

VETERAN ACCESS TO MENTAL HEALTH SERVICES

CURRENT EXPERIENCES AND FUTURE DESIGN OPPORTUNITIES
TO BETTER SERVE VETERANS AND FRONT-LINE PROVIDERS

“
IF I’M 15 MINUTES
LATE, MY APPOINTMENT
IS CANCELED. IF YOU’RE
TWO HOURS LATE,
I STILL HAVE TO WAIT.
”

“
I FELT I WAS
INCONVENIENCING A
LOT OF PEOPLE.
”

“
WHAT THEY DON'T
UNDERSTAND
IS THAT PEOPLE WORK.
YOU WANT ME TO TAKE
TIME OFF WORK TO SEE
A THERAPIST?
”

“
I KEPT HAVING TO TELL
MY STORY OVER AND
OVER AND OVER AGAIN.
”

ABOUT THE VA CENTER FOR INNOVATION

The VA Center for Innovation (VACI) is a team of innovators and doers within the VA who are dedicated to driving innovation at the largest civilian agency in the United States Government. The team at VACI does not believe in innovation for its own sake, but rather, in innovation that provides a tangible value to VA and to Veterans. The work of VACI is driven by a strong commitment to a Veteran-centered approach to service delivery, a dedication to data-driven decision making, and a commitment to design thinking.

Since 2011, VACI has worked to identify, test, and evaluate new approaches to VA's most pressing challenges. Balancing the practical with the aspirational, VACI enables a steady influx of high value innovations into the VA, moving them from concept to operational implementation.

ABOUT THE PUBLIC POLICY LAB

The Public Policy Lab is a nonprofit innovation lab for government. We apply human-centered methods from design, behavioral science, and technology development to improve the creation of public policy and the delivery of public services.

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ISBN: 978-0-9886455-4-7



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MENTAL HEALTH PERSONAS

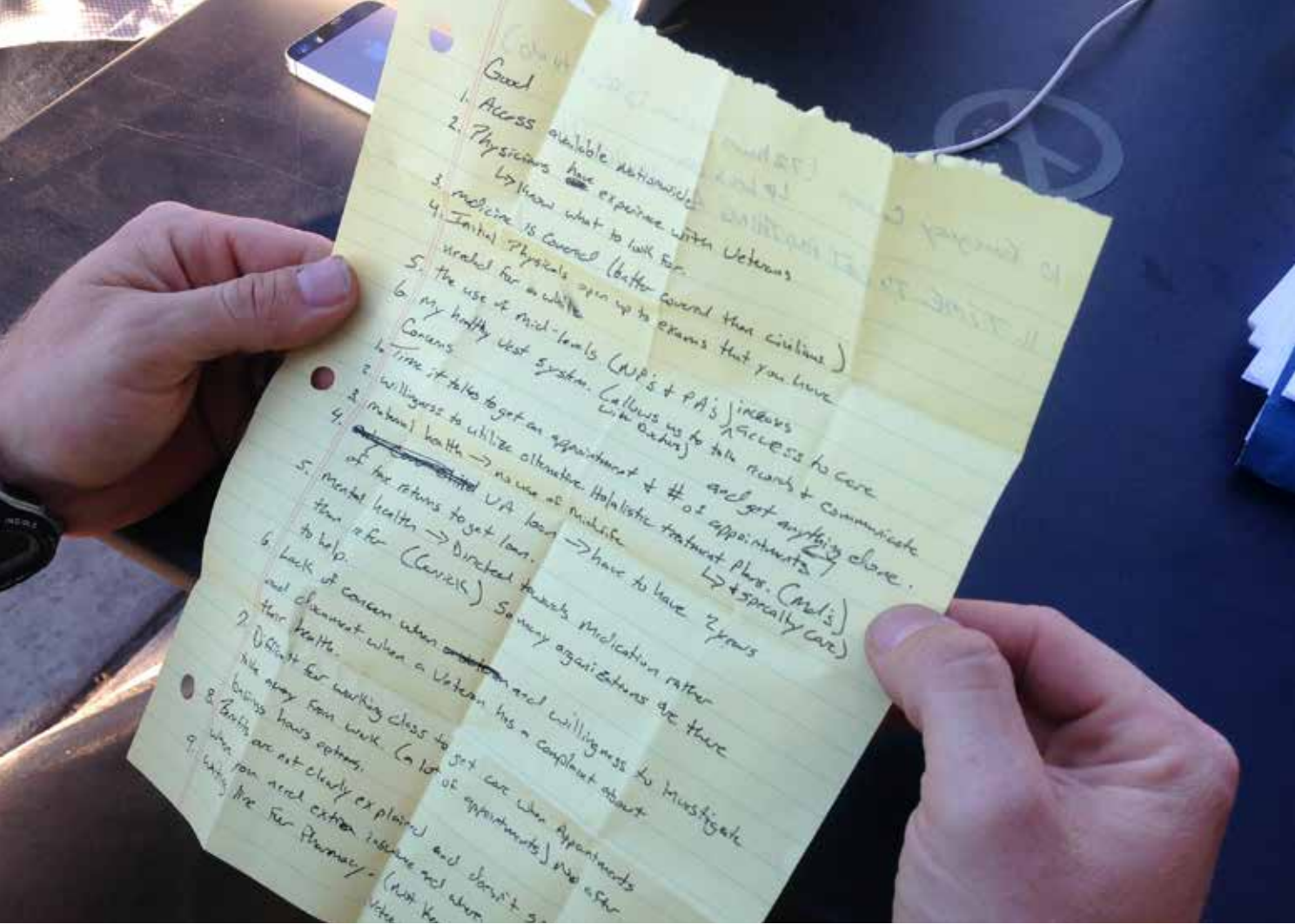
50 Personas for Mental Healthcare

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Executive Summary

We set off across the country to learn more about Veterans' journeys to mental healthcare, both the barriers and the bright spots. We heard stories exemplifying the dedication of VA employees or praising the positive experiences with VA and non-VA programs. We also learned about unmet needs, so that we — as a community caring for Veterans — might reimagine and improve the pathways to access for mental healthcare services. Informed by real experiences of our Veterans and their families, this effort aims to illuminate actionable opportunities for improving Veterans' access to mental healthcare.

“
**I JUST WISH I HAD
ACCESS THAT
ALLOWS YOU TO BE
SELF-SUFFICIENT.**

”
— VETERAN, NEW YORK

HOW WE WORKED

We explored Veterans' experiences seeking care, ultimately doing human-centered discovery with dozens of Veterans and their supporters across the country.

WHAT WE FOUND

→ SHARED NEEDS

We found four needs that are common to Veterans, their supporters and caregivers, and the mental healthcare system overall: **clarity, community, continuity, and confidentiality.**

→ FINDINGS

We identified 32 top findings, including:

- Without the transfer of a Veterans' records (health and benefits) between VA service sites, Veterans feel burdened and frustrated with retelling their "story" and question VA care.
- For many Veterans, private providers and non-profits that offer confidential, bureaucracy-free access to timely care feel like positive and desirable alternative to VA processes.
- Veterans with low VA mental health disability ratings interpret their rating to mean they should not seek mental healthcare (because other Veterans have greater need). Many feel offended and interpret the low rating as VA's invalidation of their personal experience.

WHAT TO DO NEXT

Drawing on our findings, we provide 11 recommendations for how to improve access to care, across three timeframes. Opportunities include:

→ QUICK WINS

- Redesign **intake screening forms** to be easy and safe
- Design plain-language **intake guides**

→ PILOT PROJECTS

- **PreCheck** Veterans for mental healthcare
- Design and implement **local matching tools**

→ SYSTEM TRANSFORMATIONS

- Reimagine **safe screening** and intake processes
- Establish VA as a model for **best-in-class mental care**

ADDITIONAL INFORMATION

In our appendices, we provide: **a map of mental healthcare access**, placing our design recommendations in context; **a set of VA design personas**, refocused on mental healthcare; and the **visualized stories of some of the Veterans and Veteran supporters** we spoke with during fieldwork.

“
**IF YOU'RE SEEING A
VETERAN – 9 TIMES
OUT OF 10 IT'S
BECAUSE THEY HAVE
TO. WE WANT TO GET
TO THEM BEFORE
CRISIS.**

”

– VETERAN, NEW YORK

HOW WE WORKED

We spent four weeks in the field talking with over five dozen individuals — veterans, spouses, supporters, and healthcare providers — to get a multidimensional view of the experiences Veterans and their families have when attempting to access mental healthcare. Here we articulate our goals and the methods used to conduct the work.



22 EVERYDAY



Introduction

“ MY WIFE KEPT TRYING TO GET ME TO GET HELP. I KEPT SAYING THAT I WAS FINE. I AM A STUBBORN JACKASS. IT TOOK HER SAYING THAT SHE WAS GOING TO LEAVE FOR ME TO GET HELP. ”

— VETERAN, CALIFORNIA

“ WHEN MY [BUDDY] MENTIONED TO ME THAT I SHOULD THINK ABOUT TALKING TO SOMEBODY, IT TURNED A KEY: IF SOMEBODY ELSE IS EXTERNALLY IDENTIFYING THAT I MIGHT BE STRUGGLING, IT’S PROBABLY A GOOD IDEA FOR ME TO DO THAT. ”

— VETERAN, FLORIDA

These quotes are familiar refrains in the journey to mental healthcare. They describe a turning point when a person recognizes their need for help, sparked by either their own realization or another’s exhortation. It can take years to get to that point. But it only takes one moment, one reason, to not see it through. An unanswered phone, a curt receptionist, or a confusing form can make someone in need give up. The realization of the need for help, after all, is just the first step on the path to actually receiving care.

Once people acknowledge they need mental healthcare, they have to find it. They must figure out who to ask for help and how to ask. Unlike “physical” healthcare, which may require a patient to know very little about what is ailing them prior to gaining care (“Doc, my arm feels funny”), many mental care access points put the onus on the patient to know what type of provider and treatment to request. And then they must navigate forms, websites, waiting areas, and referrals that would be difficult to comprehend even without a struggling psyche.

On top of that, VA has special requirements that create additional barriers, from questions of eligibility to Compensation & Pension exams. Veterans often laud the VA’s care once it’s delivered, but they recount far more than one reason to turn away before that point. Many of these hurdles may be surmountable, but to someone who is struggling they can become unbearable.

The journey to care — from the turning point when Veterans decide to get care to the subsequent path to seeking that care — is the focus of this report.



Discovery Methods

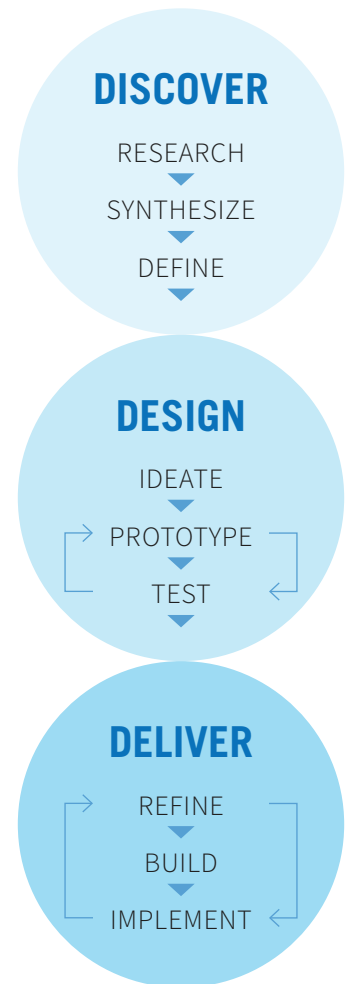
HUMAN-CENTERED DESIGN

VA is actively working to provide a seamless, unified Veteran experience across the entire organization and throughout the country. A Veteran walking into a medical facility in Los Angeles, Detroit, or Ft. Harrison should have a consistent experience in each, from how warmly they're greeted to what service is delivered.

As part of this effort to fit Veterans' needs, rather than asking Veterans to navigate the VA's complicated structure, the VA is using human-centered design methods. Human-centered design is a multi-disciplinary approach that draws from the practices of ethnography, cognitive psychology, and the design professions, from industrial design to communications design to service design. It is a practice used widely across the private sector to build a strong understanding of users, generate ideas for new products and services, test concepts collaboratively with real people, and ultimately deliver easy-to-use products and positive customer experiences.

Typically, public agencies design and build services that reflect institutional requirements and general internal assumptions about users. New services aren't shared with users for feedback until late in the development process or even after launch. At that point, it's very difficult to make changes; worse, an agency may have spent a great deal of time and resources toward solving the wrong problem entirely.

In a human-centered design project, the behaviors, experiences, and preferences of an organization's 'users' drive product, service, or technology design processes. (Users may be defined solely as end-users or customers of the organization, but are more typically understood as all the users of a product or service — meaning not just end-users but also front-line service providers, managers, executive





leaders, and third-party stakeholders such as contracted providers or community organizations.) The design process itself is phased, with specific activities in each phase to continuously understand and integrate the preferences of users throughout.

DISCOVERY: COLLECTING AND USING THICK DATA

This report represents findings from discovery, the first phase of a human-centered design project. Design discovery builds on practices from applied anthropology. It therefore has different methods and aims than other forms of information gathering with which readers might be more familiar, such as surveys — a snapshot of peoples’ opinions derived from a fixed set of questions — or ‘big data,’ the behavior trends revealed by the layering of hundred of thousands of anonymized data points.

Rather, human-centered designers gather ‘thick data’ — information that merges insights into human meaning with an understanding of the social context in which human lives occur. Design researchers seek to engage with service users in the context of their own lives. They meet with people in their homes, workplaces, or communities and collect life stories, high and low moments, and descriptions of people’s feelings and desires — and the role the service plays in all of them. This work is personal and time intensive: in a typical design discovery process, designers will speak with no more than 50 to 100 people. Those conversations alone will generate hundreds of pages of research notes.

Designers then subject this body of knowledge to synthesis, the distillation and extraction of findings that represent the lived experiences of multiple respondents. Those findings allow designers to diagnose a set of common needs and to identify future pathways for design — all grounded in the actual preferences of real service users.

Discovery Fieldwork

To get a multidimensional view of the experiences that Veterans have when accessing mental healthcare, we spoke with a diverse group of Veterans — both men and women, in urban and rural areas across the country, from four branches of service and both active and reserve components, representing all service eras from Vietnam to the present, career military and draftees, and enlisted and officer ranks.

We also talked with Veterans’ family members, with front-line VA and private-sector service providers (in both medical and administrative roles), with leaders at nonprofit organizations that focus on Veterans’ mental health, and with a number of subject-matter experts in other aspects of mental health treatment and healthcare administration and policymaking. Ultimately we spoke with more than five-dozen individuals and gained a rich picture of their frustrations and aspirations.

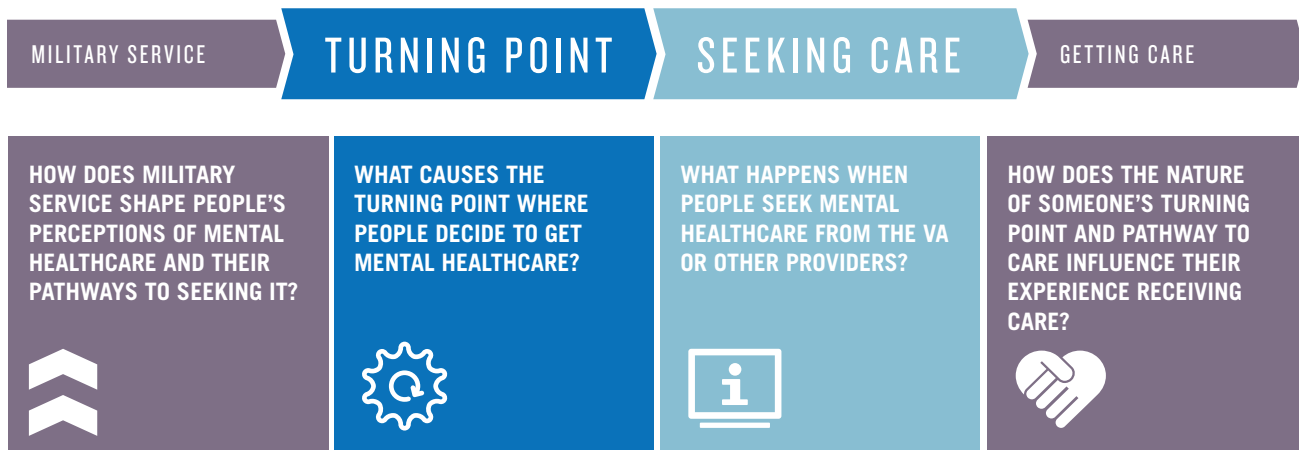
INQUIRY AREAS

To focus our inquiry into Veterans’ experiences when accessing mental healthcare, we identified four critical phases for exploration, spanning from people’s time in military service to the point when they are receiving mental healthcare. Each phase was explored as we attempted to better understand the processes and pathways people undergo to gain mentally healthy lives.

