The presenter is a VA psychology historian and retired chief of psychology and mental health service line director at the South Texas Veterans Health Care System in San Antonio. He is also a former VA psychology historian for AVAPL and Division 18. The presentation was first given as a VA Section, APA Division 18 webinar on May 9, 2019. Part I covered the years 1946-1966 and was presented as a VA Section webinar on March 7, 2019. A recording for both Part I and Part II can be accessed at https://www.apadivisions.org/division-18/sections/veterans/webinars and an annotated slide handout for Part I (like this document) can also be obtained at that website.

Presenter Comment: Much of what I am going to talk about in this presentation was first covered in the book on the history of VA psychology that I co-authored with Wade Pickren for APA Books in 2007 entitled Psychology and the Department of Veterans Affairs: A historical analysis of training, research, practice, and advocacy. It is the first citation of references for my comments listed in the bibliography slide appearing at the end of my presentation.

I will add that my presentation will not include material on the rich history of early VA psychology research, but the 2007 book does include two chapters describing some early and critical research and planning resources by psychologists that directly affected patient care in the VA. One example is the cooperative research venture by psychologists examining psychosocial issues of the patient with pulmonary tuberculosis that resulted in a 1961 Psychological Monograph published by APA.
“History is all about what happened and what happened is a story.”

A second comment on the presentation is that this is a history, and I invite you to consider the assessment of history on your screen: “History is all about what happened and what happened is a story.” It’s been a motto of sorts for me as historian since history is better understood as a story and people better remember stories. This presentation will introduce you to some of the stories in the history of VA psychology from 1966-2016.

Optional comment for presentation depending on audience, if sufficient time, or if questions:

Depending on your past exposure to history, you may have the same reaction that Charles Drebing had in reviewing a history book for APA Books: “History and Systems of Psychology was the least popular class among the required courses in my graduate program. The lectures and readings about past theorists, research, and events generated about as much excitement as paying tuition.”

I have to admit that I shared some of Drebing’s comments reflecting on my own exposure to history education with demands to remember lists of events, names, and dates. In this presentation, however, I will introduce you to the stories of what happened in the beginning of VA psychology and its training program—I hope you will find it an interesting account.

By the way, that quote by Drebing was the way he started his review of the book that I co-authored with Wade Pickren for APA Books on the history of Psychology and the Department of Veterans Affairs on which this presentation is primarily based. (PsycCRITIQUES, 1554-0138 May 2, 2007, Vol. 52, Release 18, Article 1,© 2007, American Psychological Association.)

Drebing, however, did end his review of our history of psychology and the Department of Veterans Affairs with a positive comment that I hope you will experience during this presentation—“Baker and Pickren...have written a well-crafted historical resource...Most important for me, as a VA psychologist, I gained a valued sense of how my work fits into, and has benefited from, the contributions of those who have gone before me. Surprisingly, this book is both relevant to my current work and provides insights into where that work might be heading in the future. Although I am not ready to go back and reread my History and Systems texts, I am ready to recommend this book to fellow psychologists, and have already done so.”
Summary of Part I: 1946-1966

• The need for and response to reorganization goals in VA patient care in 1946.

• James Grier Miller selected to head the new Psychology Section in the Neuropsychiatry Division in VA Central Office and oversee the establishment of Psychology Services in VA Hospitals (Miller needed to start the VA Psychology Training Program to do that.)

• VA Psychology earned reputation for program and clinical service leadership, e.g. publication of the first group therapy manual.

Comments:
♦ The need for reorganization and legislation was clear:
1.) WWII was ending with millions of future WWII veterans returning home eligible for patient care in the VA.
2.) VA employees had enlisted as had other patriotic Americans, and VA hospital staffing shortages had to be filled by Army doctors—3/4 of VA’s doctors were on active military duty in 1945 and would be leaving the VA at war’s end. Many beds had closed due to staffing shortages and operating beds were mostly filled with WWI veterans with a psychiatric diagnosis with an average stay of 500 days.
3.) Legislation was passed by President Truman in January of 1946 to (a.) permit the rapid hiring of doctors, dentists, and nurses by using special hiring authority (Title 38), (b.) establish training affiliation agreements with medical schools to train medical students in the VA, and (c.) establish professional division offices in VA Central Office for medicine, neuropsychiatry, rehabilitation, etc. to establish and oversee patient care programs in VA hospitals.

