

# Mental Health Care at the Providence VA Medical Center: Providing Integrated Comprehensive Mental Health Services

Michael G. Goldstein, MD

Though mental health care has always been a core element of the Veterans Affairs (VA) health care system, in recent years mental health care has received greatly increased attention, support and resources from the Veterans Health Administration (VHA). The VHA's 2004 Comprehensive Mental Health Strategic Plan (MHSP)<sup>1</sup> included over 200 initiatives designed to enhance mental health care and integrate mental health care with other VHA healthcare services, particularly in Primary Care. The MHSP led to the funding of the VA's Mental Health Enhancement Initiative, which allocated funds to create a number of new mental health services and the expansion of several others at PVAMC.

The VHA Handbook, *Uniform Mental Health Services in VA Medical Centers and Clinics*, issued in June 2008 and updated in September 2008,<sup>2</sup> establishes minimum clinical requirements for VHA mental health services and serves as a blueprint for the implementation of the MHSP at all VA Medical Centers. The Uniform Mental Health Services initiative seeks to create "a system providing ready access to comprehensive, evidence-based mental health care." The handbook outlines those services that must be provided at each VA Medical Center (VAMC), as well as the general principles that must guide the delivery of all mental health care.

These principles include: 1) mental health care is an essential component of overall health care; 2) mental health care must be integrated or coordinated with other health care, especially primary care; 3) care must be patient-centered, recovery-focused and strength-based and must emphasize the importance of engaging patients in decision-making, treatment planning and self-management; 4) clinicians must be culturally competent, including having an understanding of military and veterans' culture; 5) care should be evidence-based and consistent with current research and practice guidelines; 6) family involvement in care and treatment decisions should be offered when desired by the veteran; and 7) program and ser-

vices should be linked to programs and resources in the community to enhance the veteran's access to these resources and to allow him or her to become a more engaged and supported member of community-based social networks.

In this paper, we will provide several examples of these new services.

## THE GROWTH OF MENTAL HEALTH SERVICES AT THE PVAMC

Of the 30,000 veterans enrolled at the PVAMC, more than 8,000 received mental health care in the fiscal year 2008-2009. We are on track to record over 90,000 outpatient encounters in 2008-9 within a wide variety of outpatient mental health treatment programs. The majority of these veterans are treated at the Providence VA Medical Center's main campus, while a rapidly growing number of veterans receive care at our 3 Community-Based Outpatient Clinics (CBOCs) in Middletown, RI, and in New Bedford and Hyannis, MA. Veterans requiring supervised living receive clinical and care management services within VA-approved community-based residential care facilities throughout Rhode Island and southeastern Massachusetts. Figures 1 and 2 show substantial growth of our patient population and the number of outpatient mental health encounters at PVAMC over the last 7 years. Since 2003, we have experienced a 68% increase in the number of veterans served and a 58% increase in outpatient encoun-

ters. PVAMC supports 115 full time equivalent positions across MHBSS programs, a dramatic increase over the past 7 years. Our staff includes social workers, psychologists, psychiatrists, nurses, pharmacists, administrative/clerical staff and addiction and vocational counselors. We also provide training opportunities for trainees from virtually all these disciplines and we enjoy academic affiliations with the Warren Alpert Medical School of Brown University, the University of Rhode Island, and Rhode Island College.

These increases in patients and staffing are largely a result of significant expansion and enhancement of mental health programs and services at PVAMC, spurred by the VHA's Comprehensive Mental Health Strategic Plan and Mental Health Enhancement Initiatives. As noted, the VHA is deeply committed to putting mental health care on a par with other health care services. At PVAMC, we are grateful for having received our fair share of enhancement funds from the VHA. Enhancement Initiatives have led to the launching of a number of new services at PVAMC over the last several years, including: the Opiate Treatment Program; an Intensive Outpatient Substance Abuse Treatment Program; a Mental Health Intensive Case Management (MHICM) program for patients with serious and persistent mental illness, based on the evidence-based Assertive Community Treatment model<sup>3</sup>; a Returning Veterans Mental Health program; an Integrated Mental Health-Primary Care

