Development of a Long Standing Implementation Partnership between Mental Health Services and HSR&D: Integrating Mental Health and Chaplaincy across VA and DoD

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VA HSR&D Cyber Seminar – October 16, 2017

MENTAL HEALTH AND CHAPLAINCY

Veterans Health Administration
Research & Development

Agenda

1. Why link mental health and chaplain services
2. Mental Health and Chaplaincy program
3. Evaluation example – VA/DoD Joint Incentive Fund (JIF) project
   - Learning collaborative
   - Mental Health Integration for Chaplain Services (MHICS) training program
4. Partnership impact – Example of a new project examining moral injury in rural veterans

Poll Question

Have you ever worked with healthcare chaplains?

____Yes

____No

What is a Chaplain?

Chaplain Training:

- In general (e.g., military): Divinity school (e.g., M.Div.) *and/or* Ordination *and/or* Equivalent (along w/ "endorsing body")
- Healthcare chaplains: Clinical Pastoral Education (CPE, typically 4 units), plus above

OVERVIEW OF CHAPLAINCY IN VA & DoD		
	VA Chaplains	**Military Chaplains**
Setting	Work in healthcare settings and provide care almost exclusively to patients with identified health problems.	Work mainly in non-healthcare settings where the focus is on maintaining a resilient, fully functioning, ready military force.
Staffing	Based on a medical center's size and complexity.	Based on number of service members in a command as well as the command's mission.

Why Integrate Mental Health & Chaplaincy?

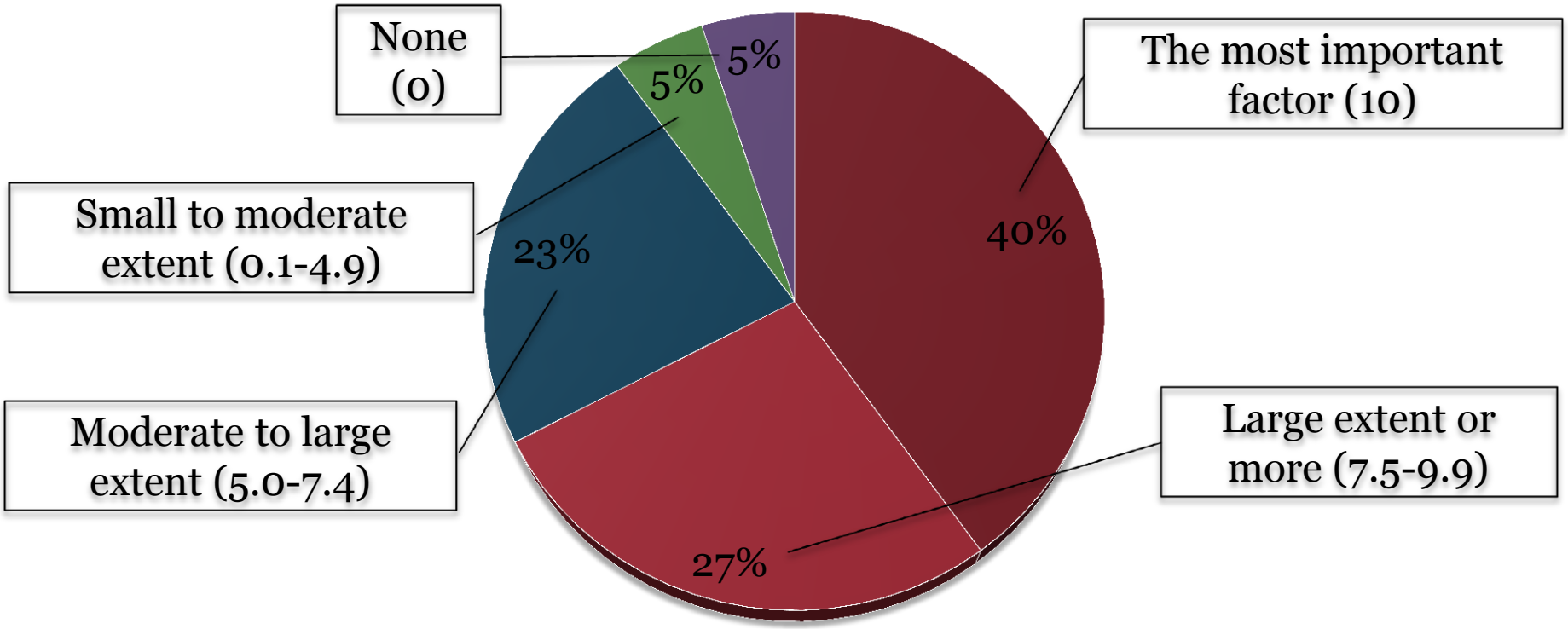
- People who are suffering turn to clergy / chaplains.

- Spirituality and health are related in meaningful ways, with particularities for Service members and Veterans.
- Integration between mental health and chaplaincy is suboptimal, and much remains to be learned.

Self-Rated Religious Coping

On a scale of 0-10, how much do you use religion to cope?

(Responses from 337 consecutively admitted patients to Duke Hospital)



Koenig, H.G. (1998). Religious attitudes and practices of hospitalized medically ill older adults. *International Journal of Geriatric Psychiatry, 13*, 213 224.

Spirituality & Mental Health Linkages

- Loss of faith associated with:[1,2]
  - Depression
  - Anxiety
  - Social isolation
  - Sense of foreshortened future
  - Increased sense of life's fragility
  - Increased depression in veterans in treatment for PTSD
  - Higher utilization of VA mental health services
- Lack of forgiveness associated with:[3]
  - More severe PTSD
  - More severe depression
  - More severe anxiety

1. Koenig, H. G., D. B. Larson, et al. (2001). Handbook of religion and health. New York, Oxford University Press.
2. Fontana, A. and R. Rosenheck (2004). Trauma, change in strength of religious faith, and mental health service use among veterans treated for PTSD. *Journal of Nervous and Mental Disease 192*: 579-584.
3. Witvliet, C. V. O., K. A. Phipps, et al. (2004). Posttraumatic mental and physical health correlates of forgiveness and religious coping in military veterans. *Journal of Traumatic Stress 17*: 269-273.

Why Do Veterans with PTSD Turn to VA?

"That is, veterans' motivation for continued pursuit of mental health services does not appear to be primarily greater symptom relief or more social contact. Rather, the specificity of paths to the number of therapy sessions from guilt and change in religious faith suggests that a primary motivation of veterans' continuing pursuit of treatment is their search for a meaning and purpose to their traumatic experiences. In this regard, they appear to be looking to their therapists and, perhaps, the VA system as a whole to provide the answers and a sense of belonging to a larger whole that is no longer being fulfilled sufficiently by their religious faith."

Fontana & Rosenheck (2004). Trauma, change in strength of religious faith, and mental health service use among veterans treated for PTSD. *The Journal of Nervous and Mental Disease, 192*, 579-584.

