VA Mental Health Services

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VA HEALTH CARE | Defining EXCELLENCE in the 21st Century

VA | U.S. Department of Veterans Affairs
Veterans Health Administration

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OVERVIEW

The following report is designed to give Veterans, their families, and the broader community information about the mental health treatment programs offered by the Department of Veterans Affairs (VA). It documents the rapid growth in demand for VA mental health services during the past decade, some of the challenges this has created, and ways in which VA has responded. VA measures the resources available to address Veterans' mental health needs, and this report highlights some of these, including budgeting for mental health care, staffing and space for mental health programs, and use of technology to improve access to treatment. The report also presents information about Veterans' experience of care, including the types and amount of mental health services received and Veterans' opinions about access and quality of care. VA has ongoing efforts to use this information to address areas of concern and improve the quality of VA mental health treatment.

INTRODUCTION

Since Lincoln affirmed the government's obligation to care for those who have fought its battles, the "invisible wounds" of military service have received increasing recognition. These invisible wounds include mental health problems, such as post-traumatic stress disorder (PTSD), depression, and substance use, that may be accompanied by difficulties in relationships, work, housing, and other aspects of everyday life. VA is committed to partnering with Veterans and providing recovery-oriented mental health services. The goal is to help Veterans reach their full potential and achieve improved well-being, whether they are newly returned from battlefronts or facing new challenges brought on by life's journey.

VA has unique resources for addressing Veterans' mental health needs. As one of the largest integrated health care delivery systems in the United States, VA offers a continuum of coordinated mental health services, including mental health services in Primary Care clinics, general and specialized outpatient mental health clinics, residential treatment programs, intensive inpatient treatment programs, and a professionally-staffed Veterans Crisis Line. Services include individual and group therapy, evidence-based medications, care coordination, and resources that address needs in the areas of housing, employment, and the justice system. As part of the recovery model, Veterans talk with their VA providers about their strengths, goals, and needs, and come to mutual agreement about a care plan. Sensitivity to the experience of Veterans is a key part of this process. Contributing to greater awareness, VA employs many Veterans who serve as peer counselors, professional staff, and in other supportive roles, and many staff members obtained part of their professional training in VA.

VA takes a systematic approach to improving its mental health treatment programs. VA monitors program performance and uses this information to identify and address concerns. VA mental health programs are regularly evaluated by external accreditation organizations and through site visits by VA staff. The results of these visits are used to identify program strengths and weaknesses and to develop action plans to address problem areas. Another aspect of program improvement is VA's support for research on new approaches to treatment of the

mental health problems faced by Veterans. Among the innovations are Prolonged Exposure Therapy and Cognitive Processing Therapy for PTSD and Cognitive Behavioral Therapy for chronic pain and for insomnia. Additionally, VA has developed processes to ensure that new, effective approaches are translated into practice.

VA has faced recent challenges in fulfilling its commitment to Veterans, most notably a rapid increase in use of mental health services. Among Veterans who used VA health care services in 2013, 26 percent used mental health services, about double the rate seen in the general U.S. population. Not only is this rate of mental health service use higher than in the general population, but it also has grown rapidly during the past decade. Between 2005 and 2013, the number of Veterans who received mental health care from VA increased 63 percent, over three times faster than the growth in numbers of VA users overall (Figure 1).

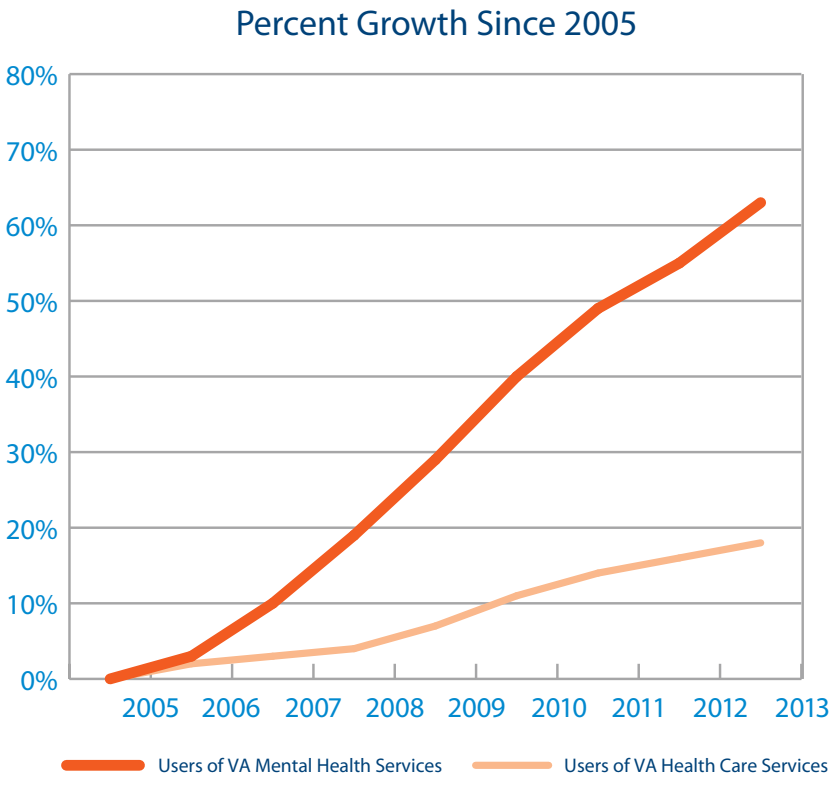

Figure 1. Percent growth since 2005 in numbers of Veterans using VA mental health services and VA health care services overall.

Veterans from recent conflicts accounted for a significant portion of this increase in mental health service users. Between 2002 and 2013, more than 1.6 million Veterans left active duty and became eligible for VA care, and just over half of these Veterans have accessed VA care. Among these newer VA users, 54 percent have sought care for mental health disorders, more than double the rate seen among all VA users. In addition to these younger Veterans, the substantial cohort of aging Vietnam Era Veterans continues to make up a large portion of those using mental health services. Whether they served in recent or in earlier conflicts, Veterans' need for mental health services is substantial.