“
NORMALLY I CALL MY SIS OR DAD EVEN THOUGH THEY DON’T UNDERSTAND. I DON’T WANT TO BE A BURDEN ON MY FAMILY. I DON’T NEED ANYONE AT MY BECK AND CALL BUT IT WOULD BE NICE TO HAVE SOMEONE TO TALK WITH.
”

— VETERAN, CALIFORNIA

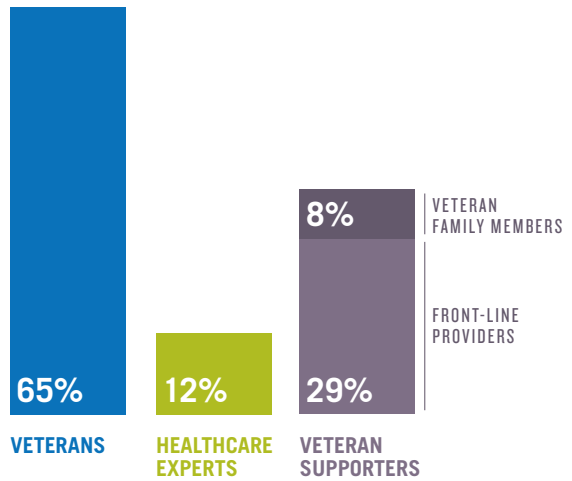
Our primary interests were the ‘turning point’ moments when Veterans decide to get care and their subsequent experiences seeking care to fit their needs.



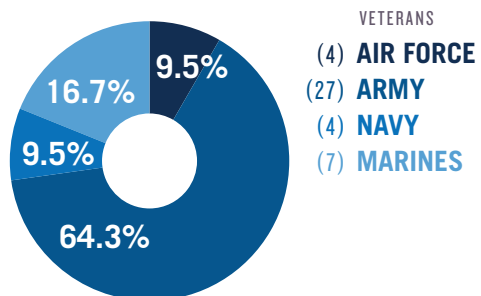
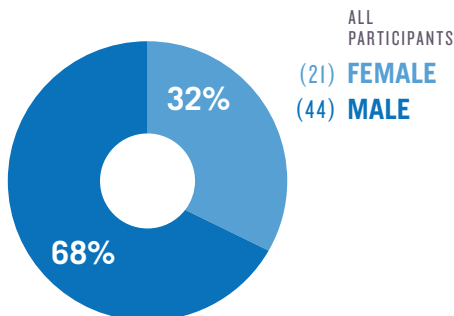
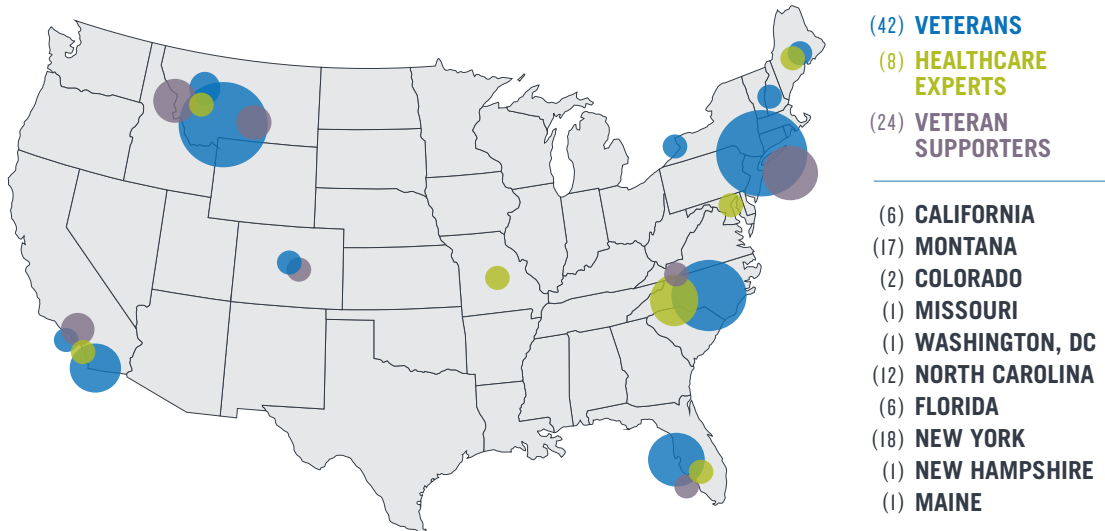
INTERVIEW PARTICIPANTS

55 HOURS

OF INTERVIEWS WITH VETERANS, VETERAN SUPPORTERS, AND HEALTHCARE EXPERTS



— Totals to more than 100% as some participants fit more than one category



WHAT WE FOUND

Here we lay out our top findings, as well as the four critical needs we believe all mental healthcare stakeholders share.


Shared Needs

Our discussions with Veterans, their families, frontline VA staff, and other stakeholders suggested that the many different participants in mental healthcare share critical common needs.


These shared requirements – for services that are both safe and easy – can serve as starting points to design more Veteran-centric services and also address system needs. This multi-stakeholder approach to service design is especially important for those who need mental healthcare.

EASE
Many Veterans seeking mental healthcare need processes that are readily available, clear, and free of complex and numerous steps.

Clarity


 **VETERANS AND OTHER STAKEHOLDERS NEED A CLEAR UNDERSTANDING OF VETERANS' CHOICES FOR CARE AND TANGIBLE PATHWAYS FOR GETTING OR PROVIDING THAT CARE.**

Continuity


 **WHEN WORKING THROUGH MULTIPLE STEPS TO GAIN MENTAL HEALTHCARE, VETERANS AND STAKEHOLDERS BENEFIT FROM FAMILIAR AND RELIABLE INTERACTIONS.**

SAFETY
Many Veterans seeking mental healthcare need to feel safe and secure.

Community

 **MANY VETERANS AND OTHER STAKEHOLDERS BENEFIT FROM A SUPPORT NETWORK – A KNOWLEDGEABLE BUDDY, GROUPS OF PEERS, OR COLLEAGUES – TO ENABLE SUCCESSFUL ACCESS TO CARE.**

Confidentiality

 **VETERANS WHO SEEK MENTAL HEALTHCARE (AND THOSE WHO SERVE THEM) NEED TO KNOW THEIR PERSONAL INFORMATION WILL BE PROTECTED AND SECURED.**

VETERANS

FRONT-LINE VA PROVIDERS

OTHER HEALTHCARE STAKEHOLDERS



Veterans need easy-to-understand pathways to access holistic care from the treatment ecosystem of both VA and non-VA providers; plain language in non-clinical terms is also critical.

Front-line VA employees can benefit from clear protocols, but also the permission and resourcing to innovate in order to best serve Veterans consistent with local and individual needs.

Non-VA organizations strongly desire clear, collaborative, and public pathways for making their mental health services more known and accessible to Veterans and their families.



Veterans need to navigate as few hand-off points as possible on the path to care; optimally, they experience no more than two steps in the process of seeking then receiving care, and they are able to form an ongoing relationship with care providers.

Front-line VA employees feel more professionally satisfied when they can establish ongoing relationships with Veterans who need and seek mental healthcare.

VA administrators need the efficiencies inherent in reducing multi-touchpoint services. **Non-VA organizations** need to be able to access and serve Veterans before they reach a crisis point, often the last step of a difficult, multi-step service journey.



Many **Veterans** need and seek out peers during tough times and often need multiple 'nudges' before making the step to access mental healthcare.

Many **Front-line VA employees** desire increased awareness and pathways for referral to community resources from which Veterans can benefit.

VA administrators and **non-VA organizations** need productive relationships with each other to best enable improved and rapid access to helpful services with protective community support.



Veterans need to be able to trust their pathways to seeking and subsequently getting care will be delivered with utmost privacy and transparency.

Many **Front-line VA employees** desire clear guidelines on how to share Veteran information with other parties, to include Veterans in information sharing, and to protect their own confidentiality.

VA administrators need the system's users, staff, and regulators to have confidence in VA's management, and **third-party providers** need explicit pathways for receiving and sharing back Veteran information in ways that are professional and secure.



Findings

This section presents ideas, issues, and bright spots that emerged from our fieldwork; these findings are the result of the analysis of the interviews with Veterans, their families, and other stakeholders. In the design approach to user research, this is known as the ‘synthesis’ process.

As Veterans told us about their personal experiences in attempting to access mental healthcare, they describe many of the unmet needs that form barriers to care. It also became clear that there are many helpful people doing yeoman’s work to connect Veterans with germane services. And while frustrations with ‘the system’ were common, there are also bright spots that may warrant system-wide diffusion.

**WE THINK THAT SERVICE
DELIVERY MEANS
‘I ALREADY GAVE YOU
ACCESS TO THAT.’
IN ANY OTHER FIELD DO
WE DO THAT?**

— VA FRONT-LINE PROVIDER



PHASE 1: MILITARY SERVICE

MILITARY SERVICE

TURNING POINT

SEEKING CARE

GETTING CARE

Multiple preliminary mental-health screenings (e.g., C&P and clinical intake) feel confusing, inane, and invasive and lead to screening fatigue, evasive answers, and attrition.


 CONTINUITY

Poor post-military job placement has significant mental health impacts: lack of work exacerbates depression and substance abuse, creating lifelong harms.


 COMMUNITY

It's very powerful for service members to know that their commander or other respected leaders receive mental healthcare.


 COMMUNITY

Perceived lack of confidentiality keeps military service members from getting mental healthcare from on-base providers – or at all. These perceptions of mental healthcare often follow Veterans into civilian life and serve as a barrier to care.


 CONFIDENTIALITY



PHASE 2: TURNING POINT

MILITARY SERVICE | **TURNING POINT** | SEEKING CARE | GETTING CARE

VA primary care teams and private providers integrate mental health screening into primary care treatment.

  CONTINUITY

Preliminary mental health intake experiences (both benefits and health) can turn Veterans off from mental healthcare altogether and form a lasting negative impression of VA services overall.

  CONTINUITY

Without the transfer of a Veterans' records (health and benefits) between VA service sites, Veterans feel burdened and frustrated with retelling their "story" and question VA care.

  CONTINUITY

**"IF THEY BELONG TO MY TRIBE,
THEN I TRUST THEM."**

— VETERAN, FLORIDA



Veterans with low VA mental health disability ratings interpret their rating to mean they should not seek mental healthcare (because other Veterans have greater need). Many feel offended and interpret the low rating as VA's invalidation of their personal experience.

  COMMUNITY

**ON FILLING OUT VA PTSD FORM 0781:
“SHE [VA EMPLOYEE] TOLD ME TO PICK
SOMETHING YOU COULD GOOGLE.
WHAT, SO SOME CLOWN IN AN
OFFICE CAN VALIDATE THE EXPERIENCE
FOR ME?”**

— VETERAN, MONTANA

Opaque, multi-step, and duplicative VA services (benefits and health) make Veterans uncertain if they'll get care and discourage them from starting the process.

  CLARITY

Concerns about loss of security clearance or firearms access create a barrier to seeking mental healthcare.

  CONFIDENTIALITY

**“BY CHANCE HE RAN INTO SOMEONE HE
SERVED WITH ... THEY SPENT THREE
HOURS TOGETHER. HE CAME BACK
FROM THAT AND SAID, ‘I CAN’T GET
OVER HOW GOOD I FEEL AFTER I SPOKE
WITH MY BUDDY.’”**

— VETERAN SPOUSE, MONTANA

Knowledgeable buddies play a critical role in convincing wavering Veterans to seek mental healthcare and in helping them navigate VA requirements and programs.

  COMMUNITY



PHASE 3: SEEKING CARE

MILITARY SERVICE TURNING POINT **SEEKING CARE** GETTING CARE

A positive first visit to the VA builds trust in the whole system and can improve uptake of mental health treatment.

  CONTINUITY

Private providers and nonprofits can't access VA records or push information back into VA systems, hampering efforts to provide holistic care and a seamless service journey.

  CONTINUITY

Getting transferred to multiple VA service points and mental health providers feels disrespectful and exposing for Veterans.

  CONTINUITY

For many Veterans, private providers and nonprofits that offer confidential, bureaucracy-free access to timely care feel like a positive and desirable alternative to VA processes.

  CLARITY

The Compensation & Pension (C&P) exam feels confusing and unnerving to many Veterans seeking mental healthcare, as it often requires them to dredge up painful experiences with a stranger (someone they will likely never see again).



“MY PROBLEM AS A FEMALE VETERAN IS DIFFERENT. SOMETIMES YOUR LEADERSHIP AND BEST FRIENDS YOU CAN’T TRUST AND ARE ACTUALLY OUT TO GET YOU.”

— VETERAN, NORTH CAROLINA

Easy quick mental health intake interactions help Veterans feel that they have necessary control over their care.



VA service environments can be unwelcoming, poorly signed, and off-putting to Veterans (especially female and younger Veterans), creating logistical and emotional barriers.



VA forms and memory-recall requirements can place medically inappropriate demands on brain-injured Veterans and trigger trauma symptoms in Veterans with PTSD.



“First-timers” seeking mental healthcare feel frustrated with the burden of knowledge required to navigate a system (VA and non-VA) laden with clinical terminology and complex processes.



Veterans lack reliable tools to sort, pick, and act on the multitudes of VA, private providers, and community services offered. They feel overwhelmed and often turn away before they connect to care.



Veterans reaching out to the VA for preventative or pre-crisis mental health treatment feel like they are a lesser priority than those in crisis.





PHASE 4: GETTING CARE

MILITARY SERVICE TURNING POINT SEEKING CARE **GETTING CARE**

Efforts to provide coordinated mental healthcare, from VA PACT teams or nonprofits that bring together providers from different sectors, are helping to identify gaps in treatment.

  CONTINUITY

Many Veterans feel extremely positively about their alternative or holistic healing experiences from private providers and community services (e.g., outdoor-based therapies, yoga, etc.).

  CLARITY

Private providers feel dissatisfied with the VA reimbursement structure and timeline, leaving Veterans with high out-of-pocket costs for non-VA mental healthcare.

  CONTINUITY

Many Veterans are dismayed (and left feeling like the VA wants to fob them with drugs) when they are offered psychotropic medication before exploring non-medicated treatments options.

  CLARITY



Many Veterans want holistic mental healthcare: supportive pathways that account for medical treatment, family involvement, counseling, addiction treatment, and employment services.



Veterans feel the VA asks for patience and tolerance for system error but doesn't afford the same courtesy to veterans in return, undermining trust in the system.



For some Veterans, treatment for mental health conditions by or with other Veterans, particularly from the same service era and branch, feels safe and is deeply comforting.



Non-veteran mental health providers, at the VA and in private practice, may be perceived by veterans as untrustworthy if they don't understand military contexts or mindsets.



Community nonprofits provide Veterans with mental health support by being in service to others. This community participation model feels helpful to many veterans and can serve as an entry way for more formal treatment.



Though not widely known, the confidential, easy, and quick access to mental healthcare at Vet Centers provides the privacy assurances and family involvement many Veterans seek.



WHAT TO DO NEXT



Building on our findings, we identified some opportunities for improving access to safe and easy-to-use mental healthcare (VA or otherwise). These opportunities fall into three main categories:

QUICK WINS

Have a rapid impact and make access easier almost immediately.

PILOT PROJECTS

Explore approaches and measure impact before rolling out on a larger scale.

SYSTEM TRANSFORMATIONS

Reimagine entire systems via large-scale institutional and/or legislative change.

OMB Approved No. 2900-0659
 Respondent Burden: 1 hour 10 minutes
 Expiration Date: 8/31/2017



VA DATE STAMP
 DO NOT WRITE IN THIS SPACE

STATEMENT IN SUPPORT OF CLAIM FOR SERVICE CONNECTION

STRESSFUL INCIDENT NO. 2

INSTRUCTIONS: Write in block letters. Print names and titles. Do not use abbreviations. Do not use cursive. Do not use ink.

6A. DATE INCIDENT OCCURRED (Mo., day, yr.)	6B. LOCATION OF INCIDENT (City, State, Country, Province, landmark or military installation)
--	--

6C. UNIT ASSIGNMENT DURING INCIDENT (Such as, DIVISION, WING, BATTALION, CAVALRY, SHIP)	6D. DATES OF UNIT ASSIGNMENT (Mo., day, yr.)
	FROM TO

3A. DATE INCIDENT OCCURRED

6E. DATE INCIDENT OCCURRED

3C. UNIT ASSIGNMENT DURING INCIDENT

6F. MEDALS AND AWARDS

3E. DESCRIPTION OF INCIDENT

7A. NAME OF INCIDENT

7B. DATE OF INCIDENT (Mo., day, yr.)

7C. UNIT ASSIGNMENT DURING INCIDENT

7D. PLACE OF INCIDENT (Such as, DIVISION, WING, BATTALION, CAVALRY, SHIP)

7E. DATE OF INCIDENT (Mo., day, yr.)

7F. PLACE OF INCIDENT (Such as, DIVISION, WING, BATTALION, CAVALRY, SHIP)

7G. DATE OF INCIDENT (Mo., day, yr.)

7H. PLACE OF INCIDENT (Such as, DIVISION, WING, BATTALION, CAVALRY, SHIP)

7I. DATE OF INCIDENT (Mo., day, yr.)

