



Video shrinks distance to mental health care

By Joe Gould - Staff writer

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When the soldiers of the 4th Brigade Combat Team, 25th Infantry Division, entered the post-deployment processing site, they sat down in a private room and had "face-to-face" conversations with mental health professionals thousands of miles away via video conference.

The Virtual Behavioral Health Program was part of a limited pilot program within Western Regional Medical Command. However, a senior Army leader said he would like the Army to explore and expand use of the technology, and he is not alone: The Veterans Affairs Department and the Defense Department's National Center for Tele-health and Technology are studying how tele-mental health care might work.

Proponents see it as a means to address rising numbers of soldiers with PTSD, ease the stigma attached to mental health issues and bridge gaps between troops at rural posts and doctors in urban facilities.

"If I had my way, I wanted to provide this particularly for the Reserve components, so that you can do it from your home," said Gen. Peter Chiarelli, the Army vice chief of staff. "So when Mrs. Chiarelli thought Mr. Chiarelli was having a rough time, and she couldn't get him to go in, she could get him to do a session like this from his own home. What a stigma beater that is."

In a 2008 survey by the Rand Corp., researchers concluded that nearly 20 percent of returning military personnel from Iraq and Afghanistan — roughly 300,000 service members — showed symptoms of PTSD. A little more than half of those received treatment; many were worried about the side effects of medications or that seeking care could damage their careers or undermine their peers' confidence in them.

Greg Gahm, of the Pentagon's National Center for Tele-health and Technology, said the Army is providing the most tele-mental health care of any of the services. Walter Reed Army Medical Center in Washington, D.C., has a network of 50 providers, primarily at the hospital, who deliver care via video conference to personnel at clinics in the northeast.

Using video conferencing, Fort Richardson for the first time aimed for 100 percent face-to-face contacts in a brigade's post-deployment mental health screenings, said Maj. Vanessa Venezia, chief of behavioral health at U.S. Army Medical Department Activity-Alaska. For the pilot, the soldiers had mandatory appointments.

The soldiers were connected to one of 20 licensed independent mental health care providers at Madigan Army Medical Center at Joint Base Lewis-McChord, Wash., or Tripler Army Medical Center in Schofield Barracks, Hawaii. Some Fort Richardson soldiers receive in-person follow-up care as needed.

A majority of soldiers surveyed said they preferred that the person screening them was far away and that it heightened the sense of confidentiality, Venezia said.

"There's some freedom, when you're on the computer, to be who you want to be, who you are, and not necessarily have to feel uncomfortable about sitting 5 feet away from a provider," she said. "And you don't have to worry about going to the commissary and bumping into the guy you just told your deepest darkest secrets to."

Ironically, the providers, schooled to place an emphasis on body language and face-to-face contact, were more anxious than the patients, Venezia said.

She said she sees limitations of video conferencing that would need to be resolved. If patients need to be hospitalized or prescribed medication, remote doctors cannot easily take action. Not all facilities use the same electronic prescription system, she said, and federal regulations bar faxing and e-mailing prescriptions for certain controlled substances.

Is tele-mental health care as good as in-person care? What should the clinical procedures be? Is it safe? These are a few of the questions the Veterans Affairs Department and the National Center for Tele-health and Technology are studying.

A four-year study showed anger management group therapy, for example, can be as effective by video link as in person, the VA announced earlier this year.

The study looked at 125 veterans of Vietnam and the current wars in 20 anger management groups; half met with a clinical psychologist present and half connected to one via video link.

While the study found both methods equally effective at reducing anger symptoms in combat veterans with PTSD, patients showed slightly less of a bond

