Mental Illness and Mental Health Care Receipt among Seriously Ill Veterans

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- Nothing to disclose

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Poll Question:
Which of the following best describes your role in the CDA program? (Check all that apply)

A. Current CDA awardee

B. Past CDA awardee

C. CDA Mentor

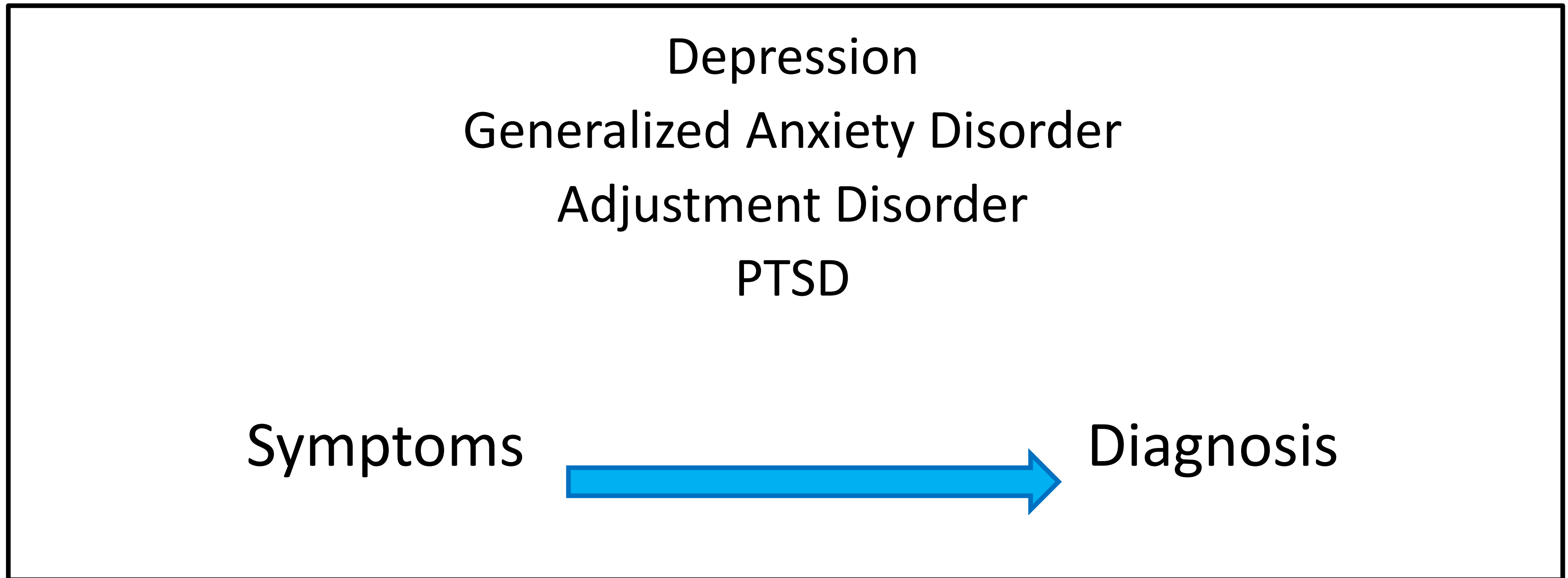
D. Other CDA program involvement

E. Not affiliated with CDA program

Case – Mr. Jones

Image from http://www.agingcarefl.org/
Case from Am Assoc for Geriatric Psychiatry 2003. The Clinical View: Geriatric Psychiatry in LTC, 2(1)

