Jeffrey Burk, Ph.D., Associate Chief Consultant

PSYCHOSOCIAL REHABILITATION AND RECOVERY SERVICES SECTION
5. b. (2) Mental health services must be recovery-oriented. According to the National Consensus Statement on Mental Health Recovery...: “Mental health recovery is a journey of healing and transformation enabling a person with a mental health problem to live a meaningful life in a community of the person’s choice while striving to achieve... full potential.”
FUNDAMENTAL COMPONENTS OF RECOVERY

- Self-direction
- Individualized and person-centered
- Empowerment
- Holistic
- Non-linear

- Strengths-based
- Peer support
- Respect
- Responsibility
- Hope
IN VHA, RECOVERY ALSO INCLUDES:

- Privacy
- Security
- Honor
- Support for VA patient rights
RECOVERY TREATMENT PLANS

- Mental health treatment plans must be recovery oriented.
- Must reflect Veteran’s values and preferences.
- Must be developed with input from Veteran and, with consent, with appropriate family members.
PSYCHOSOCIAL REHABILITATION AND RECOVERY SERVICES SECTION

- All Veterans challenged with serious mental illness can recover.
- Veterans challenged with serious mental illness can define, pursue, and achieve personal goals that support their personal identity, result in improved health and well-being, and that promote full participation in the communities of their choice.
- Mental illness must not be a barrier or a stigma against seeking mental health services or pursuing a meaningful and productive life.
**PSR&RS SCOPE**

- Initially, Veterans with serious mental illness
  - Axis I disorder resulting in significant functional impairment and/or disruption in major activities of daily living (schizophrenia and other psychotic disorders, bipolar disorder, major depression, and severe PTSD).
  - Veterans with other Axis I diagnoses in conjunction with a GAF of 50 or lower.
- Eventually, all mental health services must be recovery oriented wherever delivered.
PSR&RS STAFF

- Associate Chief Consultant
  - Jeffrey Burk, Ph.D.

- Recovery Services
  - David Carroll, Ph.D.

- Consumer-Liaison Services
  - Peggy Henderson, Psy.D.

- Family Services, Women’s Mental Health, & Military Sexual Trauma
  - Susan McCutcheon, RN, Ed.D.
PSR&RS STAFF

- Peer Support Services
  + Daniel O’Brien-Mazza

- Outpatient Services
  + Timothy Smith, Ph.D.

- Clerical Support
  + Vacant, Secretary to Associate Chief Consultant
  + Suzan Hoopengarner-Shonk, Program Support Assistant
PSR&RS STAFF

- Therapeutic and Supported Employment Services
  - Anthony Campinell, Ph.D.
    - Charles McGeough, Program Specialist, Marketing
    - Judith Patten, Program Specialist
    - Donna Tasker, Program Specialist
    - Vacant, Program Specialist
    - Ralph Zaccheo, MBA, Administrative Officer
PSR&RS STAFF
PSR&RS ACTIVITIES

- Documents
  - Psychosocial Rehabilitation and Recovery Services Handbook: in concurrence.
LOCAL RECOVERY COORDINATORS

- Deployed at each medical center across country.
- National conferences.
- Report to mental health leader or equivalent.
- Lead recovery transformation for mental health through education and consultation.
- Provide recovery-oriented clinical duties up to 25% of time.
LOCAL RECOVERY COORDINATORS

- Developing 3-5 year strategic plan at VISN and facility level.
- Conducting a recovery assessment: in development.
- Promote recovery in development of treatment plans.
- Reduce stigma associated with mental illness.
CONSUMER AND LIAISON SERVICES

- Develop and maintain positive relationships with Veteran consumers, mental health-related organizations, Veteran Service Organizations.
- Facilitate communication and increase participation of Veteran consumers and, as appropriate, their family members in development and implementation of mental health services.
CONSUMER AND LIAISON SERVICES

- Veterans Mental Health Councils (a.k.a., Consumer-Advocate Liaison Councils) *strongly* encouraged at each facility
  - Consumer developed and run.
  - VA staff liaison.
  - Input into operation of mental health services.

- National conference in June.
FAMILY SERVICES

- Involvement of family members, when appropriate and as directed by the Veteran, is important to recovery.
- At least annually and at discharge from inpatient unit, providers discuss family involvement with Veterans with SMI.
- Guidance to field on provision of family services: in development.
FAMILY SERVICES

- Family Psychoeducation underway; impart to families information about Veteran’s mental illness, develop coping and problem-solving skills.
- MOU with NAMI to provide Family-to-Family Education Program in at least one VA facility per state.
PEER SUPPORT SERVICES

- Provide support to Veterans with mental illness through shared life challenges.
- Serve as role models; trained to assist with goal setting, problem solving, symptom management.
- Facilitate recovery by providing hope.
PEER SUPPORT SERVICES

- Peer counseling for Veterans with SMI must be provided at all medical centers and very large CBOCs when clinically indicated.
- Currently, approximately 120 Peer Support Technicians (Health Technicians) in 55 medical centers.
- HR developing Peer Support Specialist job series.
PEER SUPPORT SERVICES

- VA-developed competencies for Peer Support services: pilot testing.
- Directive to allow PSTs to document in CPRS: in development.
- Support for obtaining certification: in development.
PSYCHOSOCIAL REHABILITATION AND RECOVERY CENTERS

- Outpatient program to provide Veterans with SMI the skills needed to integrate into society.
- Transform Day Treatment/Day Hospital programs into recovery-oriented programs.
- Medical centers with > 1500 Veterans on National Psychosis Registry must establish PRRC. Medical centers with > 1000 Veterans on NPR *strongly encouraged* to have PRRC.
PSYCHOSOCIAL REHABILITATION AND RECOVERY CENTERS

- Currently, 26 existing PRRCs; 73 DTCs need to convert; 14 medical centers need to develop (total = 113).
- DTCs must convert to PRRC by end of FY 2009.
- PRRCs must be CARF-accredited by end of FY 2012.
THERAPEUTIC AND SUPPORTED EMPLOYMENT SERVICES

- Meaningful employment important part of recovery.
- TSES encompasses continuum of vocational services.
  + Incentive Therapy
  + CWT/Transitional Work Experience
  + CWT/Supported Employment
- Consultations about need for vocational rehabilitation must be available to all veterans at all facilities.
THERAPEUTIC AND SUPPORTED EMPLOYMENT SERVICES

- CWT programs at almost all medical centers.
- FY 2008, over 8000 Veterans provided with IT services; over 20,000 Veterans provided with TWE services; and over 10,000 Veterans provided with SE services.
- MOU signed between VA and National Archives Records Administration to provide CWT opportunities.
PSR&RS: NEXT STEPS

- Continued roll-out and expansion of existing programs.
- Partnering with other OMHS sections (e.g., infusing recovery in RRTPs).
- Spreading like kudzu throughout all of mental health and elsewhere (e.g., Primary Care).
QUESTIONS?

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