The rapid growth in demand for VA mental health services has created challenges, but the consistent goal is to ensure that all Veterans have access to high-quality mental health care. This goal of excellence in mental health treatment requires that VA provide Veterans with timely and effective treatment that is based on their needs, goals, and preferences. VA is committed to ensuring mental health treatment excellence by regular program monitoring and working with staff to make program improvements.

In addition, VA believes it is important to provide Veterans, their families, and the public with clear and accurate information on the quality of VA mental health treatment. The present report has been developed with these objectives in mind. It includes information about (1) VA's capacity to provide high-quality mental health care, as indicated by such resources as funding, staffing, and space, and (2) Veterans' experiences in receiving that care, including timeliness, types and quantity of services, and patient satisfaction.

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CAPACITY

Capacity refers to all the resources required to provide Veterans timely delivery of high-quality mental health care. The present report touches on (1) the financial resources devoted to mental health care, (2) the potential demand for services, (3) measures of the workforce and human resources, and (4) the physical and technological infrastructure needed to support that care.

Financial Resources

Financial resources influence VA's ability to hire qualified staff, to offer Veterans appointments without undue delay, and to provide adequate and well maintained space for treatment. The VA mental health budget, which was $6.2 billion in 2013, is the total amount budgeted to provide VA mental health services. The appropriate amount of spending for mental health services is influenced by many factors, including the balance of medical and mental health needs of patients being served, where and how care is provided, and how actively patients have engaged in treatment.

In 2013, 11.2 percent of VA health care spending was directed to mental health care, a level that has increased since 2007.

In order to better understand this mental health budget number, it is helpful to consider it in several different ways. When the total mental health budget is compared with overall health care spending, it can tell us what portion of VA health care dollars was allocated to treating mental health problems. In 2013, 11.2 percent of VA health care spending was directed to mental health care, a level that has increased since 2007 (Figure 2). In comparison, mental health care spending for the U.S. as a whole was stable at around 7.4 percent of health care spending between 2007 and 2009 (currently available data). The percentage of the population with mental health problems is a key factor contributing to the changes over time and to the difference between VA and the U.S. as a whole.

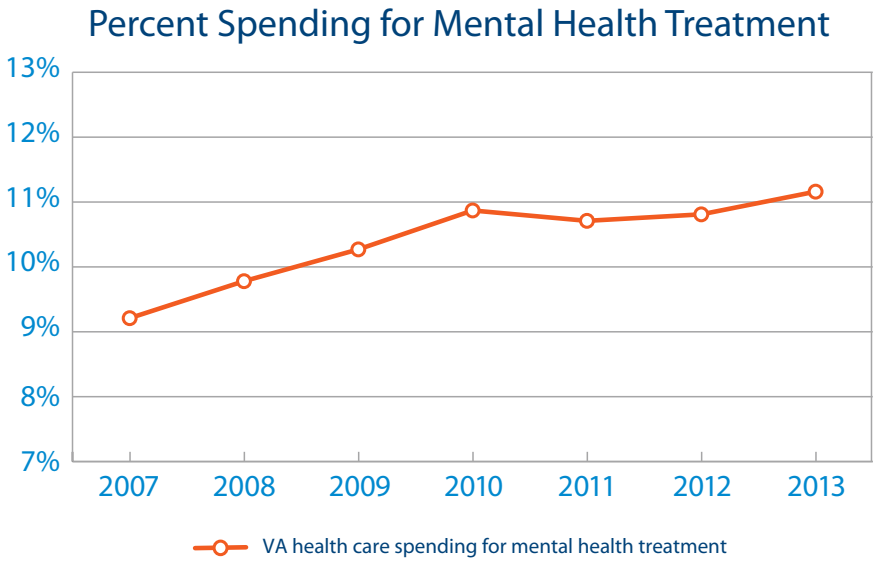

Figure 2. Changes in proportion of VA health care spending for mental health treatment, 2007 to 2013.

The mental health budget also can be considered in terms of dollars spent for each Veteran in treatment (the per capita expenditure), which is one indication of whether growth in mental health care spending has kept pace with growth in the numbers of Veterans seeking such care. Other factors, such as the severity of Veterans' mental health problems and inflation in medical care costs, also affect the spending level. In 2013, the average dollars spent for each Veteran receiving mental health services was $3,702, up from $3,480 in 2008, a six percent increase over this five-year period.

Per capita spending on mental health care is influenced by the setting in which it is provided. Mental health services can be provided through outpatient programs, which treat the Veteran living in the community. Outpatient mental health care is organized into general and specialty mental health programs. Specialty care includes programs for Veterans with post-traumatic stress disorder (PTSD), substance use disorders, or severe mental illness. In certain situations, a Veteran may be admitted for more intensive treatment in a residential treatment program or a hospital inpatient program. Because these different kinds of treatment programs vary in treatment intensity and length of treatment, they vary in costs. General outpatient care is least costly, followed by specialty outpatient care, and then by residential treatment and inpatient programs.

Research has shown that mental health treatment provided in outpatient programs is as effective as inpatient treatment for most patients and in most situations. To make the best use of health care dollars, mental health treatment in the United States shifted from inpatient to outpatient settings beginning in the 1980s. A similar shift from VA inpatient to outpatient mental health treatment has occurred in recent decades (see Figure 3).

Available data allow for direct comparisons between VA and the U.S. as a whole in patterns of mental health care spending during 2009. In that year, VA spent 30 percent of mental health care dollars on inpatient care (vs. 26 percent for the U.S.) and 56 percent on outpatient care (vs. 49 percent for the U.S.). VA spending on residential treatment was lower than that in the U.S. as a whole (15 percent vs. 25 percent).