Psychological Distress among Seriously Ill Older Adults

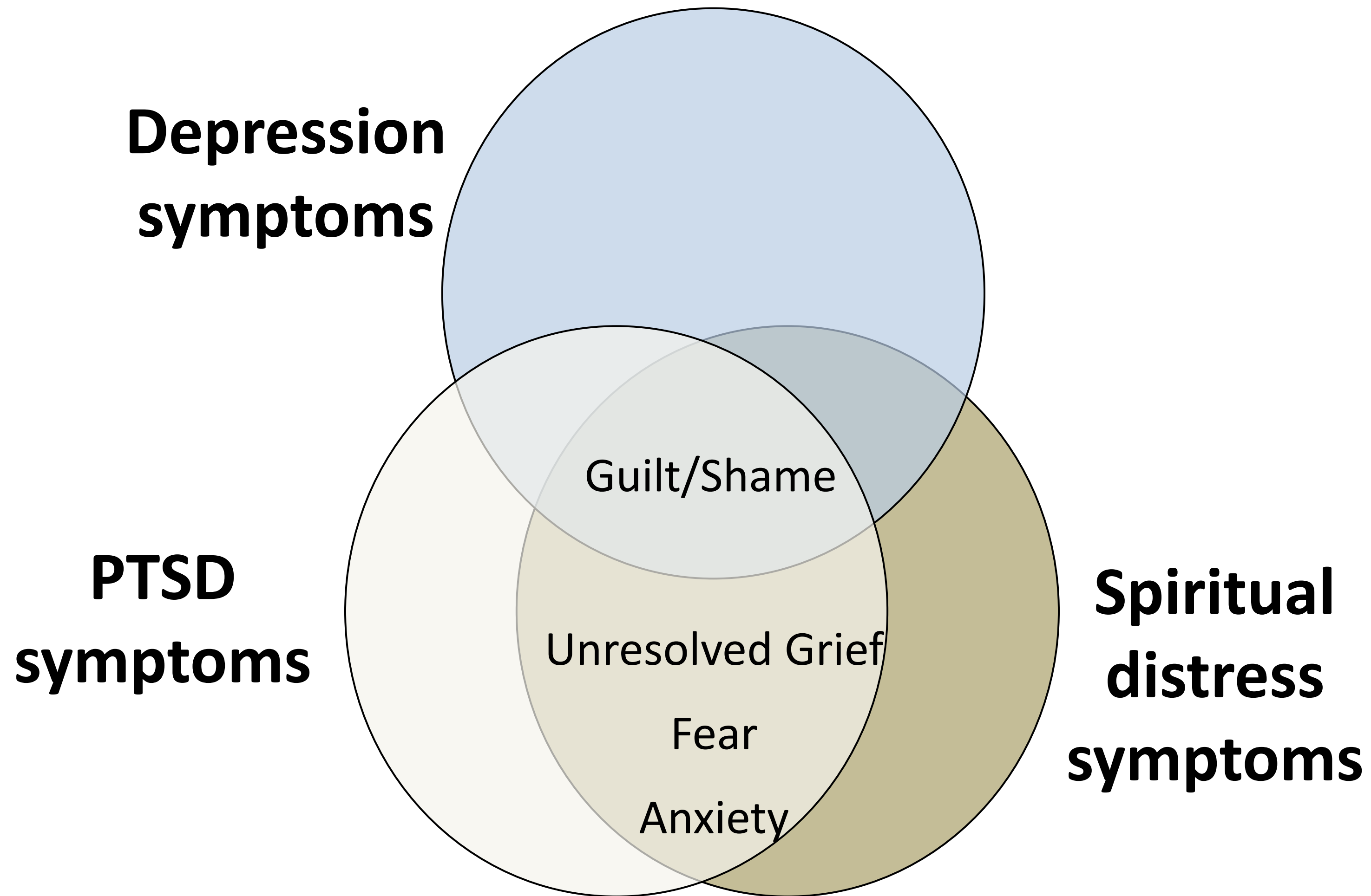


Preparatory Grief

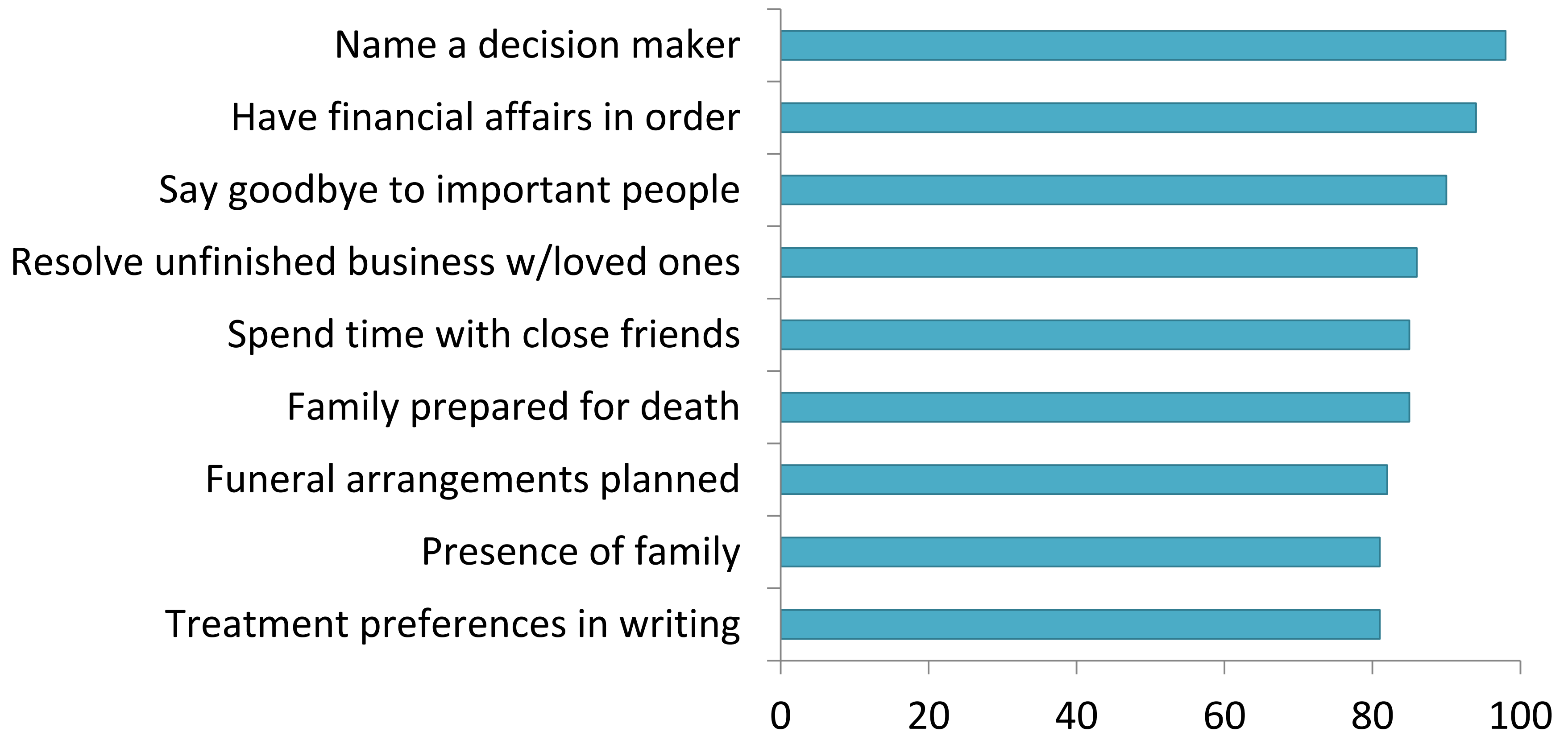
Spiritual Distress

Concerns about Preparing for the End of Life

Psychological and Spiritual Distress Symptoms Overlap near End of Life

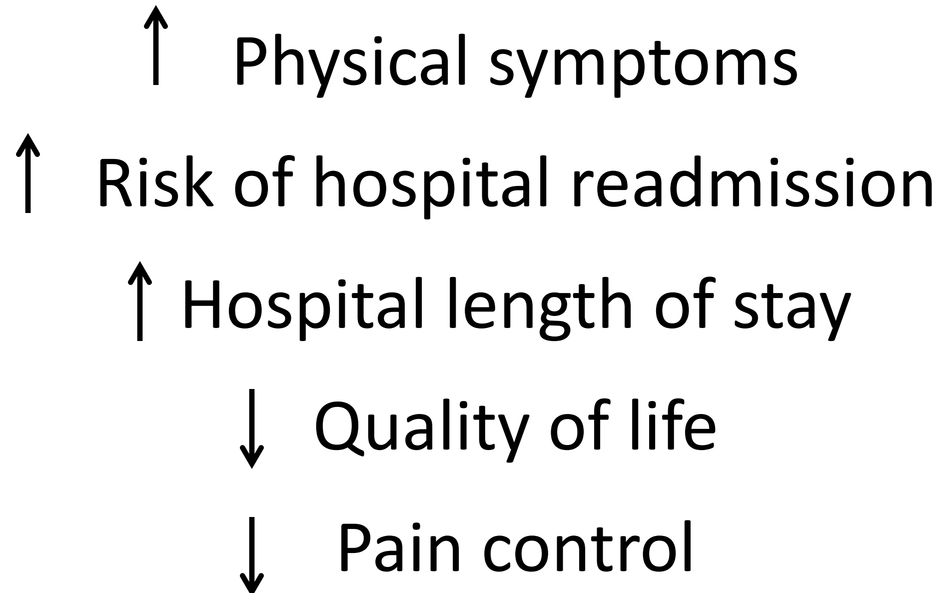


Distress Related to Practical and Social Concerns



Steinhauser et al. 2000 JAMA 284(19): 2476-2482

Depression and Anxiety Complicate Management of Serious Physical Illnesses



Keeping up with Demand for Mental Health Providers in VHA?