3F. MEDALS AND AWARDS

9. REMARKS

INFC

4A. NAME OF CLAIMANT

10. SIGNATURE	11. DATE	12. TELEPHONE NUMBERS (Include Area Code)
		DAYTIME EVENING

4D. PLEASE CHECK ONE

10. SIGNATURE	11. DATE	12. TELEPHONE NUMBERS (Include Area Code)
		DAYTIME EVENING

4D. PLEASE CHECK ONE

10. SIGNATURE	11. DATE	12. TELEPHONE NUMBERS (Include Area Code)
		DAYTIME EVENING

5A. NAME OF CLAIMANT

10. SIGNATURE	11. DATE	12. TELEPHONE NUMBERS (Include Area Code)
		DAYTIME EVENING

5D. PLEASE CHECK ONE

10. SIGNATURE	11. DATE	12. TELEPHONE NUMBERS (Include Area Code)
		DAYTIME EVENING

VA FORM 2 AUG 2014

PENALTY - The law provides severe penalties which include fine or imprisonment or both, for the willful submission of any statement or evidence of a material fact, knowing it is false, or fraudulent acceptance of any payment to which you are not entitled.

PRIVACY ACT NOTICE: The VA will not disclose information collected on this form to any source other than what has been authorized under the Privacy Act of 1974 or Title 38, Code of Federal Regulations 1.576 for routine uses (i.e., civil or criminal law enforcement, congressional communications, epidemiological or research studies, the collection of money owed to the United States, litigation in which the United States is a party or has an interest, the administration of VA programs and delivery of VA benefits, verification of identity and status, and personnel administration) as identified in VA system of records, 58VA21/22/28, Compensation, Pension, Education and Vocational Rehabilitation and Employment Records - VA, published in the Federal Register. Your obligation to respond is voluntary. However, the requested information is necessary to obtain supporting evidence of stressful incidents in service. If the information is not furnished completely or accurately, VA will not be able to thoroughly research your military records for supporting evidence. The responses you submit are considered confidential (38 U.S.C. 5701).

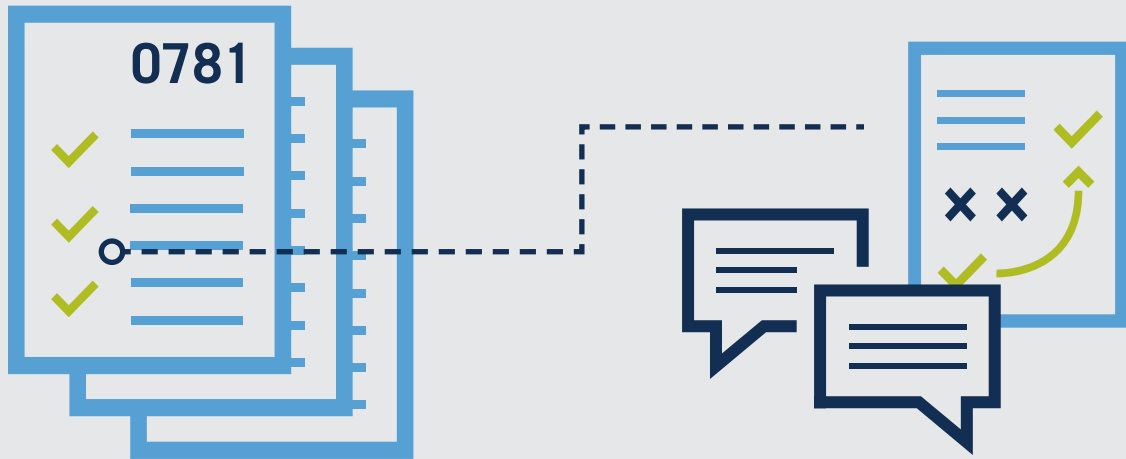
RESPONDENT BURDEN: We need this information in order to assist you in supporting your claim for post-traumatic stress disorder (38 U.S.C. 5107 (a)). Title 38, United States Code, allows us to ask for this information. We estimate that you will need an average of 1 hour 10 minutes to review the instructions, find the information, and complete this form. VA cannot conduct or sponsor a collection of information unless a valid OMB control number is displayed. You are not required to respond to a collection of information if this number is not displayed. Valid OMB control numbers can be located on the OMB Internet Page at www.reginfo.gov/public/do/PRAMain. If desired, you can call 1-800-827-1000 to get information on where to send comments or suggestions about this form.

Quick Wins

While VA has an opportunity to reimagine access to mental healthcare through a systems lens, it also has many opportunities to respond to Veterans' urgent unmet needs now. Our discussions with Veterans across the country pointed to several key opportunities for rapid improvement.

The "quick fixes" proposed below won't solve larger-scale access issues, but they can have fast impact and make access easier for those who seek care. These efforts can launch in 2016.

See the next section for more systemic opportunities for wider-scale piloting.



QUICK WIN 1: INTAKE SCREENING FORMS

REDESIGN VA FORM 21-0781 AND OTHERS

DESIGN CHALLENGE

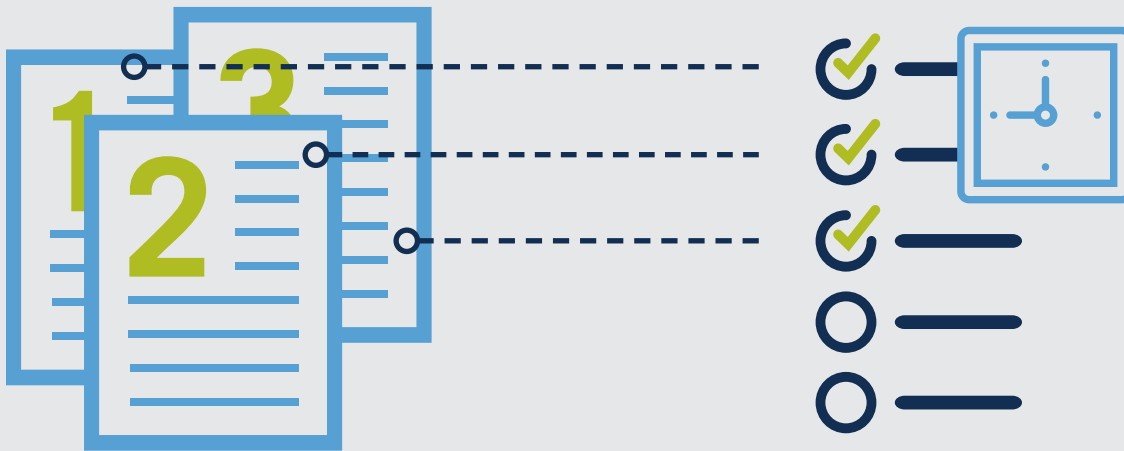
Veterans repeatedly said that VA's onerous and confusing paperwork presented a significant barrier to seeking care and left a lasting negative impression. How can we improve the most common intake forms for Veterans seeking mental healthcare so they're not burdensome, disrespectful, or re-traumatizing?

“
I DIDN'T EVEN KNOW
THAT HE HAD THAT
[VA] PAPERWORK
— IT WAS HUGE
LY CONCERNING.
”

— VETERAN SPOUSE, MONTANA

RELATED FINDINGS

- ✔ **CLARITY** VA forms and memory-recall requirements can place medically inappropriate demands on brain-injured Veterans and trigger trauma symptoms in Veterans with PTSD.
- 🔄 **CONTINUITY** Bad preliminary mental health screening experiences (both benefits and health) can stand to turn Veterans off from mental healthcare altogether and form a lasting negative impression of VA services overall.
- ✔ **CLARITY** Opaque, multi-step, and duplicative VA services (benefits and health) make Veterans uncertain if they'll get care and discourage them from starting the process.



QUICK WIN 2: INTAKE GUIDES

CREATE SIMPLE ONE-PAGE GUIDES, WITH REAL-WORLD TIMELINES, FOR VETERANS SEEKING TO ACCESS THE FIVE MOST COMMON MENTAL-HEALTH SERVICES

DESIGN CHALLENGE

Lack of clarity about how – and how long it takes – to gain access to VA mental healthcare can frustrate or prevent Veterans from seeking care. How can we create plain-language ‘crib sheets’ that address common misconceptions, instill confidence, and emphasize the steps Veterans need to take and the typical time in between each step – then deploy these guides across multiple platforms (VA and otherwise)?

“
IT’S STUPID THAT SOMEONE NEEDS TO WAIT 60 DAYS AT VA AND HAS TO COME TO MY ER TO GET THEIR BLOOD PRESSURE MEDS.
”

– FRONT-LINE PROVIDER / VETERAN, NORTH CAROLINA

RELATED FINDINGS

- ✔ **CLARITY** “First-timers” seeking mental healthcare feel frustrated with the burden of knowledge required to navigate a system (VA and non-VA) laden with clinical terminology and complex processes.
- 🔒 **CONFIDENTIALITY** Concerns about loss of security clearance or firearms access creates a barrier to seeking mental healthcare.
- 👥 **COMMUNITY** Veterans with low VA mental health disability ratings interpret their rating to mean they should not seek mental healthcare (because other Veterans have greater need). Many feel offended and interpret the low rating as VA’s invalidation of their personal experience.



QUICK WIN 3: INTAKE COMPANION

PROVIDE VETERANS VISITING A VA FACILITY FOR THE FIRST TIME WITH AN INDIVIDUAL WELCOME AND ORIENTATION.




DESIGN CHALLENGE

Confusing or unwelcoming first experiences when visiting VA facilities can diminish Veterans’ trust in VA and lead Veterans to drop out of the system (and mental healthcare altogether). How can we offer Veterans the support of a knowledgeable and reassuring human guide to orient and assist them when first seeking care from VA?

“
**I’M NOT SAYING
 I NEED TO BE
 CODDLED. BUT I
 COULD USE SOME
 HELP FIGURING OUT
 THE NEXT STEPS.**
 ”

— VETERAN, MONTANA

RELATED FINDINGS

-  **CONTINUITY** Getting transferred to multiple VA service points and mental health providers feels disrespectful and exposing for Veterans.
-  **CLARITY** Easy and quick mental health intake interactions help Veterans feel that they have necessary control over their care.
-  **COMMUNITY** Knowledgeable buddies play a critical role in convincing wavering Veterans to seek mental healthcare and in helping them navigate VA requirements and programs.

Pilot Projects

Based on what we heard from Veterans, we've identified five promising design concepts to improve access to mental healthcare services. These concepts are not design solutions, but rather pathways for hands-on exploration and testing; they serve as opportunities for collaborative design and iterative prototyping with Veterans, VA employees, and community partners, using VA medical centers and benefits offices as pilot test locations. The ultimate prototypes from that process can then be rolled out in small-scale implementations and evaluated for their impact.





PILOT PROJECT 1: VA PRECHECK

PREAPPROVE VETERANS FOR MENTAL HEALTHCARE BASED ON THEIR SERVICE RECORD AND SERVICE INJURIES, EVEN BEFORE THEY FIRST CONTACT THE VA.

DESIGN CHALLENGE

Veterans often have to go through many steps before they can receive the mental health attention they seek. How can we enable Veterans to directly access VA healthcare providers without being derailed by screening and eligibility processes?

RELATED FINDINGS

-  **CONTINUITY** Without the transfer of a Veterans' records (health and benefits) between VA service sites, Veterans feel burdened and frustrated with retelling their "story" and question VA care.
-  **CLARITY** For many Veterans, private providers and nonprofits that offer confidential, bureaucracy-free access to timely care feel like positive and desirable alternative to VA processes.

“
I FEEL LIKE I
SHOULD'VE BEEN
ABLE TO GET VA ID
WHEN I GOT OUT.
YOU GET A DD214
THE DAY YOU LEAVE.
WHY NOT START
THE VA ID PROCESS
BEFORE YOU LEAVE
FT. BRAGG?
”

— VETERAN, NORTH CAROLINA



PILOT PROJECT 2: LOCAL MATCHING TOOLS

OFFER VETERANS AND THEIR SUPPORTERS CONFIDENTIAL TOOLS TO LEARN ABOUT TREATMENT OPTIONS NEAR THEM AND IDENTIFY SPECIFIC PROVIDERS THAT MEET THEIR INDIVIDUAL PREFERENCES AND TIMEFRAMES

DESIGN CHALLENGE

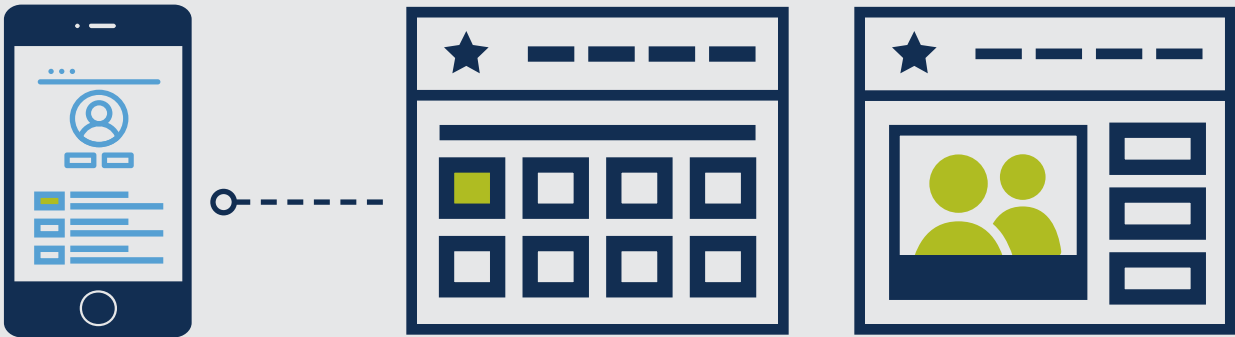
Sorting through the confusing array of treatment options poses a significant barrier to Veterans seeking mental healthcare. How can we provide a single source for information on local providers, both VA and non-VA, allowing Veterans to find and access convenient care that suits their needs and preferences?

RELATED FINDINGS

- ✔ **CLARITY** Veterans lack reliable tools to sort, pick, and act on the multitudes of VA, private providers, and community services offered. They feel overwhelmed and often turn away before they connect to care.

“
I NEVER GOT A ONE-ON-ONE COUNSELING, BUT THAT’S THE ONE THING I REALLY WANTED IT. I DIDN’T WANT TO TAKE THE MEDICATION. I JUST WANTED TO TALK TO SOMEONE AND UNPACK IT. I WAS READY TO TALK ABOUT IT.

— VETERAN, CALIFORNIA



PILOT PROJECT 3: THIRD-PARTY SUPPORTS

FACILITATE EFFORTS BY VOLUNTARY ORGANIZATIONS AND NON-VA HEALTHCARE PROVIDERS TO ASSIST VETERANS WITH GETTING MENTAL HEALTHCARE

DESIGN CHALLENGE

Many Veterans don't want to use VA services for mental healthcare even if the red tape is cleared – so how can we enable other avenues for care that benefit both Veterans and non-VA providers? Can we particularly assist third-party organizations in integrating Veterans' families and buddies into their care?

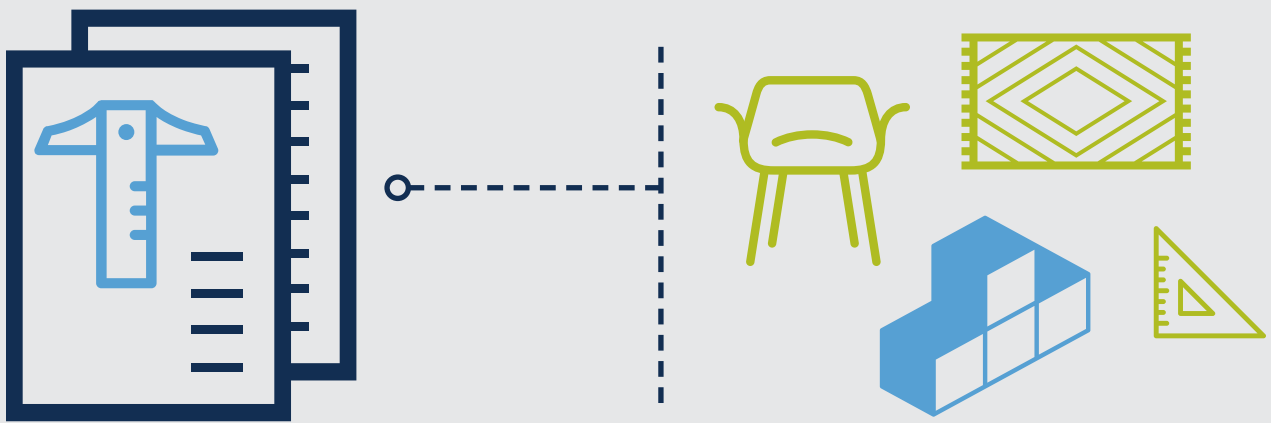
RELATED FINDINGS

- ✔ **CLARITY** For many Veterans, private providers and nonprofits that offer confidential, bureaucracy-free access to timely care feel like positive and desirable alternative to VA processes.
- 👥 **COMMUNITY** Community nonprofits provide Veterans with mental health support by being in service to others. This model of treatment by 'giving back' is helpful for those reluctant to seek individual medical care.
- 👥 **COMMUNITY** Knowledgeable buddies play a critical role in convincing wavering Veterans to seek mental healthcare and in helping them navigate VA requirements and programs.

