Operation Red-White-Blue: A Community Engagement Project Supporting Veteran Mental Health

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Abstract

The Operation Red-White-Blue (O-RWB) project aimed to engage veterans and community mental health providers (CMHPs) in collaborative efforts to address veterans' mental health challenges. It sought to foster respectful partnerships, enhance capacity for patient-centered outcomes research (PCOR) and comparative effectiveness research (CER), and identify barriers to veterans' use of civilian mental health services. This 24-month community engagement project brought together veterans and CMHPs through monthly meetings, veteran-CMHP dyad rotations, community forums, and a National Veteran-Centered Mental Health Care Summit. The focus was on building capacity, improving communication skills, and developing a Veteran-Centered Mental Health Research Agenda. The O-RWB project engaged over 600 stakeholders, hosted 10 community forums, and held a virtual summit. It developed a Veteran-Centered Mental Health Research Agenda addressing stigma reduction, cultural competency, and co-occurring mental health conditions. The O-RWB project demonstrated the value of engaging veterans and CMHPs to improve mental health care. By fostering partnerships and enhancing PCOR and CER capacity, it provided insights into veterans' challenges and potential solutions. The outcomes have significant implications for clinical practice, public policy, and future research, emphasizing cultural competency, integrated care models, and continued evaluation of veteran-focused interventions.

In the United States, one in five veterans experiences mental health issues such as post-traumatic stress disorder (PTSD), major depression, and anxiety (Betancourt et al., 2023). Military deployments further increase the risk of substance use disorders, unhealthy alcohol and drug use, and suicidal behavior, with 17 veterans dying by suicide daily, particularly those aged 18 to 44 (Sharp et al., 2015; U.S. Department of Veterans Affairs, 2024). Barriers like stigma, limited access to services, negative beliefs about treatments, and concerns about anticipated stigma hinder health care–seeking behavior (Abraham & Graham, 2021; McClellan et al., 2022; Williston & Vogt, 2022). Logistical challenges and treatment beliefs also limit mental health service utilization, with only a minority of veterans receiving care even within the Veterans Affairs (VA) health care system (Johnson & Possemato, 2021). Efforts to address these barriers and improve access to care, including telepsychology services and interventions targeting mental health attitudes, are crucial to increasing treatment-seeking intentions and engagement among veterans (Barr et al., 2022; McLean et al., 2022). Leaving mental health challenges unaddressed can have lasting negative effects for veterans and their families, including difficulties in relationships, lower work performance, reduced life satisfaction, and overall harm to well-being (RAND Corporation, 2019).

Military Culture and Veterans' Mental Health

Military culture in the United States is distinct from civilian society, defined by strict hierarchy, unique values, and a focus on developing a strong military identity through training. This culture emphasizes selfless duty, specific communication patterns, and codes of conduct, shaping service members' perspectives and behaviors (Barr et al., 2022; Collins et al., 2024; McCaslin et al., 2021; J. S. Thomas et al., 2021). Understanding military culture is essential for mental health professionals, as it influences veterans' health care–seeking behaviors and perceptions of mental health services (Kleiman et al., 2023; Schiffer & Saucier, 2023; Schvey et al., 2022). Its hierarchical and collectivist nature fosters interdependence, unity, and group cohesion, enabling service members to cope with challenges like isolation and danger (Brandebo et al., 2022; Neads, 2020). However, transitioning to civilian life can lead to identity crises or culture shock, as veterans struggle to adjust to less structured environments and may feel disconnected after discharge. This underscores the importance of group dynamics and military identity in shaping service members' well-being

during and after their careers (Brandebo et al., 2022; Neads, 2020; S. Thomas et al., 2022). The unique values and communication norms of military culture also present challenges for both veterans and mental health providers in addressing stigma and navigating care (Bricknell, 2021; Er & Duyan, 2023).

Veteran Reintegration Into Civilian Life and Mental Health

Reintegration describes the process by which servicemembers transition back to civilian life following their military service. While often viewed as a positive experience involving reunification with family, friends, and the return to civilian routines, reintegration can also pose substantial challenges and stressors that affect veterans, their families, communities, and broader societal structures (Barnett et al., 2021; Park et al., 2021; Romaniuk et al., 2020). Veterans may find it difficult to regain meaning or purpose, feel disconnected from people in their communities, and be disoriented by the lack of structure in civilian organizations (Besterman-Dahan et al., 2023; Rattray, 2023; Spikol et al., 2022). Often, discharge is associated with feelings of loss of military identity and values (i.e., duty, honor, loyalty, and commitment; McCormack & Ell, 2017). Upon reentry into civilian life, veterans often confront a variety of challenges, including home front stressors such as difficulties with family and employment (Haselden et al., 2019). They must also navigate redefined roles within their families and communities (McCormack & Ell, 2017) and cope with moral injuries from their time in combat (Pyne et al., 2019). Furthermore, veterans frequently have to adjust to service-related disabilities (Pratt et al., 2024) and manage persistent physical and psychological pain (Flynn et al., 2019).

