

VA



U.S. Department
of Veterans Affairs

Geriatric Mental Health in VHA: Updates and Discussion of Challenges and Opportunities

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LEARNING OBJECTIVES

- Describe the aging Veteran population and workforce challenges for meeting their needs.
- Identify recent VHA initiatives and resources that aim to improve access to and quality of mental health services for aging Veterans.
- Summarize challenges and opportunities shared by participants for meeting behavioral and mental health needs of aging Veterans at their facilities.



THANKS TO GERIATRIC MH FIELD ADVISORY COMMITTEE (FAC)

- This FAC has the purpose and responsibility of advising Geriatric Mental Health leaders in OMHSP in identifying and prioritizing areas for advancing geriatric mental health services within VHA. The FAC provides guidance on development, dissemination, and evaluation of promising practices, research needs and opportunities, and workforce development to address geriatric mental health needs of older Veterans, their families, and caregivers

Geriatric MH FAC Members

Co-Chairs: Marie DeWitt, MD & Michele Karel, PhD, ABPP

Sherry Beaudreau, PhD, ABPP

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Partner: Kristen Sorocco, PhD

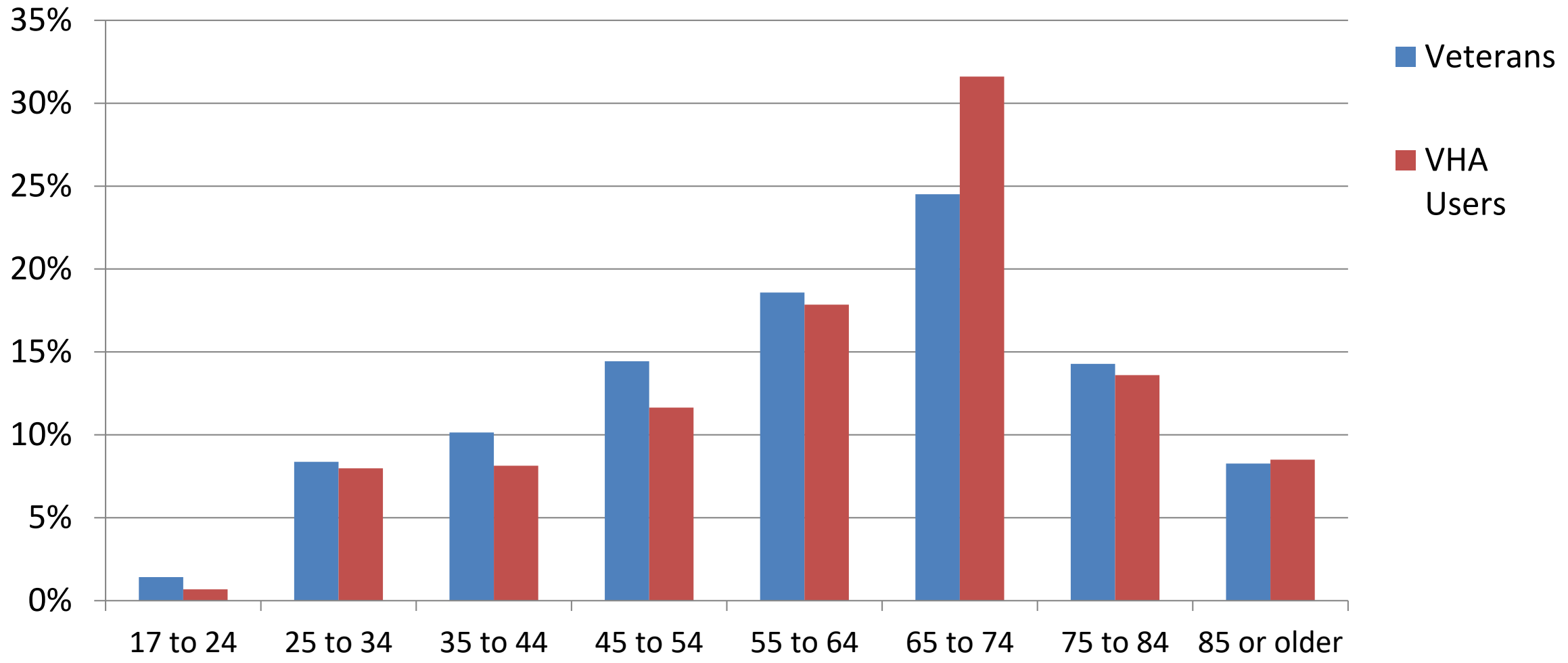


CURRENT STATE: GERIATRIC MENTAL HEALTH

- ~1 out of 2 Veterans is over the age 65 years
- A subset with complex medical and behavioral health care needs
- Older Veterans with mental health concerns less likely to access services compared to younger Veterans
- Suicide prevention challenges (relatively low rates but high numbers, and often little warning of suicidal intent)
- Limited evidence base to inform MH care in some areas
- Workforce with limited training in geriatric care, including psychologists and psychiatrists – very few specialists
- Need for promising care models to improve access to and quality of MH services