“
**THANK GOODNESS
 THERE WAS
 ANOTHER GUY GOING
 THROUGH THIS, WE
 BUDDIED UP.**

”

– VETERAN, MONTANA



PILOT PROJECT 4: SPACE STANDARDS

DEVELOP DESIGN GUIDELINES FOR REORGANIZING VA PHYSICAL SPACES TO RESPOND TO VETERANS' MENTAL-HEALTH NEEDS

DESIGN CHALLENGE

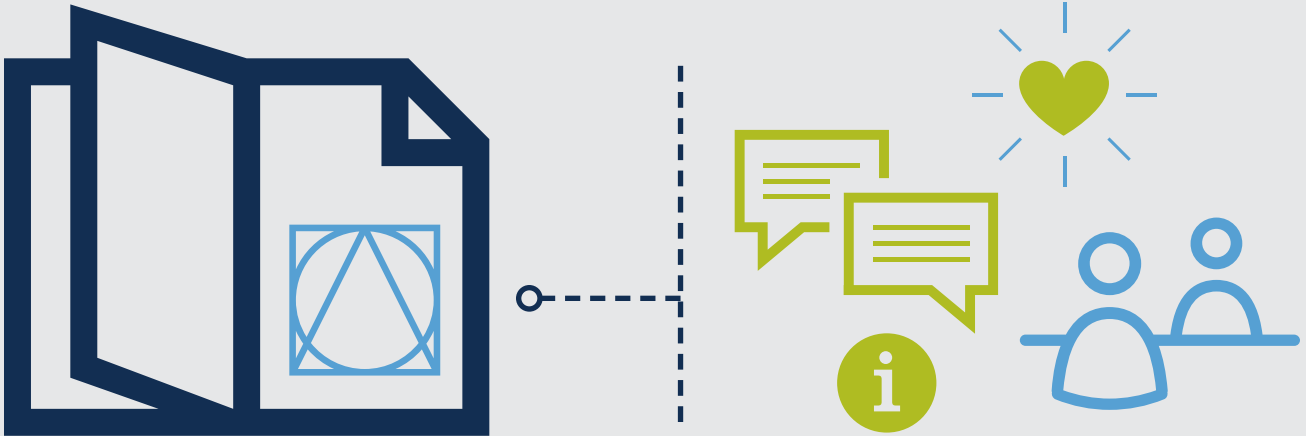
Veterans seeking mental healthcare, especially those in crisis, feel comforted when presented with a welcoming physical space. How might we create standards for brick-and-mortar VA locations — from medical centers to benefits offices or waiting rooms — to better ensure uptake of mental health services?

RELATED FINDINGS

- 🔄 **CONTINUITY** A positive first visit to the VA builds trust in the whole system and can stand to improve uptake of mental health treatment.
- ✅ **CLARITY** VA service environments can be unwelcoming, poorly signed, and off-putting to Veterans (especially female and younger Veterans), creating logistical and emotional barriers.

“
VA IS A DEPRESSING-
ASS PLACE... NEWS
IS ALWAYS ON, OR
TERRIBLE DAYTIME
TELEVISION...
IT COULD BE AS
SIMPLE AS PUTTING
PAINT ON THE
WALL, [PUTTING] A
MORE CONSCIOUS
EFFORT INTO THE
APPEARANCE.

”
— VETERAN, CALIFORNIA



PILOT PROJECT 5: SERVICE STANDARDS

DEVELOP SERVICE GUIDELINES AND RESOURCES THAT ALLOW MENTAL HEALTH PROVIDERS TO OFFER VETERANS TRULY EXCELLENT SERVICE EXPERIENCES




DESIGN CHALLENGE

Veterans ask for consistent, patient, and attentive interactions when seeking care. How can we create a customer-service culture that minimizes harmful wait times, prioritizes follow-through and follow-up, and emphasizes a Veteran-centered approach to mental healthcare? Can we extend that culture to online services by developing digital standards that respond to unique mental healthcare needs?

“
**THEY CANCELLED
TWO APPOINTMENTS
BUT DIDN'T TELL ME.**
”

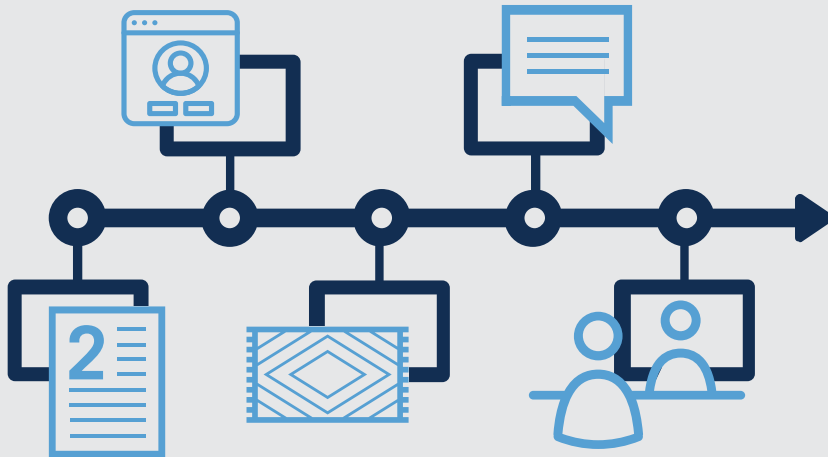
— VETERAN, FLORIDA

RELATED FINDINGS

-  **CONTINUITY** Getting transferred to multiple VA service points and mental health providers feels disrespectful and exposing for Veterans.
-  **COMMUNITY** Veterans reaching out to the VA for preventative or pre-crisis mental health treatment feel like they are a lesser priority than those in crisis.
-  **COMMUNITY** Veterans feel the VA asks for patience and tolerance for system error but doesn't afford the same courtesy to Veterans in return, undermining trust in the system.

System Transformations

Finally, our discovery process revealed major opportunities for systems change. These opportunities go beyond the scale of pilots that can be designed and tested at a single location. Rather, they require the engagement of VA's leadership, operational managers, front-line staff, external partners, legislators, and Veterans and their families to reimagine entire existing business systems and wholly replace them with new and better ways of serving Veterans.






SYSTEM TRANSFORMATIONS 1: SAFE CARE

SYSTEMICALLY REIMAGINE PATHWAYS TO TREATMENT TO HELP VETERANS FEEL CONFIDENT IN AND SAFE WITH VA, REGARDLESS OF THEIR CHOSEN TREATMENT TYPE OR LOCATION

DESIGN CHALLENGE

Veterans want a seamless experience when seeking care regardless of their chosen path. How might we systemically reimagine mental health treatment pathways and service touchpoints (VA and otherwise) to reinforce the emotional safety of Veterans, caregivers, and front-line service providers?

RELATED FINDINGS

-  **CONTINUITY** Efforts to provide coordinated mental healthcare, whether from VA PACT teams or nonprofits that bring together providers from different sectors, are helping to identify gaps in treatment.
-  **CONFIDENTIALITY** Though not widely known, the confidential, easy, and quick access to mental healthcare at Vet Centers provides the privacy assurances and family involvement many Veterans seek.
-  **CLARITY** Many Veterans are dismayed (and left feeling like the VA wants to fob them with drugs) when they are offered psychotropic medication before exploring non-medicated treatments options.

“
[AT THE] VA, I FELT LIKE I HAD TO PROVE MYSELF. IT FELT AGGRESSIVE. WITH NON-PROFITS, YOU DON'T HAVE TO PROVE YOURSELF.

”

— VETERAN, MONTANA






SYSTEM TRANSFORMATIONS 2: SAFE SCREENING

HOLISTICALLY REIMAGINE THE INTAKE AND SCREENING PROCESSES ASSOCIATED WITH MENTAL HEALTHCARE TO EMPHASIZE CHOICE, CONFIDENTIALITY, CONTINUITY, AND COMMUNITY

DESIGN CHALLENGE

Both the evaluation and intake process for VA mental healthcare and the parallel screening process for compensation and benefits often feel disrespectful, repetitive, and burdensome. How might we reimagine these separate pathways as a single system dedicated to addressing Veterans' mental health needs?

RELATED FINDINGS

-  **CONTINUITY** Some VA primary care teams and private providers integrate mental health screening into primary care treatment.
-  **CLARITY** The Compensation & Pension (C&P) exam feels confusing and unnerving to many Veterans seeking mental healthcare, as it often requires them to dredge up painful experiences with a stranger (someone they will likely never see again).
-  **COMMUNITY** Veterans with low VA mental health disability ratings interpret their rating to mean they should not seek mental healthcare (because other Veterans have greater need). Many feel offended and interpret the low rating as VA's invalidation of their personal experience.

“
SHE [THE VA REPRESENTATIVE] BASICALLY TOLD ME I WAS LOW PRIORITY... THAT'S NICE TO KNOW THAT AFTER 21 YEARS OF SERVICE, I'M LOW PRIORITY.
”

— VETERAN, CALIFORNIA



SYSTEM TRANSFORMATIONS 3: BEST-IN-CLASS MENTAL CARE

ESTABLISH VA AS A ROLE MODEL FOR THE MENTAL HEALTHCARE FIELD

DESIGN CHALLENGE

VA has an opportunity to provide Veterans with exceptional care and experiences that set the standard for how people access mental healthcare in the 21st century. How might we make VA a model for the healthcare field, in terms of Veteran experience, staff recruitment and retention, and professional practice?

RELATED FINDINGS

- ✔ **CLARITY** Many Veterans want holistic mental healthcare: supportive pathways that account for medical treatment, family involvement, counseling, addiction treatment, and employment services.
- ↻ **CONTINUITY** Private providers and nonprofits can't access VA records or push information back into VA systems, hampering efforts to provide holistic care and a seamless service journey.
- ✔ **CLARITY** Many Veterans feel extremely positive about their alternative or holistic healing experiences with private providers and community services (e.g., outdoor-based therapies, yoga, etc.).
- ↻ **CONTINUITY** Private providers feel dissatisfied with the VA reimbursement structure and timeline, leaving Veterans with high out-of-pocket costs for non-VA mental healthcare.

“

I HAVE A LOT OF CONCERNS ABOUT PRIVACY. I DON'T WANT THE GOVERNMENT HAVING MY FILES. I DON'T WANT THE GOVERNMENT CHOOSING WHO I SPEAK WITH.

”

— VETERAN, FLORIDA

APPENDIX 1: MAPPING MENTAL HEALTH ACCESS

The service journey on the following pages is an aggregation of actions and feelings shared with us by many Veterans and their supporters. We've located our design recommendations in the context of these current experiences, showing the potential for improving access to mental healthcare.

JOURNEY PHASE	PRE-MILITARY	MILITARY SERVICE	TURNING POINT
DURATION	17 – 30 years	2 – 20+ years	1+ month – 20+ years
VETERAN THOUGHTS & FEELINGS	<p><i>My [family] was abusive psychologically... it made me resilient.</i></p> <p>– VETERAN, NEW YORK</p>	<p><i>There's an enormous amount of guilt if your team goes and you don't go.</i></p> <p>– VETERAN, FLORIDA</p>	<p><i>I couldn't wait to get the uniform off, then the dust settles and that's when the symptoms set in.</i></p> <p>– VETERAN, NEW YORK</p>
VETERAN ACTIONS	<p>Veterans often experience a turning point — often a personal or health crisis — that inspires them to seek mental healthcare.</p>		
DESIGN OPPORTUNITIES	<ul style="list-style-type: none"> Pilot Project 1: VA PreCheck Pilot Project 2: Local Matching Tools Pilot Project 3: Third-Party Supports System Transformations 1: Safe Pathways 		



SEEKING CARE

When Veterans first seek care from the VA, they typically go through a multi-stage process of intake, enrollment, diagnosis, and scheduling before getting care.

[Intake]
The map below imagines one possible journey through the VA's mental-health access process, beginning with a Veteran arriving for first-time care at a VA medical center emergency room.

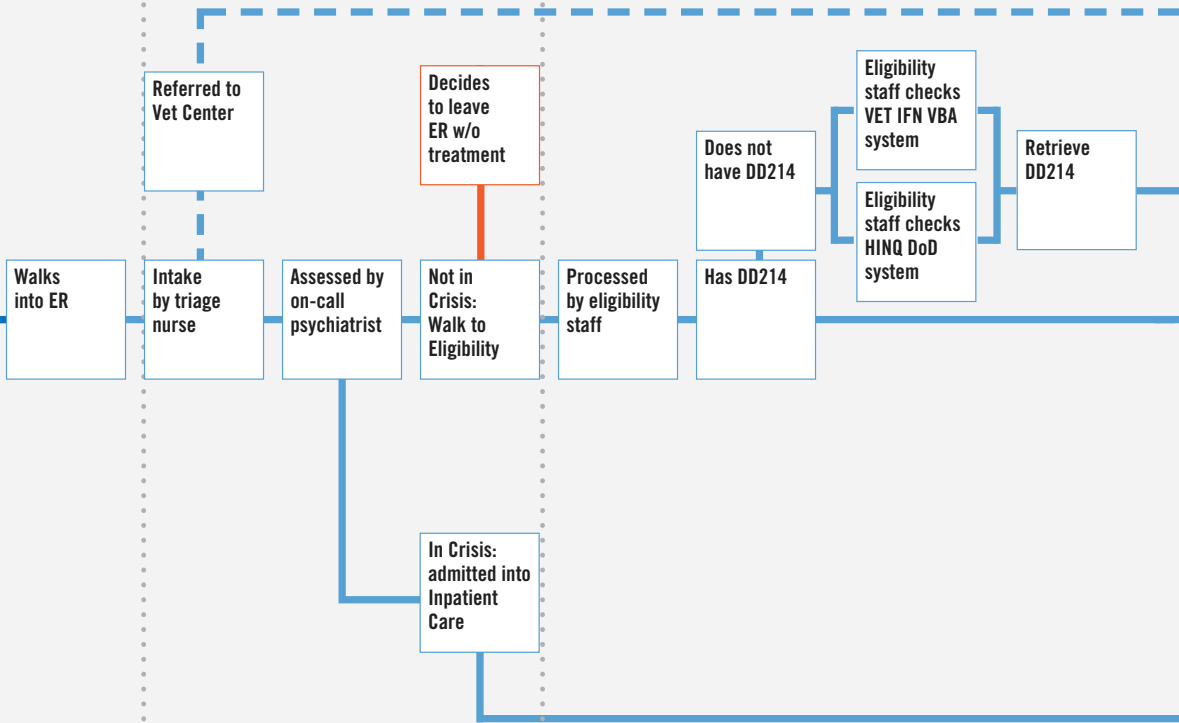
[Enrollment]
In all but acute-care situations, a Veteran seeking VA health care for the first time must be screened for VHA eligibility – based on service era, length of service, discharge status, etc. – before s/he can be enrolled and begin to receive care.

1 day – 6 months

[The VA] put me on the phone with the Veterans Crisis Line. [The operator there said] "I can't help you.... you need to just walk into the [medical center] and hope they take you."
– VETERAN, CALIFORNIA

[The form] made me feel like I was in a george orwell novel.
– VETERAN, MONTANA

Using VA systems, I'm probably eligible for x, but red tape is so daunting. The feeling is that it's too much to chip away at.
– VETERAN, FLORIDA



System Transformations 2: Safe Care

System Transformations 3: Best-in-Class Care

Pilot Project 4: Space Standards

Pilot Project 5: Staff Standards

Quick Win 1: Intake Screening Forms

Quick Win 2: Intake Guides

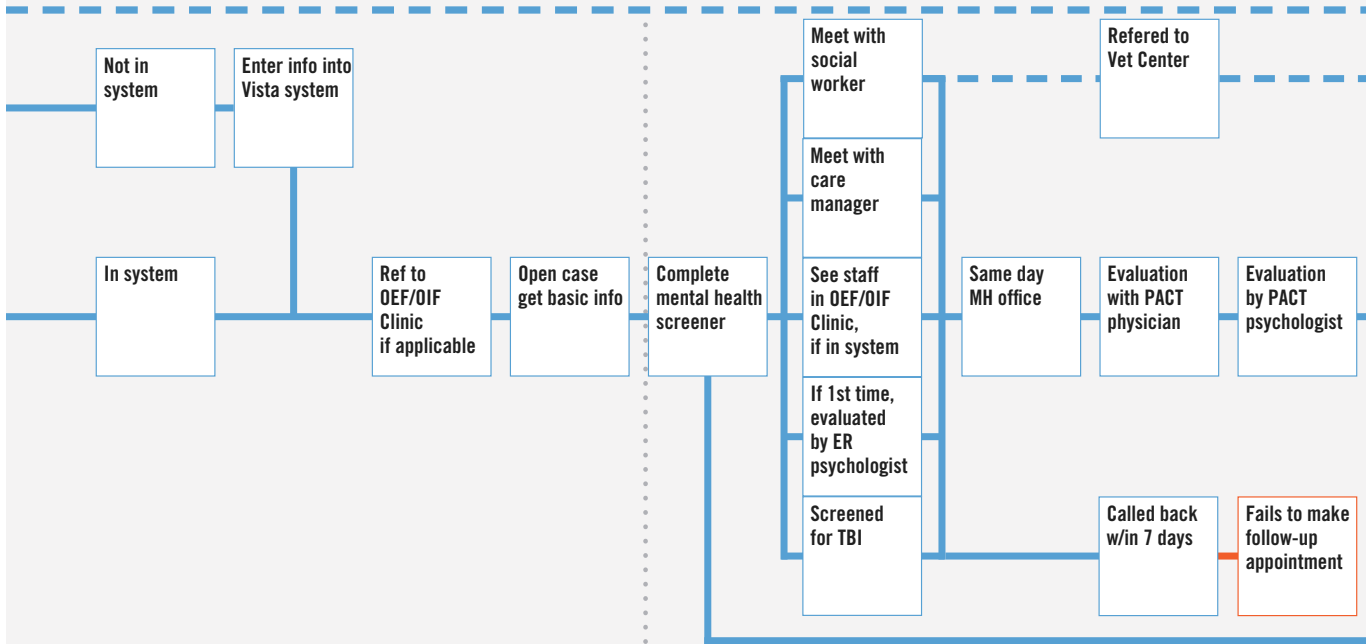
Quick Win 3: Intake Companion

[Diagnosis]

Once enrolled, a Veteran may retell his or her story to multiple mental-health providers (intake clerks, social workers, nurses, physicians) in multiple offices (primary care, specialty clinics, mental-health specialists) before receiving a diagnosis and treatment plan.