Reintegration challenges extend beyond individual veterans, significantly impacting their families, communities, and society. Veterans struggling with PTSD or depression may experience strained relationships with their spouses and children, leading to family conflict and emotional distress (Besterman-Dahan et al., 2023; McCormack & Ell, 2017; Rattray et al., 2023). Post-9/11 combat veterans with young children often seek mental health services for themselves, but family therapy is underutilized despite its potential to address systemic issues (Park et al., 2021; Romaniuk et al., 2020). Reintegration challenges can also lead to broader societal issues such as unemployment, homelessness, or increased health care costs (Botero et al., 2020; Gonzalez et al., 2023). These challenges underscore the interconnectedness of veterans' mental health with societal and economic stability, highlighting the need for comprehensive reintegration support systems that address these multifaceted impacts.

The complexity of military culture and reintegration challenges is often poorly understood by civilians, creating additional barriers for veterans seeking mental health support (Borowski et al., 2021; Campbell, 2023; Degeneffe, 2021; Gonzalez et al., 2023; Verbytska et al., 2024). Transitioning from a structured military lifestyle to civilian life can profoundly affect veterans' mental health, as the loss of shared military identity and support systems may exacerbate stress, anxiety, and depression (Gin et al., 2022; Howe & Bisel, 2023; Larsson et al., 2023; Senecal et al., 2021; Winters et al., 2023). Reintegration programs such as the Veterans Affairs' Transition Assistance Program often prioritize employment and benefits while neglecting mental health and family reintegration (Lane & Wallace, 2020; U.S. Department of Veterans Affairs, 2024). Community-based workshops and peer support groups can help veterans and their families navigate this transition, as they emphasize the importance of social connection and community involvement in supporting mental well-being (Besterman-Dahan et al., 2023; Brandebo et al., 2022). This project builds on existing literature, highlighting the critical role of community engagement in addressing veterans' mental health needs during reintegration.

Veteran Mental Health Care

The VA is a federal agency that provides lifelong health care and benefits to eligible veterans. Mental health care for veterans is delivered through two systems: the VA health care system and civilian mental health care providers (CMHPs). Research by the RAND Corporation (2019) found that CMHPs are generally less equipped than the VA to provide specialized care for veterans, highlighting the need for targeted training and resources to address veterans' complex mental health needs effectively. The VA system, with its veteran-specific focus, offers tailored programs for issues like PTSD, combat-related depression, and reintegration challenges. In contrast, while CMHPs expand access to care, they often lack the specialized training required to meet veterans' nuanced needs. This disparity underscores the importance of enhancing CMHP capabilities and fostering collaboration between the VA and

civilian providers to ensure comprehensive, high-quality care that is safe, effective, equitable, and veteran centered (RAND Corporation, 2019). To improve care, CMHPs must develop military cultural competency, including knowledge of military structures, norms, and the reintegration process (Lane & Wallace, 2020).

To address the shortage of military-affiliated mental health providers, CMHPs can develop military cultural competency through targeted strategies. Training programs such as the VA's Veteran Cultural Competence Training offer valuable insights into military structures, norms, and identities. This training can be accessed through the VA's official website or by contacting local VA facilities, which often provide information on available training opportunities and registration processes. Peer learning opportunities in which civilian providers collaborate with military-affiliated clinicians or veterans can further enhance understanding (Collins et al., 2024). Continuing education programs should integrate military culture modules (Lane & Wallace, 2020), and providers are encouraged to engage with veterans at community events to gain firsthand perspectives (Adhikari et al., 2020).