♦ James Grier Miller was selected to head the Psychology Section of the Neuropsychiatry Division and establish psychological services in VA hospitals
Miller was given funding to hire 500 psychologists for VA hospitals. He decided (a.) that only doctoral psychologists with some training or experience in patient care would be hired in the VA, (b.) that he needed to start a VA psychology training program to prepare doctoral psychologists with patient care training to work in the VA, anticipating the 1949 Boulder conference on training, and (c.) asked APA to identify universities with psychology graduate programs giving their students some clinical training in order to recruit and select students for the training program only from those schools. Historians credit the VA’s request as leading to APA’s accreditation program for graduate schools of clinical psychology.

♦ VA Psychology earned reputation for program and clinical service leadership
One example is the Manual of Group Therapy published by the psychology consultants and staff at the VA Hospital in Roseburg, Oregon in 1960 which was distributed to all VA hospitals. In this first-ever treatment manual for group therapy, the publication focused on practical advice on running therapy groups that augmented the mostly theoretical aspects of group therapy developed in academia. Topics in the manual included chapters on which patients received most benefit from group therapy, how to prepare patients for group therapy, and how to best handle hostile, despondent, silent, and talkative patients. VA staff and trainees throughout the VA followed this manual to set up successful group therapy programs, many trainees taking the manual with them to set up programs in non-VA settings {The only known copy today is in the VA psychology archives at the Cummings Center for the History of Psychology at the University of Akron: Box 724 / Folder 2}
Overview of Growth of VA Psychology
Doctoral Staff and VA Psychology Training
Program Appointments: 1946 – 2018

Comment:
Prior to 1946, there were virtually no doctoral-trained psychology treatment staff in the VA; master’s level technicians provided assessment and limited vocational counseling services.

Doctoral VA psychology staff were first recruited in 1946 with the start of the VA psychology program. Even by the fall of 1946 (when 215 psychology students were assigned to begin their training in the VA), there were less than 60 doctoral staff in the VA (the blue line in the above graph.) Doctoral staff didn’t equal the number of psychology trainees until the 1960’s. After 2000, however, the growth of doctoral staff tripled in less than 20 years with over 5500 doctoral staff providing clinical and program services to veterans in VA medical centers in fiscal year 2018. The VA has retained its long-standing claim over the years to employing more clinical and counseling doctoral staff in the U.S. than any other single patient care organization.

The drop in predoctoral psychology students (the red line in the graph) from 1970 to 2000 was primarily due to the shift from funding less-expensive part-time psychology trainees to the primary focus of funding more-expensive full-time internship training, and we’ll hear more about that later in the presentation.

The first VA funded postdoctoral psychology students were appointed in 1991 (the green line), reaching 213 in 2010 and, in the 2018 fiscal year, 454 postdoctoral students were funded and trained by the VA. It can also be noted that the VA’s funding of 1,225 interns and post-doctoral students in fiscal year 2018 also exceeds that for any other single funding source of psychology training in the U.S. that year. In fact, the VA has held that record for 70 years, including the years with the National Institute of Mental Health funding of psychology training grants.

(Optional): It can be parenthetically noted that the VA has funded over 40,000 part-time and full-time training appointments in psychology from 1946 to 2012. Because early years of the training program allowed multiple year appointments of an individual and a number of interns in later years were also funded for postdoctoral appointments, the estimate of the number of different individuals provided clinical training in the VA from available records is 28,000. [Non-funded or without-compensation (WOC) training appointments have never been included in any official VA training records but could easily add thousands of students to the total of funded psychology students receiving trained in the VA].
• 1966-1976: VA Psychology leadership in treatment programming was continued from the first 20 years.
• 1976-1986: VA Psychology turns to advocacy with the establishment of member associations (AVACP and NOVA Psi).
• 1986-1996: Training program priorities shift to primarily funding full-time psychology training with continuation of VA psychology leadership in internship accreditation and the beginning of postdoctoral training and accreditation.
• 1996-2006: Psychology struggles with the VA’s move to focus on primary care and with reorganizations producing low morale and start of VA Psychology Leadership Conferences—Beginning of Congressional program support for homeless, psychosocial rehabilitation, and MIRECCs.
• 2006-2016: The Mental Health Plan with Congressional recognition and funding support fuels dramatic increase in psychology and mental health staffing and programs in the VA.

