VA Mental Health Care: A History and a Future

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Disclosure

What follows are the personal views of the author rather than those of the Department of Veterans Affairs.

The past is never dead. It's not even past.

William Faulkner
**VA History**

1776 The first federal benefits for military veterans, disability pensions authorized

1811 First federal Veterans facility, the Naval Asylum, opened in Philadelphia for Regular Navy "lifers" who served 20 years or more.

1851 The U.S. Soldiers Home authorized in D.C. for Regular Army "lifers".

1865 First federal facility for Union Army volunteer forces, the National Asylum for Disabled Volunteer Soldiers in Togus, Maine

1873 The National Asylum/Home system grew to include 11 branches providing shelter and medical care

1917 Congress authorized sweeping new benefits specifically for World War veterans including life insurance, medical and dental care, vocational and rehabilitative training, and prosthetics

1918 The Bureau of War Risk (founded in 1914 under the Treasury Department to insure ships, cargoes, and crewmembers traveling in the war zone) expanded to provide medical care for World War I Veterans. The BWRI did not have hospitals or clinics so it worked with its sister organization, the Public Health Service (PHS) in 20 PHS Marine Hospitals. Twenty hospitals were not sufficient so BWRI coordinated with the National Home for Disabled Volunteer Soldiers and private civilian hospitals to provide additional medical support and services. A rehabilitation division was established at the Federal Board of Vocational Education specifically for re-training of disabled war veterans.
1921 World War veterans voiced frustration which ultimately led Congress to consolidate three World War I programs into one independent agency known as the Veterans Bureau. Originally part of the Treasury Department, the Veterans Bureau was later authorized as an independent agency that answered directly to the President. The Veterans Bureau oversaw the largest federal hospital construction program in American history as well as the largest life insurance program in the world, at the time. By June 1930 the National Homes had 11 branches and secured approval to build two to three new branches the following year, while the Veterans Bureau had 49 hospitals with more underway.

1930 The Veterans Bureau merged with the National Home for Disabled Volunteer Soldiers and Pension Bureau to form the new Veterans Administration serving ALL Veterans

1945 General Omar Bradley took the reins at VA and steered its transformation into a modern organization

1973 The Army's national cemetery system transferred to VA

1988 VA elevated to cabinet-level by President Ronald Reagan; the Department of Veterans Affairs

With thanks to Darlene Richardson, Historian, Veterans Health Administration and https://www.va.gov/about_va/vahistory.asp
VA Mental Health

The Nation’s Largest Integrated Mental Health System
VA’s Top Clinical Priority

Eliminate Veteran Suicide
Core VA Mental Health Access Priorities:

EVERY Veteran reaching out for care is provided prompt, personal attention by a provider. EVERY urgent need is met URGENTLY.
Demand for VA Mental Health Services

- VA provided mental health treatment to more than 1.6 million Veterans in FY 2015.
- Between FY 2005 and 2015, the number of Veterans who received mental health care from VA grew by 80 percent (from ~.9M to ~1.6M).
- In 2005, 19% of VA users received mental health services, in 2015, the figure was 28%.
Early Identification, Screening, and Intervention in Primary Care

• Integration of Mental Health Services into Primary Care
  – In 2015, over 690,000 Veterans (13.5%) had a depression diagnosis documented during their primary care visits.
  – Nearly a third of these patients (28.7%) received care from an integrated mental health provider in the primary care clinic, while 490,000 (71.3%) had depression documented exclusively by primary care providers.
  – Other mental health conditions such as PTSD, substance use disorder, and anxiety are also common among VA primary care patients.
Full Range of Mental Health Care Services

• Veterans Health Administration (VHA) has:
  – 145 medical centers
  – 1,233 community-based outpatient clinics
  – 300 Vet Centers (not formally aligned with facility mental health)
  – VA staff on college and university campuses (VITAL)

• ~ 1,100 Peer Specialists provide:
  – Unique opportunities for engaging Veterans in care
  – Services to Veterans enrolled in mental health and primary care
Reaching Out to Veterans and Families

- Veterans Crisis Line (VCL)
  - 2.8 million calls answered since July 2007; dispatch of emergency services 74,000 times; over 392,000 referrals forwarded to local VA Suicide Prevention Coordinators
- Predictive analytics: REACH VET (Recovery Engagement and Coordination for Health – Veterans Enhanced Treatment)
- Increased MH services for Women Veterans
- Expansion of Telemental health
- Coaching Into Care for families and Veterans ([www.va.gov/coachingintocare](http://www.va.gov/coachingintocare)) @CoachingIntoCare @CoachingIn2Care
  - Free service provided by licensed clinical social workers and psychologists
Suicide Prevention Resources

- http://spreadtheword.veteranscrisisline.net/video/
In September 2015, VHA surpassed 1.8M encounters in providing telemental health services, expanding its role as a world leader in telehealth and telemental health services, including services provided directly into the Veteran’s home.
Community Care and Partnerships