PERCENTAGE OF VETERANS AND VHA USERS BY AGE GROUP (2017)



Source: National Center for Veterans Analysis & Statistics



OLDER VETERANS AND SUICIDE: RISK AND RESILIENCE

- Total number of suicide deaths is high in older Veterans despite relatively low rates

Figure 5: Veteran Suicide Count by Age Group, 2016

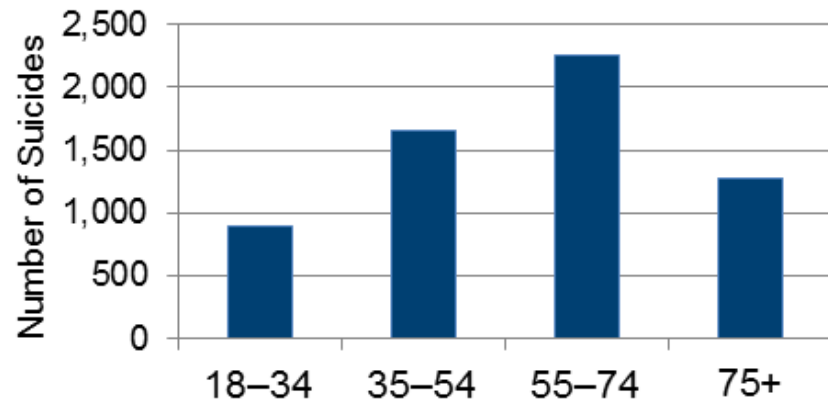
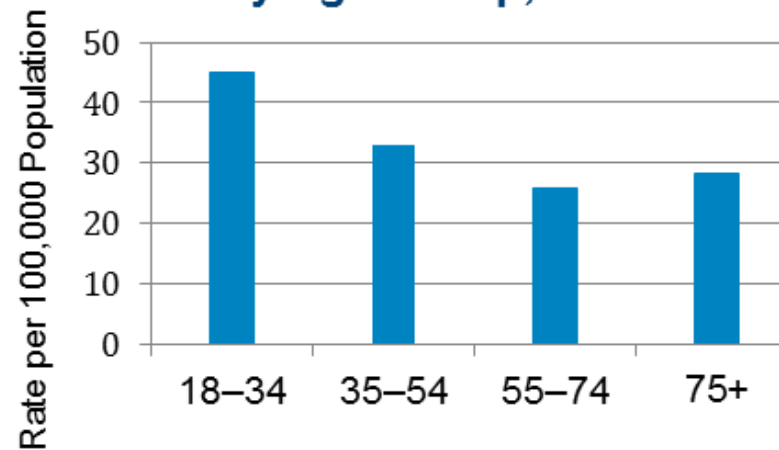


Figure 6: Veteran Suicide Rate by Age Group, 2016



Office of Mental Health and Suicide Prevention, 2018

https://www.mentalhealth.va.gov/docs/data-sheets/OMHSP_National_Suicide_Data_Report_2005-2016_508.pdf

- Among men aged 75 and over, Veterans have lower suicide rates than non-Veterans
- Risk factors for late life suicide include: medical illness/disability, depression/anxiety, pain, sleep problems, social isolation/lack of connectedness, sense of burdensomeness, access to lethal means



MENTAL HEALTH SERVICES IN GEC PROGRAMS

- Integrated mental health(MH) professionals (psychologists and/or psychiatric providers) in Home Based Primary Care (HBPC), Community Living Centers (CLC), GeriPACT, Hospice and Palliative Care (HPC)
 - Communities of practice/listservs
 - SharePoint sites:
 - [Mental Health in HBPC](#)
 - [Mental Health in CLC](#)
 - Many grassroots projects
 - Productivity guidance: [See this folder](#)
- Select resources/updates
 - STAR-VA in the CLC: <https://www.vapulse.net/groups/star-va>
 - *Guidance for Developing or Enhancing Short-Stay Behavioral Care Services in VHA CLCs*
 - Dementia and/or Mental Health Recovery (<90 days)
 - Problem Solving Training in HBPC (PST-HBPC)
 - 6-session individual intervention, can include caregiver to support Veteran with cognitive impairment
 - [SMI in CLC Toolkit](#)
 - Suicide risk identification, and prevention:
 - [CLC Suicide Risk ID guidance 12.7.18](#)
 - [HBPC Suicide Risk ID guidance 9.10.18](#)
 - [HBPC Suicide Prevention Toolkit](#)