Rationale Informing the Project

This manuscript reports on the structure, implementation, and findings of a community engagement project titled "Operation Red-White-Blue: A Community Engagement Project Supporting Veteran Mental Health" funded by the Patient-Centered Outcomes Research Institute (PCORI) for a 2-year period (2021–2023). The primary aim of this project was to create opportunities for veterans and CMHPs to engage with each other, facilitating open dialogue about their successes and challenges in veteran-centered mental health care. The collaboration between veterans and CMHPs brought forward critical perspectives that were instrumental in developing strategies tailored to veterans' unique needs. Veterans shared firsthand insights into the barriers they face when seeking mental health care, including stigma, logistical challenges, and cultural misunderstandings that often deter them from accessing services. They also highlighted the importance of addressing co-occurring conditions and the need for more veteran-centered approaches to care. On the other hand, CMHPs provided valuable input on gaps in their training, particularly in understanding military culture and effectively communicating with veteran clients. These perspectives informed the development of strategies aimed at reducing stigma, enhancing cultural competency, and improving access to mental health services. By integrating these diverse viewpoints, the project was able to create actionable and veteran-centered solutions that address the complex challenges faced by this population.

A patient-centered approach prioritizes the unique needs, preferences, and values of individuals and actively involves them in their care decisions. This approach is particularly important for veterans, whose experiences and cultural backgrounds shape their mental health needs (Besterman-Dahan et al., 2023). Incorporating veterans' feedback into program design ensures that services address their specific needs and challenges, such as stigma or logistical barriers to care (Han et al., 2021). When veterans play an active role in shaping these strategies, it exemplifies how patient-centered care can lead to improved mental health outcomes tailored to their unique circumstances.

PCORI has initiated several projects for veterans aimed at enhancing health care through patient-centered outcomes research (PCOR). One such project, designed and guided by veterans, successfully identified factors that protect against suicidality and developed relevant comparative effectiveness research (CER) questions (Krause-Parello et al., 2019). In this project, we took a similar approach by working directly with veterans and CMHPs to build capacity and gather insights. By collaborating with veterans and CMHPs, we gained important perspectives on improving mental health care for veterans and developing strategies tailored to their unique needs.

Method

Theoretical Framework and Participative Action Research

This project was grounded in the principles of participative action research (PAR), a methodology that emphasizes collaboration, empowerment, and the cocreation of knowledge between participants and researchers. Rooted in addressing complex social issues, PAR integrates the lived experiences of community members with the expertise of researchers to generate practical and context-specific solutions. Drawing on the foundational principles of PAR, the project also incorporated key elements of the PCORI framework to enhance community engagement and participative processes (PCORI, 2025). The PCORI approach prioritizes equitable partnerships and actionable

outcomes through the following principles:

1. Partnership and Collaboration: Collaboration in this project was built on fostering equitable partnerships and shared leadership among all stakeholders. This involved creating structures to facilitate mutual decision-making and ensure equitable contributions.
2. Building Capacity and Reciprocal Relationships: Central to this principle was a commitment to mutual learning between community members and researchers. The project emphasized building sustainable partnerships, ensuring reciprocity, and fairly compensating all contributors for their time and expertise.
3. Focus on Community Perspectives and Needs: The project aligned closely with patient-centered research by integrating community input, drawing on local strengths, and prioritizing the specific needs and perspectives of the veteran population and mental health practitioners.
4. Trust, Transparency, and Honesty: Trust-building was an essential aspect of the methodology. Open and transparent communication fostered a collaborative atmosphere and ensured that all partners felt valued and respected throughout the process.

By combining the principles of PAR with the PCORI framework, the project created an inclusive platform for cocreation, mutual learning, and actionable recommendations. This integration not only advanced the overarching goals of the project but also contributed to a model of research that was both community-driven and rigorously structured for impact.

Community Engagement

Community engagement involves individuals and groups directly affected by or interested in specific issues in collaboration with academic researchers and/or institutions to address matters that are important and relevant to their lives and well-being. This approach emphasizes the participation of community members, local organizations, and other relevant parties in identifying, understanding, and solving problems that impact their communities (Adhikari et al., 2020; Fergusson et al., 2018; Han et al., 2021). This project was a community engagement project and was not conducted as a human subjects research study (IRBNET ID#1747965-1). Its primary aim was to foster collaboration and dialogue between veterans and CMHPs, not to conduct experimental interventions or collect identifiable private information for research purposes. The activities focused on community engagement rather than generalizable research.

Innovative community engagement approaches have the potential to produce socially relevant and applicable findings in the field of veteran mental health (Flynn et al., 2019). These methods can establish partnerships around significant mental health challenges and may help address barriers to care, reduce stigma, and improve treatment outcomes for veterans with conditions like PTSD, depression, and anxiety. Traditional randomized controlled trial (RCT) designs, while valuable for evaluating specific interventions, may not fully capture the complex social and cultural factors that influence veterans' mental health and help-seeking behaviors. Community engagement strategies can complement RCTs by providing contextual insights and improving the adoption and acceptance of mental health interventions (Johnson & Possemato, 2021; Krause-Parello et al., 2021).

