



NATIONAL  
ACADEMIES

Sciences  
Engineering  
Medicine

# Improving Access to High-Quality Mental Health Care for Veterans: a Workshop

April 20-21, 2023

# A Few Administrative Details....

- The workshop is being recorded.
- Presentation slides will be made available on the NASEM workshop webpage within 2 weeks.
- The briefing book is on the event page. For those in attendance who do not have a printed copy, you can use the QR code to access the briefing book.
- We will be taking questions from the audience for each session. For those viewing online, please add your questions to the chat box.
- There will be a 15-minute break at 11:15 following Session 2 and a 45-minute lunch break at 12:45 following Session 3.
- The workshop agenda is very full, and we will be carefully adhering to the allotted times for each session out of respect for all the speakers and participants.

**What is the problem we are trying to address at this workshop?**

**There is a growing need for VA mental health services and limited staff to meet these needs.**

**What is the problem we are trying to address at this workshop?**

**There is a growing need for VA mental health services and limited staff to meet these needs.**

**And VA is not alone in this regard....**

Route Fifty

# America's Massive Gap Providing Mental Health Services

Counties are pushing Congress to help fix the problem, which is especially bad in rural communities. But whether lawmakers will do so as part of upcoming budget legislation is unclear.

By Kery Murakami | NOVEMBER 28, 2022

Several years ago, Janet Thompson, a Boone County, Missouri commissioner, said she saw first-hand the devastating consequences that a shortage of mental health counselors can have for the residents of a community. It's a problem counties say has gotten worse, particularly in rural areas, at a time when many people are dealing with anxiety, depression and substance abuse.

Thompson said the son of a friend was waiting for an appointment with a mental health counselor and was doing all he was told to. But the counselor he was going to see quit for a less stressful and higher paying job, according to Thompson. Then, as the friend's son waited again to see someone, he committed suicide. "This is happening across the country," said Thompson, a vice chair of the National Association of Counties' justice and public safety steering committee. "As a society, we don't have enough people to address these issues."

And indeed, in a letter to congressional leaders, officials from 111 counties in 30 states noted that, according to the Robert Wood Johnson Foundation, **30% of Americans live in counties that are considered to have a shortage of mental health professionals.**

*The Magic Kingdom  
of Ron DeSantis*  
By Helen Lewis

*Holocaust Education  
Has Failed*  
By Dara Horn

*The Myth of the  
Broke Millennial*  
By Jean M. Twenge

## AMERICAN MADNESS



*The Atlantic*  
MAY 2022

My childhood best friend, a brutal killing,  
and the country's failure to help the mentally ill  
*By Jonathan Rosen*

Thousands of people with severe mental illness have been failed by a dysfunctional system. My friend Michael was one of them. Twenty-five years ago, he killed the person he loved most. *By Jonathan Rosen*

Original Investigation | Psychiatry | JAMA Network Open | January 3, 2023 |  
doi:10.1001/jamanetworkopen.2022.49314

# Spatial Analysis of Access to Psychiatrists for US Military Personnel and Their Families

Marigee Bacolod, PhD; Jennifer Heissel, PhD; Yu-Chu Shen, PhD

**RESULTS:** This study includes 39 487 unique communities where 13% of the population is Black and 14% of the population is Hispanic. **During the study period, 35% of TRICARE beneficiaries lived in communities with a shortage of both military and civilian psychiatrists, and 6% lived in communities with no access to military or civilian psychiatrists.** Low-income communities with high income inequality were 1.64 (95% CI, 1.30-2.07) times more likely to have inadequate access to psychiatrists and 2.59 (95% CI, 1.82-3.69) times more likely to have no access to psychiatrists, compared with reference communities (average income without high income inequality); low-income communities without high income inequality were 1.37 (95% CI, 1.05-1.78) times more likely to have inadequate access to psychiatrists and 1.93 (95% CI, 1.28-2.89) times more likely to have no access to psychiatrists. **Rural communities were 6.65 (95% CI, 5.09-8.69) times more likely to have inadequate access to psychiatrists than urban communities.**

**CONCLUSIONS AND RELEVANCE:** **In this cohort study of US communities, 35% of TRICARE beneficiaries lived in communities with inadequate access to psychiatrists. Psychiatric capacity was structurally inequitable along 2 separate dimensions: the income gradient and rurality.** Developing targeted strategies for these shortage areas could alleviate disparities.