I already got a diagnosis on active duty. Why do I have to get told by a VA doctor what I already knew just to get the help?

— VETERAN, NORTH CAROLINA



Pilot Project 1: VA PreCheck

Pilot Project 3: Third-Party Supports

System Transformations 1: Safe Pathways

System Transformations 2: Safe Screening

System Transformations 3: Best-in-Class Care

Pilot Project 4: Space Standards

Pilot Project 5: Staff Standards

Quick Win 1: Intake Screening Forms

Quick Win 2: Intake Guides

Quick Win 3: Intake Companion

[Scheduling]
 Once a Veteran has been screened, s/he may be able to see a provider immediately. More commonly, however, a Veteran will be referred to a provider (at the medical center or elsewhere) and need to make a future appointment for treatment.

GETTING CARE

Many Veterans receive excellent mental healthcare from VA medical center providers. In some cases, however, Veterans may prefer to receive confidential or alternative care from a Vet Center or community-based provider.

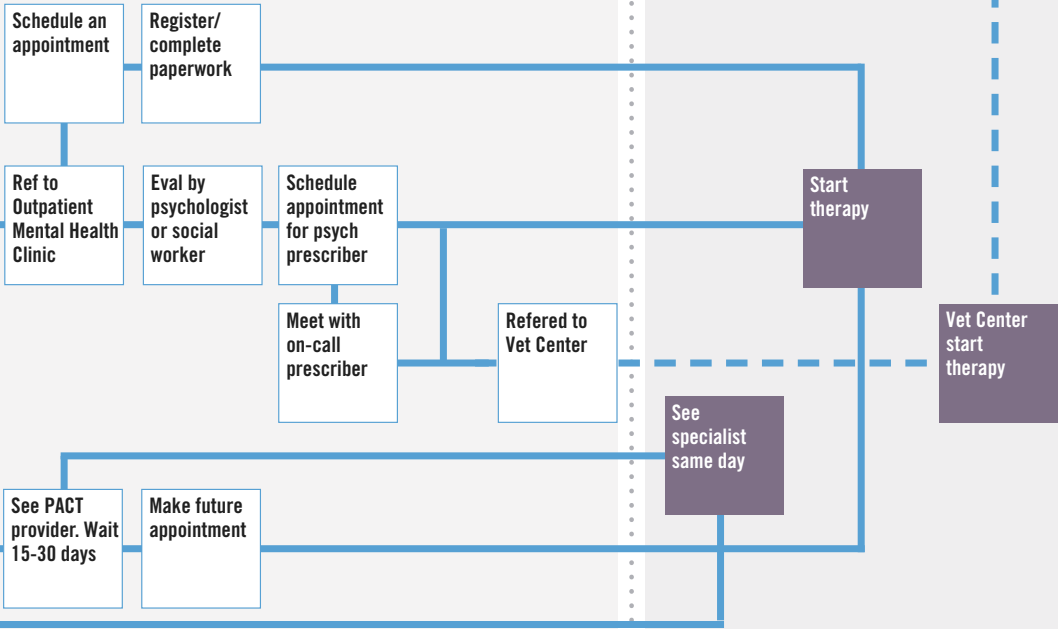
1+ weeks – 10+ years

The human treatment that you get is not standard from office to office.

– VETERAN, COLORADO

When I went to the civilian doc, they went through a bunch of options with me. When I went to the VA, the only option I got was meds.

– VETERAN, FLORIDA



APPENDIX 2: MENTAL HEALTH PERSONAS

In 2014, VA created a set of personas – tools for conceptualizing design recommendations and testing human-centered service concepts. This chapter presents new versions of those personas, refocused through the lens of mental healthcare.

Personas

WHAT ARE PERSONAS?

Personas are archetypes distilled from research data collected during field observations and conversations with real people. A single persona represents many individuals' aggregated experiences and behavioral patterns, as opposed to their demographic data, like age, race, or gender.

Once designers have transformed research data into a persona, the persona acts as a design tool — a tool that can be employed to conceptualize design recommendations and to test audience-centric concepts. Personas can be particularly helpful for colleagues or allies who may not have daily interactions with service recipients or providers, yet are responsible for generating processes, products, and protocols that directly impact these individuals.

PERSONAS FOR MENTAL HEALTHCARE

In 2014, the VA developed a set of seven personas, outlined in the report *Voices of Veterans*, to guide Veteran-centered decision-making across service provision within the VA.¹ For this project, the VA personas have been refocused through the lens of access to mental healthcare services.

The reimagined VA personas in this chapter outline what or who motivates Veterans to access mental health services, as well as how motivations and needs influence Veterans' perceptions of mental healthcare. Key content areas were altered to accentuate needs that are specific to mental healthcare access. The "Veteran Supporter" persona was split into sub-personas to show the various kinds of supporters who are part of veterans' experiences when accessing mental healthcare.

Note that while personas are composite representations, the personal quotes and stories accompanying the personas in this report come from actual Veterans and others who participated in this project.

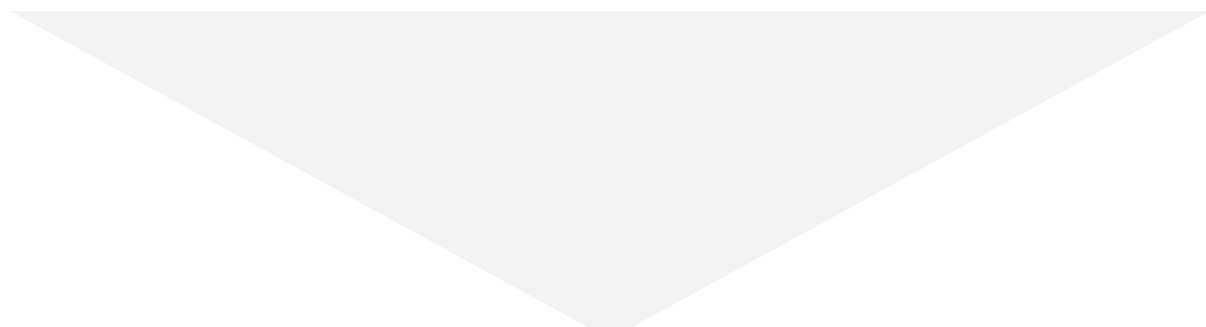
¹ *Voices of Veterans: Introducing Personas to Better Understand Our Customers*. Findings Report. Department of Veterans Affairs; November 2014. Print.

INTERVIEW PARTICIPANTS AND PERSONA REFINEMENT

VETERANS



VETERAN SUPPORTERS



FAST TRACKER



IN TRANSITION



FORGING AHEAD



DAY-BY-DAY



STILL SERVING



KNOWLEDGEABLE BUDDY



FRONT-LINE PROVIDER



FAMILY MEMBER

FAST TRACKER

Within ten years of transitioning out of the service, the Fast Tracker is successfully adjusting to post-military life by furthering their education or establishing a career in the civilian sector. Their high level of functioning may actually create a barrier to seeking mental healthcare, however. The Fast Tracker does not use the VA for medical or mental health services and does not see how the VA fits into his/her life. Fast Trackers have high standards for medical care and typically access best-in-class care from private sector providers.



CLARITY

When Fast Trackers decide to seek treatment, they want to be able to direct how they receive care, when, and from whom. They typically bypass the VA because they believe they will encounter long wait times, layers of bureaucracy, and sub-standard customer service.

COMMUNITY

Fast trackers typically access care after a peer or “knowledgeable buddy” encourages them to seek it out. It can be extremely powerful for Fast Trackers to see high-ranking military and veteran leaders or respected peers accessing mental healthcare — then they understand that they are not alone.

CONFIDENTIALITY

Many Fast Trackers pursue careers that require a security clearance, so confidentiality remains a key concern when considering whether to access mental healthcare. This Veteran will seek out care from private providers in order to keep their treatment from becoming known, or they will not access care altogether because the risk feels too great.

CONTINUITY

Fast Trackers are more likely to access care from third-party providers who can better guarantee that they will be able to see the same therapist continuously during the time they are accessing care.

IN TRANSITION

In Transition Veterans have just ended their time in military service and are beginning their journeys as Veterans. During transition, these individuals may be ensuring that their Department of Defense (DoD) records are in order, filing their VA claim for disability status, and starting the VA intake process. Many In Transition Veterans take a few months (or even years) to contact the VA for services, but they need the VA to be ready for them when they get there. They will likely attempt to access care through the VA before seeking to private care, but their first points of contact with the VA are critical: these Veterans need clear guidance on what steps they need to take and how they're advancing through the intake process.



LOW ————— HIGH

USE OF VA SERVICES

LOW ————— HIGH

**USE OF PRIVATE /
 THIRD PARTY SERVICES**

CLARITY

At the time when Veterans In Transition decide to seek treatment, they want the process to be simple and straightforward with clearly outlined avenues for accessing the care they need, whether it is directly through the VA, TRICARE, or private care.

COMMUNITY

Veterans In Transition like to feel that they're part of a larger community. As with Fast Trackers, these Veterans may seek care after a buddy encourages them or after taking part in an activity program for Veterans like them. Having an advocate to help navigate the VA system can make a significant difference for this Veteran to continue accessing care.

CONFIDENTIALITY

Veterans that fit the In Transition persona often pursue careers in law enforcement. These Veterans may fear that seeking mental healthcare will bar them from carrying the firearms required for their job, so confidentiality is a key concern. They will seek care from private-sector providers, or they will not get care because the risk feels too great.

CONTINUITY

Veterans In Transition need to be informed of where they stand inside the larger process and what is expected of them. A holistic approach that includes a one-stop shop for primary care, mental health treatment and family care would best suit this demographic, particularly if they have complicated service-related health issues.

FORGING AHEAD

The Forging Ahead persona waits to seek care until reaching a moment of crisis (health and otherwise). Because they don't typically investigate service options in advance, these Veterans often end up receiving whatever care is typical from the first system they enter, rather than getting services based on personal preference or need. If the Forging Ahead persona happens to be paired with a provider whom they connect with, they will be loyal to that person. Otherwise, they may end up bouncing from service to service, seeking satisfying care.



CLARITY

This persona does not have a strong opinion or preference for where they access mental healthcare services (e.g., from the VA or a third-party provider). The Forging Ahead persona will seek out alternative therapies if a trusted supporter recommends and connects them to those options.

COMMUNITY

The Forging Ahead persona accesses care through their community of personal relationships. Community could be groups that allow the persona to connect with fellow Veterans through outdoor activities; a regular counselor who offers personalized care; or a spouse who manages paperwork and appointments when the Forging Ahead persona is overwhelmed.

CONFIDENTIALITY

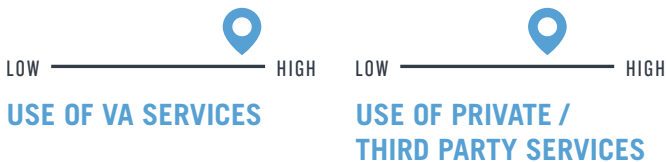
Because the Forging Ahead persona seeks care in times of greatest need, confidentiality is not top of mind. Relationship-based trust is far more important. If a friend or counselor provides help in crisis moment, then the Forging Ahead persona is likely to return to that source of support throughout the duration of their care and beyond.

CONTINUITY

Continuity is key for the Forging Ahead persona: they require the ongoing presence of a provider who proactively checks in, nudges them, and is available as needed. Continuity of care allows the Forging Ahead persona to develop a personal relationship with a provider — ensuring that they stay engaged throughout the duration of their treatment.

DAY-BY-DAY

This persona's everyday existence is precarious. These Veterans struggle to maintain the basics of life, like housing and employment. Mental healthcare is one need among many. As a result, the Day-by-Day persona is not likely to proactively seek out care. The Day-by-Day persona will most often access the VA's mental health services through the emergency room at a moment of crisis. Even after seeking care, the Day-by-Day persona requires wrap-around and high touch assistance from the VA; they are reliant on the VA not just for services, but also for help in organizing their care.



CLARITY

The Day-by-Day persona is reliant on the VA for care. They access the VA in crisis mode and via the ER (e.g., brought in by a police officer). Once stabilized, they appreciate the options in the VA that are available to them, like choosing between individual and group therapy, accessing alternative or gender-specific care, and scheduling appointments at reasonable times.

COMMUNITY

The Day-by-Day persona feels embarrassment at struggling post active service. As a result, they isolate themselves from broader veteran communities and even family supports. “Community” to a Day-by-Day persona is a single trusted buddy, counselor, or spouse who listens, doesn’t judge, and actively guides the Day-by-Day persona to mental healthcare.

CONFIDENTIALITY

For the Day-by-Day persona, getting help with basic needs far outweighs confidentiality interests. Trust and honesty, however, are still critical: Their past care has been inconsistent and even demoralizing or judgmental. These Veterans have a sincere interest in betterment, but are exhausted by false starts, false promises, and mismanagement.

CONTINUITY

High touch, wrap-around, and continuous care that addresses the Day-by-Day persona’s needs in a holistic or global manner (e.g., physical health, housing, financial, and mental health) is key; otherwise, the Day-by-Day persona receives patchwork solutions where mental health is a peripheral or non-existent concern until it is an emergency.

STILL SERVING

The Still Serving persona is split between military and civilian life — these Veterans are half way in and half way out. The Still Serving persona is not only navigating different cultures, but also different healthcare systems, so confusion over what benefits and services are available and from whom is common. Confidentiality around mental healthcare is essential, as they do not want treatment to interfere with their ability to serve. The Still Serving persona is more likely to seek guidance from non-medical providers (e.g., chaplains or internal community retreats) or non-VA care in order to protect their privacy.



CLARITY

As both a military professional and a civilian, the Still Serving persona has many health care choices — but is confused by all of them. This persona benefits from clear guidance that maps out benefits across the multiple systems with which they are engaged. The Still Serving persona will prioritize non-VA mental healthcare to preserve their confidentiality.

COMMUNITY

The military as a community remains strong for the Still Serving persona. Within their military community, leadership’s influence is powerful. For example, if their leader openly speaks about mental health counseling and seeks it out, then the persona might be open to accessing mental healthcare; stigma can be diminished through leadership’s behavior.

CONFIDENTIALITY

Because the Still Serving persona is on reserve status, they are quite concerned that accessing mental healthcare might negatively impact their current status. As a result, they seek confidential guidance from non-VA mental healthcare professionals or from chaplains, who are perceived as neutral and not signifying “mental health counseling” to military peers.

CONTINUITY

The Still Serving persona navigates multiple systems — from the VA to the National Guard to civilian insurers — and needs help accessing them effectively. These Veterans are disinterested in re-telling their story repeatedly and question why the different systems are not better integrated so that records are not misplaced.

VETERAN SUPPORTER: FAMILY MEMBER

These Veteran Supporters – typically spouses, but sometimes a parent or sibling – are the primary healthcare partners for Veterans with mental health care needs. They want to provide support to their Veteran, but also need supports themselves. Too often, Family Members feel isolated or guilty or that they’re the only ones who are trying to take care of their Veteran. They need tools and resources so that when they suggest that their loved one receive mental health care – either to the military or VA staff or to their Veterans themselves – they can be heard and trust that the system will provide the care their family needs to heal. Family Members fear that if their Veteran’s first point of contact with the system is not positive, it will turn them off to care altogether.



LOW  HIGH
USE OF VA SERVICES

LOW  HIGH
**USE OF PRIVATE /
THIRD PARTY SERVICES**

CLARITY

Family Members want to help their Veteran identify care that’s satisfying and effective, without multiple failed attempts that might turn off their Veteran from seeking treatment. For themselves, they need clear paths to finding caregivers who understand their unique position within the military world.

COMMUNITY

These Veteran Supporters can feel doubly isolated: civilian family and friends may not understand military issues, and it may not feel safe to share personal troubles with other military/veteran families, with whom there may be subtle pressures to ‘maintain appearances.’ Family Members need an accepting community of other mental-health caregivers who can offer resources or lend an ear during difficult times.