Project Structure, Process, and Procedures

The O-RWB project was carefully designed to address complex challenges in veteran mental health care through a structured and participative framework. The following subsections provide a detailed account of the key components that drove the project's success, including the makeup and roles of the O-RWB team, the innovative veteran-clinician dyads, the range of activities conducted, the role of community forums in fostering engagement, and the culminating National Veteran-Centered Mental Health Care Summit. Together, these elements highlight the integrated and collaborative nature of the project's design and implementation.

O-RWB Team

A team comprising five veterans and five CMHPs, referred to as O-RWB, was formed to empower the veteran and CMHP communities to build capacity and learn, support, and share ideas with one another. The O-RWB team members served as representatives of their respective communities. Team members were responsible for engaging with their communities between meetings based on assigned activities, gathering information, and sharing the outcomes during team meetings.

At the outset of the project, the O-RWB aimed to forge a mutually respectful and reciprocal

partnership between veterans and CMHPs. Traditionally, interactions between veterans and CMHPs occur when veterans reach out for mental health services. Once a veteran enters into a therapeutic relationship, the veteran sits in the patient chair, and the CMHP sits in the clinician chair on the other side of the table. This project sought to change that. It is important for veterans and CMHPs to work together to break down barriers and create a safe research-related platform that is meaningful to the end user. In this project, engaged veterans and CMHPs sat on the same side of the table, so to speak, and became equitable partners. All participants had an opportunity to share their lived experiences related to veterans' mental health challenges and barriers, built competence in the skills necessary to effectively communicate mental health science, and learned about the research process from conceptualization to development to dissemination.

Veteran-Clinician Dyads

This project offered a unique perspective and added value by creating veteran-led CMHP dyads to build capacity for future mental health-related PCOR and CER. In this context, a dyad refers to a pair consisting of one veteran and one CMHP who worked together closely throughout the project. These dyads served as collaborative units and fostered direct interaction and mutual learning between veterans and mental health professionals.

The dyad approach allowed for a more intimate and focused exchange of knowledge, experiences, and perspectives between veterans and CMHPs. By pairing individuals from these two groups, the project aimed to facilitate deeper understanding, build trust, and create opportunities for tailored discussions about mental health care needs and delivery. These veteran-CMHP dyads were instrumental in (a) promoting direct, one-on-one dialogue between veterans and mental health providers; (b) allowing for in-depth exploration of military culture and its impact on mental health; (c) identifying specific challenges and opportunities in veteran mental health care; and (d) developing targeted strategies for improving mental health services for veterans. By utilizing this dyad structure, the project created a foundation for more effective collaboration in future PCOR and CER focused on veteran mental health. To form the dyads, we employed a random selection method to pair each veteran with a CMHP, resulting in the creation of five teams. Every 4 months, veterans rotated to collaborate with a different CMHP (Figure 1).

O-RWB Activities

The project facilitated full partnership and collaboration in PCOR/CER through a series of structured activities. Over a 24-month period, we implemented activities designed to empower O-RWB members as key partners in veteran-driven mental health PCOR/CER efforts. O-RWB members participated in monthly meetings (both in-person and online) to ensure consistent engagement throughout the project. The activities conducted with O-RWB were multifaceted, focusing on three primary objectives:

