



Guide TO
VA MENTAL HEALTH SERVICES
FOR *Veterans & Families*



*It takes the strength and courage
of a warrior to ask for help.*



South Central Veterans Integrated Service Network (VISN) 16

**Mental Illness Research, Education, and Clinical Center (MIRECC)
Consumer Guide Workgroup**

Greer Sullivan, MD, MSPH
Director, South Central MIRECC

Kimberly Arlinghaus, MD
Associate Director for Clinical Care, South Central MIRECC

Carrie Edlund, MS
Research Associate, South Central MIRECC

Michael Kauth, PhD
Co-Director and Associate Director for Education, South Central MIRECC

WE WISH TO EXPRESS OUR THANKS to the many Veterans, clinicians, and administrators who gave us valuable guidance and feedback on translation of VA policy into a simple, direct, and easily understandable document for Veterans and their family members. In particular, we thank the South Central Mental Illness Research, Education, and Clinical Center (SC MIRECC) Consumer Advocacy Board who have collectively kept the SC MIRECC's researchers, clinicians, and educators "on track" for many years. So many individuals have contributed to this document that it is not possible to list them all. However, we want to acknowledge that the help we received was truly invaluable.

Guide TO **VA MENTAL HEALTH SERVICES** FOR *Veterans & Families*

In 2008, VA introduced a new mental health handbook that provides guidelines for VA hospitals and clinics across the US. The new handbook specifies exactly what mental health services VA hospitals and clinics are required to offer to Veterans and their families. The requirements differ depending on the size and type of VA hospital or clinic but apply across the entire VA system.



This brochure is a shorter, simplified version of the handbook intended for the general public. If you are a Veteran, Veteran family member, member of a Veterans Service Organization, or member of another group interested in VA mental health care you can use this handbook to learn what mental health services your local or regional VA health care facility has pledged to provide to Veterans.

In this brochure, we first describe the guiding principles of mental health care. Then, we explain how to find mental health care and the different treatment settings where VA offers mental health care, such as hospitals (inpatient care) or clinics (outpatient care) or through telemedicine (where mental health providers in one location can talk with, evaluate, and treat Veterans at another location through a closed-circuit television). We provide information about the types of treatments available for the most common mental health problems of Veterans (such as depression, substance abuse, and posttraumatic stress disorder) and describe the special programs offered for particular groups of Veterans (such as women Veterans, homeless Veterans or older Veterans).

Finally, Appendix A shows the mental health services VA hospitals and clinics are required to provide, and the glossary defines common VA mental health terms. Use this information to find out what services your VA hospital or clinic should be able to offer you.





PRINCIPLES THAT GUIDE VA MENTAL HEALTH CARE FOR VETERANS

Certain basic principles form the foundation of all VA mental health care. They are:

- **Focus on Recovery** – VA is committed to a recovery-oriented approach to mental health care. Recovery empowers the Veteran to take charge of his/her treatment and live a full and meaningful life. This approach focuses on the individual's strengths and gives respect, honor, and hope to our nation's heroes and their families.
- **Holistic Coordinated Care** – VA health care providers coordinate with each other to provide safe and effective treatment for the “whole” person—head to toe. Many Veterans begin mental health care with their VA primary care provider. VA believes Veterans can continue to be treated for many mental illnesses in primary care or referred for more intensive treatment to specialty mental health care. Also, most VAs have chaplains available to help Veterans with their spiritual or religious wellbeing. Having a healthy body, satisfying work, and supportive family and friends, along with getting appropriate nutrition and exercising regularly are just as important to mental health as to physical health.
- **Mental Health Treatment in Primary Care** – Like a quarterback, the primary care provider directs the Veteran's overall care by coordinating services among a team of providers. If you are experiencing mental health problems, talking to your primary care provider is a good place to start. Many times your mental health problem can be evaluated and treated by your primary care provider, with extra help from a case manager who can stay in close contact with you. There are also mental health providers on primary care teams to offer guidance to your primary care provider when needed. When more complex or intensive care is needed, your primary care provider will refer you to a specialized mental health program for further treatment.
- **Principal Mental Health Provider (PMHP)** – Every Veteran who sees a mental health specialist is getting “specialty mental health care.” The mental health specialist might be a psychiatrist, psychologist, social worker or counselor. Veterans who receive specialty mental health care have a Primary Mental Health Provider (PMHP). The PMHP is the Veteran's main contact for all specialty mental health services. The PMHP's job is to coordinate a mental health treatment plan for the Veteran. The plan combines Veterans' (and their families') goals with mental health specialists' recommendations.
- **Around-the-Clock Service** – Emergency mental health care is available 24 hours per day, 7 days per week at VA medical centers. If your VA does not have a 24-hour emergency room, it must provide these services through a local, non-VA hospital. Telephone evaluations at VA medical centers and the national suicide hotline are also available 24/7.
- **Care That is Sensitive to Gender and Cultural Issues** – VA health care providers receive training about military culture, gender differences, and ethnic issues in order to better understand each Veteran. In situations where a Veteran might feel more comfortable with a same-sex provider (or an opposite sex provider), VA will make every effort to arrange gender-specific care.