Comments and notes to follow
• While VA and non-VA psychiatrists remained focused on use of psychoanalytic treatments in the 1960s, psychology found the approach to have limited usefulness for the VA’s acutely disturbed patient population.

• As was being done by their non-VA colleagues, psychologists started a number of behavioral health treatment programs in the VA. These and other non-traditional programs were highlighted in a national VA conference in Chicago in 1965 and introduced the mental health treatment programs that flourished for the next 10 years.

See programs next slide.
Behavioral Health Treatment Programs of Late 60s and Early 70s

- Attitude therapy for inpatient treatment programs
- Token economy treatment programs for schizophrenia and substance abuse
- Day hospital and day treatment center outpatient programs
- Therapeutic milieu programs for inpatient psych and other intensive outpatient mental health care programs
- Behavioral interventions with med/surg patients (relaxation therapy, treating depression in post-surgical patients, etc.)

Comment:

The papers presented at the 1965 conference included some of the early work of psychologists like Earl Taulbee at the VA in Tuscaloosa on attitude therapy, Joseph McDonough's work at the VA in Palo Alto on systematic reinforcement (token economy), Julian Meltzoff and Richard Blumenthal at the VA outpatient clinic in Brooklyn on day treatment centers, and Fred Spaner at the VA in Downey on the unit system. Harold Dickman at the VA in Roseburg, OR described unit therapeutic milieu programs, and Roy Brener at the VA in Hines (Chicago) reviewed the work of psychologists in domiciliary restoration centers. Other papers like that of Philip M. Carman at the VA in Wadsworth (Los Angeles) described activities of VA psychologists in renal dialysis, open heart surgery, automated retraining of aphasics, and other medical programs of the general VA hospital. Discussants also offered critiques and voiced their views of what was happening and what should be happening. A review of the papers and discussions during that conference offer an important insight into the activities of VA psychologists in the sixties as they experimented with different treatment programming ideas.

Although this presentation is not intended to focus on the research activities of psychologists (and their trainees), the topics at the Chicago conference frequently had research findings and program evaluation outcome data included in the presentations. Hundreds of trainees and interns likely completed doctoral dissertations based on their involvement and data collection in these programs over the years.

Special Note: Because the VA had psychiatric, medical, and surgical treatment coexisting in the same hospital (unlike other community care), psychologists and trainees frequently transported what they were learning from behavioral treatment of psychiatric patients to treatment of the med/surg patient – a early health psychology approach, if you will. A small sample of such programs includes biofeedback treatment for convulsions, treatment of psychological complications in renal dialysis, and spinal cord injury care.
1976-1986: VA Psychology Advocacy

- VA psychology chiefs express a need to become more active in internal and external advocacy:
  - in seeking clinical privileges and hospital staff membership for psychologists,
  - in developing administrative skill training for new chiefs of psychology,
  - in seeking bonus pay for psychology staff for obtaining certification by the American Board of Professional Psychology (ABPP), and
  - in responding to threats to cuts in the psychology training program being considered by the VA.

Continued…
Advocacy approaches:

• One advocacy route available to VA psychology chiefs was to partner with APA as private citizens in non-partisan advocacy in testifying before Congress while on annual leave. This was especially effective in reversing drastic psychology training cuts proposed by the VA for Congressional funding two years in a row.

• Still another advocacy route was forming a member organization outside of the VA...