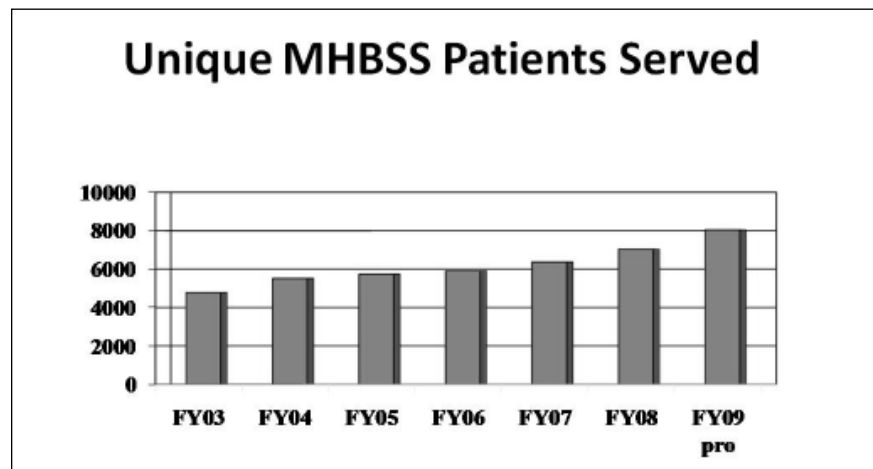


Figure 1. Unique MHBSS Patients Served at Providence VA Medical Center, 2003-2009

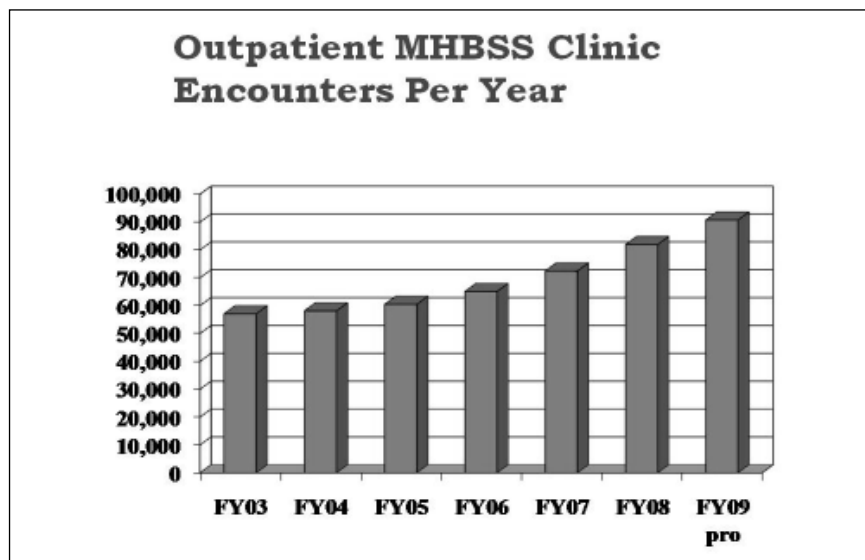


Figure 2. Outpatient MHBSS Clinic Encounters at Providence VA Medical Center, 2003-2009

program<sup>4</sup>; and an innovative **Serious Mentally Ill (SMI)** medical clinic for patients with combined chronic medical and psychiatric conditions, conducted in collaboration with primary care, described by Dr. O'Toole in this issue. In addition, enhancement funding has been used to: increase access to services in our 3 Community-Based Outpatient Clinics; meet the treatment needs of patients with co-morbid PTSD and Substance Abuse disorders; expand care management services throughout outpatient programs; offer suicide prevention education, resources and tools throughout the PVAMC; and develop new programs to address homeless veterans.

In concert with these new or enhanced mental health services, the PVAMC continues to provide more "traditional" mental health services, including: a 17 bed Inpatient Psychiatry Unit (soon to be 21 beds on a newly renovated unit); an Interim Care (Emergency Care/Triage) service; general and specialty outpatient mental programs (including specific programs in Post Traumatic Stress Disorders, Substance Abuse Disorders, Neuropsychology); and vocational and rehabilitative mental health services.

### MENTAL HEALTH SERVICES FOR HOMELESS VETERANS

The VHA Uniform Mental Health Services Handbook ambitiously requires that "all veterans who are homeless, or at risk for homelessness, must be offered shelter through collaborative relationships with providers in the community. Facility staff must ensure that homeless veterans have a referral for emergency services and shelter or temporary housing."<sup>2</sup> To meet this mandate,

MHBSS staff at PVAMC administer a range of programs, including: outreach and linkages with local shelters and community agencies that offer emergency shelter and provisions to homeless veterans; participation in the homeless primary care clinics developed by Dr. O'Toole and described in this issue; a Grant and Per Diem transitional housing program that includes 24/7 on call support and case management; and a **Department of Housing and Urban Development (HUD)-VA Supported Housing (VASH)** Program. The HUD-VASH Program is noteworthy. Through a partnership agreement, HUD provides permanent rental assistance vouchers to homeless veterans referred by MHBSS social workers. MHBSS social workers also provide case management and other clinical services to veterans in this program. A case worker is provided for every 35 veterans who receive HUD-VASH vouchers. In the last year, PVAMC staff distributed 35 HUD-VASH vouchers to local veterans and their families; in the coming year we expect to provide another 100 vouchers. During this same period, 159 patients were placed in the Grant Per Diem transitional housing program.

