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Abstract

Addiction and Mental Health Treatment Experiences in Veterans During the First Year of the COVID-19 Pandemic: Nationwide Cross-sectional Survey

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Abstract

Background: Addiction treatment evolved quickly during the first year of the COVID-19 pandemic in the United States, with changes likely increasing access to some forms of care (eg, medications for opioid use disorder) and reducing access to others (eg, inpatient treatments). Efforts to continue providing quality addiction treatment to veterans may have benefitted from the Veteran's Healthcare Administration's existing telehealth infrastructure. Veterans' experiences of care during this time are key to evaluating these efforts.

Objective: This study aimed to examine veterans' experiences of mental health and addiction treatment during the first year of the COVID-19 pandemic.

Methods: Cross-sectional self-report data were collected over 3 months starting in April 2021, using Qualtrics panels. Participants were 401 veterans who (1) endorsed one or more substance use–related problems and (2) reported attending one or more mental health or addiction treatment appointments since April 1, 2020. The survey included standardized assessments of the risk severity of substance use and treatment satisfaction, as well as study-specific questions assessing care in the past year, including the proportion of care received in person versus telehealth appointments and perceptions of treatment quality and access relative to before the pandemic.

Results: Overall, 22% of the participants were women and 67% were White and non-Hispanic, with an average age of 41.7 (SD 9.4) years. The majority were combat veterans (85%), and the army was the most commonly represented branch (61%). Most of them (98%) endorsed items consistent with a moderate to severe risk for one or more substance use disorders, with alcohol being the most common one (91%), and most (74%) met the risk criteria for 2 or more substances. One-fifth of participants (20%) reported that their past year appointments were evenly split between in-person and telehealth consultations, while 43% of them received care primarily via telehealth, and 37% of them attended mostly in person. The average satisfaction with mental health and addiction treatment was comparable with that reported in previous addiction treatment studies (mean 25.4, SD 4.1) and did not differ as a function of the proportion of care received via telehealth ($F_{2,398}$ =2.77; P=.06). Most participants rated treatment as much better (27%), slightly better (38%), or the same (26%), and overall health care access as better (51%) or the same (30%) relative to before the pandemic. The distribution of satisfaction, quality, and access did not differ as a function of treatment modalities accessed in the past year (eg, medications and inpatient care).

Conclusions: Veterans rated their treatment satisfaction, perceived quality of care, and overall health care access as largely better or the same relative to prepandemic care. These data should be interpreted in the context of web-based administration of care and the cross-sectional study design. Nevertheless, our findings align with those of recent work suggesting that veterans with substance use disorders are particularly open to telehealth treatment options. These results also suggest that health care providers' efforts to continue providing care during the first year of the COVID-19 pandemic were well received.

Conflicts of Interest: None declared.



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