

How Educational Needs Fit Within Veterans Health Administration Compensated Work Therapy's Mission and Programming— Why Should We Care?

Charles Drebing, Ph.D.

VISN 1 MIRECC

Edith Nourse Rogers Memorial Veterans Hospital



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Background

- ❖ Traditionally, educational needs have not been the focus of rehabilitation services in the Veterans Health Administration (VHA) Compensated Work Therapy (CWT) Programs.
- ❖ CWT Programs have focused primarily on improving the vocational functioning of all Veteran participants.
- ❖ Education has a role in raising the potential vocational functioning of Veterans.
- ❖ Therefore, it is important to review whether educational needs should become more of a focus for CWT programming.

Reasons to Care--#1: Our Clients Care About Education

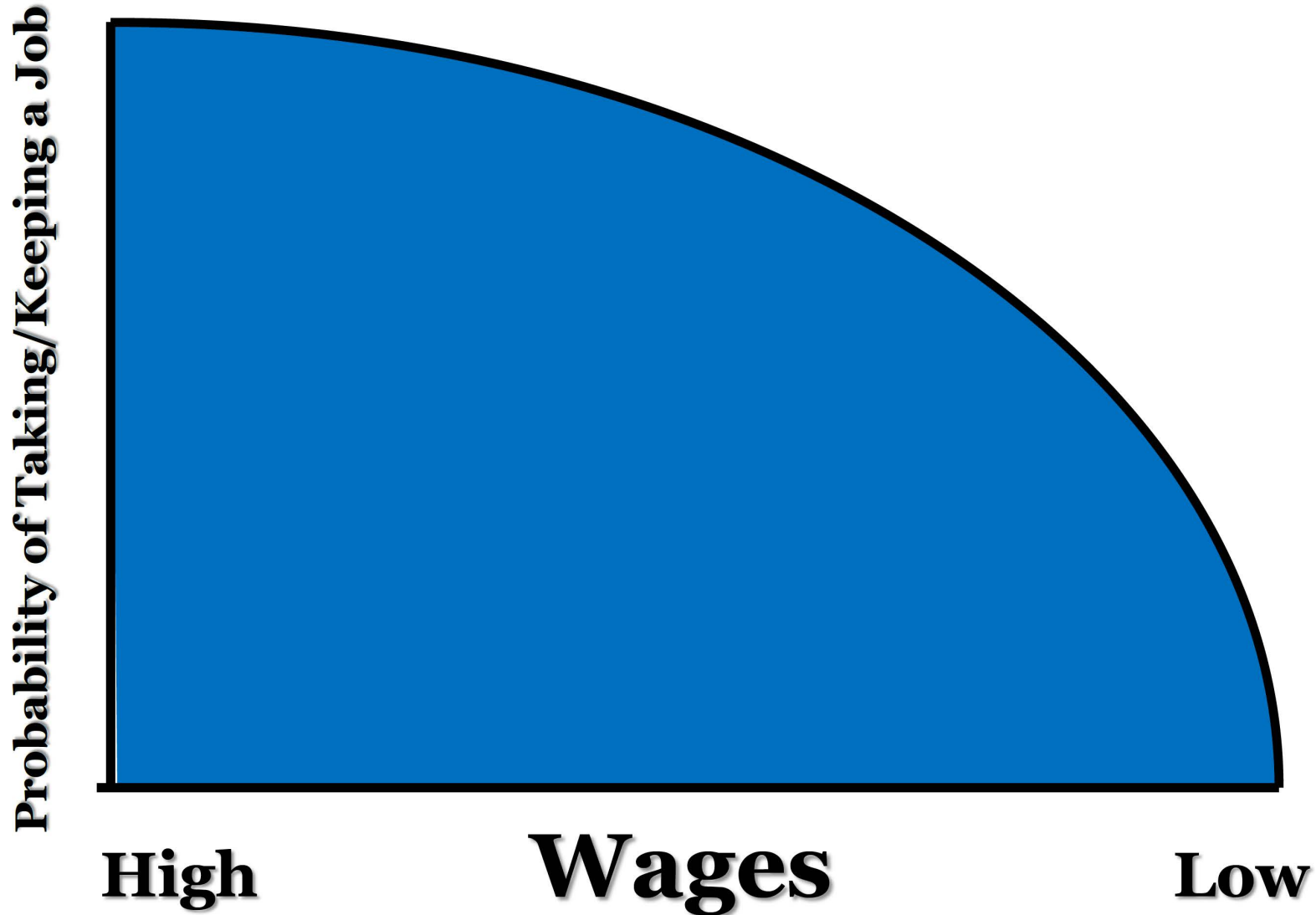
- ❖ In a survey of Veterans entering the CWT Program at the Edith Nourse Rogers Memorial Veterans Hospital, the number of Veterans expressing interest in pursuing educational goals has increased 3-fold relative to the rate 8 years ago.
- ❖ This reflects the younger age of Veterans entering CWT, and the influence of the GI Bill.
- ❖ A 'Patient-Centered Care Perspective' would dictate that we should address education because Veterans, our clients, want education services.