Program Support

Mental Health Services (MHS) in VA Central Office

VISN 6 Mental Illness Research, Education and Clinical Center (MIRECC)

MENTAL HEALTH AND CHAPLAINCY

Keith G. Meador, MD, ThM, MPH
Director

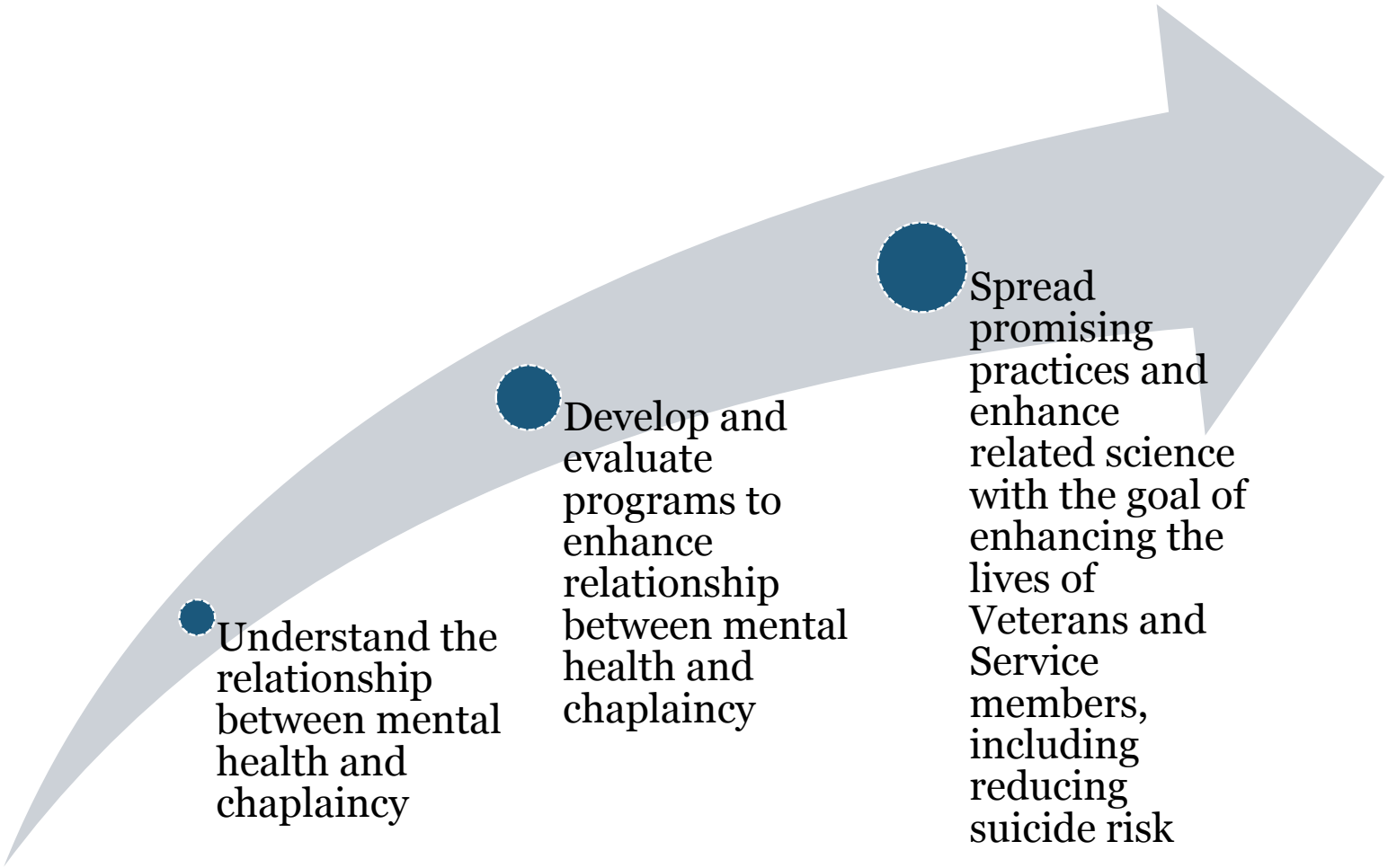
PARTNERS

VA National Chaplain Center
Durham VA HSR&D
Veterans Engineering Resource Center (VERC)

PARTNERS

Defense Centers of Excellence (DCoE)
National Center for PTSD
Defense Suicide Prevention Office
Contractors & other collaborators

Why We Collaborate



Recent History of Mental Health and Chaplaincy Integration across VA & DoD

IMHS (2010-2013)

Chaplain Survey (*N* = 2,163)

Site Visits (*N* = 33 sites)

Task Group (*N* = 38)

VA/DoD Integrated Mental Health Strategy (IMHS) Final Report:
http://www.mirecc.va.gov/mentalhealthandchaplaincy/Docs_and_Images/Expanded%20IMHS%20SA23%20Mental%20Health%20and%20Chaplaincy%20Report.pdf

JIF (2013-2017)

MHICS (*N* = 80)

Learning Collaborative (*N* = 14 sites)

Broad Education

VA/DoD Joint Incentive Fund (JIF) Final Report:
http://www.mirecc.va.gov/mentalhealthandchaplaincy/Docs_and_Images/Chaplains_MH_JIF_Final_Report.pdf

The Intersection of Chaplaincy and Mental Health Care in VA and DoD: VA-DoD Integrated Mental Health Strategy (IMHS)

For a fuller description of the needs assessment, including more detailed descriptions of methodology, samples, and findings, see the final report at:
https://www.mirecc.va.gov/mentalhealthandchaplaincy/Docs_and_Images/Expanded%20IMHS%20SA23%20Mental%20Health%20and%20Chaplaincy%20Report.pdf

- Nieuwsma, J. A., Rhodes, J. E., Cantrell, W. C., Jackson, G. L., Lane, M. B., DeKraai, M. B., Bulling, D. J., Fitchett, G., Milstein, G., Bray, R. M., Ethridge, K., Drescher, K. D., Bates, M. J., & Meador, K. G. (2013). The intersection of chaplaincy and mental health care in VA and DoD: Expanded report on VA / DoD Integrated Mental Health Strategy, Strategic Action #23. Washington, DC: Department of Veterans Affairs and Department of Defense.

- Nieuwsma JA, Rhodes JE, Jackson GL, Cantrell WC, Lane ME, Bates MJ, Dekraai MB, Bulling DJ, Ethridge K, Fitchett G, Tenhula WN, Milstein G, Bray RM, Meador KG. Chaplaincy and mental health in the Department of Veterans Affairs and Department of Defense. *J Health Care Chaplaincy*. 2013;19(1):3-21.

- Nieuwsma JA, Jackson GL, DeKraai MB, Bulling DJ, Cantrell WC, Rhodes JE, Bates MJ, Ethridge K, Lane ME, Tenhula WN, Batten S, Meador KG. Collaborating across the Departments of Veterans Affairs and Defense to integrate mental health and chaplaincy services. *J Gen Int Med*. 2014;29(Suppl 4):S825-S830.

Selected Key Survey Findings

- 79% of chaplains in DoD and 59% in VA perceive that Service members and Veterans with mental health problems commonly seek help from chaplains instead of mental health providers.
- Many chaplains reported rarely (less than monthly or never) making referrals to mental health (37% in DoD; 43% in VA) or receiving referrals from mental health (74% in DoD; 36% in VA).
- 81% of DoD chaplains and 84% of VA chaplains indicated that it is not uncommon for them to see Veterans or Service members with suicidal thoughts / intentions.

