

# The Social and Environmental Context of Care Transitions: Supporting Older Veterans' Well-Being in the Community

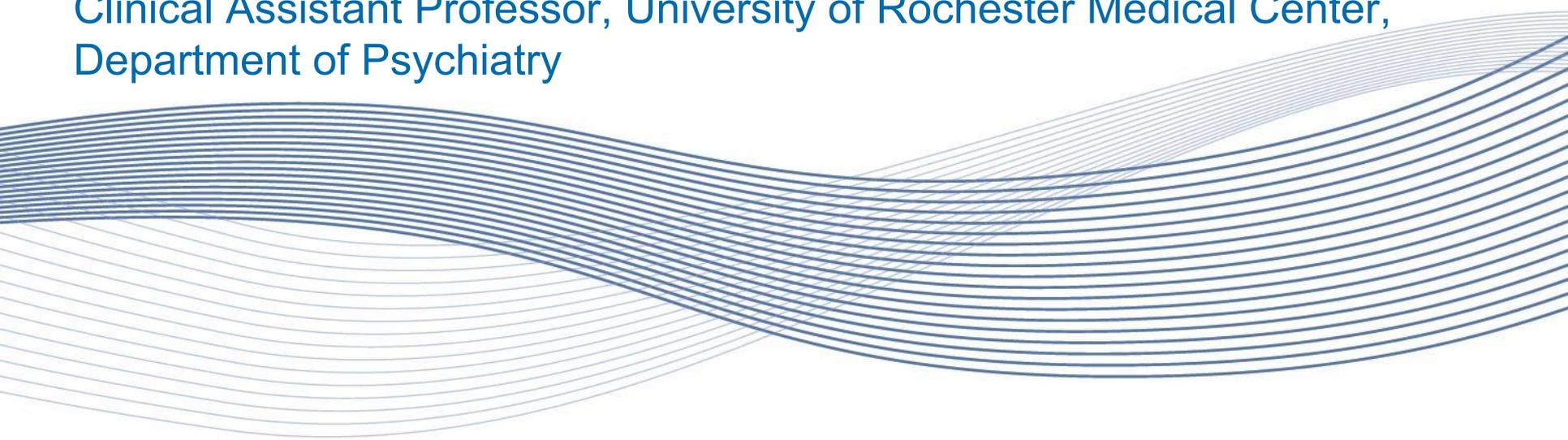
Kelsey Simons, PhD, LMSW

Researcher

VISN 2 Center of Excellence for Suicide Prevention

Canandaigua VAMC

Clinical Assistant Professor, University of Rochester Medical Center,  
Department of Psychiatry



U.S. Department  
of Veterans Affairs



# Co-Investigators

Whitney L. Mills, PhD

Investigator, Center for Innovation in Long-Term Services and Supports

Providence VA Medical Center

Assistant Professor of Health Services, Policy and Practice (Research)

School of Public Health, Brown University

Nathan A. Kerr, M.A.

Postdoctoral Fellow

Uniformed Services University of the Health Sciences,  
Department of Medical and Clinical Psychology



# Acknowledgements

- This work was supported with resources and use of facilities at the VISN 2 Center of Excellence for Suicide Prevention at Canandaigua, VAMC. The contents do not represent the views of the US Department of Veterans Affairs or the United States Government.
- The researchers have no conflict of interests to report.



# Policy Context (Macro Environment)

## “Rebalancing” long-term services and supports

- More community-based options for receiving care
  - Limit use of institutional care (e.g., nursing homes)
- VA Nursing Facilities - Community Living Centers (CLCs)
  - Shift towards more discharges
  - Short-stay placements ( $\leq 90$  days)
    - Majority (61%) of all stays
    - 74% discharge to community
  - Long-stay ( $>90$  days)
    - 16% of stays
    - 60% discharge to community
  - Hospice stays
    - Only type that has increased over time
    - 22.5% of stays as of 2011



# Growing Use of Mental and General Health Care Services Among Older Veterans With Mental Illness

Ilse R. Wiechers, M.D., M.P.P., Michele J. Karel, Ph.D., Rani Hoff, M.P.H., Ph.D., Bradley E. Karlin, Ph.D.