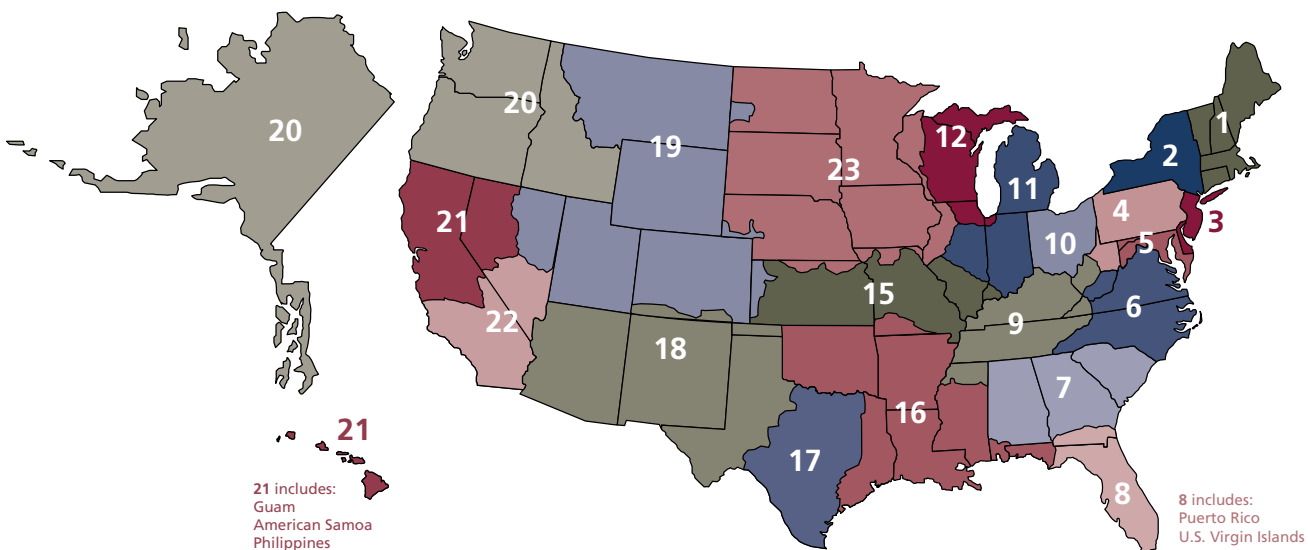
- **Care Close to Home** – VA is moving closer to where Veterans live by adding more rural and mobile clinics and working with other health care providers in the community. There are now over 750 Community-Based Outpatient Clinics (CBOCs). Using new technology called telemedicine, rural Veterans can also receive care from mental health specialists located at VA medical centers or other clinics.
- **Evidence-Based Treatment** – VA is committed to making evidence-based treatments widely available. Evidence-based treatments are treatments that research has proven are effective for particular problems. Mental health providers receive training on a wide variety of proven treatments. Mental health providers must provide evidence-based treatments to Veterans.
- **Family Support** – Sometimes, as part of a Veteran’s treatment, some members of the Veteran’s immediate family or the Veteran’s legal guardian may be included and receive services, such as family therapy, marriage counseling, grief counseling, etc. For all services, the primary focus of VA care is the Veteran. Examples of how VA helps families might include providing education about mental illness and treatment options. Family members might learn how to recognize symptoms and support recovery. In some treatment settings, a brief course of couples counseling or family therapy may be offered.



HOW VA IS ORGANIZED

VA is organized into Veterans Integrated Service Networks (VISNs). Each VISN has at least two medical centers, and each medical center has outpatient clinics on-site and community-based outpatient clinics (CBOCs) throughout the VISN. VA classifies these CBOCs according to size. Very large CBOCs treat more than 10,000 individual Veterans per year. Large CBOCs treat 5,000-10,000 individual Veterans per year. Mid-sized CBOCs treat 1,500-5,000 individual Veterans per year, and small CBOCs treat fewer than 1,500 individual Veterans per year. Veterans can seek care at the location closest to their home. Veterans can be referred to a larger clinic or medical center if needed.

The map shows VA VISN locations throughout the United States.





HOW YOU CAN FIND THE MENTAL HEALTH CARE YOU NEED

If you have a mental health emergency (like wanting to hurt yourself or someone else), go to the nearest hospital emergency room or call 911. If it is not a VA hospital, you may be able to move to a VA facility depending on your circumstances. If you are feeling suicidal, you can also call the **National Suicide Prevention Lifeline 1-800-273-TALK (8255)** and **press 1 for the Veterans Suicide Prevention Hotline, or visit <http://www.suicidepreventionlifeline.org/> and click on *Veterans Chat Live with a Counselor***. Mental health professionals are available to talk with you 24 hours per day.

If you have a mental health problem and have never been seen in a VA hospital or clinic, call VA general information hotline at **1-800-827-1000** or visit VA's website at www.va.gov. You will be able to find the address and phone number of a VA hospital or clinic near you. Some Veterans begin the process of finding mental health care through a Veterans Center. Homeless Veterans can get help finding mental health care at a Veterans drop-in center.

If you are already using VA medical services, ask your primary care provider to arrange for you to see a VA mental health provider.