Reasons to Care--#2:

If We Care About Work Outcomes, We Need To Care About Education

- ❖ Employment outcomes for CWT, and vocational rehabilitation in general, have great room to improve.
- ❖ To understand the low job entry and retention rates, it is important to understand a behavioral economics perspective on CWT.
- ❖ For a more complete review of the behavioral economics perspective, see the article: Drebing, C.E., Hebert, M., Mueller, L., Van Ormer, E.A., & Herz, L. (2006). Vocational rehabilitation from a behavioral economics perspective. *Psychological Services, 3*(3), 181-194.

Extinction Curves and Employment



Education and Employment Outcomes

- ❖ Competitive employment entry and retention rates are directly impacted by the perceived value of the job.
- ❖ CWT and other vocational rehabilitation programs typically lead to entry into low paying jobs that often have limited personal interest for the client.
- ❖ Education is often a key determinant of pay and access to jobs that reflect personal interest.
- ❖ Therefore, education can be a means to increasing entry and retention.



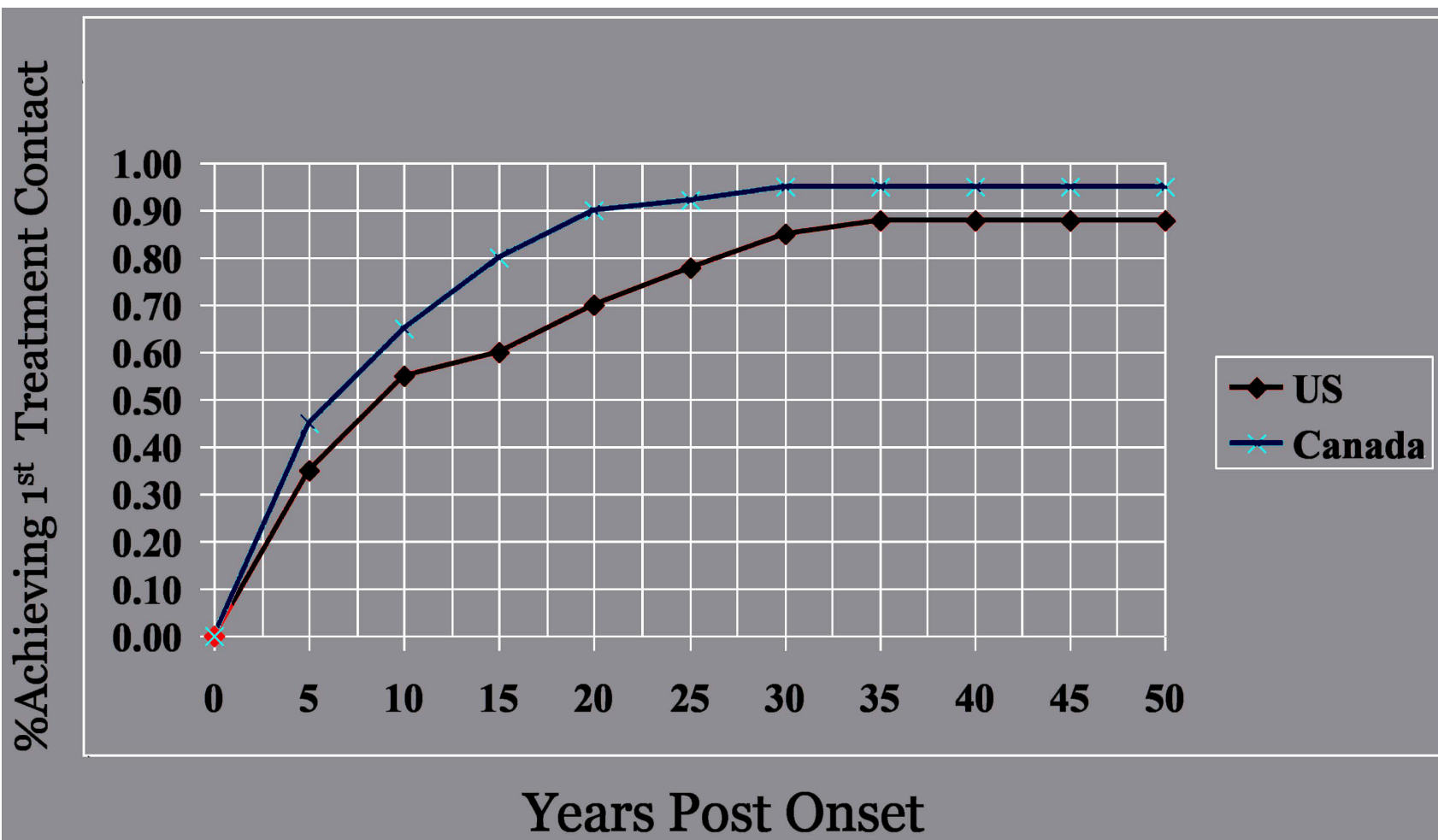
Reasons to Care--#3: Supported Education Is Very Similar to Supported Employment