Retrospective chart review– outpatient visits, inpatient and CLC admissions

- VA patients ≥ 65 (2005 – 2013)

### **Overall (2013):**

- 14% ≥ 65 with confirmed mental illness (+57% from 2005)

### **Setting specific (2013):**

- 28% of non–mental health outpatient encounters
- 39% of non–mental health inpatient hospitalizations
- 49% of nursing home stays

### **Take away:**

- Increased screening
- Integration of mental health care
- Greater utilization of health services

TABLE 1. Non–mental health VHA stays or service encounters among older veterans with confirmed mental illness, 2005–2013<sup>a</sup>

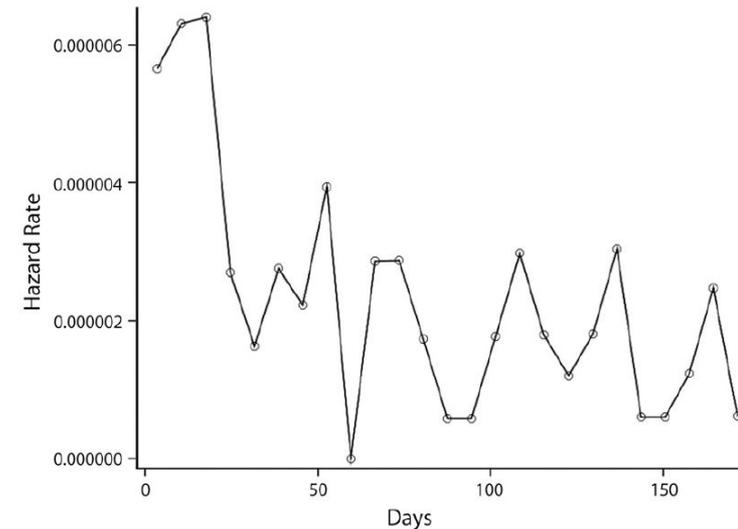
Service and year	Total	Veterans with confirmed mental illness	
		N	%
Nursing home stays <sup>d</sup>			
2013	42,668	21,061	49
2012	40,252	14,820	37
2011	38,857	13,786	35
2010	38,414	12,807	33
2009	37,900	12,223	32
2008	37,528	11,183	30
2007	36,469	10,375	28
2006	35,761	9,974	28
2005	38,030	10,683	28

Wiechers, I. R., Karel, M. J., Hoff, R., & Karlin, B. E. (2015). Growing Use of Mental and General Health Care Services Among Older Veterans With Mental Illness. *Psychiatric Services*, 66(11), 1242-1244.

# Suicide Mortality Following Nursing Home Discharge in the Department of Veterans Affairs Health System

John F. McCarthy, PhD, MPH, Benjamin R. Szymanski, MPH, Bradley E. Karlin, PhD, and Ira R. Katz, MD, PhD

- Analysis of all live discharges (2002 – 2008)
- Compared with age and gender-matched group of VA patients:
  - Following CLC discharge:
    - Suicide risk 2.4 times as high overall
    - Particularly high in the first three weeks post discharge.
- **Take away:** “This suggests the importance of active outreach efforts and attention to residents’ adjustment to living in community settings after discharge.” (p. 2265)



Note. The sample size was n = 237 426.

FIGURE 1—Estimated hazard function for suicide over the first 6 months following discharge from US Department of Veterans Affairs nursing homes: fiscal years 2002–2008.

McCarthy JF, Szymanski BR, Karlin BE, Katz IR. Suicide mortality following nursing home discharge in the Department of Veterans Affairs health system. *Am J Public Health*. 2013;103(12):2261-2266.



