

ACADEMY OF MEDICAL PSYCHOLOGY

Delays in Mental Treatments for Veterans: A VA Scandal

A Change VA Policies is Needed Immediately

Delays and inadequate care of 200,000 Veterans suffering from Post Traumatic Stress Disorders by the Veterans Administration are cited in this national scandal. VA treatments for Post Traumatic Stress Disorder (PTSD) are characterized by over-medicating but under-treating this condition by primary care physicians without specialized training in mental conditions! Poor care for PTSD and other mental disorders is due to delays in scheduling initial evaluations, delays and neglect in scheduling follow-up appointments, and failure to provide referrals to specialists for more effective psychological treatments. The VA's delays in the treatment of veterans suffering from PTSD and other mental disorders have led to worsening of their conditions and increasing the rate of suicides to epidemic proportions. The suicide rate of the military in 2013 was four times greater than for those who lost their lives in combat (470-118)! Delays in mental treatment also result in inflating the costs of mental care for surviving veterans.

Introduction

The world-wide shortage of psychiatrists that has been well known for over a quarter of a century is driving the need for rethinking of how mental health and substance abuse services in facilities are organized and delivered. Physicians trained in the United States have consistently chosen more lucrative medical specialty residencies rather than psychiatry. This has left residencies in psychiatry unfilled for the want of applicants. Medicine has had to resort to the Health Resource Services Agency (HRSA) to authorize J-1 waivers for foreign medical trainees to use US public funds to train in psychiatric residencies. Many psychiatric training slots were still left unfilled in 2013 and 44% of the trainees in psychiatry were from foreign countries with limited use of English as their second language. Limitation in fluency of English language of foreign trainees required for psychotherapy has resulted in psychiatric training to be limited to psychopharmacology.

The discontinuing of psychotherapy training for psychiatric residents and dominant focus on "general medicine" for over half of their curriculum has limited their value as consultants for behavioral conditions of Veterans treated by primary care doctors. Completion of training in a US psychiatric residency qualifies their foreign graduates to stand for state licensure which allows them to use the title of doctor and be hired by the VA. Many of these foreign graduates have only what amounts to a two year graduate master's degree in medicine. Although VA hospitals are affiliated with medical schools that provide medical training, the VA hospitals are not immune to the shortage of psychiatrists. It is estimated the VA has a shortage of 300-500 psychiatrists with no

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prospect of fulfilling the VA's stated needs in the foreseeable future despite use of HRSA J-1 waivers.

In contrast graduate training in clinical psychology is rich in the knowledge and skill in the use of behavioral interventions. Yet, there is a shortage of internship training positions that have gained approval of the American Psychological Association (APA, and an affiliate APPIC). Many APA internships are in university counseling centers or less desirable facilities and many psychologists choose top training in hospitals and health facilities that are not interested in APA affiliation or accreditation. Even Medicare has recognized that there is no scientific evidence that training in an APA accredited program provides a superior doctor of psychology (see www.amphome.org position letter on this and Medicare October 2014 promulgated rules in the Federal Register agreeing after review). This shortage of internship training positions leaves as many as 1,000 newly graduated clinical psychologists with doctoral degrees each year searching for supervised training to qualify for state licensure. Many of today's top doctors of psychology are licensed at the independent level and successfully and safely practicing in states across America while choosing not to be trained in non-APA or APPIC programs. Yet, most doctoral level graduates in psychology do succeed in obtaining the required supervised training and experience to pass State examination standards and obtain their State license and to get training in community and specialty hospitals, community mental health centers, and primary care settings. Their performance in practice as a licensed psychologist is equivalent to that of psychologist who is able to obtain an APA approved internship, and they must pass the same qualifying examinations. Accrediting bodies such as the National Register of Healthcare Providers in Psychology, APPIC, the American Board of Professional Psychology, the American Board of Medical Psychology, and the National Board of Neuropsychology have recognized and accepted the non-APA approved internship and residency training of these psychologists. However, without an approved internship they are ineligible to be hired as a psychologist by the VA because of the archaic standards established 70 years ago.