When it comes to psychiatrist shortages, they note, military families aren't alone. **The Department of Health and Human Services estimates that 158 million Americans live in areas with mental health provider shortages, and the agency estimates that by 2030, the profession will shrink by 20 percent, despite a 3 percent rise in demand, for a shortage of at least 12,530 psychiatrists who treat adults.**

JAMA Network Open | January 3, 2023  
doi:10.1001/jamanetworkopen.2022.49314

The Daily

## Cries for help pour into 988 mental health, suicide line

AMANDA SEITZ, Associated Press

Jan. 9, 2023; Updated: Jan. 10, 2023, 10:28 a.m.

"The call volume is, in some instances, well beyond what we anticipated," said Miriam Delphin-Rittmon, assistant secretary for mental health and substance use in the Department of Health and Human Services. "It does let us know that people are struggling, people are having a hard time. Where I feel heartened is that people are getting connected to services and supports, as opposed to struggling on their own." ..... **Calls show no signs of slowing into this year, with counselors answering 3,869 calls on New Year's Eve and the first day of 2023 — a 30 percent increase compared to the previous holiday.** The Spanish language line saw an increase of 3,800 calls year over year from November 2021 to November 2022.



# A Minnesota family's desperate search for care reveals state's mental health crisis

Insurance reimbursement rates — coupled with constraints on staffing and hospital beds — limit options for psychiatric patients, including children.

**“...Such desperate — and often futile — searches for a psychiatric hospital bed are a symptom of decades of underfunding for mental health services in Minnesota and a system that's never been fully built for what patients need.**

**Patients struggle to find and use outpatient mental health care that could help prevent hospitalizations. Those who are admitted sometimes languish in hospital beds because there isn't room at step-down facilities. And non-hospital facilities that might be good alternatives aren't available, pushing patients into crowded emergency departments....”**

October 19, 2021

# AAP-AACAP-CHA Declaration of a National Emergency in Child and Adolescent Mental Health

A declaration from the American Academy of Pediatrics, American Academy of Child and Adolescent Psychiatry and Children's Hospital Association:

