

December 28, 1994

1. Transmitted is a change to the Department of Veterans Affairs, Veterans Health Administration manual M-2, "Clinical Programs," Part X, "Mental Health and Behavioral Sciences Service," Chapter 3, Mental Health Programs."

2. Principal change is: in **Paragraph 3.10 a.(1)**: Change December **1994** to read December **1995**.

3. **Filing Instructions**

Remove pages

v
3-I through 3-ii
3-21 and 3-22

Insert pages

v
3-I through 3-ii
3-21 and 3-22

4. **RESCISSION:** M-2, Part X, Chapter 3, pages 3-21 and 3-22, dated June 29, 1993.

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M-2, Part X
June 29, 1993

1. Transmitted is a revision to Department of Veterans Affairs, Veterans Health Administration Manual M-2, "Clinical Programs," Part X, "Mental Health and Behavioral Sciences," formerly entitled "Psychiatry, Neurology and Psychology Service."

2. Principal changes are:

This is a complete revision of M-1, Part X, which has incorporated all of M-2, Part XXI, "VA Drug Dependence Treatment Program."

3. Filing Instructions

Remove pages	Insert pages
Cover through vi 1-1 through 7-3	Cover through 1-1 through 4E-6

4. RESCISSIONS: M-2, Part XXI, dated November 1, 1973 (Cancel RPC: 1145); M-2, Part X, dated April 23, 1965, and changes 1 through 9 thereto.

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DEPARTMENT OF
VETERANS AFFAIRS

CLINICAL PROGRAMS

MENTAL HEALTH AND BEHAVIORAL SCIENCES SERVICE

Department of Veterans Affairs
Veterans Health Administration
Washington, DC 20422

June 29, 1993

Department of Veterans Affairs Veterans Health Administration manual M-2, "Clinical Programs," Part X, "Mental Health and Behavioral Sciences," is published for the compliance of all concerned.

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FORWARD

This Clinical Programs manual for the Mental Health and Behavioral Sciences Service provides policy for the Psychiatry and Psychology Services, and for the Mental Health Programs in medical facilities of VA (Department of Veterans Affairs). Many other VA directives and guidelines provide structure for integration of the many components of the unit providing services; some have been cross-referenced herein because of particular relevance to the care of veterans with mental health problems. Service chiefs should become familiar with the overall management requirements.

VA is a large, diverse health care system that must adapt, create, lead, and innovate or it will not meet the needs of veterans through the next few decades. VA strongly encourages the creation of new, innovative programs directed toward meeting rapidly changing patient needs. Nothing in this manual should be seen as inhibiting such creativity.

A series of program guides, published separately, which contain more detailed suggestions are:

Overview of Mental Health Treatment Programs

Program Guide, G-19, M-2, Part X

Inpatient Psychiatry Program Guide

Program Guide G-13, M-2, Part X

Day Hospital Organization and Therapeutic Programming

Program Guide, G-9, M-2, Part X

Day Treatment Center Organization and Therapeutic Programming

Program Guide, G-10, M-2, Part X

Mental Health Clinic

Program Guide G-11, M-2, Part X

Alcohol Dependence Treatment

Program Guide G-12, M-2, Part X

Drug Dependence Treatment

Program Guide, G-1, M-2, Part XXI

Management of the Violent and Suicidal Patient

Program Guide G-15, M-2, Part X

Counseling Psychology

Program Guide G-17, M-2, Part X

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1. ORGANIZATION
2. GENERAL ADMINISTRATION
3. MENTAL HEALTH PROGRAMS
4. REPORTS

RESCISSIONS

The following material is rescinded:

1. Complete Rescissions

a. Manuals

M-2, part X, dated November 4, 1955.

M-2, part XVI, dated July 18, 1955.

M-10-11, Section XXI.

M-2, Part X, dated April 23, 1965, changes 1 through 9.

M-2, Part XXI, dated November 1, 1973.

b. Circulars/Directives

10-87-81

10-87-31

10-87-52

10-87-77

10-88-123

10-89-23

10-89-37

10-91-032

10-91-114

10-92-027

10-92-060

2. Partial Rescissions

a. Manuals

M-2, Part I, paragraphs 7.02c and d.

M-2, Part X, Change 9, 4.09 (on MHC's, DTC's reports).