IMHS Chaplain Survey Findings: Top Problems Chaplains See

VA Chaplains

1. Anxiety
2. Physical health problems
3. Alcohol abuse
4. Depression
5. Guilt

DoD Chaplains

1. Relationship / family stress
2. Work stress
3. Anger
4. Anxiety
5. Depression

IMHS Chaplain Survey Findings: Problems for which Best Trained

VA Chaplains

1. Struggle with religious belief system
2. Guilt
3. Difficulty forgiving others
4. Spiritual struggle understanding loss/trauma
5. Difficulty accepting forgiveness

DoD Chaplains

1. Struggle with religious belief system
2. Other spiritual struggle
3. Spiritual struggle understanding loss/trauma
4. Difficulty forgiving others
5. Relationship/family stress

Piecing it Together

Patients:

Healthcare needs (mental & spiritual)

Motivations for seeking care

Mental health:

Assessment and diagnosis of mental health problems

Psychotherapy

Pharmacotherapy

Chaplaincy:

Spiritual and religious care

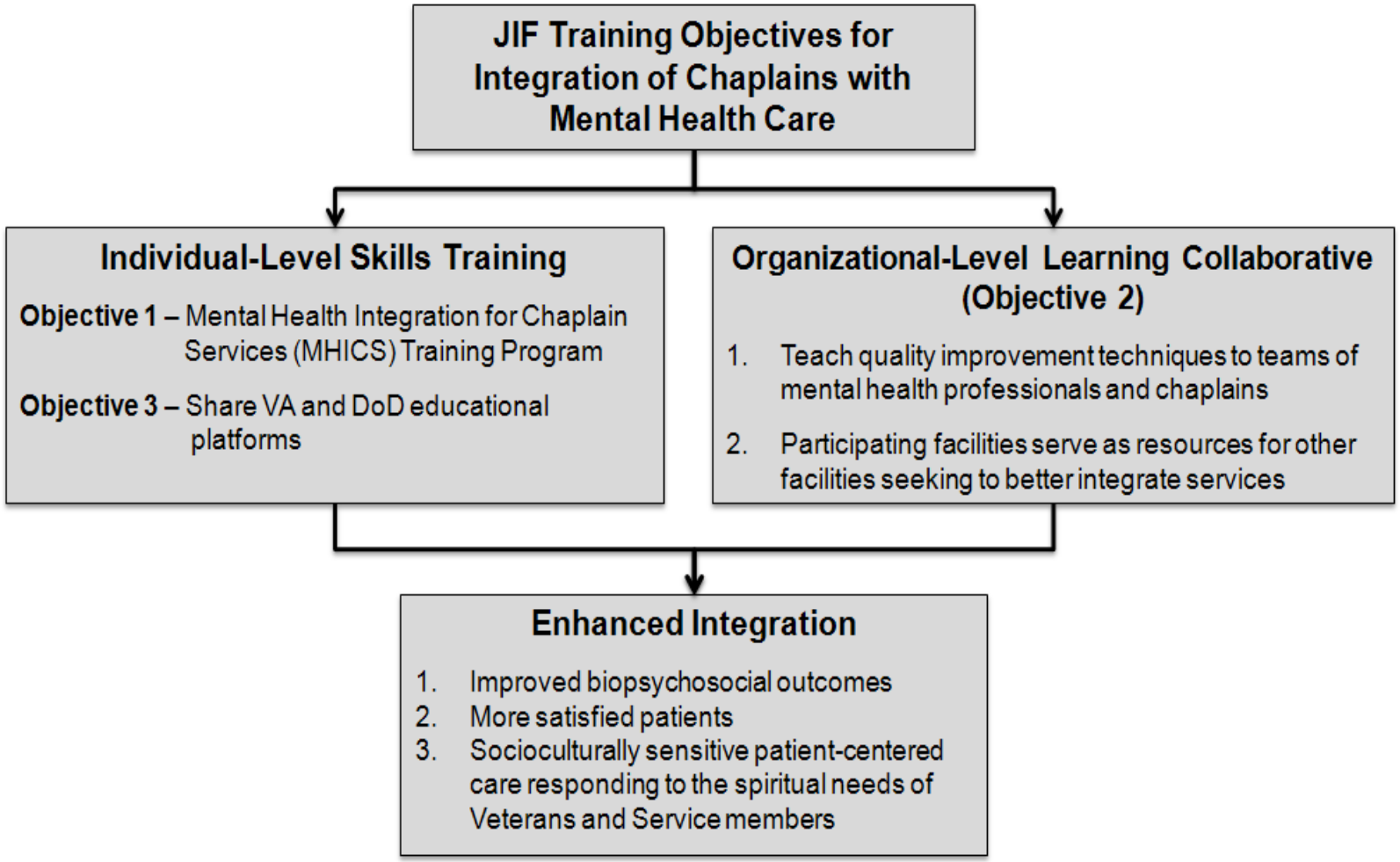
Culturally relevant practices for finding meaning and purpose

Approaches to address guilt & forgiveness

Summary of Site Visit Findings

- Pockets of innovative/integrated practices
- Integration often depends on chaplain (proximity, initiative, competency)
- Integration can fail to occur without formalized processes
- Mental health providers are generally open to integration when informed about chaplaincy

JIF Funding – Building Tools



Evaluation of Mental Health and Chaplaincy Learning Collaborative

For a fuller description of the learning collaborative, including more detailed descriptions of methodology, samples, and findings, see the JIF final report* at: http://www.mirecc.va.gov/mentalhealthandchaplaincy/Docs_and_Images/Chaplains_MH_JIF_Final_Report.pdf

