The health and well-being of the courageous men and women who have served in uniform is the highest priority for The Department of Veterans Affairs (VA). VA is committed to providing timely access to high quality, recovery-oriented mental health care that anticipates and responds to Veterans’ needs and supports their reintegration into their communities.

- VA is determined to address systemic problems with access to care and recommit to a culture that puts the Veteran first. That’s why VA Secretary Robert McDonald and Under Secretary for Health David Shulkin are implementing the principles of a guiding document for VA called the Blueprint for Excellence.
- The Blueprint is a detailed vision of how VA will evolve as a model national health care provider, delivering both excellent health care and an excellent experience of care to all Veterans served.
- A key component of the Blueprint is our commitment to excel in mental health treatment through regular program monitoring and working with staff to make program improvements.
- To serve the growing number of Veterans seeking mental health care, VA has deployed significant resources and increases in staff toward mental health services.
- The number of Veterans receiving specialized mental health treatment from VA has risen each year, from over 900,000 in fiscal year (FY) 2006 to more than 1.6 million in FY 2015.
- We anticipate that demand for VA mental health care will continue to grow as active duty personnel continue to return from service in the Middle East.

Comprehensive Mental Health Care:

- Mental health care at VA comprises an unparalleled system of comprehensive treatments and services to serve the individual mental health needs of Veterans and the needs of family members in relation to the Veteran’s care.
- VA provides a continuum of forward-looking outpatient, residential, and inpatient mental health services across the country. We have many entry points for care: through our 150 medical centers, 820 community-based outpatient clinics, 300 Vet Centers that provide readjustment counseling, the Veterans Crisis Line, VA staff on college and university campuses, and other outreach efforts.
- In FY 2015, more than 1.6 million Veterans received specialized mental health treatment from VA; this number has risen each year from over 900,000 in FY 2006. VA believes this increase is partly attributable to proactive screening to identify Veterans who may have symptoms of depression, Posttraumatic Stress Disorder (PTSD), problem use of alcohol or who have experienced military sexual trauma.
- VA offers expanded access to mental health services with longer clinic hours and standards that mandate rapid access to mental health services.
• In 2010, VA simplified its rules for Veterans submitting PTSD-related disability claims, which has greatly eased access to care and benefits, and has contributed to growth in PTSD mental health service requirements.

• VA is a pioneer in mental health research, discovering and deploying effective, high-quality, evidence-based treatments including state-of-the-art psychotherapies and biomedical treatments for the full range of mental health conditions, including PTSD.

• While VA is primarily focused on evidence-based treatments, we are also monitoring, assessing, and using complementary and integrative treatment methodologies. Our ultimate outcome goal is a healthy patient, whatever acceptable treatment methodology may be used.

• VA is setting the standard for a new and emerging health care profession, “Peer Specialist.” Through the development of position descriptions that clearly outline the job duties of a Peer Specialist and the assurance of quality by requiring certification and developing job-specific competencies, Peer Specialists are providing a unique set of services to Veterans seeking mental health care. In addition, peer support has expanded beyond mental health programs through the Primary Care/Mental Health Integration initiative at several pilot sites. As of April 2016, there are almost 1100 peers providing services at VA Medical Centers (VAMC) and Community-Based Outpatient Clinics.

• VA mental health care employs a recovery-oriented model based on principles of psychosocial rehabilitation and goals defined by the Veteran in collaboration with the treatment team.

• In November 2011, VA launched an award-winning, national public awareness campaign called Make the Connection, which is aimed at reducing the negative perceptions associated with seeking mental health care and informing Veterans, their families, friends, and members of their communities about VA resources (www.maketheconnection.net). Through the campaign website or Facebook page, Veterans and their loved ones can hear from hundreds of other Veterans who may be experiencing similar challenges and learn about strategies for support and recovery and about local resources available through the resource locator on the website. As of January 2016, the campaign has had over 9.6 million website visits, 303,245 uses of the VA resource locator, 12.8 million video views, and more than 35 million Facebook comments, shares, and post likes. Veterans and their supporters are engaging with online resources as they seek information and connect to care for mental health and other challenges.

• VA has integrated mental health services into primary care in the new Patient Aligned Care Team model. Providing mental health care within the primary care clinic minimizes barriers and reduces stigma which can discourage Veterans from seeking care. This has increased the number of Veterans whose mental health needs are recognized and treated early in the course of illness. In FY2015, VA delivered over 1,075,000 Primary Care – Mental Health Integration encounters, an increase of over 25% from FY2013.