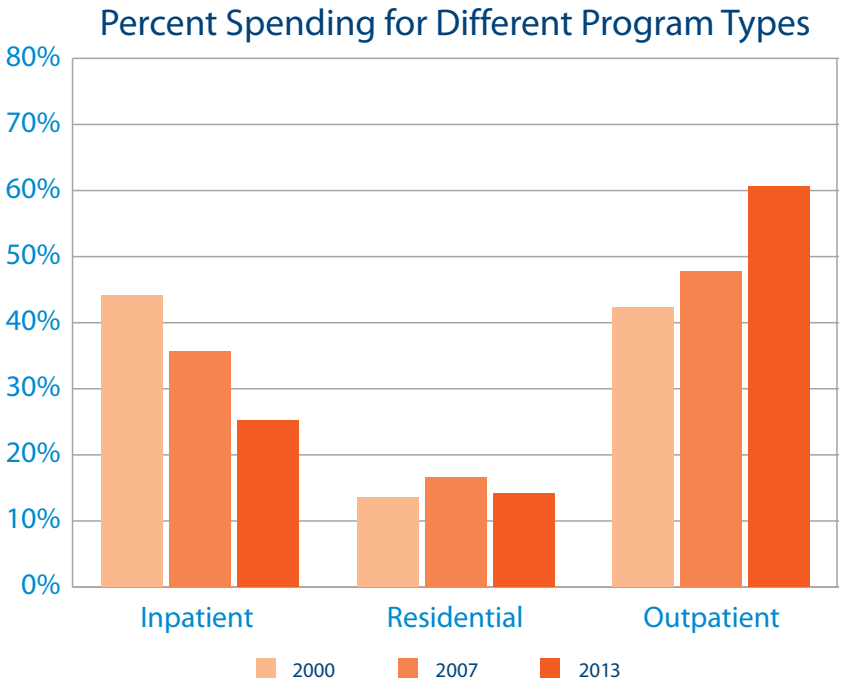

Figure 3. Changes in proportion of mental health care spending going to different VA program types, 2000 to 2013.

System Boundaries and Size

A clear understanding of the numbers and characteristics of Veterans likely to access services is important for planning and developing the resources needed to address their mental health needs. The capacity to deliver mental health care is affected by the geographic areas in which programs operate and the characteristics of the Veteran population in the region being served. For example, Veterans who have a condition directly related to military service are most likely to use VA health care services. Such service-connected Veterans have priority in receiving VA services and are a large and important target group for VA care. Across the country, 23 percent of all service-connected Veterans and 50 percent of Veterans who are service connected for mental health conditions are receiving mental health care from VA.

In addition to service connection, the distance that Veterans must travel to receive VA services is another factor related to service use. When Veterans have to travel farther, they are less likely to use services. VA tracks trends in travel time to the nearest VA facility providing mental health outpatient services. Currently, this travel time is less than an hour for 79 percent of VA patients. VA will continue to identify facilities where the travel time is greatest and develop ways to address these situations (such as through contract care, mobile clinics, Community-Based Outpatient Clinics, improved telehealth resources, or Vet Centers).

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Workforce and Human Resources

The most important resource in the delivery of mental health care is the availability of well-trained staff. When there are sufficient properly trained and experienced clinicians to deliver care, outcomes of mental health treatment are better. VA therefore monitors the numbers and types of staff employed and works to ensure adequate staffing levels and to improve staff skills.

Staffing levels. The recent rapid growth in the number of Veterans seeking mental health treatment in VA has posed challenges in the area of staffing. In Figure 4, the growth in numbers of Veterans using mental health services is depicted by the solid line, which shows an increase from 897,643 in 2005 to 1,464,654 in 2013. (The number of patients is expressed in terms of hundreds in order to show staff and patient numbers on the same graph. For example, 10,000 on the vertical axis represents 1,000,000 patients and 10,000 staff.)

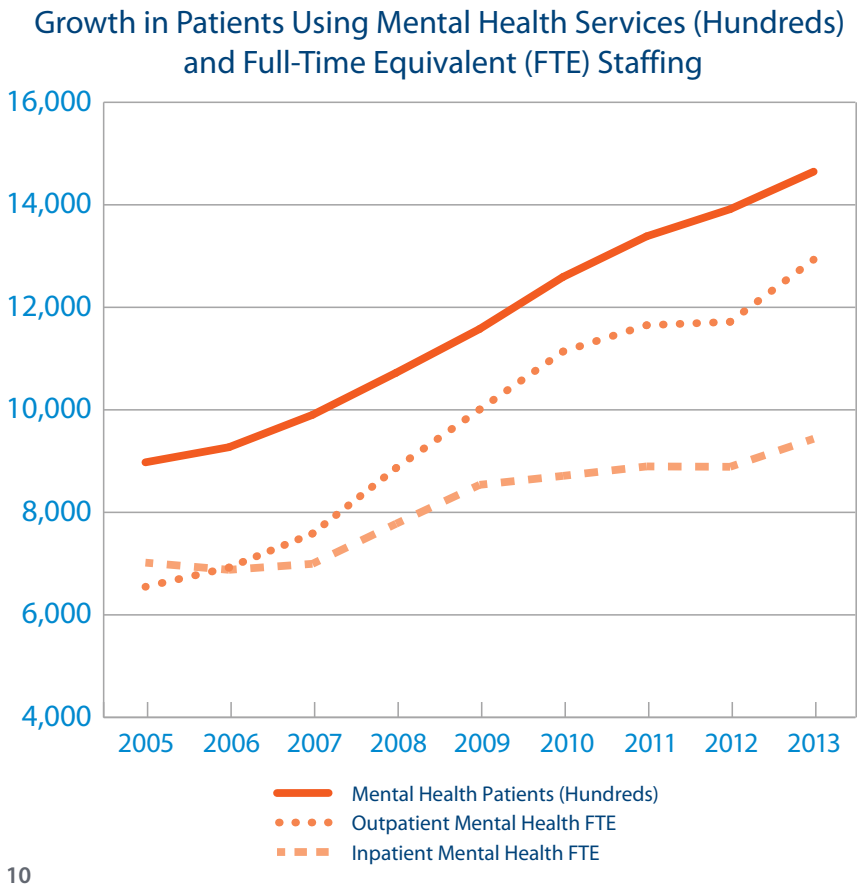

Figure 4. Growth in numbers of patients using mental health services and in outpatient and inpatient full-time equivalent (FTE) staffing levels, 2005 to 2013.