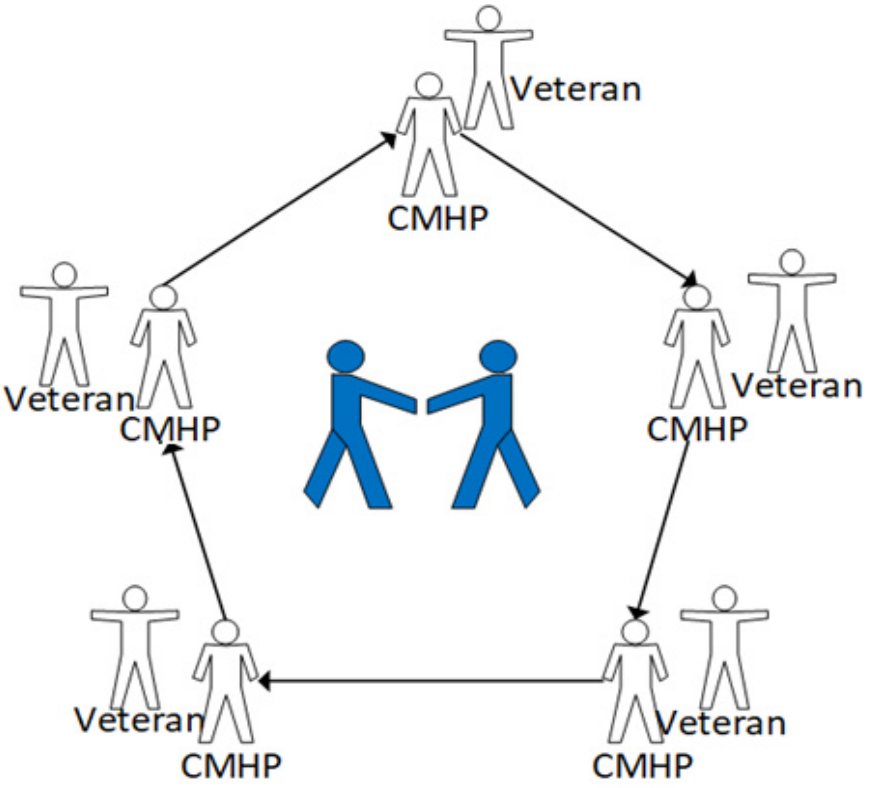
1. Enhancing understanding of PCOR/CER principles and methodologies
2. Developing skills in effectively communicating mental health science
3. Providing comprehensive training in the research process, from conceptualization to dissemination

These efforts aimed to equip veterans and CMHPs with the necessary knowledge and skills to make meaningful contributions to mental health PCOR within the veteran community. One key outcome of our collaborative efforts was the development of a consensus definition for an engaged O-RWB member. Through iterative discussions and feedback sessions, the group articulated the following definition:

> An engaged O-RWB member is an individual who actively participates in project activities, contributes their unique perspectives and experiences, and works collaboratively with other members to advance the goals of patient-centered outcomes research and comparative effectiveness research in veteran mental health care. This engagement is demonstrated through regular attendance, active involvement in decision-making processes, and willingness to share knowledge and insights to inform and improve research practices.

This definition served multiple purposes in guiding the project's community engagement efforts. First, it established clear expectations for participation, ensuring all members understood their roles and responsibilities. Second, it emphasized the value of diverse perspectives and experiences in the research process. Finally,

Figure 1. O-RWB Dyad Rotation



Note. CMHP = civilian mental health practitioner

it underscored the importance of consistent involvement and collaborative decision-making in advancing the project's objectives.

Additionally, the O-RWB team discussed their collective vision for engagement, capacity building, and dissemination. O-RWB team members also developed informal community polling methods and communication plans with their respective community members. Veterans shared ideas for engaging other veterans regarding mental health issues, barriers to accessing mental health services, transitioning to civilian life, and managing cultural adjustments. CMHPs exchanged ideas on engaging other CMHPs to improve CMHP competency in providing services to veterans, understanding military culture, and utilizing effective communication methods.

Monthly colearning activities for O-RWB dyads helped members build communication skills and capacity while engaging in meaningful and productive involvement. The "Code of Conduct" teamwork activity, for example, helped dyads build consensus and mutual trust on shared values. O-RWB dyads listed and discussed what matters to them and shared activity notes at the in-person meeting. Another example is the "Myths and Truths" activity, in which veterans came up with a list of interesting/fun myths and truths related to military culture while CMHPs came up with a list of interesting/fun myths and truths related to mental health issues. O-RWB dyads worked on the lists together and shared during an in-person meeting.

O-RWB activities strengthened veteran-centered mental health PCOR and CER, aligning with PCORI's engagement priorities. During the O-RWB monthly meetings, veterans and CMHPs collaboratively shared their own and their communities' opinions, challenges, and ideas for PCOR/CER aimed at improving veteran mental health services and delivery.

Community Forums

Over a period of 24 months, O-RWB dyads hosted a total of 10 community forums. Community forums in this context were public meetings where members of the veteran community, including veterans, their families, clinicians, researchers, and other health care stakeholders, came together to share ideas, opinions, and concerns related to

veteran mental health and research. The purpose of these forums was to create a platform for sharing information, gathering diverse perspectives, and fostering partnerships in veteran-centered outcomes research.

Each community forum consisted of guided discussions on predetermined topics related to veteran mental health and research. The O-RWB dyads created forum agendas, discussion topics, and questions based on the colearning activities from O-RWB in-person meetings. A minimum of eight community stakeholders participated in each forum, including veterans, veteran families, clinicians, researchers, and other health care stakeholders.