• VA has also integrated mental health services into Geriatrics and Extended Care programs serving aging Veterans, including Home Based Primary Care, Community Living Center (nursing home), and Palliative Care programs. Mental health professionals are integrated members of the interdisciplinary care teams in these care settings.

• VA has extended its care through telemental health capabilities by working with public and private partners to improve access. This brings care (including both general and specialty mental health services) closer to the Veteran while maintaining quality by increasing the coordination of all aspects of care, both physical and mental.
VA has worked closely with federal partners on a number of cross-agency initiatives to develop the VA/DoD Integrated Mental Health Strategy to advance a coordinated public health model to improve access, quality, effectiveness, and efficiency of mental health services and further implement President Obama’s 2012 and 2015 Executive Orders to improve access to mental health services for Service members, Veterans, and their families. Currently, VA is working closely with the Department of Defense (DoD) and the Department of Health and Human Services (HHS) to implement the 2015 Cross Agency Priority Goal to improve mental health outcomes for Veterans, Service members, and their families.

VA has programs for Veterans who, due to symptoms related to mental health conditions, have interactions with the Justice system.

VA places special emphasis on outreach to Veterans who are homeless or at risk for homelessness, given the high rates of mental health conditions and substance use disorders among homeless Veterans. In recognition of the importance many Veterans place on addressing family issues as part of their recovery, VA has implemented comprehensive clinician training programs in evidence-based marital and family counseling (e.g. Integrative Behavioral Couples Therapy for Marital Distress, Behavioral Family Therapy for Serious Psychiatric Disorders, and Cognitive-Behavioral Conjoint Therapy for PTSD). From 2005 to 2013, the number of Veterans receiving couples/family mental health services increased by 25 percent.

VA offers a full continuum of residential treatment programs. The Mental Health Residential Rehabilitation Treatment Programs (MH RRTP) identify and address goals of rehabilitation, recovery, health maintenance, improved quality of life, and community integration. The MH RRTPs also provide specific intensive specialty treatment for mental health disorders, including PTSD and substance use disorders, as well as co-occurring medical needs, homelessness and unemployment. At the end of second quarter FY 2016, the Veterans Health Administration (VHA) operated 243 MH RRTP programs with 8,034 beds at 113 VAMCs.

Suicide Prevention:

One Veteran suicide is one too many. VA is committed to ensuring the safety of Veterans, especially when they are in crisis. We have universal access for 24/7 emergency care through our Emergency Departments and VA’s Veterans Crisis Line (1-800-273-TALK (8255), press 1, and www.veteranscrisisline.net).

We know that when we diagnose and treat people, they get better. Rates of suicide among those who use VHA services have not shown increases similar to those observed in all Veterans and the general U.S. population.

August 2015 marked 8 years since the establishment of VA’s Veterans Crisis Line (1-800-273-8255, press 1), which has expanded to include a Chat Service and texting option for contacting the Crisis Line. The program continues to save lives and link Veterans with effective ongoing mental health services on a daily basis. The Military Crisis Line has also been added, branded to reach active duty Service members.

Through December 2015 the VCL:

- Has answered over 2,000,000 calls, made over 267,000 chat connections, and over 48,000 texts;
- Has initiated the dispatch of emergency services to callers in imminent suicidal crisis over 56,000 times;
Has provided over 340,000 referrals to a VA Suicide Prevention Coordinator (SPC) thus ensuring Veterans are connected to local care;

- The Veterans Crisis Line is only one component of the VA overarching suicide prevention program. VA’s approach to suicide prevention includes ready access to high quality mental health (and other health care) services supplemented by programs designed to help individuals and families engage in care and to address suicide prevention in high-risk patients. Some of the initiatives that have proven to be very effective include:
  - Each VAMC has an SPC or team.
  - Screening and assessment processes have been set up throughout the system to assist in the identification of patients at risk for suicide. A chart “flagging” system has been developed to ensure continuity of care and provide awareness among caregivers.
  - Patients who have been identified as being at high risk receive an enhanced level of care, including missed appointment follow-ups, safety planning, follow-up visits and care plans that directly address their suicidality.
  - Reporting and tracking systems have been established in order to learn more about Veterans who may be at risk and help determine areas for intervention.

- For more general information on suicide prevention, please visit http://www.mentalhealth.va.gov/suicide_prevention/.

PTSD Treatment:

- VA is one of the largest integrated mental health systems in the United States (US) that provides specialized treatment for PTSD. In FY15, over 568,000 Veterans (over 178,000 Operation Enduring Freedom/Operation Iraqi Freedom/Operation New Dawn (OEF/OIF/OND)) received treatment for PTSD in VAMCs and clinics, up from just over 500,000 Veterans (over 100,000 OEF/OIF/OND) in FY 2011.