This graph also shows the growth in mental health clinical staff, measured in terms of the full-time equivalent (FTE) staff providing outpatient and inpatient treatment. (This excludes time staff members spend in research, teaching, or administrative roles. The FTE counts the time devoted to providing care rather than the number of staff members who provide that care. For example, if two staff members each spend half their time delivering outpatient care, taken together their time would be equal to one outpatient FTE.) The graph shows that hiring of outpatient mental health clinical staff grew somewhat faster than mental health patient numbers through 2010 and then began leveling off. Consistent with the decreased emphasis on inpatient care, the inpatient mental health staff FTEs began to level off after 2009. A 2013 hiring initiative resulted in gains in both inpatient and outpatient staff FTEs, bringing overall staffing levels closer to those present in 2010.

The staffing information in Figure 4 represents averages across all VA facilities, but concerns also have been raised about differences among VA facilities. In early 2012, for example, the ratio of mental health outpatient clinical staff FTEs per 1,000 mental health patients seen in that year varied across VA facilities, from a low of approximately five staff FTEs per 1,000 patients to a high of about 14 staff FTEs per 1,000 patients. To boost staffing at facilities with low staffing levels, those facilities engaged in an active campaign to fill vacancies and hire new mental health staff, both clinical and clerical. VA exceeded its goal of hiring 1,600 new clinical providers by the June 30, 2013, target date.

VA is currently examining different approaches to setting minimum staffing targets for individual facilities. Once useful and meaningful targets are established, adherence to staffing recommendations will be monitored, and VA will work to understand and address the barriers that prevent some facilities from meeting staffing goals. These targets will require hiring additional staff at most facilities to address increasing patient demand and to fill vacancies promptly.

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Staffing models. In addition to efforts to increase the overall numbers of mental health staff, VA is working to develop staffing models to define the number and types of mental health staff necessary to serve Veterans seeking mental health care for each site where this care is delivered. The overall model includes staffing for three settings for outpatient mental health care: Primary Care-Mental Health Integration (PCMHI), general mental health, and specialty mental health. Staff members in these programs come from a variety of disciplines (e.g., psychology, psychiatry, social work, counseling, and nursing).

PCMHI works with patients in primary care to address mental health concerns that require only low intensity treatment and to provide maintenance treatment to patients with chronic mental health conditions. General mental health clinics provide recovery-oriented care for patients in need of standard care, including medication, case management, psycho-education, and common psychotherapies for mental health conditions. Specialty mental health provides time-limited care that is targeted to specific patients and types of problems. These programs include intensive substance use disorder and PTSD treatment, mental health intensive case management, supported employment, and psychosocial rehabilitation and recovery programs. VA allows for local flexibility in the organization of staff between general and specialty mental health services, because even those sites with the highest rated quality differ greatly in how they organize care delivery.

Within general mental health programs, VA is exploring an innovative model of care called the Behavioral Health Interdisciplinary Program. In this model, patients receiving mental health care each have an assigned, stable interdisciplinary team to coordinate and deliver their general mental health care. This model of treatment is expected to improve recovery-oriented care, care coordination, and Veteran engagement in treatment. It may reduce adverse events and emergency care needs through better case management and may improve efficiency by reducing duplicate assessments and care delivery. This model is currently being tested and will be offered more broadly once testing is complete.

Staff vacancy rates. Unfilled mental health staff positions reduce the number of available staff and the ability of VA to provide timely services to Veterans. Across VA the vacancy rate for mental health staff was 8.7 percent at the end of 2013. Vacancy rates can be high because of staff burnout and turnover, but vacancy rates also can be affected by a variety of factors outside the control of a facility, such as local economic conditions and the availability of mental health staff in the community. Ongoing monitoring will identify facilities with higher than expected vacancy rates. By working with local staff to understand reasons for high vacancy rates, VA will be able to help them reduce those rates and increase their capacity to deliver mental health services.

Trainees and fellows. Mental health trainees and advanced fellows can expand VA's capacity to provide mental health services by providing clinical care under the direct supervision of regular mental health staff. In addition, these trainees form a recruitment pool from which future mental health professionals can be hired with confidence in their training and commitment to the VA mission. The number of trainees is closely monitored to ensure the right balance with permanent mental health staff and to expand mental health treatment capacity where needed.

Peer support. As a key element of its emphasis on recovery-oriented care, VA has hired over 950 peer support staff across the country and integrated them in existing mental health treatment programs. These peer specialists are Veterans who have been actively and successfully engaged in their own mental health recovery and who are trained to help other Veterans achieve their treatment and personal life goals. These peer specialists demonstrate that recovery is achievable and help instill hope among those still working though difficult problems.

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Staff training. Staff training and expertise also influence VA capacity to provide needed services. VA Mental Health has put substantial effort into training staff to use specific psychotherapy approaches that research shows can improve patients' functioning. For example, an approach called Prolonged Exposure Therapy improves outcomes for patients with PTSD. Other examples are motivational interviewing with patients who report elevated alcohol use and supported employment for patients with severe mental illness, such as schizophrenia. As of September 2014, more than 8,700 VA staff had participated in at least one of the VA training programs designed to teach staff how to provide specific evidence-based treatment approaches.

In addition, VA has designated a local coordinator at each VAMC to facilitate the broader use of these therapies. VA monitoring of nine specific treatment approaches indicates that more than 90 percent of VA facilities offer at least eight of these treatments. Training efforts will continue to focus on increasing the numbers of clinicians at each facility who are qualified to provide these treatments.

Infrastructure

Physical infrastructure. Limited physical space and equipment can reduce capacity to provide high-quality mental health care, even when there are enough fully trained staff members. This is especially true in the face of rapid expansion of demand for services, such as has occurred in VA. For this reason, treatment space for Veterans with mental health needs is closely monitored. At the end of 2013, assessments showed that mental health care accounts for five percent of all space managed by VHA (3.5 square feet for each mental health patient served in a given year). As with financial resources, these measures will be used to monitor trends over time and to identify facilities that may need to increase their allocation of space to mental health care.