Comment:

Responding to an austere national budget for the country and the VA, the VA had proposed a cut of 23% in the psychology training budget in FY80 which would have cut 30% of the training positions and eliminated training at 28 of the 103 VA hospitals funded the previous year. With the support of APA advocacy resources, VA psychologists testified in Congressional budget hearings arguing against the cut of psychology training funds which would be used to train future psychologists for treating veterans. The Senate Appropriations Committee “suggested” that the VA consider reinstating most of those funds, a suggestion followed by the VA.

The next year, the same budget cuts were proposed. Testimony by VA psychology leaders as to the effectiveness of the VA training program in producing staff psychologists to treat veterans in the VA was again positively viewed in Congress. The Senate Appropriations Committee reported in the Congressional Record that they were “distressed” that the VA had a demonstrated shortage of mental health professionals and yet was proposing a 21% reduction in psychology training support. Most of the proposed cuts were reinstated again.
Formation of the Association of VA Chief Psychologists

• Oakley Ray, chief of psychology at the Nashville VA, and other VA psychologist leaders began promoting the formation of an association to support advocacy modeled after similar associations formed by other professions in the VA.
• The Association of VA Chief Psychologists (AVACP) was formed in 1978 with Oakley Ray as its first president. Among other accomplishments, AVACP was successful in helping to draft a VACO model VA staff membership and clinical privilege policy that included psychologists.

Comment:

Officers of the Association had one major advantage over the mental health leaders in VACO – they could, and did, schedule annual meetings with the VA administrator, chief medical officer and other high-ranking VA officials to promote a response to mental health needs and professional concerns of VA psychologists. Mental health leadership staff in VACO had to use the chain-of-command and rarely had an opportunity to meet directly with these leaders up the supervisory chain.

The need for administrative training for new chiefs of psychology, another goal of AVACP, was also realized in 1983 with the first training program for new chiefs presented by association member chiefs. An expansion in training categories over the years added training for psychology non-chief treatment program managers, and by 1998 was including psychiatry, psychology, social work, and nursing leaders in an approved Behavioral Health Leadership Training Program. Although support by the association ended in 2003, the program was re-started in 2005 with funding and staffing by the VA’s education service and the Office of Mental Health and continues today with annual training programs.
Some AVACP Advocacy Created Problems with VA Psychology Staff

• At the recommendation of APA, members of the chiefs association began considering converting psychology staff to the recruitment and personnel policies of Title 38 instead of the Title 5 policies of the Civil Service Commission. The goal was to make it easier and faster to hire psychology staff as well as to make it easier to reward staff with merit pay bonuses for receiving ABPP certification.

• When staff found out they could not have a part-time private practice outside of duty hours under full-time Title 38 employment status at that time, they threatened to testify against the legislation needed to make the change to Title 38, and AVACP dropped conversion to Title 38 as a priority.

Continued…. 
Psychology Staff Establish the National Association of VA Psychologists

• In 1981, the VA itself decided to seek legislation for Title 38 authority for certain difficult-to-recruit positions.
• With Title 38 again being considered, psychology staff decided to establish their own organization which was named the National Association of VA Psychologists (NOVA-Psi).
• NOVA-Psi became a reality with the election of Leila Foster as president in 1982 and with a priority advocacy agenda of opposing Title 38 conversion for VA psychologists.
• Confusion over who represented VA psychology became a problem for APA advocacy when the VA Section of Division 18 also asserted a claim for representing VA psychology since it had more members than AVACP or NOVA-Psi.

Continued…
Differences Resolved

• Representatives of AVACP, NOVA-Psi and the VA Section of Division 18 formed a Steering Committee to resolve the Title 38 issue and combine their advocacy efforts for issues that were without disagreement, e.g., bonus pay for ABPP.

• In 1986, the Steering Committee reached an agreement on wording for a Title 38 conversion. VACO later introduced a hybrid Title 38 conversion permitting staff to have part-time private practices which was supported by the Committee.

• In 1999, NOVA-Psi decided to disband when few disagreements remained over advocacy issues. The recent reorganization of the chief’s association, now named the Association of VA Psychologist Leaders (AVAPL), also attracted some NOVA Psi members in leadership positions to expanded membership categories in AVAPL.