# An Unintended Consequence of Culture Change in VA Community Living Centers

Jill Harrison PhD<sup>a,\*</sup>, Denise A. Tyler PhD<sup>b</sup>, Renée R. Shield PhD<sup>c</sup>, Whitney L. Mills PhD<sup>d</sup>, Kristen E. Morgan MPH<sup>e</sup>, Maxwell E. Cutty BA<sup>e</sup>, Danielle L. Coté MPH<sup>e</sup>, Susan M. Allen PhD<sup>e</sup>

## **Semi-structured interviews:**

- Frontline staff in eight CLCs
- 12 – 16 interviews per CLC

## **Focus:**

- Experiences with culture change
  - Resident-centered, homelike environments
- Processes/ practices related to discharge

## **Key findings:**

- CLCs → “a latent function of connecting Veterans socially.” (p. 323)
  - Staff and Veterans also develop bonds
- May encourage extended stays:  
*“we’ve seen patients even kind of sabotage their care in order to stay longer because, and you know, and it just tells me that their home environment probably is so lonely” (physician)*

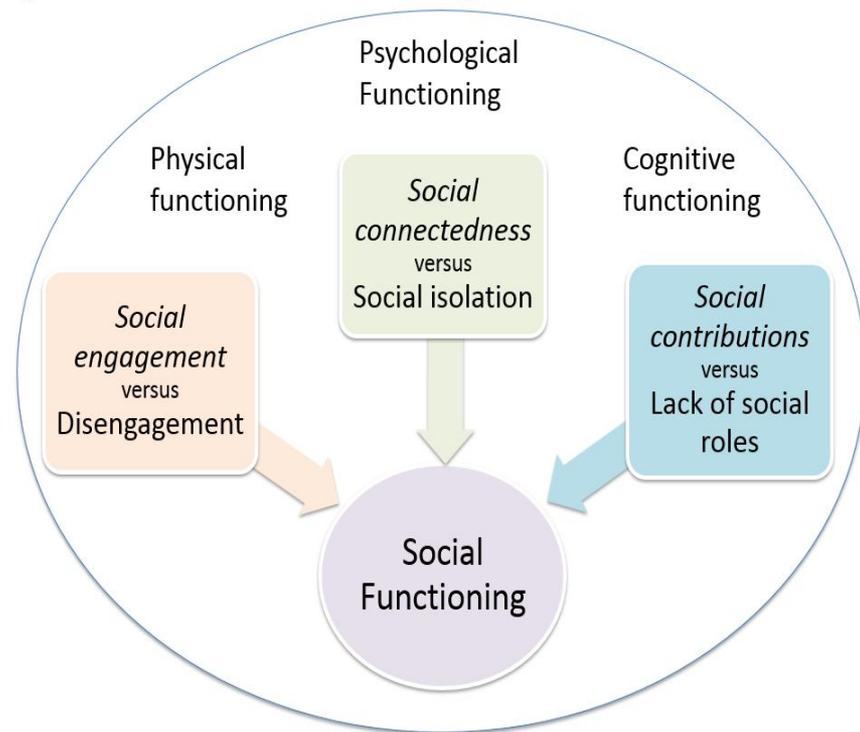
# Conceptual Model of Social Functioning

## Premise:

*Care transitions from CLCs present a significant change in the social environment that may influence social functioning and older Veterans' well-being*

*\*Veterans may be at risk for increased isolation, poorer social functioning, and depression following discharge*

Figure 1: Domains of Social Functioning



Beard JR, Officer A, de Carvalho IA, et al. The World report on ageing and health: a policy framework for healthy ageing. *Lancet*. 2015.



# Methods: Veterans in Transition Study

Sites: Two VAMCs in Upstate NY (2015 – 2017)

Sample:

- 21 Veterans pre-discharge
  - 18 post
- 14 caregivers

Veterans interviews:

- Pre-discharge (CLC)
  - Expectations and preparedness
  - Post-discharge interviews (Veteran's home)
  - Experiences with health, social isolation/functioning, and mental health

Caregiver interviews:

- Conducted only at discharge – parallel set of questions



# Veteran Interviews (Social Functioning)

## Pre-discharge

- ❖ First, what can you tell me about your stay here?
  - What's been good about being here or perhaps not so good about being here?
- ❖ Is there anything else you'd like to tell me about being here or your thoughts about leaving?

