

DEPARTMENT OF  
VETERANS AFFAIRS

# VETERANS MENTAL HEALTH COUNCIL GUIDE



**VETERANS MENTAL HEALTH COUNCILS PROVIDE  
A DYNAMIC OPPORTUNITY FOR VA STAFF AND  
VETERAN CONSUMERS OF VA MENTAL HEALTH  
SERVICES TO LEARN FROM EACH OTHER AND  
PROMOTE GREATER UNDERSTANDING OF AND  
COLLABORATION WITH EACH OTHER TO THE  
BENEFIT OF BOTH.**

VETERANS HEALTH ADMINISTRATION



# Table of Contents

Introduction.....	i
Veterans Mental Health Council.....	1
Establishment of a Veterans Mental Health Council.....	1-3
Who Participates on a Council?.....	3-4
Challenges and Strategies.....	4-6
How to Begin.....	6-9
Communication Pathways .....	9-10
On-Going Training for Council Members and Considerations Along the Way .....	10-12
Documentation.....	12-13
Council Checklist .....	13-14





## **Introduction**

“We envision a future when everyone with a mental illness will recover, a future when mental illnesses can be prevented or cured, a future when mental illnesses are detected early, and a future when everyone with a mental illness at any stage of life has access to effective treatment and supports: essentials for living, working, learning, and participating fully in the community.” This was the vision statement of the 2003 report by the President's New Freedom Commission on Mental Health, and it began the transformation of mental health service systems nationwide. The key elements in this transformation include providing recovery-oriented care and recognizing the role of the consumer and family in driving the system forward. Consumers of mental health services are to have real and meaningful choices and full participation in decisions about their health care as part of their recovery process.

The Veteran's Health Administration (VHA) has embraced the principles of recovery transformation. The VHA Handbook on Uniform Mental Health Services in VA Medical Centers and Clinics (2008) was developed with recovery in mind. The Uniform Services Handbook outlines the guiding principles and the required components for all VHA mental health services. VHA mental health services must be recovery-oriented. The emphasis is on person-centered care and, whenever appropriate, family involvement.

The Uniform Services Handbook strongly encourages VA Medical Centers to promote a local Veterans council to facilitate input from stakeholders on the structure and delivery of mental health services. The Uniform Services Handbook designates these councils as "Consumer-Advocate Liaison Councils." However, for the purposes of this document, the councils are known as Veterans Mental Health Councils.



## **VETERANS MENTAL HEALTH COUNCIL**

A Veterans Mental Health Council (VMHC) is a group of Veteran mental health consumers and their family members. It may also include, but is not restricted to, representatives from community mental health agencies such as the National Alliance on Mental Illness (NAMI), the Depression and Bipolar Support Alliance (DBSA), Veteran Service Organizations (VSOs), and local community employment and housing representatives.



The medical center's Local Recovery Coordinator (LRC) or another mental health staff member is designated to serve as a liaison to the council. The liaison facilitates communication with the leadership of the facility's mental health programs. The purposes of a council are to provide input regarding local mental health structures and operations and to share information with Veterans, family members, and community representatives about local VA mental health programs and initiatives. This guide will provide information on the development and operation of councils and note some important considerations.

The changing VA mental health system seeks to be responsive to the needs of Veterans and their families. Meaningful input from Veteran consumers ensures that they have a voice in determining the care they receive on their recovery journey. Councils also promote the understanding and use of VA mental health services by all Veterans and their families.

## **ESTABLISHMENT OF A VETERANS MENTAL HEALTH COUNCIL**

### **Promotion of a Veteran-Run Council**

Veterans Mental Health Councils are established and run by Veterans without management or control by VA and are, therefore, independent of VA. None of a council's members should be VA employees, and VA is not involved in selecting the council's members, does not set the council's agenda, and does not otherwise dictate the council's activities.

### **Utilization of VA Support for a Council**

Although a council should be independent of VA, it must have a reliable line of communication with VA. The quality of a council's communication depends upon a strong liaison with the local VA medical center (VAMC) and/or VISN mental health professionals and other VA officials. Examples of an appropriate liaison at the facility level would be the Local Recovery

Coordinator (LRC), the Psychosocial Rehabilitation and Recovery Center (PRRC) Coordinator, or another recovery-oriented staff member.