- State-of-the-art treatments are available for Veterans with PTSD:
  - As of August 2015, more than 6,300 VA mental health staff members have received training in Prolonged Exposure and/or Cognitive Processing Therapy, the most effective known therapies for PTSD. If Readjustment Counselling Service staff is included, more than 6,800 VA staff members have received at least one of these trainings.
  - Medication treatments also are offered and may be especially helpful for specific symptoms of PTSD. The primary mode of treatment for Veterans diagnosed with PTSD is a combination of medication and psychotherapy.
  - VA operates a National Center for PTSD (NCPTSD) that guides a national PTSD Mentoring program, which works with every specialty PTSD program across the country to improve care.
  - The NCPTSD’s award winning PTSD Web site (www.ptsd.va.gov) contains research-based educational materials for Veterans and families, as well as for the providers who care for them. To help Veterans access needed care, AboutFace (http://www.ptsd.va.gov/apps/AboutFace/) was added in 2012, which is an online video gallery dedicated to Veterans talking about how PTSD treatment turned their lives around. Each June the Center now runs a national campaign during PTSD Awareness Month to raise awareness about PTSD and its effective treatment.
  - The NCPTSD’s PTSD Consultation Program was established in 2011 to support any VA provider who treats Veterans with PTSD, including those in PTSD specialty care, those in other areas of mental health, primary care providers, and case
managers. In 2014, the program was expanded so that now consultation is available to providers outside of the VA who treat Veterans with PTSD in the community. Providers can receive email or telephone consultation regarding anything PTSD related including assessment, referrals, and treatment.

Substance Use Disorder (SUD) Treatment:
- VA is a leader in prevention and treatment of substance use disorders throughout the healthcare continuum, providing treatment for over 560,000 Veterans with SUD in FY 2015, up 15.7 percent over FY 2011.
- Over 152,000 Veterans received SUD care in specialty SUD treatment programs in FY 2015, a 3.9 percent increase over FY 2011.
- VA has SUD-PTSD specialists in each facility who are promoting integrated care for these co-occurring conditions and who provided direct services to over 16,500 of these Veterans in FY 2015 (over 7,000 from OEF/OIF/OND).
- VA and the Department of Defense published a Clinical Practice Guideline for the Management of Substance Use Disorders in January 2016. This guideline was based on systematic review of the evidence following the GRADE methodology.
- VA provides a continuum of evidence-based SUD prevention and treatment including screening & brief intervention for alcohol and tobacco use, Medication Assisted Therapy for alcohol, opioid and tobacco use disorders, psychosocial interventions, residential rehabilitation and continuing care.
- Tobacco use is the most prevalent substance use disorder among Veterans, as approximately 1.42 million Veterans are current smokers.
- VA is a leader in smoking and tobacco use cessation treatment with a range of evidence-based interventions based on the 2008 update of the U.S. Public Health Service Clinical Guidelines: Treating Tobacco Use and Dependence.
- The smoking rate of Veterans in VA care is at its lowest ever at 16.8 percent, a 49 percent decrease from FY 1999.
- Treatment for Veterans who want to quit tobacco includes brief counseling in multiple settings including primary care; intensive counseling in smoking cessation specialty clinics; VA’s telephone quitline, 1-855-QUIT-VET; and in-home telehealth care.
- All FDA-approved smoking cessation medications are on the VA national formulary.
- VA has a field-based Tobacco Cessation Clinical Resource Center (TCCRC) responsible for developing evidence-based clinical resources and conducting site trainings and consultations.
- The TCCRC has conducted 193 hours of training at 26 VAMCs since FY 2011.
- VHA has made a commitment to address smoking as a health disparity in mental health (MH) and SUD populations through national trainings targeted to MH and SUD providers and development of clinical resources targeted to the needs of these populations.
- VHA collaborates with other federal agencies to develop tobacco cessation resources for Veterans. Through its collaboration with the National Cancer Institute, VHA developed 1-855-QUIT-VET, VA’s tobacco quitline, and SmokefreeVET, a text-messaging cessation program.

Military Sexual Trauma-Related Mental Health Treatment:
Military sexual trauma (MST) is the term VA uses to refer to experiences of sexual assault or repeated, threatening sexual harassment occurring during a Veteran’s military service.

Recognizing that many survivors of sexual trauma do not disclose their experiences unless asked directly, it is VA policy that all Veterans seen in VHA are screened for MST.

