Meeting the Mental Health Needs of Aging Veterans

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Learning Objectives

1. Describe demographics and mental health needs of an aging Veteran population

2. Summarize current Veterans Health Administration (VHA) programs, gaps, and promising practices for meeting the mental health needs of aging Veterans

3. Utilize a range of VHA geriatric mental health clinical, educational, and administrative resources

Note: Links to information and resources in this presentation include both public-facing and internal VHA links. The latter may be accessed only by those employed by VHA.
Demographics
Numbers of Living Veterans

Living Veterans as of Sept 2021 (in millions)

- Peacetimes
- 1941-1945 WWII
- 1950-1953 Korean War
- 1964-1975 Vietnam War
- 1990 - Gulf War Era

> 19 million living Veterans

- National Center for Veterans Analysis and Statistics
- America's Wars fact sheet
- Department of Veterans Affairs Open Data Portal

Adapted from Veterans Day 2021 | Department of Veterans Affairs Open Data Portal
The large cohort of Vietnam-era enrollees are eligible for Medicare
The number of 75-year-old enrollees will double over the next 5 years
Services have unique utilization patterns by age; therefore, the aging of VA's population profile affects the utilization projections for each service differently

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*Approximated by enrollee age in 2020 based on dates of conflict and ages at time of conflict. Enrollees can be in the age range for a cohort and not have served in the conflict.
Experiences of Vietnam Veterans

• Learn about the historical and social context of the Vietnam War and the experiences of this generation of Veterans

• Many resources, including:
  – VA research on Vietnam Veterans (va.gov); Fact Sheet
  – Vietnam War Veterans Health Issues | Veterans Affairs (va.gov)
  – Watch The Vietnam War | A Film by Ken Burns & Lynn Novick | PBS
  – Vietnam War | National Archives, Vietnam Veterans of America (vva.org), Veterans History Project (Library of Congress) (loc.gov)
  – Within VHA: Geriatric MH webinar: The Vietnam War and Vietnam Veterans, M. Llorente, MD: slides and recording

  – Your favorite books, movies, resources?
Percentage of Veterans and VHA Users by Age Group (FY19)

Source: National Center for Veterans Analysis & Statistics

% aged 65 and over:
- All Veterans: 46.1%
- VHA users: 53.6%
- Male Veterans: 49.1%
- Male VHA users: 57.2%
- Female Veterans: 19.0%
- Female VHA users: 16.2%
# of VHA Users by Age Group: Females and Males

Source: National Center for Veterans Analysis & Statistics
Percentage of Veterans by Age Group who are VHA Users: Females and Males

Source: National Center for Veterans Analysis & Statistics
Prevalence of Confirmed Mental Illness among Younger and Older Veterans who Utilized VHA Services (Not Including Dementia or Nicotine Dependence)

Considerations
- Survival of healthiest
- Cohort differences
- Resilience in later life
- Missing recognition or documentation of MH symptoms in older adults?

- Greenberg, Greg; and Hoff, Rani. FY 2020 Older Adult (65+ on October 1st) Veteran Data Sheet: National, VISN, and VAMC Tables. West Haven, CT: Northeast Program Evaluation Center. Annual (FY 2005-Present)
- See Mental Health Data Sheet Index Page (sharepoint.com)
Mental Health Needs among Aging Veterans

...with a focus on depression, posttraumatic stress disorder (PTSD), and suicide risk
What are common behavioral/mental health concerns for older Veterans with whom you work?

Common Behavioral/Mental Health Concerns in Late Life

**Mental illness**
- Same as in adults but consider lifespan perspective
  - Early (chronic or later recurrence) vs late onset
- Mood and anxiety disorders
- Posttraumatic stress disorder
- Substance misuse/abuse
- Serious mental illness

**Neurocognitive disorders**
- Depression, anxiety, apathy, psychosis are common comorbidities
- Distressed behaviors – agitation, aggression, wandering

**Behavioral Health**
- Coping with illness/disability
- Insomnia
- Chronic pain
- Smoking
- Sexual dysfunction
- Treatment plan adherence

**Psychosocial/interpersonal**
- Caregiver stress
- Bereavement/grief
- Changes in roles
- Residential changes
- Financial stress
- Family conflict
- Adult children w/ problems
- Advanced illness/end-of-life

- Comorbidities are common
- Implications for functioning, families, care systems, mortality including suicide
Rates of Depression among VHA Users, by Age Group

Prevalence of Major Depressive Disorder among Recent VHA Using Veterans: FY2019

Within VHA:
- [https://mcareports.va.gov/Comorbidity/CoMorbidityMental.aspx](https://mcareports.va.gov/Comorbidity/CoMorbidityMental.aspx) (for HBPC data)
- Prevalence of Mental Health Diagnoses among VHA CLC Residents: FY16-FY20;
- CLC Prevalence Report - Power BI Report Server

