

# Meeting the Needs of Those Who Have Served: The Role of VHA Specialized Mental Health Centers of Excellence

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**Background:** Access to effective mental health services is a critical part of the Veterans Health Administration (VHA) mission. The demand for these services has increased significantly in recent years, with the number of veterans receiving direct VHA mental health care increasing 78% from 2009 to 2024.

**Observations:** Legislative actions, such as the PACT Act of 2022, expanded eligibility for VHA services to new cohorts of veterans. Many of these newly enrolled veterans have complex physical and psychiatric comorbidities that necessitate specialized mental health care. The VHA's specialized mental health Centers of Excellence (CoEs) are well equipped to help meet the unique needs of veterans. These mental health CoEs are dedicated to advancing research, training VHA

clinicians and personnel, and developing effective treatment programs in high priority areas of veteran mental health (eg, posttraumatic stress disorder, traumatic brain injury, substance abuse). Noteworthy initiatives, such as the national rollouts of effective therapeutic interventions and suicide prevention strategies, highlight the unique ability of mental health CoEs to rapidly translate research into practice.

**Conclusions:** Specialized mental health CoEs have contributed to VHA by pioneering evidence-based approaches in veteran mental health care. Ongoing efforts with advanced methodologies and technologies, such as precision medicine and artificial intelligence, have the potential to further optimize health care resources while enhancing mental health care and ensuring better outcomes for veterans.

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Accessible and effective mental health services are a vital component of the Veterans Health Administration (VHA) mission to provide exceptional care that improves veterans' health and well-being. Veterans are seeking mental health care at the VHA at significantly higher rates than in previous years. From 2009 through 2024, the number of veterans who received direct mental health care from the VHA increased 78%.<sup>1</sup> The proportion of veterans enrolled in the VHA who also received direct mental health care expanded from 23% of total enrollees in 2009 to 33% in 2024. The increase in VHA mental health care delivery is also reflected in the number of outpatient mental health care and treatment visits at the VHA, which increased from 12.7 million to 21.5 million over the same period.

The Sergeant First Class (SFC) Heath Robinson Honoring Our Promise to Address Comprehensive Toxics (PACT) Act of 2022 expanded eligibility for VHA services, including mental health care and counseling, to new cohorts of toxic-exposed veterans. From 2022 to 2024, > 680,000 veterans enrolled in VHA care, and 45% of those were PACT Act-eligible cohorts.<sup>2</sup> Research highlighted the high prevalence of physical and psychiatric comorbidities in toxic-exposed veterans.<sup>3</sup> As such, the VHA may face greater

demand for direct mental health care with these newly eligible cohorts of veterans.

Veterans often have mental health conditions (eg, depression, posttraumatic stress disorder [PTSD]), substance use disorders (SUDs), unique military experiences (eg, deployments), and injuries and illnesses (eg, traumatic brain injury [TBI]) that increase the complexity of their clinical presentation. The varied nature of these mental health conditions, as well as veterans' unique military-related experiences, necessitates specialized centers focused on distinct high-priority areas of mental health in the VHA.

A series of public laws charged the US Department of Veterans Affairs (VA) with developing specialized mental health Centers of Excellence (CoEs) focused on high-priority areas of veteran mental health. The first of these laws, Public Law 98-528, established the National Center for PTSD (NCPTSD), which opened in 1989.<sup>4</sup> In 1996, Congress established specialized mental health CoEs known as Mental Illness Research, Education, and Clinical Centers (MIRECCs) across the VHA.<sup>5</sup> To address the unique needs of post-9/11 veterans, 3 additional specialized centers were established in 2005.<sup>6</sup> Finally, under the authority of the Secretary of the VA, specialized

mental health CoEs were established to focus on SUD and integrated health care.

There are 17 geographically diverse mental health CoEs and MIRECCs across the VA (Table). CoEs are embedded in VA medical centers (VAMCs) with strong medical school academic affiliations. Organizational oversight of the CoEs is provided by the VA Office of Mental Health and Office of Suicide Prevention, respectively. As part of the oversight process, CoEs submit annual reports detailing their advancements in research, education and training, and clinical activities, as well as participate in a peer-reviewed renewal process.