Data and information technology. VA uses a variety of technology tools to understand the changing needs of Veterans and the quality of mental health services provided. The present report is but one example of VA use of data to monitor its health care, provide information to varied audiences, and plan quality improvement. VA is working to develop more such applications of information technology.

Technology tools can directly affect capacity. For example, where travel distances to VA facilities are great or space is limited, technology can help expand capacity. The National Tele-Mental Health Program is a well-established program that oversees the expansion and provision of mental health services through secure communication channels. These services are known to increase access to care for Veterans, particularly in remote areas. In 2013, more than 91,000 Veterans received some of their mental health treatment through telehealth, for a total of just over 278,000 sessions. VA will continue to encourage telehealth applications where appropriate and to monitor the reach of these programs.

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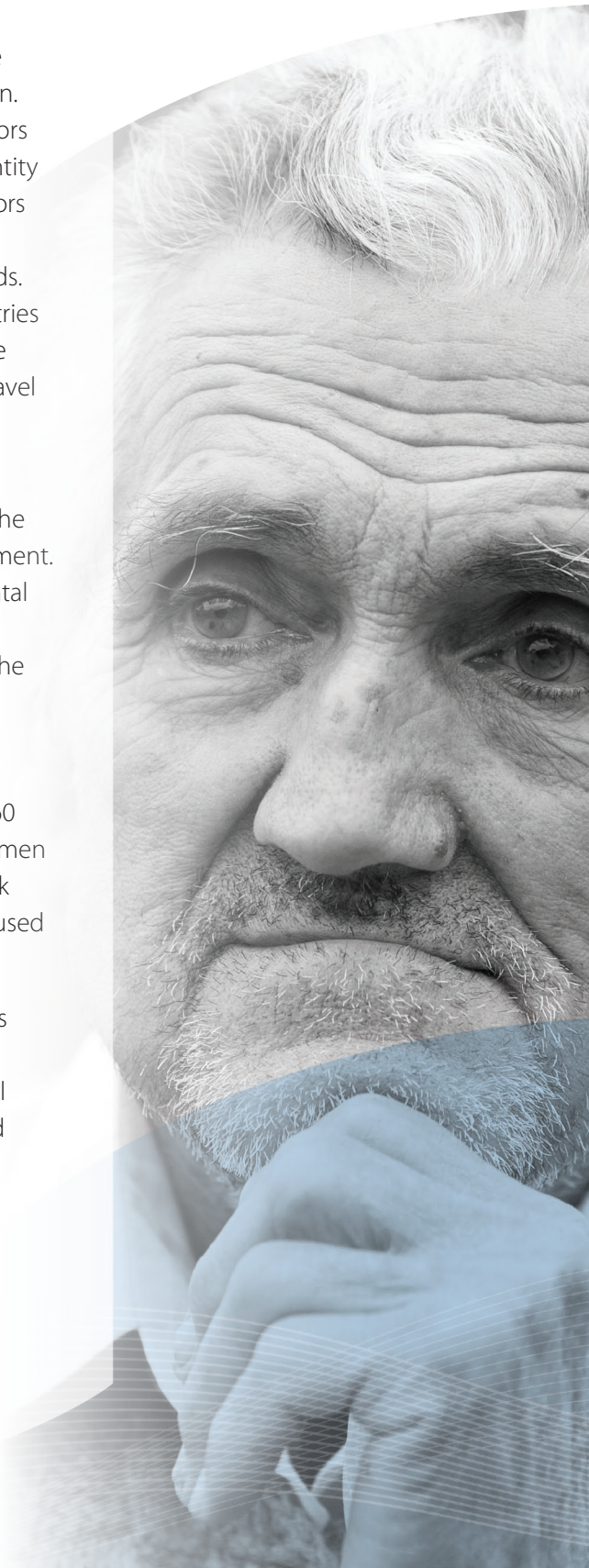
Additionally, VA has developed applications for mobile devices that can be downloaded and accessed by Veterans to supplement face-to-face treatment. The PTSD Coach was VA's first mobile app, released in 2011 as a self-help resource for individuals with PTSD or those struggling with general life stress. It includes helpful tools to address stress-related symptoms and enhance problem-solving skills. As of August 2014, it had been downloaded more than 160,000 times in more than 85 countries. VA also has released several other self-help mobile apps in support of mental health services. These include the Concussion Coach for managing symptoms of traumatic brain injury; Stay Quit Coach to support smoking cessation; and the Prolonged Exposure Coach and the Cognitive Behavioral Therapy for Insomnia Coach, which are tools that support Veterans participating in these therapies.

VETERANS' EXPERIENCE OF CARE

The goal of VA mental health treatment is to provide effective care that meets the veteran's needs and expectations in a timely fashion. No single measure can capture this complex process, so VA monitors programs in terms of timely access to services, the types and quantity of services provided, and patients' satisfaction with care. VA monitors these aspects of the experience of care using various sources of information, such as patient and staff reports and electronic records. Where mental health programs fall short in any of these areas, VA tries to understand why and to address the underlying problems. These problems can include limited staff availability, space limitations, travel distances, or poor care coordination.

VA has recently initiated several efforts to directly assess Veterans' experience of mental health treatment. In 2013, VA administered the Veteran Satisfaction Survey, which focuses on mental health treatment. This survey is designed to measure whether Veterans can get mental health care appointments when they need them, to identify the barriers they may encounter, and to assess their satisfaction with the mental health services they have received. This survey was mailed to Veterans who were in mental health treatment in VA during the summer of 2013. It was completed anonymously by nearly 10,000 Veterans drawn from facilities nationwide. Their average age was 60 years, 15 percent were OEF/OIF Veterans, and 12 percent were women Veterans. This survey will be administered annually in order to track changes over time. Information obtained from this survey will be used for reporting and guiding mental health program improvement.