HOW YOU KNOW IF YOU HAVE A MENTAL HEALTH PROBLEM

Sometimes it can be hard to tell. Since the brain and body affect one another, mental problems can cause physical problems along with changes in thinking, feeling, and behavior. In addition to commonly recognized emotional problems, like feeling very sad or nervous, symptoms and signs of mental health problems can include:

- changes in sleep, appetite, weight, or sex life
- headaches or other physical pain
- muscle tension and weakness
- decreased energy, motivation, or interests
- problems with attention, concentration, or memory
- irritability, anger, or "short temper"
- feelings of guilt, worthlessness, helplessness, or hopelessness
- unhealthy behaviors (misusing drugs, alcohol, food, sex, or other behaviors like gambling or spending too much money to cope with stress or emotions)
- problems functioning at home, work, or school

The most important thing to remember is to talk with your primary care or mental health provider when you notice new symptoms or problems. Your health care team can help you figure out what's going on and what to do about it.



WHAT WILL HAPPEN WHEN YOU REQUEST MENTAL HEALTH SERVICES

There are many VA health care providers trained to help Veterans with mental health problems. A Veteran who feels anxious or depressed, may be drinking too much, has nightmares about combat, or feels something just isn't right, should start by talking with a primary care provider. The primary care provider, who may be a doctor, nurse, or counselor, will listen and offer support. The primary care provider may start medication and will help the Veteran manage the problem, often with the help of a mental health case manager. In other cases, the primary care provider may refer the Veteran to a mental health specialist – that is, a psychiatrist, psychotherapist, or other behavioral health specialist. At medical centers and very large CBOCs, the Veteran may be seen the same day by a mental health specialist working in the primary care clinic. If the Veteran is being seen in a smaller CBOC or if the Veteran needs more comprehensive care, the Veteran will be referred to a mental health specialty clinic for an appointment within 14 days. The mental health specialist will talk with the Veteran to understand more about what is going on in the Veteran's life. The specialist will help identify the problem and recommend treatment that might include medications, talk therapies, social support services, etc. Family members may participate in treatment planning if desired by the Veteran. Veterans already receiving outpatient care in a mental health specialty clinic will be seen immediately for emergencies, and within 30 days for less urgent needs.



MENTAL HEALTH TREATMENT IN VA

VA offers a range of treatments and services to improve the mental health of Veterans. Exercise, good nutrition, good overall physical health, and enjoyable social activities are linked to positive mental health. Some VAs offer help for coping with stress, such as relaxation exercises. For Veterans with serious mental illness, VA offers care tailored to help with their specific problem and to promote recovery. Serious mental illnesses can include schizophrenia, depression or bipolar disorder, posttraumatic stress disorder (PTSD), and substance use disorders (drugs or alcohol, or illegal substances). These problems are usually treated with medications and individual or group psychotherapy (talk therapy). Programs that provide peer support are also very important. Treatments and services for these disorders are provided in a variety of settings. The next two sections describe the types of treatment settings within VA and the types of treatments for specific mental illnesses provided by VA.



TYPES OF TREATMENT SETTINGS

VA offers treatments for mental health problems in a variety of settings, including:

- inpatient care for Veterans suffering from very severe or life-threatening mental illness
- intensive outpatient care (a minimum of 9 hours per week) that helps bring a serious mental illness, including a substance use disorder or posttraumatic stress disorder, under better control
- outpatient care in a psychosocial rehabilitation and recovery center (PRRC) for Veterans with serious mental illness and significant problems in functioning (see Appendix A & D for more information about PRRC services)
- regular outpatient care, which may include telemedicine services, for Veterans during a difficult time in life

- residential care for Veterans with a wide range of mental health problems and/or rehabilitative care needs (such as homelessness, job training, and education) who would benefit from living in a structured environment for a period of time (see Appendix B).
- Supported work settings to help Veterans join the work force and live well in the community (see Appendix C for more details)



Different treatment settings are appropriate for different problems at different times. For example, a severely ill or suicidal Veteran might need inpatient treatment in a hospital for several days. When the illness becomes less severe, he or she may return home and receive treatment as an outpatient in a VA clinic.

For Veterans who receive inpatient mental health treatment, VA will check on the Veteran's progress within one week after she/he leaves the hospital. This evaluation might be by telephone or, possibly, in person, just to make sure the Veteran is doing well. VA will also ask the Veteran to come back for a follow-up appointment no later than two weeks after discharge from the hospital.



In addition, Veterans who live a long distance from a VA medical center can still receive treatment through telemedicine. In many parts of the country, especially in rural areas, there may not be very many providers experienced in treating mental health problems. To remedy this situation VA offers treatment through telemedicine. That is, mental health providers located at larger VA medical centers can talk with, evaluate, and provide treatment for Veterans at smaller community-based VA clinics through a special closed-circuit television. Telemedicine services, like face-to-face mental health services, are confidential. More and more VA clinics are using telemedicine technology to connect patients with specialists who are not on-site. For example, if you are a Veteran living in a rural area and need specialized care for PTSD that is not available at your local VA clinic, you may receive this treatment from a PTSD specialist at another VA location using telemedicine technology.