### MEETING THE MENTAL HEALTH NEEDS OF RETURNING VETERANS

To date, over 1.6 million veterans have served in **Operation Enduring Freedom (OEF)** in Afghanistan and **Operation Iraqi Freedom (OIF)** in Iraq.<sup>5</sup> According to one study, of the OEF/OIF veterans entering VA health care from 2002-2008, approximately 37% received mental health diagnoses, including 22% with Post Traumatic Stress Dis-

order, 17% with depression and approximately 10% with alcohol use or other drug use disorders.<sup>5</sup> Over the last 2 years, PVAMC mental health professionals have participated in approximately 100 Returning Veterans outreach events, reaching over 2400 veterans and almost 1200 family members, military leaders and civilians. Currently, over 540 OEF/OIF veterans are enrolled in our Returning Veterans mental health clinic. Meeting the mental health needs of these returning veterans requires close coordination among multiple health care services within the VA, including primary care, neurology, newly developed Traumatic Brain Injury and Polytrauma services, as well as surgical, specialty medical and rehabilitative services. MHBSS staff also coordinate care with local military and national guard health care providers as well as with counselors at Vet Centers in Warwick, RI and Hyannis, MA. Vet Centers (administered by the Department of Veterans Affairs, but not part of the VHA) offer outreach, individual, group, marital and family counseling to veterans and their families.

### RECOVERY-FOCUSED CARE

An emphasis on recovery-focused care is consistent with recent efforts, within and outside the VA, to shift the focus of mental health care from traditional clinician-centered goals (e.g., symptom management, medication taking, following through with treatment) to broader, patient and family-centered goals that include increased social functioning and integration within the patient's community.<sup>67</sup> According to the National Consensus Statement on Mental Health Recovery (<http://mentalhealth.samhsa.gov/publications/allpubs/sma05-4129/>), "Mental health recovery is a journey of healing and transformation enabling a person with a mental health problem to live a meaningful life in a community of the person's choice while striving to achieve ... full potential." Within the VA, clinicians are encouraged to promote 14 fundamental components of recovery-focused care: 1) self-direction; 2) individualized and person-centered; 3) empowerment; 4) holistic; 5) non-linear; 6) strengths-based; 7) peer support; 8) respect; 9) responsibility; 10) hope; 11) privacy; 12) security; 13) honor; and 14) support for VA patient rights.

In 2007, each VA medical center, including PVAMC, appointed a **Local Recovery Coordinator (LRC)**, who is responsible for promoting the integration of recovery principles into all mental health services pro-

vided at PVAMC and providing training and consultation to facility leadership, staff, veterans, and family members. At PVAMC, our LRC conducted or supported multiple training sessions for MHBS staff in recovery-focused principles and strategies. Of note is the close alignment between the recovery-oriented model of mental health care and the patient-centered, empowerment, patient activation and self-management models that have been associated with enhanced outcomes of care when adopted within primary care settings.<sup>8,9</sup> Dr. O'Toole, Chief of Primary Care at the PVAMC, discusses the integration of these patient-centered models into primary care in this issue.

The growth and expansion of the PVAMC's **Veterans Resource and Recovery Center (VRRRC)** provides veterans with programs and services designed to enhance their social, behavioral and vocational skills. Vocational programs include **Compensated Work Therapy (CWT)**, **Transitional Work Experience (TWE)**, **Supported Employment (SE)** and **Incentive Work Therapy (IWT)**. These occupational rehabilitation, maintenance and therapeutic programs are designed to: 1) assist the veteran to develop skills needed to return to competitive work; 2) facilitate the veteran's transition into the workforce at-large; and (3) assist the veteran to engage in other activities that enhance self-esteem, self-worth and gainful activity. Other VRRRC programs linked to the occupational programs include Job Club, Computer Lab, Horticultural Program, the Vet-to-Vet Peer Support Group Program, and the WRAP self-management support skills groups. The PVAMC VRRRC has enrolled scores of veterans into its rehabilitative and recovery-focused programs. Each year the VRRRC programs place approximately 30 veterans into permanent jobs in the community.