The primary aim of these forums was to increase capacity for PCOR/CER in veteran mental health by empowering veterans and CMHPs. Empowerment was achieved through several mechanisms:

1. Knowledge Sharing: Providing information about PCOR/CER principles and methodologies
2. Skill Development: Providing training in effective communication and research processes
3. Active Participation: Engaging veterans and CMHPs in setting research agendas and priorities
4. Leadership Opportunities: Allowing O-RWB members to lead forum discussions and activities

National Veteran-Centered Mental Health Care Summit

O-RWB organized and moderated a virtual summit that attracted approximately 150 attendees. This event provided a crucial platform for veterans and key stakeholders to share valuable insights and perspectives on enhancing veteran-centered mental health care, contributing to collective solutions.

During the summit, O-RWB hosted a 1-hour panel discussion featuring six participants: three veterans and three CMHPs. The purpose of the panel was to facilitate a direct dialogue between veterans and CMHPs, highlighting the challenges and opportunities in veteran mental health care from both perspectives. This structured conversation aimed to identify barriers to care, explore strategies for improving access and quality of mental health services, and inform future research directions. The discussion was semistructured around key questions tailored to each group:

1. Veteran-Focused Questions: "What obstacles have you encountered in accessing civilian mental health clinicians?" and "What suggestions do you have for removing these obstacles?" These questions were designed to elicit firsthand accounts of the challenges veterans face in seeking mental health care and to gather veteran-driven solutions for improving access.
2. Clinician-Focused Questions: "How can a civilian mental health clinician build trust with a veteran or active-duty military client?" and "How can CMHPs develop competency in working with veterans?" These questions aimed to explore strategies for enhancing the cultural competence of CMHPs and improving the therapeutic alliance between clinicians and veteran clients.

Additionally, all panelists addressed a common question: "What topics are important to explore to further veteran mental health research?" This question was intended to identify research priorities that reflect the needs and perspectives of both veterans and mental health professionals, potentially guiding future PCOR/CER initiatives.

The panel discussion format allowed for a dynamic exchange of ideas and fostered mutual understanding between veterans and CMHPs. By including equal representation from both groups, the panel ensured a balanced perspective on the challenges and potential solutions in veteran mental health care. The insights gained from this discussion were documented and analyzed to inform future training programs for CMHPs and to guide the development of veteran-centered mental health research agendas.

Project Outcomes

Community engagement for the O-RWB project was conducted through a series of structured activities involving key organizations and stakeholders across multiple locations. The project collaborated with a variety of community partners, including the local VA suicide prevention task force, the Wounded Veterans Relief Fund, the Headstrong Project, Futures Veteran-Recovery Program, local mental health centers' military and veterans programs, and local law enforcement agencies in South Florida. Academic institutions, including Florida Atlantic University, Palm Beach State College, and Broward College, also played a significant role in connecting student veterans to the project. Engagement activities took place

in diverse settings, including in-person and virtual forums, community centers, and academic institutions, as well as at national conferences such as the second annual Partnerships for Veteran and Military Health Conference in Denver, Colorado, and the fifth Veterans in Society Conference in Phoenix, Arizona. Key players included veterans, CMHPs, community leaders, and academic representatives, all of whom contributed to discussions on barriers to care, cultural competency, and strategies for improving veteran mental health services. These engagements informed the study by identifying critical themes, such as the need for cultural competency training, the importance of veteran-to-veteran support, and the development of a Veteran-Centered Mental Health Research Agenda. By incorporating insights from these diverse stakeholders, the project ensured that its outcomes were both actionable and reflective of the veteran community's unique needs.

The O-RWB project successfully engaged over 600 participants through extensive and targeted outreach efforts. Collaborations with veteran service organizations and community groups were instrumental in connecting with veterans and their families, supported by social media campaigns, email invitations, and word-of-mouth referrals facilitated by the project team. Personalized invitations were particularly effective; team members reached out directly to individuals within their networks to foster trust and encourage participation. To encourage participation in the 10 community forums, we implemented a multichannel outreach strategy that included distributing flyers through local community centers, promoting events on social media, and sharing announcements across organizational networks. Targeted invitations ensured the inclusion of groups with diverse perspectives, including veterans, clinicians, researchers, and family members. Regular follow-ups were conducted to sustain interest and confirm attendance. One forum benefited from the contributions of both a clinician and a veteran who provided unique insights stemming from their differing backgrounds. The rich discussions supported by a diversity of participants enabled the project to capture a broad spectrum of perspectives and address the varied challenges faced by the veteran community. Such inclusive representation was essential in shaping veteran-centered mental health strategies and developing solutions that are both inclusive and effective.