Additional VA support for a council can be provided without jeopardizing a council's independence. It is not likely, in most cases, that a council would have sufficient resources to support its own operations. A council should be able to rely upon the local medical center for logistical support, such as arranging a meeting site and authorizing the use of VA office equipment to produce reports.



As stated above, council membership should not include VA employees. However, that does not preclude any VA employee from attending or participating in council meetings at the invitation of the council. The staff liaison to a council would probably be expected to attend all meetings. Council

leaders may determine that a standing invitation to other VA professionals is an appropriate course of business. Likewise, the presentation of council reports and/or recommendations may involve face-to-face meetings between the council leadership and mental health and medical center leadership.

Examples of appropriate VA support for a council:

- ⇒ VA staff may publicly announce the formation of a council by displaying posters, talking with other staff to inform Veterans, and emphasizing that Veterans will be starting a council on their own. The staff can talk about what a council is, what it does, general roles and responsibilities, the benefits of a council, and how it could interact with VA. The staff can make recommendations to the council (for example, suggesting that the council develop and maintain appropriate documents such as bylaws and minutes or that the council form subcommittees), but VA staff may not mandate any procedural or substantive requirements for the council's operations. In this way, the council is not established, managed, or controlled by VA.
- ⇒ A VA staff member can function as a liaison to the council but not be a member of the council. The liaison's role is to facilitate communication between the council and mental health leadership. The council is run by the Veterans, and the chair of the council must be a Veteran consumer, family member of a consumer, or other non-VA staff member.

- ⇒ The liaison can suggest appropriate VA staff or others who could be a guest of the council to provide specific information. For example, if the medical center is setting up a PRRC, a good use of the council might be to invite the PRRC staff to talk with council.
- ⇒ The liaison also can help the council understand the VA system and help identify appropriate avenues to address an issue.

## WHO PARTICIPATES ON A COUNCIL?

### Members

The majority of members are Veterans with mental health diagnoses including persons of diverse age, race, gender, and period of military service. This may include Veterans from mental health inpatient, residential, and outpatient programs. Members may also include family members, members of local VSOs, community mental health agencies, organizations such as NAMI and DBSA, and local community employment and housing representatives. The diversity of members strengthens a council. Councils are responsible for selecting their membership.



### Staff Liaison

Each council will have a VAMC staff liaison to facilitate communication with mental health and medical center leadership. The liaison assists the council in understanding the VA system. This may include providing support, arranging meeting space, identifying speakers and assisting with training.

### Other Participants

The success of a council will depend in large part on how well it collaborates with mental health and medical center leadership. A council will also want to ensure that the number of staff present at meetings is not so large that council members feel inhibited in discussing issues and problems. It might be helpful to have one or two mental health staff members regularly attend council meetings and invite additional staff members to attend only as particular topics or issues arise. Such participants may include medical center leadership, mental health leaders, the LRC, and other interested mental health staff. A council may wish to invite other medical center staff or community leaders as appropriate.



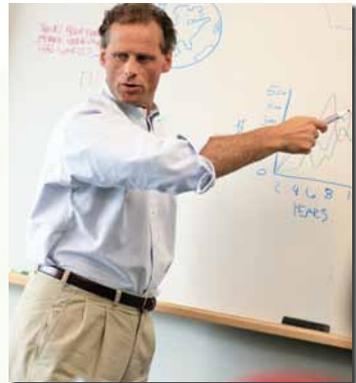
## Qualifications of a Council Member

The qualifications are similar to those required for any council or committee. These include: a strong commitment to the mission and goals of the council, an ability to focus on issues important to the organization as opposed to personal concerns, a commitment to full participation, a willingness to work with others and consider others' views, and an ability to solve problems in a creative

manner. It is important to have some members with specific skills such as familiarity with computer software, word processing, spreadsheets, policies and procedures, and bookkeeping.

## CHALLENGES AND STRATEGIES

Setting up a council is not easy, and those who do are likely to face several challenges. Traditionally, mental health systems were established with providers having power over their clients. However, Veteran input is crucial for transforming VA into a recovery-oriented system. Veteran involvement in the health care process can positively impact the quality of services. Veterans have valuable contributions to make, not just to their own treatment, but also to the overall operation of the system.



### Six Barriers and Potential Solutions

In 1989, Valentine and Capponi<sup>1</sup> published a report on "six barriers to effective consumer participation" on mental health boards and committees. They are summarized in the following paragraphs.