## Post-discharge

- ❖ How do you spend your time these days?
  - Have you gone back to your old routines and activities or started any new ones?
  - Do you think you have enough people to talk to?
  - Do you ever feel lonely? Tell me about that.

## Caregivers asked essentially the same questions:

- ❖ How does [the Veteran] spend his/ her time?
  - Does she/he seem to have enough people to talk to?
  - Do she/he seem lonely? Tell me about that.



# Thematic analysis

## Stage 1:

- Two analysts hand-coded each verbatim transcript
- Team met weekly
  - Coding decisions/resolve discrepancies
- Development of separate codebooks
  - Veterans and caregivers

## Stage 2:

- Coded transcripts entered into NVivo
- Thematic analysis to be performed in NVivo



# Demographic and Background Characteristics

	<b>N (or Mean)</b>	<b>%(or SD)</b>
<b>Veterans (n=21)</b>		
<b>Age</b>	70.8	7.3 (SD)
<b>Male</b>	20	95.2%
<b>White</b>	18	85.7%
<b>Rural</b>	14	66%
<b>Vietnam era</b>	18	85.7%
<b>Combat Veteran</b>	9	42.9%
<b>Living with spouse</b>	9	42.9%
<b>Living alone</b>	7	33%
<b>Multigenerational</b>	4	19%
<b>Caregivers (n = 14)</b>		
<b>Female</b>	14	100%
<b>Age</b>	66.4	6.4 (SD)



# Peer Relationships/ Social Functioning

Emergent finding → Peer relationships and recovery of social function among Veterans during CLCs stays:

**Veteran 1 (rurally located, lived alone):** *I was socializing quite a bit there, which would be with the physical therapist, the nurses, and the guys, all the guys in there, you know...It sort of kept me occupied so that I wouldn't get in these moods, you know.*

**Caregiver 1:** *That's why he's always so happy when he's in the hospital or in rehab... He's a very, very social person, and everybody loves him and like after he leaves, any long stint of people that was in there, keep calling him.*

**Veteran 2 (suburban located, lived with spouse):** *There would be three or four in here [his room] laughing and joking and having fun. I enjoyed every bit of it.*

**Caregiver 2:** *He met a lot of the guys that was in Vietnam where, and they, like, became like a little family there...And so I told him, I said, you know, that was good for him.*



## Peer Relationships/ Social Functioning

**Veteran 3 (rurally located, lived with spouse):** *This is sort of a bittersweet situation coming up here [discharge]...because I have made some real, real close friends, people that are my age or older, a few younger.*

**Caregiver 3:** *I have my doctor's appointment and I drop him off and let him stay there for an hour or so. This way he can walk around and visit everybody, and it makes him happy.*

**Veteran 4 (rurally located, lived with spouse):** *I made friends here, and I talk to them about things that I would never talk to anybody else about.*

**Caregiver 4:** *He hasn't been like that in so long.*



# Social Isolation/ Functioning Post Discharge

Evidence of poorer social functioning, social isolation and boredom post-discharge:

**Veteran 5 (rurally located, multigenerational household):** *I can talk to myself if I have any problems.*

**Caregiver 5:** *it's just him and I. My daughter is at work. There's nothing else to talk about. We discuss everything in the morning and then that's it... I think he's just bored.*

**Veteran 6 (rurally located, lived with spouse):** *The lonely part would be just the camaraderie of another male, you know, where like in the VA, we only had one woman patient. The rest was all men. So, you know, you can talk man stuff, whatever, you know, hunting, fishing, racing..*

**Caregiver 6:** *He tells me he is [lonely]. He says, 'I'm all alone. I feel so all alone.' I says, 'I'm right here, honey.' 'Yeah, but it's not the same. I feel all alone.'*



# Social Isolation/ Functioning Post Discharge

**Veteran 7 (suburban location, lived with spouse):** *I'll tell you what disappoints me is, I made a couple of friends, or, at least, I thought I did. They gave me their numbers, I gave them my numbers...One of them has not returned my call.*

