Department of Veterans Affairs Veterans Health Administration Washington, DC 20420 VHA HANDBOOK 1163.01 Transmittal Sheet July 1, 2011

## PSYCHOSOCIAL REHABILITATION AND RECOVERY SERVICES

- 1. PURPOSE. This Veterans Health Administration (VHA) Handbook provides the expectations, procedures, and reporting requirements for Psychosocial Rehabilitation and Recovery (PSR&R) services under the auspices of VHA's Office of Mental Health Services. PSR&R services include family services, local recovery coordinators, peer support, Psychosocial Rehabilitation and Recovery Centers (PRRC), skills training, and therapeutic and supported employment programs.
- **2. SUMMARY OF CHANGES.** This is a new VHA Handbook.
- **3. RELATED ISSUES.** VHA Handbook 1160.01, VHA Directive 1163, and VHA Handbooks in the 1163 series.
- **4. RESPONSIBLE OFFICE.** The Office of Mental Health Services (116) in the Office of Patient Care Services is responsible for the contents of this Handbook. Questions may be referred to the National Mental Health Director for Psychosocial Rehabilitation and Recovery Services (352) 376-1611 ext. 4642.
- **5. RESCISSIONS.** None.
- **6. RECERTIFICATION.** This VHA Handbook is scheduled for recertification on/or before the last working day of July 2016.

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#### PSYCHOSOCIAL REHABILITATION AND RECOVERY (PSR&R) SERVICES

#### 1. PURPOSE

This Veterans Health Administration (VHA) Handbook provides the expectations, procedures, and reporting requirements for services organized under the Psychosocial Rehabilitation and Recovery Services Section (PSR&R) within VHA's Office of Mental Health Services (OMHS).

#### 2. BACKGROUND

- a. Psychosocial rehabilitation with a recovery orientation is a broad concept that guides all VHA mental health service delivery. For example, PSR&R concepts should inform the delivery of inpatient mental health care, intensive outpatient mental health care, and all other components of the continuum of care. However, for the purposes of this Handbook, PSR&R services in specific areas are described in detail, to guide programming for the following areas of mental health care: family services, local recovery coordinators, peer support, Psychosocial Rehabilitation and Recovery Centers (PRRC), skills training, and therapeutic and supported employment programs. Oversight for the Mental Health Intensive Case Management program now occurs within the PSR&R Section in OMHS.
- b. In 2003 the President's New Freedom Commission on Mental Health filed its report, Achieving the Promise: Transforming Mental Health Care in America. The report begins, "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" (http://www.mentalhealthcommission.gov/reports/reports.htm).
- c. Following the publication of the President's New Freedom Commission on Mental Health, the Department of Veterans Affairs (VA), along with several other Federal agencies under the coordination of the Substance Abuse and Mental Health Services Administration (SAMHSA), participated in the development of a Federal action agenda to improve and transform mental health care. Subsequent recommendations made by a VHA action agenda work group, and approved by the Under Secretary for Health became the foundation for VHA's Comprehensive Mental Health Strategic Plan approved by the Secretary of Veterans Affairs in 2004 (Fiscal Year (FY) 2005). This plan emphasized the transformation of mental health services to a Veterandriven, recovery-oriented system of care which is the focus of the present Handbook.

## 3. AUTHORITY

VHA's Comprehensive Mental Health Strategic Plan, Department of Veterans Affairs, 2004, and the Uniform Mental Health Services in VA Medical Centers (VAMC) and Clinics Handbook (1160.01), September 11, 2008, provide the general authority for this Handbook. Specific program authorities are provided in the appropriate sections and appendices of this Handbook.

