Using Technology to Engage and Support Veterans

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Abstract:

This paper explores how technology can be leveraged to better engage and support Veterans, particularly in addressing mental health challenges and reducing suicide risk. It examines the effectiveness of telehealth, peer support, and digital tools in reaching underserved Veteran populations, including those in rural areas and those facing housing instability. Drawing on multiple studies, the paper highlights both the promise and limitations of tech-based interventions, emphasizing the need to address digital literacy and access barriers. It calls for innovative, inclusive, and culturally competent approaches to ensure all Veterans can benefit from modern support systems.

Navigating the multifaceted needs of veterans presents a challenging mission, especially when it comes to fostering engagement and ensuring resource accessibility. To better support veterans in their post-military lives, their holistic needs must be addressed to reduce barriers to success and increase access to vital resources. As veteran service organizations (VSOs) work to provide more supportive and inclusive care, getting veterans to willingly engage in services and support may not be an easy task. An estimated 60 – 70% of eligible veterans do not access healthcare through the Department of Veterans Affairs Health System (VA). To compound matters further, an estimated 17 veterans die by suicide each day and according to the National Veteran Suicide Prevention Annual Report of 2022, in 2020 approximately 60% of Veterans who died by suicide had no prior contact with the VA. To bridge this gap in healthcare and resource access, as well as reduce the number of deaths from suicide, VSOs need to explore different ways of engaging veterans. To use the expression that many others, including the New York City Department of Veterans' Services Commissioner James Hendon, have said, "We cannot expect 20th-century solutions to fix 21st-century problems." It is time that the VA and VSOs foster a collaborative and innovative environment for initiatives aimed at engaging and supporting veterans.

Veterans make up a small percentage of the country's population with approximately 6.4% of the country's population having served in the United States Military. Of this group, more than 30% are living with a disability which is twice the rate of the general civilian population. (Gilligan, 2022) The *National Strategy for Preventing Veteran Suicide 2018 – 2028* outlines the VA's plan to address their highest clinical priority, preventing veteran suicide. Objective 2.3 in the plan is to, "Increase multiplatform communication efforts that promote positive messages and support safe crisis intervention strategies." The VA notes that veterans are interacting with online

platforms, including telehealth, at increasing rates. While technology is often a solution to improving services and engagement, it is important to consider if it can meet the needs of this unique population.

Conard, Parnell, Julian, Keller & Armstrong (2022) studied the impact of the COVID-19 pandemic on health issues and access to care for homeless veterans. This study was conducted analyzing interview transcripts and highlighted significant statements categorizing them into groups of themes as their unit of analysis. Data was collected during recorded face-to-face interviews asking questions about their experiences as a homeless veteran during the COVID-19 pandemic. Though the study focused on the experiences of homeless veterans, it acknowledges that the concerns and challenges shared by this group are similar to those of other veterans. As with much of the general civilian population, the veterans in this study reported negative experiences during the pandemic, however, the study found that social distancing exacerbated past trauma and emotional health issues causing an increase in isolation, loneliness, and suicide risk. Half of the participants in this study reported positive experiences with telemedicine during the pandemic. Telehealth was found to foster engagement and reduce psychological stress for the homeless veterans who participated. The study acknowledges the complex needs of veterans and suggests an interdisciplinary approach to fostering intervention to meet their unique needs. Though veterans share a common thread of military culture, there are still many unique needs in this diverse population. There is no one standard of engagement or care that will work across the entire demographic so a variety of engagement methods need to be incorporated.

Waliski, Matthieu, Allison, Wilson, Skaggs, Adkins & Owen (2023) studied the healthcare and follow-up provided to veterans with suicide risk at rural hospitals in Arkansas. This study was conducted evaluating interview transcripts for common themes among

respondents and data was collected through semi structured interviews with emergency department clinicians at rural hospitals. The study's questions focused on the emergency department's practices and procedures in identifying military connected patients, assessing suicidal ideation and risk, treatment, aftercare and referral, and recommendations for improving care. The study reports that rural veterans are at higher risk for suicide compared to urban veterans due to lower quality of life and less access to healthcare and resources. Emergency departments are generally the front line of the hospital when it comes to treating suicide ideations and attempts. The emergency departments at the rural community hospitals featured in this study did not have consistent methods for assessing suicide risk or referrals to aftercare for veterans. Many of the study participants referenced referring veteran patients to video conferencing at a counseling clinic or their local VA hospital as a practice for aftercare. Being located in a rural community makes connecting with community organizations and VSOs challenging, but technology and telehealth options make care more accessible. Participants of the study recommended creating more web resources to meet veteran patient needs which could include: telehealth, websites, chatrooms, online support, and listings of in-person resources. Having these resources available would provide for more consistent referrals and a continuum of care. This would also allow for veterans to be referred to treatment that is more culturally competent to their needs using evidenced-based interventions (i.e. lethal means and safety planning, and contact referral). These resources, which are not provided by the rural community hospitals in Arkansas, improve connections to care and increase the potential for suicide interventions for veterans. Incorporating technology in the aftercare for veterans can reduce the treatment disparity experienced between rural and urban veterans.