VA provides all MST-related care free of charge, and Veterans may be able to receive this care even if not eligible for other VA care. Receipt of free MST-related services is separate from the VA disability compensation process; documentation and service-connection (VA disability compensation) are not required.

Every VHA facility has an MST Coordinator who serves as a contact person for MST-related issues. He or she can help Veterans find and access VA services and programs – more information available at [www.mentalhealth.va.gov/msthome.asp](http://www.mentalhealth.va.gov/msthome.asp).

In FY 2014, every VHA facility provided MST-related outpatient care to both women and men – over 938,700 outpatient MST-related mental health visits were provided to Veterans with a positive MST screen. This is an 11.77 percent increase from FY 2013.

**Women’s Mental Health:**

- Since 2005, there has been a 154 percent increase in the number of women Veterans accessing VHA mental health services. In FY 2015, 182,107 women Veterans received VA mental health care.
- VA offers a full continuum of mental health services to women Veterans, including general outpatient, specialty, and inpatient and residential mental health treatment options.
- All VHA facilities must ensure that outpatient and residential programs have environments that can accommodate and support women with safety, privacy, dignity, and respect. All inpatient and residential care facilities must provide separate and secured sleeping and bathroom arrangements including, but not limited to, door locks and proximity to staff for women Veterans.
- VA policy requires that mental health services be provided in a manner that recognizes that gender-related issues can be important components of care.
- Women’s Mental Health has developed clinical training resources for VHA providers who care for women Veterans.
- Women’s Mental Health has implemented two innovative, entirely web-based clinical training workshops in Skills Training in Affective and Interpersonal Regulation (STAIR). STAIR is designed to treat women with emotional dysregulation and interpersonal problems, which are common in cases of chronic and complicated forms of PTSD. Both workshops have been developed in partnership with the developer of STAIR. One workshop, first offered in 2014, provides advanced didactic and expert case consultation to VHA providers who currently use this therapy in their work with women Veterans. In FY 2015, a web-based train-the-trainer workshop was developed and launched. This novel program uses videoconferencing to facilitate live demonstrations and role-playing. Both workshops have been very well-received and there are plans to continue to explore the use of web-based technologies to extend the reach of clinical educational programming.
In August, 2012, a Women’s Mental Health monthly teleconference was launched to provide information and training to VHA staff about issues specific to women Veterans’ mental health.

In September 2014, the Women’s Mental Health SharePoint site was developed. This VA intranet site includes information about new training opportunities and archives of past teleconferences, VA treatment programs for women Veterans, and key policy documents and resources specific to women Veterans’ mental health.

In October 2012, a women’s mental health email distribution list was developed to rapidly disseminate information to the field. To date, over 900 providers have signed up for this growing resource.

In FY 2014, an entirely web-based didactic and case consultation workshop in Skills Training and Interpersonal Regulation (STAIR) was developed. While several identified evidence-based treatments for PTSD have been disseminated across VHA, this program is unique in providing training in evidence-based coping skills that address social and role functioning, issues particularly salient for women with trauma histories.

**Therapeutic and Supported Employment Services for Veterans with Mental or Physical Disabilities:**

- VA’s Therapeutic and Supported Employment Services (TSES) was established for Veterans whose lives have been disrupted by mental illness or physical disabilities, and who would benefit from a supportive, stable approach to community-based competitive employment. TSES utilizes work-based treatment to facilitate and strengthen vocational rehabilitation potential and to provide a continuum of vocational skill development services.
- TSES is distinct from the Vocational Rehabilitation and Employment program (VR&E) administered by the Veterans Benefits Administration (VBA) in two primary ways: (1) VA service connection, disability compensation, or pension is not required to receive treatment through TSES, and (2) TSES vocational services are integrated in the Veteran’s medical treatment and continuum of care.
- In FY 2015, the TSES program provided services to over 80,000 Veterans.

**Web and Mobile Resources for Veterans, their Families, and their Communities:**

VHA has created a suite of award-winning tools that can be utilized as self-help resources, or as an adjunct to active mental health services. These are available as web-based courses and Smart Phone Mobile Applications.