#### 4. **DEFINITIONS**

- a. <u>Psychosocial rehabilitation.</u> Psychosocial rehabilitation is the term used within VHA that is akin to psychiatric rehabilitation which the United States Psychiatric Rehabilitation Association (USPRA) defines as promoting "recovery, full community integration and improved quality of life for persons who have been diagnosed with any mental health condition that seriously impairs their ability to lead meaningful lives" (<a href="https://netforum.avectra.com/eWeb/DynamicPage.aspx?Site=USPRA&WebCode=about">https://netforum.avectra.com/eWeb/DynamicPage.aspx?Site=USPRA&WebCode=about</a>). In addition, USPRA notes that rehabilitation services must be collaborative, person-directed, individualized, evidence-based, and an essential element of any health care system.
- b. <u>Recovery.</u> Recovery is identified as the "single most important goal" for the mental health service system in <u>Transforming Mental Health Care in America</u>, <u>Federal Action Agenda</u>: <u>First Steps</u>. The SAMHSA national consensus statement on recovery reads: "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 his or her choice while striving to achieve his or her full potential" (<a href="http://mentalhealth.samhsa.gov/publications/allpubs/sma05-4129/">http://mentalhealth.samhsa.gov/publications/allpubs/sma05-4129/</a>).
- c. <u>Serious Mental Illness (SMI).</u> Within the context of this Handbook, SMI refers to an American Psychiatric Association Diagnostic and Statistical Manual (DSM) Axis I disorder resulting in significant functional impairment and/or disruption in major activities of daily living. This typically includes schizophrenia and other psychotic disorders, bipolar disorder, major depression, and severe Post-Traumatic Stress Disorder (PTSD). Veterans with other DSM Axis I diagnoses may also be included in this domain, usually in conjunction with a DSM Axis V Global Assessment of Functioning Scale score of 50 or lower.

## 5. SCOPE

Mental health services must be recovery oriented, and all Veterans, wherever they obtain care, must have access to needed mental health services. Although some VHA mental health providers are and will continue to be subject matter experts in and champions of PSR&R services, all mental health providers must have a basic knowledge of mental health recovery principles, and incorporate those into their delivery of clinical services. These services must be coordinated and well integrated into the overall continuum of care to Veterans who often present with multiple, complex needs.

#### 6. MISSION

The mission of VHA PSR&R services is to help eligible Veterans with mental health problems recover, regardless of symptom severity. PSR&R services include high quality, recovery-oriented care provided across the entire VHA mental health continuum. These services are provided in partnership with Veterans and their families, and address the goals of recovery, rehabilitation, improved quality of life, and community integration in addition to supporting specific treatment of medical, psychiatric, and substance use disorders.

#### 7. VISION

All Veterans challenged with serious mental illness can recover using the definition of recovery offered above, that emphasizes the ability of the Veteran to "live a meaningful life in a community of his or her choice while striving to achieve his or her full potential." PSR&R services provide timely access to holistic, state-of-the-art, evidence-based interventions, as well as natural community-based supports, all of which are essential for living, working, learning, and participating fully in the community. 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 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. Veterans, family members, VHA providers and community partners must collaborate to prevent discrimination on the basis of mental illness.

#### 8. VALUES

The following are the core values of PSR&R services within VHA:

- a. Recovery is the ultimate goal of VHA mental health services. Every Veteran with a mental health problem must have access to recovery-oriented services.
- b. Psychosocial rehabilitation and recovery-oriented services are individualized, person-centered, and strengths-based and promote hope, responsibility, respect, and integration into community life.
- c. Peer support services (as defined in Appendix B), both formal and informal, are a critical component of psychosocial rehabilitation and recovery.
- d. Veterans receiving PSR&R services have the right to direct their own treatment, including treatment components related to their psychiatric illness, and they must have the opportunity to learn how to plan ahead for periods of acute illness.
- e. VHA mental health providers must make conscious and consistent efforts to eliminate any negative bias or discrimination based upon mental illness, and they must help Veterans with mental illness overcome any self-imposed stigma.
- f. Culture, ethnicity, religion, and individual differences must not be limiting factors in the provision of PSR&R services, and, in fact, they can play an important role in the recovery process as sources of strength and enrichment.
- g. PSR&R services are to be coordinated, accessible, and readily available as long as they are needed.
- h. Veterans with serious mental illness can participate in mainstream community activities, such as school, work, spiritual worship.

i. The involvement of family members and significant others is often an essential ingredient in the process of rehabilitation and recovery, and must be supported in every situation where it is appropriate.