TREATMENTS FOR SPECIFIC MENTAL ILLNESSES

VA offers treatment for a wide range of mental health problems. These problems include, but are not limited to, depression, anxiety, posttraumatic stress disorder (PTSD), substance abuse, bipolar disorder, and schizophrenia. Treatments such as medications, psychotherapies (talk therapies), and psychosocial rehabilitation and recovery services help the Veteran along the road to recovery. VA uses treatments that have been proven to be effective for specific mental health disorders. These proven treatments are called evidence-based treatments.

Examples of common mental health treatments for Veterans include:

Treatments for Depression and Anxiety. Depression and Anxiety are common among the general public and among Veterans. Treatments include:

- Antidepressant medications, anti-anxiety medications, and medications to ease sleep and other problems

- Talk therapies, such as:
 - ◆ Cognitive behavioral therapy (CBT) to help individuals understand the relationship between thoughts, emotions, and behaviors, learn new patterns of thinking, and practice new positive behaviors (relaxation techniques, using calming tapes to improve sleep, exercising, or socializing with friends)
 - ◆ Acceptance and commitment therapy (ACT) to help people overcome their struggles with emotional pain and worries. It helps them recognize, commit to, and achieve what's important to them
 - ◆ Interpersonal therapy (IPT) to help people promote positive relationships and resolve relationship problems



TREATMENTS FOR SUBSTANCE ABUSE

Substance abuse problems are common in the general public and among Veterans. When Veterans have trouble readjusting to civilian life, some turn to substances to help them cope. Persons can abuse or become addicted to alcohol, tobacco, and illegal drugs and misuse prescription medications. Treatments for substance abuse include:

- Medications, such as Acamprosate or Naltrexone, to decrease cravings for alcohol and medications to ease withdrawal (“detox”) from alcohol and drugs. Medications like buprenorphine and methadone can also be used as therapeutic substitutes for illegal drugs (heroin) or addictive prescription pain medications.
- Talk therapies, such as:
 - ◆ Motivational enhancement therapy to help the individual strengthen his/her commitment to getting clean and sober
 - ◆ Cognitive behavioral therapy to help the individual identify the needs that alcohol/drugs meet and learn new ways of meeting those needs. In this way, the individual develops new coping skills to avoid relapse.
- Opioid Treatment Programs (OTPs) that include illegal substances, such as heroin and some prescription pain medications. Opioid Treatment Programs offer talk therapies and provide medications like methadone and buprenorphine to help Veterans stop abusing opioids. These medications work as carefully-monitored substitutes for the drugs of abuse. Methadone can only be obtained in methadone maintenance programs located at some VA hospitals. But buprenorphine, a newer medication similar to methadone, can be prescribed by any physician who has received training, even a primary care physician. This means that Veterans who live far from VA OTPs can receive buprenorphine from a primary care provider or psychiatrist at their local community based outpatient clinic.
- Residential treatment programs for substance abuse allow Veterans to live at a treatment facility, usually for 30-90 days, while undergoing intensive treatment. This treatment environment provides support and structure to help the Veteran achieve long-term recovery. See Appendix B for more information about residential treatment options.
- Work therapies are commonly prescribed for Veterans to promote and support recovery as Veterans learn to live clean and sober lives (see Appendix C).





TREATMENTS FOR POSTTRAUMATIC STRESS DISORDER (PTSD)

Posttraumatic stress disorder can occur after a person has a very serious or life threatening traumatic experience. For Veterans, this life threatening event often occurs during combat. However, other non-combat related events – such as natural disasters, motor vehicle accidents, or sexual trauma – can also threaten life and can result in PTSD. VA has been a national leader in the development of talk therapies for PTSD. Treatments for PTSD include:

- Antidepressant medications, anti-anxiety medications, mood stabilizing medications, and other medications to ease nightmares, irritability, sleeplessness, depression, and anxiety
- Talk therapies:
 - ◆ Cognitive behavioral therapy (CBT) to help individuals understand the relationship between thoughts, emotions, and behaviors, learn new patterns of thinking, and practice new positive behaviors
 - ◆ Cognitive processing therapy (CPT), a form of CBT that involves writing about one's traumatic experience and correcting negative thought patterns so that memories of trauma don't interfere with daily life
 - ◆ Prolonged Exposure Therapy (PE) to help people reduce fear and anxiety triggered by reminders of the trauma. This is done by confronting (or being exposed to) trauma reminders in a safe treatment environment until they are less troubling. In this way, individuals can stop avoiding and reacting to trauma reminders and live their lives more fully in the present with greater freedom from the past.
- Residential care for longer-term, intensive treatment within a structured setting (see Appendix B)



TREATMENTS FOR SEVERE MENTAL ILLNESSES, LIKE SCHIZOPHRENIA, SCHIZOAFFECTIVE DISORDER, AND BIPOLAR DISORDER

Even though these mental health problems do not occur as often as substance abuse, PTSD, and depression, they can be especially disabling. They may occur intermittently – that is, they typically improve at some times and get worse at other times. These problems can be so severe that a Veteran may lose touch with reality. VA offers a range of treatments and services for Veterans with severe mental illnesses. These Veterans typically benefit from psychosocial rehabilitation services designed to promote recovery and improve everyday functioning at home and in the community. Treatments for serious mental illnesses include:

- Antidepressant medications, mood stabilizing medications, antipsychotic medications and other medications to normalize mood, organize thoughts, stop hallucinations, and ease related symptoms. If a Veteran with severe schizophrenia or schizoaffective disorder does not improve after trying two antipsychotic medications (and giving them enough time to work), the antipsychotic medication clozapine should be considered. Clozapine is a very effective antipsychotic medication but has side effects that require careful monitoring.

