VA Mobile Discussion Series

VA Mental Health Apps

VA's Mobile Discussion Series is a monthly webinar featuring a variety of topics focused around app development and mobile health at VA. This discussion covers VA's suite of health care apps and how they help Veterans, service members and their families learn how to manage their mental health. VA offers tools and information to help app users manage a wide range of mental health care issues, including apps to manage PTSD-related symptoms and stress, practice mindfulness, strengthen parenting skills, cope with anger and learn problem solving skills to overcome obstacles. VA mental health care apps can be used on their own or can be combined with treatment from a Veteran's care team.

Denise Kennedy: Hello everyone. Welcome, and thank you for attending our VA mobile health discussion series webinar. My name is Denise, and I'm going to run through a few brief reminders before we begin today's discussion about VA's mental health apps. Your phone lines are muted, however, we will be taking questions through the chat feature. The chat function is available to you in the middle-right of your screen. Also, if you're experiencing any issues please use that chat box and someone will be in touch to offer assistance. We'll keep everyone on schedule and get this moving.

Today, we welcome Beth Jaworski, Jason Owen and Kelly Ramsey from the VA National Center for PTSD. Once again, if you have any questions for our presenters please use the chat feature. At the end of the presentation we're going to go through the questions and if we don't get to any of them we will send them out at a later date. To download the presentation please click on the file name below the chat screen. With that, I'll turn it over to you Beth.

Beth Jaworski: Thank you so much, and thank you all for joining us today. I'd like to begin by highlighting just a few of the reasons we think that mobile mental health is really important and may be a way to increase the reach of mental health tools and resources.

We know that there's a great need for mental health care, but there are many barriers that prevent people from seeking treatment like stigma and proximity to health care providers. Mobile health technologies, like apps, offer discrete and confidential access to information and tools that can help individuals self-manage their symptoms and/or facilitate connections to in-person care. Since iPhone- and Android-based smartphones were first released, adoption has grown at a rapid pace. Recent research indicates 77 percent of adults in the U.S. own smartphones, and there are few differences in ownership across race, gender and socioeconomic status groups. Although smartphones are more popular, nearly half of adults own a tablet computer as well. Notably, smartphone users almost always carry their mobile devices with them and they rarely or never turn them off. Importantly, people including Veterans are interested in and willing to adapt apps for health.

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I'd like to share a very brief history about apps. Beginning in 2010 the Office of Mental Health and Suicide Prevention funded internal development of mobile apps for Veterans. These apps fall into four broad categories. Self-guided apps are designed for the self-management of symptoms or can also be used to supplement care. Treatment companion apps are designed to be used in conjunction with evidence-based psychotherapies. Provider apps are designed to support providers in delivering quality care. The fourth category is connected apps that link to internal systems within the VA.

For the purposes of today's talk, we'll be focusing on the apps developed by our team, which fall into the first three categories that I mentioned. There are millions of apps available in the marketplace, but the apps created by VA offer several unique advantages. Our publicly available apps don't require or collect personal information. You don't need to create a username and password and don't need to create an account to use our apps. The content of our apps is also tailored to Veterans, their families and VA providers. The apps are fully Section 508 compliant and completely free to use. Lastly, all the apps are informed by research and clinical practice.

This table provides a snapshot of the total number of downloads for each app in our portfolio. I know it's a lot of information in one screen, but I'd like to draw your attention to the far right-hand column which shows the total number of downloads to date. Exciting news, we've recently hit a new milestone of over 1 million downloads. PTSD Coach, our flagship app, is the most downloaded, followed by CBT-i Coach and Mindfulness Coach.

Our portfolio is split between treatment companion apps and self-management apps. The treatment companion apps, like PE Coach and CPT Coach, support evidence-based psychotherapy PTSD and we also have apps like CBT-i coach, which supports cognitive behavioral therapies for insomnia. Our self-management apps address PTSD and many related concerns.

I'd now like to turn things over to Kelly Ramsey who'll provide you with a more detailed overview about each of these apps.

Kelly Ramsey: Hi, I'm Kelly Ramsey. Kicking off with our treatment companion apps we have first PE Coach. This is for use by the patient who is in prolonged exposure therapy for PTSD. It consolidates PE's audio recording and therapy handouts so that rather than keep track of the audio recorder, binder paper handouts and homework, the patient has appointment scheduling, session recording, session tasks, assessments, readings and their homework assignments all on their mobile device.

