# Recommendations to Achieve Patient-Centered Mental Health Care for Recent Veteran with Stress-Related Disorders

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## Introduction

The Department of Veterans Affairs has committed to a Whole Health system of care "that is personalized, proactive, and patient-driven, and engages and inspires Veterans to their highest possible level of health and well-being" (Department of Veterans Affairs, 2014, p.26). While the primary focus of initial Whole Health and patient-centered care (PCC) efforts has been medical care, work has begun on developing and tailoring Whole Health efforts in VA mental health care settings. In this first phase of this study the goal was to adapt the Measure of Patient-Centered Communication (MPCC; Brown, Stewart, & Ryan, 2001) for use in mental health care encounters and to assess the level of patient-centered communication in a sample of VA mental health care encounters.

Theoretically grounded in Stewart et al.'s model of patient-centered clinical method (see Figure 1), the Measure of Patient-Centered Communication (MPCC) is a method for trained raters to assess and quantify recordings of patient-provider encounters. The MPCC has been used to code many types of patient/provider encounters including care for acute and chronic conditions, routine physicals, follow-up visits and emergency department encounters. However, this study is the first time the MPCC has been used in mental health care encounters and is an important expansion of patient-centered research in mental health care.

**FIGURE 1: Four Interactive Components of the Patient-Centered Clinical Method**

| |
|---|
| 1. Exploring Health, Disease, and the Illness Experience<br>• Unique perceptions and experience of health (meaning and aspirations)<br>• History, physicals, labs<br>• Dimensions of the illness experience (feelings, ideas, effects on function and expectations) |
| 1. Understand the Whole Person<br>• The person (e.g. life history, personal and developmental issues)<br>• The proximal context (e.g. family, employment, social support)<br>• The distal context (e.g. culture, community, ecosystem) |
| 1. Finding Common Ground<br>• Problems and priorities<br>• Goals of treatment and/or management<br>• Roles of patient and provider |
| 1. Enhancing the Patient-Clinician Relationship<br>• Compassion and empathy<br>• Power<br>• Healing and hope<br>• Self-awareness and practical wisdom<br>• Transference and countertransference |

## Methods

Veteran participants were eligible if they were Veterans of the military operations Iraqi Freedom, Enduring Freedom, or New Dawn (Iraq and Afghanistan) who had a stress related diagnosis (PTSD, depression, anxiety, substance use disorder) and were in the first six months of VA mental health treatment. In addition the Veteran's mental health care provider had to consent to recording. In total 31 Veterans and 25 VA mental health providers were enrolled in the study and 28 mental health care encounters were successfully recorded.

The MPCC assess Components 1, 2, and 3 of the Patient-Centered Clinical Method but not Component 4 because it "evolves over many visits" and "may not be verbalized by the clinician or patient" (Brown, Stewart, & Ryan, 2001, p. 362). The MPCC is scored on a scale of 0 to 1 with higher scores indicating greater patient-centered communication. The MPCC provides an overall indicator of the provider and client's communication. In order to better understand Veteran behaviors in mental health care encounters a Veteran Addendum was created which noted the presence or absence of key patient behaviors which facilitate patient-centered clinical care.

Two research team members used the MPCC and Veteran Addendum to code audio-recorded mental health care encounters. Nine (32%) of the recordings were coded by both team members to establish intra-class correlations (ICC). The MPCC ICCs for component 1 and 2 were moderate (.60; .62; Koo & Li, 2016) but component 3 was poor. This appears to be the result of limited score range in component 3 so additional two-person coding is being conducted. The ICC for the Veteran Addendum was good (.83).

## Results

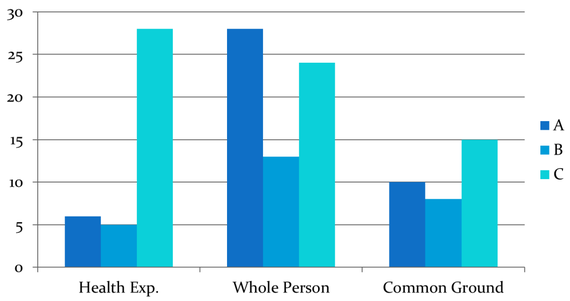
The sampled mental health encounters had high levels of patient-centered communication as compared to previous studies in medical settings (see Table 1). Analysis of the specific behavioral patterns codified in the MPCC identified a few consistent areas in which providers could increase their patient-centered communication. The most common area for improvement were increased Validation statements, i.e. simple empathic statements that acknowledge and affirm the client's experience. To a lesser extent, mental health care encounters could be improved through Further Exploration and encouraging Mutual Discussion. Further Exploration is the subsequent response to statements or disclosures by a client and allow the client to "amplify and/ or redirect the conversation." Mutual Discussion of treatment goals or problem definitions represents active client participation. In order for a mutual discussion to have occurred the client must provide verbal content beyond simple agreement with the provider's characterization of the treatment goal or target problem.

**TABLE 1: Descriptive Statistics for the MPCC**

| | Hack, 2018 (n=28) Mean/ Standard Deviation | Clayton, Dudley, & Musters, 2008 (n=55) M/ SD | Bertakis, Franks, & Epstein, 2009 (n=100) M/ SD |
|---|---|---|---|
| **Component 1** | .78/ .14 | .31/ .16 | .45/ .09 |
| **Component 2** | .74/ .12 | .48/ .39 | .50/ .19 |
| **Component 3** | .83/ .14 | .76/ .17 | .54/.12 |
| **Overall Score** | .77/ .08 | .52/ .16 | .50/ .08 |

Analysis of Veteran behavior using the Veteran Addendum (See Table 2) found that Veterans did well on patient-centered behaviors that overlap with more traditional provider-client interactions (e.g. describing symptoms, sharing information about social support or proximal context) but struggled with uniquely patient-centered behaviors such as stating a reason for attending treatment, describing why receiving treatment is important to them, or stating a goal for treatment.

**TABLE 2: Veteran Participation**




- Exploring Health, Disease, and Illness Experience
  - A. stated one of their reasons for coming in
  - B. described why the reason for coming in is important
  - C. provided details about their symptoms
- Understanding the Whole Person
  - A. shared information about family or social support
  - B. discussed their community or cultural context
  - C. provided information about their proximal context such as employment, education, leisure, etc.
- Finding Common Ground
  - A. asked questions about the problem, treatment, or management
  - B. stated a goal for treatment or management
  - C. gave an opinion about how manageable this treatment would be for them

## Discussion

The MPCC scores for the VA sample were higher than scores typically found in physical health care settings. This is to be expected for several reasons. Previous research has found that longer appointments correlate with higher MPCC scores. Mental health care appointments are typically longer than physical health care appointments. Furthermore, the provision of mental health interventions requires more behaviors in keeping with patient-centered care such as understanding the whole person and the patient's feelings and aspirations. However, it appears that much of the work of patient-centered communication is being done by mental health care providers. Further education and activation of mental health care clients may contribute to a more equitable division of responsibilities and power sharing, resulting in care that more truly meets the goals of patient-centered care and communication.

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