- Psychosocial Rehabilitation and Recovery Services to optimize functioning (see Appendix D).
- Work therapies to promote and support recovery (see Appendix C).
- Residential care for longer-term, intensive treatment within a structured setting (see Appendix B).
- Mental Health Intensive Case Management (MHICM). A team of mental health doctors, nurses, and social workers that treat Veterans in their homes and community. MHICM helps Veterans experiencing severe mental illness have less need for hospitalization and live more successfully at home and in the community.

SPECIAL PROGRAMS FOR VETERAN POPULATIONS WITH SPECIAL NEEDS

VA recognizes that some groups of Veterans have special mental health needs. In response to these needs, VA has developed special programs tailored for these groups. VA special programs include:

■ Services for Women Veterans

Several women's inpatient units, residential treatment programs, or special treatment tracks for women exist. In addition, mixed gender inpatient units or residential treatment centers must ensure safe and secure sleeping and bathroom arrangements, including, but not limited to, door locks and proximity to staff. Each regional VA network (called a VISN) must have residential care programs able to meet the needs of women Veterans. However, the needs for some types of sub-specialty care (e.g., women with PTSD) may be limited, and women Veterans who need these services may be referred to regional or national resources.

■ Suicide Prevention Services

- ◆ Suicide prevention coordinators work with mental health care teams to monitor and support Veterans at high risk for suicide
- ◆ National Suicide Prevention Lifeline:
1-800-273-TALK (8255) (*press 1 for Veterans Suicide Hotline*) or go to <http://www.suicidepreventionlifeline.org/>
- ◆ A personal safety plan that helps the Veteran recognize signs that often precede his/her suicidal ideas and lists strategies that help the Veteran manage those thoughts and feelings. The plan also identifies people that the Veteran can turn to for help. Safety plans are created with the mental health provider and the Veteran (including family members, if desired). This way, a plan is designed specifically for the Veteran and his/her problem areas.





■ Services for Veterans Just Returning From Deployment

VA operates 232 community based counseling Vet Centers. Many providers at Vet Centers are Veterans themselves. Vet Centers provide readjustment counseling and outreach services to all Veterans who served in any combat zone. Military Sexual Trauma counseling and bereavement counseling are also provided. Services are available for family members for military related issues, and bereavement counseling is offered for parents, spouses, and children of Armed Forces, National Guard, and Reserves personnel who died in the service of their country. Veterans have earned these benefits through their service, and all are provided at no cost to the Veteran or family.



■ Military Sexual Trauma Services

Veterans who experienced military sexual trauma (MST) may develop PTSD and/or other mental illnesses. Any Veteran who was sexually traumatized while serving in the military, can receive counseling. This is true for both male and female Veterans who served in any era. Special inpatient, outpatient, and residential treatment programs are available to male and female Veterans who experienced MST, using proven medications, talk therapies, and social supports. Veterans receiving MST-related counseling or treatment are not billed for inpatient, outpatient, or medication copayments.

■ Services for Homeless Veterans

- ◆ 1-877-4AID VET (877-424-3838) or <http://www1.va.gov/HOMELESS/NationalCallCenter.asp>
- ◆ Outreach to Veterans living on the streets and in shelters who otherwise would not seek help
- ◆ Drop in centers where homeless Veterans can shower, get a meal, and get help with a job or getting back into society
- ◆ Medical treatment for physical and mental disorders, including substance abuse
- ◆ Emergency shelter referral (temporary housing must be arranged within three days of shelter placement)
- ◆ Transitional housing in community-based programs
- ◆ Referral to permanent housing through the use of rental assistance vouchers with case management
- ◆ Long-term assistance, case management, and rehabilitation
- ◆ Employment assistance
- ◆ Residential treatment (see Appendix B).



■ Services for Veterans Involved with the Criminal Justice System (Justice-Involved Veterans)

- ◆ Mental health assessments for Veterans charged with offenses (usually non-violent crimes) that allow for community-based alternatives to jail or prison
- ◆ Assistance for Veterans to connect them with VA care and services when they are released from state or federal prisons



■ Services for Older Veterans

- ◆ VA Community Living Centers (CLCs) for Veterans needing temporary assisted care until they can return home or find placement in a nursing home
- ◆ Home-based Primary Care that includes a mental health professional as part of the team providing care to Veterans in their homes
- ◆ Screening for dementia like Alzheimer's disease and/or other problems that interfere with memory
- ◆ Assessments that help decide whether the Veteran can safely live at home and make informed medical decisions



VETERANS MENTAL HEALTH COUNCILS

These important groups provide a way for people (Veterans, their families, and community groups) who “consume” VA services to offer input to VA leaders about the structure and operations of mental health services. Each facility is strongly encouraged to implement and maintain a local Veterans Mental Health Council. Each Council has a VA mental health staff member as a liaison. Councils may include several different kinds of members:

- Veteran consumers and family members of consumers
- Veteran consumer advocates, such as:
 - ◆ Veteran Service Organizations (VSOs)
 - ◆ Representatives from the National Alliance on Mental Illness (NAMI), Depression and Bipolar Support Alliance (DBSA), and other mental health advocacy groups
 - ◆ Local community employment and housing representatives



If you're concerned about getting the care you need, talk to your provider about other treatment options.