Through a comprehensive engagement strategy, the O-RWB project effectively collected valuable stakeholder input, which was integrated into several key outcome tools. The most significant of these were the development of an O-RWB Newsletter and Veteran-Centered Mental Health Research Agenda, which served as the project's final deliverables.

Newsletter

O-RWB partnered fully in developing the first and second editions of the "Operation Red-White-Blue Newsletter" (https://www.pcori.org/sites/default/files/FAU-Newsletter-V1.pdf). This newsletter is an engaging platform that allows veterans and CMHPs to disseminate our project's mission effectively. We distributed the newsletter through the Canines Providing Assistance to Wounded Warriors (C-P.A.W.W.) website, community forums, National Veteran-Centered Mental Health Care Summit, and the PCORI website.

Veteran-Centered Mental Health Research Agenda

The O-RWB team developed the Veteran-Centered Mental Health Research Agenda through iterative discussions and collaborative interactions with participating veterans and CMHPs. This agenda represents a synthesis of the team's insights and priorities, shaped by meaningful engagement and shared discussions throughout the project. While the agenda reflects the collective knowledge and experiences brought forward during these interactions, it was not derived using a systematic research model, and thus its generalizability may be limited. Instead, it serves as a collaborative road map that combines the expertise and lived experiences of team members to guide efforts to improve veteran-centered mental health care services. The focus remains on practical, actionable insights that can support the ongoing work of veterans, providers, and policymakers committed to enhancing mental health outcomes for the veteran community. The topics identified by the O-RWB team address critical gaps in veteran mental health care and research. By highlighting key areas of concern and opportunity, these topics provide valuable direction for future initiatives.

The O-RWB project introduced an innovative approach by pairing veterans and CMHPs in dyads and hosting community forums to cocreate best practices for veteran mental health care. This collaboration informed the Veteran-Centered Mental Health Research Agenda and Engagement Toolkit, which include strategies to reduce stigma,

Table 1 Research Priorities on Veterans' Mental Health Identified by O-RWB Team

Topic	Description
Access	Increasing the veteran population's knowledge of their options in seeking mental health care through avenues other than the VA Current options and aids for the veteran population both locally and nationally Exploration of how to destigmatize mental health care in a way that makes sense to veterans
Advocacy	Evaluation of veterans' experiences seeking crisis help and how their needs are handled Increasing awareness in the active-duty populations of mental health programs that do not report to their chain of command Increasing veterans' partnerships in research
Assessment	Evaluation of the implementation of assessments and evaluations
Competency	Evaluation of cultural competency within the CMHP population Exploration of training modalities, training, and CMHP's ability to teach cultural competency to the veteran population
Intervention	Creation of tool kit and standard training for CMHPs
Military Culture	Evaluation of the role other veterans play in helping veterans in crisis
Transition	Understanding the challenges female veterans face in transitioning to civilian life Understanding the impact of military "drinking culture" on civilian life

enhance cultural competency, and address co-occurring conditions. The project's model demonstrates a scalable approach to improving veteran mental health care and fostering meaningful partnerships.

Discussion

Initiating Community-Based Initiatives and Lessons Learned

The O-RWB project provides a valuable model for scholars and practitioners of community engagement interested in initiating similar community-based initiatives. A critical first step in the project was the recruitment of both community practitioners and veterans. Recruitment efforts were guided by existing relationships within the community and outreach to veteran service organizations, local mental health providers, and community centers. Veterans were recruited through peer networks and community organizations they trusted, ensuring that participation was based on established rapport and a sense of shared purpose. CMHPs, many of whom had prior experience working with veterans or expressed interest in enhancing their cultural competency, were identified through professional networks. To foster participation, both groups were engaged early in the process to help define the project's objectives, ensuring that they felt a sense of ownership. Orientations and initial discussions were held to establish group norms and expectations, creating a collaborative environment from the outset.

The lessons from this project provide key guidance for replicating participative approaches in other communities and advancing veteran-centered mental health research. Key takeaways include:

1. Building Trust: Trust, built through partnerships with veteran service organizations and recognition of veterans as equal partners in the process, was foundational to success.
2. Fostering Open Dialogue: Creating safe and inclusive spaces supported honest sharing of experiences, which in turn enabled the development of tailored, community-driven solutions.
3. Capacity Building: Participant training enhanced understanding of patient-centered care and cultural competency, which in turn improved engagement with veterans.
4. Community-Driven Solutions: Collaborative approaches empowered participants to create practical and sustainable strategies aligned with local needs.