M-2, Part X, Chapter 3, pages 3-21 and 3-22, dated June 29, 1993

b. Interim Issues

II 10-68-38, paragraphs d4, j, and k

II 10-68-39

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CHAPTER 1. ORGANIZATION

SECTION I. VA CENTRAL OFFICE

1.01 POLICY

All VA (Department of Veterans Affairs) medical facilities will provide for inpatient and ambulatory and/or outpatient treatment programs for eligible veteran beneficiaries suffering from mental or substance abuse disorders, or from the biobehavioral complications of a medical or surgical affliction, to the extent that the facility's mission and resources permit.

1.02 RESPONSIBILITY

a. Staff responsibility for all Psychiatry and Psychology Services in VHA (Veterans Health Administration) rests in the Mental Health and Behavioral Sciences Service.

b. The Director, Mental Health and Behavioral Sciences Service, will have available such resources in the professions of psychiatry and psychology as are required to:

- (1) Plan and monitor mental health services;
- (2) Provide advice on personnel selections, training, and overall supervision;
- (3) Assist in development, implementation, and assessment of quality management activities; and
- (4) Maintain relationships with the respective professional and other relevant organizations at the national level and with other professional and administrative services at VA Central Office.

c. The Director, Mental Health and Behavioral Sciences Service, has the overall VA Central Office responsibility and professional direction of:

- (1) Compensated Work Therapy,
- (2) Incentive Therapy,
- (3) Vocational Rehabilitation Therapy, and
- (4) Vocational Case Management Programs.

d. The Director, Mental Health and Behavioral Sciences Service, must maintain close liaison and coordination with other appropriate services.

1.03 OBJECTIVES

Mental Health and Behavioral Sciences Service objectives are to provide:

a. High quality, prompt and effective assessment, diagnoses and treatment for all eligible men and women veterans presenting with mental health disorders.

b. Treatment and support for those veterans who recover sufficiently to return to the community, but who need further supervision of their health problems so that they may eventually recover, or lacking that, may continue living in the community with assistance of local and VA support structures.

c. Appropriate levels of care to those veterans who do not recover sufficiently to live independently in the community, but who may be helped to adjust at an optimum level with the support of VA services.

d. Such care and treatment services with full respect for the rights and dignity of patients, families and visitors.

SECTION II. FIELD ORGANIZATION

1.04 PSYCHIATRY SERVICE

a. Psychiatry Service is responsible for:

(1) The diagnosis and treatment of:

(a) Mental disorders,

(b) Alcohol dependence,

(c) Drug dependence and other substance use disorders, and

(d) Other serious behavioral disturbances.

(2) The prompt response to requests for psychiatric consultation from other professional services.

b. A physician assigned to Psychiatry will be responsible for:

(1) Performing or providing for appropriate histories, examinations and assessments, including physical examination(s).

(2) Developing an individualized treatment plan.

(3) Providing or providing for medical and psychiatric treatments including prescription of medications.

(4) Discharge of the patient when treatment (including rehabilitation) is terminated.

(5) Referral for aftercare services when appropriate.

c. The Chief, Psychiatry Service, in each VA health care facility is responsible for:

(1) Organizing policies, procedures, and programs that will provide high quality diagnosis, treatment, rehabilitation, and ongoing care of eligible patients with mental or emotional disorders or with psychiatric comorbidities.

(2) Establishing a QM (Quality Management) Program and for documenting that all clinical staff within the Service have accurate, current clinical privileges.

(3) Staff educational programs, including the teaching of residents (M-3, Pt. I, Ch. 26), and of medical students, and the continuing education of permanent staff.

(4) Encouraging appropriate research and treatment outcome evaluation.

(5) Encouraging interdisciplinary efforts to contribute to better patient care and to foster the advancement of medical knowledge and education.

d. A Chief, Psychiatry Service, will preferably be a full-time employee, a diplomate of the specialty board in psychiatry, and acceptable to the Dean's committee in those VA medical centers affiliated with a school of medicine. NOTE: Part-time chiefs and those without specialty boards may be appointed with the understanding that they may be replaced with qualified full-time chiefs as they become available. Duties and responsibilities of part-time chiefs will be the same as full-time chiefs.

1.05 PSYCHOLOGY SERVICE

a. Policy

(1) Psychology as a health service profession is responsible for:

(a) The application of scientific psychological principles to a wide range of health needs of veterans, family members and significant others, both within VA's facilities and in the community.