Depression prevalence in medically complex older Veterans – FY19

- HBPC: 43.2%
- CLC: 45.7%

Serious Mental Illness Treatment Resource and Evaluation Center (SMITREC), internal communication
Late Life Depression: Symptoms and Treatment

• **Subthreshold or non-typical symptoms are common**
  – May not be depressed mood - irritability, loss of interest, somatic symptoms, poor self-care
  – Impact on everyday functioning (excess disability), quality of life, mortality

• **Complexity of interacting symptoms, comorbidities**
  – Medical and neurocognitive disorders; anxiety
  – Geriatric Depression Scale; Geriatric Anxiety Inventory; cognitive assessment

• **Treatment works**
  – Integrated care – collaborative care, care management
  – Psychopharmacological and somatic treatments (e.g., ECT); exercise
  – Psychotherapy, e.g., several VA evidence-based psychotherapies with equivalent outcome for older and younger Veterans (CBT-D and ACT-D)
  – **However**, underutilization of treatments for depression by older Veterans

*Alexopoulos, G.S. (2019). Mechanisms and treatment of late-life depression. Translational Psychiatry, 9, 188. doi: [10.1038/s41398-019-0514-6](https://doi.org/10.1038/s41398-019-0514-6)*

• National Health and Resilience in Veterans Study, 2019-2020 cohort, including 3,001 Veterans aged 60-99; 92.7% with hx trauma including:
  – Combat, physical assault, sexual assault, life-threatening illness or injury
  – Among women, sexual assault most common index trauma reported

Rates of Full and Subthreshold PTSD (PCL-5)

Those with full or subthreshold PTSD more likely to have:
• had adverse childhood experiences (emotional neglect, family member with mental illness)
• higher lifetime and current rates of depression, alcohol/drug use disorders, and suicide attempt
• received mental health treatment (highest for full PTSD)

Re-Emergence of PTSD Symptoms in Late Life

PTSD may emerge or re-emerge for some Veterans in late life due to:

- Illness and/or cognitive changes
- Role changes (e.g., retirement)
- Social changes (e.g., bereavement)
- Life review

"Later Adulthood Trauma Re-engagement"


Veteran Suicide Numbers and Rates by Age Group and Sex (Suicide Prevention Program, OMHSP)

Veteran Suicide Deaths by Age Group and Sex, 2019

Unadjusted Suicide Rates, 2019, Veterans, by Age Group and Sex

Veteran Suicide Data and Reporting - Mental Health (va.gov)
Risk Factors for Late Life Suicide

- Medical illness/disability, pain
  - often in absence of any recognized mental illness
- Depression, anxiety, PTSD, sleep problems
- Social isolation/ lack of connectedness, sense of burdensomeness
- Transitions – changes in functioning, "bad news" diagnoses (e.g., cancer, dementia), discharge from hospital or nursing home
- Access to lethal means*

*Firearm safety is important

- In 2019, 69.2% of Veteran suicide deaths were due to firearm injury

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**References:**

VHA Geriatric Mental Health Programs, Gaps, Promising Practices
Three areas of focus (see Geriatric Mental Health - OMHSP Policy Guidance)

1. Integrating mental health services in interdisciplinary Geriatrics and Extended Care programs including Home Based Primary Care (HBPC), Community Living Centers (CLC), Geriatric Patient Aligned Care Teams (GeriPACT), and Palliative and Hospice Care (PHC) programs (see supplemental slides);

2. Optimizing access to and quality of mental health services for aging Veterans across the continuum of care, through staff education and promoting innovative and promising practices;

3. Partnering with the interoffice Care for Patients with Complex Problems - (CP)² - Program, to identify and disseminate promising practices to address needs of aging Veterans with complex comorbidities and behaviors potentially disruptive to care and to discharge planning, in CLC and inpatient settings (see supplemental slides).
Identifying Needs and Promising Practices: A Few Projects (with VHA links)

- Exploring geriatric MH needs and models of care
  - Complex Patient Task Force Report 4.24.15
  - Complex Patient Needs Assessment Report 2017
  - Caring for Older Veterans with Behavioral and Mental Health Needs: Promising Practices across the Continuum of Care - Community Living Center, Inpatient MH, and Outpatient MH - report 4.15.2019
  - Increasing Access to Geriatric Mental Health Expertise in VHA - report 10.15.19
  - Guidance for Developing or Enhancing Short-Stay Behavioral Care Services in VHA CLC April 2019

