Connection and Integration

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Objectives

• To describe the history of the integration of medical care and mental health care in VA
• To articulate the rationale for and evidence supporting integrated care platforms for returning combat Veterans
• To discuss care integration in the context of health care in general, with an emphasis on the relevance of this to psychologists
Dedications

Philip H. Rhinelander
1908-1987
OBJECT PERMANENCY AND DELAYED RESPONSE AS SPATIAL CONTEXT IN MONKEYS WITH FRONTAL LESIONS


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Abstract—Frontally lesioned monkeys (Macaca fasicularis) were significantly impaired relative to controls on a task (similar to that used by Piaget to test the development of object permanency) which required subjects to retrieve a grape hidden under one of three baskets. All monkeys with such lesions completely failed to reach criterion on an additional set of tasks in which the baskets were moved (i.e. the spatial context was modified) while controls performed these tasks with relative ease. Both deficits were shown to be attributable to an inability of “frontal” monkeys to process a varying spatial context.
MGANGA
Healer
Doctor

MCHAWI
Magician
Sorcerer
Witch
Wizard
the body cries

"ALL I WANTED was for him to be a father to me, to look at him just once and not feel shame, and rage, and grief ..." With her tears, tears she could finally allow herself to cry, came her recount of memories of childhood abuse by her alcoholic father. After hours of fearful, rageful, grief-filled tears, and several months of therapy, Ann began to experience, for the first time in two years, relief from the relentless gnawing stomach pain. Until now, and despite medical treatment, her peptic ulcer had not improved.

Thinking was polarized in terms of good or bad, black or white. Behavior was unpredictable. Guilt and anger were high. Self esteem and trust were low. It was a system of chaotic communication and disconnectedness.

The "shame, rage, and grief" experienced by Ann had been long stifled. Without thinking, or planning, or being told, she had developed ways of coping with her situation—ways of adapting and fitting into her family system. She had perfected ways of stifling her tears.
Rate the degree to which you believe “Persian Gulf Illness” is:

- Mostly a Physical Disorder
- Mostly a Mental Disorder

Rate the degree to which you believe “Persian Gulf Illness,” in general, is most effectively treated by:

Clinical Note

Psychotherapy and Psychosomatics

Psychother Psychosom 1998;67:275–279

Psychiatric Syndromes in Persian Gulf War Veterans: An Association of Handling Dead Bodies with Somatoform Disorders

Abstract

Background: Traumatic combat experience has been associated with the development of posttraumatic stress disorder, but there have been few studies about the association of military combat experience and the development of somatoform disorders. Methods: The authors evaluated 131 referred Gulf War veterans for medical and psychiatric syndromes thought related to their involvement in the Gulf War. Patients completed questionnaires regarding their traumatic experiences and were interviewed using the Structured Clinical Interview for DSM III-R. Results: For the sample, 69% had axis I conditions. Major depression, undifferentiated somatoform and posttraumatic...
Primary Care-Mental Health Integration
(Primary Care Mental Health Integration Initiative 2007)
Post-Deployment Integrated Care

Post-Combat Health Concerns

- Non-combat injury
- Combat injury
- Environmental exposure illness
- Non-combat illness
- Hearing loss tinnitus
- Mental health
- Spiritual / existential struggles
- TBI
- Marital/family financial difficulties
- Post-combat symptoms
- Needs C&P
Post-Deployment Integrated Care

Integrated Post-Combat Care

- Non-combat injury
- Combat injury
- Environmental exposure illness
- Non-combat illness
- TBI
- Marital/family financial difficulties
- Spiritual / existential struggles
- Post-combat symptoms
- Needs C&P
- Mental health
- Hearing loss tinnitus
Integrated Post-Combat Care

- Physical
- Psychological
- Psychosocial

Veteran
Integrated Post-Combat Care

PDICI
Post Deployment Integrated Care Initiative 2008

Medical Provider
MH Provider
Veteran
Social Worker
Hopelessness and Suicidal Ideation in Iraq and Afghanistan War Veterans Reporting Subthreshold and Threshold Posttraumatic Stress Disorder

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Steven Yannoy, PhD, MPH,‡ Bradford Felker, MD,*, and Stephen Hunt, MD, MPH*

