

H.R. 8005 *Veterans Access to Online Treatment Act* Testimony

Rep. Jared Golden

Chairman Takano, Ranking Member Roe, and distinguished members of the committee, thank you for the opportunity to discuss a critically important issue for veterans in my district and across rural America: access to remote and online mental health treatment.

Many of our rural veterans are forced to travel several hours to their nearest CBOC or VA hospital, often at great cost and inconvenience. The COVID-19 pandemic has made this problem particularly acute. As this committee well knows, some medical conditions cannot be put on hold, despite the risks associated with receiving medical attention during a global health crisis. Many such conditions are related to mental health.

According to the National Institute of Mental Health, nearly one in five U.S. adults live with a mental illness. The VA estimates that more than 1.7 million veterans received treatment in a VA mental health specialty program in fiscal year 2018 alone.

As a former Marine infantryman and veteran of both the Iraq and Afghanistan Wars, I have witnessed this problem up close. Our country is highly effective at treating our injured on the battlefield. We struggle, however, to provide treatment to those that suffer from the invisible wounds of war. Too many rural veterans, lacking access to a nearby facility, choose to forego treatment. Many of these same veterans tragically turn to drugs and alcohol and develop substance use disorder. Substance abuse is also frequently connected to, and compounds mental health issues. Of the nearly 460,000 rural veterans of the Afghanistan and Iraq War, for example, the VA estimates that approximately 80-90% of those treated for substance use disorder have also been diagnosed with corresponding mental health issues.

Congress must do everything in its power to change this unacceptable status-quo. That is why I introduced H.R. 8005, the *Veterans Access to Online Treatment Act* with Congressman Banks. This bill would direct the Department of Veterans Affairs to create pilot programs at a minimum of three VA facilities across the country to use computerized cognitive behavioral theory (CCBT) to treat veterans suffering from depression, anxiety, PTSD, military sexual trauma, and substance use disorder. At least two of these facilities will be in rural areas like the communities I represent in Maine.

Cognitive behavioral therapy has been clinically shown to effectively treat mental health illness. CCBT offers an online platform to conduct this critical treatment. A 2009 study published by the American Psychological Association found that CCBT was effective both in terms of treatment, cost and convenience.¹ A 2016 study from *BMC Psychiatry* drew similar findings, particularly with respect to positive short-term results.² This is encouraging. However, much is still unknown about this mode of treatment. It is my hope that this pilot program will provide us with greater clarity on the feasibility of this technology's use nation-wide.

In closing, I want to thank the committee's tireless advocacy for our nation's veterans. I respectfully request that you support the *Veterans Access to Online Treatment Act* so that we can help veterans from across the country receive the mental health resources they need. Thank you.

¹ Green, K. E., & Iverson, K. M. (2009). Computerized cognitive-behavioral therapy in a stepped care model of treatment. *Professional Psychology: Research and Practice*, 40(1), 96–103. <https://doi.org/10.1037/a0012847>.

² Zhou, T., Li, X., Pei, Y. *et al.* Internet-based cognitive behavioural therapy for subthreshold depression: a systematic review and meta-analysis. *BMC Psychiatry* 16, 356 (2016). <https://doi.org/10.1186/s12888-016-1061-9>.