VA also regularly measures the views of VA mental health providers regarding issues of access and quality of care. In late 2013, 4,820 providers from all VA facilities nationwide responded to the Mental Health Provider Survey. Half of those responding to the survey had worked in VA for four or more years, and almost half had received training through VA programs.



Access and Timeliness

Veteran ratings of appointment access. For Veteran-centered mental health services, a key measure is the experience that patients have in obtaining their mental health appointments. On the Veteran Satisfaction Survey, patients generally reported that they were able to obtain mental health appointments in a timely fashion (Figure 5). More than 75 percent of survey respondents agreed or strongly agreed that they get appointments within two weeks of the desired date, that they can see the mental health provider who prescribes medications as frequently as needed, that they will get a return call if they leave a message for their mental health provider, and that they are able to have questions about their medications answered by phone.

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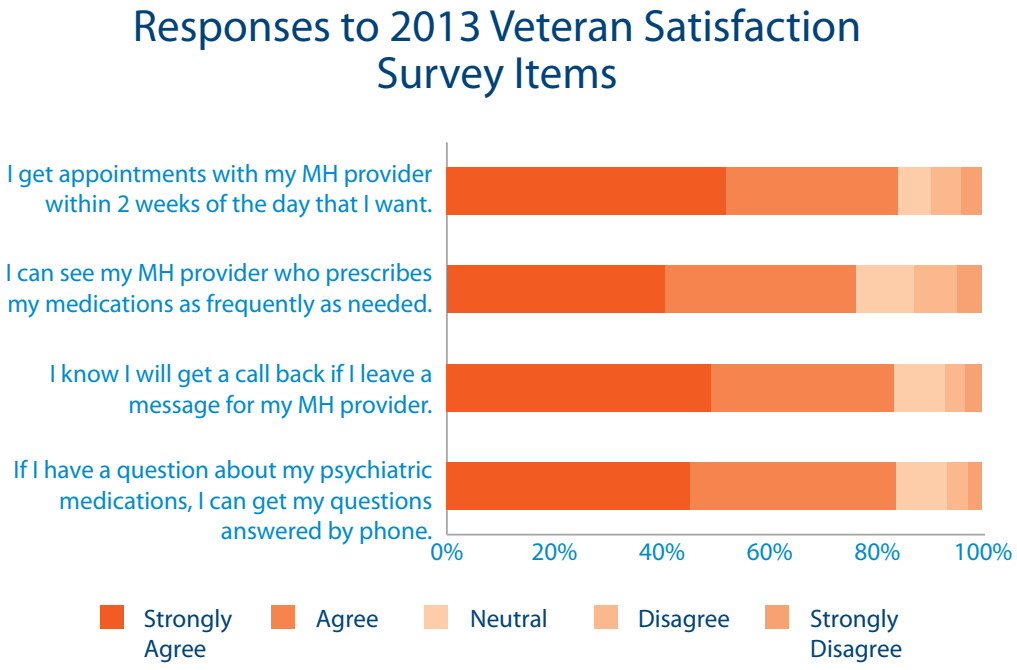

Figure 5. Responses to access items on the 2013 Veteran Satisfaction Survey

Staff ratings of appointment access. Consistent with the general experience of mental health patients, a majority of mental health providers reported being able to schedule patient appointments as frequently as needed. However, providers were somewhat less likely than patients to confirm good appointment access: 66 percent agreed or strongly agreed that they could schedule patients as frequently as clinically indicated, and 60 percent agreed that their workload was reasonable (Figure 6).

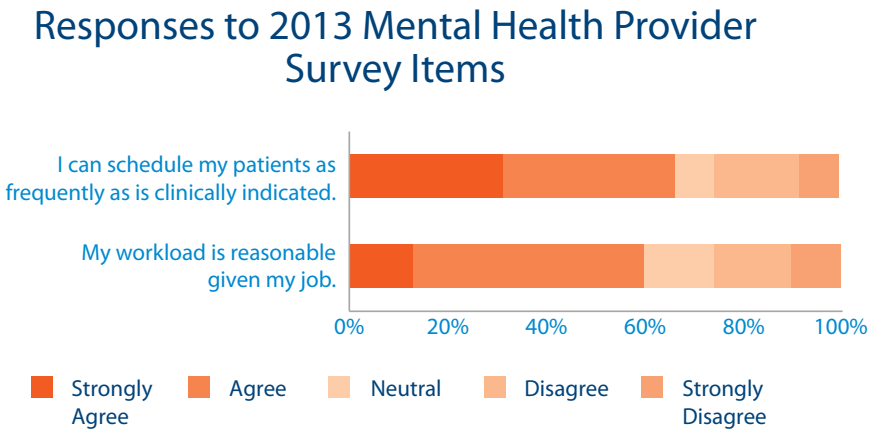

Figure 6. Responses to appointment access and workload items on the 2013 Mental Health Provider Survey

Consistent with the general experience of mental health patients, a majority of mental health providers reported being able to schedule patient appointments as frequently as needed.

Other survey items answered by mental health providers (Figure 7) suggest that evidence-based psychotherapy, which often requires weekly meetings, was sometimes difficult to schedule because the schedule was too full (40 percent agreed or strongly agreed with this concern). Providers also reported that collateral duties take away from available time for direct care (44 percent agreed or strongly agreed), that some of their tasks could be done by support staff (total of 70 percent agreement), and that vacancies contribute to difficulties meeting patient care needs (total of 73 percent agreement).