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For Immediate Release — August 31, 2012

Executive Order -- Improving Access to Mental Health Services for Veterans, Service Members, and Military Families

H. R. 3230

One Hundred Thirteenth Congress of the United States of America

AT THE SECOND SESSION

Begun and held at the City of Washington on Friday, the third day of January, two thousand and fourteen

An Act

To improve the access of veterans to medical services from the Department of Veterans Affairs, and for other purposes.

Be it enacted by the Senate and House of Representatives of the United States of America in Congress assembled,

SECTION 1. SHORT TITLE; TABLE OF CONTENTS.

(a) SHORT TITLE.—This Act may be cited as the "Veterans Access, Choice, and Accountability Act of 2014".

https://www.whitehouse.gov/the-press-office/2012/08/31/executive-order-improving-access-mental-health-services-veterans-service

https://www.govtrack.us/congress/bills/113/hr3230/text/enr

Strategies to Improve Mental Health Management among Seriously Ill Veterans

- Target specialty mental health care to patients most likely to benefit from it

- Alternative means for providing mental health care
  - Palliative Care
  - Spiritual Care

Palliative Care Includes Focus on Psychological Symptoms

DOMAIN 3: *PSYCHOLOGICAL AND PSYCHIATRIC ASPECTS OF CARE*

Preferred Practice #15:

"Manage anxiety, depression, delirium, behavioral disturbances, and other common psychological symptoms in a timely, safe, and effective manner to a level acceptable to the patient and family"

National Consensus Project for Quality Palliative Care – Clinical Practice Guidelines. 2013, 3rd ed.

Impact of Palliative Care on Depression and Anxiety Symptoms

Percent of Patients Exhibiting Mood Symptoms

	Standard Care	Early Palliative Care
HADS-D (Depression)	38%	16%
PHQ-9 (Depression)	17%	4%
HADS-A (Anxiety)	30%	25%

Temel et al. 2010. NEJM 363: 733-742

Chaplains' Role in Addressing Distress

- Chaplain care associated with improved quality of life
- Less stigma associated with chaplains than mental health professionals
- VA Mental Health and Chaplaincy Collaborative

VA / DoD Integrated Mental Health Strategy

The Intersection of Chaplaincy and Mental Health Care in VA and DoD: Expanded Report on Strategic Action #23

Research to Identify Ways to Improve Management of Distress among Seriously Ill Veterans

- Characterize unmet needs for distress management
- Characterize variations in care
- Develop decision support tool to identify veterans most likely to benefit from specialty mental health care
- Improve evidence base for management of overlapping symptoms of psychological and spiritual distress

Characterizing Psychological Distress Management in VISN 3

- Was psychological distress assessed and addressed?
- Was mental health care provided to distressed patients?
- Were potentially inappropriate medications used to manage distress?

Garrido, Penrod, Prigerson. Am J Geriatr Psychiatry 2014; 22(6): 540-544
Garrido, Penrod, Prigerson, et al. Clin Ther 2014; 36(11): 1547-54

Methods

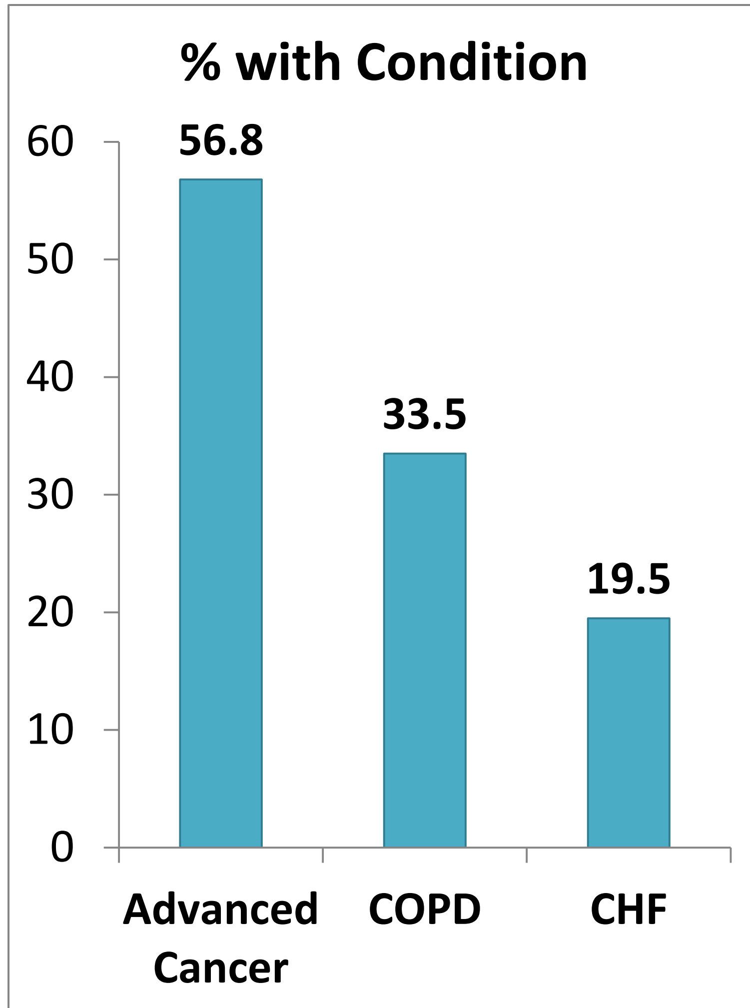
- Electronic medical record review (n=287)
- Veterans with an inpatient PC consultation request in a VISN 3 acute care facility in FY2009-2010
- Diagnosis of advanced cancer, congestive heart failure (CHF), chronic obstructive pulmonary disease (COPD), or HIV/AIDS

Variables

- Psychological needs assessment:
  - Condensed Memorial Symptom Assessment Scale

- Receipt of mental health care prior to discharge:
  - Emotional/psychological support
  - Psychotherapy
  - Health and behavior interventions
  - Counseling
  - Support groups