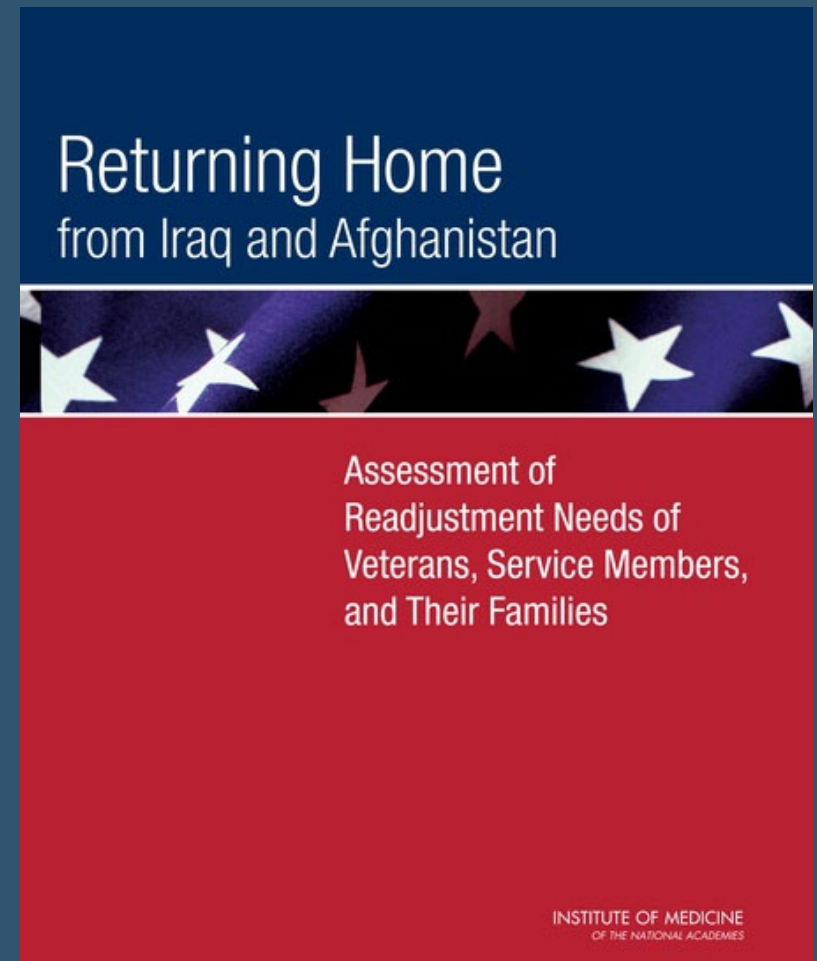


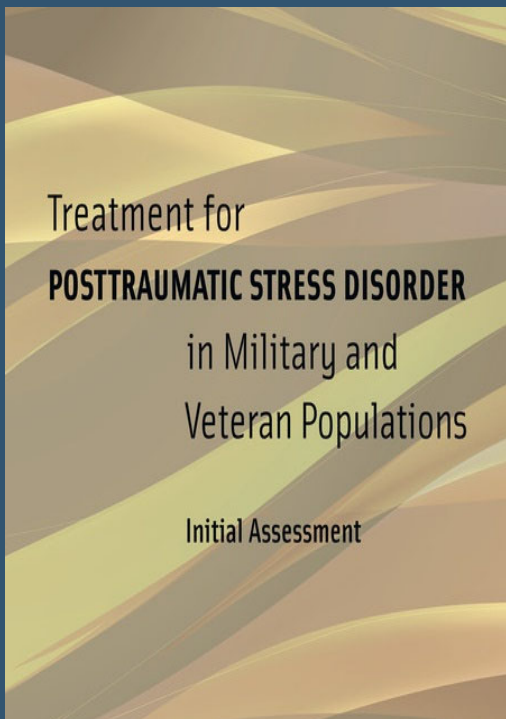
As health professionals dedicated to the care of children and adolescents, we have witnessed soaring rates of mental health challenges among children, adolescents, and their families over the course of the COVID-19 pandemic, exacerbating the situation that existed prior to the pandemic. Children and families across our country have experienced enormous adversity and disruption. The inequities that result from structural racism have contributed to disproportionate impacts on children from communities of color. **This worsening crisis in child and adolescent mental health is inextricably tied to the stress brought on by COVID-19 and the ongoing struggle for racial justice and represents an acceleration of trends observed prior to 2020.** Rates of childhood mental health concerns and suicide rose steadily between 2010 and 2020 and by 2018 suicide was the second leading cause of death for youth ages 10-24. The pandemic has intensified this crisis: across the country we have witnessed dramatic increases in Emergency Department visits for all mental health emergencies including suspected suicide attempts.

# **Selected Examples of Related NASEM/IOM Work....**

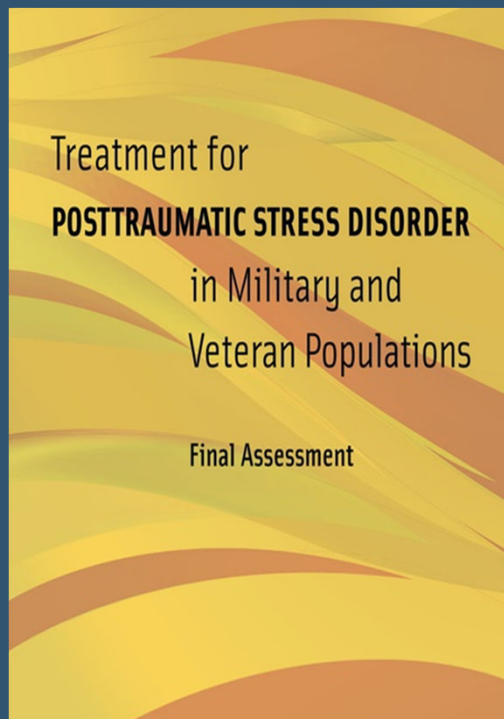
IOM, 2013

The committee's key findings found that although many veterans return from deployment relatively unscathed by their experiences, others return with a multitude of complex health outcomes that can be long-term and hinder readjustment. Not all veterans who need treatment seek or receive it because of systemwide challenges.