Comment:

Hybrid Title 38 conversion for VA psychologists became a reality in 2003. Although that conversion met some of the professional goals of VA psychologists, e.g. enabling non-chiefs to obtain GS-14 and GS-15 pay grades, AVAPL began seeking full Title 38 conversion which is currently a top advocacy priority for the association.
1986-1996: Changes in Funding of VA Training

• During the early 1980s, the VA’s Office of Academic Affairs decided it would give priority for professional training dollars to VA training programs with a national accreditation status; later, accreditation was required.

• Prior to this time, VA training programs were given a pass and were considered to meet accreditation status by APA if they recruited students only from APA-approved universities.

• With the shift in VA training policy, internship training would qualify for funding only after receiving APA accreditation. Funding for practicum level training was to be phased out, and those doing internship training would have a grace period to obtain accreditation of their program.

Comment:

APA was not really prepared financially nor did they have the manpower to conduct accreditation visits for over 80 VA hospitals that were currently conducting funded psychology internship training, but the VA had become the largest funded internship training program in the country and APA noted the importance of conducting accreditation site visits with those programs.
More VA Training Programs Begin Seeking Accreditation

• The psychology internship training program at the VA hospital in Topeka, Kansas had become the first VA training program to become APA accredited in 1974. By the fall of 1977, 13 VA psychology training programs were accredited, but 80 were receiving funding for psychology training which would not be renewed under the new policy without accreditation.

• New licensure requirements spelled out in policy in 1982 for employment of psychologists in the VA included accreditation of both internship training and doctoral training by APA as well as state licensure.

Comment:

Prior to the new policy requiring accreditation for funding of VA psychology training programs, there were few incentives for obtaining accreditation. With the establishment of the VA Office of Academic Affairs in 1973, funding priority was given to those VA medical centers whose psychology training programs were APA approved. The new policy required that accreditation.

The new policy was supported with new legislation that now required future psychologists hired in the VA to have both a doctoral degree from an APA-approved graduate program and an APA-approved internship.

It can additionally be noted that the new legislation passed in 1979 with policy adopted in 1982 also required future psychology applicants to be licensed or obtain licensure in a state within two years of employment as a condition for continued employment. Those hiring credentials set a new standard for employment of psychologists in the country.
More programs get accredited, now including postdoctoral accreditation

• By 1985, just 11 years after the first VA psychology training program was accredited, 84 VA psychology training programs had received APA accreditation and were being funded by the VA. In 1991, the APIC Directory indicated that over one-third of all APA accredited training programs were in VA hospitals.

• 1991 was also the year that the VA began funding postdoctoral training, but it was 1999 before the San Antonio VA became the first VA postdoctoral training program to receive accreditation of their postdoctoral training program (and only the 3rd in the country to receive the newly established APA postdoctoral accreditation status.)

Comments:

With the VA willing to fund postdoctoral psychology training programs, the previously noted policy by the VA’s Office of Academic Affairs (OAA) to fund only training that had national accreditation was problematic. There was no national accreditation for the postdoctoral training of psychologists. Aware of the impending VA funding, VA psychology had begun pushing APA to establish postdoctoral accreditation. OAA allowed the first VA postdoctoral psychology training positions to be funded with an understanding that APA was in the process of establishing such accreditation.

With the VA now funding postdoctoral training, VA psychology began to increase its advocacy for accreditation of that training by APA. Several VA medical centers began planning to submit accreditation applications as soon as APA was ready to begin that process. It took another eight years for APA to accept applications during which time the San Antonio VA medical center and five others had been receiving funding for post-doctoral training in geriatrics for seven years with the promise that APA would soon have their accreditation program in place. In 1995, an additional funded postdoctoral training position was given to those first geriatric postdoctoral training programs to meet what looked like APA’s emerging requirement for at least two postdoctoral positions per training program for accreditation.

