

Improving the Cultural Competency of Non-VA Providers treating

Rural veterans via Telepsychiatry

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INTRODUCTION

- More than 40% of rural veterans do not receive treatment in VA facilities, indicating considerable need for resources to target veterans not engaged in the VA system.³
- Rural veterans are more likely than their urban counterparts to be depressed, anxious, and suffer from substance use disorders³
- Without intervention, homelessness, suicides, and lowered quality of life will drive up the more than \$5-7 billion in annual spending for veteran mental health.⁴
- Only 13% of mental health providers meet criteria to provide culturally competent care to military and veteran populations.² Limited understanding of military culture, and service-connected physical, mental health difficulties are additional barriers.
- Telepsychiatry is an beneficial modality for rural veteran care.

OBJECTIVES

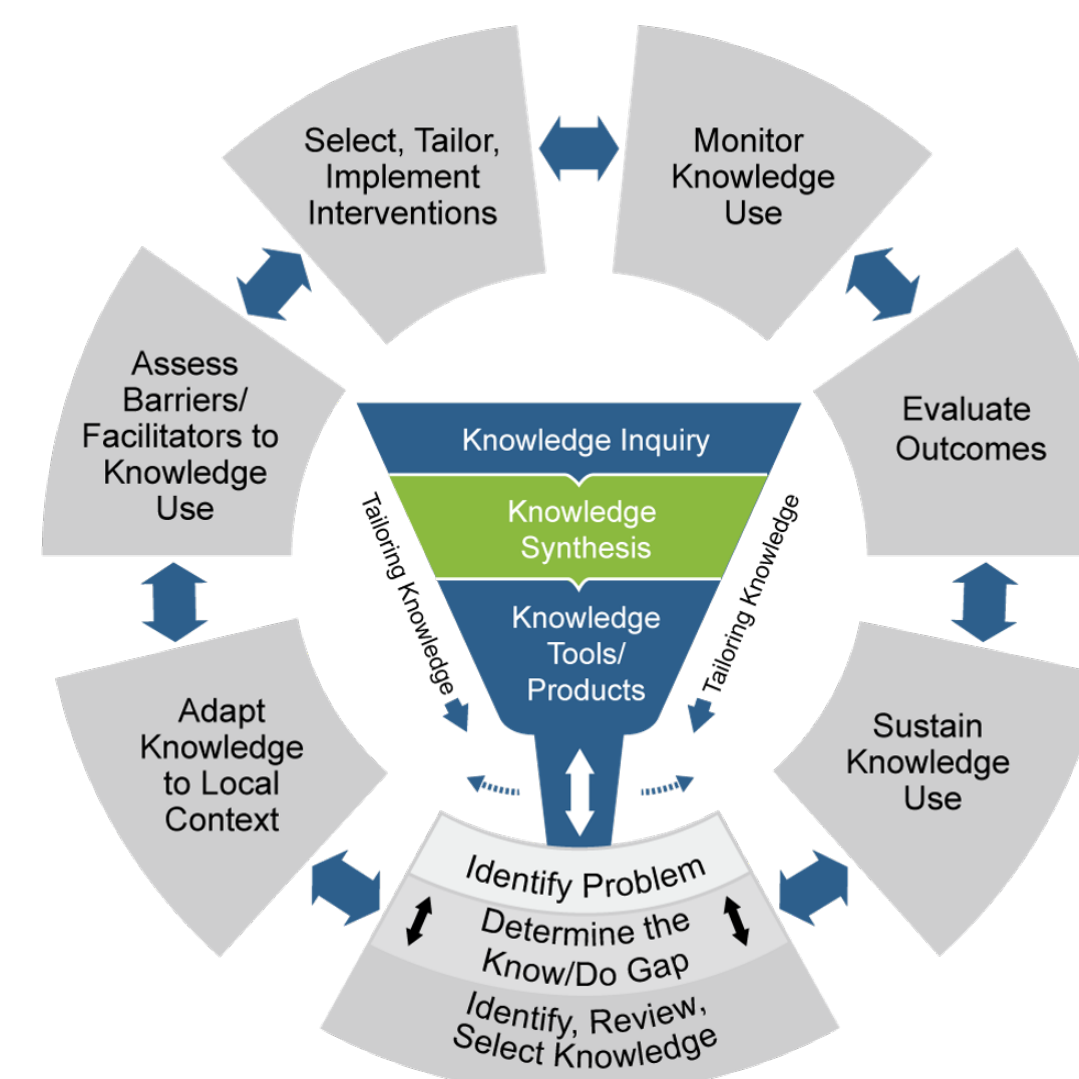
The overarching purpose of this project is to create an infrastructure that increases the provision of culturally competent care for rural veterans in community settings using telepsychiatry. Specific aims are to:

1. Survey Mental Health Providers
2. Design a culturally sensitive curriculum
3. Validate curriculum via expert panel
4. Pilot the curriculum at Genoa Telepsychiatry
5. Evaluate using a pre/post design

METHODS

Genoa Telepsychiatry is the largest outpatient telepsychiatry organization in the United States. This project relates to leadership immersion by improving quality and clinical outcomes in the mental health sector, and further aims to translate evidence-based practices into widespread utilization at the systems level.