CONFIDENTIALITY

The stigma associated with seeking mental healthcare is also an issue within the military family community. Family Members may need access to marriage/family counseling or individual counseling themselves. Confidential care – from Vet Centers or third-party providers – may seem safer than military or VA providers.

CONTINUITY

Family Members are often stuck with providing the continuity of care that the system fails to provide: they manage paperwork, track appointments, and otherwise serve as their Veteran’s personal healthcare concierge, on top of all their other roles. They need acknowledgment of and relief from this burdensome healthcare administration role, so they can better focus on day-to-day care for themselves, their Veteran, and their family.

VETERAN SUPPORTER: FRONT-LINE PROVIDER

Front-line Providers are the administrative staff and mental health medical professionals with whom Veterans interact when seeking care from the VA or third-party services. Most Front-Line Providers want to do work that is meaningful and has a positive impact on the Veterans they serve. Too often, however, the constraints of the system in which they work force them to prioritize system needs over optimal Veteran care. In some instances, their own professional or personal biases may make them less-than-optimal caregivers for Veterans with mental-health needs.



CLARITY

Front-Line Providers may not be able to help every Veteran who comes through their door, but they do want to be able to refer them to an appropriate provider – and to have others refer their services as well. They need a clear picture of all the in-system and out-of-system options that might best serve the Veterans they treat.

COMMUNITY

Front-Line Providers need to feel that they are an integral part of the Veteran support community and to be able to exchange best practices with their peers – both in their system and in the broader support community. This need is particularly critical for administrative providers, who may not have the same established venues for learning and sharing best practices as their medical colleagues.

CONFIDENTIALITY

These Veteran Supporters have complex needs around confidentiality: Front-Line Providers must be able to share Veterans’ information with other caregivers, but may face technological and regulatory barriers, including (easily misunderstood) HIPAA requirements. They may have security concerns about sharing treatment notes and assessments with Veterans themselves.

CONTINUITY

Front-Line Providers want to be able to see the tangible results of their work, but system pressures to treat Veterans quickly and to operate ‘at the top of their credential’ may limit providers’ ability to spend meaningful time with Veterans over a period of time.

VETERAN SUPPORTER: KNOWLEDGEABLE BUDDY

Knowledgeable Buddies are trusted friends and mentors who help their Veteran peers access the care they need – typically because they've experienced mental health issues themselves. The Knowledgeable Buddy does much more than just lend a friendly ear: he or she takes responsibility for steering their Veteran buddy into treatment. They may make regular calls to check in, research programs, book appointments, even drive their buddy to see someone. From their own struggles, Knowledgeable Buddies know how hard it can be to take the first step to get help. This role is self-selecting, but not uncommon; many Veterans feel a strong call to ongoing service to others, and they play a critical part in leading reluctant, at-risk Veterans to mental healthcare. However, no one within the healthcare system formally recognizes the Knowledgeable Buddy's role.



LOW  HIGH

USE OF VA SERVICES

CLARITY

Knowledgeable Buddies want to know what mental health treatment options are available and how to direct their buddies to get good care. Lacking clarity about options, they will typically rely on their own first-hand experiences, or the experiences of others in their network, to identify what programs to recommend – even if those may not be the best medical option for their buddies.

LOW  HIGH

USE OF PRIVATE / THIRD PARTY SERVICES

COMMUNITY

Community is the basis of the Knowledgeable Buddy's ability to have an impact. Their close ties to other Veterans, usually formed during active duty together, give them a level of access and personal trustworthiness unmatched within an at-risk Veteran's network. In terms of effectively pushing a struggling Veteran to seek mental healthcare, they're often even more influential than Veteran Spouses.

CONFIDENTIALITY

Knowledgeable Buddies have their own concerns about privacy and want to be able to refer their buddy to a caregiver that promises confidentiality. They want to be able to assure their buddy that their future career will not be affected by accessing mental healthcare, but they may lack information about confidential treatment options.

CONTINUITY

The Knowledgeable Buddy must build trust in order to step in and act at the pivotal moment when their struggling buddy is willing to take the first step. The system undermines the Knowledgeable Buddy's trustworthiness when the buddy then experiences appointment delays or bad treatment. Much like Veteran Supporter Spouses, Knowledgeable Buddies end up serving as reluctant compensators for bad healthcare system processes.

APPENDIX 3: JOURNEYS TO CARE

A journey map is a helpful tool for documenting a user's path through a service. Here we map the journeys of some of the Veterans and Veteran Supporters we met during fieldwork. These maps can be used to highlight shared needs, identify interactions that cause users the most discontent, and show opportunities for VA intervention.

“Dan”

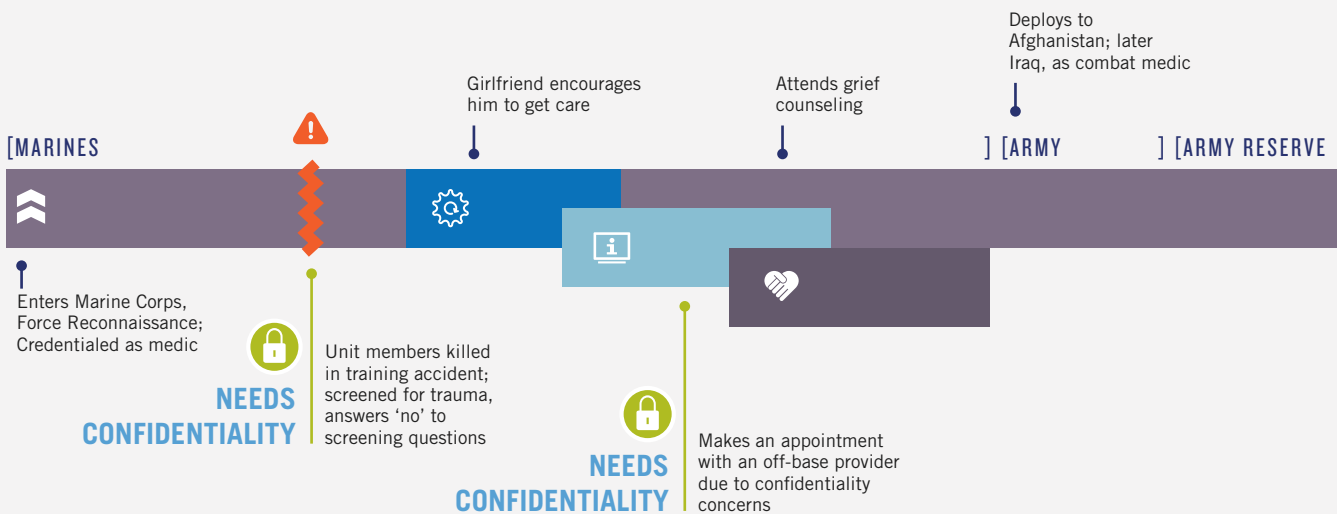
**VETERAN & FRONT-LINE PROVIDER / MARINES,
ARMY & ARMY RESERVE / COMMISSIONED OFFICER**



FAST TRACKER
VETERAN SUPPORTER: KNOWLEDGEABLE BUDDY

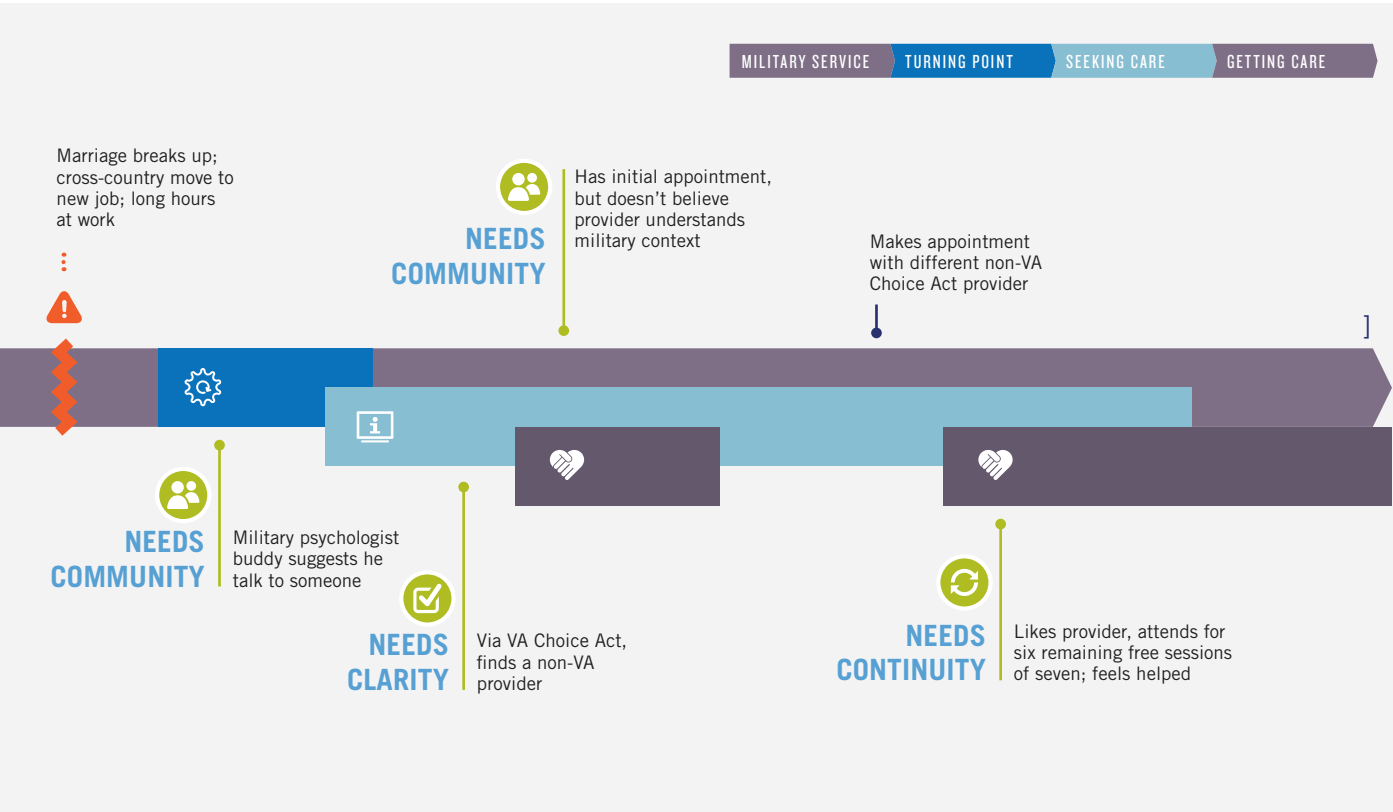
Dan is a 25-year service veteran, first as a Marine in a Force Recon unit, then as an Army medic, now in the Army Reserves. As a combat veteran and a medic, he’s experienced trauma both personally and as a medical provider. “Things that affect me most,” he says, “are things I saw and could do nothing about.” He’s repeatedly had needs around confidentiality. He first sought counseling early in his career after the death of unit mates in a training accident; he got care off-base out of concern that on-base treatment would affect his career prospects. More recently, during a period of intense personal stress, a military medical colleague suggested he might benefit from therapy.

“
ONE OF THE [NON-MILITARY] COUNSELORS DIDN’T UNDERSTAND THE WORLD I COME FROM, THE THINGS WE DO ROUTINELY... HER INTERPRETATION OF WHAT I WAS SAYING WAS THAT WE WERE GOING OUT TO ASSASSINATE PEOPLE, AND THAT’S NOT WHAT I’M SAYING.
”



That knowledgeable buddy steered him to a VA website listing local third-party providers who could be seen using VA benefits. Dan had a relatively smooth process using VA phone and web services to book an appointment, but the first provider he saw didn't understand military culture. He had better luck with a second provider. As a medical professional, his opinion is that "getting people in the front door is always going to be the hardest part." He says the system could better assure military patients about confidentiality (for example, by allowing people to read all their medical notes) and to frame behavioral health care as an issue of "mental fitness."

“
WHEN [MY MILITARY PSYCHOLOGIST FRIEND] MENTIONED TO ME THAT I SHOULD THINK ABOUT TALKING TO SOMEBODY, IT TURNED A KEY: IF SOMEBODY ELSE IS EXTERNALLY IDENTIFYING THAT I MIGHT BE STRUGGLING, IT'S PROBABLY A GOOD IDEA FOR ME TO DO THAT.
”



“Edward”

VETERAN / AIR FORCE / MASTER SERGEANT

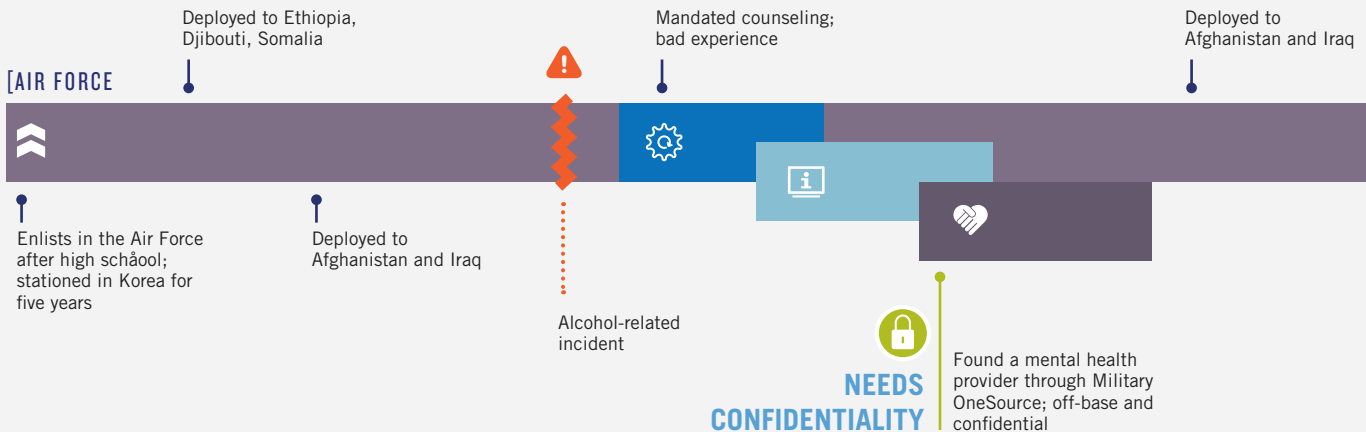


FAST TRACKER
IN TRANSITION

“
THE VA IN NEW YORK IS DIFFERENT FROM THE VA IN FLORIDA. IT’S A GOVERNMENT AGENCY, WOULDN’T THEY WANT EVERY ONE BE THE SAME? I WALK INTO STARBUCKS AND IT’S THE SAME EVERYWHERE.
 ”

Edward, recently medically retired after serving 21 years in the Air Force, exemplifies the challenges

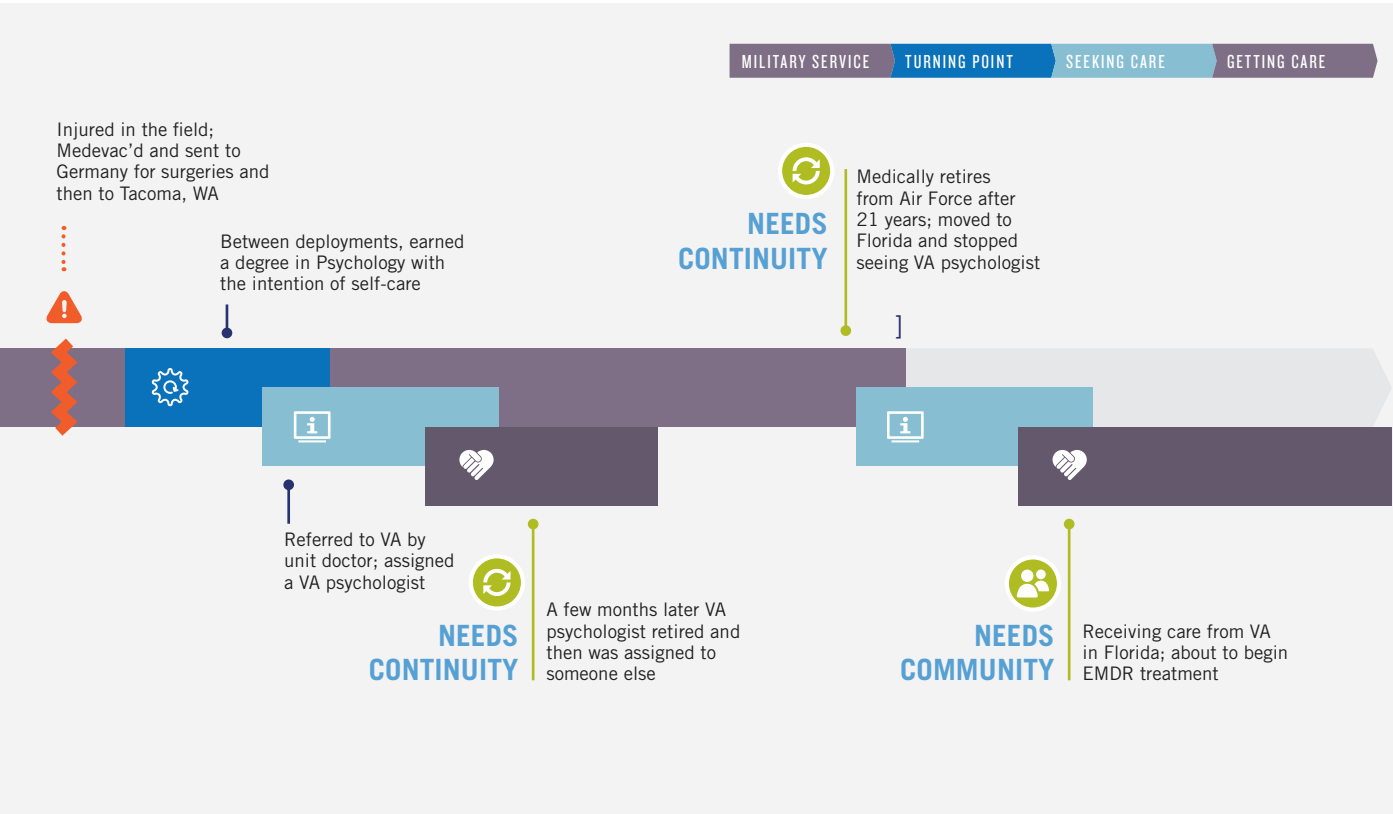
around continuity and confidentiality experienced by many career military personnel. He spent most of his time in combat control, embedded in units in Afghanistan and Iraq. He began seeking mental healthcare after an alcohol-related incident in 2008. He did not have a positive experience with his military-mandated therapist, so he decided to seek off-base through Military OneSource. He saw that therapist for three years and feels like she helped talk him through much of what he was feeling. After sustaining serious injuries during his last deployment, he was medevac’d to Germany and then sent back to the U.S., where he continued his sessions with his long-time therapist. He began seeking VA



