

## Army telebehavioral project broadens access to mental health care

By Bob Brewin 04/21/11

A pilot telebehavioral mental health project the Army is running in Afghanistan has widened access to treatment, with both patients and providers reporting satisfaction with the system, according to Maj. Sebastian Schnellbacher, the 101st Airborne Division's psychiatrist, who spoke in March at the Armed Forces Public Health Conference in Hampton, Va.

Schnellbacher said in his [presentation](#) that the majority of soldiers who tried the telebehavioral health system felt comfortable using it to discuss their mental health issues with a remote provider, though they said an in-person encounter would improve understanding.

The mental health counselors, psychiatrists and psychologists participating in the pilot project also expressed overall satisfaction with the system, though they would have been more comfortable if the patient were in the same room, Schnellbacher said.

The telebehavioral health system dramatically increased access to care for remotely deployed soldiers, Schnellbacher said, estimating that 70 percent of the consultations would not have occurred without the system, and that it saved one to three days of travel to forward operating bases.

In November 2009, Lt. Gen. Eric Schoomaker, the Army surgeon general, [said](#) the Army needed to find ways to use technology to provide mental health services to deployed troops. The service then kicked off the pilot telebehavioral health project with equipment provided by its Medical Communications for Combat Casualty Care (MC4) organization, according to Col. Ron Poropatich, deputy director of the Army Telemedicine and Advanced Technology Research Center, who spoke at a [conference](#) in September 2010.

Schnellbacher said the telebehavioral health system in Afghanistan consists of a support operation at Bagram Air Force Base and four central nodes, each serving 14 peripheral nodes. Each node is equipped with a laptop computer, webcam, headset and a connection over the classified CENTRIX network used by U.S. forces and allies.

Nodes close to Bagram used terrestrial network connections, Schnellbacher said, adding that the telebehavioral health sessions did not exhaust bandwidth. But, he added, connections to more remote forward operating bases used satellite links, and the sessions in those cases could degrade bandwidth needed for feeds from unmanned aircraft.

Consultation over a video system requires mental health providers to modify their behavior from what they're accustomed to in face-to-face treatment, Schnellbacher said. "Small talk" is a powerful tool when using the system, he said, and helps patients realize that the providers understand them and their world.

Providers need to demonstrate an awareness of the geography and recent events at the faraway base, and providers should engage in conversation about seemingly inconsequential but relevant topics to draw the patient into the session, he said.

Providers need to speak deliberately, using slower and broadened movements, and use head nods and verbal cues to indicate they understand what patients are trying to convey, Schnellbacher said.

Only five of 23 soldiers surveyed said they had difficulty understanding providers in the remote sessions. The providers said the sessions did not interfere with establishing a rapport with patients or detecting nuances in their voices or body language, Schnellbacher said.

The Army's experience thus far with the Afghanistan project in many ways reflects results of a three-year program run by [Peter Tuerk](#), a psychologist at the Charleston, S.C., VA Medical Center, who has used videoconferencing systems to conduct prolonged exposure therapy sessions with veterans who cannot make it to the hospital for face-to-face counseling.

Tuerk said, "The technology fades into the background" as treatment progresses and the patients become comfortable with the system, at which point "the machine is not a big deal."

Schnellbacher said the Army plans to expand telebehavioral health care in Afghanistan and Iraq, and he recommended formal training on the system for providers slated for combat deployment. He also recommended inclusion of telebehavioral health care into military behavioral health training programs.

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