CBT-i Coach is for use by the patient in cognitive behavioral therapy for insomnia. This incorporates the CBT-i sleep diary for sleep tracking, a chart display of the sleep data from the sleep diary entries, sleep hygiene advice, relaxation exercises and sleep reminders.

CPT Coach is for use by the patient who's in cognitive processing therapy for PTSD. Like PE coach' this consolidates CPT's various handouts and worksheets on the patient's mobile device so that they don't have to manage a binder or papers. Again, that incorporates assigned readings, writing assignments week by week and has the interactive worksheets for the patient to fill out and save.

ACT Coach is for use by the patient who's in acceptance and commitment therapy. This is designed more as a resource companion for the patient to use as desired during therapy. It has support readings, audio mindfulness exercises, illustrated tips and a values actions tool for helping the patient live by their values.

STAIR Coach is for use by the patient who is in skills training and effective interpersonal regulations STAIR therapy. This incorporates various readings and interactive exercises for each of the therapy's main sections.

Mood Coach has positive activity scheduling based on behavioral activation principles. It's really designed more of a support tool for a patient who's already in behavioral activation therapy, although it can be used by itself. This allows the patient to identify their values and then to schedule actions on a weekly basis in accordance with those values.

Stay Quit Coach is for patients who have recently completed integrated care for smoking cessation to help them stay off tobacco. It has the arm tool to help people prepare coping plans for their smoking triggers and then quickly access those triggers, motivational reminders, smoking medication tracking and educational readings.

We have self-management apps. Our flagship, PTSD Coach, is for people with symptoms or a diagnosis of Post-Traumatic Stress Disorder. This has a wide range of interactive tools to help people cope with stress in the moment as well as an assessment for symptom tracking, ECL 5 currently, and educational readings about PTSD that encourage people to seek appropriate treatment.

PTSD Family Coach is for the family members of someone with PTSD symptoms or a diagnosis, such as an intimate partner or live-in parents. This includes interactive tools for helping the family member cope with their stress needs as well as stress assessments and educational readings about both PTSD and living with someone who has PTSD. We do have a greatly expanded version two that's in the late stages of development.

AIMS, standing for Anger and Irritability Management Skills, is an app for self-management of anger based on the VA AIMS web training. This includes interactive tools for coping with anger in the moments, an anger control plan for people to prepare for their anger triggers and then recognize when anger is coming upon them, an anger log for self-tracking and some educational readings.

Mindfulness Coach includes an array of audio mindfulness exercises and a log for tracking practice. Version 2 recently released for Android and in late development for iOS, adds a mindfulness training plan and expanded selection of newly studio recorded audio exercises.

VetChange, for self-management of alcohol reduction or abstinence, is based on the VA VetChange website. This features a drinking log for daily drink tracking, tools to prepare for drinking urges and then cope with them in the moments, and some relaxation exercises.

Concussion Coach is for people who have or may have mild traumatic brain injury. This has relaxation tools for coping in the moments, resilience building tolls for preparing to cope with the longer-term challenges of mild TBI and educational material.

Moving Forward is a problem-solving training based on the VA moving forward web course. This features an interactive worksheet for problem-solving as well as readings about problem-solving interactive exercises and some relaxation pools.

Parenting2Go is for active duty military and recent Veteran parents. It's to help them keep separate the military forms of interaction and feedback from parenting skills when appropriate for children. This is based on the parenting skills for service members and Veterans VA web course. It includes some daily reminders with customizable suggestions when transitioning from work to home, a tracker for delivering positive feedback to children, relaxation and some readings about parenting skills.

PFA Mobile is for healthcare providers who are delivering Psychological First Aid in the field to recently traumatized people. It has some refresher material about PFA principles and techniques and forms for taking notes about client needs.

I'm going to hand it over to Jason Owen.

Jason Owen: Thanks, Kelly. You could see we have a lot of apps that are in our current portfolio, and they cover really a wide range of topics, intended populations and treatments. We also have a number of apps that are currently in the pipeline that are actively being updated. We are constantly seeking feedback and suggestions from the field.

Currently, as Kelly mentioned, we have a major update to Family Coach that's in the works that we hope will be out soon. We're also working on a dyadic app for Veterans of PTSD and their partners called Couples Coach that's designed to be a very high-level relationship-based intervention to try to be a Psychological First Aid for couples. We're working with the Women's Health Science Division in the National Center for PTSD on a military sexual trauma recovery app. It doesn't have a formal name yet, but this is an app that we are hoping to get out in the next year or so that will specifically meet the needs of military sexual trauma survivors and the specific concerns that they have.