#### *Incongruence Between Stated Values and Actual Practice*

Consumers may be suspicious of the motives and sincerity of the providers helping to establish consumer councils, questioning whether providers truly want the system to be more responsive to consumers. Likewise, providers may be concerned that consumers do not have the best interests of the health care system as the core of their desire to form a consumer council. To make sure that the values of the organization match actual practice, values need to be honestly stated and discussed with consumer members and staff.

<sup>1</sup> Valentine, MB, & Capponi, P. (1989). Mental health consumer participation on boards and committees. *Canada's Mental Health*, 37 (2), 8-12.

### *Tokenism*

Tokenism refers to the number of consumer representatives on the consumer council and the level of responsibility assigned to them. Consumers want to know that their participation is meaningful, not just a token “nod” to the idea of consumer participation. Numerous authors in recent years have addressed the importance of having significant numbers of consumers in decision-making capacities and ensuring that they have the tools and the information they need to be effective. In addition, the council may want to work with the staff liaison to identify a "home base" for the council members to prepare for the meeting. Although space is tight in most medical centers, providing an identified office space where the officers of the council could, for example, meet either as a small group or with interested parties, make phone calls, and prepare and store documents might demonstrate the medical center administration's commitment to the council.

### *Lack of Responsiveness*

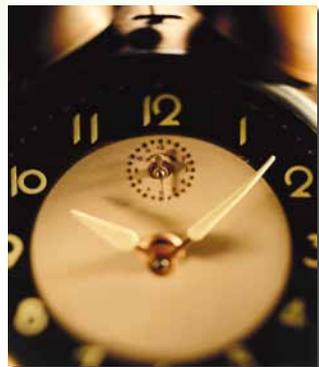
When recruiting members, consumers with various perspectives need to be sought. It is important to seek out less experienced consumers to participate on boards and committees rather than relying solely on consumers who are frequently overwhelmed with numerous requests.

### *Role Strain*

Role strain comes from unclear mandates, roles, and functions. People want to understand what is expected of them. In addition, consumers may be concerned about being in a dual role of both a council member and the recipient of services from the health care system. They may also fear that they are not capable of serving effectively because of their mental health problems. Sensitivity to these issues with consumer members is important. In addition, council members may have difficulty participating because of personal stressors. Council members may want to consider establishing an outreach committee to encourage those who have stopped coming to meetings to return. This can demonstrate that all council members are valued.

### *Poor Communication*

Clear and timely communication is necessary for the council to run smoothly. Councils may benefit from identifying a way to communicate in a timely manner changes in date, time, or location of meetings. In addition, the jargon of medical and legal professionals can be confusing, and knowing how the system operates can be difficult. Council members may want to consider partnering with the staff liaison to learn more about terminology and about the VA system.



### *Economic Factors.*



Finances can be a barrier, since time and transportation can be expensive. The council may benefit from taking into account driving distances when choosing a site for the meetings. A centrally located meeting site might be chosen, or meeting sites could be rotated. The council might want to make sure that accessible parking is available at the meeting site. The council may work with the staff liaison to identify appropriate space and to ensure that there is availability of and storage space for flip charts or other visual aids. There may be resources within the community, and contingency or post funds might be established to assist those with transportation problems. The council may wish to explore the possibility of car pooling, which could solve not only a transportation problem but may also promote cohesion among council members.

## **HOW TO BEGIN**

### **First Steps**

The first step could be to have a conversation with a group of Veterans, family members and mental health staff. Getting the word out with posters, newsletters and community meetings will help identify Veteran members for this. Mental health staff may be able to suggest family members who would like to learn about councils. The members of the group may consider issuing a specific invitation for family members. Informational meetings and focus groups can be used to explain the idea of a council. The initial conversation will identify opportunities, potential challenges, and goals. It can also begin to engage mental health and medical center leadership through regular meetings that allow for an exchange of ideas. The Director of Consumer and Liaison Services in VA Central Office, Office of Mental Health Services, is available as a resource to support the development and functioning of these councils.



It may be helpful early on to contact existing councils at other sites. These groups can give support, ideas and materials – there is no need to “re-invent

the wheel.” The Director of Consumer and Liaison Services can assist in arranging these contacts.

### **The New Council**

Some of the first tasks of a new council are to decide when and where to meet and how meetings are to be conducted. These decisions may include how to set an agenda, how to facilitate meetings, and how to establish ground rules of the council. The council may benefit from developing a set of bylaws and creating expectations of communication and culture, such as mutual respect.