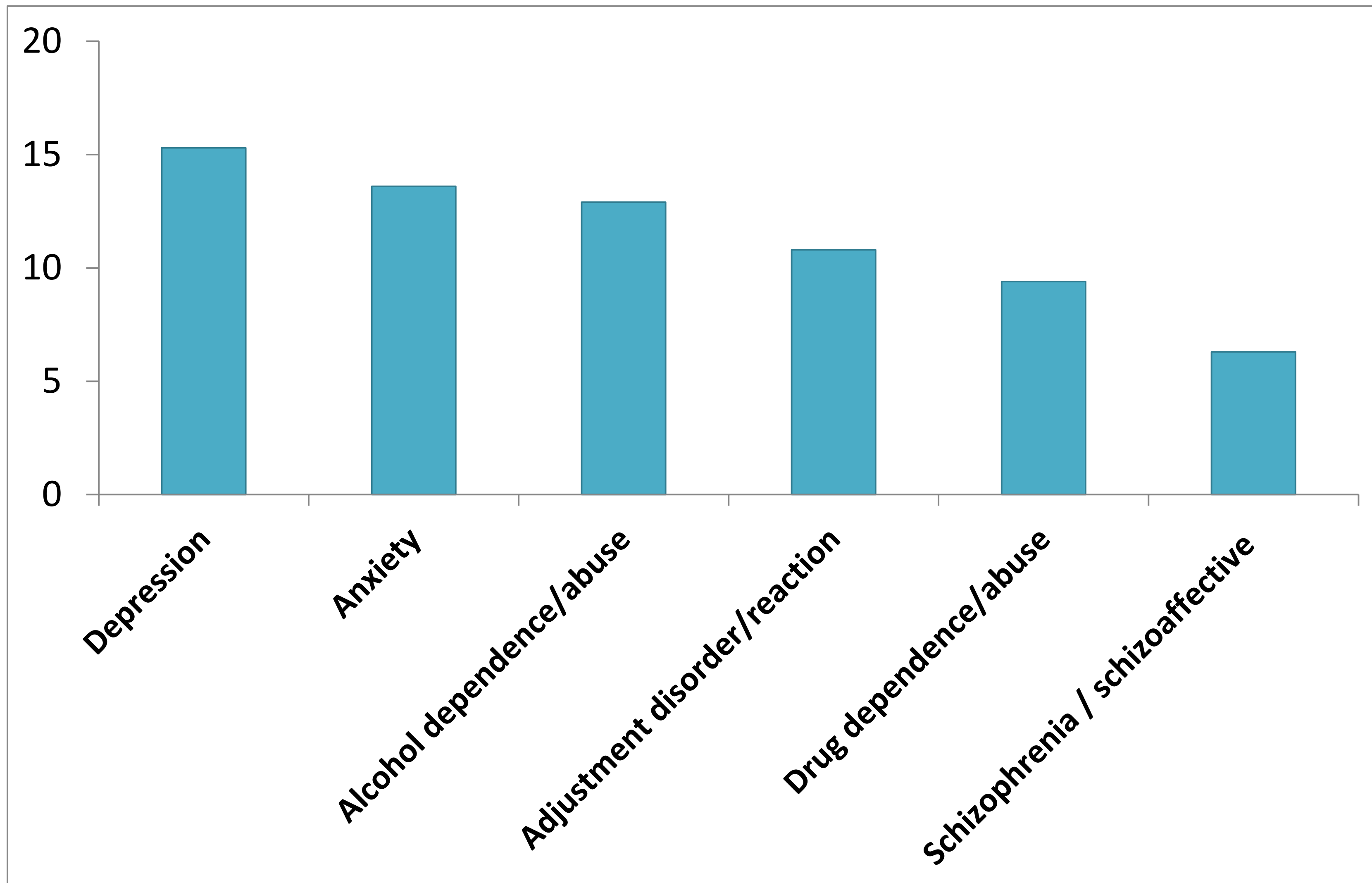
Patient Characteristics



Variable	M(SD) or N(%)
Age	74 (11)
Race	
White	151 (53%)
African American	110 (38%)
Other or Missing	26 (9%)
Hispanic ethnicity	28 (10%)
Length of stay (days)	20 (19)
Died during index hospitalization	72 (25%)

Percent with History of Mental Illness Noted in Medical Record in Year Prior to Hospitalization

(N = 287 veterans in VISN 3; FY 2009-2010)

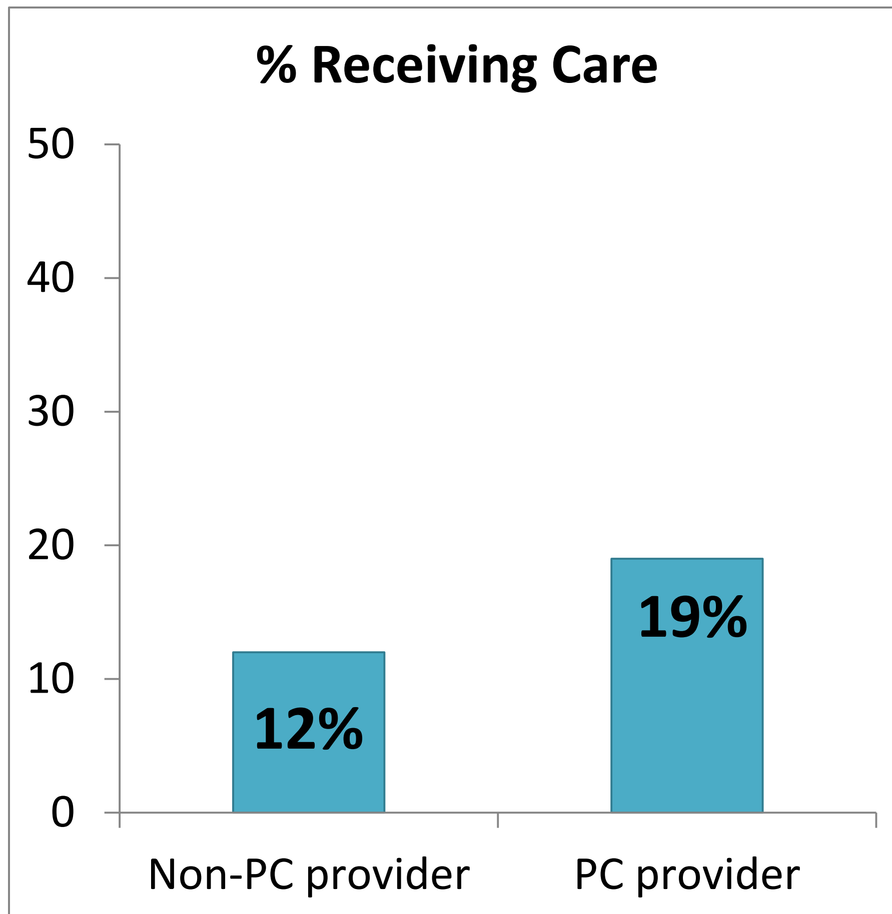


Psychological Distress Assessment in Palliative Care Consult

220 patients were cognitively and physically able to complete the psychological symptom assessment