For the training year beginning October 2004, the VA was funding 359 predoctoral internship training positions and 73 postdoctoral training positions. The VA’s leadership in promoting and accrediting postdoctoral programs was noted the following training year when APA’s accreditation website noted that almost half of the accredited psychology postdoctoral training programs were housed in VA medical centers.
1996-2006: VA Turns to Performance-Based, Primary Healthcare

- In the mid-1990s, the VA decided to make major changes in its patient care delivery system as the entire nation began focusing on health care reform. The VA’s decision was motivated by challenges to remain viable in a fluctuating, competitive, and demanding healthcare market. The goal was to transform the VA into a performance-based, outcome-driven healthcare organization with a strong emphasis on primary outpatient care.

- Organizational changes in VA Medical Centers to create more efficient operations often resulted in product or services lines with a loss of independent psychology services and chief of psychology positions.

Comment:

The goal to improve efficiency and patient care coordination in the reorganization led many VA medical centers to replace the traditional professional service structures (e.g. independent psychology services, psychiatry services, nursing services, etc.) with a grouping of professional service structures working together for a particular patient care population.

The new structures were called product or service lines, and psychologists and psychiatrists were often merged into a single mental health service line. The service line would have a single chief or director, more often than not a psychiatrist. But surveys at the time showed that psychologists filled roughly one-third of these new mental health service line management roles.

The loss of independent psychology services in many medical centers, accompanied by the loss of psychology chief positions in the VA, had a devastating impact on morale in the field. From the early 1990s to 2001, the number of VA chief of psychology positions was reduced from 150 to 30. Together with severe budget constraints and pressures to increase time spent in patient care activities, this was not a good time for VA psychology.
The VA Leadership Conference

• By 1998, VA psychology had reached a new low in morale.
• Russell Lemle, chief of psychology at the San Francisco VA Medical Center, saw no movement to help VA psychology deal with the major negative impact the reorganization was having. He came up with the idea of a national VA leadership conference to find ways to move VA psychology forward and began talking with other psychology leaders.

Comments:

With Dr. Lemle’s leadership, the chief’s association (now named the Association of VA Psychologist Leaders or AVAPL with its increased membership categories) approached the APA Practice Directorate for their guidance and support.

These discussions resulted in the scheduling of the first VA psychology leadership conference in Dallas in 1998 jointly funded by AVAPL and APA’s Practice Directorate.

The first leadership conference brought together close to 100 psychology leaders from more than 50 medical centers and was a somber event as workload, budget, and reorganization problems in the field were discussed.

An important conference planning decision for the first years of the conference was the development of interest planning groups that began working during and continued after each conference.
The VA Leadership Conference (cont.)

• The conference was successful in helping to plan and implement a number of strategies promoting the leadership skills and value of psychologists and began reversing earlier morale problems.

• The conference continues today as an annual event, serving an important function in energizing psychology in responding to current demands and issues facing VA psychology.

Comments:

The successful planning group strategy for the conferences included –
- promotion and advancement for psychologists,
- developing leadership credentials, and
- promoting the psychologist role as value-added providers.

A successful goal of the conferences was obtaining support for a VACO policy that required recruitment of leadership positions to be open to all qualified applicants regardless of professional identity. The policy being proposed would prevent VA medical centers from advertisement and recruitment actions for mental health service or product lines that restricted applicants to one mental health discipline. This policy was approved and the announcement of its publication was made by the VA’s chief medical director, who was a VACO speaker at a the 1999 VA leadership conference, an announcement widely applauded by the audience.
1996-2006 also represents the beginning of MIRECCs…

- Mental Illness Research, Education, and Clinical Centers (MIRECCs) were created in the VA: the first 3 in 1997, 3 more in 1998, 2 more in 1999, and 2 more in 2004
- Psychologists were recruited for administrative, clinical, and research roles and
- Funding was also provided for special postdoctoral training positions in MIRECCs for psychiatry, psychology, and social work.