- ❖ Supported Employment is a service already provided in every VHA CWT Program across the country.
- ❖ Supported Education, both in action and in theory, is very similar to Supported Employment.
- ❖ CWT is the natural place to embed Supported Education within VHA.

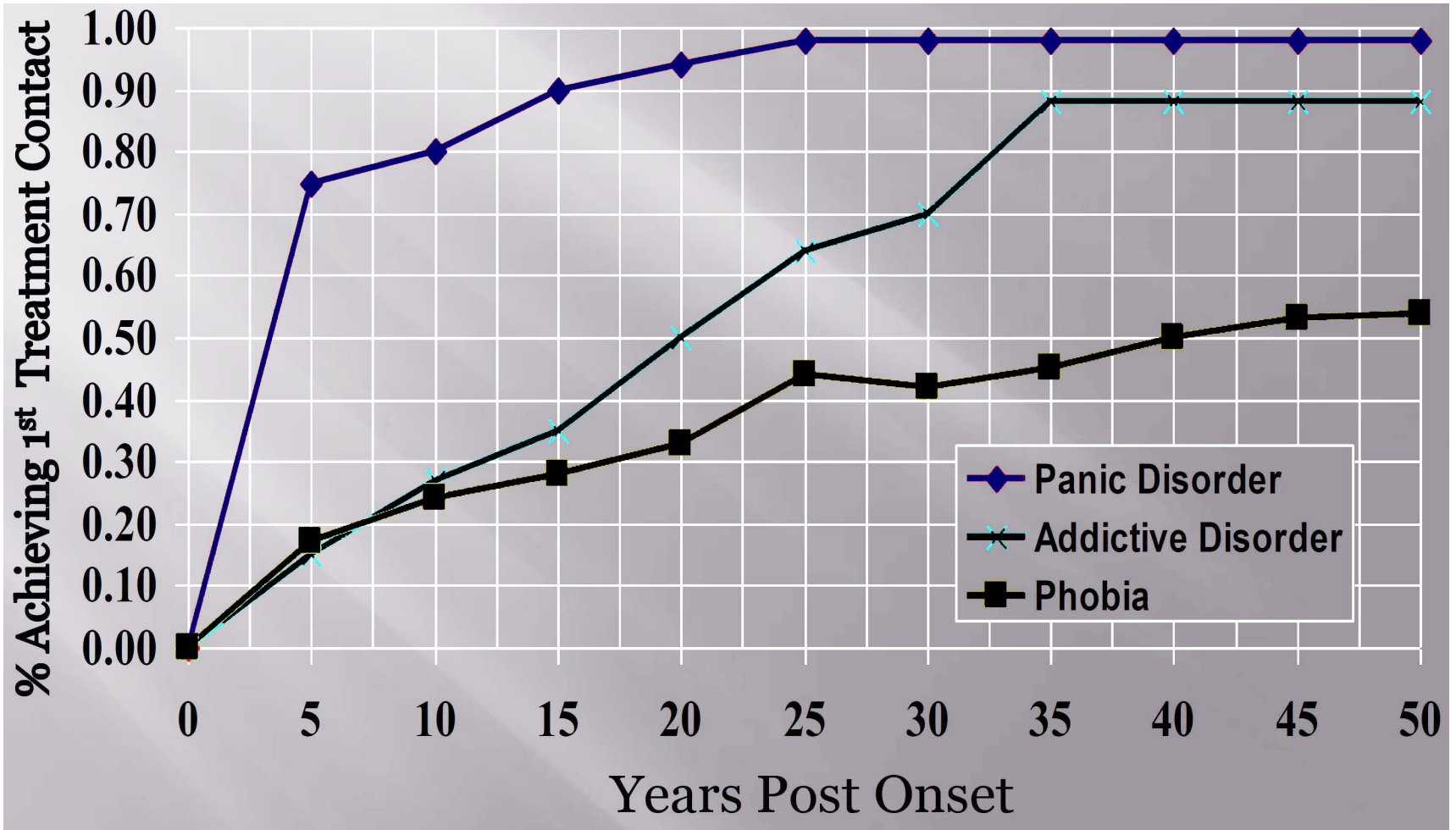
Reasons to Care--#4: Educational Services Can Serve As An Opportunity For Early Treatment Entry