There are 10,000 licensed clinical psychologists that have graduated with doctoral degrees in past decade without APA or APPIC approved internships. Employment of these recent licensed clinical psychologists by the VA could promptly address the enormous public need for Veterans to receive PTSD treatments. Prompt behavioral care would facilitate Veterans return to civilian employment and their ability to live a normal life. However, there is no cure for this imagined training deficiency in VA rules and regulations. The APA consistently captures the attention and membership of the VA leaders and section chiefs in psychology who maintain the archaic standards largely based on their allegiance to their APA membership and even though there is no scientific evidence guiding those decisions. Interestingly, APA makes basing important treatment decision on non-science an ethics violation. Congressional action is required to override the VA bureaucracy dominated by its affiliation with the American Psychological

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Association as the sole credentialing mechanism for psychologists and of medical schools vested in maintaining a strict medical model that has long been passé and evolved to a more holistic and multidisciplinary model in Medicare, Medicaid, and the Affordable Care Act and the Mental Health Parity Act. Congressman Beto O'Rourke of Texas has introduced such a House resolution that is pending in a House Committee.

Change is Needed Immediately

The Academy of Medical Psychology brings to your attention the Department of Defense's corrective treatments of PTSD by embedding psychologists into combat units in Afghanistan. These psychologists with specialty training provide immediate care to affected soldiers and direct preventive care to ensure the combat effectiveness of troops. They have been successful in supplementing the mental health specialty workforce, and those psychologists with post-doctoral training in psychopharmacology have written helpful prescriptions with psychotherapy in a comprehensive treatment approach safely in thousands of cases. Prior to embedding psychologists in combat units, medical care was provided by using tranquilizers, psychotropic medications and sleeping pills alone without psychotherapy care, as well as, turning a blind eye to self-medication by soldiers through the abuse of marijuana, alcohol, and other substances. The problem of over-medication became so serious that the Army Surgeon General issued orders forbidding the use of benzodiazepines, a class of psychotropic medications commonly used for the treatment of PTSD, sleep problems secondary to mental illness, and anxiety secondary to mental disorder. Since the embedding of psychological specialists in combat units, the number of troops ready for duty has improved and their level of effectiveness has also improved. Acceptance of psychological doctors providing these treatments has been positive. This is a prime example where military necessity overcame medical dominance and partial treatment protocols. This benefited both the health of soldiers and success of their missions and increased access to some of the finest and most highly trained psychological doctors in America.

The effectiveness of psychological interventions under combat conditions resulted in the Department of Defense creating its Behavioral Health Optimization Program (BHOP). BHOP consists of embedding medical psychologists into primary care physician panels in military hospitals to provide direct mental health consultation to primary care doctors during their routine medical appointments. The Academy of Psychology believes that the BHOP program, which is in effect in DoD hospitals, should also be implemented in VA hospitals. Failing to implement it in these settings fails to recognize success, expand the specialist workforce, breakdown barriers to access to services, and denies veterans choice among qualified and licensed doctors of different specialties within the behavioral health disciplines. It does not follow historical, rational, or scientific planning and adaptation of successful models. Primary care physicians have accepted the BHOP consultation services and have utilized these mental health interventions successfully to improve care

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and to prevent treatment delays that can result in worsening of health conditions. The Department of Defense (DoD) has now expanded the proven value of the BHOP program to all three armed services as a standard operating procedure. Again, this is an example of the effectiveness of progressive military healthcare management team over current medication dominated protocols for mental conditions. The dramatic limitation of medication dominated protocols have been extensively chronicled by the national psychology practitioner association (www.nappp.org) Truth in Drugs reviews of the science, the Academy of Medical Psychology (www.amphome.org), and by extensive publications by scientists, psychologists, and psychiatrists in professional journals and monographs.