Comments:

At the same time that VA psychology leadership was struggling with the new organizational models in medical centers and loss of chief of psychology positions, the VA created MIRECCs as centers of excellence for mental health modeled after the centers of excellence established earlier in geriatrics and extended care. From 1997-2004, 10 MIRECCs were established and each were funded for a specific mental health topic, for example
- dual diagnosis of drug and alcohol dependence,
- effective treatment of severe mental illness,
- long-term functional outcome treatment of chronic mental disorders,
- suicide prevention.

Psychologists became directors of MIRECCs or served in clinical and research roles.

In 2000, OAA established the VA Advanced Fellowship Program in Mental Illness Research and Treatment at six competitively selected MIRECC sites. OAA started this fellowship to develop academic and health systems leaders with vision and knowledge in psychiatry and psychology.

Note: A total of six Mental Health Centers of Excellence have additionally been funded as of June 2018, the first being the National Center for PTSD in 1989.
1996-2006 also represents the expansion of mandated mental health Congressional funding...

• homeless treatment programs and services,
• psychosocial rehabilitation, especially compensated work therapy now renamed Veterans Industry,
• psychosocial rehabilitation residential care programs,
• expanded services for women veterans (general health clinics and sexual trauma clinics), and
• traumatic brain injury centers.

Comments:

Also often overlooked during the time that VA psychology leadership was struggling with the new organizational models in medical centers and loss of chief of psychology positions, Congress mandated expanded mental health programs and funding for
--homeless treatment programs and services,
--psychosocial rehabilitation (CWT in the renamed Veterans Industry programs) which was also boosted by legislation permitting Veterans Industry to contract with and provide patient-based work services to federal agencies, including the VA itself,
--psychosocial rehabilitation residential care programs (including special programs for homeless, substance abuse, and the general mental health patient population)...97 such programs with 1,858 residential care beds, treating over 11,000 patients per the VA’s FY2002 report to Congress,
--in FY2004, the VA reported 60,000 women veterans received mental health services in general and special sexual trauma clinics, and
--traumatic brain injury centers were funded, including the first polytrauma centers established in 2005 to care for the severely wounded veteran with multiple and complex injuries.
Although the psychology leadership conferences were significant in energizing psychology in the field, VA approval and Congressional funding of the 2005 Mental Health Strategic Plan revitalized mental health care in the VA and supported a growth in staffing resources. For psychology that translated into the largest staffing increase in its history.
The Mental Health Strategic Plan

- The Mental Health Strategic Plan was developed by the VA Mental Health Service as a blueprint to reduce the current discrepancy between needed services and unmet mental health needs of veterans, to project future service needs, and to provide the needed staffing to implement the plan.

- The plan was approved by the VA in 2004 and fully funded by Congress in 2005 but with significant funding increases through the years.

Comments:

It can first be noted that Congress had earlier mandated that the VA create a Committee on Care of Veterans with Serious Mental Illness with annual reports to Congress. Those annual reports had indicated an erosion of mental health staff and programs and the inability to meet new demands from increased eligibility enrollment of veterans. The VA was willing to admit to a lack of funding to meet demands for more veterans seeking care.

This congressionally-mandated committee, now co-chaired by past AVAPL president Stephen Cavicchia, the ACOS for Mental Health at Coatesville, PA and Miklos Losonczy, chief psychiatrist from the Lyons/East Orange VA medical center, had prepared a first attempt of a mental health strategic plan that outlined capacity problems in the VA. The plan was designed to help the VA respond to a 2002 Senate Veterans Affairs Committee request of the VA to provide a budget estimate of costs to fully fund care for veterans with serious mental illness. The VA ignored the committee plan, and in 2004 told the Senate that it could not provide an estimate of the costs.

The Senate was not pleased with the wait nor the response to their request. Cavicchia and Losonczy offered to co-sign a letter with the VA under secretary of health to the Senate that would support the funding and implementation of a strategic mental health plan to restore mental health care capacity.

With the VA’s commitment to strategic planning and enhanced funding for mental health services to veterans, an already functioning mental health strategic planning group in the VA’s mental health service, led by acting chief consultant psychiatrist Mark Shelhorse, expanded their efforts which grew into a comprehensive mental health strategic plan (MHSP) for the VA. The MHSP was approved by the VA under secretary for health and later by the secretary for the VA in November 2004.