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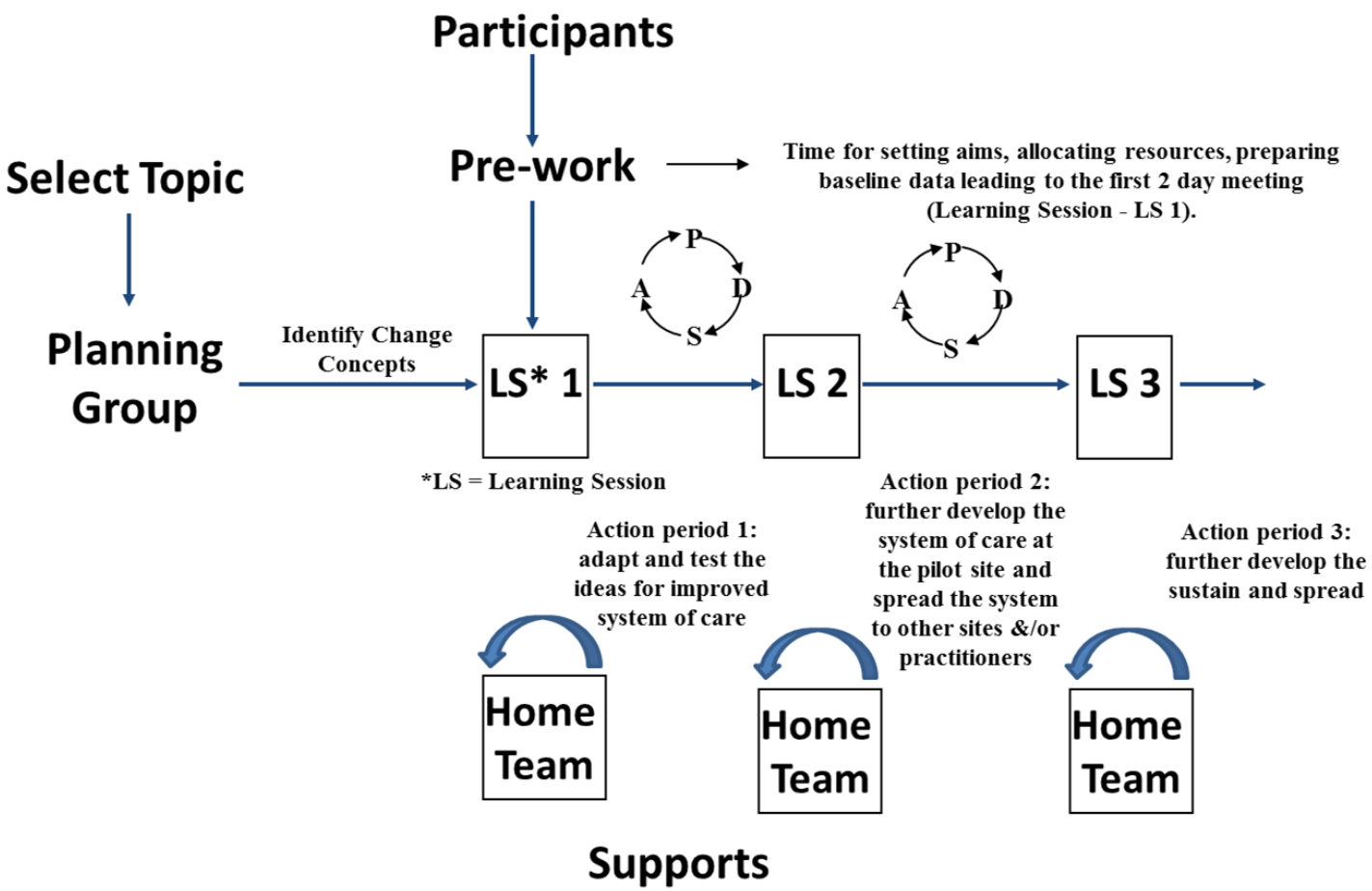
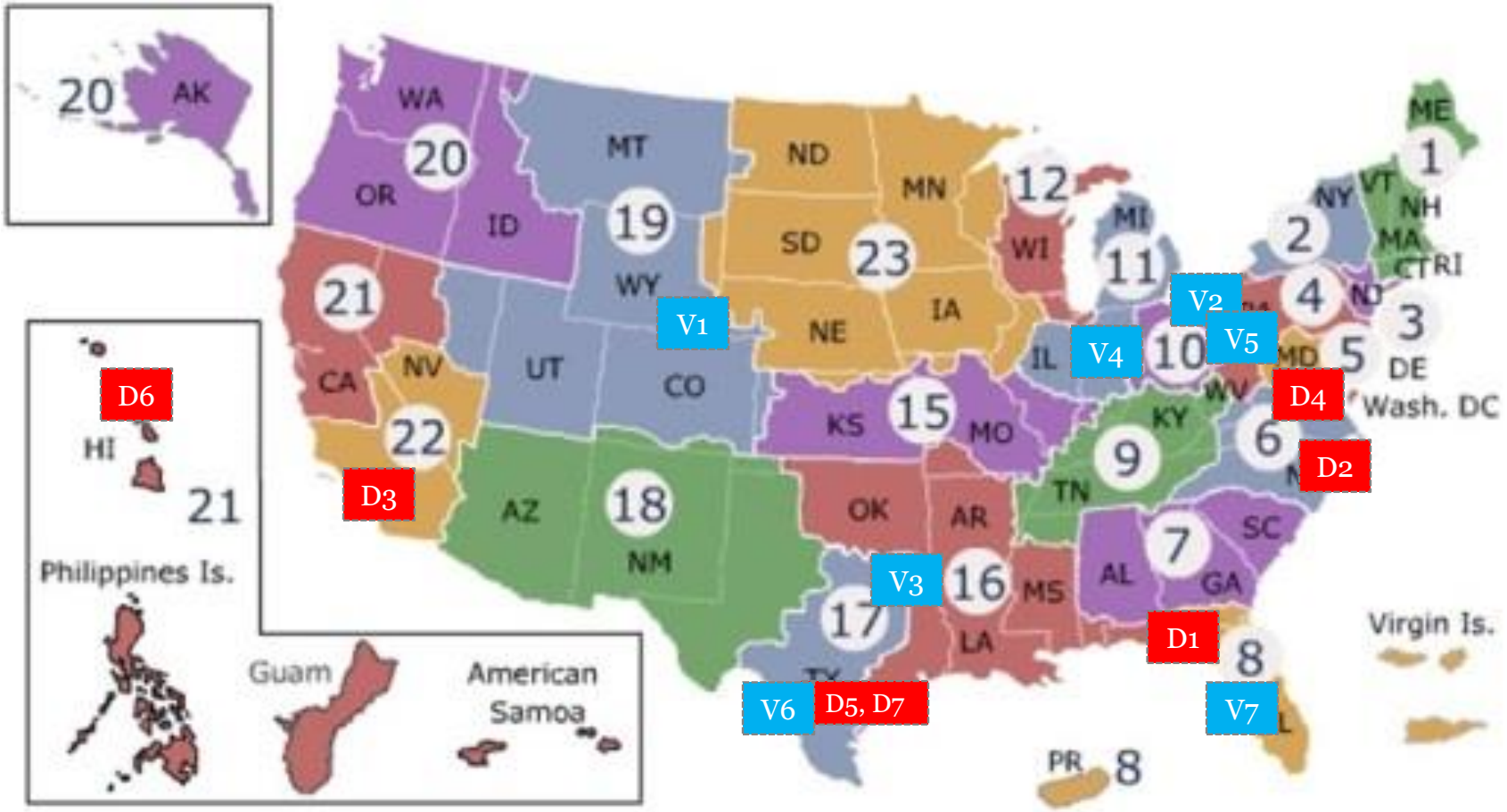
- Nieuwsma JA, King HA, Jackson GL, Bidassie B, Wright LW, Cantrell WC, Bates MJ, Rhodes JE, White BS, Gatewood SJL, Meador KG. Implementing integrated mental health and chaplain care in a national quality improvement initiative. *Psychiatric Services*. 2017. (scheduled for December 2017 publication).

