



Postdeployment Behavioral Health Screening: Face-to-Face Versus Virtual Behavioral Health Interviews

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As part of the Europe Regional Medical Command Telemedicine Program, 307 Army service members were surveyed shortly after a one-year deployment to Iraq regarding their preferences for behavioral health (BH) services either virtually (VTC) or in-person. Modality preferences were explored by examining BH symptoms, satisfaction rates, stigma, barriers to care, and preferences for future use. Although there were no significant differences in satisfaction between the two modalities, differences were reported in future preferences. Further, those with higher levels of depression and anxiety were more likely to express a preference for face-to-face services rather than VTC.

Key Findings:

- Service members were given the opportunity to choose the modality for their BH interview: 33% selected VTC and 57% chose face-to-face.
- Most (70%) who received face-to-face interviews reported a preference for face-to-face in the future for both BH interviews and health care.
- A minority who chose VTC for BH interview reported preferring VTC for future interviews (27%) or health care (16%).
- Service members with higher levels of depressive and anxiety symptoms were significantly more likely to prefer future face-to-face services.
- Soldiers with greater deployment experience were more likely to report that they would not like using VTC if seeking BH care in the future compared to soldiers with less deployment experience.

Implications for Programs:

- Face-to-face behavioral health interviews could continue to be offered, particularly for those soldiers who may have higher levels of anxiety or depression.
- Programs could maintain a choice in behavioral health interview options whenever possible.

Implications for Policies:

- Policies ensuring choices in BH interview modality might be instituted, given that individuals have differing preferences.
- Resources might be allocated to BH service provider training for VTC, given the cost savings, mobile availability, and potential for increased efficiency of the modality.

Avenues for Future Research:

- Future research comparing BH modalities could examine why particular groups of soldiers prefer specific interview methods.
- Future studies should examine the effects of familiarity and experience with virtual technologies on preferences for behavioral health interview modalities.
- Future studies could include a more diverse sample in terms of military branch, location, gender, age, exposure to technology and other possible relevant demographic factors.
- Longitudinal research might explore comfort with use of VTC over time (e.g. Do positive assessments of VTC services increase for participants over time as exposure to the mode increases?).

Background Information

Methodology:

- 307 soldiers, from the headquarters element of an operational unit, were surveyed 4 months following a 12-month deployment to Iraq: 33.2% received BH interviews via VTC and 57.4% were interviewed face-to-face.
- 8 BH providers conducted VTC interviews, 5 BH providers conducted face-to-face interviews.
- 28 participants (9%) did not recall which BH interview modality they received, and were excluded from subsequent analysis.





Participants:

- The study sample included 307 Army service members; 88% were male and 12% female; 46% were under 30 years of age; 31% were E1-E4 and 69% were E5 and higher.
- The ethnic composition of the sample was not specified, but other demographic characteristics were not significantly different between the modality groups.

Limitations:

- Participants were not randomly assigned to the initial modality (face-to-face vs. VTC), and participant history in using telemedicine was not measured.
- The sample may not be representative of deployed Army soldiers given that their rates of combat exposure was 9%, which may differ from the broader population of soldiers who have deployed.
- Because participants receiving face-to-face BH interviews may never have received a virtual interview, their comparisons between the modes and projections of future mode preference may have been purely speculative.

Assessing Research that Works

Research Design and Sample				Quality Rating:	
	Excellent (★★★★)	Appropriate (★★★)	Limited (★★)	Questionable (★)	
The design of the study (e.g., research plan, sample, recruitment) used to address the research question was...	<input type="checkbox"/>	<input type="checkbox"/>	<input checked="" type="checkbox"/>	<input type="checkbox"/>	
Research Methods				Quality Rating:	
	Excellent (★★★★)	Appropriate (★★★)	Limited (★★)	Questionable (★)	
The research methods (e.g., measurement, analysis) used to answer the research question were...	<input type="checkbox"/>	<input type="checkbox"/>	<input checked="" type="checkbox"/>	<input type="checkbox"/>	
Limitations				Quality Rating:	
	Excellent Minor Limitations (★★★★)	Appropriate Few Limitations (★★★)	Limited Several Limitations (★★)	Questionable Many/Severe Limitations (★)	
The limitations of this study are...	<input type="checkbox"/>	<input type="checkbox"/>	<input checked="" type="checkbox"/>	<input type="checkbox"/>	
Implications				Quality Rating:	
	Excellent (★★★★)	Appropriate (★★★)	Limited (★★)	Questionable (★)	
The implications of this research to programs, policies and the field, stated by the authors, are...	<input type="checkbox"/>	<input checked="" type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	
				<input type="checkbox"/> Not applicable because authors do not discuss implications	
				Overall Quality Rating	