- ❖ Most adults are ambivalent about entering mental health services.
- ❖ This ambivalence results in large delays in treatment entry and large groups of Veterans living in the community with untreated conditions.

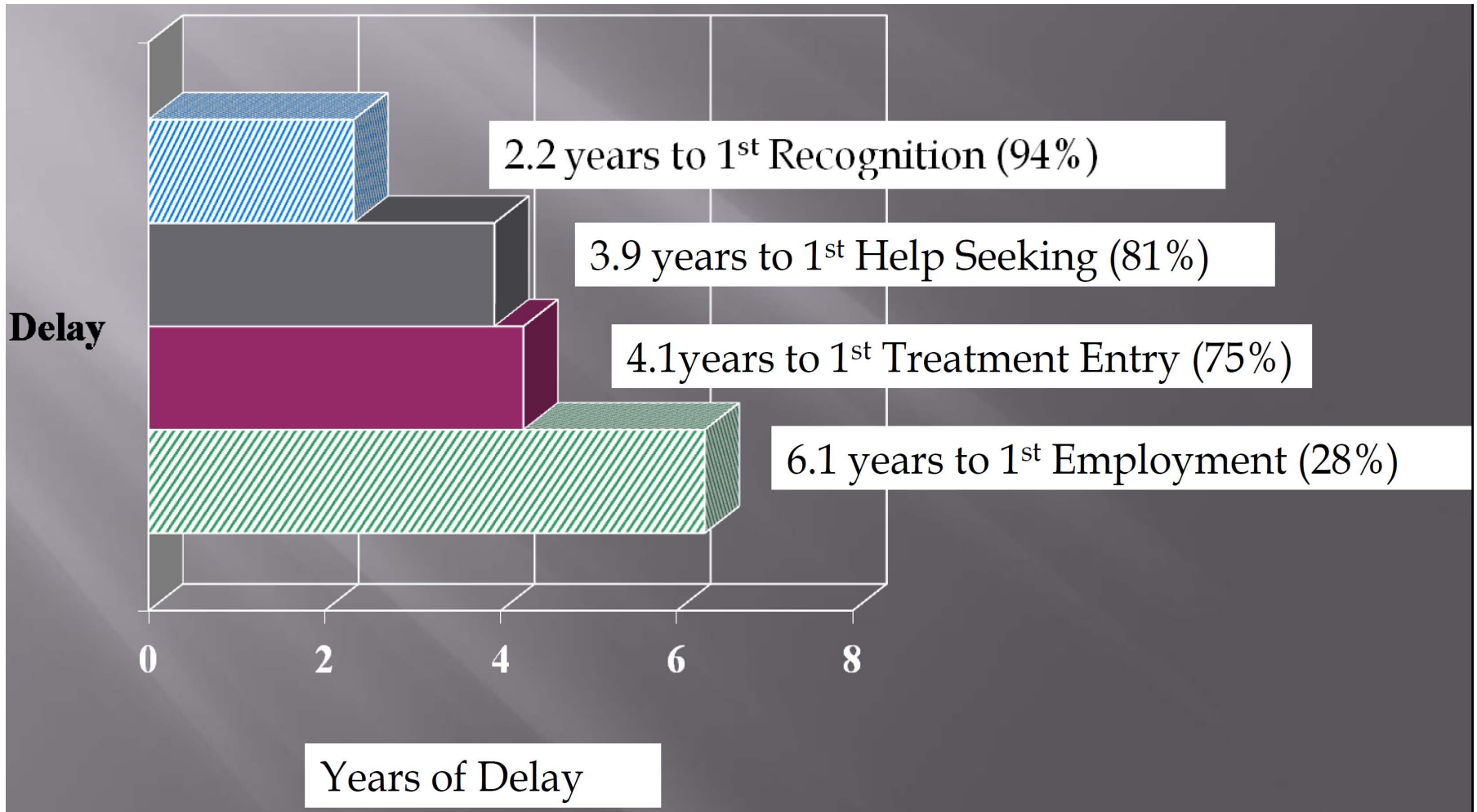
Probability of First Treatment Contact For Major Depression Or Dysthymia (Olfson et al., 1998)