The Academy of Medical Psychology (AMP) urges the VA to hire psychologists with training in medical psychology to overcome its long-term shortage of psychiatrists in VA hospitals. The criterion should not be “trained in programs approved by one psychological society”, but rather “licensed for independent diagnoses and treatment by at least one state” and board certified in Medical Psychology by the American Board of Medical Psychology as approved for service in Medicare and Medicaid in America. AMP strongly recommends the VA to adopt the BHOP model since it uses behavioral interventions and medical collaboration but does not require psychiatrists in short supply to be present for the management of medications. Psychiatrists would still be available for consultation, if necessary, but even more appropriately both psychiatrists and psychologists rely on consultation with general physicians for ruling out conditions which contraindicate psychopharmacology or initiating psychological treatment prior to medical conditions being stabilized. This type of consultation is the norm and effective in states where psychologists currently practice and are on primary care center, hospital, mental health center, and senior center staffs. The VA needs to adopt policies giving priority to hiring psychologists with medical psychology training at the post-doctoral level, having completed a residency or preceptor ship, and having passed one of the national examinations available (3 available; APA’s PEP-written, AMP’s oral and written exams sequentially applied, and the VERITAS-written).

The Director of the VA Office of Mental Health refused to utilize medical psychologists licensed in the state in which they practice to supplement the shortage of mental health specialists. She responded by saying that more States would have to authorize prescriptive authority for psychologists or "there would need to be an act of Congress before the VA would change its policies regarding the scope of practice for psychologists”. This overly restrictive, rigid, and inconsistent policy is at odds with what is happening in the private sector position and denies the reality of the success of these doctors in their states, the military in the United States, and the military in the world! It represents an illogical, unscientific, and political policy that does not benefit veterans, the VA system, or attract the brightest, best, and best trained doctors of psychology.

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The Academy of Medical Psychology strongly urges Congress to authorize hiring psychologists licensed by a State to diagnose and treat patients suffering from mental illnesses and substance abuse disorders and those with Board Certification in Medical Psychology or specialty post-doctoral training in psychopharmacology to prescribe psychotropic medications in VA facilities and as consultants on the grounds of VA facilities. This would bring psychologists under standards recognized by Medicare and Medicaid and state and federal rule and regulation. There is no reason that the VA should use different standards that these states and federal programs have found effective. These psychologists would have a scope of practice required for the implementation of BHOP and other appropriate health care programs in the VA.

It has become clear that “leadership” and “movement past dominance by a purely medical model and traditions” has become a barrier to access, improvement and quality of care in the VA. Clearly, this has prevented the VA from evolving hiring, staffing and practice rules and regulations and standards consistent with Medicaid and Medicare and state credentialing. This has created unnecessary barriers to quality, access, and choice for Veterans and VA Facilities. The inconsistencies in the execution of VA regulations, uncovered by Congressional investigation, point to a need for oversight by an officer with flag rank to the implement of BHOP programs in the VA. We recommend this officer be trained in medical psychology and hold post- doctoral training and Board Certification by the American Board of Medical Psychology.

Summary and Conclusions

Regardless of the outcome of Congressional action to address issues discussed above, the VA currently has the authority to dramatically improve mental health services for returning Veterans. Congress did provide additional funding for mental health personnel after the Newtown massacre of school children which revealed deficiencies in the "broken mental health system." It is unclear how many of the 1,000 mental health personnel hired to deal with this crisis were psychological doctors and specialists. However, it is clear additional funding is available even in times of tight budget restrictions. Even if funds are not immediately available, the VA has the authority to adopt the successful BHOP model used by the military. Some of the 4,000 clinical psychologists currently employed by the VA are trained in medical psychology. These specialists in medical psychology could be reassigned from departments of psychiatry to primary care physician panels to provide direct psychological consultation during routine medical appointments of returning Veterans and with their specialty training could act as Chiefs of Psychological Services in these facilities adding with the recruitment of other psychologists, developing programs, supervision of non-medical psychologists, improving retention of doctors of psychology, and facilitating improving the quality of

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care immediately. The American Board of Medical Psychology could assist these Board Certified Medical Psychologists in establishing setting up Medical Psychology post-doctoral residencies and training the next generation of VA specialist psychologists. This would avoid delays due to backlogs of patients in departments of psychiatry that have resulted from worsening of mental status due to delays in treatment. This restructuring of mental health services could be done immediately within the VA's current authority and without the cost of hiring additional personnel. This could even reduce the cost of care because it less costly to treat promptly before dysfunctional behavioral patterns become engrained.

