



**Department of
Veterans Affairs**

**Office of Patient Care Services –
Office of Mental Health Services**

Fact Sheet

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Specialized Mental Health Centers of Excellence

Specialized mental health centers of excellence (MH CoEs) are an essential component of VA's response to meeting the mental health needs of Veterans. Many Veterans experience mental health problems. The mental illnesses commonly experienced by Veterans include depression, posttraumatic stress disorder (PTSD), schizophrenia, anxiety disorders, and substance use disorders. Many Veterans with mental illness meet criteria for more than one of these disorders and may also struggle with homelessness, feeling suicidal, and difficulties at work and in relationships.

Establishing Mental Health Centers of Excellence

The first such MH CoE, the National Center for PTSD (NCPTSD), was created by Public Law 98-528 and opened in 1989. The NCPTSD was followed by the creation of Mental Illness Research, Education and Clinical Centers (MIRECCs) through Public Law 104-262; there are now 10 across the country. In 2005, three other specialized Centers were established through Public Law 109-305; these centers were created to address the mental health needs of Veterans returning from the wars in Iraq and Afghanistan. The Secretary of Veterans Affairs also established two additional MH CoEs for high priority areas of focus: the *National Center on Homelessness Among Veterans* and the *Center for Integrated Healthcare*.

All of the MH CoEs have a singular mission: to improve the health and well being of veterans through world class, cutting-edge science, education and clinical care. The centers are designed to be incubators for new investigators, new clinicians, new methods of treatment, new ways of educating staff and patients, and new ways of delivering care. The concept of the MH CoEs is unique in combining education, research, and improving clinical care into a single program with the effect of dramatically reducing the time from scientific discovery to implementation.

Multiple MH CoEs are needed because mental illness is not a single disorder. It includes multiple complex conditions that differ in terms of symptoms, causes, prevalence, course, prognosis, and treatment. Accurately diagnosing and treating mental illness therefore requires comprehensive efforts focused on specific disorders and populations, rather than on mental illness in general. Each Center addresses a specific mental illness or illnesses across the spectrum of Veteran mental health. For example, the *VISN 3 MIRECC* focuses on maximizing recovery for Veterans with serious mental illnesses and the *VISN 6 MIRECC* focuses on post-deployment mental health in returning Veterans. Without such focus and specialization, new psychological and biological treatments for Veterans are unlikely to be developed. The Centers also must specialize to understand and improve the technical nature of access to services and delivery within VA because the services needed are quite different for Veterans with different or multiple diagnoses and for different populations.

MH CoEs bring additional value. The MH CoEs not only leverage regional and local VA expertise but often pull in clinical, research and educational expertise from academic affiliates and across other centers, making it possible for a single site to conduct research and educational activities across the spectrum of basic and clinical domains that is necessary to fully address a given disorder. For example, the *VISN 2 Center of Excellence for Suicide Prevention* capitalized on a long existing program of research on suicide prevention at the nearby University of Rochester, allowing rapid implementation, enhancing feasibility, and helping to sustain the Center's activities. And the VISN 4 MIRECC has brought basic science to the bedside with a study of the pharmacogenetics of naltrexone treatment response in alcohol dependence. This line of research is a direct partnership with the University of Pennsylvania.

Clinical, Research, and Educational Advances

Research by the MH CoEs has had a profound effect on enhancing the understanding and treatment of mental illness in Veterans. For example, the NCPTSD-led VA Cooperative Study #494, the first randomized clinical trial of PTSD treatment for female Veterans and service members, demonstrated the effectiveness of Prolonged Exposure therapy. Based on the study's results, VA implemented a national training program for VA providers so that the treatment could be broadly disseminated to Veterans across the country.

Education and training are central to the mission of the MH CoEs as well. Educational efforts include national provider trainings, conferences, consultation, demonstration projects, creation and dissemination of clinical tools, and public awareness campaigns. MH CoE content experts work with other VA offices to develop national clinical trainings for mental health providers. For example, the MH CoEs are leading national rollouts of evidence-based treatments for depression, PTSD, and serious mental illness and have conducted national trainings on integrating mental health care into primary care settings and on suicide prevention.