- Sharing and encouraging VHA geriatric MH research
  - Geriatric Mental Health Research in VHA Conference 2018 report
  - Geriatric MH Virtual Research Conference 9.22.20 - All Documents
Cultivating Promising Geriatric MH Practices in VHA Conference: July 2019

• Participants included
  – Nominated Veterans Integrated Service Network (VISN) Geriatric MH Champions (within VHA: find your Champion here!)
  – VISN promising practice representatives
  – Speakers and VA Central Office representatives

• Five categories of promising practices shared:
  – Specialized outpatient clinics
  – Consultation services: face-to-face, electronic (e-consult)
  – Telemental health services
  – Inpatient/Community Living Center/transitional care
  – Organizational/ supervisory frameworks

• Several areas for follow-up included
  – Engage VISN Geriatric MH Champions in regional needs assessments, including identification of VHA geriatric MH specialists
  – Initiate workgroups to develop guidance for promising practices
    • Geriatric psychiatry e-consultation
    • Geriatric MH consultation via VISN Clinical Resource Hubs
    • Specialty Geriatric Mental Health Clinic
    • Others in process
Needs assessment - For each facility, VISN Champions gathered feedback regarding:

- Geriatric MH specialist staffing (psychiatry, psychology, SW, APN, pharmacy)
- Gaps/challenges/needs
- Programs, care models, promising practices
- Ideas for improving care, wish list
- Important partners

Information gathered via interviews with facility POCs, emails

- Several VISNs conducted surveys of facilities

Through this process, VISN communities of practice established (for sharing email announcements, group calls, mutual support)

- Within VHA: If interested to join, contact your VISN Geriatric MH Champion
Gaps and Challenges: Major Themes

- Limited geriatric MH specialist staffing
- Need for specialty services across the continuum of care
- Systems of care challenges
- Workforce development opportunities – education and training
- Legal barriers (e.g., guardianship)
Promising Practices: Major Themes

**Systems organization (e.g., Geriatric MH sections, facility committees)**

**Education and training – many activities**

**Clinical services across the continuum of care**

- Outpatient clinics and consult services
- Inpatient mental health
- Inpatient medicine
- Community Living Centers
- Telemental health/consultation
- Memory disorders: many dementia and caregiver services
- COVID-related: interventions to address social isolation, bereavement
- Other innovations!
A Few Opportunities

1. Expand geriatric mental health consultation models
2. Enhance workforce development for geriatric behavioral care
3. Build VISN geriatric mental health communities of practice
4. Extend Age Friendly Health System, across continuum of care
Age Friendly Health System

4 Ms Framework
- Mobility
- Mentation
- What Matters
- Medication

What Is an Age-Friendly Health System? | IHI - Institute for Healthcare Improvement

Diffusion Marketplace (va.gov) - Age Friendly Health Systems

Home - Age-Friendly Health Systems (sharepoint.com)
Age Friendly Health System – 4 M’s and Mental Health

What Matters
- Meaning/purpose = MH
- MH = Ability to do what matters
- Care aligned with WMM optimizes MH

Mobility
- Movement & Exercise improves MH
- Motivation is critical

Medication
- Can help (treat) or hurt (side effects) MH
- MH → motivation for med regimen
- Medication misuse → Substance Use

Mentation
- Depression, Anxiety, PTSD → cognition
- Cognition → Depression, Anxiety, PTSD

From 9.30.21 AFHS webinar - Addressing Depression, Suicide Risk and PTSD in Older Veterans, M. Karel & J. Moye, see slides and recording
Meeting the needs of older Veterans in Primary Care-Mental Health Integration (PC-MHI)

Suicide prevention among older Veterans: Firearm safety

GeriScholars track for psychiatrists – pilot in VISN 8
  – GeriScholars Psychology track continues

Cultural Humility in Geriatric MH Practice discussion forum

VA HELPS (Homeless Elder Programs and Services) forum

Evidence-Based Psychotherapies with older adults

Aging Veterans with serious mental illness

Identification of promising care models for older Veterans with complex needs in acute care settings (Medicine and MH)

And more!
Resources
Select Geriatric Mental Health Resources

• VA SharePoint sites
  – VHA Geriatric Mental Health Community of Practice, including Home Based Primary Care, Community Living Center, Hospice and palliative care
    • Geriatric MH webinar archive and GeriScholars MH webinar archive
  – Geriatric Mental Health - OMHSP Policy Guidance
  – STAR-VA and Behavioral Recovery Outreach (BRO)
  – GEC National - VHA Dementia SharePoint

• For community partners and/or Veterans/families
  – Older Veteran Behavioral Health Resource Inventory
  – Resources for Older Veterans - Mental Health (va.gov)
  – Geriatrics and Extended Care Home (va.gov)
  – VA Caregiver Support Program Home (va.gov)
  – Geriatric Scholars Community (gerischolars.org)
  – TRAIN Learning Network
  – And lots more!