These specialized centers are united in a shared tripartite mission to generate new knowledge about the causes and treatments of mental health conditions, to educate and train VHA clinicians and personnel, and to develop and implement innovative clinical programs within the VHA. This combined focus on research, education, and improved clinical care reduces the time from discovery to implementation and improves the health and well-being of veterans.

Examples of this acceleration translation from scientific discovery to clinical practice are evident throughout mental health CoEs. The NCPTSD is a leader in research on PTSD and traumatic stress. Its work led to the development of national training programs for VHA clinicians, facilitating the broad dissemination of efficacious PTSD treatments across the enterprise.<sup>7</sup> Researchers at the Veterans Integrated Service Network (VISN) 21 Sierra Pacific MIRECC identified depression as a significant risk factor for dementia and subsequently launched the first multisite trial of repetitive transcranial magnetic stimulation (rTMS) in the VHA in 2012 (CSP #556: the effectiveness of rTMS in depressed VA patients).<sup>8</sup> This project laid the groundwork for the national clinical rTMS program launched in 2017, which is now clinically available at 60 VAMCs. In the largest pragmatic randomized clinical trial of its kind, the VISN 4 Philadelphia and Pittsburgh MIRECC found that pharmacogenomic testing significantly reduced the number of prescription medications with predicted drug-gene interactions and improved clinical outcomes among veterans with depression.<sup>9</sup>

Mental health CoEs are also leaders in suicide prevention, a top clinical priority for the VHA. The VISN 2 New York MIRECC developed Project Life Force, a safety planning skills group for veterans with suicidal ideation, now implemented across 10 VAMCs, including telehealth hubs, outpatient settings, and veteran peer programs.<sup>10</sup> The VISN 2 CoE for Suicide Prevention and VISN 19 Rocky Mountain MIRECC coordinate key suicide prevention services for VA, including the analysis of suicide surveillance data; evaluation of national VA suicide prevention initiatives; the support of veterans, families, and clinicians; and enhanced access to evidence-based treatments for at-risk veterans.

Mental health CoEs are a key operational partner in VHA treatment of SUDs. The CoEs in Substance Addiction Treatment and Education (CESATEs) are national resources dedicated to improving the quality, clinical outcomes, and cost-effectiveness of VHA SUD treatment. CESATEs developed and implemented a national rollout of an effective treatment for stimulant use disorders, training staff at > 120 VA programs. The VISN 1 Mid-Atlantic MIRECC's focus on SUD and comorbid/co-occurring mental health conditions has highlighted the significant prevalence of these conditions and the impact they have on treatment response.<sup>11</sup>

Serious mental illness (SMI) (eg, schizophrenia, schizoaffective disorder) impacts up to 5% of veterans.<sup>12</sup> VISN 22 Desert Pacific MIRECC has developed interventions to improve the lives of veterans with SMI. Its research established supported employment as an effective intervention to improve outcomes in veterans with psychotic disorders and supported its implementation in the VHA.<sup>13</sup> Peer specialists are a cornerstone in the VHA commitment to recovery-oriented services for veterans with SMI. VISN 5 Capitol MIRECC has long championed research, clinical training, and educational activities that contributed to the effective deployment of peer specialists across the VHA enterprise.

Veterans have unique military-related experiences (eg, deployment, traumatic stress, transition to civilian status) and injuries and illnesses (eg, TBI, posttraumatic headaches) that significantly impact their mental health and quality of life.