### **Mission**

A mission statement is a brief statement of the purpose of the council. The intention of a mission statement is to keep members aware of the council's purpose and responsibilities.

Development of a mission statement can be an important team-building activity. The following is an example of a mission statement:

*“The mission of the (...) VMHC is to establish a true partnership between the Veterans and their families, VA mental health professionals, community partners and Veteran service organizations in order to improve the quality of VA mental health services, to improve Veterans' understanding of those services, and to promote the best use of those services.”*

### **Bylaws**

One of the first tasks a newly formed council may wish to consider is the drafting of bylaws. See Bylaws section under Documentation for more information.

### **Ground Rules: Expectations for a Successful Council**

Each council may have its own unique expectations, and yet some seem critical. Experience has shown that councils are most effective when the following elements are considered.

It is important for a council to have a **recovery-oriented philosophy** including the values of:

- Respect
- Hope
- Dignity
- Responsibility
- Equality



- Trust
- Empowerment
- Self-determination

Of all these values, respect may be most important. It is suggested that the expectations of a council be established early, and it is strongly encouraged that these be in writing, so that council members can refer back to them when in need.

**Respectful communication** with others is paramount. Cursing, foul language, sexist language, expressions reflecting discrimination, and harassment cannot be tolerated. Most individuals will agree with this in theory, yet respectful communication is often the first casualty when an individual is passionate about a subject or the conversation becomes heated. It is vital that individual council members and guests of the council be able to discuss openly and disagree respectfully with one another.

**Some points to consider:**

- Disagree with the idea, not the person.
- Take responsibility for what you say or feel without blaming others.
- Really listen to others.
- Think before speaking.
- Be sensitive to others' viewpoints. There are many ways of looking at a situation.
- Do not interrupt.
- No "side" conversations when someone else is speaking.
- No cell phone/BlackBerry use during council meetings.
- Respect privacy of others.



**Handling Problems in Communication**

Councils that have a written plan for handling conflicts or inappropriate behavior are usually best able to address those behaviors. Well written plans clearly explain the expectations of the group, especially for new councils and for new members. These plans outline a clear and fair process with a sequence of potential steps toward resolution and potential consequences.

## Team Work

A council functions as a team. Work done in the name of a council needs approval by the council ahead of time.

## Responsibility

Council members and guests of the council have a responsibility to the council, to each other, to Veterans and to VA. Responsibility means being accountable, reliable, dependable and trust-worthy. This includes completing assigned tasks in a timely manner, being on time and educating oneself when needed.



## Diversity

Diversity on a council is not only welcomed, it is vital for the health and value of the council. Successful councils try to represent as many different kinds of Veterans as possible. This goes beyond race, minority status or ethnic background to include gender, military service era, age, mental health issue and inclusion of varied VA programs.

This may mean that the council makes outreach efforts to engage certain populations of Veterans, such as women Veterans, Veterans returning from Operation Iraqi Freedom and Operation Enduring Freedom, and Veterans with serious mental illness.

In summary, a well run and effective council is respectful of all members and guests. It operates in a professional and business-like manner and encourages diversity and open discussion of issues.

## COMMUNICATION PATHWAYS

### Guests

In order to be effective, a council will need information about the local facility, its departments, and especially its mental health programs. Meeting key staff within those departments and programs can be beneficial, and key staff may be invited to the council on an on-going or rotating basis. When councils are new to a facility, staff members may feel uncertain about why they are invited to a council meeting. The council and the council liaison often prepare first time guests ahead of time to ease anxiety and to provide a framework for discussions, questions, and



answers. The guests learn about the purpose of the council and why they were invited to attend. The council chair might want to explain the structure of the council and give the guest an idea of what to expect from the meeting and what kinds of questions might be asked. The council may wish to consider developing and sending questions to the first-time guest in advance of the meeting so the guest has time to prepare.