## MH-PC INTEGRATION

The VHA's Uniform Mental Health Services Handbook stipulates that all VA Medical Centers have integrated mental health services co-located within primary care clinics. These programs must utilize a blended model that includes collaborative care and care management programs. To meet this mandate, the PVAMC has co-developed an integrated **Mental Health-Primary Care (MH-PC)** program staffed by psychologists, social workers, psychiatric clinical nurse specialists and a consulting psychiatrist to work alongside primary care colleagues to meet the mental health needs of patients in primary care

clinical settings. Primary care providers routinely employ mental health diagnostic screening protocols for substance abuse (including tobacco), depression and PTSD. Embedded mental health staff are available within the primary care setting to accept "warm hand-offs" and provide follow-up mental health assessments, psychopharmacologic consultations, depression care management, brief on-site treatment of mental health conditions, smoking cessation interventions, and referral to more intensive mental health services when indicated. Programmatic efforts to enhance patient self-management of chronic medical conditions, manage chronic pain, address adherence to medical treatment and reduce risky health behaviors (e.g., sedentary behavior, obesity) are being co-developed by primary care and mental health staff at the PVAMC. In his article, Dr. O'Toole describes several efforts at PVAMC to tailor services to meet the combined mental health and primary care needs of 4 especially vulnerable populations.

---

**...of the OEF/OIF  
[Afghanistan and  
Iraq] veterans  
entering VA health  
care from 2002-  
2008, approximately  
37% received  
mental health  
diagnoses...**

---

## CONCLUSION

The **Mental Health and Behavioral Sciences Service (MHBS)** at the **Providence VA Medical Center (PVAMC)** provides an array of services, resources and programs to meet the mental health, psychosocial and behavioral health needs of veterans in Rhode Island and Southeastern Massachusetts. Recovery-focused, veteran-centered, evidence-based mental health care is offered in a variety of settings including an acute inpatient unit, general and specialty outpatient mental health units, innovative integrated Mental Health-Primary Care Programs, residential programs for homeless and seriously mentally ill veterans, special programs for veterans returning from current conflicts in Afghanistan and Iraq, and a Veterans Resource and Recovery Center, which offers vocational, rehabilitative and self-management services. Through links

and partnerships with community and military service organizations, the PVAMC also provides educational and preventive services to veterans and their families. We are planning the expansion of services in geriatric mental health care, outpatient detoxification, mental health care for women veterans, peer-peer interventions, family involvement in care, and primary care-based interventions to enhance chronic illness self-management and health risk behavior change. The VA's approach to providing integrated and comprehensive mental health care serves as a model for a publicly funded public health care system.

## REFERENCES

1. Department of Veterans Affairs, VHA Mental Health Strategic Plan Workgroup/Mental Health Strategic Health Care Group, and Office of the Assistant Deputy Under Secretary for Health, *A Comprehensive VHA Strategic Plan for Mental Health Services-Revised*. 2004.
2. Department of Veterans Affairs, *VHA Handbook 1160.01, Uniform Mental Health Services in VA Medical Centers and Clinics*, D.o.V. Affairs, Editor. 2008.
3. Mueser K, et al. Models of community care for severe mental illness. *Schizophrenia Bull* 1998; 24: 37-74.
4. Butler M, et al. *Integration of Mental Health/Substance Abuse and Primary Care: Evidence Report/Technology Assessment No. 173* 2008, Prepared by the Minnesota Evidence-based Practice Center under Contract No. 290-02-0009. Rockville, MD.
5. Seal KH, et al. Trends and risk factors for mental health diagnoses among Iraq and Afghanistan veterans using Department of Veterans Affairs health care, 2002-2008. *Am J Public Health* 2009; 99:1651-8.
6. Farkas M, et al. Implementing recovery oriented evidence based programs. *Community Mental Health J* 2005; 41:141-58.
7. Ralph RO, Corrigan PW, eds. *Recovery in Mental Illness. Broadening Our Understanding of Wellness*. 2005, American Psychological Association: Washington, DC.
8. Bodenheimer T, et al. Patient self-management of chronic disease in primary care. *JAMA* 2002; 288: 2469-75.
9. Stewart M, et al. The impact of patient-centered care on outcomes. *J Fam Pract* 2000; 49:805-7.

*Michael G. Goldstein, MD, is Chief, Mental Health and Behavioral Sciences Service, Providence VA Medical Center, and Professor of Psychiatry and Human Behavior, the Warren Alpert Medical School at Brown University.*

## Disclosure of Financial Interests

The author has no financial interests to disclose.

## CORRESPONDENCE

Michael G. Goldstein, MD  
Providence VA Medical Center  
830 Chalkstone Ave.  
Providence, RI 02908  
Phone: (401) 273-7100 x3156  
e-mail: Michael.goldstein2@va.gov