**Web Tools**

**Coaching Into Care** ([www.va.gov/coachingintocare](http://www.va.gov/coachingintocare)) In order to serve family members who are concerned about a Veteran, VA has expanded the Coaching Into Care line nationally after a successful pilot in two VISNs. The service assists family members and friends help a Veteran seek care. Callers receive information about VA services and coaching on talking about treatment needs with the Veteran in their lives. Since the inception of the service in January 2010 through November 2014, Coaching Into Care ([www.va.gov/coachingintocare](http://www.va.gov/coachingintocare)) has logged 18,088 total initial and follow-up calls. Callers are 79 percent female, and most callers are spouses or family members.
Veteran Training ([www.veterantraining.va.gov](http://www.veterantraining.va.gov)) In 2014, VA launched its online portal for self-help web-based resources, to provide a “one stop shopping” experience for web-based self-help resources for Veterans and their families. Currently, the following award-winning courses are available:

- **Moving Forward** ([www.veterantraining.va.gov/movingforward](http://www.veterantraining.va.gov/movingforward)) an educational and life coaching program that teaches Problem Solving skills to help Veterans better handle life’s challenges. It is an interactive program based on the principles of Problem Solving Therapy which allows for anonymous, self-paced, 24-hour-a-day access that can be used independently or in conjunction with mental health treatment.

- **Veteran Parenting** ([www.veterantraining.va.gov/parenting](http://www.veterantraining.va.gov/parenting)) a course to help parents learn how to address both everyday parenting challenges as well as family issues unique to military families.

- **Anger and Irritability Management Skills (AIMS)** ([http://www.veterantraining.va.gov/aims/](http://www.veterantraining.va.gov/aims/)) The AIMS course, launched in 2015, offers a wide range of practical skills and tools to manage anger and develop self-control over thoughts and actions.

- **PTSD Coach Online** ([http://www.ptsd.va.gov/apps/ptsdcoachonline/default.htm](http://www.ptsd.va.gov/apps/ptsdcoachonline/default.htm)), a web-based version of the award winning PTSD Coach, this course is for trauma survivors, their families or anyone coping with stress. It includes tools to help manage anxiety, anger, sleep problems and more.

**VA Toolkits**

In 2013 and 2014, VHA Mental Health Services developed a series of specialized online toolkits for different populations including Veterans seeking employment, Veterans who are attending colleges and universities, and mental health providers who see Veterans in the community

- **Veterans Employment Toolkit** ([www.va.gov/vetsinworkplace](http://www.va.gov/vetsinworkplace)), a resource that supports Veterans seeking work and that also helps employers support their employees who are Veterans or members of the Reserve or National Guard. The toolkit includes a section for Employee Assistance Program (EAP) providers supporting Veterans in the workplace and a one-hour course that offers CE for EAP providers.

- **VA Campus Toolkit** ([www.mentalhealth.va.gov/studentveteran](http://www.mentalhealth.va.gov/studentveteran)) is a place where faculty, staff, and administrators can find resources to support student Veterans and learn about their strengths, skills, and needs. The Toolkit includes access to the VA Veterans Integration to Academic Leadership (VITAL) program which offers VA clinical care and outreach to Veterans on campus

- **Community Provider Toolkit** ([www.mentalhealth.va.gov/communityproviders](http://www.mentalhealth.va.gov/communityproviders)) was developed to enhance the delivery of mental health services to Veterans through increased communication and coordination of care between community providers and VA. This project is directly aligned with the Department of Veterans Affairs’ priority to strengthen partnerships among VA and community services and providers to enhance care for Veterans. By providing pragmatic tools and information for community providers, the project is designed to increase access to VA services and resources for Veterans. Specific topics addressed within the toolkit include military culture, communicating with and accessing VA services, and mental health information and resources. In addition to the online website, the Community Provider Toolkit mobile site can be accessed via smartphone. Since its creation, the toolkit website has been visited over 100,000 times.
**Military Culture Training**

*Military Culture: Core Competencies for Healthcare Professionals* is a resource developed by VA in collaboration with DoD to enhance the quality of medical and behavioral health care services provided to Service members and Veterans. It was designed as a comprehensive, in-depth 4-module, 8 hour (2 hours per module) training in military culture for DoD, VA, and community providers seeking to support the care of Veterans, Service members and their families. The course provides up to eight free continuing education credits and can be accessed at [www.deploymentpsych.org/Military-Culture](http://www.deploymentpsych.org/Military-Culture). Since its launch in August 2014, over 500 healthcare professionals have completed at least one module of the course. VA is working with community partners to nationally disseminate this new resource.

**Mobile apps**

VA has deployed a suite of 13 award-winning mobile apps to support Veterans and their families with tools to help them manage emotional and behavioral concerns.