- 91% were assessed
- 44% reported some sadness, worry, and/or nervousness
- 14% had at least one of these symptoms frequently or almost constantly

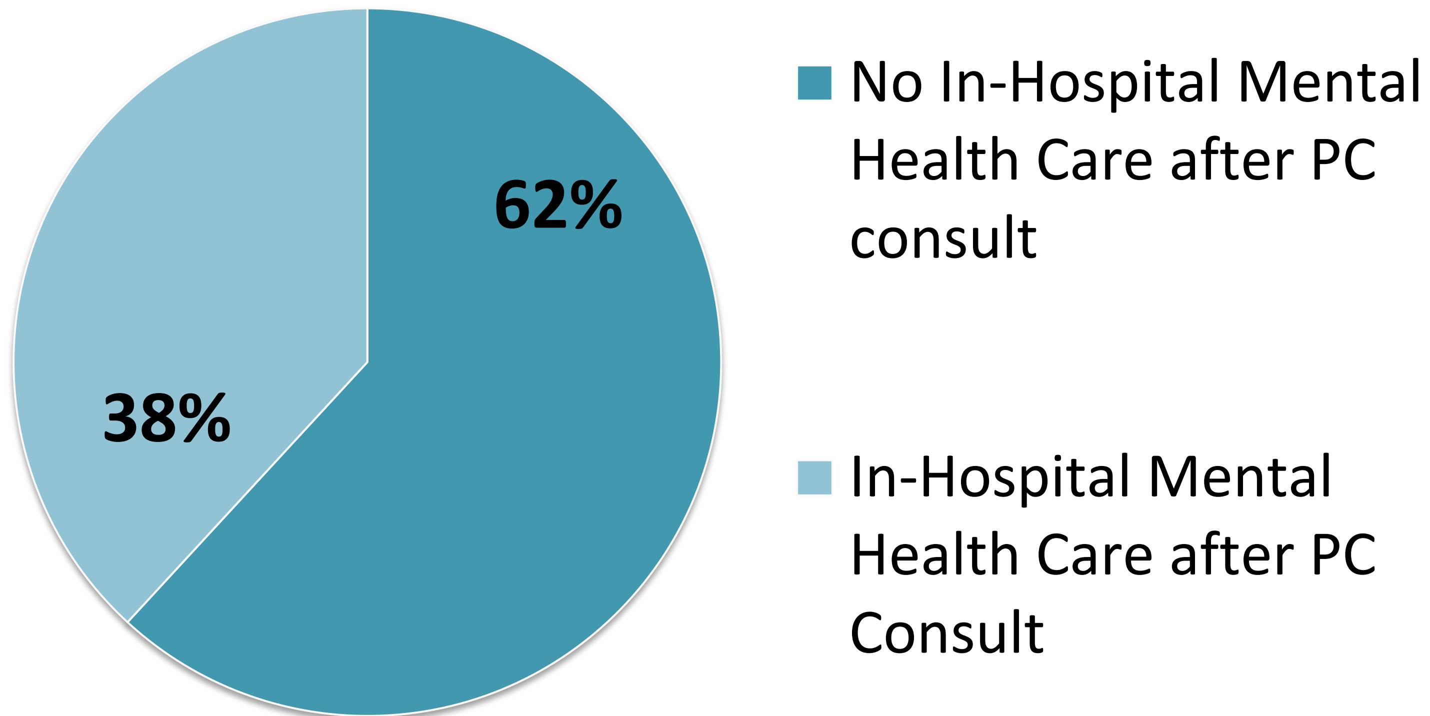
Psychotherapy and Emotional Support Provided to Patients Post-Palliative Care Consultation



In adjusted analyses, psychological distress documented during the consultation did not predict mental health care receipt after the consult

Unmet Need for Mental Health Care

Hospitalized Patients Reporting Nervousness, Worry, or Sadness at Palliative Care (PC) Consult



Garrido, Penrod, Prigerson. Am J Geriatr Psychiatry 2014; 22(6): 540-544

Factors Associated with Mental Health Care after PC Consult

Variable	Adjusted Odds Ratio (95% CI)
History of substance abuse	2.64 (1.08-6.50)
Psychotropics earlier in hospitalization	2.72 (1.26-5.87)
Depression/anxiety earlier in hospitalization	0.43 (0.20-0.92)
Died during hospitalization	0.41 (0.17-0.99)

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- 49% of veterans who died reported psychological distress during the PC consult
- Mean time between PC consult and death was 13.2 days (SD=15.0)

Characterizing Psychological Distress Management Nationally

- How many hospitalized seriously ill veterans have comorbid mental illnesses?
- Are there geographic variations in treatment of comorbid mental illnesses?
- Are there relationships among mental illness, mental health treatment, and risk of ICU admission?

Garrido, Prigerson, Neupane, et al. Mental illness and mental health care receipt among seriously ill hospitalized veterans. Manuscript in preparation

Garrido, Bao, Ornstein, et al. Geographic variation in antidepressant prescriptions for seriously ill United States veterans. Abstract, 2016 EAPC Conference.