**TABLE.** Mental Health Centers of Excellence and Mental Illness Research, Education, and Clinical Centers

MIRECC / MH CoE	Location(s)	Mission
VISN 1 New England MIRECC	VA Connecticut Health Care System, West Haven; Edith Nourse Rogers Memorial VA Hospital, Bedford, Massachusetts	Use biopsychosocial approach to improve clinical care of veterans with SUD and comorbid mental health, medical, and psychosocial conditions.
VISN 2 Center for Integrated Healthcare	Syracuse VAMC, New York; Western New York Health Care System, Buffalo, New York	Improve the health care of veterans through the integration of mental health into medical settings.
VISN 2 Center of Excellence for Suicide Prevention	VA Finger Lakes Healthcare System, Canandaigua, New York	Prevent morbidity and mortality from suicidal behaviors among veterans through a public health approach.
VISN 2 New York MIRECC	James J. Peters VAMC, Bronx, New York	Advance suicide prevention and schizophrenia care through a comprehensive bench to bedside approach that bridges basic scientific research with clinical application to directly benefit veterans.
VISN 4 Philadelphia and Pittsburgh MIRECC	Cpl. Michael J. Crescenz VAMC, Philadelphia, Pennsylvania; VA Pittsburgh Healthcare System, Pennsylvania	Improve care delivered to veterans with mental illness through precision mental health care.
VISN 5 Capitol MIRECC	VA Maryland Health Care System, Baltimore	Collaborate with veterans and stakeholders to support and enhance recovery, longevity, health and wellness, and community functioning of veterans diagnosed with a mental, behavioral, or emotional disorder that has substantially interfered with their life.
VISN 6 Mid-Atlantic MIRECC	Durham VA Health Care System, North Carolina; Richmond VAMC, Virginia; VA Salisbury Health Care System, North Carolina	Serve as a translational center that develops and applies scientific knowledge and best practices to enhance postdeployment mental health and wellness for veterans and their families.
VISN 16 South Central MIRECC	Michael E. DeBakey VAMC, Houston, Texas; Central Arkansas Veterans Healthcare System, Little Rock; Southeast Louisiana Veterans Healthcare System, New Orleans	Promote engagement, access, and quality of mental health care for veterans facing barriers to care, especially in rural areas.
VISN 17 Center of Excellence for Research on Returning War Veterans	Doris Miller VAMC, Waco, Texas	Use multidimensional analysis to study prevalent mental health conditions experienced by veterans returning from recent military conflicts, particularly focusing on PTSD, TBI, and suicidal behaviors.
VISN 19 Rocky Mountain MIRECC	Rocky Mountain Regional VAMC, Aurora, Colorado; Salt Lake City VAMC, Utah	Study suicide with the goal of reducing suicidal ideation and behaviors in veterans.
VISN 20 Northwest MIRECC	VA Puget Sound Health Care System, Seattle, Washington; VA Portland Health Care System, Oregon	Improve the health and well-being of veterans by developing, evaluating, and disseminating novel effective treatments for military PTSD and its complex comorbidities (eg, mild TBI, alcohol use disorder, chronic pain, cognitive impairment, and neurodegeneration).
VISN 21 Sierra Pacific MIRECC	VA Palo Alto Health Care System, California; San Francisco VAMC, California	Build an integrated system of clinical, research, and educational efforts designed to improve the clinical care for veterans with dementia and associated mental health comorbidities.
VISN 22 Desert Pacific MIRECC	VA Greater Los Angeles, California; VA San Diego Healthcare System, California; VA Long Beach Healthcare System, California	Improve the long-term functional outcome of patients with chronic psychotic mental disorders, including schizophrenia, schizoaffective disorder, and psychotic mood disorders.
VISN 22 Center of Excellence for Stress and Mental Health	VA San Diego Healthcare System, California	Develop, evaluate, and disseminate assessments and interventions for veterans with PTSD, TBI, and common comorbid conditions.
Center of Excellence for Substance Abuse Treatment and Education	Cpl. Michael J. Crescenz VA Medical Center, Philadelphia, Pennsylvania; VA Puget Sound Health Care System, Seattle, Washington	Improve the quality, clinical outcomes and cost-effectiveness of health care for veterans with SUDs; provide consultation to VA Central Office on SUD treatment policy and dissemination; coordinate and provide training on SUD treatments.
National Center for PTSD	White River Junction VAMC, Vermont; VA Connecticut Healthcare System, West Haven; VA Boston Healthcare System, Massachusetts; VA Palo Alto Health Care System, California	Advance clinical care and social welfare of veterans and others who have experienced trauma, or who suffer from PTSD, through research, education, and training the science, diagnosis, and treatment of PTSD and stress-related disorders.