IOM, 2012



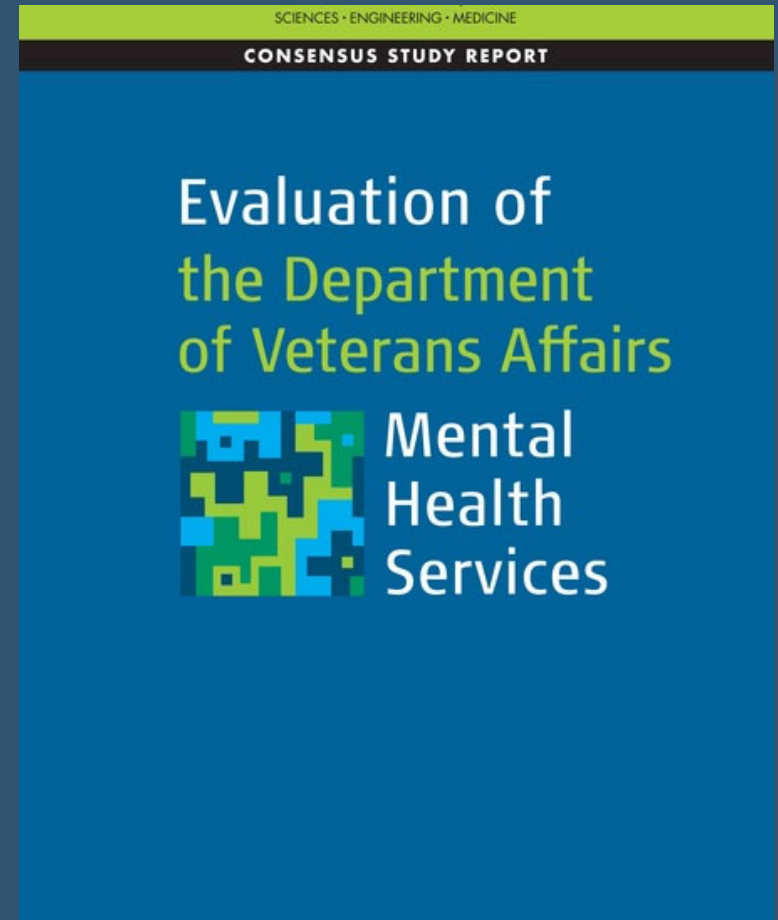
IOM, 2014

- Develop an integrated, coordinated, and comprehensive PTSD management strategy.
- Have available an adequate workforce of mental health care providers—both direct care and purchased care—and ancillary staff to meet the growing demand for PTSD services; develop and implement clear training standards, referral procedures, and patient monitoring and reporting requirements for all their mental health care providers. ....
- Increase engagement of family members in the PTSD management process for service members and veterans
- Use evidence-based treatments as the treatment of choice for PTSD, and these treatments should be delivered with fidelity to their established protocols

Report focused on the assessing veteran's ability to access mental health services at the VA. The study committee found:

- Nearly half of OEF/OIF/OND veterans did not use mental health services, though veterans who did use VA mental health services reported positive aspects of their experience.
- System level barriers, such as lacking knowledge on how to apply for benefits, scheduling difficulties, as well as personal factors can affect a veteran's willingness to seek care.
- A major ongoing challenge was inconsistent high quality health care delivery to veterans across all facilities and subpopulations

**Primary Recommendation:** The VA should set a goal of becoming a high-reliability provider of high-quality mental health care services throughout the VA health care system within 3 to 5 years.