The national MIRECC web site, www.mirecc.va.gov, is a major source for MH CoE educational products. The site receives about 180,000 visits annually. The NCPTSD website, www.ptsd.va.gov, which has over 1,000,000 visits annually, offers even more educational products for Veterans, professionals, and the general public, focused on PTSD. MH CoEs use these websites to disseminate numerous excellent educational tools for professionals, Veterans, families, and the general public to meet unique needs across the system.

Looking Toward the Future

The MH CoEs are dedicated to training the next generation of clinical leaders and researchers in VA. The VA Advanced Fellowship in Mental Illness Research and Treatment is an integrated program across the MH CoEs that has provided specialized postgraduate training to over 100 current or former M.D. and Ph.D. Fellows. This program offers extensive centralized training via traditional educational methods and video-teleconferencing, drawing on the expertise from each CoE and ensuring that the newest researchers and scientist-practitioners are using state-of-the-science methods.

In summary, accurately diagnosing and treating mental illness requires comprehensive efforts focused on specific disorders and populations. Specialized Centers of Excellence create environments that stimulate innovation and accomplishment. The concentrated expertise at each center informs and strengthens clinical care, research, and education tools essential to improving Veteran mental health.

VA Mental Health Centers of Excellence

VISN 1 MIRECC, West Haven, CT, Mehmet Sofuoglu (Acting) – Improve care for Veterans with mental illness and substance abuse dependence.

VISN 2 Center for Suicide Prevention, Canandaigua, NY, Kerry Knox –Reducing the morbidity and mortality in Veterans due to suicide, primarily through the study and application of public health approaches to suicide prevention.

VISN 2 Center for Integrated Healthcare, Syracuse, NY, Stephen Maisto – Improve care by integrating behavioral health services into the primary care setting.

VISN 3 MIRECC, Bronx, NY, Larry Siever – Investigate causes and treatments of serious mental illness to enhance recovery of Veterans.

VISN 4 MIRECC, Philadelphia, PA, David Oslin – Advance care for Veterans with concurrent physical, mental, and/or substance use disorders.

VISN 5 MIRECC, Baltimore, MD, Alan Bellack – Improve care for Veterans with schizophrenia and for their families.

VISN 6 MIRECC, Durham, NC, John Fairbank – Implement a translational medicine center for assessment and treatment of post-deployment mental illness.

VISN 16 MIRECC, Little Rock, AR, Greer Sullivan – Improve access to evidence-based practices in rural and other underserved populations.

VISN 17 Center for Research on Returning War Veterans, Waco, TX, Suzy Gulliver – Identify the characteristics that mediate potential psychopathological response to war-related stress.

VISN 19 MIRECC, Denver, CO, Lisa Brenner – Study suicide with the goal of reducing suicidality in the Veteran population by: focusing on cognitive and neurobiological underpinnings that may contribute to suicidality; and developing evidence-based educational and clinical materials to identify and optimally treat veterans who are suicidal.

VISN 20 MIRECC, Seattle, WA, Murray Raskind – Develop, evaluate and disseminate effective drug treatments for combat trauma PTSD, mTBI and comorbid substance abuse disorders; and investigate the genetics and treatment of Alzheimer's disease.

VISN 21 MIRECC, Palo Alto, CA, Jerry Yesavage – Individualize treatments for Veterans with PTSD or with Alzheimer's Disease.

VISN 22 MIRECC, Los Angeles, CA, Steve Marder – Improve functional outcomes of Veterans with psychotic disorders.

VISN 22 Center for Stress and Mental Health, San Diego, CA, James Lohr – Understand, prevent and heal the effects of stress.

National Center for PTSD, White River Junction, VT, Matthew Friedman – divisions have specialty topics of focus: Behavioral Science (Boston), Women's Health Sciences (Boston), Clinical Neurosciences (West Haven), Evaluation (West Haven), Dissemination and Training (Palo Alto), and Pacific Islands (Honolulu; cross-cultural, telehealth, and active duty personnel) and are coordinated by an Executive Division (White River Junction) that conducts program planning and also produces the VA's PTSD website, www.ptsd.va.gov.

National Center on Homelessness Among Veterans, VISN 4, Philadelphia, PA, and VISN 8, Tampa, FL, Vincent Kane – Eliminating and preventing Veteran homelessness

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