(b) Providing comprehensive professional, scientific, and technical psychological services in:

1. Evaluation,
2. Diagnosis,
3. Treatment,
4. Rehabilitation,
5. Vocational counseling,
6. Vocational placement, and
7. Follow-up.

(c) Initiating, administering, and participating in education and training programs.

(d) Initiating research evaluation and clinical studies.

(2) Direct health care services are provided through:

(a) Psychodiagnostic and assessment activities;

(b) The entire range of psychological treatment and rehabilitation interventions;

(c) Consultation and coordination with other related professional services; and

(d) Administration, evaluation and leadership of programs designed to provide health services.

(3) Psychologists participate in the education, training and development of professional, scientific, and administrative personnel. Research skills are applied to expand scientific knowledge which contributes to effective health care services.

(4) The Psychology Program establishes and maintains effective liaison with government and private agencies in order to assist all veterans to achieve a higher level of functioning.

(5) At all professional and administrative levels, steps are taken to ensure that the highest quality of service is being rendered and to guard the safety, comfort and dignity of those receiving psychological services. Psychology Service adheres to the ethical principles and other relevant guidelines of the profession.

b. Organizational Structure and Personnel

(1) All psychologists hired by the VHA must have:

(a) A doctoral degree from an APA (American Psychological Association) approved program in Clinical Psychology, Counseling Psychology or other specialty in Psychology approved by VA.

(b) A VA, or other APA approved, internship.

(c) A valid state license in the field of psychology. Each licensed psychologist with direct patient care responsibility will have on file a privileging statement confirming that the hiring requirements are met and specifying what professional psychological functions the psychologist may discharge in light of training and experience.

(2) Psychology Service is administered by a Chief, Psychology Service, who is directly responsible to the Chief of Staff. The Chief, Psychology Service, is responsible for all activities of psychologists and other health care workers assigned to the facility Psychology Service.

(3) Supervisory/administrative staff. In addition, to the Chief, defined supervision may be delegated to an Assistant Chief, Section Chief (clinical, counseling, behavioral medicine, etc.) and a Director of Training. NOTE: Psychologists may serve as chiefs and/or program coordinators of treatment programs that administratively fall under another Service.

(4) Psychology Technicians, Vocational Rehabilitation Specialists, Health Science Specialists, Rehabilitation Technicians, and Addiction Therapists.

Psychology technicians, vocational rehabilitation specialists, health science specialists, rehabilitation technicians, and addiction therapists may be employed within Psychology Service. They may provide a wide-range of psychological services for which their education, training and/or experience prepare them.

c. Psychological Services. Psychologists develop and provide service, education, research, and training opportunities which contribute to the treatment, care, and well-being of veterans within VA facilities and in the community. The following psychological services will be integrated with each other and with the work of other professional disciplines and community resources.

(1) Assessment and Evaluation

(a) Psychologists have developed and used a wide variety of tests, rating systems, interview and observational techniques, measuring instruments, and other procedures to accomplish assessments/evaluations.

(b) Psychological assessment includes, but is not limited to, such patient care issues as:

1. Evaluation of intellectual functioning;
2. Assessment of personality;
3. Diagnosis of various disorders;
4. Appraisal of impairment in thinking, memory, language, abstraction and other functions associated with integrity of the brain;
5. Determination of vocational interests, skills, aptitudes, abilities as well as employability;
6. Evaluation of potential for success of hospital and community rehabilitation plans; and
7. Evaluation of response to treatment programs.

(c) Psychologists as specialists in assessment and evaluation will respond in a timely and appropriate manner to referrals from other professions.

(d) Psychologists may utilize their assessment techniques to assist administrative and medical center management functions in the evaluation of medical center police officers and Employee Health Assistance Programs.

NOTE: The Chief, Psychology Service, will be responsible for all psychological testing conducted at the medical center.

(2) Psychological Interventions

(a) Psychologists utilize and apply psychological principles to treat psychiatric and psychological disorders in accomplishing health rehabilitation objectives. Psychologists accomplish these goals in close collaboration with other professionals, administrative services, and appropriate community agencies.

(b) The therapeutic process varies considerably in terms of duration and frequency depending upon the needs of the patient. Variations exist in terms of:

1. The form of intervention (e.g., individual, group, couples, marital, and family),
2. Theoretical orientation, and
3. The specialized procedures and techniques involved (e.g., hypnosis, biofeedback).

