



Interview and Discussion Group Protocols for the Institute of Medicine Evaluation of the VA Mental Health Services

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Estimated burden: 60 minutes
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IOM VA MH Services Evaluation
Non-VA Clinical Staff
Discussion Protocol

Thank you for agreeing to participate in this interview today. My name is _____ and this is my colleague _____. We work for Westat, a research organization based in Rockville, MD. Westat is under contract to the Institute of Medicine, part of the National Academy of Sciences, to undertake a Congressionally-mandated study of the array of mental health services available to Iraq and Afghanistan war veterans through the VA, and to focus on why some of these veterans are not using the VA services. Maybe they have used the services in the past and stopped, or maybe they have never come to the VA for assistance. Today we're interested in hearing your views about why veterans are using the services you provide, and not those offered by the VA. It could be based on your observations or on what you've heard from your clients. We would also be interested in any suggestions you may have for how service providers, including the VA, could better engage Iraq and Afghanistan war veterans in behavioral health services and supports.

Before we get started there are a few things I should mention. This is a research project and your participation is voluntary. You don't have to answer any of our questions that make you uncomfortable. If you decide you no longer want to participate, you can stop the interview at any time and there are no consequences to you for doing so. We have planned for this discussion to last no more than 60 minutes.

We will be going to all 21 Veterans Integrated Service Networks to see if there are common issues across geographic areas, or if there are strategies being successfully implemented in some locations that could be tried in other venues. Once our visits are completed, we will submit our findings in a report to a committee that has been assembled through the Institute of Medicine; the committee will then incorporate our findings into a larger

report that will go to the Department of Veterans Affairs and the Congress. It also will be released to the public.

We will make every effort to keep the information you share with us private. In our report, our aim is to summarize findings such that comments cannot be attributed to a particular individual. The IOM staff and committee member who are joining us on each site visit have also agreed to maintain your anonymity with the committee.

Do you have any questions? [ANSWER ALL QUESTIONS]

Finally, with your permission, we would like to record this interview. This recording will be used to help us recall exactly what was said when we go to summarize our findings. The recordings and any notes we have will be stored on Westat's server. They will be accessible only to the Westat project team. We will destroy the recordings after the study is complete. Are you okay with us recording?

IF PERMISSION WAS GIVEN TO RECORD ASK AGAIN IF THERE ARE ANY QUESTIONS. ANSWER ALL QUESTIONS.

If there are no further questions or concerns, I'd like to start the audio recording now.

TURN ON RECORDER: For the purposes of the recording I am going to ask you to state out loud if you are willing to participate in the discussion and if I have your permission to audio tape.

I. INTRODUCTIONS

I'd like to start by hearing a little bit about who you are. Please tell us what your background is (e.g., social work, psychiatry, nursing), what kind of behavioral health services you provide to OIF/OEF/OND veterans, and how long you've been working with the population. Also, please let us know if you are a veteran.

II. ACCESS

- A.** How do veterans find out about your services? [PROBE specifically on referrals through the VA]

- B.** How many – or what percentage – of your clients would you estimate to be veterans of the wars in Iraq or Afghanistan?
- C.** What is your capacity to serve OIF/OEF/OND veterans? For example, how long is it usually between when they first contact your agency and the time they get in for their first appointment?
 - 1. How long do they generally have to wait for a follow-up appointment?
 - 2. How, if at all, does your capacity to serve veterans impact your ability to serve non-veterans? Explain.
- D.** Describe your working relationship with the VA. [PROBE: MOUs? Referrals either direction? IF NO WORKING RELATIONSHIP – Explain.].

III. QUALITY

- A.** Do you feel the services offered at your facility are sufficient to meet the needs of these veterans? Why or why not?
 - 1. IF NOT – What would you need to be able to better serve the population (e.g., Additional staff? Training in PTSD or military culture?)

IV. CHOICES

- A.** What services are available to this population through this agency? [PROBE on EBPs and tele-mental health] Which of these do veterans prefer? Why do you think that is?
- B.** What options are available to veterans if they are not happy with their clinicians or the services they are receiving?

V. BARRIERS

- A.** What are the challenges veterans face in getting care for their mental health or substance use disorders?
 - 1. Do certain subgroups (women, minorities) have more difficulties than others? Explain.
- B.** What kind of stigma do veterans who receive mental health treatment face in the local community?
- C.** For veterans who have come for services a couple of times, but then dropped out, what factors contribute to them stopping care?

VI. GOING FORWARD

- A.** What suggestions do you have for how your agency can better serve Iraq and Afghanistan war veterans in the future?
- B.** What suggestions do you have for how the VA can better engage this population of veterans?

VII. CLOSING

Is there anything we didn't ask you about, but that you think is important for us to know to understand how your agency serves Iraq and Afghanistan war veterans?

Thank you for your time.