Vision, Goals, and Principles of VHA Handbook 1160.01: UNIFORM MENTAL HEALTH SERVICES IN VA MEDICAL CENTERS AND CLINICS Continued!

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VA’s Commitment: Quality Care

• Our nation’s commitment to a new generation of Veterans, for their lifetime:
  – Treat returning Veterans early in the course of mental health problems
  – Provide holistic, integrated care for physical and mental health problems:
    
    *Mental health is an essential component of overall health care*

• Being there for *their* lifetime and for the lifetime of all Veterans we are serving, from all eras
VA Psychologists GS11-GS15 by Fiscal Year, FY95-March FY09
Psychology Staffing at GS14/15: Uniques

VA Psychologists GS14-GS15 by Fiscal Year, FY95-March FY09
Psychology Staffing at GS14: Uniques

VA Psychologists GS14 by Fiscal Year, FY95-March FY09
Psychology Staffing at GS15: Uniques

VA Psychologists GS15 by Fiscal Year, FY95-March FY09
<table>
<thead>
<tr>
<th>Profession</th>
<th>FTEE (USD)</th>
</tr>
</thead>
<tbody>
<tr>
<td>Nurse</td>
<td>7,386.79</td>
</tr>
<tr>
<td>Phys Asst./Nurse Pract.</td>
<td>1,261.47</td>
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<tr>
<td>Psychiatrist</td>
<td>2,186.63</td>
</tr>
<tr>
<td>Psychologist</td>
<td>2,345.43</td>
</tr>
<tr>
<td>Social Work</td>
<td>3,388.56</td>
</tr>
<tr>
<td>Therapist</td>
<td>1,596.38</td>
</tr>
</tbody>
</table>

**Total through End of January 2009**: 18,165.26
Psychology Vacancies (FTE)

Combined vacancies for:

- Normal turn-over (high retention currently)
- Unfilled Psychology positions from earlier MH enhancement (small - 822/870 filled)
- Largest number is new positions from funding for UMHSH implementation FY09

Vacant FTE in active recruitment (% of vacant FTE)

FTE total for vacant positions

680.40

553.80 (81.4%)
OIG Attention

• Two surveys in FY09:
  – Audit of utilization of MH Enhancement Initiative Funding
  – Review of implementation of MHSP and UMHSH
Conclusions

- Utilization of MHEI Funding to implement VHA’s Mental Health Strategic Plan
  - Myriad of initiatives
  - In FY 2008, VHA allocated $371 million to fund these initiatives
  - Staff adequately tracked funds allocated for the MHI in FY 2008
  - Funds allocated for MHI were used as intended
  - No recommendations
Conclusions

- Implementation of MHSP and UMHSH
  - Selected items from the Handbook used to evaluate implementation
  - Implementation of the Handbook is a dynamic and ongoing process during FY 09
  - Items chosen reasonably estimate present extent of Handbook implementation at the medical center level at this time
  - No recommendations
  - Call to continue to improve metrics, e.g., for implementation of Evidence-Based Psychotherapies
# VHA Mental Health Services Extent of Implementation (%)

## Gender-Specific Care and MST
- Separate and Secure Sleeping and Bathroom: 97%
- Tracking of MST Treatment: 82%
- Availability of evidence-based care for MST: 96%

## Ambulatory Mental Health Care
- Follow-up for new MH Patients: 97%
- Evening MH Clinic Hours: 99%

## Care Transitions
- Set MH Appointment Provided at Discharge: 97%
- Seen for Follow-Up within 1 Week Post-Discharge: 57%

## Rehabilitation and Recovery Oriented Services
- MHICM Program if More than 1500 SMI Patients: 100%
- Presence of a Local Recovery Coordinator: 93%
- Social Skills Training: 74%
- SMI Peer Counseling: 60%
- Compensated Work Therapy: 90%

## Suicide Prevention
- Documentation of a Formal Risk Assessment: 95%
- Suicide Prevention Coordinator in Place: 95%
Domains of the Uniform Services

- Structure & Governance
- Community MH
- Gender specific care
- 24/7
- Inpatient
- Residential
- Ambulatory
- Care transitions
- Substance use
- Serious mental illness
- Recovery transformation
- Evidence-based care
- Homelessness
- Incarcerated veterans
- Primary care integration
- Older adult services
- PTSD
- Military sexual trauma
- Suicide prevention
- Managing violence
- Disaster preparedness
- Rural health
• How does Psychology fit into the picture?
  – Interdisciplinary care of Veterans
  – Interdisciplinary leadership and management of the health care system
  – Interdisciplinary research and training
• Interdisciplinary Health Care emphasizes a high degree of collaboration in:
  – Patient evaluation
  – Treatment planning
  – Outcome evaluation

• NOT Multidisciplinary
Multidisciplinary vs. Interdisciplinary

• **Multidisciplinary** =
  – Multiple professions in a shared work site,
  – Sharing a patient load and overall vision of care,
  – **BUT** working independently and sharing information on a minimal basis (e.g., weekly report)

• **Interdisciplinary** =
  – Multiple professions in a shared work site,
  – Sharing a patient load and overall vision of care,
  – **AND** working continuously to share and integrate information to guide coordinated care
Interdisciplinary Health Care Model

- Individual Assessments
- Shared information
  - Team goals
  - Intervention plan & strategies
- Individual Delivery of Care
Skills and Training

• Understanding the roles of other team members
  – Each profession has its unique areas of expertise
  – Each profession shares considerable health care knowledge and care delivery roles with other professions

• Team members need to be able to
  – Convey their own special skills and knowledge, that serve the patient's and family’s needs
  – Know that shared knowledge and skills are an opportunity for coordinated care, not a threat to one’s own “turf”
  – Appreciate the importance of skills that are far from one’s own range
Skills and Training

- It’s not just skills and knowledge –
- *Models* of assessment and intervention may differ widely across professions
  - E.g., “rule in” vs. “rule out”
  - E.g., responsibility of the provider to make decisions and act, vs. responsibility to involve the patient in all decisions
  - Need to coordinate into a Biopsychosocial Model
Conflict Negotiation and Resolution

- Conflict among team members can strengthen or weaken team functioning
  - Learn to embrace and appreciate disagreement; it protects us from “group think”
- Predictable stages of team development:
  - Forming
  - Storming
  - Norming
  - Performing
- Psychologists can model conflict resolution skills that strengthen the team
• Psychologists also can play key roles in helping with systemic conflicts, as well as intra-team conflicts
• The same principles apply – happy to discuss resources, principles, etc. further
Interdisciplinary Leadership and Management of the Health Care System

• Governance sections of UMHSH revisited - Psychology needs to be at the table in all roles
  – Leader for the profession at each facility
  – Apply for facility and VISN MH leadership positions
  – Represent Psychology on the Mental Health Executive Council (“includes representation from core MH professional disciplines”)
  – Fill in other roles as needed to support the facility and VISN, e.g.:
    • MST Coordinator
    • Liaison with Vet Centers
    • Participate on Disruptive Behavior Committee
    • Etc.
Take advantage of other VA leadership programs:
- Leadership VA
- Executive Career Field
- VACO Service Chief Orientation Program
- Behavioral Health Leadership Training
- Health Care Leadership Institute
Psychologists also have special skills in

- Research and program evaluation
- Supervision and training of mental health trainees and staff
- Staff education

These skills can be used well to support overall mental health enhancement in an interdisciplinary work force
Mental health is an essential component of overall health care

Psychology is an essential component of mental health and overall health care