#### 9. RESPONSIBILITIES OF THE OFFICE OF MENTAL HEALTH SERVICES (OMHS)

The OMHS, Psychosocial Rehabilitation and Recovery Services Section (PSR&R), is responsible for:

- a. Developing national policy and procedures for PSR&R services based on relevant law and regulation, the evidence-based and promising practices literature, VHA's mission, goals, and objectives, the Comprehensive VHA Mental Health Strategic Plan (MHSP), the Uniform Mental Health Services Handbook, and other authorizing documents as they become available.
- b. Providing consultation and guidance to Veterans Integrated Service Networks (VISN) and their facilities in the development and operation of comprehensive PSR&R services.
- c. Providing subject matter experts for consultation and guidance in specific program areas. At the time of this writing, the following subject matter experts were available in addition to the National Recovery Coordinator: Director, Recovery Services; Director, Outpatient PSR&R Services; Director, Peer Support Services; Director, Consumer and Liaison Services; Director, Family Services, Women's Mental Health and Military Sexual Trauma; and Director, Therapeutic and Supported Employment Services.
- d. Leading the transformation of VHA mental health services to a recovery-oriented system of care.

# 10. RESPONSIBILITIES OF THE VETERANS INTEGRATED SERVICE NETWORK (VISN) DIRECTOR

Each VISN Director is responsible for:

- a. Ensuring that PSR&R services are accessible to all eligible Veterans and their families.
- b. Ensuring that programs are operated in compliance with relevant law, regulation, policy and procedures.

#### 11. RESPONSIBILITIES OF THE FACILITY DIRECTOR

Each facility Director is responsible for:

- a. Providing and maintaining program oversight to ensure access, quality, and compliance with VHA policy and procedures. Attention must be given to addressing the unique needs of special populations including Veterans with SMI.
- b. Ensuring the timely completion of all mandated reporting, monitoring, and accreditation requirements.

- c. Providing safe, well-maintained, and appropriately furnished facilities that support and enhance the recovery efforts of all Veterans.
- d. Providing appropriate support and resources to ensure recovery oriented services are available to all eligible Veterans.
- e. Ensuring the fiscal stability of all PSR&R services; the financial management of the Therapeutic and Supported Employment Programs according to relevant law, regulation, policy and procedure, and the appropriate application of any designated-use funding.
- f. Ensuring consultation with the OMHS prior to program changes that may affect Veteran access to PSR&R services and, as needed, according to VHA Directive 2005-033, "Authority for Mental Health Program Changes."
- g. Requiring specific training and competencies for managers and clinicians to address the mental health recovery needs of Veterans and their families.
- h. Ensuring that Veterans have input into the operational plan and evaluation of the mental health continuum of care at the facility.

#### 12. RESPONSIBILITIES OF THE FACILITY MENTAL HEALTH LEADER

The facility Mental Health Leader is responsible for:

- a. Appointing a Local Recovery Coordinator (LRC) with a full-time commitment to help transform local VA mental health services to a recovery-oriented model of care.
- b. Including the LRC position in the Mental Health Care Line or equivalent, with direct report to the Director of the Mental Health Care Line or equivalent position, and with membership on the local mental health executive committee (or other leadership body).
- c. Ensuring that recovery-oriented mental health services are available to all eligible Veterans, operated in compliance with all VHA policies and procedures, and integrated across the continuum of care.
- d. Completing all mandated reporting, monitoring, evaluation and accreditation requirements relevant to PSR&R services.
- e. Establish local procedures for the ongoing monitoring and evaluation of the effectiveness of PSR&R services which are congruent with national guidance on program evaluation, and for ensuring all mental health providers have the needed competencies.
- f. Ensuring that cooperative partnerships exist among Veterans, Veterans' families, VHA mental health providers, community providers and other stakeholders to support a comprehensive PSR&R service structure.

g. Supporting and working collaboratively with the facility LRC in the transformation of services to a recovery model.