IDENTIFYING PROMISING GERIATRIC MH PRACTICES

- *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*
 - Interviews with 29 teams
 - See report here:
<https://www.vapulse.net/community/focus-areas/geriatrics-and-extended-care/geriatric-mental-health-community-practice/blog/2019/04/17/new-report-caring-for-older-veterans-with-behavioral-and-mental-health-needs>
- *Care for Patients with Complex Problems - (CP)² - Program*
 - <https://www.vapulse.net/community/focus-areas/complex-veterans>
 - National needs assessment; promising practices
- *Cultivating Promising Geriatric Mental Health Practices in VHA*
 - Geriatric MH Field Advisory Committee
 - National conference, July 30/31 in DC
 - VISNs nominate a Geriatric MH Champion and one or more promising programs to be represented
 - <https://www.vapulse.net/message/248451>
- *Special project: Increasing Access to Geriatric MH Expertise in VHA*
 - Exploring models of connecting providers and/or Veterans to geriatric MH experts when needed, e.g., telephone or e-consultation, telemental health, etc.
 - Seeking pilot partners



DISCUSSION QUESTIONS: NEEDS?

- What behavioral or mental health needs among older Veterans are your teams noting?
- What challenges, if any, are your facilities/teams having in meeting those needs?
- In particular, what are your experiences addressing care needs of Veterans with “complex problems?”
 - i.e., interacting comorbidities and behaviors disruptive to care
- What promising strategies are your teams using to meet these needs?
 - Psychotherapy adaptations?
 - Care management strategies (e.g. care transitions)?
 - Telehealth and technology?



DISCUSSION QUESTIONS: BARRIERS AND SOLUTIONS?

- What are the barriers for implementing or improving mental health services for older Veterans?
 - Lack of geriatric mental health expertise (e.g. geropsychologists, geriatric psychiatrists)?
 - Challenges filling positions (e.g. in CLC, HBPC, Geri-PACT)?
 - Lack of clear care models for those with specialized needs?
 - Other?
- What ideas do you have to address these barriers in the VA Health Care System?
 - How might the Geriatric MH Field Advisory Committee and VACO leadership direct our efforts?
 - What do you believe are current priorities for moving forward?



GERIATRIC MENTAL HEALTH: KEY RESOURCES

VA Pulse

- [Geriatric MH Community of Practice](#)
- [Care for Patients with Complex Problems](#)
- [VHA Dementia Initiatives](#)
- [Assessment of Decision Making Capacity in Dementia](#)

A few highlights

- Interagency Partnership: [Older Veteran Behavioral Health Resource Inventory](#)
- Geriatric MH Research in VHA: Virtual Conference, Sept, 2018: <https://www.vapulse.net/thread/53382>
- Preventing Suicide among Older Veterans, brochure: <https://www.vapulse.net/thread/49887>

Webinars and other training resources

- Meeting the MH Needs of Aging Veterans: Research and Practice: 2nd Thursdays, 3:00-4:00 ET; See [here](#)
- Care for Patients with Complex Problems: Promising Practices 4th Thursdays, 3:00-4:00 ET; See [here](#)
- Geriatric Scholars
 - Courses: <https://www.gerischolars.org/mod/page/view.php?id=22>
 - Toolkit: <https://www.gerischolars.org/mod/page/view.php?id=1247>



SELECT REFERENCES

- American Psychological Association (2013). *Guidelines for Psychological Practice with Older Adults*: <http://www.apa.org/practice/guidelines/older-adults.pdf>
 - Also, see APA Office on Aging for many resources: <https://www.apa.org/pi/aging>
- Council of Professional Geropsychology Training Programs (CoPGTP) (2013) Pikes Peak Geropsychology Knowledge and Skill Assessment Tool, Version 1.4: <http://gerocentral.org/competencies/>
- Karlin, B. E., & Zeiss, A. M. (2010). Transforming mental health care for older veterans in the Veterans Health Administration. *Generations*, 34, 74-83.
- Karlin, B. E., & Karel, M. J. (2014). National integration of mental health providers in VA Home-Based Primary Care: An innovative model for mental health care delivery with older adults. *The Gerontologist*, 54, 868-879.
- Knight, B.G., Karel, M.J., Hinrichsen, G. A., Qualls, S. H., & Duffy, M. (2009). Pikes Peak Model for Training in Professional Geropsychology. *American Psychologist*, 64, 205-214.