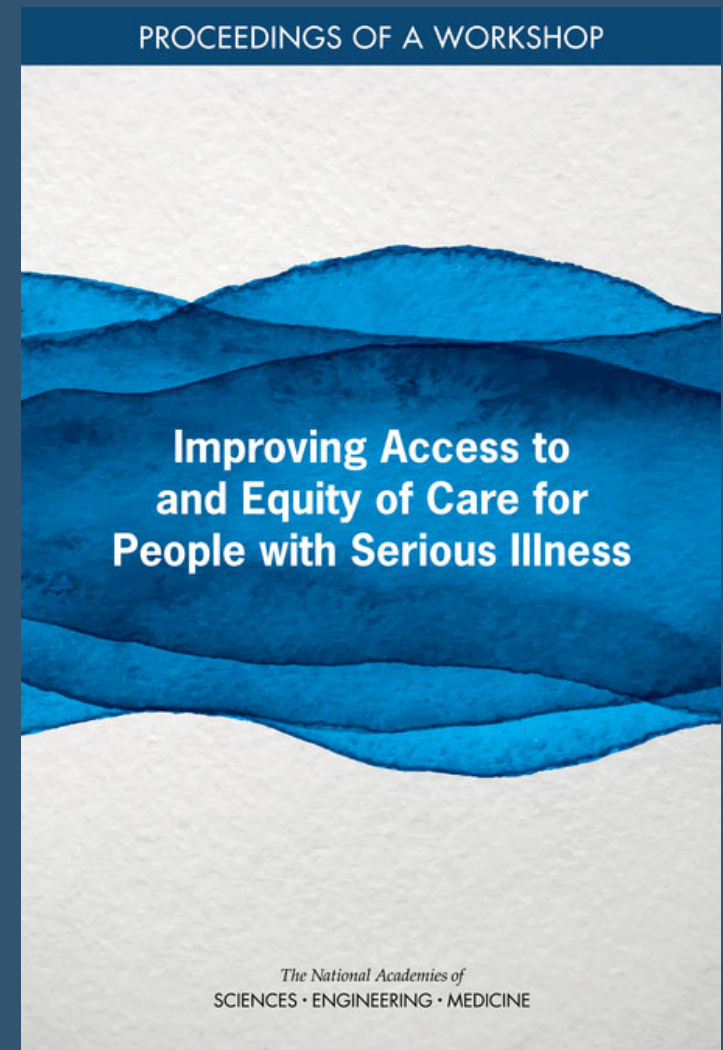
NASEM, 2018



This workshop highlighted different models of care delivery and opportunities to understand how stakeholders at various levels might contribute to advancing access and equity.

Study committee suggested:

- Designing and implementing programs to address inequity;
- Improving workforce training and education;
- Developing partnerships, including with nontraditional health care workers;
- Pursuing potential policy initiatives



# Key operational characteristics and Functionalities of a State-of-the-Art Patient Scheduling System (2019)

## Speakers discussed:

- evolving technologies for patient scheduling;
- essential functions for timely and coordinated scheduling;
- how to phase in requirements and implementation;
- interoperability needs for scheduling interfaces with non-VA health care organizations and in different care settings;
- lessons learned from designing and deploying scheduling systems currently used by large health care systems; and
- potential opportunities for optimizing scheduling technologies and procedures in the VHA

## Proceedings of a Workshop

IN BRIEF

August 2019

### Key Operational Characteristics and Functionalities of a State-of-the-Art Patient Scheduling System

Proceedings of a Workshop—in Brief

On May 16–17, 2019, the National Academies of Sciences, Engineering, and Medicine held a workshop<sup>1</sup> focused on the key operational characteristics and functionalities of a state-of-the-art patient scheduling system. The workshop featured invited presentations and discussions on evolving technologies for patient scheduling; essential functions for timely and coordinated scheduling; how to phase in requirements and implementation; the unique aspects of scheduling patients within the U.S. Department of Veterans Affairs (VA) Healthcare System administered by the Veterans Health Administration (VHA); interoperability needs for scheduling interfaces with non-VA health care organizations and in different care settings; user experience, especially for a user population with diverse technology literacy and capabilities; lessons learned from designing and deploying scheduling systems currently used by large health care systems; and potential opportunities for optimizing scheduling technologies and procedures in the VHA.