- **PTSD Coach** (released 2011; 233,000 downloads in 95 countries) was the VA’s premier mobile app. Deployed as a VA and DoD joint project, PTSD Coach continues to be widely acclaimed, winning numerous awards. It is a tool for self-management of PTSD, and includes the following features: a PTSD self-assessment tool, with feedback and a graph for tracking symptoms over time; educational materials about PTSD symptoms, treatment, related conditions, and forms of treatment; relaxation and focusing exercises designed to address symptoms of PTSD in the moment; and immediate access to crisis resources, personal support contacts, or professional mental healthcare. Additionally, as of the end of FY 2014, PTSD Coach Canada and PTSD Coach Australia were deployed. These efforts integrated language, cultural, and local changes into the existing platform, creating the foundation for the first truly global mobile resource for mental health. More countries are working on customized versions, which are anticipated to be launched in 2016.

- **PE Coach for PTSD** (released 2012; 44,000 downloads in 70 countries) is designed for people who are in Prolonged Exposure therapy and want to use a PE app in conjunction with their therapist. Features include easy to use audio recording function to capture accounts of the traumatic memory for review later with the therapist; an assessment tool for tracking symptoms and progress; PE homework assignments for each session; reminders for therapy sessions; and educational materials about prolonged exposure therapy and its treatment components.

- **CBT-i Coach for insomnia** (released 2013; 86,000 downloads in 87 countries) was a collaborative effort between the Department of Veterans Affairs’ National Center for PTSD (NCPTSD), Stanford University Medical Center, and the Department of Defense’s National Center for Telehealth and Technology (T2). CBT-i Coach is a mobile phone app designed for use by people who are having difficulty sleeping and are participating in Cognitive Behavioral Therapy for Insomnia guided by a healthcare professional. The features of CBT-i Coach include: an interactive sleep diary for convenient daily logging of sleep habits; automatic calculation of the sleep prescription, with options for the therapist to adjust based on clinical judgment and patient progress; an assessment of insomnia severity, with a graph to view progress; comprehensive educational materials about sleep, healthy sleep habits, barriers to sleep, and CBT-i therapy; dynamic tools to improve sleep, including relaxation exercises and sleep hygiene recommendations (e.g., using a checklist for setting up the sleeping area); and customizable reminders to alert...
the user when to prepare for bed, when to go to sleep, when to get out of bed, to record sleep habits, and to take sleep assessments.

- **ACT Coach** for depression (released 2014; 23,000 downloads in 93 countries) for people currently participating in Acceptance and Commitment Therapy (ACT) who want to use an app in conjunction with their therapist to bring ACT practice into daily life. The features of ACT Coach include: mindfulness exercises to practice the ACT core concepts; tools to help identify personal values and take concrete actions to live one’s life by those values; logs for keeping track of useful coping strategies and willingness to practice; and educational materials about the principles and practices of ACT.

- **CPT Coach** for PTSD (released 2014; 9,600 downloads in 60 countries) for people currently participating in Cognitive Processing Therapy for PTSD who want to use an app in conjunction with therapy. Features of CPT Coach include: an assessment tool for tracking symptoms and progress; CPT practice assignments and worksheets for each session; reminders for therapy sessions; and educational materials about CPT and its components.

- **Stay Quit Coach** for smoking cessation (released 2013; 6,700 downloads in 69 countries), helps people who are in treatment to quit smoking by providing a source of readily available support and information in support of their smoking cessation efforts. The app guides users in creating a tailored plan that takes into account their personal reasons for quitting. It provides information about smoking and quitting, interactive tools to help users cope with urges to smoke, and motivational messages and support contacts to help users stay smoke-free.

- **Mindfulness Coach**, (released 2014; 39,000 downloads in 95 countries) provides tools to assist users in practicing mindfulness meditation. People may practice mindfulness to help cope with emotional distress, increase their resilience and build positive skills for managing their lives. Mindfulness has also been shown to be useful for stress reduction, depression, physical pain, and other physical and mental health conditions.

- **Moving Forward** (released 2014; 5,400 downloads in 54 countries) teaches problem solving skills and can be used in a stand-alone fashion or while participating in Problem Solving training. Emphasis is on teaching skills to better handle stressful problems. Key features include educational information about Problem Solving; assessment of stress level and problem-solving style; exercises in stress management; problem-solving worksheets; and customized support contacts.

- **Concussion Coach**, (released 2013; 7,700 downloads in 69 countries) offers treatment and coping resources for mild traumatic brain injury. Concussion Coach provides portable, convenient tools to assess symptoms and cope with TBI-related problems, including relaxation exercises; a self-assessment tool with feedback and a graph for tracking symptoms over time; educational materials about traumatic brain injury and options for treatment by TBI professionals; and immediate access to crisis resources, personal support contacts, or professional mental healthcare.