“
I WISH I COULD CHECK MY APPOINTMENTS, CHECK ON MY CLAIM STATUS, ORDER MY MEDICATIONS [ONLINE]. I WANT TO BE ABLE TO CHANGE AN APPOINTMENT, AND I DON'T KNOW IF I CAN.
 ”

to his injuries and might as well start accessing VA care now. He saw two VA therapists before moving to Florida, where he had to repeat the intake VA process. “Edward” is now receiving mental healthcare from a VA therapist and will soon begin EMDR treatment. He is looking for private sector employment in the IT field and wishes there was a Veteran Corps program to help his transition into the civilian workforce.

care at the suggestion of his unit medical doctor, on the theory that he would eventually be retired due



“Sam”

VETERAN / ARMY / NON-COMMISSIONED OFFICER



FORGING AHEAD
IN TRANSITION

Sam spent 24 years in the Army, about a decade of that in combat situations. He received traumatic brain injuries in a series of explosions and accidents, but it was the loss of buddies in combat that he describes as causing him the greatest lasting harm. He first received mental healthcare while deployed overseas, after the “catastrophic loss” of a unit-mate. He didn’t choose to get treatment: rather, he was told he needed to get care by his command, and a trusted friend walked him to the on-base clinic. “I literally snapped and the bells and whistles went off: I need help.” He received medication and counseling, but when deployed home, he stopped going to therapy. “I wasn’t being honest”

with the on-base counselor, he says, feeling that it would negatively impact his job status. He continued to suffer from serious depression, however,

“
I ALREADY GOT DIAGNOSIS ON ACTIVE DUTY. WHY DO I HAVE TO GET TOLD BY VA DOCTOR WHAT I ALREADY KNEW JUST TO GET THE HELP?
”

[ARMY



Enlists in Army out of high school

Deploys to Iraq and Afghanistan 8 times from 2002 to 2010

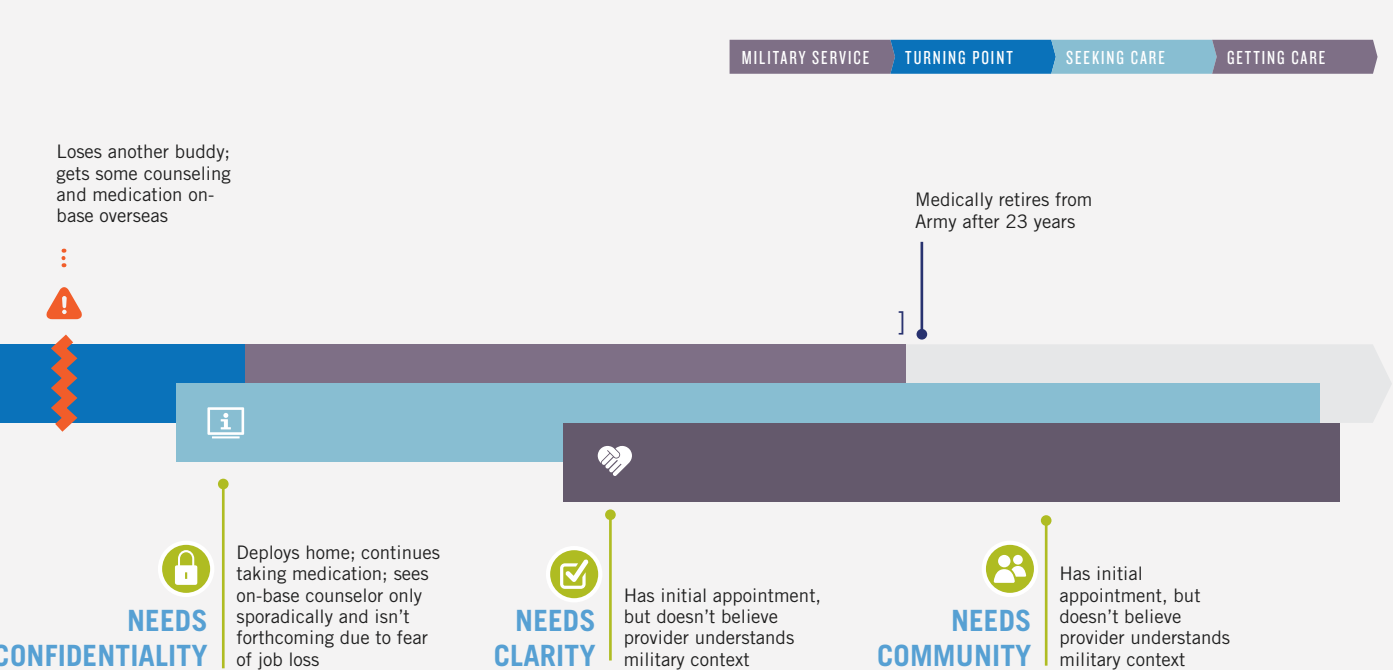
Gets hit by IED twice in three days; loses buddy in second blast

Hits head in vehicle accident; exacerbates earlier TBI's

which he believes was worsened by the drugs he was prescribed. He self-medicated with alcohol. “I drank to point where I’m lucky I didn’t get in trouble [and I’m] not dead or killed someone else.” On the urging of family and military friends, he eventually sought further personal and family counseling with off-base providers, with whom he felt safe opening up.” Looking back now, I’m surprised my wife didn’t leave me because I was so messed up.” In 2014, he was medically retired due to the ongoing effects of TBI, PTS, and other injuries. Since then, he’s been actively involved in reaching out to other Veterans who are in pain. “I find a lot of therapy in helping others, but not everyone has the time.” He

continues experience serious depression and suicidal thoughts. He has a strong support network of buddies and Veterans’ organizations, however, and is actively using recreational/outdoor therapy as a form of treatment.

“
ALCOHOL IS THE MEDICATION OF CHOICE IN THE PTSD COMMUNITY.
”



“Marcy”

VETERAN / NAVY / NON-COMMISSIONED OFFICER

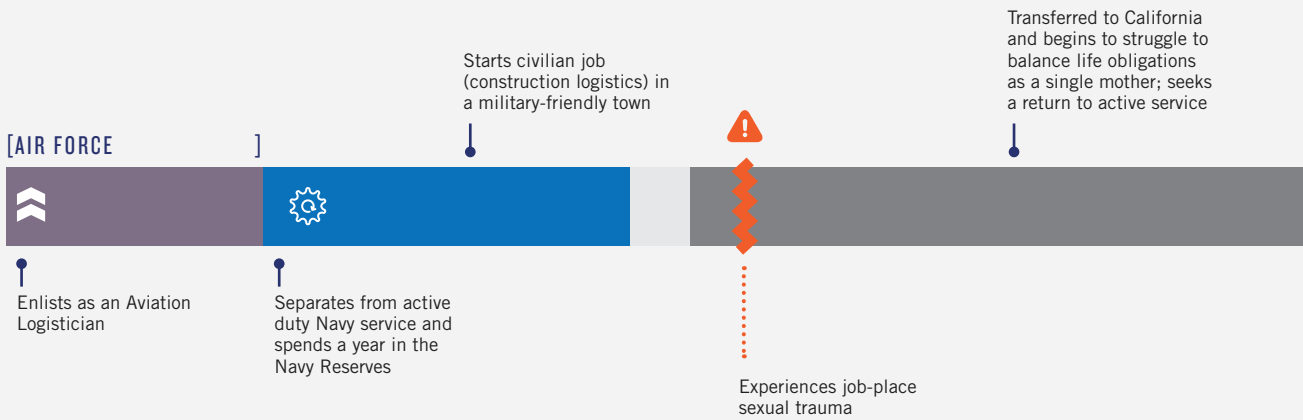


DAY-BY-DAY

Marcy was raised as a military kid and served as a Navy aviation logistician and reservist before beginning a very challenging transition from military life. She secured a job, but was transferred out of state. Faced with a suite of new costs (e.g., higher rent, childcare, commuting), she was unable to pay rent and moved with her daughter into a women’s shelter. Feeling unsafe and unwell, Marcy returned to her emotionally abusive ex-partner. She had a son and decided to seek out care (VA and otherwise). A Navy Reservist doctor at her family’s Native American Clinic recommended she apply for benefits at the VA. Marcy was approved for care and made her first appointment, but she was uncomfortable

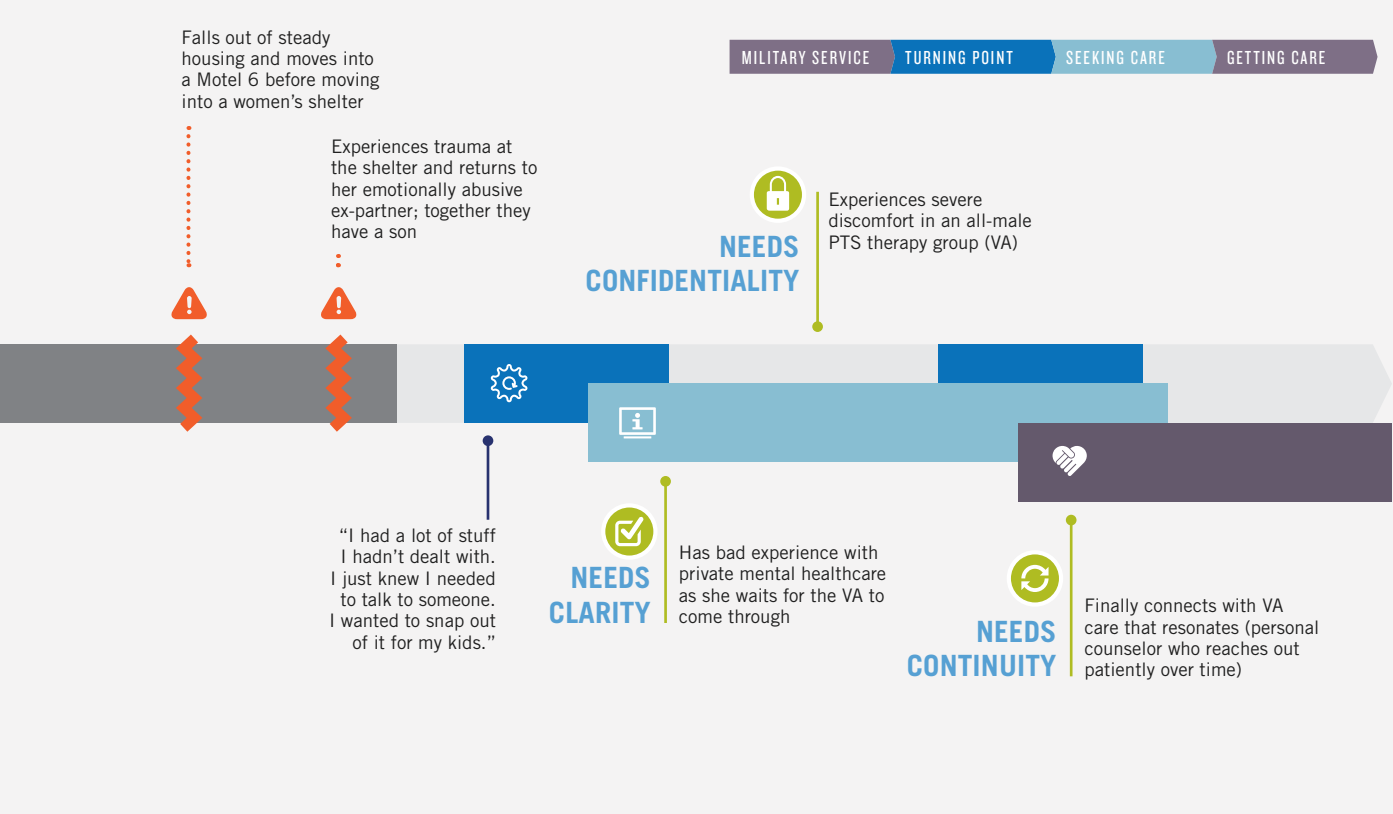
being the only woman in a VA post-traumatic stress therapy group — “there were too many men.” Marcy

“
I DIDN'T HAVE ANY FAMILY HERE, DIDN'T KNOW ANYONE. I DIDN'T EVEN KNOW I WAS A VETERAN, I JUST KNEW I GOT OUT OF THE MILITARY... I DIDN'T PAY ATTENTION IN TAP.
 ”



tries to attend other care groups, but says “they were really strict. If you don’t show up a certain amount of times they drop you... I didn’t have a chance to tell them about my tough times [getting to the appointments].” Finally Marcy was assigned a VA counselor who consistently checks in on her. Marcy notes tearfully that, “She was the one who took the time and understood me. She was blunt and direct about what was going on and I appreciated it.” Marcy now attends couples counseling and classes.

“
I DIDN’T REALIZE THE COST OF LIVING. I DIDN’T PLAN ON RENT. BAH [BASIC ALLOWANCE FOR HOUSING] IS TAKEN CARE OF [IN THE MILITARY]. BUT THEN THE ‘OH SHIT’ FACTOR HIT.
”



“Victor”

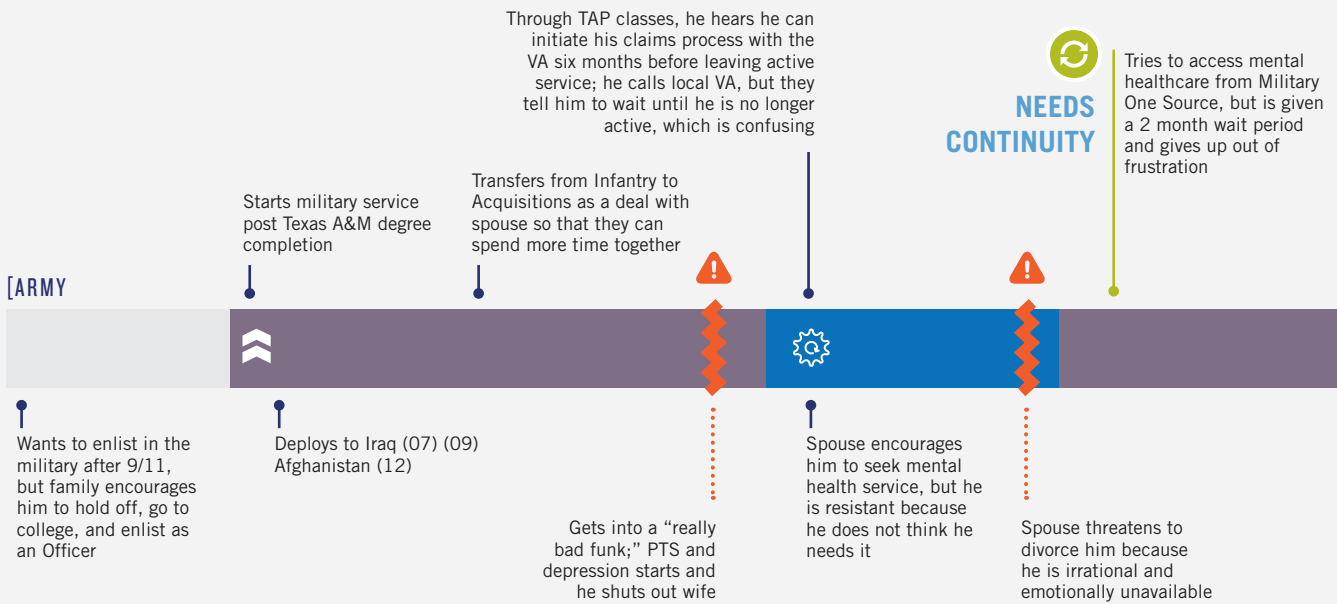
VETERAN / ARMY / OFFICER



STILL SERVING
VETERAN SUPPORTER: FAMILY MEMBER

“
[MY WIFE] KEPT TRYING TO GET ME TO GET HELP. I KEPT SAYING THAT I WAS FINE. I AM A STUBBORN JACKASS. IT TOOK HER SAYING THAT SHE WAS GOING TO LEAVE FOR ME TO GET HELP. SO I TRIED TO USE MILITARY ONESOURCE AND THAT TOOK FOREVER.
 ”