Methods

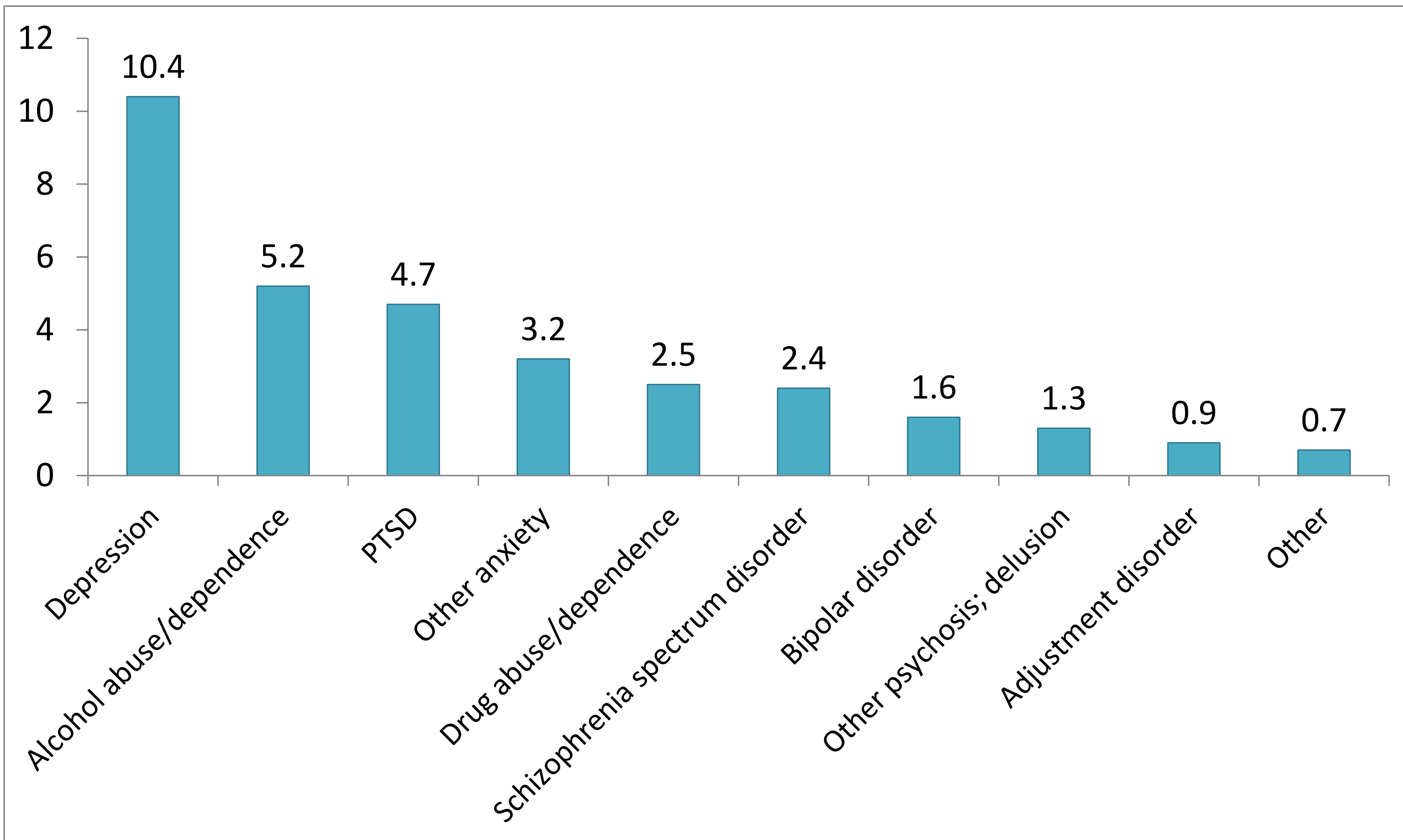
- Secondary analysis of data from 2006-2011 Medical SAS Inpatient and Outpatient files, DSS NDE Pharmacy and Treatment Specialty files, and Vital Status File for seriously ill veterans admitted to a VHA acute care facility in FY2011 (n=22,230)
- Included: advanced cancer, CHF, COPD, HIV/AIDS
- Excluded: delirium, dementia, admission to psychiatric wards, <48 hour length of stay, admission for regular chemotherapy

Characteristics of Sample and Hospital Stays

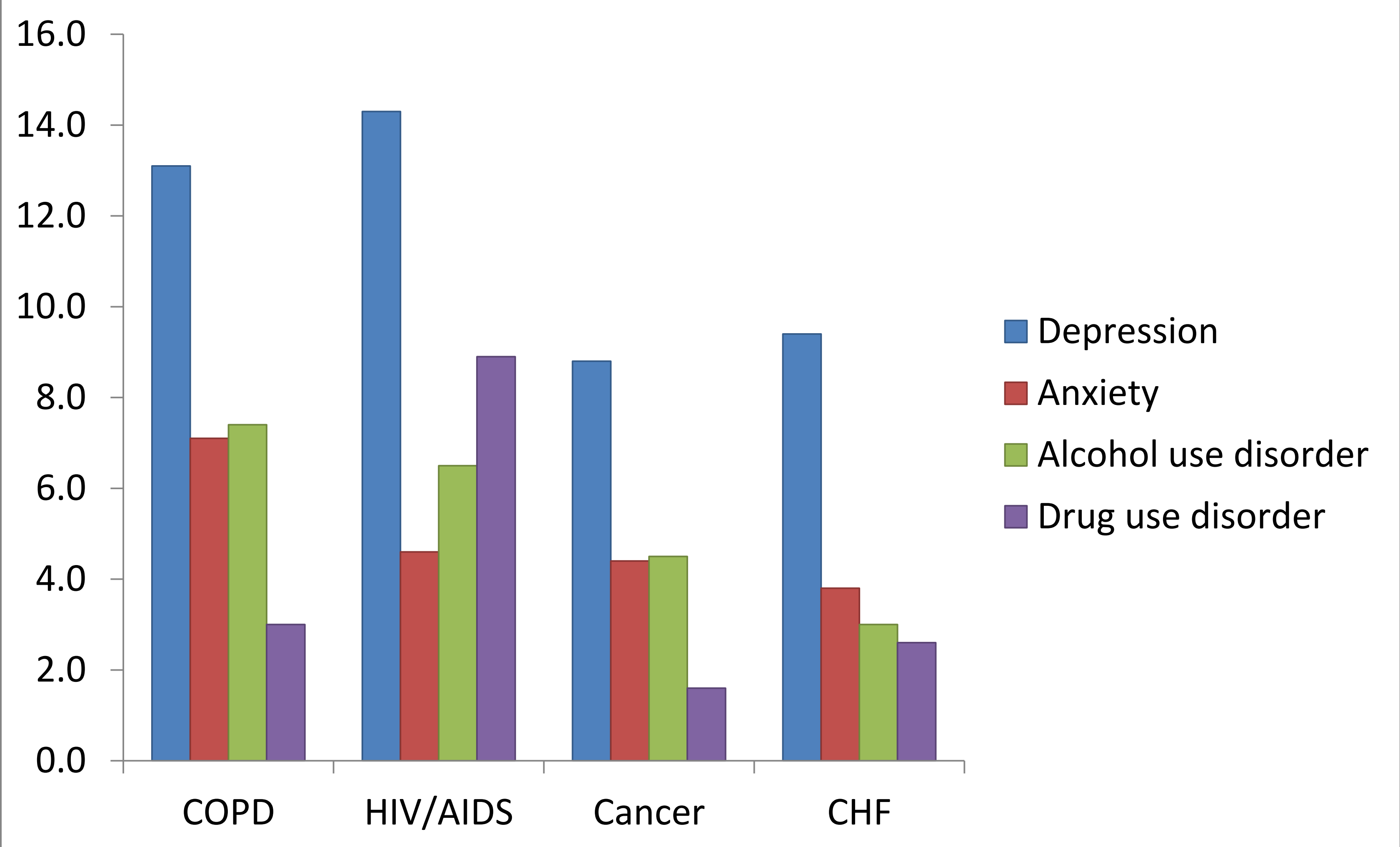
Variable	Mean (SD) or N (%)
Age	68 (11)
Race White Black Other	 16,143 (72.6%) 4,032 (18.2%) 2,035 (9.2%)
Serious physical illness(es) Cancer HIV/AIDS COPD CHF	 10,343 (46.5%) 371 (1.7%) 7,754 (34.9%) 5,827 (26.2%)
Length of stay (days)	8 (10)
Total direct hospitalization costs	$14,096 ($20,165) (Median $8,317;IQR $4,952-$15,606)
ICU admission	3,839 (17.3%)
Palliative care or hospice care	5,297 (23.8%)
Died during hospitalization	1,219 (5.5%)