APPENDIX A.**Minimum Mental Health Services VA Medical Centers and Clinics are Required to Provide**

Different sized VA clinics have different requirements for the mental health services they must offer. Regardless of the site, eligible Veterans in rural and urban areas must have access to mental health services, either on-site at VA medical centers and very large CBOCs, or via several possible routes at smaller CBOCs (■ on-site, ◆ telemedicine, ► referral) to VA facilities or community providers. Veterans in remote areas may also be served by MHICM-RANGE programs in certain cases. See glossary for definitions of terms in table.

Hours of Care	Medical Center	Very Large CBOC (more than 10,000 Veterans per year)	Large CBOC (5,000-10,000 Veterans per year)	Mid-sized CBOC (1,500-5,000 Veterans per year)	Small CBOC (fewer than 1,500 Veterans per year)
Additional evening, early morning, or weekend hours (check location for more info)	Must provide as needed to meet needs of patient population	Must provide as needed to meet needs of patient population	Strongly encouraged to provide	Strongly encouraged to provide	Strongly encouraged to provide
Emergency care	Immediate on-site 24/7 (in larger medical centers a mental health provider is available in the emergency department from 7 am to 11 pm)	Immediate on-site during hours of operation and/or local community emergency department 24/7	Direct patients to nearby emergency department ►	Direct patients to nearby emergency department ►	Direct patients to nearby emergency department ►

The RANGE program might be available in some rural areas for Veterans with SMI.

¹ CBT= cognitive behavioral therapy

² MHICM= mental health intensive case management

³ IPT= interpersonal therapy

⁴ ACT= acceptance commitment therapy

⁵ PRRC= psychosocial rehabilitation and recovery centers

⁶ IOP= intensive outpatient program

Mental Illness/ Problem	Medical Center	Very Large CBOC (more than 10,000 Veterans per year)	Large CBOC (5,000-10,000 Veterans per year)	Mid-sized CBOC (1,500-5,000 Veterans per year)	Small CBOC (fewer than 1,500 Veterans per year)
Posttraumatic Stress Disorder (PTSD)	Specialized outpatient programs; evidence-based talk therapies (cognitive processing therapy, prolonged exposure therapy) on-site ■	Specialized outpatient programs; evidence-based talk therapies (cognitive processing therapy, prolonged exposure therapy) on-site ■	Evidence-based talk therapies (cognitive processing therapy, prolonged exposure therapy) on-site ■ or through telemedicine ◆	Evidence-based talk therapies (cognitive processing therapy, prolonged exposure therapy) on-site ■ or through telemedicine ◆	General and specialty services on-site ■ or via telemedicine ◆, [referral to residential treatment program, VA medical center, or community services ▶]
Schizophrenia, Schizoaffective Disorder, Bipolar Disorder, Depression Anxiety	General and specialty services; MHICM ² ; PRRC ⁵ ; family services; skills training; peer support; evidence-based therapies (CBT ¹ , ACT ⁴ , IPT ³) for depression/anxiety on-site ■	General and specialty services; family services; skills training; peer support; evidence-based therapies for depression/anxiety [MHICM ² , PRRC ⁵] on-site ■	Majority of general and specialty services on-site ■ or via telemedicine ◆; evidence-based therapies for depression/anxiety on-site ■ or through telemedicine ◆; [referrals to VA medical center or community services ▶]	General and specialty services on-site ■ or via telemedicine ◆, referral to residential treatment program, VA medical center, or community services ▶ evidence-based therapies for depression/anxiety on-site ■ or through telemedicine ◆	General and specialty services on-site ■ or via telemedicine ◆, referral to residential treatment program, VA medical center, or community services ▶
Substance Use Disorders (alcohol, drugs, prescription medications, tobacco)	General and evidence-based specialty services; inpatient or outpatient detoxification; opioid treatment programs providing methadone at some medical centers	[IOP ⁶]; specialized outpatient treatment programs with evidence-based therapies and medication management on-site ■	Specialized outpatient programs; evidence-based therapies on-site ■ or through telemedicine ◆	Specialized outpatient programs; evidence-based therapies on-site ■ or through telemedicine ◆	General and specialty services on-site ■ or via telemedicine ◆, referral to residential treatment program, VA medical center, or community services ▶
Homelessness	Shelter and emergency services, homelessness outreach specialist and community links	Shelter and emergency services, homelessness outreach specialist and community links	Referrals to community providers for shelter, temporary housing, or basic emergency services ▶	Referrals to community providers for shelter, temporary housing, or basic emergency services ▶	Referrals to community providers for shelter, temporary housing, or basic emergency services ▶

■ On-site ◆ Telemedicine ▶ Referral to VA facilities or community providers

APPENDIX B. Residential Care

Mental Health Residential Rehabilitation Treatment Programs (MH RRTP) provide a 24/7 therapeutic setting for Veterans suffering from mental illness, substance use disorders, and severe psychosocial problems (homelessness, unemployment, etc). RRTPs help Veterans work on improving their quality of life, maintaining their health, and participating in their communities. They also offer treatment for mental illness, including PTSD and substance use disorders. These programs combine peer and professional support and emphasize psychosocial rehabilitation services that increase a Veteran's personal responsibility to become as independent as possible.