(3) Therapeutic Programming. Psychologists contribute to the planning, development and implementation of therapeutic programs as those programs involve the application of psychological principles. Psychologists may serve as Unit Programmers, or Unit Chiefs, in designated treatment programs.

(4) Vocational Services

(a) As part of the patient's psychological rehabilitation, appropriately credentialed members of the Psychology Service staff may provide vocational and educational services including:

1. Assessment of functional intelligence, abilities, aptitudes interests, and motivation;

2. Counseling;

3. Training; and

4. Follow-up.

(b) Counseling Programs may be developed to provide both professional counseling, and evaluation and assessment, as well as the necessary assistance in job maintenance skills.

(c) Psychologists promote the establishment of, and provide administrative leadership and support for the development of Work Therapy Programs, e.g., Compensated Work Therapy, Incentive Therapy, Therapeutic Printing, etc.

(d) Continuity of vocational services is maintained through extension of activities into the community. Psychologists maintain liaison with agencies, both VA and extra-VA which contribute to the veteran's total rehabilitation. Psychologists have the responsibility to coordinate their efforts with the State Division of Vocational Rehabilitation, and other recognized rehabilitation facilities and agencies.

(e) The vocational plans of eligible veterans should be coordinated with the appropriate Division of Vocational Counseling and Rehabilitation of the VBA (Veterans Benefits Administration). In those medical centers at which there is no staff psychologist, the medical center Director may arrange for the designation of a consultant in psychology from a nearby VA or other resource.

NOTE: All psychology consultants will meet the qualification standards for psychologists in VHA.

(5) Consultation

(a) Psychologists are frequently requested to provide consultation on clinical care issues to other medical staff. Such activities may include:

1. Team treatment planning meetings,

2. Chart rounds,

3. Response to formal and informal requests by staff for diagnostic and treatment,

4. Psychological intervention,
5. Consultation reports based on chart review, and
6. Telephone contacts regarding patient care issues.

(b) Psychologists may be asked to perform liaison activities on medical center units that have no assigned psychology staff.

d. Education and Training

(1) Predoctoral. Psychology Services may conduct a broad program of education and training at the predoctoral level in compliance with the policies of the Office of Academic Affairs (14). These policies allow for various training options at the predoctoral level, such as internship and practicum experience, as well as for a variety of specialized training programs (e.g., ITTP (Interdisciplinary Team Training Program in Geriatrics), GRECC (Geriatric Research, Education, and Clinical Center)).

(2) Postdoctoral. Postdoctoral training may be provided in an organized, sequenced program of training at a level beyond the doctorate degree level. Fellowship Programs will adhere to the policies of the Office of Academic Affairs (14), relevant standards found in APA accreditation criteria, and, standards promulgated by a recognized specialty group (e.g., Neuropsychology) if applicable.

(3) Professional Growth and Development

(a) In order to enrich patient care by ensuring the maintenance of the highest levels of psychological skills and knowledge, psychologists develop and participate in programs of continuing education. Psychologists may avail themselves of RMEC (Regional Medical Education Center)-sponsored educational opportunities, funded details, and in-service offerings provided both within Psychology Service and by other appropriate disciplines.

(b) Such educational and training activities are important elements in staff members meeting their ongoing licensure renewal requirements, clinical privileges and in preparation for board examinations.

(c) Psychologists are encouraged to participate in professional educational programs through presentations of scientific and professional treatises.

(4) Academic Affiliations. Psychology Service must have affiliation agreements from the university and academic institution of each student in its training program.

(a) All Psychology Services are strongly encouraged to establish and maintain relationships with appropriate academic departments at universities and academic institutions within their geographical area. Relationships should be fostered with academic departments of psychology housing APA approved programs in clinical, counseling or other recognized specialties in Psychology.

(b) Relationships should be fostered with appropriate academic departments at affiliated medical schools.

(c) Such Affiliations may increase continuing education opportunities, promote research endeavors and enhance patient care.

e. Research

(1) Research Programming. Adequate opportunity should be fostered for independent and collaborative research investigations by psychologists in VHA.

(a) Research funds may be sought to support psychological research projects.

(b) Research projects must be approved through appropriate review processes, and be conducted with the highest level of respect for the subjects involved.