One-Quarter of Veterans had a Mental Illness Diagnosis at Index Hospitalization

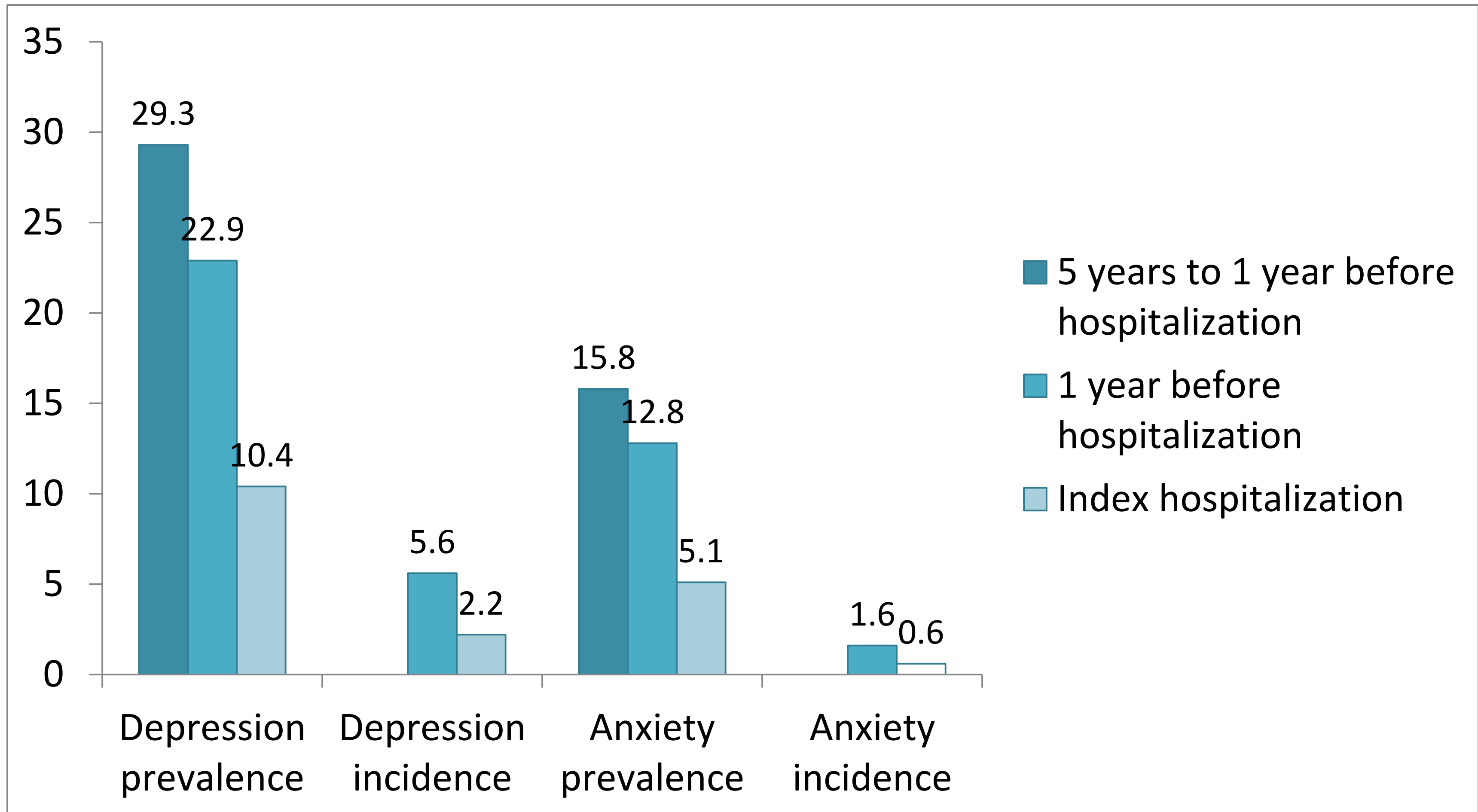
(n = 22,230 seriously ill veterans nationwide; FY 2011)



Percent of Patients with a Mental Illness Diagnosis Present at Index Hospitalization