Abstract: We examined hopelessness and suicidal ideation in association with subthreshold and threshold posttraumatic stress disorder (PTSD) in a sample of Iraq and Afghanistan War Veterans (US, N = 275) assessed within a specialty VA postdeployment health clinic. Veterans completed paper-and-pencil questionnaires at intake. The military version of the PTSD Checklist was used to determine PTSD levels (No PTSD, subthreshold PTSD, PTSD), and endorsement of hopelessness or suicidal ideation were used as markers of elevated suicide risk. Veterans were also asked if they received mental health treatment in the prior 6 months. Veterans reporting subthreshold PTSD were 3 times more likely to endorse these markers of elevated suicide risk relative to the Veterans without PTSD. We found no significant differences in likelihood of endorsing hopelessness or suicidal ideation comparing subthreshold and threshold PTSD groups, although both subthreshold PTSD group was less likely to report prior mental health treatment. Clinicians should be attentive to suicide risk in returned Veterans reporting both subthreshold and threshold PTSD.

Key Words: Suicide risk, Iraq and Afghanistan war veterans, subthreshold PTSD.

METHOD

Participants

The sample was drawn from Iraq and Afghanistan War Veterans at the U.S. (N = 336) consecutively assessed at intake to the Seattle Deployment Health Clinic of the VA Puget Sound Health Care System from May 3, 2004 to January 1, 2007. The Deployment Health Clinic is a specialty primary care-based clinic designed to integrate medical, mental health, and social work services for returning Veterans. The study protocol was approved by the University of Washington Internal Review Board and the Research and Development Committee of VA Puget Sound Health Care System. Approximately 12% of the sample did not complete self-report assessments of alcohol use and 47% did not complete the question assessing race. All other variables were missing less than 2.5%. After removing cases with missing data on key variables, the final sample consisted of 275 Veterans. Demographic and clinical features of the full sample and its stratification across levels of PTSD are presented in Table 1. Social support, combat exposure, alcohol use, depression, and annual household income differed significantly across PTSD strata (p < 0.05).

Measures

An initial assessment packet was administered as part of routine clinical care. The packet assessed demographic information and nature of military status (e.g., active duty vs. reserve). Combat exposure was assessed using items drawn from Laufier Combat Exposure Scale (Laufier et al., 1984) and the Desert Storm Trauma Questionnaire (Southwick et al., 1993). Social support was assessed
The Continuum of Mental Health Treatment within a Whole Health Collaborative Care Model

**Level 1**

**Self-care Community**
- Accessing internet or smart phone applications and print resources from the community
- Incorporating proactive self-care strategies
- Foundational care available to all (Prevention and Resilience)

**Level 2**

**Guided self-care, integrative health coaching or peer support**
- Primary care, PCMHI or PACT
- Assess for current stressors, develop trust, and use PHI to identify goals

**Level 3**

**Brief professional treatment**
- General mental health specialty care or PCMHI
- Mild or sub-threshold conditions addressed
- Continue to assess for current stressors
- Offer integrative approaches

**Level 4**

**Professional treatment**
- Condition- specific subspecialty care
- Address co-occurring conditions
- Continue to assess current stressors and offer adjunct integrative

[Diagram showing the continuum of mental health treatment]
PPPD Care in a Measurement-based System: Balancing Our Approaches

Support for a Life Worth Living

Disease Management and Risk Reduction
Interprofessional Care and Expanded Partnerships Will Enhance Mental Health Care

The plan for Personalized, Proactive, Patient-driven Care in a Measurement-based System contributes to enhanced mental health care through a number of mechanisms.

- The focus on health and wellness can enhance Veterans’ mental health
- Prevention of mental disorders will translate into enhanced quality of life
- Enhancing communication/trust will enhance quality of care
- “Moving to the left” will extend effective interventions to additional patients.
- The increased availability of self-help will make interventions available to those who are reluctant to engage in care
- Increasing care for pain and insomnia will target important risk factors
- Measurement based care will improve outcomes for mental health treatment
PACT
Veteran centered, team based, coordinated care

Creating the Veteran’s team
Connection

Integration
Serving Veterans Through Inter-professional Care And Expanding Partnerships

Connection and Integration

VA Psychologists Leading the Way