(2) Program Evaluation. Psychologists promote and assist in Program Evaluation studies to provide:

(a) Information regarding program efficiency,

(b) Plan for change or modification, and

(c) Use resources effectively.

f. Administrative and Management Functions

(1) Psychology Service Administration. Psychology Service staff participate in necessary administrative activities in support of Psychology Service. Activities include the timely completion of reports, attendance at staff and other committee meetings, and participation in Service level projects.

(2) Medical Center Administrative Activities. Psychology has an important contribution to make to the administrative and programmatic functioning of the medical center at large and is a part of the facility management team. Psychologists, by virtue of their training in organizational development, program evaluation, and statistical analysis have skills which suit them to assist medical center management in a variety of roles.

(a) Membership on the Clinical Executive Board and the Mental Health Council is essential.

(b) Appointment to the Dean's Committee and Medical Staff membership are encouraged and supported, along with membership on the Executive Committee of the Medical Staff.

(c) Participation in facility committees and task forces is encouraged.

(3) Extra-Medical Center Administrative Activities. The expertise of the Psychology Service should be used at the regional and national levels contributing to such activities as VA Central Office task forces and technical advisory groups. Psychology Service staff may be used to address community psychological issues which impact on the well-being of veterans and to provide expertise to community organizations.

g. Quality Assurance. The Chief, Psychology Services, is responsible for ensuring that high quality psychological services are being delivered in a clinically appropriate and cost effective manner.

(1) Quality care should be verified by systematic service Quality Assurance and Utilization Review Programs that are in compliance with VA, JCAHO (joint Commission on Accreditation of Healthcare Organizations) and other applicable accrediting bodies. This service review program should be integrated with the medical center's total Quality Management Program.

(2) Clinical Privileging. In compliance with JCAHO requirements, VA Central Office directives and medical center bylaws, staff psychologists are to be granted clinical privileges which are approved through the Clinical Executive Board by the medical center Director. Clinical privileging affirms the professional qualifications and credentials of each psychologist involved in direct patient care activities in both general and specialized proficiencies, and ensures that specific health care services are provided by professionals with the prerequisite knowledge and skills necessary to do so in a competent and professional manner. Each medical center is encouraged to privilege psychologists at levels commensurate with their licenses.

(a) All consulting psychologists whose duties include direct patient contact are required to be privileged.

(b) Psychologists whose responsibilities do not include direct patient contact (e.g., research psychologists) are not required to be privileged.

1. Psychology technicians, aides, assistants and other support staff at the subdoctoral level whose duties are assigned and supervised by doctoral staff psychologists are not required to obtain clinical privileges.

2. Psychology interns, practicum or other nondoctoral students do not receive privileges.

(c) Clinical privileges must be reviewed annually, updated and renewed on a bi-annual basis or whenever the defined practice changes. Verification and documentation of education, training, licensure, health status, experience, and demonstrated competence are inherent in the credentialing process for clinical privileges.

(d) Additional defined criteria (e.g., specialty training, certification) should be achieved for privileges in specialized proficiencies and techniques such as:

1. Neuropsychology,
2. Hypnotherapy,
3. Sexual dysfunction therapy,
4. Biofeedback,
5. Aversive conditioning, and
6. Other specialties.

NOTE: The Chief, Psychology Service, is responsible for certifying the proficiency of staff psychologists, with or without the assistance of a Psychology Professional Standards Board.

(3) Psychology Professional Standards Board. Psychology Service may establish and utilize a Psychology Professional Standards Board for delineation of qualifying and maintenance standards of practice. The Board will:

(a) Review documentation and recommend clinical privileges to the Chief, Psychology Service.

(b) Monitor other professional standards activities to ensure compliance with VA policies, medical bylaws, and regulations of national accrediting bodies.

NOTE: Specific activities associated with peer review vary as a function of each Psychology Service's responsibilities and staffing patterns. The peer review process serves the purpose of having work reviewed by Psychology staff colleagues to ensure and enhance the quality of patient care. Such procedures may include medical record audits and case presentations.

(5) Additional Quality Assurance Mechanisms

(a) Psychology Services should develop programs that will include both direct and indirect measures of quality such as feedback from user services and professions, fulfillment of continuing education requirements, patient satisfaction survey results and performance standards attainment.

