide the results and recommendations from your educational meeting held in Dallas in April 2005.

I have enclosed a fact sheet describing VHA's responses and progress regarding your recommendations. Many new initiatives are being implemented as part of the Mental Health Strategic Plan (MHSP) and as part of the Under Secretary for Health's commitment to narrowing the gaps in mental health services. This provides VHA psychologists with opportunities to be on planning and implementation groups and to accrue additional resources to provide new and expanded services to our veterans. I applaud your past efforts and encourage you to seek additional ways to be involved at all levels of the organization.

Thank you again for your service and your leadership. If you should have any further concerns, please contact Dr. Robert Gresen, Acting Deputy Chief Consultant, Mental Health Strategic Health Care Group, at (414) 384-2000, extension 41652.

Sincerely yours,

A handwritten signature in black ink, appearing to read "Gordon H. Mansfield", is written over a horizontal line.

Gordon H. Mansfield

Enclosure

**Department of Veterans Affairs (VA)  
Veterans Health Administration (VHA)**

**Fact Sheet  
Recommendations from VA Psychology Leadership Conference**

**Issue:** The Deputy Secretary spoke at the annual VA Psychology Leadership Conference held in Dallas in April 2005. In his closing remarks, he asked the group to submit the results of the meeting and recommendations. The recommendations and VHA comments follow.

**Recommendation 1:** We recommend that psychologists be present as full-time members of treatment teams in rehabilitation medicine programs across the country in order to provide the highest standard of care possible. Providing psychological services through a model of integrated care with other health care specialists offers the best opportunity for early detection of mental health problems, for promoting optimal recovery, and facilitating adherence to medical and rehabilitative regimens. This can be implemented immediately within existing resources at clinical centers of excellence and can be expanded nationwide as resources permit.

**Response:** VHA has established four Polytrauma Rehabilitation Centers at the VA medical centers in Richmond, VA; Tampa, FL; Minneapolis, MN; and Palo Alto, CA. These centers are staffed with dedicated mental health staff including both a counseling psychologist and neuropsychologist. The mission of the Polytrauma Rehabilitation Centers is to provide comprehensive inpatient rehabilitation services for individuals with complex cognitive, physical, and mental health sequelae of severe and disabling trauma and provide support to their families. Psychologists, along with other health care providers, will be critical to the success of these centers and to the rehabilitation of the veterans they serve.

**Recommendation 2:** To identify and to disseminate the most effective treatment strategies for promoting full recovery from polytrauma injuries, Interprofessional Research Fellowships should be established through Office of Academic Affiliations in which psychologists, physicians, and other rehabilitative health care specialists work collaboratively and from transdisciplinary perspectives to identify best practices of care. This would require only a modest amount of funding.

**Response:** An interprofessional fellowship program would require approximately \$175,000 per site to fund three fellows. To make a significant impact, several sites would need to be funded, which would be more than a modest amount of funding. The Office of Academic Affiliations will consider this concept as part of its fellowship program review and planning activities.

---

---

---



**Response:** The Office of Academic Affiliations (OAA) has dedicated significant funding over the past 10 years to improve primary care and primary care education in VA. In the early-mid 1990's, OAA established the PRIME Program which funded interprofessional primary care education at 80 VA sites. Through this program, an additional 50 psychology intern positions were funded at 40 VA facilities. Funding for these positions has continued at these sites, although they are no longer specifically identified as PRIME, because primary care concepts are now integrated throughout all internship programs.

In addition, seven of VHA's current postdoctoral fellowship programs focus on health psychology which emphasizes the interaction of psychological factors and medical conditions. Rather than establish additional psychology postdoctoral fellowship positions identified as "Primary Care," another approach would be to have the current clinically-oriented psychology postdoctoral fellowship programs (involving 66 fellow positions) redesign their programs to include more patient care in primary care settings where an increasing amount of the care is being provided regardless of the diagnoses being addressed.

**Recommendation 7:** We recommend that responsibility for a Recovery Model, and its implementation across the country, be given high priority within VHA and by the Office of Mental Health Services. This could best be accomplished by assigning this responsibility to a clearly identified component within VACO Mental Health. This is critical to ensure that there is an optimal utilization of resources in the implementation of the Recovery and Rehabilitation Model, to guide the process with authority across the nation, and to be a visible reminder of the importance of this paradigm shift.

**Response:** The concept of Recovery and patient self-actualization is the foundation of the Mental Health Strategic Plan. As part of a recent reorganization within the Office of Mental Health Services, leadership and oversight of psychosocial rehabilitation and recovery services are consolidated within one organizational unit under the Associate Chief Consultant for Psychosocial Rehabilitation and Recovery Services.

**Recommendation 8:** We recommend that the Best Practice Guidelines for PTSD Examinations be presented to the National Leadership Board (NLB) as potentially one of the system's most cost beneficial initiatives. The methods outlined therein should reduce the backlog and improve the confidence of the Adjudicators in their decisions based on available data. The NLB should take necessary steps to assure that these Guidelines are adopted on a nationwide basis.

**Response:** The Office of Mental Health Services, in collaboration with the National Center for PTSD, is working to roll out this guideline across the

Veterans Integrated Service Networks. These recommendations are still in the planning stage.

**Recommendation 9:** We recommend that additional resources be directed toward the expansion and implementation of telehealth services for treating behavioral health problems. To achieve this goal, resources are needed for an infrastructure to support practice, as well as education and training for behavioral health providers, and for research to evaluate the impact of these services.

**Response:** Telehealth services are also highlighted within the MHSP and are scheduled for a major expansion in fiscal year 2006. A multidisciplinary workgroup is being put together to identify the greatest need and service gaps that could be addressed through this initiative.

**Recommendation 10:** We recommend that representatives of VA psychology's leadership be appointed to the new Veteran's Disability Benefits Commission to help address and revise the current disability compensation system.

**Response:** The Veteran's Disability Benefits Commission is an independent, bipartisan body created by Public Law 108-136, with membership appointed by the President and leaders of Congress. VA has no influence on membership.

Office of Mental Health Services  
August 2005