# Telemental Health in the Military and Department of Veterans Affairs

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#### **Presenter Affiliation**

 The views and opinions expressed in this presentation are solely those of the authors and do not reflect an endorsement by the U.S. Government, DoD, Department of the Army, VA, or the Kentucky Army National Guard.

#### Overview

- Introduction to scope and need for TMH within VA/DoD
- Benefits/Advantages of VA/DoD TMH
- Lessons learned
- Future Directions

#### Scope of contemporary Challenges

- Over 3 million U.S. Service Members have deployed since 9/11
- At least 10-20% of returning veterans meet criteria for mental health diagnosis: PTSD, depression, anxiety, adjustment (Hoge et al., 2004, Litz & Schlenger, 2009)
- Large populations of veterans exist from previous conflicts (Vietnam, Gulf War, Bosnia, Kosovo...)
- Kentucky has large veteran population: 8%

#### Suicide



•Between 2004 and 2008, Army suicides increased 80% over the previous rate

•Historically 20% below national average

•Since June of 2012, suicides have outpaced combat deaths

Army Active Duty:20.2 per 100,000Army Reserve:24 per 100,000Army National Guard:31 per 100,000

(Lineberry & O'Connor, 2012)

## Stigma

- Strength-focused culture
  - No Weakness
- Fear of career impacts
- Perception from peers



### **Access to Services**

- Service Members and their families are geographically dispersed throughout the state and nation.
  - Often under resourced/insured if not near military treatment facility



#### Use of Telehealth in the DoD/VA

"Bringing the right care, by the right person, at the right time, and in the right format." ~BG Ron Place

- Broad definition of Telehealth: Includes prevention, education, telemedicine, and various non-clinical efforts
- Initial pilot of Warrior Resilience Program:
  - 2010: 1,000 TBH encounters
  - 2016: 40,000 TBH encounters
- VA TMH: Over 1.8 million encounters since 2003
- KY National Guard: Approximately 30% of all encounters via TMH

#### Mental Health Services Provided:

- Delivery of psychological assessments
- Medication management
- Individual psychotherapy
- Group psychotherapy
- Psychological/neuropsych testing
- Integration of digital applications and remote biofeedback to augment treatment
- Consultation
- Supervision

#### Large infrastructure of VTC sites

- In-person aid/support
- Scanning and emailing of documents/digital questionnaires/metrics
- Increasing shift to home-based TBH mobile applications



#### Advantages in DoD/VA

- Insurance billing is less of a priority in Federal systems
- Military Mission= Healthy, Ready Force
- Broad team of credentialed providers (fewer state licensure concerns)
- Top-down directive structure
- Existing infrastructure of secure internet/VTC capabilities

#### DoD Benefits and Drivers of Telehealth:

- Reduced travel-time for patients and providers
- Reduced cost (travel reimbursement/logistics)

• Increased Access and Engagement from Treatment-Resistant Population:

- Busy schedules and frequent travel make consistent in-person care difficult
- Reduced Stigma surrounding care (not seen at BH Clinic around other Soldiers, not likely see provider at local PX/grocery)
- Perceived emotional distance may actually be beneficial in some cases

#### **Access for Unique Missions**

 Deployments: Providers can increase access to care in austere environments/combat zones

Provides access to broad pool
of providers with understanding
of military culture and regulations



#### **Treatment Efficacy**

- Early clinical studies show results of telehealth to be equally effective to in-person psychotherapy
  - Increased utilization in rural areas(Neufeld & Case, 2013)
  - Effective treatment of PTSD (Luxton et al., 2015)
  - RCTs of depression protocol (Folen et al., 2010)

### **Telehealth Resources**

#### • T2: Center for Telehealth and Technology



## **T2** Applications

#### **mHEALTH TOOLS**



# Virtual Hope Box





#### Lessons Learned

- Challenge assumptions (gently) that it wont work
- Provide training opportunities for clinicians to build comfort
  - Lighting
  - Audio
  - Eye-contact
- Discuss HIPAA compliance and safety concerns in detail
  - Emergency protocols
  - Gauging appropriateness of patient
- Don't assume which clients will gain the most value (age/demographic)

#### **Directions Forward**

Integration of virtual reality simulators?

- Text therapy?
- Increasing use of mobile applications for direct care
- Increased use of monitoring technology (biofeedback, HRV...)





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