(b) Other measures include APA Fellow status, ABPP board certification and publications by staff. In addition to monitoring quality of care, utilization review mechanisms must be in place to ensure that patient care services are clinically appropriate and delivered in a cost effective manner. Psychology Services must have in place procedures for ensuring internal controls of assessed risks and vulnerabilities inherent in Service activities.

h. Automated Data Processing

(1) The VA develops and maintains licenses with copyright holders for the automated application of psychological tests. Royalty fees to the copyright holders based on the quantity of automated tests used are remitted by VA Central Office. With distribution of the DHCP (Decentralized Hospital Computer Program) Mental Health Package, copyrighted tests for which VA Central Office has licenses are automatically sent to each VA facility with psychological services. Each facility is notified by VA Central Office concerning the addition of tests and/or changes involving existing licenses.

(a) For automated testing, the Mental Health Package contains security keys to ensure that only properly credentialed psychologists have privileges to access psychological tests.

(b) The Chief, Psychology Service (or senior Psychologist at VA facilities with no Psychology Service):

1. Determines who will be issued the appropriate security keys for automated testing.

2. Notifies the site manager or Chief of Information Resource Management of the names of individuals authorized to have the keys.

3. Ensure that the keys are not issued to unauthorized individuals.

(2) Psychologists in VA abide by the standards for educational and psychological testing as published jointly by the American Educational Research Association, APA, and the National Council on Measurement in Education.

(3) Automated psychological testing will not be performed at VA facilities which have no assigned psychologist(s) or psychology consultant(s).

1.06 INTEGRATION OF SERVICES

The Chief, Psychiatry Service, and Chief, Psychology Service, are responsible for the integration of mental health services rendered on the wards and in Ambulatory Care Programs of the medical center. In larger installations where there is an Associate Chief of Staff for Ambulatory Care, these ambulatory programs must be coordinated with that of the Associate Chief of Staff, but the respective service chief retains line responsibility to the Chief of Staff. Because continuity of care is important, to the degree possible, patients will be provided care by members of the same treatment team as inpatients and/or outpatients. It is recommended that a case management or "primary therapist" approach be effected.

1.07 INTERDISCIPLINARY MENTAL HEALTH TEAM

a. Primary responsibility for mental health services rests with the Chief, Psychiatry Service, except when designated (Par. 1.05).

b. Mental health care is usually provided on mental health units by a team of qualified staff drawn from each of several professional services. This mode more fully uses and coordinates the unique expertise of each of these specific health care disciplines so that patients may have the most effective treatment and rehabilitation possible within available resources.

c. As needed, other health care professionals will be assigned by their respective service chiefs to serve on interdisciplinary treatment teams. Professionals from other services assigned to the Psychiatric Service Program will look to their own service for assessment of professional growth, recommendation for promotion, approval of leave, and new equipment. Performance approval should originate with their professional services, but take into consideration solicited input from the clinical program directors.

d. Any properly trained mental health professional may be assigned team leadership by the Chief, Psychiatry Service, in collaboration with the chief of service of the appropriate discipline. Thus a psychiatrist, psychologist, social worker, nurse, or rehabilitation medicine professional, may become a treatment team leader on a ward or in an ambulatory/outpatient program, such as a mental health clinic, or outpatient Drug Dependence Treatment Program.

e. The details of treatment planning for any particular patient will represent the collective judgment of the treatment team with the overall approval of the Chief, Psychiatry Service, or designee. Practitioners in other disciplines or from other services or other medical centers or from VA Central Office will be freely consulted either by phone, letter, or visit for particularly difficult, or unusual, questions concerning diagnosis and treatment planning.

1.08 MENTAL HEALTH COUNCIL

a. The assignment of other professionals to a psychiatric program requires cooperation, trust, and shared respect among the service chiefs. To facilitate this necessary ambiance, a Mental Health Council is strongly recommended.

b. The Mental Health Council will serve:

(1) As a forum for discussion, planning, coordination, and resolution of professional and clinical care problems which involve more than one mental health related professional service.

(2) In an advisory capacity to the Chief of Staff.

c. Its leadership may rotate.

d. Membership will include, as a minimum, the Chiefs of Psychiatry, Psychology, Social Work, Nursing, and Rehabilitation Medicine (or a representative from that service). Other staff members may be invited by the Council, or assigned by the Chief of Staff.

d. In the event there are irreconcilable differences, the Council will present the problem to the Chief of Staff.