Learning Collaborative: Rationale and Process



Mental Health and Chaplaincy Learning Collaborative Site Locations



Participating VA Facilities:

V1 = Cheyenne VA Medical Center, Cheyenne Vet Center, Cheyenne, WY & Ft. Collins Vet Center, Ft. Collins, CO
V2 = Louis Stokes Cleveland VA Medical Center, Cleveland, OH
V3 = VA North Texas Health Care System, Dallas, TX
V4 = Richard L. Roudebush VA Medical Center, Indianapolis, IN
V5 = VA Pittsburgh Health Care System, Pittsburgh, PA
V6 = South Texas Veterans' Health Care SystemSan Antonio, TX
V7 = James A. Haley Veterans' Hospital, Tampa, FL

Participating DoD Facilities:

D1 = Naval Hospital, Pensacola, FL
D2 = Naval Hospital, Camp Lejeune, NC
D3 = Naval Medical Center, San Diego, CA
D4 = Army Ft. Belvoir Community Hospital, Ft. Belvoir, VA
D5 = Army Southern Regional Medical Command, San Antonio, TX
D6 = Army Pacific Region Medical Center, Tripler, Honolulu, HI
D7 = Air Force Joint Base, San Antonio, TX

Mental Health and Chaplaincy Learning Collaborative Model

Mental Health and Chaplaincy Learning Collaborative Focus Areas

- The MH&C learning collaborative aimed to help teams strengthen and improve practices in six domains:
  1. **Screening -** Evaluate current practices for screening Veterans & Service members for spiritual and mental health issues, with the intention of strengthening existing practices and / or implementing new research-informed screening practices where none exist.
  2. **Referrals -** Strengthen and / or develop clearly articulated processes for referring Veterans & Service members between disciplines, including processes to contact the other discipline, communicate the core issue, articulate a basic care plan, and conduct follow up.
  3. **Assessment -** Develop, improve, and / or ensure standardized use of multidimensional spiritual and mental health assessments that can contribute to making effective referrals and to providing relevant healthcare information to the other discipline as appropriate.

Mental Health and Chaplaincy Learning Collaborative Focus Areas

- The MH&C learning collaborative aimed to help teams strengthen and improve practices in six domains:

4. **Communication and Documentation -** Establish regular communication practices as appropriate, ideally as part of recurring integrated care team meetings, and document care and consults in a useful manner to the other discipline (at facilities where chaplain documentation of care is expected).
5. **Cross-Disciplinary Training -** Champion cross-disciplinary training opportunities (e.g., educational activities, in-service), at a minimum to inform colleagues about the aims of and rationale for this learning collaborative.
6. **Role Clarification -** Develop a better understanding of chaplain and mental health provider roles, culminating in the development of formal documentation of how mental health and chaplain services collaborate (e.g., service agreement / care coordination agreement).

MH&C Learning Collaborative: Change Effort Accomplishments

- Zero service agreements were in place before the collaborative; by the end, agreements were completed or in progress for 6 of 7 VA teams and 7 of 7 DoD teams.
  - Key features included:
    - Purpose, implementation, measuring quality improvement, referral process, timeline for review (e.g., annually), signatures of appropriate leadership for both services
  - Potential benefits:
    - Results in development of standard operating procedures and formal documentation of collaboration, which assists with care coordination
    - Allows quick navigation of future interactions between services, providing a more systematic way to sustain and spread integration

MH&C Learning Collaborative: Change Effort Accomplishments

- All teams provided/planned for educating mental health about chaplaincy and/or spirituality, and vice versa (e.g., MH→CH).

- All hospital-based teams implemented specific screening questions to be used in mental health clinics to assess potential need for referral to chaplaincy.
  - New specific process for mental health to make referral to chaplaincy were developed at 12 of 13 hospital-based team sites.

- New implementation of chaplains' screening for mental health issues was completed at 4 of 7 DoD teams and no VA teams (appropriate due to setting characteristics).
  - New process for chaplains to refer to mental health developed and implemented at 3 of 7 DoD sites and 1 of 6 VA sites.

MH&C Learning Collaborative: Findings from Quantitative Site Surveys

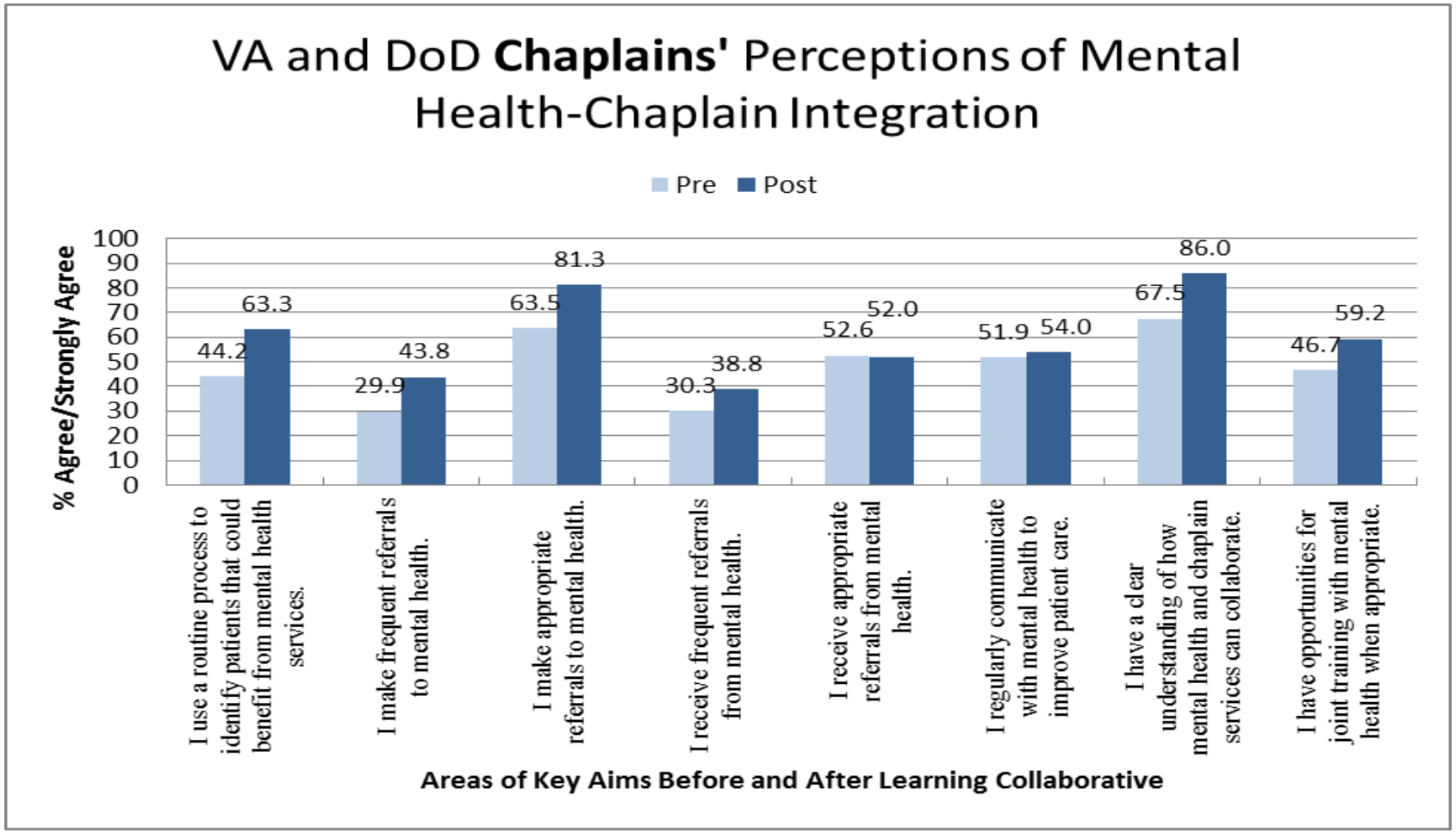
- Participating sites had pre/post surveys disseminated to their entire service lines* of 1) mental health providers, and 2) chaplains. Survey results indicated that:
  - Many changes implemented by teams spread to the larger facility.
  - There were discernable improvements in many of the key focus areas of the collaborative, including:
    - Using routine process to identify patients who could benefit most from seeing the other discipline.
    - Making appropriate referrals to the other discipline.
    - Understanding how to collaborate with the other discipline.
    - Having opportunities for joint training with the other discipline.

