VA MENTAL HEALTH: LOOKING AHEAD

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• Strategy – too much happening for full review

• Will hit high lights of:
  – Current actions
  – Challenges
  – Thinking ahead
RECENT ACTIONS

• Hiring – Psychology staff continues to climb

• Hybrid Title 38 – starting to get a foothold on making it work
  – Data on increases in GS14/15 positions
  – Clarification of appeal processes as we move from Initial One-time Boarding to Annual reboarding
  – Still have a long way to go
• Enhanced care for veterans:
  – 24/14
  – Expanded clinic hours
  – Follow up on missed appointments

• Site visits occurring to follow up on implementation of MH enhanced care initiatives; goals =
  – Support
  – Problem solving
  – Identifying and disseminating best practices
• **Uniform MH Services Package**
  
  - Is designed to capture the culmination of the MHSP
  - Will be released formally to the field soon
  - Defines MH services that must be available to all veterans and outlines acceptable options for providing them, considering
    - VISN
    - Facility
    - CBOCs (small, medium, and large)
    - Contract/fee basis care
  - Is being considered a model for actions of all other clinical services in VA
- Will be used to guide distribution of the large proposed FY09 MH enhancement budget ($531 million)
  - Template will be distributed to guide VISN/facility requests
  - Be sure that Psychology is at the table in completing the templates
- Specific areas will have corresponding handbooks to provide fuller descriptions of requirements to be used in determining whether one of the required elements is in fact provided
Governance component of MH Uniform Services Package (excerpt)

b. Where there are mental health services lines, or equivalents, recruitment of leadership must be compliant with current VHA policy, which specifies that all mental health leadership positions must be advertised for all of the core mental health professions (Psychiatry, Psychology, Social Work, and Nursing), and that selection must be equitable among candidates. Evaluation of candidates and selection of leadership needs to consider all relevant factors.

c. Regardless of the structure of mental health services and of their leadership, there must be mechanisms for ensuring that leadership has coordinated input from all of the core mental health professions, and from each of the specialized programs within mental health.

(1) Each of the core mental health professions needs to be represented by a designated leader in that profession who takes responsibility for the professional practice of that discipline and has responsibilities for mentoring and professional development of staff in that profession. This person needs to have responsibilities for, or direct input into, hiring decisions and performance evaluations.

(2) Each VA medical center must establish and maintain a Mental Health Executive Council that includes representation from core mental health professional disciplines and specialty VA mental health programs with administrative support from the medical center.
CHALLENGES

• Rand study of OEF/OIF mental health and TBI issues – released last week
  - Appropriately lays out patterns of MH problems related to deployment
  - Critical of VA and DOD
  - VA sample = 75 (!!!) total individuals, across 24 communities
  - Other major methodological problems – but you will see the sound bites
• RAND GPRA study
  – Planned multi-year, comprehensive review of VA MH services
  – Methodology to be prospective and track impact of implementation of MHSP
  – Phase 1 is a rough baseline of services reported by VA facilities/VISNs as of FY06, early in MHSP implementation
    • You may see results/sound bites as if it were current
    • Results to be presented at the July MH conference, with clear understanding they are baseline
  – Additional components to come
    • Repeat of facility/VISN survey in FY10
    • Chart reviews
    • Survey of veterans
- **Litigation: Ongoing now**
  - Class action suit by “Veterans for Common Sense” and “Veterans United for Truth,” filed in Northern California, but against VA nationwide
    - Charges against VBA and VHA
    - Against VHA, claim is that we refuse to provide MH care for PTSD in returning veterans, resulting in large number of suicides
      - My prior time testifying was with a proposed injection; that was deferred
      - Federal Court judge will decide outcome
      - Has been major time demand for many months
• Long list of other requests for information, expressions of concern, etc.
  – Good news = most is truly motivated by genuine concern for the well-being of veterans and by appreciation of the importance of MH care
  – Bad news = constant criticism may affect willingness of veterans to seek VA care, and the time demands have an impact on doing the work that we have a golden opportunity to do
• This can be tough
  – If approached by press, Congress, etc., we should be fully cooperative and use any opportunity to get out accurate information:
    (“Walter Reed is NOT a VA hospital”)

  – Do check with your local Public Relations staff and with VACO as needed

  – Do let us know if the pressure is getting painful, invasive, etc. We want to support you.
By the next VA Psychology Leadership meeting, there will be
- a new President
- Possible changes in Congressional membership
- Likely several layers of change in VACO
• The President's New Freedom Commission Report and the MHSP will not be “owned” by any of the Presidential contenders

  – The Uniform MH Services Package is positioned to be a “bridge” to the future

  – Essential to keep making the case for MH

  – Strong, broad support for returning troops and MH care

  – We have to make sure that is
    • Salient for new leadership and
    • Allow them to have personal impact on how that support is implemented
• We want your ideas about this transition - opportunities, challenges, etc.

• Think ahead -- for MH, for Psychology, and especially for veterans and meeting their needs!