Abbreviations: MH CoE, mental health Center of Excellence; MIRECC, Mental Illness Research, Education and Clinical Center; PTSD, posttraumatic stress disorder; SUD, substance use disorder; TBI, traumatic brain injury; VA, US Department of Veterans Affairs; VAMC, VA medical center; VISN, Veterans Integrated Service Network.

The period between active duty and transition to civilian status is a critical time in a veteran's life. The VISN 17 CoE Veteran Sponsorship Initiative connects veterans with VA care within 30 days postdischarge, with the option of additional support in the community. The VISN 22 CoE for Stress and Mental Health (CESAMH) develops, evaluates, and disseminates diagnostics and treatments for veterans affected by traumatic events and brain injuries, with a unique focus on supporting their whole health needs. The VISN 6 Mid-Atlantic MIRECC leads the ongoing VISN-6 Post-Deployment Mental Health (PDMH) study, the largest biorepository of post-9/11 veterans. PDMH has greatly expanded the understanding of the unique needs of post-9/11 veterans, with > 100 peer-reviewed publications to date. Veterans with mild TBI frequently experience chronic post-traumatic headaches that can be disabling and nonresponsive to treatment. The VISN 20 Northwest MIRECC demonstrated that prazosin, a repurposed, low-cost, widely available, nonaddictive medication, can safely and effectively reduce the frequency of these headaches and improve functional impairment in veterans and active-duty service members.<sup>14</sup>

Increased and enhanced access to effective mental health treatment is a priority for VA. In 2007, the VA launched the National Primary Care Mental Health Integration program, which integrated mental health services into primary care settings. The Center for Integrated Healthcare (CIH) has supported the VA in these efforts. In 2024, CIH trained > 5000 health care staff on high-fidelity integration of behavioral health and medical care. VA has also focused on increasing access to mental health services via expanded telehealth offerings. The VISN 16 MIRECC, with its unique focus on increasing access to care for rural veterans via distance-based and digital health technology, supported the VA Offices of Mental Health and Connected Care to virtualize mental health care and promote adoption and sustained use of VA Video Connect across the enterprise.

Specialized MH CoEs are uniquely equipped to support the VHA in providing training and education to VA clinicians, veterans, care partners and family members, and the community on high-priority mental

health topics. Education is a core component of the MH CoEs tripartite mission. As such, MH CoEs offer national trainings, conferences, consultation services, clinical demonstration projects, development of clinical dashboards and toolkits, and public awareness campaigns. Researchers, educators, and clinicians at the CoEs frequently serve as subject matter experts on topics aligned with their respective missions. Several national rollout programs that disseminated evidence-based treatments for mental health conditions to the field (eg, cognitive behavioral therapy for depression, cognitive behavioral therapy for insomnia, and prolonged exposure) were developed at specialized CoEs.

The VHA provides advanced training, residencies, and fellowships to > 120,000 trainees annually. Many of these trainees choose to remain at the VA. Seven of 10 VHA psychologists and 6 of 10 VHA physicians trained within the VHA prior to their employment.<sup>15</sup> The MH CoEs and MIRECCs play an important role in preparing these trainees for VHA mental health careers. These centers are funded to provide advanced postdoctoral training to physicians as well as allied health professionals in clinical and counseling psychology, social work, pharmacy, and nursing. Training is not limited to postdoctoral fellows: graduate students, residents, and interns from affiliated accredited training programs may rotate through mental health CoEs each academic year.

## CONCLUSIONS

For > 30 years, mental health CoEs have brought thousands of veterans advanced treatments for their mental health needs and helped reduce death by suicide. The centers have a bright future ahead, harnessing advances in artificial intelligence and genomics to permit the matching of the individual veterans to the treatment most likely to benefit them. Precision medicine, as espoused by the Hannon Act, will not only encourage the efficient use of health care resources but also rapidly reduce pain in veterans with mental health and SUDs.

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