* Teams generally focused on implementing changes in specific clinical areas, such as within a PTSD Clinic, but surveys were intended for all mental health providers and chaplains at a facility in order to gauge potential spread.

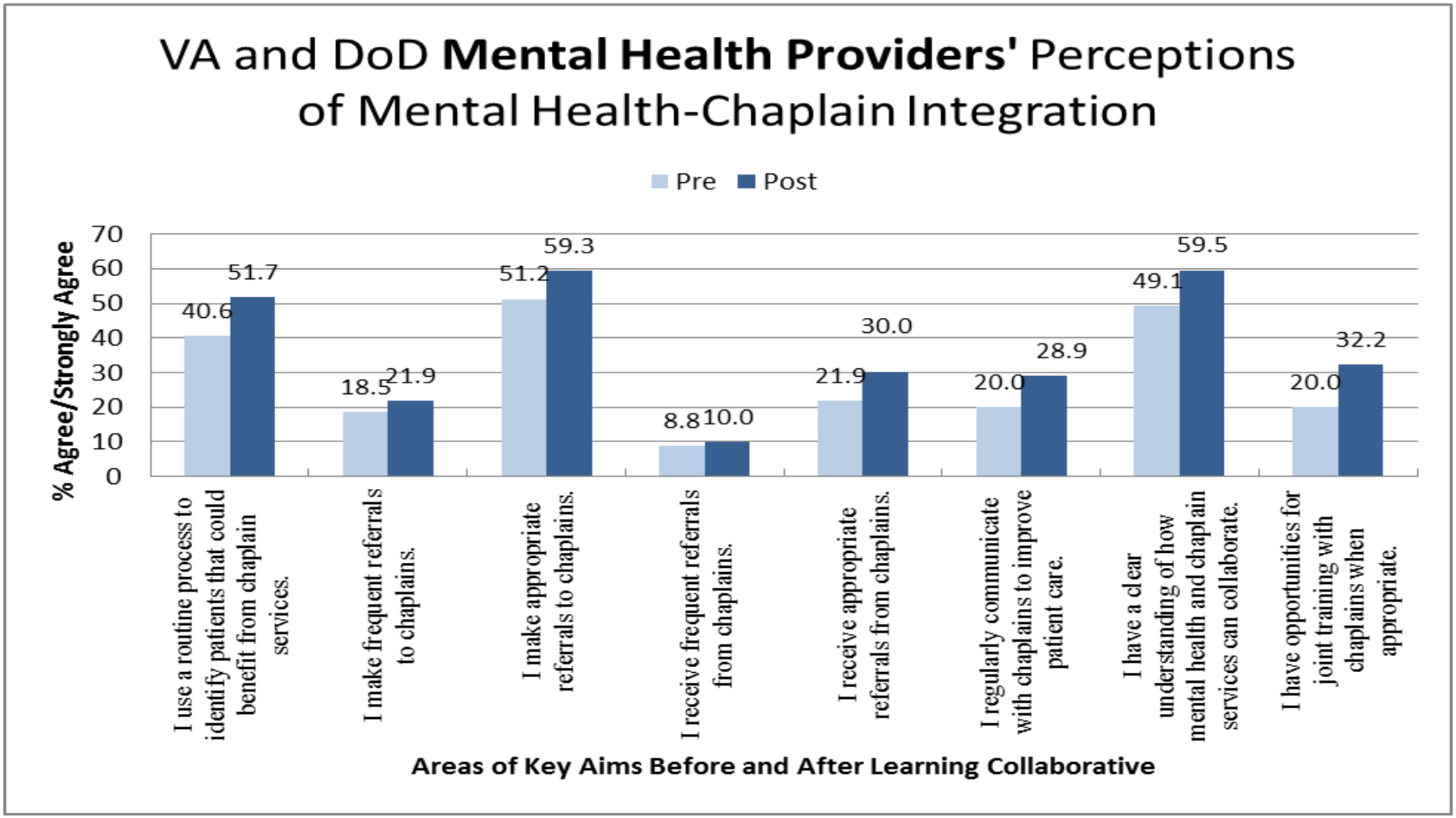
MH&C Learning Collaborative: Findings from Quantitative Site Surveys

- Gains were evidenced among mental health providers and chaplains, and were more pronounced among chaplains.
  - Chaplaincy is a significantly smaller service.
  - Chaplains were more likely to be directly influenced by the collaborative.

Learning Collaborative Key Results: Chaplain Perceptions



Learning Collaborative Key Results: Mental Health Perceptions



MH&C Learning Collaborative: Qualitative Interview Findings

- VA and DoD teams reported aspects of the collaborative-coaching strategy that worked well, including:
  - Enhancing local focus on mental health-chaplaincy integration
  - Utilization of in-person learning sessions to share experiences
  - Utilization of team-specific improvement coaches / facilitators to guide the process
- DoD teams desired or identified:
  - Earlier help understanding specific collaborative objectives
  - Greater initial clarity concerning the roles of improvement coaches (also reported by VA)
  - Need to translate improvement and VA language into DoD nomenclature
  - Difficulty with an initial "virtual" learning session
- DoD teams reported that coaches and collaborative leadership effectively facilitated this process over time.
- In contrast to DoD teams' desire for more structure, VA teams reported a desire for a less structured collaborative model.

Evaluation of Mental Health Integration for Chaplain Services (MHICS)

For a fuller description of the learning collaborative, including more detailed descriptions of methodology, samples, and findings, see the JIF final report at: http://www.mirecc.va.gov/mentalhealthandchaplaincy/Docs_and_Images/Chaplains_MH_JIF_Final_Report.pdf

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Mental Health Integration for Chaplain Services (**MHICS**)

A one-year training program that aims to better equip chaplains in the provision of care to Service members and Veterans with mental health problems.