# 13. RESPONSIBILITIES OF THE FACILITY LOCAL RECOVERY COORDINATOR (LRC)

The facility LRC is responsible for:

- a. Training and consulting with facility leadership, staff, Veterans and family members regarding recovery-oriented services and the transformation of VHA mental health services.
- b. Facilitating the integration of recovery-oriented services across all mental health programs in VAMCs and community-based outpatient clinics to help ensure that Veterans have access to PSR&R services (e.g., peer support, family services, Psychosocial Rehabilitation and Recovery Centers, skills training, and therapeutic and supported employment programs).
- c. Assisting with the implementation of policies and procedures related to mental health recovery and psychosocial rehabilitation.
  - d. Promoting activities to eliminate stigma associated with mental illness.
- e. Collaborating with the local mental health executive committee in the development and implementation of a multi-year local plan to bring about a recovery-oriented continuum of mental health care in which there are strong partnerships between VHA MH leaders, clinicians, Veterans, family members, and community partners.
- f. Promoting the opportunity for Veterans with SMI to identify and pursue their goals through personal recovery plans, and partnering with providers in directing their overall treatment.
  - g. Providing direct, recovery-oriented clinical services.
  - h. Participating in VHA national conference calls and training programs related to recovery.
  - i. Working collaboratively with the other LRCs in the VISN and nationally.
- j. Serving, if selected by VISN leadership, as the one LRC who fulfills the role of VISN LRC point-of-contact in coordinating VISN-level recovery-oriented activities and training, communicating with VISN leadership, and collaborating with national PSR&R leadership.

#### 14. SKILLS TRAINING

Skills training is an evidence-based, collaborative process that is guided by the strengths, needs, and interests of individual Veterans. The purpose of skills training is to help Veterans attain their rehabilitation and recovery goals more effectively. Skills training is expected to be widely used in serving Veterans with SMI, or those whose psychosocial functioning has

otherwise been significantly disrupted by a mental health condition. Skills training must complement and be well integrated with all other treatment modalities.

- a. <u>Definition.</u> Skills training is a structured intervention that enables Veterans to resume or improve functioning in one or more areas of behavior related to their personal recovery goals. The intervention will help Veterans learn effective strategies for dealing with difficult situations, coping with personal and interpersonal problems, and following the steps needed to achieve their long-term goals. Skills training is used to enhance social and interpersonal skills, independent living skills, coping skills, job-readiness, job-maintenance, goal attainment, and illness management and recovery skills. Additional behaviors may be targeted related to personal functioning, education, and financial management.
- b. <u>Scope and Objectives.</u> Comprehensive cognitive-behavioral, social skills training approaches can reverse functional and interpersonal deficits often associated with SMI, and can enable Veterans to generalize the effect of such training to their interpersonal and vocational interactions in the community. There is a continuum of skills training programs in VHA, ranging in level of intensity in order to meet the Veteran's needs and readiness to participate. PSR&R program leaders and other clinicians must partner with Veterans to determine what type of skills training is an appropriate component of the Veteran's recovery plans. OMHS's PSR&R section and local/VISN mental health leaders must collaborate to insure that there is capacity to meet the needs of all eligible Veterans for this service.
- c. **Program Elements.** Skills training must be provided at all medical centers to all Veterans with serious mental illness whether on site, by referral, or by telemental health.

## 15. REFERENCES

- a. Title 38 USC §1151 (Benefits for persons disabled by treatment or vocational rehabilitation).
  - b. Title 38 USC §1718 (Therapeutic and rehabilitative activities).
- c. VHA Handbook 1160.01, "Uniform Mental Health Services in VA Medical Centers and Clinics."
- d. VHA Office of Health Data and Informatics, Privacy Office, Privacy Fact Sheet, Volume 07, No. 3, May 2007 Sharing Information with Caregivers.
  - h. VHA Handbook 1605.1, "Privacy and Release of Information."