Probability of First Treatment Contact For Panic Disorder, Phobia, Addictions (Olfson et al., 1998)



Median Delay Between Vocational Problem And Treatment Entry (Drebing et al., 2012)



Costs Of Delayed Entry To Needed Mental Health Care Are Considerable

- ❖ Prolonged suffering among Veterans
- ❖ Losses in work
- ❖ Disrupted family and other relationships
- ❖ Risk of homelessness
- ❖ Overall demoralization—“I am unemployable”
- ❖ Increased cost to VHA and CWT Programs for rehabilitation
- ❖ Lost revenue for VHA

OEF/OIF/OND: Next Generation Of Veterans

To reduce delays in the next generation of Veterans obtaining help, we need to figure out how to reach OEF/OIF/OND Veterans who are ambivalent about treatment:

- ❖ Where are these Veterans?
- ❖ What are their “felt needs?”
- ❖ How can we create opportunities for developing rapport and having conversations about possible treatment entry?

Supported Education In The College/University Setting

- ❖ Many OEF/OIF/OND Veterans are in colleges and universities.
- ❖ Mental health problems often create school problems.
- ❖ Veterans having difficulty at school are eager for help.
- ❖ VHA staff can serve in the school setting—We can go where the Veterans are located.
- ❖ Schools are excited about creating space and making referrals for Veterans to talk with VHA staff.
- ❖ Many Veterans can benefit from Supported Education.
- ❖ Helping Veterans with their education needs creates opportunities to talk about CWT, available VHA treatment services, and treatment in general.

Other Hospital Administrators Should be Supportive: Potential VERA Contribution

Based on data from a pilot project at the Edith Nourse Rogers Memorial Veterans Hospital CWT Program:

- ❖ 1 full-time VHA staff member can provide Supported Education in at least 4 colleges.
- ❖ This has resulted in 40 vested Veterans per year.
- ❖ Assuming the lowest mental health reimbursement, this results in \$100,000 in VERA income in year 1 for the hospital.
- ❖ VERA amounts increase in subsequent years.

What Are The Benefits To VHA CWT Programs For Using Supported Education For Outreach To Veterans?

- ❖ Better employment outcomes for Veterans
- ❖ Early rehabilitation = Easier rehabilitation
- ❖ CWT will be an entry point for new Veterans and new VERA dollars for the VHA facility.
- ❖ More collaborations with OEF/OIF/OND VHA staff teams and VHA Hospital Outreach Committees; positive visibility and role

What Are the Benefits To Veterans For Using Supported Education Through VHA Outreach?

- ❖ Better success in school
- ❖ Better employment outcomes for self and family
- ❖ Avoid GI Bill problems
- ❖ Earlier entry to treatment = Better chance of recovery
- ❖ Earlier entry to treatment = Lower chance of failures (e.g., family, work, housing)

References

- ❖ Drebing, C.E., Mueller, L., Van Ormer, E.A., Duffy, P., LePage, J., Rosenheck, R., Drake, R., Rose, G.S., King, K. & Penk, W. (2012). Pathways to vocational services: Factors affecting entry by veterans enrolled in VHA mental health services. *Psychological Services, 9*(1), 49-63.
- ❖ Olfson, M., Kessler, R.C., Berglund, P.A. & Lin, E. (1998). Psychiatric disorder onset and first treatment contact in the United States and Canada. *The American Journal of Psychiatry, 155*(10), 1415-1422.

Contact Information for Questions

Charles Drebing, Ph.D.

VISN 1 MIRECC

Office: (781) 687-2462

Email: Charles.Drebing@va.gov