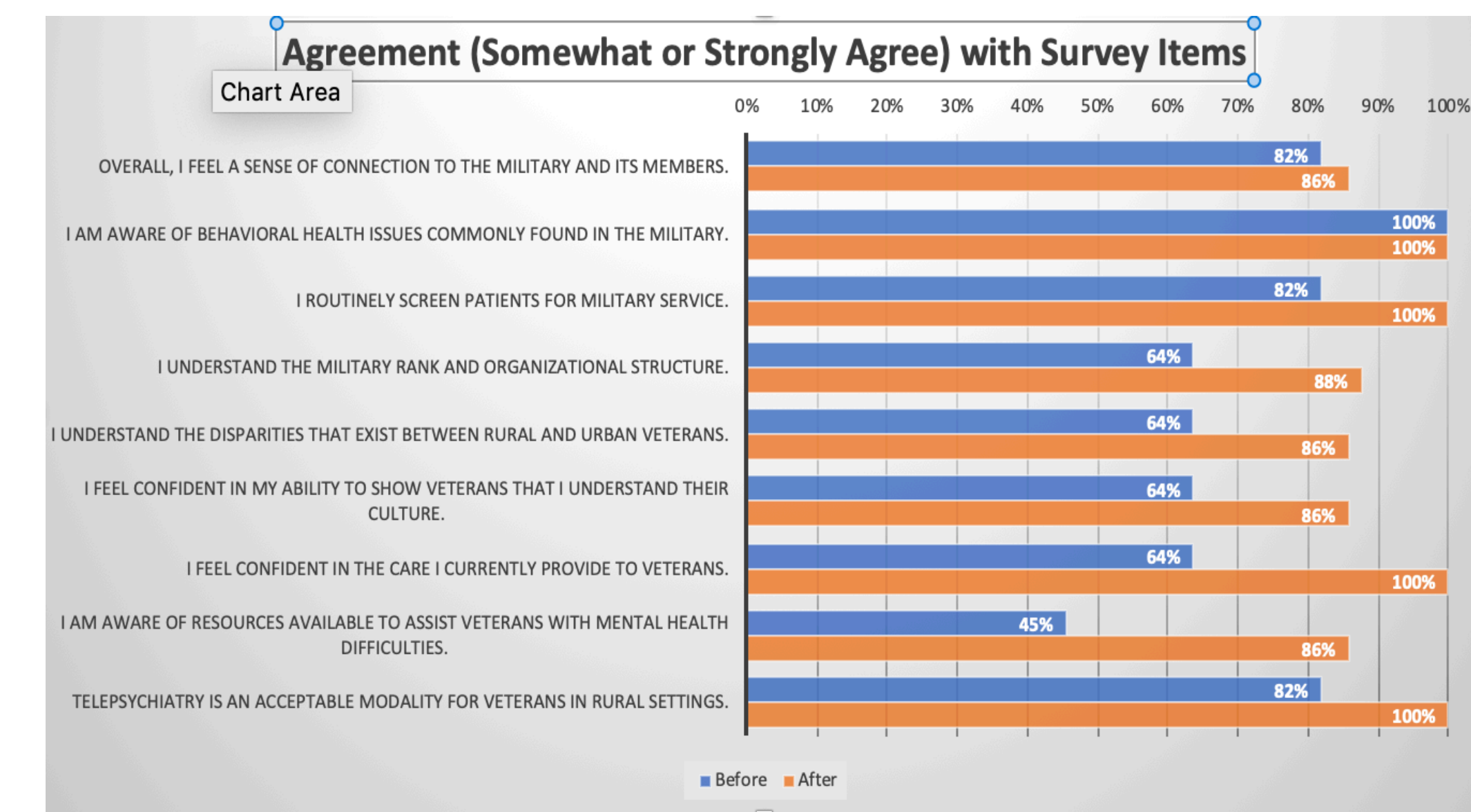
1. Survey Mental Health Providers: a pre-implementation survey was conducted to assess learning needs of clinicians
2. Design culturally sensitive curriculum: an electronic curriculum presentation was developed based on findings from pre-survey and the literature review.
3. Validate curriculum via expert panel: a panel of 5 experts reviewed the curriculum for validity.
4. Pilot the curriculum at Genoa Telepsychiatry: the curriculum was piloted electronically with clinicians who are employed by Genoa Telepsychiatry.
5. Evaluation: the intervention was assessed using a pre-post survey test design.



(Project guided by: *The Knowledge to Action Framework*)¹

RESULTS

- The project was completed February 2021.
- A total of 24 individuals participated in the intervention. 5 participants did not complete the pretest nor posttest. 11 completed the pretest only, and 8 completed both the pretest and posttest measures.
- There were descriptive improvements in cultural competency which warrants further investigation with a larger sample.



REFERENCES

1. Graham, I. D., Logan, J., Harrison, M. B., Straus, S. E., Tetroe, J., Caswell, W., et al. (2006). Lost in knowledge translation: Time for a map? *The Journal of Continuing Education in the Health Professions*, 26, 13–24.
2. National Alliance on Mental Illness (NAMI). (2018). Protecting veterans' access to mental health care. Retrieved from, <https://www.nami.org/Learn-More/Mental-Health-Public-Policy/National-Policy-Priorities/Protecting-Veterans-Access-to-Mental-Health-Care>
3. Office of Rural Health-U.S. Department of Veterans Affairs. (2018). Rural veterans. Retrieved from <https://www.ruralhealth.va.gov/aboutus/ruralvets.asp>
4. RAND Corporation. (2013). Health care spending and efficiency in the U.S. Department of Veterans Affairs. Retrieved from https://www.rand.org/content/dam/rand/pubs/research_reports/RR200/RR285/RAND