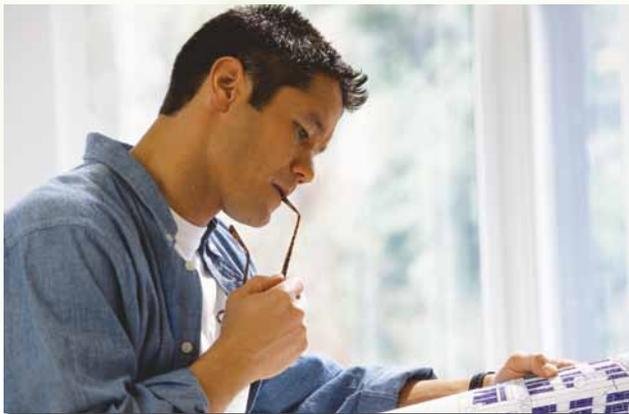
### **Liaison**

The staff liaison to the council plays a large role in assisting the council with information. It will be helpful if the liaison knows about VA policies and procedures as well as information on VA Central Office initiatives, VISN projects, and local activities.

### **VA Mental Health Leaders**

Mental health leadership involvement is vital for an effective and beneficial council. This essential link to mental health leadership cannot be over-emphasized. Leadership is strongly encouraged to attend council meetings upon invitation to demonstrate strong support and yet in a manner that does not jeopardize the independence of the council. Communication can then flow directly to and from leadership and the council. In addition to oral communication, copies of any reports may be sent to the local medical center director, VISN mental health liaison, and the Director of Consumer and Liaison Services in the Office of Mental Health Services in VA Central Office.

## **ON-GOING TRAINING FOR COUNCIL MEMBERS AND CONSIDERATIONS ALONG THE WAY**



Training provides an opportunity for members to grow and become more informed in their role. A council may partner with mental health leadership to develop appropriate training modules, and that may include topics such as advocacy skills, suicide prevention or cultural competency. A council may

also step back from time to time to look back to celebrate successes and to look ahead to plan for the challenges associated with this work.

### **Orientation and Training**

Keeping VMHC members involved and interested can be a challenging but rewarding process. Members want to be welcomed and appreciated and know that the work they do is important and will make a difference.

New members may be introduced at the start of their first meeting to the other VMHC members, particularly to the chairperson and the staff liaison. It may also be helpful to assign a new member to a “buddy.” This can be an informal arrangement that provides new members with a personal contact for questions about the council, or it can be built in as a formal structure to the council, such as a Welcome Committee. This can be very helpful since there is so much information provided to new members. It may be helpful to periodically begin meetings with an explanation of the current goals and mission of the council. This will not only help to orient new members, but also help members who have been away for a while to catch up with the agenda and to get involved in the meeting’s discussion.

Orientation is essential for VMHC members. An orientation package prepared by the council can be provided to all new members and may include an overview of the organization including identification of leadership, a description of the medical center’s mental health services, and the role of the VMHC. New members could also be given the council’s bylaws, previous minutes and an overview of current projects. The council may wish to ensure members realize that if council documents, such as minutes, are circulated beyond the members, others will know they are on the council.

### **Recognizing Achievement**

Council members may be more committed when they feel their efforts matter and lead to success. It is often helpful to set achievable goals, particularly in the early stages of a council. As members feel a sense of accomplishment, it will renew their commitment to stay involved and active. Recognition can occur for individuals as well as for group contributions for a job well done. Additionally, recognition can occur for both large and small successes. Examples are:



*“Tom, thank you for sharing your ideas about how to plan the cake sale. It helped me to see things a different way.”*

*“Special thanks go out to the Transportation Committee for getting everyone to the conference.”*

It is important to promote the council’s successes to others at the medical center, including mental health staff, executive leadership, and other Veterans. There are many ways to spread the word about positive accomplishments.

This will reinforce the importance of the council and ensure that the council continues to have a voice within the organization. When other Veterans hear about the success, they will be more inclined to join a “winning team.”

### **Celebrate and have fun!**

There is no question that membership in a council will require work and commitment, and there is no reason that it cannot be fun as well. Members are more likely to stay involved when they enjoy what they are doing. Celebrating accomplishments, holidays, other landmarks, and even birthdays can be helpful. A council may wish to invite non-members and VA mental health staff to these celebrations to encourage future membership and partnership and to share the positive experiences of the council with others in the organization.

## **DOCUMENTATION**



### **Bylaws**

One of the first tasks of a newly formed council is the drafting of bylaws. Bylaws can delineate a variety of important issues including but not restricted to the following: purpose of the council (mission, vision, goals, values, scope); processes for the nomination, appointment, and removal of members; establishment of specific membership positions and roles (e.g., number of members; officers); membership eligibility and qualifications (e.g., consumers of VA mental health services, family members, other stakeholders; ability to work collaboratively in a

group); attendance expectations; procedures to be followed (rules of order), including mechanisms for circulating documents and maintaining an ongoing dialog with facility/VISN leadership; and frequency of meetings.