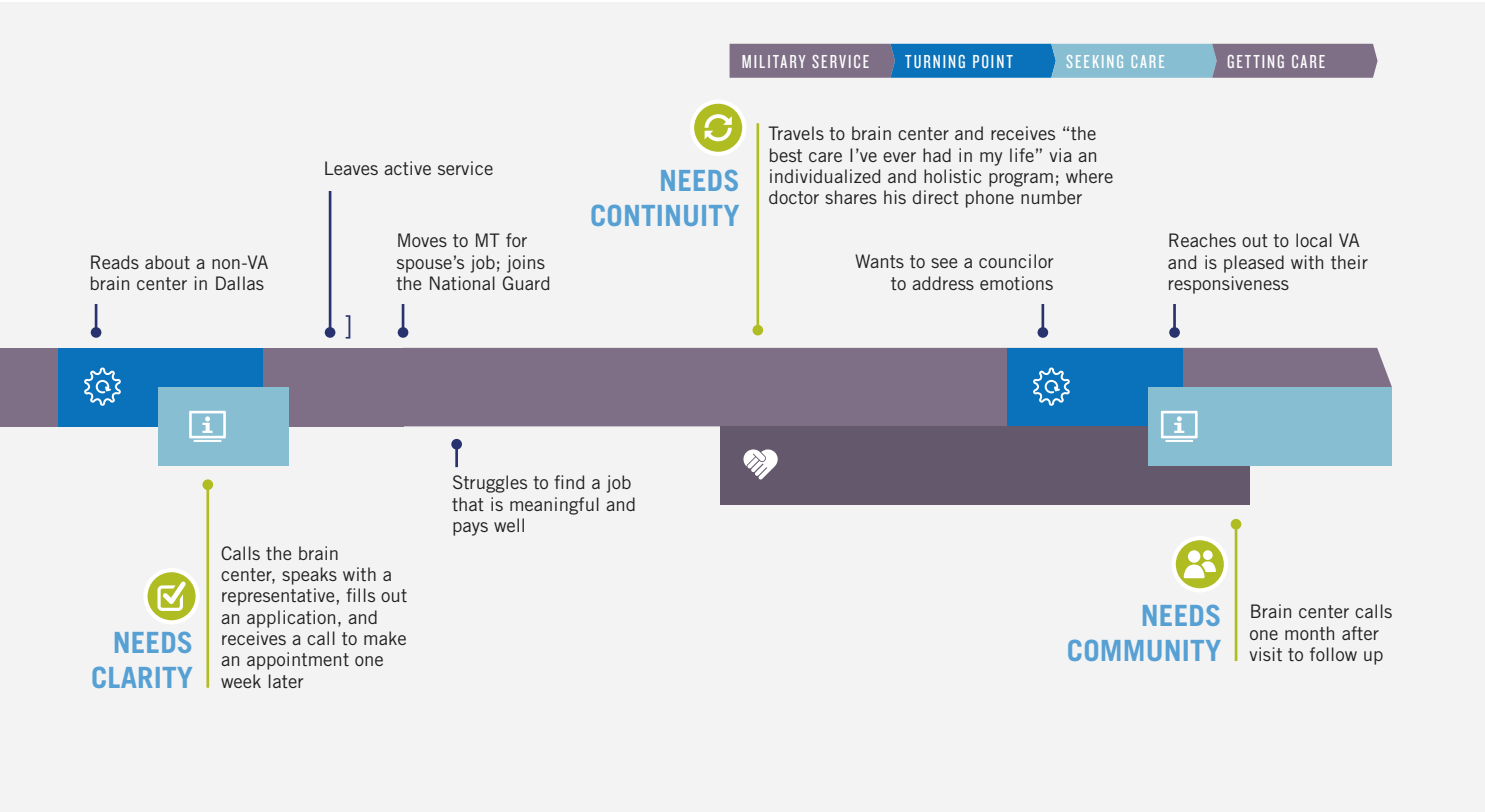
Victor is a recent 10-year Army veteran, now in the National Guard and working odd jobs while looking for a permanent career. He was resistant to using mental health services — even though his wife encouraged him to do so — despite experiencing irritability, anger, and depression. Victor finally sought mental health services after she threatened to leave him. Victor sought counseling through Military One Source. He was passed around between counselors and couldn’t get an appointment in a timely manner. This led him to become frustrated and give up. After reading an article, Victor discovered a non-VA brain center that was working with veterans on PTS and TBI. He sought out care from the center and



said it was “life changing.” While the center excelled at the “science,” Victor is still in search of someone

who can help address his emotional state. He again reached out to the local VA. Because he is leaving on a one-month drill with the National Guard, he is waiting to set up an appointment for when he returns. Generally speaking, because Victor is both in the National Guard and a veteran, he is not sure what coverage he has and from whom.

“
SOME OF THE BENEFITS HAVE NOT BEEN CLEARLY EXPLAINED TO ME, LIKE INSURANCE COVERAGE.... WE WOULD LIKE TO KNOW WHAT WE COULD USE THE VA FOR AND WHAT OTHER COVERAGE WE NEED.
”



“Tina”

SPOUSE OF ARMY VETERAN



VETERAN SUPPORTER:
FAMILY MEMBER

Tina had her first child during her husband’s first deployment, and they struggled like many military couples during repeated deployment cycles. “He wanted to be fully integrated [in the family], but he really couldn’t because he was always gone.” Her husband’s promotions landed her with new responsibilities, and she struggled to care for the unit’s families as well as her own. She reflected, “I wanted to be competent... He’s very competent in his job. He should be married to someone equally as competent.” Tina says that relatives “were nice and supportive, but they didn’t get it... It was more stress explaining.”

When her husband left the military, Tina encouraged him to get mental healthcare, but the conversations were tense and ended without resolution. Eventually, and without Tina’s knowledge, he sought VA care, but struggled with unhelpful-seem-

“
MILITARY SPOUSES ARE LIVING THE LIFE OF A SINGLE PARENT BUT IN THE WORLD OF A DUAL COUPLE.
”

[ARMY



Husband's military service

Soft break from the military and into the intel community: “It almost made it worse”

“These people just shut themselves off; he would go into the garage and just tinker on things”

By chance, he bumped into an old military veteran buddy and they spent three hours talking: “I can’t get over how good I feel after I spoke with my buddy; I would really like to talk to someone”



Tries reaching out to his network for help: “I’ve called his friends before saying he’s slept in his clothes for two weeks... I need help”



ing staff and take-home questionnaires about his PTSD symptoms. Tina discovered these forms much later and remains concerned that the VA would send him home with potentially emotionally triggering documents.

The couple now runs a nonprofit to care for veterans dealing with “guilt and unseen burdens” through meditation and connection with wilderness. They offer programs not only for Veterans, but also for spouses and children. “These are normal people struggling with serious things that can be managed,” Tina says. “I feel good when people hear my story so they know they are not alone.”

“
I WAS LOOKING AT THE OTHER SPOUSES AND WHAT THEY WERE TAKING ON. HOW COULD I SAY ‘NO’ AS A SPOUSE LEADER? [WE ALL] WANTED TO PERFORM WELL FOR [OUR] HUSBANDS’ REPUTATION.
”


NEEDS CLARITY

They were turned off and left the VA in search of personalized and easier access to care: “He was very wary about people trying to push medications”



She is not yet getting care despite massive efforts to get her husband care: “I have a really hard time asking for help; this whole thing has changed me as a person and it really bothers me”


NEEDS COMMUNITY

Went to the VA and “didn’t see any of our guys there; only older, sicker generations”



Found a private counselor for her husband; it was good and well-received care but her was eventually turned off due to the cost




NEEDS CLARITY

Travels to participate in the holistic and personalized Carrick program and loves it

“Oliver”

VETERAN / NAVY / NON-COMMISSIONED OFFICER



VETERAN SUPPORTER:
KNOWLEDGEABLE BUDDY

Oliver served as a Navy SEAL for four years and left active military service just prior to 9/11. Oliver transitioned into civilian life and started a business, where he often hires Veterans. Oliver has had many encounters with struggling Veteran friends, but one young Marine is particularly memorable. Through multiple deployments, the young man had experienced the loss of many Marines from his unit, including his best friend. Oliver saw that his friend was weighed down with difficult emotions, though “he had very little self examination. But he needed help.” The Marine’s support network was thin, however, and Oliver decided to take an active role.

“
WE’RE VOLUNTEERS AT HEART... [WITH] A NEED AND A RIGHTEOUSNESS. MANY OF US DRAW FROM THE SYSTEM AND [HELPING OTHER VETERANS] IS A WAY TO GIVE BACK.
”



Serves as Navy Seal for four years



Engages with Marine Veteran (friend) who endured the “classic path” (e.g., went into service because he had no other good choices, deployed and lost his best friends)

Observes concerning signs and symptoms in friend and encourages him to seek care

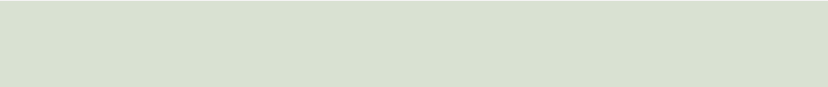
ENGAGES WITH VETERAN FRIEND


Begins to give friend helpful materials (e.g., videos, pamphlets)


Through his personal network, Oliver organized VA and private mental health resources, but after a few bad experiences, his friend soured on the services and stopped showing up. Oliver’s patience was strained by his friend’s no-shows, and he says, “I began to lack empathy for him.” Many months later and after much encouragement from Oliver, his friend finally began get help via focused and personalized private care. Oliver attributes much of this success to the private provider’s phone call outreach, which “lets them know they are cared for.”

“
GOVERNMENT PROGRAMS ARE JUST GAMES WITH NO RULES... THE COMMON MYTH IS THAT THE SYSTEM IS THERE FOR YOU, BUT IT’S NOT.
”

MILITARY SERVICE TURNING POINT SEEKING CARE GETTING CARE



Calls network and refers friend to help; friend never shows up to any 

 Friend moves to Atlanta for a job, proximity to mental healthcare, and a bit more space from a military community

“Dr. Bruno”

PSYCHIATRIST, VA MEDICAL CENTER EMERGENCY ROOM

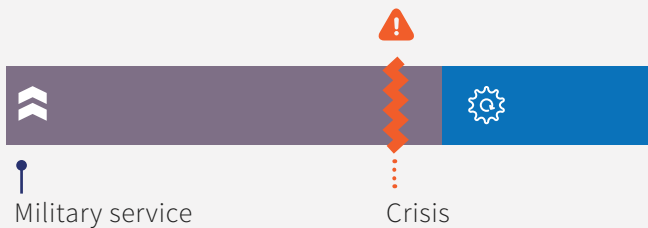


VETERAN SUPPORTER:
FRONT-LINE PROVIDER

Dr. Bruno is head of behavioral health treatment at a large VA hospital emergency room. He’s worked for the VA for more than 20 years, having left a private healthcare system in frustration over bureaucratic restrictions on patient care.

Most of the Veterans he sees in the ER have addiction issues, many are poor, and some are homeless. He has limited options to help this very high-needs population, as the hospital doesn’t offer short-term, open-door detox programs, only longer-term treatment in a locked psychiatric ward, which many Veterans find unpalatable. He notes a connection between suicide and addiction, with some Veterans he treats after suicide attempts indicating they

“
THE NUMBER ONE STRUGGLE IS THAT VETERANS CAN’T FIND A JOB [AFTER LEAVING THE SERVICE] THEN GET INTO DRUG PROBLEMS DURING THE LULL. THEY GO FROM [CLEAR] STRUCTURE TO ZERO STRUCTURE... LOTS OF VETERANS GET LOST IN THAT TRANSITION PERIOD AND END UP DOING DRUGS.
”



LEADS VA MEDICAL CENTER’S CARE TO ER PATIENTS

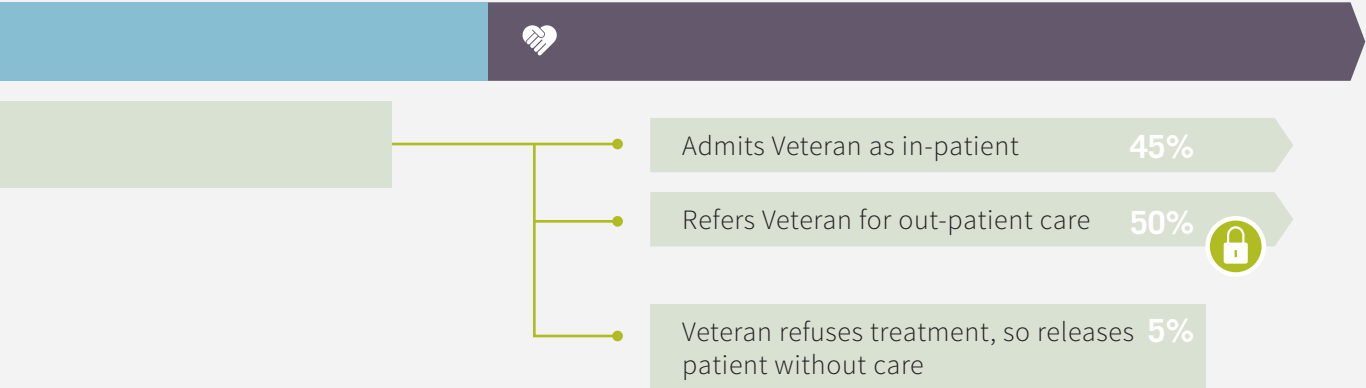
Sees 2 to 15 ER patients a day; addiction issues bring in largest cluster of patients; sometimes PTS underlies addiction (sometimes not)

would not have attempted to end their life if not drunk or on drugs at the time. He wishes the VA had a mobile crisis team that could treat high-risk Veterans at home, before they end up in the ER.

Dr. Bruno also treats higher-resource veterans and those not in immediate crisis, many of whom come to the ER after a knowledgeable buddy tells them “go to the VA, they’ll help you out.” He often refers these Veterans for treatment at a VA outpatient clinic; he tries to make their first clinic appointment for them before they leave the ER – but he can only do this during business hours, as there’s no way to book appointments during nights or weekends.

“
IF I FEEL [THE WAIT FOR AN OUTPATIENT APPOINTMENT] IS TOO LONG, I TELL THEM TO COME BACK TO E.R. AND I’LL SEE THEM FOR TWO OR THREE VISITS UNTIL THEY GET A CLINIC APPOINTMENT.
”

MILITARY SERVICE | **TURNING POINT** | SEEKING CARE | GETTING CARE



ACKNOWLEDGMENTS

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THANK YOU

Our sincere thanks to Patrick Littlefield and the teams from VA Center for Innovation and VA Mental Health.

This project would not have been possible without the insight and generosity of the dozens of Veterans and service providers across the United States who shared their experiences with us. All respondents in this project participated as volunteers; names have been changed to provide anonymity. We offer our thanks for their participation.

PHOTO CREDITS

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“

**MANY OF US WHO
JOINED FEEL THERE
IS A NEED TO MAKE
THINGS RIGHT.
SHINE A LIGHT IN
A DARK PLACE.**

”

“

**YOU ALMOST HAVE
TO SAY YOU’RE GOING
TO KILL YOURSELF TO
GET SOME HELP.**

”

Veterans who live with the symptoms of mental health issues, from depression and addiction to traumatic brain injury (TBI) and post-traumatic stress disorder (PTSD), are often remarkably resilient. But people with mental health needs also often have a difficult time accessing timely, effective care — not just at VA, but in the entire mental healthcare industry. This report documents one VA effort to explore how to make it easier for Veterans to get the mental health support they need.

→ **PAGE 8 HOW WE WORKED**

Read an Introduction to the study and our Discovery Fieldwork.

→ **PAGE 16 WHAT WE FOUND**

See the four Shared Needs that all mental health stakeholders have in common, as well as all our top Findings about Veterans' access to mental healthcare.

→ **PAGE 28 WHAT TO DO NEXT**

Find our recommendations for three Quick Wins that can improve mental health access now, five Pilot Projects for VA locations to collaboratively design and test, and three holistic System Transformations that VA can explore agency-wide.

→ **PAGE 44 APPENDIX 1: MAPPING MENTAL HEALTH ACCESS**

For an overview of mental health access, study our service map of current experiences and design opportunities.

→ **PAGE 50 APPENDIX 2: MENTAL HEALTH PERSONAS**

Explore eight personas that can drive VA efforts to understand the needs of Veterans and their supporters.

→ **PAGE 62 APPENDIX 3: JOURNEYS TO CARE**

Finally, learn about the lives and experiences of a few of the remarkable people who shared their mental health journeys with us.