Kenneth W. Kizer from UC Health (University of California, Davis) opened the workshop by explaining that the goal was to provide input for the VA's implementation of a state-of-the-art patient scheduling system as part of a larger electronic health record (EHR) implementation initiative. While the workshop was specifically intended to meet the needs of the VA, Kizer pointed out that many large health systems struggle with similar challenges and may also benefit from the information presented at the workshop.

#### BACKGROUND AND CONTEXT

Steve Lieberman from the VA described the current status of VA health care and its patient scheduling system. The VHA has more than 9 million enrolled veterans and 6.34 million came to the VA for care in 2018. This translated into 58.2 million outpatient appointments across 1,244 medical facilities in fiscal year 2018. Priorities of the Secretary of the VA include improving services for patients and employees, implementing the MISSION Act of 2018,<sup>2</sup> implementing new EHR systems, and transforming business systems. The VA uses the motto "One VA" to emphasize that veterans should receive the same quality of treatment and care management at all VHA locations. According to Lieberman, the VHA's current scheduling system is "archaic" and promotes errors. A new commercial EHR system will be implemented in March 2020, beginning in Seattle and Spokane, Washington.

Mark Murray from Mark Murray & Associates, LLC, provided background on a 2015 Institute of Medicine (IOM) consensus study report<sup>3</sup> that focused on timely scheduling within the VHA. The report included findings and recommendations regarding patterns, standards, challenges, and strategies for scheduling timely health care appointments; characterized the variability in patient needs and implications for scheduling protocols; and identified organizations with particular expertise in optimizing patient scheduling. The committee found that delays were ubiquitous and attributable to multiple factors. The report cited barriers to achieving timely health care scheduling and access, including limited evidence for decisions being made, substantial variability of implementation, a lack of systems engineering strategies, a need to reframe the concept of a "visit," no clear

<sup>1</sup> The workshop agenda and presentations are available at <http://www.nationalacademies.org/hmd/Activities/HealthServices/KeyOperationalCharacteristicsandFunctionalitiesStateArtPatientSchedulingSystem/2019-MAY-16.aspx> (accessed June 21, 2019).

<sup>2</sup> Public Law Number 115-182.

<sup>3</sup> Institute of Medicine. 2015. *Transforming health care scheduling and access: Getting to now*. Washington, DC: The National Academies Press. <https://doi.org/10.17226/20220>.

## Developing a Patient-Centered Approach to Optimizing Veterans' Access to Health Care Services (2020)

Speakers suggested that mental health care services should:

- Respond to veterans' specific needs and involve end users;
- Streamlining care and reducing unnecessary services,
- Ensure initiatives don't interfere with continuity of care,
- Deliver care through multiple modalities; and
- Engage social work services to help address social needs.

### Proceedings of a Workshop

IN BRIEF

September 2020

#### Developing a Patient-Centered Approach to Optimizing Veterans' Access to Health Care Services

Proceedings of a Workshop—in Brief

On July 9–10, 2020, the Board on Health Care Services of the National Academies of Sciences, Engineering, and Medicine hosted a virtual workshop titled *Developing a Patient-Centered Approach to Optimizing Veterans' Access to Health Care Services*.<sup>1</sup> The workshop featured invited speakers and discussions on strategies for conceptualizing and measuring access, strategies for increasing access capacity, access needs of special populations, and priorities for the future. This *Proceedings of a Workshop—in Brief* highlights the presentations and discussions that occurred at the workshop.<sup>2</sup>

#### BACKGROUND AND CONTEXT

Kenneth W. Kizer of Atlas Research noted that although there has been extensive research on the subject of access, there is no single definition of—or method for assessing or measuring—access to care. He stated that access is inherently multidimensional and a function of both supply and demand for health care services. Health system factors such as the number and location of facilities and the number and types of clinicians shape the supply of health care, while patient factors such as the number of patients seeking care, the types of care they require, and their perceptions about the quality of care drive demand. Kizer noted that it is important to consider the processes and methods through which services are delivered, and to focus on providing access to care that is appropriate to each patient's need. David Pryor of Ascension agreed, stating that it is essential to ensure that the right care is provided at the right time and in the right way.