We also have an app called Insomnia Coach that is a lot like CBT-i Coach but is designed to be used in a self-management context. We're currently getting started with pilot and feasibility trials to make sure that this is safe and can be used in a self-management context. That work is being headed up by Dr. Eric Kuhn who was also in our shop in the National Center for PTSD in Menlo Park.

One of the major things that we've heard from providers is that the limitation of a number of these apps is that it's very difficult to get data off of the apps. It can be a challenge in a telehealth context or any context in which you send the patient home with homework materials that may be related to an app to follow up and see whether they were successful in completing that homework or to get assessment information off of the app. We're trying to work as closely as we can with OI&T to try to find VA approved methods for getting some of this information back. We are developing prototype dashboards that help us to visualize data.

You see a little screen shot here from our website cbticoach.org that is a companion website for the CBT-i Coach app. Basically, how this works is we can assign current research participants, and we're trying to get this stood up for clinical patients as well, a confidential invitation code that they can enter into a specific version of the app that's designed for this purpose. Then, in a de-identified way, you can track sleep diaries or you can track insomnia severity scores and that kind of information over time helps you guide your sleep prescription and your work in cognitive behavioral therapy for insomnia.

We have prototype dashboards for a number of our apps, but the apps that we have the strongest research versions for right now are listed here: PE Coach, CBT-i Coach, PTSD Coach. We have a version of PTSD Coach Plus (+) that we call Coach+ that's designed to receive messages, so that we can send coaching messages into the app. We have a research trial currently underway with that application. We have research versions of the Family Coach app, Mindfulness Coach, AIMS and VetChange. If you're interested in learning anything more about any of those, please let us know.

I also just want to highlight some of the resources. We have a lot of materials that are available on our SharePoint site. We have a mobile mental health SharePoint site that has information about all these applications including provider and patient handouts for many of them. We are doing our level best to get video resources up and available to you, so that you can learn more about how to use applications and new applications, how to introduce them to patients, how to talk about them confidentiality, how to make homework assignments and that kind of thing.

The National Center for PTSD's main website also has a section allocated to mobile apps and that's also a good place to look for resources. We also have an external website called myVAapps.com that you're welcome to check out. Then, all of these applications, if you're interested in seeing them and playing with them and trying them, we encourage you to go to the App Store if you have an iPhone or iPad or to go to the Google Play Store if you have an Android device. Then, I would encourage you to look for PTSD Coach. From there you can click

or tap on the National Center for PTSD. It's listed as a developer, and then you can see the full portfolio of applications that are available.

In terms of patient handout materials, we do have flyers. We have a current version of a prescription pad that's modified from Department of Defense materials, and we have a newer version of that that's on the way. If you're interested in getting some of these materials, please do get in touch with us, and we can try to coordinate with you and have those sent out to your facility.

We like this prescription pad a lot because it's a way of introducing an app to a patient, sending them home with something so that they know what the name of it is. They know where to find it and then you can give them a concrete recommendation for how to use it. Please stay in touch if you're interested in learning more about any of those handouts or educational materials.

We really strongly encourage you to reach out to us. We have an email address that's set up that will go to all of us that are on this presentation and several other people as well and that's mobilementalhealth@va.gov. That's designed to handle really anything, so if you just want more information about an app, or the portfolio, or you've run into a bug, or you have a suggestion or you want to learn more about how to create a mobile app in the VA that's what this is for. Don't hesitate to contact us because the information we get from the field is really what's critical to helping us make all of these applications more relevant and impactful for Veterans.

That's it. I think we'll take any questions that you might have.

Denise Kennedy: Excellent. Yeah, there are a few questions here. I encourage anyone listening, if you have any additional questions, please go ahead and use the chat box and do that now. The first question that I have is, "Are any of the apps available in Spanish?"

Beth Jaworski: They currently are not. It's been something that's been on our roadmap for a while, but no, at this time they currently are not available in Spanish.

Denise Kennedy: Excellent. Then, another question is, "I've been asked on several occasions about the use of technology in the elderly population. Do you have any evidence that supports the fact that VA Mobile Apps are viable resources for this population?"

Jason Owen: It's a great question, and it's one that we get a lot. I think, it really is more a question for the individual. We have protocols where we're using mobile applications in research trials and in clinical studies that certainly do involve older Veterans. I think that those work well. While there are certainly some Veterans for whom technology is not going to be a good choice, and it's going to maybe introduce more confusion or it's maybe difficult to use for some patients. It really is a function of more the individual than the age group.