Veteran’s Access, Choice and Accountability Act (i.e., “Choice”)

Military Culture: Core Competencies for all Healthcare Professionals Including Civilian Practitioners

- Military culture training curriculum, https://VHA.Train.org then search for “military culture”
- Since 2014, over 1,500 healthcare professionals have completed at least one module
- Working with community partners to nationally disseminate curriculum
- PsychArmor Trainings:
  - https://psycharmor.org/healthcare-providers

Public, Private, and Academic Partnerships

- VA’s Veterans Integration to Academic Leadership (VITAL)
- VA Campus Toolkit
  - https://www.mentalhealth.va.gov/studentveteran/staff.asp
- VA’s Community Provider Toolkit
  - www.mentalhealth.va.gov/communityproviders
- Annual Community Mental Health Summits
Web and Mobile Resources

• Web-Based Self-Help Tools
    • Online self-help portal providing tools for overcoming everyday challenges such as managing anger, developing parenting skills, enhancing problem solving skills, and more. All are free and their use is entirely anonymous.

• Mobile Apps:
  – [https://mobile.va.gov/appstore](https://mobile.va.gov/appstore)
  – VA has released a suite of mobile apps that can be used to help manage symptoms as well as support those engaged in evidence-based psychotherapy. All are available at the VA App store.
Quality of VA Mental Health Care

Continuously Improving for our Veterans and their Families

• Measurement Based Care (MBC)
• Organizational Improvement
  – Inclusion of MH on SAIL (Strategic Analytics and Improvement for Learning); Mental Health Management System (MHMS)
• Academic Affiliations and Training
• Hiring Efforts, including retention
• Safe Prescribing Practices

VA performance is superior to that of private sector by more than 30% according to the Altarum/RAND report, VHA MH Program Evaluation (2011)
VETERANS HEALTH ADMINISTRATION

Veteran Experience

VHA conducts an annual satisfaction survey in outpatient mental health – developed with Veteran input.

• Veterans rate VHA mental health care positively.
• Generally reported ability to obtain mental health appointments in a timely manner.
• Quarterly Veterans Outcomes Assessment telephonic survey.
Outreach

• Make the Connection: [http://maketheconnection.net](http://maketheconnection.net)  @VeteransMTC
  – 11.1M website visits; 340,000 resource locator uses; 16.3M video views; 25,600 YouTube subscribers; 3.4M likes, one of the largest government Facebook communities in the country

• Veterans Justice Outreach
  – 97% entered mental health treatment (mental health outpatient, inpatient, or residential treatment) within one year of diagnosis.
  – 78% engaged in mental health treatment (6+ mental health outpatient visits or 1+ mental health residential days) within one year of diagnosis.

• Homelessness: HUD-VASH- 33,000 Veterans have entered case management and over 63,000 Veterans housed

• SMI Reengage
  – Ongoing evaluation analyses indicate that for Veterans contacted between March 2012 and March 2016, 24% returned to VA care within approximately 4 months.
Veteran Suicide

• The U.S. Department of Veterans Affairs (VA) conducted the Nation’s most comprehensive analysis of Veteran suicide rates in the United States.

• The resulting report, released in 2016, examined more than 55 million records from 1979 to 2014 in all 50 states, Puerto Rico, and the District of Columbia.

• This study is the source for the finding that, on average, 20 United States Veterans die by suicide every day.
### North Carolina Veteran Suicide Deaths, 2014

<table>
<thead>
<tr>
<th>Sex</th>
<th>Veteran Suicides</th>
</tr>
</thead>
<tbody>
<tr>
<td>Total</td>
<td>249</td>
</tr>
<tr>
<td>Male</td>
<td>235</td>
</tr>
<tr>
<td>Female</td>
<td>14</td>
</tr>
</tbody>
</table>

- After accounting for differences in age, the Veteran suicide rate in North Carolina was not significantly different from the national Veteran suicide rate ($p=0.9353$).
- After accounting for differences in age, the Veteran suicide rate in North Carolina was significantly higher than the overall national suicide rate ($p<.0001$).
Preventing Veterans Suicide

1. Improve Transition
2. Know All Veterans
3. Partner Across Communities
4. Lethal Means Safety
   - View the open Innovation Challenge: Gun Safety Matters to submit ideas or devices for safe gun storage here and help us spread the word (challenge is open through January 8, 2018).
     • [https://ninesights.ninesigma.com/web/gun-safety-matters](https://ninesights.ninesigma.com/web/gun-safety-matters)
5. Improve Access
#Be There
for Veterans and Servicemembers

Veterans Crisis Line
1-800-273-8255 PRESS 1
He who studies medicine without books sails an uncharted sea, but he who studies medicine without patients does not go to sea at all.

-Sir William Osler

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