### **Agenda**

An agenda for each council meeting is very helpful. Often, it is easiest to develop a standard template (format) that can be used consistently for each meeting regardless of the specific topic or meeting focus. Agendas typically indicate the time and place of the meeting and sections devoted to announcements, old business and new business. The old business

section helps to insure that previous issues are not lost and are followed up appropriately. It often works best if a specific individual or individuals are assigned to present or facilitate discussion on each agenda item.

### Minutes

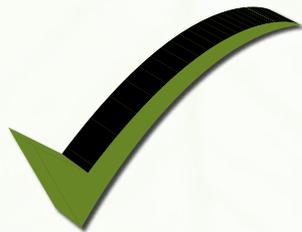
Minutes of each meeting may be recorded by a designated person. Although there is some flexibility in regard to how much detail is recorded, it is important that major issues are documented along with main points discussed. Any expected follow-up action is recorded as well, including the person(s) responsible and target date for completion or status report. In addition, minutes typically include a list of individuals in attendance and any announcements made during the meeting.

### Annual Report

The Veterans Mental Health Council is strongly encouraged to prepare a yearly report that states the council's purpose and goals and highlights council achievements for the year. Clearly communicated recommendations from the council can be forwarded to mental health and medical center leadership, the VISN MH liaison, and the Director of Consumer and Liaison Services in the Office of Mental Health Services in VA Central Office.

## COUNCIL CHECKLIST

The following checklist provides a summary of milestones that are often accomplished when developing a council. Milestones are highlighted in **bold type**. Additional narrative is provided under each heading with more detailed suggestions and examples.



### Creation of a Council

- **Identify a VA staff liaison** who is knowledgeable and supportive of recovery oriented care. Possible candidates include the Local Recovery Coordinator or other recovery-oriented mental health providers.
- **Create a council planning group** whose membership could include the VA staff liaison, Veteran consumers of VA mental health services, and others.
- **Write a statement describing member responsibilities, duties, expectations and terms of office.** Expectations could include member availability and commitment to attend meetings and to participate in discussions. You may want to plan turnover to insure both continuity and adding new ideas over time.
- **Develop member selection criteria.** It is strongly encouraged that a majority of members be consumers of VHA mental health services. Additional candidates for membership include family members of

consumers and other stakeholders such as local mental health or Veterans organizations. Other qualities to consider might include things like good listening skills and the ability to work well within a group.

- **Develop a recruitment plan and recruit members.** Who will be contacted and by what means? Will you conduct interviews; and, if so, what questions will be asked?
- **Orient and train new members.** What orientation and training materials would be helpful to a new member of the council?
- **Orient mental health staff.** Orientation of mental health staff and programs could be useful in obtaining support for the council and a great beginning to build a collaborative relationship.

## Implementation

- **Write bylaws** which typically include the purpose, mission, vision, goals, values, and scope of the council in addition to many details that are important to its on-going functioning. See Documentation section above for other possible content suggestions.
- **Write Do's and Don'ts fact sheet for members.** A fact sheet might include guidance such as: do not use the council to address personal grievances; do seek out a diversity of viewpoints; do help to establish a true partnership between the council and VA.
- **Identify resources** that will be needed by the council such as meeting space, furniture, supplies, and the means to make photocopies. Resources also might include information about local mental health programs, special initiatives, and future plans.
- **Plan meetings.** Meetings require planning, such as creating a meeting schedule including time, place, and frequency. Developing and following an agenda is a great organizational tool. A council may want to consider alternative methods of holding meetings, such as by phone or at alternative locations and various methods of communicating between formal meetings. Meetings and the council in general may be more effective if subcommittees and workgroups are established to work on council business between meetings.
- **Deliver documents** including minutes from each meeting, an annual report and articles in the medical center newsletter. Periodic recognition of members is also very helpful in reminding individuals of the importance of their contributions and their value to the council.

**QUESTIONS AND COMMENTS CAN BE SENT TO:**

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VETERANS MENTAL HEALTH  
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IB 10-84  
P96153

DEPARTMENT OF  
VETERANS AFFAIRS  
(REVISED) SEPTEMBER 2009