We encourage clinicians really to look at whether their patients are bringing smartphones in with them to their session, and if they are, then that person may be somebody who is a good candidate for use of a mobile app. Now, just because you have a smartphone doesn't mean that you are using apps frequently, but it might be a good indicator for having a conversation. I don't think age, in and of itself, is a barrier to using these technologies, but certainly they're going to be some patients, whether they're young or old, for whom these technologies are not going to be a good fit.

Denise Kennedy: Excellent. Thanks for that. The next question is, "As employees, are we able to try these apps out so that we are familiar with these tools?"

Kelly Ramsey: Absolutely. You can go on either. If you have your personal device, you can go to the public App Store or the public Play Store and get them right there. Or, if you have a VA issued device, you can access the VA App Store and acquire it that way.

Denise Kennedy: Great. Now, we have a two-part question but, "How do Veterans get this information? Do you think that they get them from their mental health providers? Should other staff be able to recommend? What are some of the best practices or things that people should avoid?" A little bit of confusion about what the employees, who are attending, what their role is in communicating to patients about these apps.

Jason Owen: It's a good question. I think that a prerequisite for talking about the apps with the patient probably is having some familiarity with the application. There's a lot of differences from app to app and they meet different needs, and so having some familiarity with the clinical concerns of a given patient in addition to having really pretty good familiarity with the app. It is important if you're considering these apps to download them on a device that you have access to and spending time with them, because nobody's going to be well served by giving a recommendation to open an app and then really not knowing what to do with it or how to use it appropriately.

It's also sensitive because people can feel like they are being put off if they are being pushed to try an application in the absence of other clinical care. We certainly don't want to give Veterans the impression that they're being shunted to technology because there isn't a face-to-face resource that's available for them. I think it is pretty important that you have providers that are knowledgeable about the app, but who are also able to follow through with other strategies that are going to be effective for dealing with whatever issue that Veteran brings to us.

Does anybody else want to add anything to that? Kelly or Beth?

Beth Jaworski: I can't think of anything else. I think that was a great response, Jason.

Denise Kennedy: Excellent. Is there a help desk for these apps?

Beth Jaworski: There is not a help desk. If people have questions or concerns, we really encourage people to email us at the email address provided, the mobilementalhealth@va.gov.

Denise Kennedy: Excellent. I just put that email address into the chat box here. I don't see any questions coming in right now.

I wanted to go back. Oh, I do see a couple people typing here. I wanted to just see if there are any last things that you wanted to communicate to our audience here before we wrap this up or call it a day.

Jason Owen: Yes.

Denise Kennedy: Go ahead, thanks.

Jason Owen: One thing I was going to just try to make clear is that I think one of the major things the VA mobile apps do that private sector mobile apps don't do, and Beth alluded to this in her slides, is the privacy concern. That's front and center in the news right now, for good reason, that we just don't know how many private apps handle personal information. That's one thing that we can always guarantee with these apps is that they're private, they're secure and they are confidential. While we're looking for ways that we can leverage data that are provided in these apps, we can reassure Veterans that their personal information is never being captured or used or stored in any way. I think that's really important that we, as VA employees, have resources that we can offer to Veterans that are free, that are available for them and that provide the best available evidence.

There are a lot of really good private sector apps out there that are great options, and I think if you're interested in mobile technology, you should definitely look at those because your patients probably are using some of those, but just be aware that many of those do have charges. They're often not free, and they often do have severe constraints on privacy and confidentiality.

Denise Kennedy: Excellent. Great point about privacy, definitely in the news right now.

From the presenters, any other last comments that you want to add here before we wrap it up?

Beth Jaworski: I would just like to reiterate Jason's point that we really, really welcome feedback and suggestions about the mobile apps so please feel free to reach out too.

Excellent. In the chat box I did copy those links for anyone that wasn't able to get to them, and I think with that we can wrap this up.

Denise Kennedy: Thank you so much to our presenters for a very informative and efficient presentation. There's a lot of information in here. This will be sent out to everyone and available on the Mobile Discussion Series page as well. Before you leave, if you wouldn't mind taking our questionnaire and letting us know how we did today and any other future topics that you'd like to have in the future. That link is also in the chat box. With that, I think, we can wrap it up.

Thanks again to Beth, Jason and Kelly for this great presentation and look forward to talking to you all next month on the next discussion series. Thanks everyone and have a good week.