- **Parenting2Go**, (released 2014; 2,900 downloads in 37 countries), which teaches healthy parenting skills, helps Service Members, and Veterans, reconnect with their children/family after deployment or anytime. Parenting2Go provides Military and Veteran parents with convenient in-the-moment tools to help with parenting challenges. Parents can find strategies to switch gears between military life and home; access quick parenting advice; stop and slow down when frustrated or stressed; and improve their relationship with their children through positive communication.
• **PFA Mobile** (released 2012; 18,000 downloads in 67 countries) was developed collaboratively among VA, DoD and the National Child Traumatic Stress Network. Disseminated as a mobile app for disaster responders, PFA Mobile is based on Psychological First Aid. Additionally, it has been translated for deployment in Japan.

• **Mood Coach** for depression (released March 2016) provides positive activity scheduling based on the principles of Behavioral Activation treatment for depression. The app includes a complete activity scheduling system, a daily mood rating tool, the PHQ-9 assessment for tracking symptoms of depression, and education about depression and PTSD.

• **PTSD Family Coach** for family members of those with PTSD (released March 2016) is designed specifically to support the needs of intimate partners and children. It offers stress coping tools, an assessment and graph for tracking stress over time, education about the effect of PTSD on the family, and ways to plan for emergencies and connect with support.

**Vet Centers:**

• Vet Centers are community-based counseling centers, within the Veterans Health Administration’s Readjustment Counseling Service (RCS), that provide a wide range of social and psychological services including professional readjustment counseling to Veterans and active duty Service members, to include members of the National Guard and Reserve components, who:
  
  - Have served on active military duty in any combat theater or area of hostility;
  - Experienced a military sexual trauma while serving on active military duty;
  - Provided direct emergent medical care or mortuary services, while serving on active military duty, to the casualties of war, or;
  - Served as a member of an unmanned aerial vehicle crew that provided direct support to operations in a combat zone or area of hostility.
  - Vietnam Era veterans who have accessed care at a Vet Center prior to January 1, 2004.

• There are 300 community-based Vet Centers, located in all 50 states, the District of Columbia, American Samoa, Guam, Puerto Rico, and the US Virgin Islands (www.vetcenter.va.gov).

• While not a part of the VA Mental Health Care or VA Medical Center organizational structure, all Vet Centers connect to these offices through collaboration and referral.

• To use Vet Center services Veterans or Service members:
  
  - Do not need to be enrolled with the Department of Veteran Affairs (VA) Medical Centers;
  - Do not need a disability rating or service connection for injuries from either the VA or the Department of Defense, and;
  - Can access Vet Center services regardless of discharge character.

• RCS also maintains a fleet of 80 Mobile Vet Centers that are designed to extend the reach of Vet Center services through focused outreach, direct service provision, and referral to communities that do not meet the requirements for a “brick and mortar” Vet Center, but where there are Veterans, Service members, and their families in need of services. Many
of these communities are distant from existing services and are considered rural or highly rural.

- In FY 2015, the Vet Centers Vet Centers provided over 228,000 Veterans, Service members and families with over 1,664,000 visits.
- The Vet Center Combat Call Center is an around the clock confidential call center where combat Veterans and their families can talk with staff comprised of fellow combat Veterans from several eras. In FY 2015, the Vet Center Combat Call Center took over 113,000 calls from Veterans, Service members, their families, and concerned citizens.
- One cornerstone of the Vet Center program’s success is the added level of confidentiality for Veterans and their families. Vet Centers maintain a separate system of record which affords the confidentiality vital to serving a combat exposed warrior population. Without the Veteran or Service member’s voluntary signed authorization, the Vet Centers will not disclose Veteran client information unless required by law. Early access to readjustment counseling in a safe and confidential setting goes a long way to reducing the risk of suicide and promotes the recovery of Service members returning from combat.
- In addition, over 72 percent of all Vet Center staff are Veterans themselves. This allows the Vet Center staff to make an early empathic connection with Veterans who might not otherwise seek services even though they are much needed. The Vet Center program is a very effective program within VA in combating stigma and other barriers to care.

**Public, Private, and Academic Partnerships:**
VA is working with public and private partners across the country with the goal of ensuring that no matter where a Veteran lives, he/she can access quality, timely mental health care.

