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Video Games: A Complementary Therapy for Veterans with Serious Mental Illness

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ARTICLE

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ABSTRACT

The National Institute of Mental Health defined serious mental illness (SMI) as a mental, behavioral, or emotional disorder resulting in serious functional impairment that substantially interferes with or limits one or more major life activities. The literature reveals a knowledge gap about the use of video games as a complementary alternative therapy in treating veterans with SMI. The focus of this paper will discuss and compare research studies and theories on the beneficial use of video games for veterans with SMI. Learning, cognitive, sociological theories, and the symbolic interactionist framework are a few concepts that may guide video gaming. The literature search and findings suggest the VA healthcare system has research entities to support further research and analysis to develop a program geared toward video games as a complementary therapy for veterans with SMI. The purpose of this paper is to call for discussions on the topic of video games as a complementary alternative therapy for veterans with severe mental illness (SMI).

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The US Department of Veterans Affairs (VA) health care system currently uses many conventional therapies like cognitive behavior therapy to assist veterans with their SMI disorder (US Department of Veterans Affairs, 2021) as well as complementary alternative medicine (CAM) therapies like dance therapy, relaxation techniques, and mindfulness. But there is a gap in the literature reflecting the use of video games use with the veteran population with serious mental illness (SMI) as a means of providing a CAM modality of mental health therapy. Thus, the call or intent of this paper is to advocate for discussions on incorporating or implementing video games as a complementary alternative therapy for veterans with severe mental illness (SMI).

PREVALENCE OF MENTAL ILLNESS IN THE US IN 2017 AND IN VETERANS

In 2017, researchers reported an estimated 11.2 million adults aged 18 or older in the United States with SMI. This number represented 4.5% of all U.S. adults. The prevalence of SMI was higher among women (5.7%) than men (3.3%). Young adults aged 18–25 years had the highest prevalence of SMI (7.5%), compared to adults aged 26–49 years (5.6%) and aged 50 and older (2.7%). The prevalence of SMI was highest among the adults reporting two or more races (8.1%), followed by White adults (5.2%). The prevalence of SMI was lowest among Asian adults (2.4%; National Institute of Mental Health [NIMH], n.d.).

BELIEFS

Snodgrass et al. (2011) denoted in a qualitative empirically grounded study that video games can provide an array of "immersive" states of consciousness. The authors pointed out that some games can induce dissociative states that can cause a benefit or harm. Snodgrass et al. described how video games affect the body, and how the games can be used to assist with coping strategies, as well as affecting a person's endorphins. Releases of endorphins in the brain can cause an analgesic effect and this effect could be beneficial for those SMI clients taking sedatives but prefer not to be on any medicines (Woo & Robinson, 2016). Games resulting in a reward of some type can cause an increase in the brains' dopamine level; dopamine can influence symptoms that cause anxiety, PTSD, and schizophrenia (Keltner & Steele, 2019).

EVIDENCE BASE SUPPORTING THE USE OF THE PRACTICE

In reviewing a randomized control trial conducted by Primack et al. (2012), 100 studies were reviewed of which six cited video games as beneficial with the use of clients with Post-Traumatic Stress Disorder (PTSD). Bostan (2009) found playing video games assist with supporting autonomy and initiative, context awareness, competencies, and performable tasks and challenges. Riva et al. (2003) found gaming helps clients with SMI facing clinical disorders such as social and panic disorders. Brown (2015) discussed a type of virtual reality game setting that provided haptic interfaces that enhance the level of a client's affective experience. Han et al. (in press), Matsuda and Hiraki, (2006), and Koepp et al. (1998) suggested that limited internet video games could be used as a tool in treatment to increase activity in the prefrontal cortex and increase the dopamine levels of people with schizophrenia while playing video games. Increased dopamine levels in person with schizophrenia can cause hallucinations and delusions (Keltner & Steele, 2019).

SPECIFIC CONDITIONS TARGETED BY USE OF VIDEO GAMES

Clients with PTSD and depressive disorders have shown to benefit extensively from the use of video games (Holmes et al. 2010). Holmes et al. (2010) noted video games help to reduce the symptoms of PTSD and depression (Russoniello et al. 2013). Exposure therapy is the result of many types of video games, this type of therapy takes the client back to the memory of their trauma until the situation that occurred is no longer a trigger for the client with PTSD (Holmes et al., 2010). Veterans younger than the Baby Boomer generation who have PTSD and substance abuse disorders spend more time with videos (Bush et al. 2015). Bush et al. (2015) also found video games to be more effective than conventional modalities like cognitive behavior therapy (CBT). Garland et al. (2015) presented supporting facts that mindfulness coupled with video games allowed for decentering and psychological distancing from symptoms and stressors.

KNOWLEDGE AND SKILL BASE NECESSARY TO APPLY THE PRACTICE

The VA has over 20 research centers; when looking at the research capabilities and funds available to incorporate video game complementary therapy in the VA, it seems within reach (US Department of Veteran Affairs Health Services Research & Development, 2021). One of the VA's 20 research centers is called the Center for Mental Healthcare and Outcomes Research (US Department of

Veteran Affairs Health Services Research & Development, 2021). The CeMHOR has four strategies; of the four, the strategy most related to the topic in this paper is "to develop client strategies to decrease self-harm and suicide among veterans" (US Department of Veteran Affairs Health Services Research & Development, 2021). Self- harm was reported in approximately 56.5% of male Iraq/Afghanistan-era veterans (Kimbrel et al., 2014). Video games as a complementary alternative therapy is considered one type of strategy reported in the literature that can aid with helping veterans to decrease self -harm and suicide (Bostan, 2009; Han, et al., 2008; Koeppe, et al., 1998; Primack, et al., 2012).

CONCLUSION

Currently, evidence-based practice and research does not reflect the use of video games as a complementary use in the treatment of veterans with SMI (US Department of Veteran Affairs Health Services Research & Development, 2021). Current research reflects that cognitive, behavior, and learning theories, and the symbolistic interactionist framework are shown to guide the conscious and subconscious behavior derived from interfacing with video games. Evidence-based practice and research studies show using video games with non-veteran clients with SMI can positively affect the mind, body, and spirit. The VA has the means, research entities, and political support to conduct research with video games with the population of veterans with SMI. The application of video games can greatly enhance care for those veterans who desire to forgo medications in lieu of an alternative, non-pharmaceutical approach for their SMI disorder.

COMPETING INTERESTS

The author has no competing interests to declare.

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