Though there are many benefits to using technology when engaging and supporting veterans, there are challenges as well. Dhanani, Ferguson, Van Campen, Slightam, Jacobs, Heyworth & Zulman (2023) study two cohorts of veterans who received video-enabled tablets from the Department of Veterans Affairs (VA) both before and during the COVID-19 pandemic. The study assessed the average number of telehealth encounters and included calculations on characteristics across two cohorts as the unit of analysis. Data was extracted from the VA's Corporate Data Warehouse defining the cohorts as pre-pandemic and pandemic based on when the veterans received their tablet. The study explored the question if transitioning to telehealth impacts veterans with complex social and medical needs. The VA initially launched its efforts to expand its video telehealth services in 2016, which was particularly helpful for veterans who lived in rural communities and lacked access to care. During the COVID-19 pandemic, there was a significant demand for tablets increasing six-fold. The study shares a comparison of the demographics of the two cohorts and while there was little change in ethnicity, during the pandemic there was an increase of veterans who were older, urban-dwelling, and had a history of housing instability. Additionally, during the pandemic tablet recipients participated in twice as many video visits in the six months after receiving the tablet. Though there was an initial increase in usage attempts, the study found that usage by older and housing-insecure veterans eventually decreased as they faced barriers to accessing the technology due to challenges with digital literacy. The study concludes that providing technology (i.e. tablets) is not enough to increase access to telehealth care and that future efforts should address the barriers to success in this effort. As organizations look to incorporate technology further into their service delivery, it is vital that the challenge of digital literacy and other barriers be addressed.

Dang, Muralidhar, Li, Tang, Mintzer, Ruiz & Valencia (2022) study older high-need, high-risk veterans and their attitudes toward the use of telemedicine. The study assessed access, willingness, and ability to use video telemedicine as the unit of analysis. Data was collected through a questionnaire that was distributed via mail, phone, and in-person exploring the question for how respondents' attitude toward using telehealth impacted their care. The study found that only one-third of this population had the access, willingness, and ability to use video telemedicine. During the COVID-19 pandemic, there was an increase in the willingness to use telemedicine; however, strategies are still needed to address challenges from digital literacy, as well as access to technology and broadband internet. In August 2020, the Assistant Under Secretary for Health for Clinical Services issued a call to offer "digital divide consults" for veterans. This service has simplified the process by which veterans can request a tablet and data plan to access telemedicine. It has also changed the configuration of the devices to a single-use mode to simplify the process of accessing online care. The study acknowledges that the pandemic may have changed patient acceptance of telemedicine and recommends that to provide equitable access to care, more effort should be placed on reducing the divide in digital literacy for this population. Simplifying the online process, as discussed in this study, is an important consideration for future technology implementations.

Merchant, Goldin, Manjanatha, Harter, Chandler, Lipp, Nguyen & Naslund (2022) do not specifically focus on veterans in their study but share a model that should be considered to support veterans. The study investigated the frequency of use for online peer support communities and self-reported improvements in mental health as the unit of analysis. Data was collected through an online survey asking the question if the onset of the COVID-19 pandemic impacted those living with a mental health condition and increased their use of online peer

support communities. This study focused on online peer support communities that offer people with shared conditions and experiences an opportunity to share knowledge and provide peer-to-peer social support. These platforms were initially created for patients living with chronic medical conditions, such as cancer, but have become increasingly popular for people with mental health conditions. Findings from the study report that people living with mental health conditions are interested in accessing evidence-based programs including interventions (i.e. coping mechanisms/skills, enabling well-being, and accessing therapy) and psychoeducational resources. This should be taken under consideration for creating collaborations with conventional care and online peer support communities. The recently passed PEERS Act, legislation recognizing and compensating in-person or online peer support specialists through Medicare coverage, gives patients access to innovative methods of seeking and accessing care. Online peer support communities have the potential to improve the care and well-being of people living with mental health conditions. Further consideration should be given to this model for a veteran online peer support community that can deliver more culturally relevant and competent care in an accessible way. Exploring hybrid methods of engagement where service providers can use technology to enhance, instead of replace, interactions could be an effective means of improving veteran engagement.

Possemato, Wu, Greene, MacQueen, Blonigen, Wade, Owen, Keane, Brief, Lindley, Prins, Mackintosh & Carlson (2022) studied the VA's online life coaching and self-help program Moving Forward (MF). The study analyzed participation rates for those receiving peer support when assessing access to online training and reports of mental health improvement as the unit of analysis. Data was collected from course use tracked through the online learning platform and explored the question if phone-based peer support increases the use of online training versus

self-directed use of the platform. This program provides an online platform teaching problem-solving to help participants address unhealthy thoughts. To complement this effort, selected participants were also engaged by VA-trained peers for support through phone sessions. Peers provided a regular check-in for participants to discuss the online modules to ensure continued use of the MF platform. An important finding of this study is that participants reported that peer support played a key role in increasing their use of the MF platform and that peer support also helped them address barriers to mental well-being. Though this study focused on how peer support deepens veteran engagement with the MF program, most veterans access the program without peer support through the VA's website. The success of peer support used in tandem with technology should be expanded for MF and used as a model when implementing other digital programs.

The U.S. Department of Veterans Affairs report *National Strategy for Preventing Veteran Suicide 2018 - 2028* recommends utilizing a public health approach with strategic interventions throughout the nation to prevent suicide. Innovation and technology can play a critical function in the development of strategic interventions for veterans, with the VA's Moving Forward program addressing one of the many needs of veterans. What are other ways that the VA and VSOs can incorporate technology and peer support as complementary means of engaging veterans? Are there opportunities for public-private partnerships to reach a wider audience of veterans since the VA is only engaging a small percentage of eligible veterans? Further exploration of methods of using technology to engage veterans can lead to more meaningful engagement, improving care, and reducing suicide.

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