Integrating Primary Care and Mental Health at VA

Practitioner Profile: Lisa K. Kearney, PhD

Lisa K. Kearney, PhD

Psychologist Lisa K. Kearney, PhD, came by her love of the military early: She was born at Fort Hood. "My dad is a Vietnam vet," says the lifelong Texan. "I always wanted to serve in the military myself, but I didn't think I could make it out of basic training!"

Fortunately, Kearney found a different way to support her country: serving those who serve. As the National Integrated Care Coordinator for the U.S. Department of Veterans Affairs (VA) Office of Mental Health Operations, she's working to improve veterans' health by integrating primary care and mental health services at VA facilities across the country. "My dad and mom instilled the value of real service to country," says Kearney, "so this is my way to give back."

Integrating physical and psychological care

VA's push toward integration began with two realizations. First, primary care practitioners often did not adequately address depression, anxiety, alcohol misuse and other behavioral health problems until the conditions became too severe to overlook. And psychologists weren't fully utilized to help patients with medical conditions make the behavioral changes that could improve their health.

The plight of veterans returning from the wars in Afghanistan and Iraq also contributed to a desire to integrate services. "We noticed continuing stigma around seeking mental health services," says Kearney. "We wanted to decrease stigma and increase access to care."

To make that happen, VA launched the National Primary Care-Mental Health Integration Program in 2007. For VA, integration has two key components. One is co-located, collaborative care, which means placing psychologists and other mental health professionals within primary care clinics. That allows for instant, just-down-the-hall access to consultations or even brief therapy for patients with mental health or chronic physical health problems.

The second component is care management. To help ensure that patients follow through on their physicians' recommendations, care managers—typically mental health nurses but also psychologists and social workers—provide health education and use motivational interviewing to help patients identify and achieve health-related goals by following algorithmically based, researched models of care by telephone.

In addition to providing direct service within primary care clinics, psychologists are leading efforts to integrate services in their facilities, supervising care managers and training primary care providers on how to do brief interventions for pain, depression and other conditions.

As a result, the program helps ensure that psychologists and other specialty mental health professionals are available for those who really need their help. "Before this program, all the folks—even those who had minor problems like stress related to finals—were being sent to specialty mental health," explains Kearney. This new model allowed for less severe problems to be managed in less intensive settings, while utilizing more intensive services for patients needing those care modalities.

Primary care-mental health integration is working well and Kearney believes it could serve as a model for other large health-care systems. "We've seen improvements in screening of disorders within primary care settings and more access than ever before," says Kearney.

And while the national evaluation is still ongoing, past studies of various components of the initiative show just how effective integration can be. In one study, for example, remission rates for veterans with depression and alcohol problems more than doubled when patients received disease management by phone rather than usual care.

Preparing for integration

Kearney spends her days evaluating programs and helping other facilities put integration into practice by providing consultation, training and technical assistance to facilities around the country.

But even before she began the job last November, Kearney had firsthand experience of integration's effectiveness. She points to one experience as a success story during her tenure as Chief of the Psychology Service at the South Texas Veterans Health Care System in San Antonio. Working together with Dr. Vicki Hannigan, Associate Chief of Staff for Ambulatory Care, and Dr. Tera Moore, Clinical Pharmacist, Kearney called together pharmacists, primary care physicians, diabetes educators, dieticians and psychologists, who created an intervention in which a veteran who was successfully managing his diabetes called vets who weren't doing as well and encouraged their participation in an interdisciplinary group medical appointment with individualized stepped follow-up care for diabetes management.

"That just shows when we all come together as a team across different disciplines and play to our strengths, patients and providers both benefit."

The result? Improvements in blood sugar levels as well as blood pressure, cholesterol levels and other indicators. "That just shows when we all come together as a team across different disciplines and play to our strengths, patients and providers both benefit," says Kearney.

Of course, she adds, psychologists may not always receive training in interdisciplinary settings.

In addition to having to learn about chronic health conditions, interdisciplinary work and large health systems, she says, psychologists in integrated settings must be prepared for what she calls a "culture shift."

"Psychologists are used to 50-minute, don't-interrupt-me sessions off in specialty care," she points out. "You've got to get used to your door always being knocked on. You always have to be available." In addition to constant communication with colleagues in primary care and other disciplines, psychologists must also adapt to a much faster pace. In contrast to the six or seven patients a day seen in specialty mental health, primary care psychologists can see as many as 12 or 15. Knowing how to do quick functional assessments and provide brief therapy interventions is key, says Kearney. "You have to love the adrenaline rush!" she says.

Kearney herself came from what she calls a "traditional" counseling psychology program at the University of Texas at Austin, where she earned her doctorate in 2004. She came to the South Texas VA as an intern in 2003 and, she says, "fell in love with working with veterans."

Leadership opportunities

Kearney hopes other psychologists and students will also fall in love with the VA—the nation's largest employers of psychologists.

Over the past several years, mental health staffing overall–and psychologist staffing in particular–has expanded significantly to meet the needs of veterans. Opportunities abound, she says, noting that psychologists serve as chiefs of psychology, directors of training, researchers and administrators within VA.

Psychologists are also leaders within the organization, says Kearney, who is secretary of the Association of VA Psychologist Leaders. For example, Antonette Zeiss, PhD, recently became the first psychologist and first woman to be appointed to the top mental health position at VA, and Mary Schohn, PhD, is currently acting director for mental health operations. Another psychologist, Lisa M. Thomas, PhD, became chief of staff at the Veterans Health Administration in July. "We're very inspired and delighted to see psychologists—and also women—in those roles," says Kearney.

Kearney enjoys what she does. "I love integrated care, so I'm in my dream job right now," she says.

Even though she never made it to basic training, Kearney's parents—who live in San Antonio along with her husband and two young sons—are proud of the way she's fulfilling her early dreams.

"The mission of the VA is so wonderful," says Kearney. "It is to serve those who have sacrificed so much for us."