MH RRTPs provide residential rehabilitative and clinical care to eligible Veterans who have a wide range of problems, illnesses, or rehabilitative care needs. These can include mental health, substance use disorder, co-morbid medical, homelessness, vocational, educational, or social needs. The term MH RRTP refers to the bed category and includes the following models:



Domiciliary Residential Rehabilitation Treatment Programs (DRRTP) - A DRRTP provides residential care for Veterans, treating medical and psychiatric problems, substance use disorders, PTSD, and homelessness. DRRTPs provide a 24 hours per day, 7 days per week, structured and supportive residential environment as a part of rehabilitative treatment. DRRTPs are larger residential programs with multiple units serving various patient populations.

Domiciliary Care for Homeless Veterans (DCHV) - DCHVs provide a 24/7 structured and supportive residential environment as a part of the rehabilitative treatment.

Health Maintenance Domiciliary - Health Maintenance Domiciliary beds provide residential care for Veterans, treating medical and psychiatric problems, substance use disorders, PTSD, and homelessness. Health Maintenance Domiciliary beds provide a structured and supportive residential environment 24/7 as a part of rehabilitative treatment. Health Maintenance Domiciliary beds focus on symptom reduction and stabilization as part of the rehabilitative approach to facilitating community integration.

General Domiciliary (General Dom) or Psychosocial Residential Rehabilitation Treatment Programs (PRRTP) - These programs provide residential care for the general Veteran population, treating medical and psychiatric problems, substance use disorders, PTSD, and homelessness. General Doms and PRRTPs provide a 24/7 structured and supportive residential environment as a part of rehabilitative treatment.

Domiciliary PTSD (Dom PTSD) or Posttraumatic Stress Disorder Residential Rehabilitation Treatment Program (PTSD-RRTP) - These programs provide residential care for Veterans with PTSD including Military Sexual Trauma (MST). Both Dom PTSD and PTSD-RRTPs provide a 24/7 structured and supportive residential environment as a part of PTSD rehabilitative treatment.

Domiciliary SA (Dom SA) or Substance Abuse Residential Rehabilitation Treatment Program (SARRTP) - These programs provide residential care to Veterans with substance use disorders. Dom SA and SARRTP provide a 24/7 structured and supportive residential environment as a part of substance use disorder rehabilitative treatment.

Compensated Work Therapy-Transitional Residence (CWT-TR) - A general CWT-TR is not targeted exclusively for any particular mental health population and provides TR services. General CWT-TR offers therapeutic work-based residential rehabilitation services designed to help Veterans return to their communities.

For more information, see http://www1.va.gov/HOMELESS/docs/DCHV_Definitions_of_MHRRTPs.pdf

APPENDIX C. Work Therapies

Transitional Work Experience offers assignments in businesses that help Veterans function in the work environment and reintegrate into the community.

Supported Employment provides job support services to help Veterans get and keep jobs. These services are provided in the community, rather than in mental health treatment or rehabilitation settings.

Incentive Therapy is a pre-vocational program for Veterans to perform work at VA Medical Centers.



APPENDIX D. Psychosocial Rehabilitation Services

These services focus on improving functioning and enabling Veterans to lead full and meaningful lives in the community of their choice. Psychosocial Rehabilitation and Recovery Centers (PRRCs) for eligible Veterans provide:

- Family education programs
- Social skills training for Veterans with serious mental illnesses. These skills help the Veteran relate to others, improve health, and function better at work and home.
- Education groups
- Illness management and recovery groups
- Wellness programs that explain the benefits of healthy living (regular exercise, nutritious diet, avoiding smoking/drugs/alcohol, etc.)
- Peer support services (help from other Veterans with mental illness who can share their experience, strength, and hope)