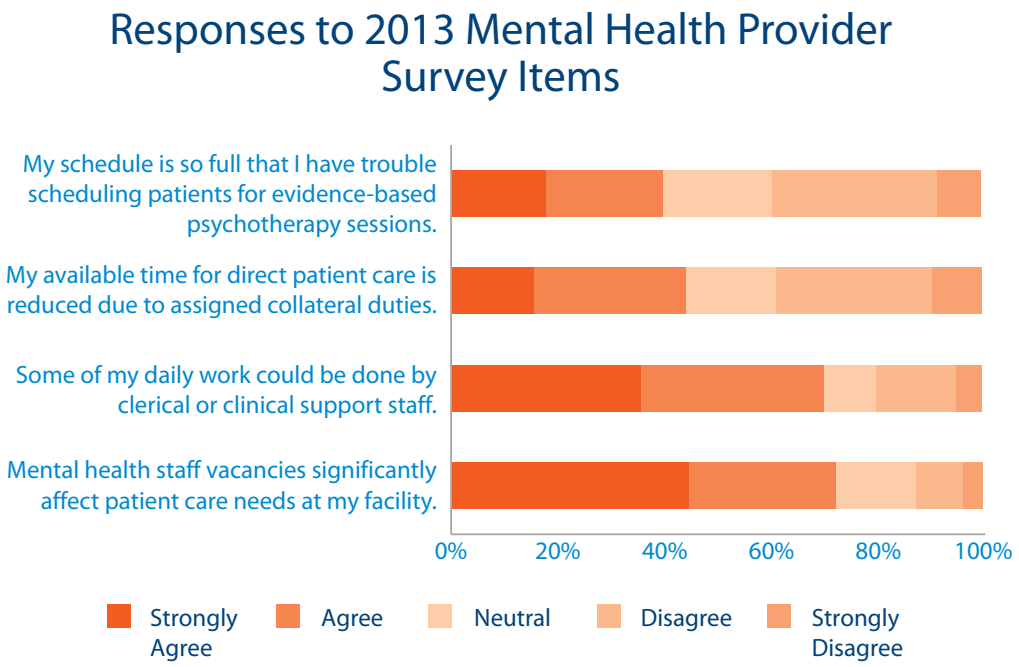

Figure 7. Responses to appointment access and workload challenge items on the 2013 Mental Health Provider Survey

Monitoring appointment timing. In addition to surveying Veterans and mental health providers, VA uses its electronic treatment records to monitor the provision of mental health services. These measures help track how programs are doing and are used to guide program improvement. Appointment timeliness has proved difficult to track, and recent Congressional investigations and news coverage have highlighted various flaws in existing approaches. These measures are limited in their ability to consider individual patients' needs and preferences or clinical appropriateness in determining the timeliness of a scheduled appointment. Measures of timeliness have sometimes measured delays in service against a "desired date" for the appointment. However, the use of desired date has been criticized because it has not always been applied consistently by schedulers and can be subject to manipulation.

The current scheduling system, which has been in place for nearly 30 years, has technical constraints that require system restructuring. For example, the present system does not allow for emerging models of access such as patient self-scheduling and virtual care, which might further improve both Veterans' and providers' appointment scheduling experience. VA continues to work toward better, more reliable measures of appointment timeliness through new uses of existing data and by planning ways to obtain additional information from patient visits.

Evidence-Based Practice

Evidence-based practice refers to evaluating and improving treatment using scientific findings and experience gained in providing care. Evidence-based practice includes the specific psychotherapy approaches described in the staff training section of this report but is broader than that. In VA, evidence-based practice requires mental health providers to work with their patients to develop a comprehensive treatment plan that addresses the Veteran's mental health problems and difficulties in everyday functioning in a manner that is sensitive to the Veteran's preferences and goals.

Existing treatment tracking systems limit what can be known about the specific activities that take place in treatment sessions, but VA tracks the number of VA patients with mental health diagnoses who receive the types of treatment services considered useful for their particular conditions. In 2013, 79 percent of Veterans with a mental health diagnosis had at least

one mental health treatment visit, with the types and intensity of services varying by factors such as diagnosis and stage of treatment. Among VA patients with the most common mental health diagnoses and who used mental health services, 56 percent received psychotherapy (individual or group treatment provided by a mental health professional), 80 percent had visits that focused on medication management, 59 percent received case management or other supportive services, and five percent had treatment specifically focused on rehabilitation services, such as occupational and recreational therapy, vocational services, and justice-related services.

For patients with the most common mental health diagnoses and at least one mental health visit during 2013, the average number of mental health visits was 17 (Figure 8), comprising seven psychotherapy visits, four visits related to medication management, and six visits focusing on case management, rehabilitation services, or other supportive services. Patients with diagnoses of substance use disorder or serious mental illness had substantially more visits than did other patients. Although 80 percent of these mental health patients had at least one medication management visit, medication management made up less than a quarter of visits for all patient groups except those with serious mental illness.

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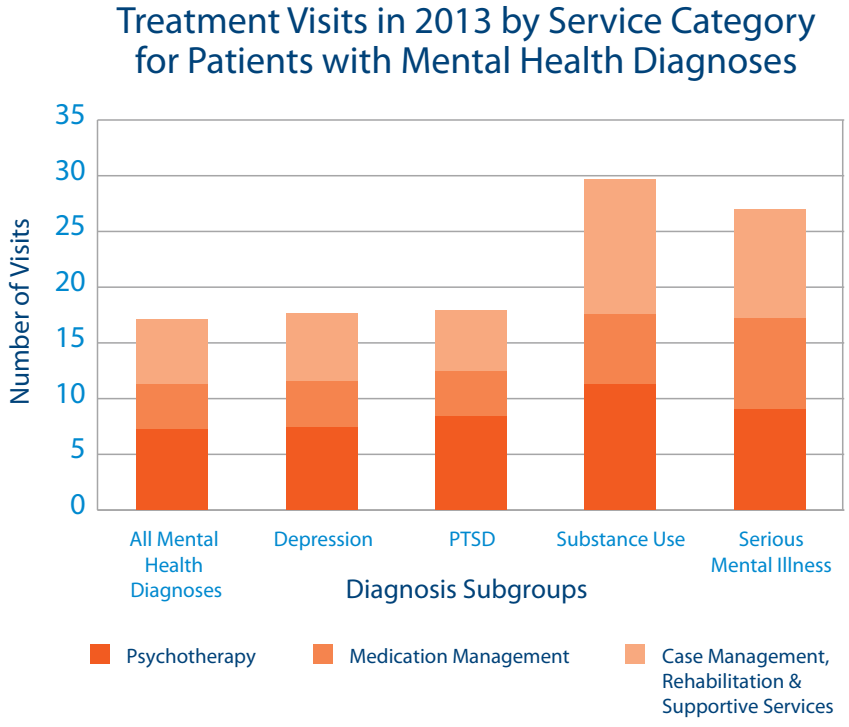

Figure 8. Number of treatment visits in 2013 by category of services, for patients with common mental health diagnoses and for diagnostic subgroups.