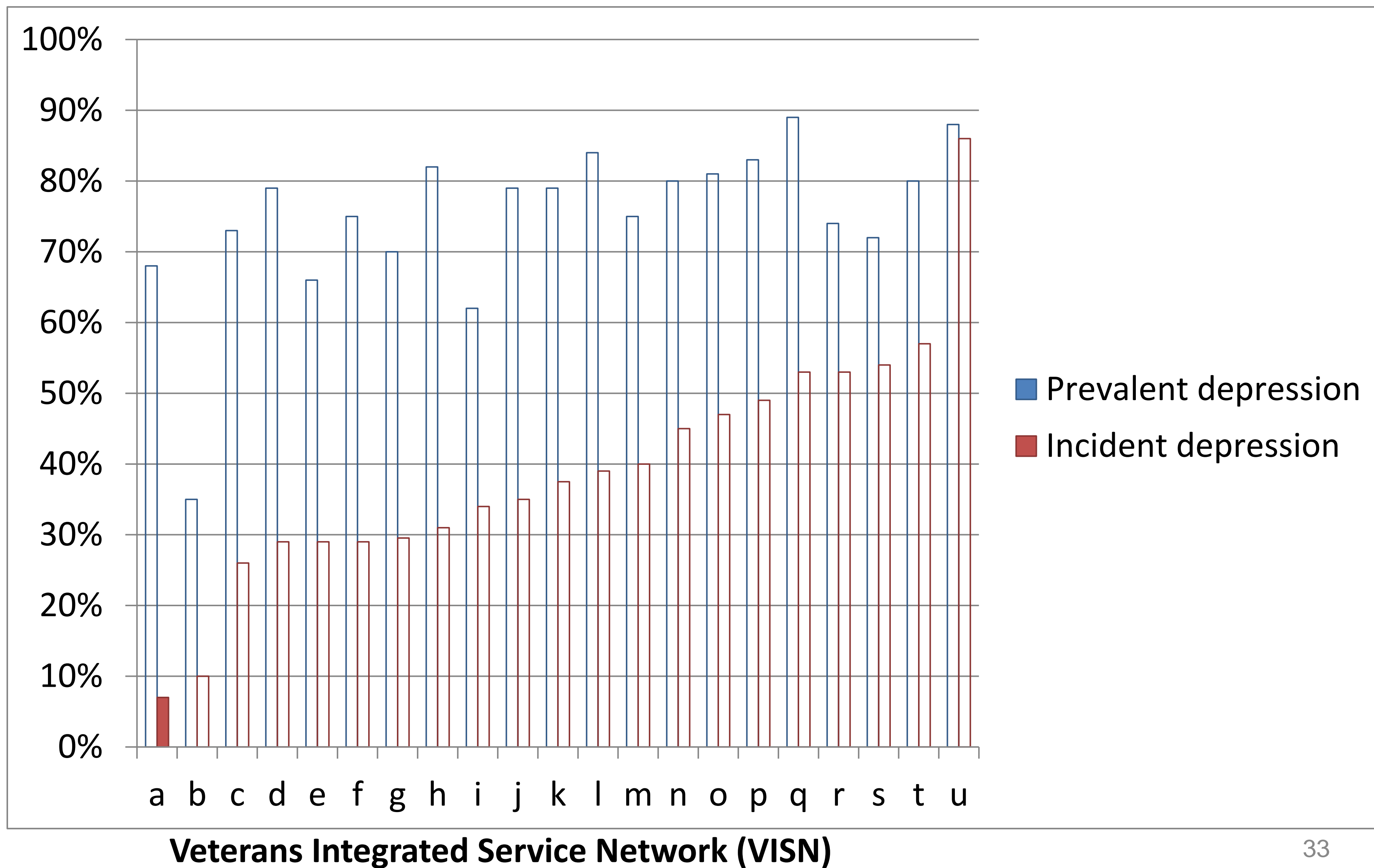
Prevalence and Incidence of Depression and Anxiety During and Before Hospitalization



Receipt of Any Mental Health Care among Patients with Incident Depression or Anxiety

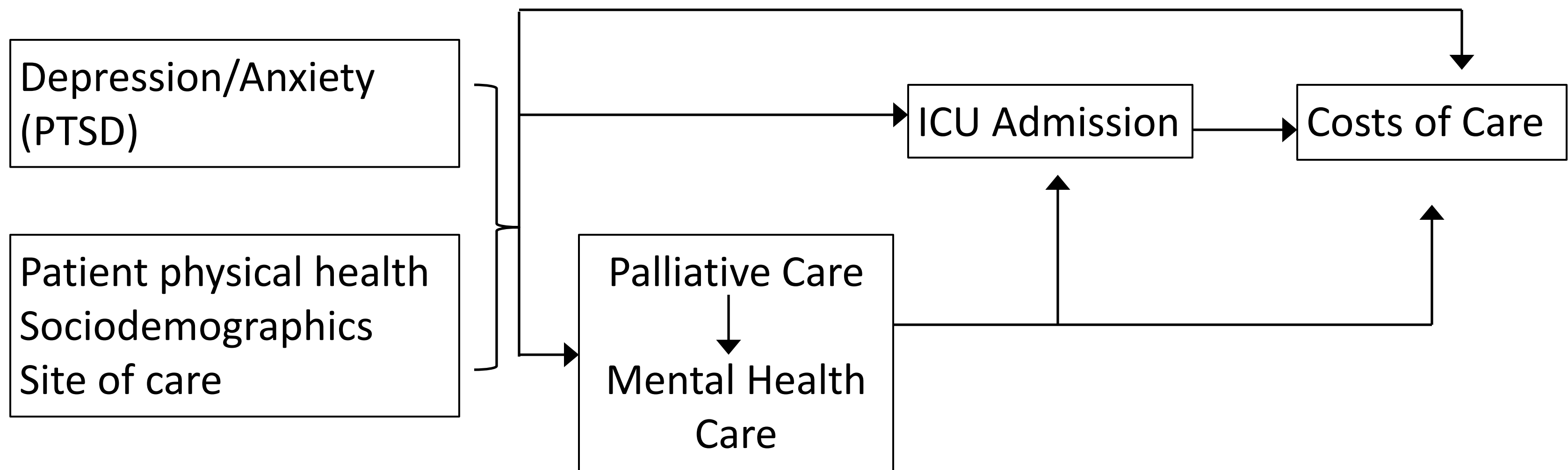
	Psychotropic Medication	Psychotherapy	Either
Index hospitalization			
Depression (n=482)	187 (38.8%)	31 (6.4%)	200 (41.5%)
Anxiety (n=125)	40 (32.0%)	2 (1.6%)	42 (33.6%)
Year before hospitalization			
Depression (n=1249)	563 (45.1%)	477 (38.2%)	772 (61.8%)
Anxiety (n=360)	172 (47.8%)	138 (38.3%)	231 (64.2%)

Wide Geographic Variation in Prescription of Antidepressants to Hospitalized Patients with Depression



- Many veterans hospitalized with advanced physical illnesses have comorbid mental illnesses
- Many may benefit from additional depression and anxiety treatment
- How do we identify who is most likely to benefit from specialty mental health care?

Identification of Patients Most Likely to Benefit from Specialty Mental Health Care



Preliminary Results

- Diagnosed depression before hospitalization associated with a small but statistically significant increase in risk of ICU admission during hospitalization (18% vs. 17%)

- Relationship no longer significant in logistic regression model adjusting for patient illness, sociodemographic characteristics, and site of care

Future Directions: Improving Evidence Base for Management of Psychological and Spiritual Distress

"Shame, guilt, anger, and issues of forgiveness" *[Chaplain 1]*

"We also deal with some of the.. existential pain as well as physical pain management at end of life and help with the psychological factors of that." *[Psychologist 3]*

Summary

- Many veterans hospitalized with advanced physical illnesses have comorbid mental illnesses
- Many may benefit from additional depression and anxiety treatment
- For individuals near death, hospitalization may be the only opportunity to address psychological distress
- Palliative care providers and chaplains play a role in addressing distress among seriously ill older patients

"Ideally, health care harmonizes with social, psychological, and spiritual support as the end of life approaches" (IOM 2014)

"All clinicians should be able to identify distress and direct its initial and basic management" (IOM 2014)

IOM 2014. *Dying in America*

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