Implications for Research Practice and Public Policy Implications

The O-RWB project underscores the potential of participative approaches to advance veteran-centered mental health care. For research, it highlights the need for methodologies integrating community engagement, iterative feedback, and cultural competency to cocreate contextually relevant solutions. This participatory model can serve as a guide for future studies seeking to address complex social and mental health challenges effectively. For clinical practice, the insights emphasize the importance of fostering trust and incorporating veterans' lived experiences into care strategies. Training programs focusing on cultural competency and patient-centered approaches can empower practitioners to build stronger relationships with veteran clients and improve mental health outcomes. Public policy implications include prioritizing funding for initiatives that center community-driven solutions and establishing frameworks to support collaborative partnerships between veterans, practitioners, and researchers. Policies encouraging equitable stakeholder involvement and investing in tailored mental health interventions can create sustainable improvements in veteran care systems.

Limitations

While this community engagement project successfully fostered collaboration and dialogue between veterans and CMHPs, certain limitations should be acknowledged to provide context for the findings and their applicability. This project did not collect specific demographic data, such as the era of service, combat status, or other characteristics (e.g., age, gender, or ethnicity) of participating veterans. As a community engagement initiative rather than a systematic research study, the primary aim was to foster inclusive collaboration and dialogue across the broader veteran community. While this approach allowed for diverse perspectives and prioritized equitable participation, it limited the ability to address how specific demographic factors may influence mental health needs and engagement.

Future Research Directions

Future research initiatives should focus on collecting data on specific demographic factors to gain deeper insights into the unique challenges faced by veterans from diverse backgrounds and experiences. Additionally, evaluating the long-term effects of participative approaches on veterans' mental health outcomes would provide valuable insights. Studies could explore how sustained collaboration between veterans and practitioners influences trust, care utilization, and stigma reduction over time. Additionally, research should aim to refine participative methodologies and identify best practices for fostering equitable partnerships and cocreating solutions in diverse communities. Addressing gaps in veteran-centered mental health care, such as accessibility for underserved populations and integration with existing care systems, is vital.

In particular, future research can prioritize underserved populations, including veterans in rural areas and Native American veterans, who face unique challenges in accessing mental health care. Veterans in rural areas often encounter barriers such as geographic isolation, limited availability of culturally competent providers, and lack of transportation. Native American veterans may require care that integrates traditional healing practices with evidence-based mental health interventions to address their specific cultural and systemic needs. By focusing on these populations, future studies can develop targeted strategies to reduce disparities, improve access, and enhance the effectiveness of mental health services for these groups. Future inquiries can also examine the scalability and adaptability of the O-RWB model across various contexts to ensure broader applicability and impact.

Conclusion

The O-RWB community engagement project successfully demonstrated the value of engaging

veterans and CMHPs in collaborative efforts to address the mental health issues faced by veterans. Over the course of 24 months, this project fostered mutually respectful partnerships, enhanced the capacity of both veterans and CMHPs to contribute to PCOR and CER, and reached over 600 key stakeholders. Through monthly meetings, community forums, and a National Veteran-Centered Mental Health Care Summit, the project facilitated meaningful dialogue and the development of a Veteran-Centered Mental Health Research Agenda. This agenda addresses critical issues such as improving access to care, reducing stigma, promoting cultural competency, and addressing co-occurring mental health conditions.

To move the findings forward, the O-RWB project leaders are committed to ongoing engagement with key stakeholders, including health centers, policymakers, and veteran advocacy organizations. The Veteran-Centered Mental Health Research Agenda and Engagement Toolkit has been disseminated through professional conferences, academic publications, and partnerships with community organizations to ensure the findings reach entities capable of driving systemic change. Additionally, the project team initiated conversations with health centers to integrate the findings into clinical practice, focusing on improving cultural competency training for CMHPs and expanding access to veteran-centered care.

On a broader scale, the project outcomes can be used to inform public policy by advocating for increased funding and support for veteran mental health initiatives, particularly those targeting underserved populations such as rural and Native American veterans. The O-RWB team will also explore opportunities to collaborate with national organizations and government agencies to scale the project's model and adapt it to other communities. By continuing to engage with stakeholders and disseminate findings strategically, the O-RWB project aims to create lasting, transformative change in the space of veteran mental health care, ensuring that the voices of veterans remain central to the conversation.

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Conflict of Interest Statement

The authors declare that they have no known competing financial interests or personal relationships that could have appeared to influence the work reported in this manuscript. All authors certify that they have no affiliations with or involvement in any organization or entity with any financial interest or non-financial interest in the subject matter or materials discussed in this manuscript.

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