• From Substance Abuse and Mental Health Services Administration
  – Resources for Older Adults | SAMHSA
  – E4 Center – Center for Excellence in Behavioral Health Disparities in Aging
Promising Model Resources (within VHA)

- **Ask the Expert - Geriatric Psychiatry**
  - Partnership with National Telemental Health Center
  - Five VHA board certified geriatric psychiatrists respond to email queries
  - Potential to expand to offer video consultation/care

- **Geriatric MH consultation via VISN Clinical Resource Hub**
  - VISN 23, and expansion in VISNs 1, 9, 20, and others
  - Office of Rural Health evaluation partnership; stay tuned for program guide

- **Geriatric Psychiatry E-Consultation Guide**
  - And supporting resources

- **Specialty Geriatric Mental Health Clinic**
  - Outpatient, interprofessional teams provide longitudinal and/or consultative mental health services for older Veterans with complex needs and their families/caregivers
Selection of Additional Resources

Late life PTSD

• [Understanding PTSD and Aging (va.gov); Comprender el TEPT y el envejecimiento (va.gov)]

• [Specific Populations - PTSD: National Center for PTSD - See Older Adults]

• [Co-Occurring Conditions - PTSD: National Center for PTSD - See Neurocognitive Disorders]

• [Addressing PTSD at the End of Life - Office of Rural Health videos]

Suicide risk and prevention

• [Preventing Suicide Among Older Veterans Brochure (order at this link)]

• [Collaborative Safety Planning for Older Adults Guide (va.gov)]

• [Suicide Prevention - Lethal Means Safety - Mental Health (va.gov)]

• [Lethal Means Safety & Suicide Prevention - MIRECC / CoE (va.gov)]

• [TMS 43446 - Preventing Suicide Through Lethal Means Safety & Safety Planning]
Thank You!

• Questions?
• Comments?
• Feel free to reach out to me at Michele.Karel@va.gov
Supplemental Slides
Integrated MH Services in GEC Programs

[Geriatrics and Extended Care Home (va.gov)]

• **Home Based Primary Care (HBPC)**
  - Longitudinal, interdisciplinary primary care in Veterans’ homes
  - Teams required to include psychologist and/or psychiatrist staffing
  - VHA Geriatric Mental Health Community of Practice - Home Based Primary Care; HBPC MH 2019 survey and report
  - Listserv, monthly calls, policy, quality activities, peer mentor program, Measurement Based Care in HBPC in HBPC (see Guide)

• **GeriPACT**
  - Integrated MH professional per PACT
  - Listserv (managed by field)

• **Community Living Centers (CLC)**
  - VHA-operated nursing homes
  - Teams required to include psychologist
  - VHA Geriatric Mental Health Community of Practice - Community Living Center
  - Listserv, monthly calls, policy, peer mentor program, MH survey in development
  - STAR-VA program (person-centered, behavioral approach for helping teams understand and manage distressed behaviors among Veterans with dementia) – virtual training and implementation resources, webinars, office hours

• **Palliative Care and Hospice Care**
  - VHA teams required to include MH professional
  - HPC Program information
  - Listserv (managed by field); MH workgroup
  - Hospice/Veteran partnerships and mental health resources - Trauma-Informed Care - We Honor Veterans: PTSD, moral injury, suicide prevention
The (CP)² Program defines a “complex patient” as a Veteran with two or more of the following:
- medical condition
- mental health and/or substance use disorder
- cognitive impairment

These comorbidities are complicated by behaviors disruptive to care and can put the Veterans at risk for harm to self or others and lead to inefficient, ineffective, or inappropriate use of resources in the VA health care system.
The Evolution of the Initiative

- Field concerns led to creation of original Task Force
- Both Task Forces were field-based groups, with representation from interdisciplinary clinical staff
- VACO Steering Committee: Office of Mental Health and Suicide Prevention, Geriatrics and Extended Care, Office of Primary Care, Office of Nursing Services, Care Management and Social Work Services, Office of Rural Health
(CP)² Program/Activities

• Purpose: Improve care and safety of Veterans, families, caregivers, and staff by local implementation of innovative inpatient care practices addressing the needs of Veterans with complex problems

• Key Components
  • Promising Practice dissemination - two practices to date:
    • Behavioral Recovery Outreach (BRO) Teams
      • Facilitate transitions of care from VA CLC or inpatient to community care settings for Veterans with distressed behaviors, based on STAR-VA or other behavioral care plans
    • Individualized Non-pharmacological Services Integrating Geriatric Health & Technology (INSIGHT)
  • Learning Collaborative(s)
  • Centralized Technical Assistance Coordination Team (C-TACT)