Antonette Zeiss, psychologist from the Palo Alto VA, who had been involved in the planning group for the MHSP, applied for and was selected as VACO deputy chief consultant for mental health and began that appointment in September 2005. With Congressional annual funding in the first years of the MHSP for $200 million and later over $535 million, Zeiss reported that almost all of those funds were spent for new mental health staffing and projects that would have recurring funding.
The Uniform Mental Health Services in VA Medical Centers and Clinics Handbook (VHA Handbook 1160.01)

• The Mental Health Strategic Plan was officially spelled out in a Handbook (last amended and updated November 16, 2015) and identifies the “essential components of the mental health program that is to be implemented nationally, to ensure that all veterans, wherever they obtain care in VHA, have access to needed mental health services.”

• The Handbook also specifies those services that must be provided at each VA medical center and Community-Based Outpatient Clinic.

Comments:

Between 2005 when the Mental Health Plan was funded and 2018, the plan resulted in a major growth and emphasis in mental health services for veterans in the VA.

Almost 3,000 new psychologists were hired during this period to fill vacancies and new positions. The total of VA psychologists rose from 1,685 in 2005 to 4,000 at the end of FY2012 to 5500 in FY 2018.

I’m sure that the interns and post-docs in the audience will be interested to know that the VA projects that at least 3,000 more VA psychologists will need to be hired in the next few years to fill vacancies and staff new positions.
Privatization Proposals Emerge in 2014

• With significant increases in numbers of veterans seeking care in the VA and with discontent growing over the difficulty the VA was having in scheduling first appointments for new patients, support was growing for a plan to use non-VA community resources to meet the needs of new patients to be seen on a timely basis.

• Proposals for privatization frequently required the funding for privatization be taken out of the VA’s regular budget and with no VA oversight for such care as had been the case in the long-standing VA community contract programs.

Comment:

Congressional concerns over the timeliness of care for veterans led to passage of the Veterans Access, Choice and Accountability Act of 2014 which required the VA to fund non-VA care in the veterans’ community to enrolled veterans if the VA was unable to provide an appointment within 30 days or if the veteran lived more than 40 miles from the nearest VA medical facility.
Resolution Pending…

• At the time of this presentation, there is no satisfactory resolution between those who support privatization and those who argue that the VA is best qualified and prepared to provide patient care services for veterans.

Comments:

Unfortunately, I must end my presentation with no final outcome on the issue of privatization but will leave you with these final thoughts.

Privatization proposals (also known in the past as voucher programs) have surfaced many times over the last several decades, but had never generated much interest on the part of veterans being treated in VA medical centers and outpatient clinics who preferred to continue to receive their patient care from the VA.

Repeated comparisons of VA and community care (Medicare, etc.) show that the VA outperforms all other providers on mental health treatment performance indicators. A sampling of treatment comparison studies can be found at https://advocacy.avapl.org that support the VA as the treatment provider of choice for veterans.
The Future

• No one can predict what the future will bring, but if past history is an indicator, future VA psychology historians will continue to tell the story of the combined importance and contributions of psychologists in the lives of veterans.
• The rich heritage of VA psychologists that was begun in 1946 continues with the psychology interns and postdoctoral residents and the staff of today adding to that heritage.

Continue to Bibliography slide.
Bibliography


* These two histories can also be downloaded in manuscript form at no cost from the Archives Section of the website of the Association of VA Psychology Leaders at [https://www.avapl.org/pub/40_Year_History_of_AVACP_and_AVAPL.pdf](https://www.avapl.org/pub/40_Year_History_of_AVACP_and_AVAPL.pdf) and [https://www.avapl.org/pub/NOVA%20Psi%20History%20April%202018.pdf](https://www.avapl.org/pub/NOVA%20Psi%20History%20April%202018.pdf)

Comments:

Point out the first and last two references as responsible for most of the information in the presentation. Also note the availability of the last two references by download in manuscript form on the AVAPL website.