- VA is working with universities, colleges and health professional training institutions across the country to expand their curricula to address the new science related to meeting the mental and behavioral health needs of our Nation’s Veterans, servicemembers, and their families.
- VA’s Veterans Integration to Academic Leadership (VITAL), places VA mental health staff at colleges and universities to work with Veterans enrolled in higher education. VITAL provides on-campus clinical counseling by a licensed professional, care coordination services, and education on military culture and Veterans to raise awareness and support.
- VA is hosting annual Community Mental Health Summits at each VAMC. Each facility will focus on building new partnerships and strengthening existing partners to meet the needs of Veterans and Veteran families residing in their catchment area.
- Each VAMC has appointed a Community Mental Health Point of Contact to provide ready access to information about VA eligibility and available clinical services, ensure warm handoffs at critical points of transition between systems of care, and provide ongoing liaison between VA and Community Partners.

**Academic Affiliations and Training:**
- VA is helping to build a pipeline of highly-trained mental health professionals who may consider VA as a career. VA’s Office of Academic Affiliations trains roughly 6,400 trainees in mental health occupations per year, and roughly 70 percent of VA psychiatrists and psychologists received some of their clinical training at a VA facility.
• VA has increased mental health training opportunities for several years through increases in mental health training positions and approval of new sites for training. For example, by July 2014, VA psychology internships will be present in 49 states, Puerto Rico, and the District of Columbia. There has been some targeted expansion in training in rural and highly rural facilities. VA had the first accredited Psychology residency program in the state of Alaska.

• VA’s Mental Health Education Expansion Initiative, a new five-year commitment, will increase clinical education in mental health professions. In the first year, Academic Year 2013-2014, over 200 training positions were added. In the second year, Academic Year 2014-2015, 126 positions at 45 different sites were added.

• VA’s Office of Nursing Services has focused actions on mental health practice, education, and staffing efforts over recent years with a targeted focus to include:
  o Appointed a field based Mental Health Clinical Nurse Advisor responsible for chairing the Mental Health Nursing Advisory Committee which provides guidance and consultation in mental health nursing practice initiatives to ultimately support the mental health needs of Veterans;
  o Mental Health Field Advisory Committee projects include: (1) revision and expansion of the Staff Nurse Guide on Leading Mental Health Groups; (2) revision of the current mental health nurse competencies to competencies based on models which will move the competency assessment process beyond regulatory standards thereby creating mental health nursing excellence; (3) development of a cross training program for mental health nursing staff to enhance nursing staff performance and skills and assist in the recruitment and retention of quality mental health nursing staff.
  o Ongoing collaboration efforts with key nursing organizations, such as the American Association of Nurse Practitioners (AANP) and the American Psychiatric Nurses Association (APNA), to assist with current recruitment, retention, and education of future mental health nurses and to ensure nurses are functioning at the fullest extent and scope of their practice;
  o Chartered a VA/American Association of Colleges of Nursing (AACN) workgroup to develop a toolkit for preparing future nurses for VA employment with a focus on Veteran specific clinical needs;
  o Collaboration with VHA mental health leadership regarding: (1) exploration of a staffing methodology pilot for various nursing personnel in mental health programs; (2) participation and support of recovery initiatives including the planning and design of educational activities; and (3) collaboration in the development of the mental health recovery toolkit and ongoing participation in the revision of handbooks.

Hiring Efforts:
• VA has taken aggressive action to recruit, hire and retain mental health professionals in order to improve Veterans’ access to mental health care.
• VA is committed to working with public and private partners across the country to support full hiring, to ensure that no matter where a Veteran lives, he or she can access quality, timely mental health care. For example, multiple professional organizations, including the American Psychiatric Association and American Psychological Association, have offered support in getting announcements to their members about the rewarding career opportunities that exist within VA.
• As part of our ongoing comprehensive review of mental health operations, VA has considered a number of factors to determine additional staffing levels distributed across the system, including:
  o Veteran population in the service area;
  o The mental health needs of Veterans in that population; and
  o Range and complexity of mental health services provided in the service area.
• Because there are no industry standards defining accurate mental health staffing ratios, VA has developed a recommended staffing standard, which continues to be refined.
• VHA has developed a prototype staffing model for general mental health and is expanding the model to include specialty mental health. VHA will build upon the successes of the primary care staffing model and apply these principles to mental health practices.
• VHA is piloting the general mental health staffing model through its implementation of team-based care for Veterans in general mental health outpatient settings. Facilities throughout the country are developing interdisciplinary teams of providers and clerical support staff to promote increased access to Veteran-centered, coordinated care. VHA will continue to work closely with DoD to educate Service members, VA staff, Veterans and their families, public officials, Veterans Service Organizations and other stakeholders about all mental health resources that are available in VA and with other community partners.