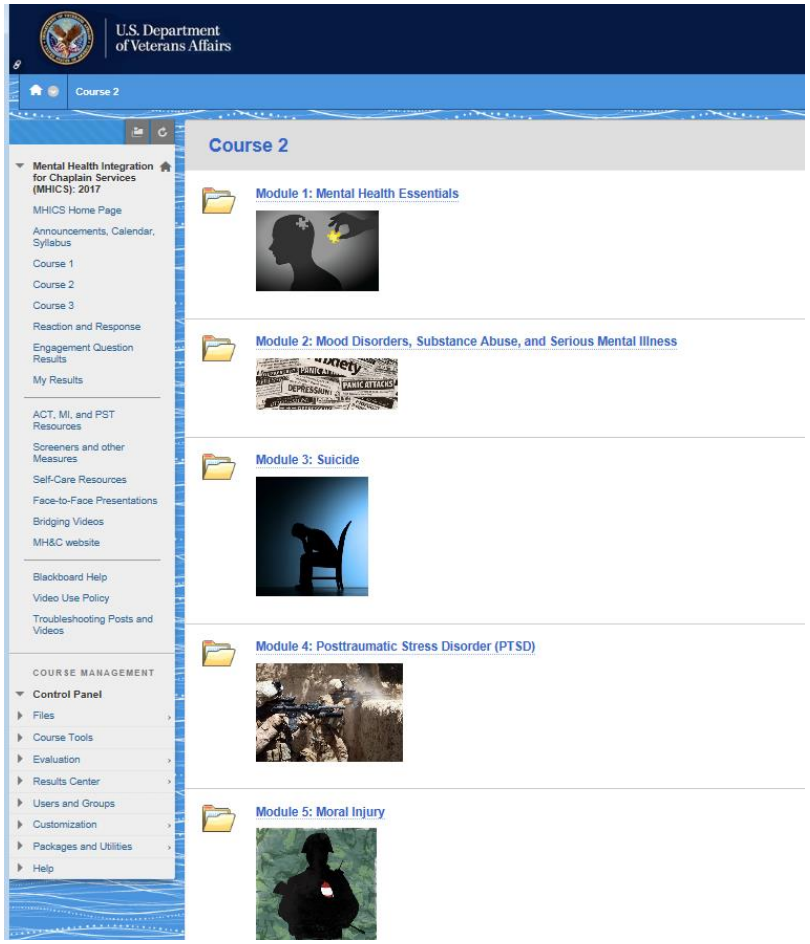
MHICS Aims

The MHICS training aims to equip chaplains to do the following:

- Identify the signs and symptoms of mental health problems (especially those prevalent among Service members and Veterans)
- Judiciously use evidence-based psychological practices and principles *within the scope of chaplaincy practice*
- Effectively collaborate with mental health professionals (including bi-directional exchange of referrals and mutual understanding of services offered)
- Foster resilience, human flourishing, and prevention of mental health problems
- Understand important psychological processes and psychosocial issues
- Critically interpret, use, and potentially participate in scientific research
- Provide care for care providers and practice good self-care
- Address the unique religious, spiritual, cultural, and relational needs of persons with mental health problems
- Ultimately improve the care of Service members and Veterans

Mental Health Integration for Chaplain Services (MHICS)

- Training modalities:*
  - Three in-person training intensives
  - 45 video didactics (15 per course)
  - Readings
  - Assignments**
  - Reaction and Response Posts
  - Consultation Calls
- To be completed and applied in clinical/operational context.
- Currently requires approximately 200-300 hours of professional effort spread over the course of one year.

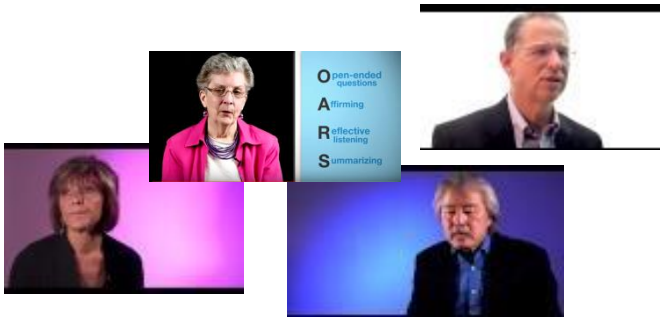


** Faculty ensure contextualization and quality of distance and face-to-face educational content.*
*** Including requirement of paper(s) synthesizing EBP and pastoral approach.*

Evidence-Based Practice (EBP) Approaches in MHICS

- EBP Modules:

1. Acceptance and Commitment Training (ACT)
2. Motivational Interviewing (MI)
3. Problem-Solving Training (PST)



MHICS Findings

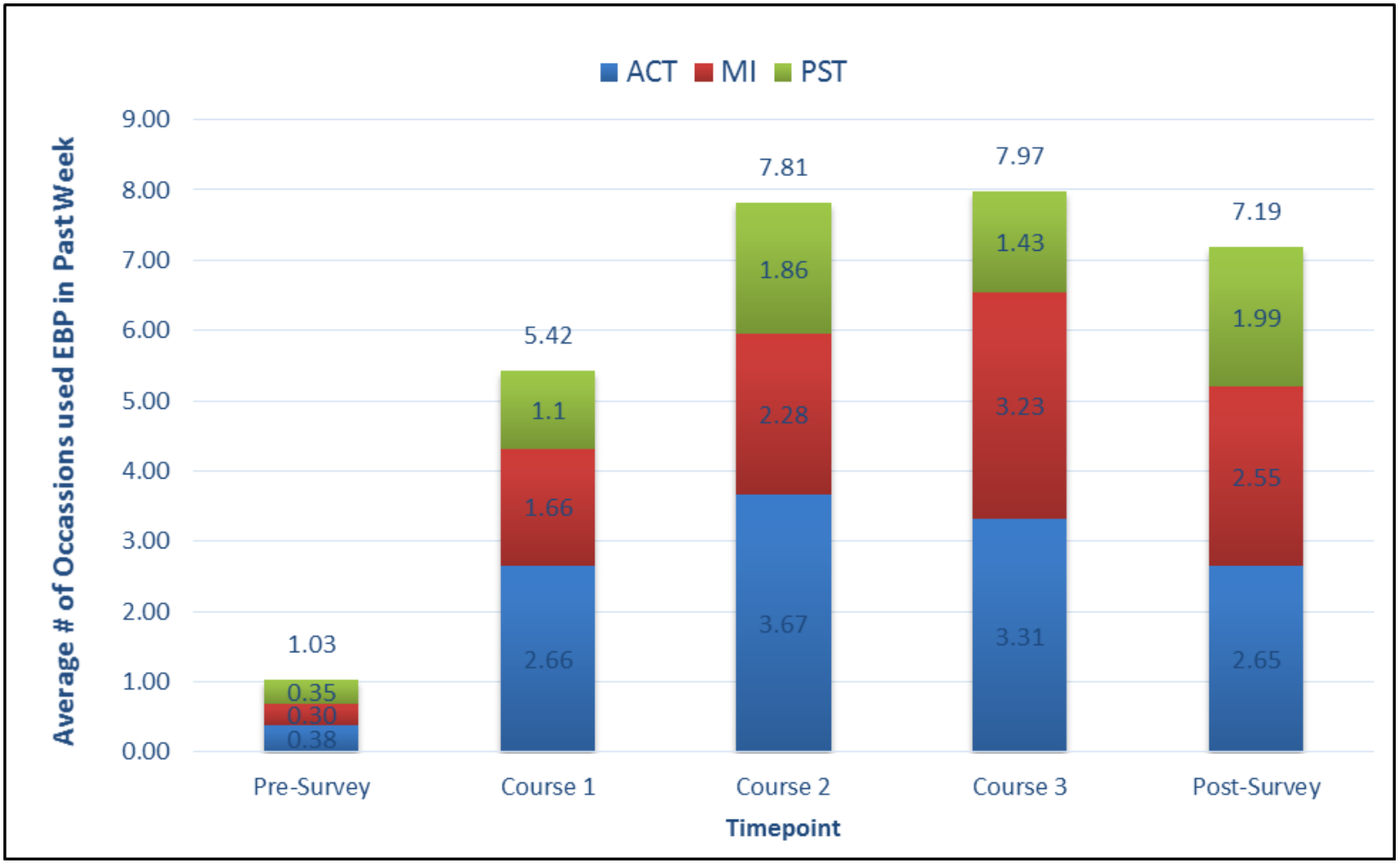
- 125 chaplains have participated in the first 3 MHICS cohorts