GLOSSARY AND LINKS TO MORE INFORMATION

- **ACT**—*Acceptance and Commitment Therapy*. A proven talk therapy for depression, anxiety, and PTSD. ACT helps people overcome their struggles with emotional pain and worries. It helps them learn to recognize, commit to, and achieve what's important to them.
- **CBT**—*Cognitive Behavioral Therapy*. A proven talk therapy for depression, anxiety, and PTSD. CBT helps people learn new patterns of thinking and practice new positive behaviors.
- **CLC**—*Community Living Center*. A short-term home for Veterans who need temporary assisted care until they can return home or find placement in a nursing home. Also a long-term home for Veterans who cannot stay in a community nursing home or who need end-of-life care. For more information, visit: <http://www1.va.gov/GeriatricsSHG/page.cfm?pg=52>
- **CPT**—*Cognitive Processing Therapy*. A proven talk therapy for depression, anxiety, and PTSD. CPT helps people learn new patterns of thinking so their memories of trauma do not interfere with their daily lives. CPT uses some exposure therapy (see definition of “PE—Prolonged Exposure Therapy” below).
- **CWT**—*Compensated Work Therapy*. CWT is a recovery-oriented vocational program that is part of VA's services to help Veterans return to work. For more information, visit: <http://www.cwt.va.gov/>
- **Dementia**—Loss of memory and intellectual capacity that is severe enough to limit a person's ability to function. Alzheimer's disease is one common cause of dementia.
- **Domiciliary**—A safe, home-like facility where Veterans live for a short time while they “get back on their feet.” They receive services that help them get a job, return to school, improve social skills, and address physical and mental health problems.
- **DRRTP**—*Domiciliary Residential Rehabilitation and Treatment Program*. The coordinated treatment programs VA provides to Veterans living in domiciliaries. For more information, see Appendix C or: <http://www1.va.gov/HOMELESS/DCHV.asp>
- **Evidence-based Therapy**—Evidence-based therapies (or “proven” therapies) have been developed and studied scientifically. They are proven to be safe and very effective.
- **Incentive Therapy**—A pre-vocational program for Veterans to perform work at VA Medical Centers.
- **IOP**—*Intensive Outpatient Program*. At least nine hours per week of outpatient treatment.
- **IPT**—*Interpersonal therapy*. A proven treatment for depression, anxiety, and PTSD. Interpersonal therapy focuses on a person's relationships with other people. The therapy helps people promote positive relationships and resolve relationship problems.
- **MHICM-RANGE**—*Mental Health Intensive Case Management Rural Access Network Growth Enhancement Program*. In MHICM, a team of mental health doctors, nurses, and social workers treats patients in their homes in the community. MHICM helps Veterans experiencing severe mental illness have less need of hospitalization and live better at home in the community. In some cases, MHICM teams can serve rural areas as well.
- **MST**—*Military Sexual Trauma*. MST is sexual assault during military service. It includes uninvited sexual advances or contact or forced sex while in the military and happens to men and women. MST can cause mental and physical problems. Every VA facility has a designated MST Coordinator who serves as a contact person for MST-related issues. For more information, visit: <http://www.publichealth.va.gov/womenshealth/trauma.asp>

- **Peer Support**—Veterans who have experienced mental illness themselves provide support to fellow Veterans struggling with similar issues.
- **Primary Care Provider**—The provider (doctor, nurse, or counselor) who manages the Veteran’s basic physical and mental health problems and coordinates all of the Veteran’s medical care. When a Veteran needs to see a specialist, the primary care provider makes a referral to the specialist.
- **Principal Mental Health Provider**—The mental health provider (doctor, nurse, or counselor) who manages the Veteran’s mental health problems and coordinates the Veteran’s mental health care.
- **PE—Prolonged Exposure Therapy.** A proven treatment for PTSD. Prolonged exposure therapy helps people relive traumatic memories in a safe environment. Veterans first remember the trauma by retelling it. Then they slowly become more comfortable with sights, sounds, and smells that remind them of the trauma. The memories become less troubling and interfere less with the person’s daily life.
- **PRRC—Psychosocial Rehabilitation and Recovery Centers.** PRRCs are outpatient programs that help the Veteran learn to more fully participate in his or her community. They use a recovery approach to help Veterans function better in their communities. PRRCs treat Veterans with severe mental illnesses, like major depression, schizophrenia, bipolar disorder, and schizoaffective disorder.
- **PTSD—Posttraumatic Stress Disorder.** An anxiety disorder that may sometimes result when a person experiences a traumatic event. PTSD symptoms can disrupt daily life. They include re-experiencing the trauma and emotional distancing from other people or feeling emotionally numb. Other symptoms include being irritable or quick to anger, trouble sleeping, fearfulness, substance abuse, and feelings of panic. For more information: <http://www.ptsd.va.gov/public/pages/what-is-ptsd.asp>
- **RRTPs—Residential Rehabilitation Treatment Programs.** RRTPs offer a comprehensive, therapeutic temporary residence for Veterans undergoing intensive treatment. This treatment environment provides support and structure to help the Veteran make a long-term recovery and achieve his or her highest level of community integration.
- **Specialty Mental Health**—Mental health services are provided by a mental health specialist (psychiatrist, psychologist, social worker, or counselor). Specialty mental health treatments are usually offered for Veterans with serious mental illnesses like schizophrenia, depression or bipolar disorder, PTSD, and substance use disorders.
- **Supported Employment**—An evidence-based program that helps Veterans with serious mental illness or a combination of physical impairments and mental illness be successful in the workplace.
- **Telemedicine, or Telemental Health**—A cutting edge technology that allows a clinical provider to care for a patient from a remote location, using a camera and special TV that allows the patient and provider to see and hear one another. Telemental health can be used to perform assessments and conduct individual or group psychotherapy and medication management.
- **Transitional Work Experience**—TWE offers work assignments in VA Medical Centers or community businesses. TWE helps Veterans gain work experience while getting therapeutic rehabilitation and preparation for community employment.



South Central (VISN 16) Mental Illness Research,
Education, and Clinical Center (MIRECC)



Additional copies available at
www.mirecc.va.gov/VISN16
or contact Michael.Kauth@va.gov