Susan Kirsh from the U.S. Department of Veterans Affairs' (VA's) Office of Veterans Access to Care, provided an overview of the Veterans Health Administration (VHA). More than 9 million veterans are currently enrolled in VA health services (VA, 2019), with 1 in 12 identifying as female (U.S. Census Bureau, 2017).

Kirsh noted that approximately 25 percent of the VA patient population lives in rural areas, and the average age of VA patients is older than for nonveterans (VA, 2020). Veteran populations also experience high rates of chronic pain and complex chronic illnesses, in addition to combat-related conditions such as posttraumatic stress disorder (PTSD), traumatic brain injury, and polytrauma (VA, 2020). Kameron Matthews from VA's Office of Community Care also addressed the complexity of veterans' health care needs. She noted that coordinating patient care is a high priority

<sup>1</sup> The workshop agenda and presentations are available at <https://www.nationalacademies.org/event/07-09-2020/developing-a-patient-centered-approach-to-optimizing-veterans-access-to-health-care-services-a-workshop> (accessed July 23, 2020).

<sup>2</sup> This *Proceedings of a Workshop—in Brief* is not intended to provide a comprehensive summary of information shared during the workshop. The information summarized here reflects the knowledge and opinions of individual workshop participants and should not be seen as a consensus of the workshop participants, the planning committee, or the National Academies of Sciences, Engineering, and Medicine.



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# Improving Access to High-Quality Mental Health Care for Veterans: a Workshop

April 20-21, 2023

**What are we going to do and what do we  
hope to achieve....**

# Workshop Planning Committee

**Kenneth W. Kizer, MD, MPH (Chair)**

- ❖ M. Justin Coffey, MD  
Geisinger Medical Center  
Workit Health
- ❖ Shannon Harris, PhD  
Virginia Commonwealth University
- ❖ Evelyn L. Lewis, MD  
Veterans Health and Wellness Foundation  
Rutgers Robert Wood Johnson Medical  
School
- ❖ Michele Samorani, PhD  
Santa Clara University
- ❖ Jay Shore, MD, MPH  
Colorado School of Public Health  
VA Office of Rural Health
- ❖ Richard J. Silvia, Pharm.D., BCPP  
Massachusetts College of Pharmacy and  
Health Sciences

NASEM Staff: Jennifer Flaubert, Marc Meisnere, Allie Andrada, Adrienne Formentos, Emma Rooney



## Workshop overview

- Explore innovations designed to improve access to mental health care services in the United States that could potentially be adopted or adapted by VA to improve access to care for veterans
- We will hear from a variety of presenters sharing their insights and experiences in delivering mental health care with a focus on improving access in diverse settings throughout the United States.
- The workshop will consider best practices across urgent / emergency access, access to care post-emergency, and sustained, long term access.



# **Workshop Agenda – Day 1: April 20, 2023**

**Welcome**

**Keynote: The State of VA Mental Health Care Services**

**Session 1: Veteran and Veteran Advocate Experiences on Accessing Mental Health Care Services**

**Session 2: Growing Need, Limited Staff – Ways of Access VA Mental Health Care Services and Capitalizing on It Being a National Health Care System**

**Session 3: Growing Need, Limited Staff – Innovative Person-centered and Caregiver Strategies to Improve and Sustain Access to Mental Health Care Services**

**Session 4: Growing Need, Limited Staff – Using Technology to Improve and Sustain Access to Mental Health Care Services**

# **Workshop Agenda – Day 2: April 21, 2023**

**Session 5: Growing Need, Limited Staff – Utilizing Partnerships to Improve and Sustain Access to Mental Health Care Services**

**Session 6: Growing Need, Limited Staff – Achieving Institutional Adoption and Dissemination of Innovative Strategies to Address Mental Health Care Service Barriers**

**Session 7: Summing Up, Reflections, and Future Considerations**