- Findings from cohort 2
  - Generally consistent with cohort 1 findings

MHICS Findings: EBP & Mental Health Integration

- Chaplains were more likely at the end compared to beginning of the training to agree they…
  - Make appropriate referrals to mental health providers ($p = .002$).
  - Regularly communicate with mental health providers to improve patient care ($p = .016$).
  - Have a clear understanding of how mental health providers and chaplain services can collaborate ($p < .001$).
- 100% of chaplains reported understanding how to apply evidence-based psychological practices in a manner that is within their scope of practice as a chaplain.
- As a result of participating in the MHICS training program, I…
  - Function more effectively as part of an integrated care team (87 % agreed).
  - Would recommend participating to my colleagues (100%).
- Chaplains dramatically increased the degree to which they regularly incorporated evidence-based principles from ACT, MI, and PST into their care practices over the course of the training year.

Use of Evidence-Based Practices



MHICS Findings: Caring for Veterans/Service Members

- As a result of participating in the MHICS training program, I…
  - Am able to provide better care to Veterans and Service members (100% agreed).

- Chaplains felt significantly better prepared at the end compared to beginning of the training to care for Veterans and Service members suffering from a range of common mental health problems, including:
  - Anxiety (p = .002).
  - Depression (p = .000).
  - Posttraumatic stress (p = .000).
  - Psychosis (p = .01).

- Responses from chaplains at the end of training demonstrated that:
  - 42% are able to see a greater quantity of Veterans / Service members.
  - 37% are able to see Veterans / Service members more quickly.
  - 71% are more likely to receive referrals from mental health providers as appropriate.
  - 71% are able to better facilitate Veteran / Service member entry into mental health care when needed.
  - 92% make appropriate referrals to mental health providers.

JIF Lessons Learned: Mental Health and Chaplaincy Integration

- In many locations there is a substantial gap between services, improvement efforts may need to focus first on establishing basic building blocks before moving on to making improvements in other domains.

- Global recommendations for integrating services must accommodate variations in local characteristics and capacities of different facilities and providers.

- Service members and Veterans commonly endorse having mental and spiritual problems, and continued efforts are merited with respect to further developing and refining approaches to screening, referrals, and treatment.

JIF Lessons Learned: Training

- Technology can be effectively used to accomplish significant educational objectives, yet some in-person training remains necessary to achieve optimal outcomes in key areas.
- Opportunities for “credit” are important to provide.
- It is important to provide opportunities for learning application and accountability.

JIF Lessons Learned: VA/DoD Collaboration

- Cultural differences between VA and DoD (as well as between the branches of the military) have an important influence on implementation processes.
- The time, resources, and approaches necessary to achieve project socialization, buy-in and sustainment are considerably different in VA and DoD.
- While the differences between VA and DoD can present multiple challenges, their different strengths can also mutually complement each other.

Benefits of Partnership

For MH&C

- Identification and measurement of metrics of program impact
- Evaluation that provides rapid information to improve programs
- Evaluations that can lead to publications
- Expertise on implementation/improvement strategies
- Expansion of VA networks
- Enhanced ability to develop new grants and projects

For HSR&D

- Enhanced impact on services and care provided to Veterans and Service members
- Enhanced ability to examine implementation and team focused care processes
- Expansion of VA networks
- Greater understanding of the inner workings of VA and DOD programs
- Enhanced ability to develop new grants and projects

Some Projects that Have Resulted from the MH&C-HSR&D Collaboration

- Evaluation of the VA Warrior to Soulmate relationship enhancement program for Office of Patient Centered Care & Cultural Transformation*
  - Office of Patient Centered Care & Cultural Transformation
- Evaluation of the Community Clergy Training Program
  - National Chaplain Center
  - Office of Rural Health

*Fortune-Greeley A, , Nieuwsma JA, Gierisch JM, Datta SK, Stolldorf DP, Cantrell WC, Ethridge AK, MD Angel C, Millspaugh D, Bauch SL, Jackson GL. Evaluating the Implementation and Sustainability of a Program for Enhancing Veterans' Intimate Relationships. *Mil Med*. 2015;180(6):676-683.

Some Projects that Have Resulted from the MHC-HSR&D Collaboration

- Developing a Spiritual Assessment for Veterans with Serious Illness*
  - HSR&D funded IIR to Durham investigator

- Moral Injury in Rural Veterans
  - Office of Rural Health

*IIR 15-365 – Developing and Validating a Spiritual Assessment Tool for Seriously-ill Veterans (Principal Investigator: Karen Steinhauser)

Moral Injury in Rural Veterans

- Study funded by ORH
- Led by Durham HSR&D, MH&C, and VRHRC-SLC
  - Critical partnership
- Start date: October 1, 2017

Moral Injury in Rural Veterans

- The main objective of the project is to understand moral injury in rural Veterans.
  - This knowledge will help VA to develop assessment, treatment, and other services to target rural Veterans suffering from moral injury.

- Little known about moral injury in rural Veterans.

Moral Injury in Rural Veterans

- The project addresses VA's top 5 priorities such as suicide prevention.
  - Moral injury and rurality have been linked to suicide/suicidality.

Aims – FY18

- Aim 1: Recruit additional participants for the Moral Injury in OEF/OIF/OND Veterans study to later quantitatively explore differences in moral injury in highly rural, rural, and urban Veterans.

- Aim 2: Using qualitative methods (i.e., in-depth individual interviews and/or focus groups), explore/examine experiences related to moral injury in highly rural, rural, and urban Veterans.

Resources: Online Video Products

- *Bridging Mental Health and Chaplaincy* (≈ 1 hour each)
  1. "Why do it?"
  2. "Knowing Our Stories"
  3. "Opening a Dialogue"

- *Learning Collaborative* (≈ 1 hour each)
  1. "Establishing Awareness"
  2. "Communicating and Coordinating Care"
  3. "Formalizing Systematic Processes"

- *Clergy & Faith Communities*
  - Clergy (≈ 1 hour each)
    1. "Signposts Toward Collaboration"
    2. "Abiding with Those Who Suffer"
  - Faith Communities (≈ 20 minutes each)
    1. "Partners in Care"
    2. "Trauma"
    3. "Moral Injury"
    4. "Belonging"

Videos available on program website: www.mirecc.va.gov/MIRECC/mentalhealthandchaplaincy/

Helpful Web Sites

VA Mental Health & Chaplaincy
https://www.mirecc.va.gov/mentalhealthandchaplaincy/

VA Center for Health Service Research in Primary Care
https://www.durham.hsrd.research.va.gov

VA National Chaplain Center
https://www.patientcare.va.gov/chaplain/index.asp

Defense Centers of Excellence for Psychological Health and TBI
https://www.dcoe.mil/

Defense Suicide Prevention Office
http://www.dspo.mil/

Contact Information

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