Another option would be for the VA to contract services for returning Veterans with community clinics. Approximately 48% of Veterans of Iraq and Afghanistan have returned residences in zip codes areas generally described as rural where medical psychologists or community health facilities may be available but VA clinics are lacking. Senator McCain has called for the VA to contract services with doctors in private practice but did not specify the clinical skills required. Use of medical psychologists and Board Certified Medical Psychologist and other doctors and community clinics could circumvent returning Veterans resistance to using VA facilities for their health care. The VA has a reputation of not being user friendly for returning Veterans due to by its hated "red tape." The VA has significant problems in providing prompt access to effective treatment services for Veterans. The options presented here are a reasonable start in providing access to effective but underutilized behavioral care.

The National Defense Appropriations Act of 2012 specifically authorized clinical psychologists affiliated with military hospitals to provide services by Telehealth worldwide to military personnel and their families. Veterans expect the same level of care for their service connected injuries from the VA that they had on active duty. Telehealth for behavioral care is a needed option for Veterans to obtain needed care from the VA.

The Academy of Medical Psychology has been long-concerned about delays in treatment of PTSD for Veterans of Iraq and Afghanistan military actions. We have alerted Congressional Committees to our concerns with the VA. Congressional leaders and the American Legion have urged a full investigations of the VA's shortfall in providing prompt and adequate for Veterans. Public pressure has resulted in Secretary of Veterans Affairs, General Eric Shinseki, to order a full scale system-wide investigation of delays in treatment and inconsistencies extra space within the VA Healthcare network.

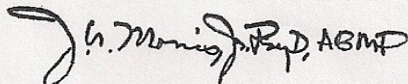
The cover-up of delays by the Phoenix VA Healthcare network for the treatment of health conditions is reported to have led to premature and unnecessary deaths of 30 to 40 Veterans. Over the past year there have been many calls for the investigation of the deaths regarding delays in medical care and possible cover-up by destruction of patient records. These reports have rekindled the Academy of Medical Psychology's (AMP)

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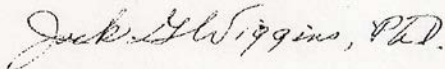
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concerns about the quality of care in the VA health care system. AMP welcomes the Chairman of the House Committee on Veterans Affairs calling out these problems in the Phoenix VA. Chairman Jeff Miller's letter to Eric Shinseki, Secretary for Veterans Affairs led to a full scale investigation of the quality of VA health care. Congressman David Schweikert of Fountain Hills, AZ led the charge for the ouster of Sharon Helman as Administrator of the Phoenix VA Health Care System. He was joined by AZ Representative Trent Franks and Senator John McCain in securing Shinseki's placement of Helman and others on Administrative Leave.

The VA is the primary resource for training students of US Medical Schools. This has resulted in a medical monopoly within the VA through the exclusive use of medical protocols. While medical protocols are useful for training purposes, they may not be practical for establishing or administering public healthcare policy. The medical monopoly in conjunction with the pharmaceutical industry has over-relied on medications and underutilized behavioral interventions for the treatment of Veterans. It is now time for the VA to re-evaluate the broad treatment needs of Veterans. Up-grading VA care must include effective behavioral treatments by making them primary care rather than relying solely on current medication protocols recommended by medical school influence. The Academy of Medical Psychology and its specialists stand ready to help the VA and Congress adapt and modernize!



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