Veteran Satisfaction

On the 2013 Veteran Satisfaction Survey, respondents showed a high level of satisfaction with care, including key aspects of Veteran-centered treatment (Figure 9). Nearly all respondents agreed or strongly agreed that they are treated respectfully in their mental health treatment programs. More than 80 percent of respondents affirmed that they and their provider agree on the frequency of appointments and that they receive appointment reminders. Although a majority of Veterans reported that they had some choice of psychotherapy treatment options following discussion with the provider, this is an area where improvement may be needed. Finally, most respondents confirmed that mental health treatment has been helpful to them.

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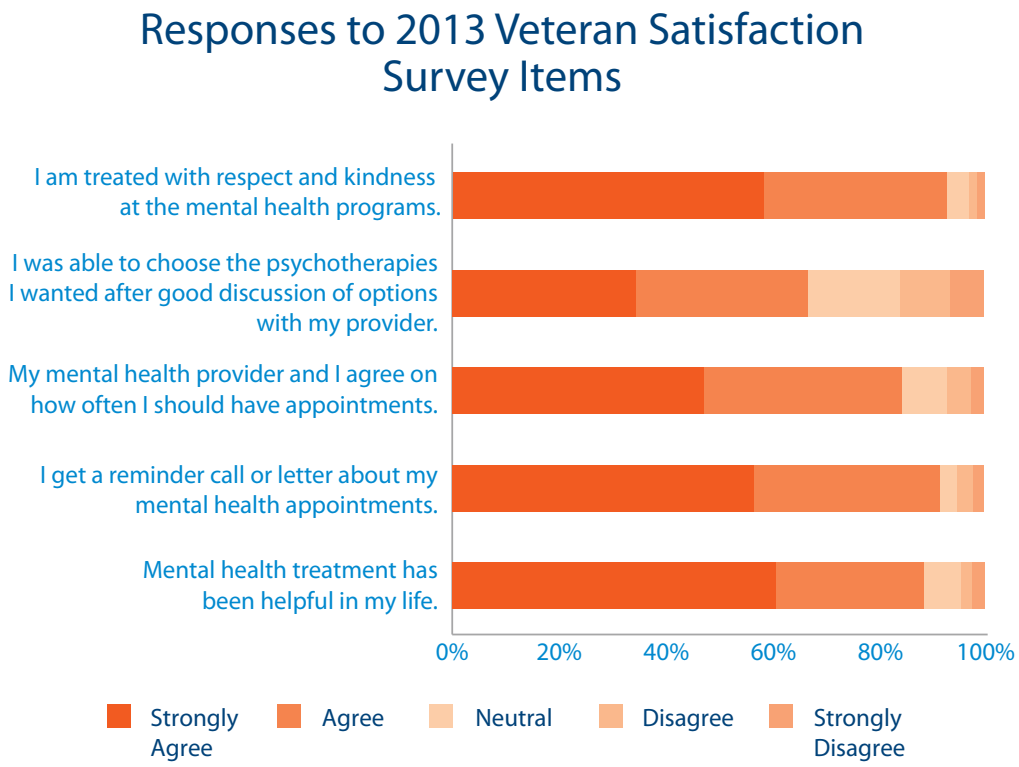

Figure 9. Responses to Veteran-centered care and satisfaction items on the 2013 Veterans Satisfaction Survey.

CONCLUSION

The current state of mental health care in VA represents the joint efforts of numerous individuals, including the Veterans and their families who use these services and push for program improvements, the VA program staff and managers who dedicate themselves to providing excellence in mental health care, and the political leaders who ensure adequate resources for these efforts. VA is committed to building on the strong foundation that presently exists to further improve these services. In addition, information about VA mental health services will be regularly updated to increase the transparency of these efforts.

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VA faces a number of challenges, but these challenges also offer opportunities for growth. Here are some examples that illustrate VA plans for continuing improvement:

- VA resources are not always located where needs are greatest. VA is actively exploring the use of new technologies to reach Veterans wherever they are. These technologies also can help Veterans link back into support or care after treatment is completed.
- VA has an aggressive research agenda and partnerships with other Federal and academic organizations to identify causes and risk factors for mental health conditions, promising new treatments, and ways to improve the process of care delivery.
- VA is developing new measures and methods to collect Veteran-reported satisfaction and well-being. This will allow VA to better understand what helps in the recovery process and to adjust its treatment programs more quickly. The plan includes use of web, mobile, or interactive voice response systems to allow Veterans to give input about symptoms, functioning, and satisfaction directly and on a regular basis.
- Mental health problems often are associated with medical concerns and can complicate their treatment. VA is working toward improved coordination of care by integrating mental health in Primary Care and expanding other forms of behavioral health/mental health integration.

To hear in their own words how Veterans have connected with resources and moved forward in their lives, visit Make the Connection (http://maketheconnection.net).

RESOURCES

Help is available through the Veterans Crisis Center, 24 hours a day, seven days a week. The Veterans Crisis Line connects Veterans in crisis and their families and friends with qualified, caring Department of Veterans Affairs responders through a confidential toll-free hotline, online chat, or text.

1-800-273-8255 (Press 1)

(Spanish/Español 1-888-628-9454)

http://www.veteranscrisisline.net

For more information about VA mental health resources, click on the following link:

http://www.mentalhealth.va.gov/gethelp.asp

"Get Help" links to crisis information, program locators, treatment information, screening tools, and benefits information. "Conditions" lists resources for each common type of mental health problem. Look at information under the "I am a…" section to find important resources for returning Veterans, women Veterans, and family members.