**Caregiver 7:** *We have a very limited social life because he's very conscious of [functional deficit]. So his social ability is very stunted. But there he was very, you know, 'Well, they're all in my room, I can't talk to you now,' when I'd call him or something, you know. That was a really interesting thing for me to hear from him, and very positive.*

**Veteran 8 (rurally located, lived with spouse):** *I'm not a very big talker. I don't communicate well with people. And I'm at the stage where I more or less have them go their way and I'll go my way.*

**Caregiver 8:** *Because see, at [the CLC], he had people to talk to, you know, and socialization. Here he doesn't—that's what I was afraid was going to happen. He gets home, he's going to get in the same routine. And it happened.*



# Post-Discharge Depressive Symptoms

## PHQ-9 (N = 18)

- Mean = 4.89 (SD = 6.07)
- Range = 0 – 23
  
- Minimal = 12
- Mild: n = 3
- Moderate: n = 1
- Moderately severe: n = 1
- Severe: n = 1
  - Positive for ideation: n = 1

Diagnosis	Total Score
Minimal depression	0-4
Mild depression	5-9
Moderate depression	10-14
Moderately severe depression	15-19
Severe depression	20-27

Kroenke, Spitzer & Williams (2001)



# Discussion

- Many discussed social connections in the CLC
  - Improved social functioning during the stay
    - Similar to Harrison et al. (2017)
- Decreased social function/ increased isolation after discharge
- Some Veterans reported symptoms of depression (PHQ-9)
  - In certain cases, moderate to severe
    - One reported suicidal thoughts
- Poor social connectedness
  - Associated with suicide ideation in older Veterans (Fanning & Pietrzak, 2013)
- Poor social integration
  - Risk factor for suicide in adults 50+ (Duberstein et al., 2004)



# Limitations and Strengths

## **Limitations:**

- Lacking PHQ-9 scores at discharge
  - No pre/ post comparison
- Qualitative study
  - No measures of isolation or functioning

## **Strengths:**

- Few studies focus on older adults' mental health during care transitions
- Focus on the voice and experiences of older Veterans



# Implications for Clinical Care and Research

- Care transitions are a period of risk for suicide (McCarthy et al. 2013)
  - Change in social environmental context
  - Adjustment to new or exacerbated disability
  - Key opportunity for suicide prevention and intervention research (Szanto et al., 2014)
- Poor social functioning in older adults
  - An overlooked clinical target associated with suicide risk
  - Need to assess and identify/ minimize barriers to social engagement
    - PROMIS social health tools (Hahn et al., 2011)
    - <http://www.healthmeasures.net/>
- Creative solutions given functional limitations required
  - Peer companionship interventions (VanOrden et al., 2013)



# References

- Beard JR, Officer A, de Carvalho IA, et al. The World report on ageing and health: a policy framework for healthy ageing. *Lancet*. 2015.
- Duberstein PR, Conwell Y, Conner KR, Eberly S, Evinger JS, Caine ED. Poor social integration and suicide: fact or artifact? A case-control study. *Psychological Medicine*. 2004;34(7):1331-1337.
- Fanning JR & Pietrzak RH. Suicidality among older male veterans in the United States: Results from the National Health and Resilience in Veterans Study. *Journal of Psychiatric Research*. 2013;47(11):1766-1775
- Guest G, MacQueen, K.M, Namey, E.E. . *Applied Thematic Analysis*. Thousand Oaks, CA: SAGE; 2012.
- Hahn EA, Devellis RF, Bode RK, et al. Measuring social health in the patient-reported outcomes measurement information system (PROMIS): item bank development and testing. *Quality of life research : an international journal of quality of life aspects of treatment, care and rehabilitation*. 2010;19(7):1035-1044.
- Harrison J, Tyler DA, Shield RR, et al. An Unintended Consequence of Culture Change in VA Community Living Centers. *J Am Med Dir Assoc*. 2017;18(4):320-325.



# References

- Kroenke, K., Spitzer, R. L., & Williams, J. B. (2001). The PHQ-9. *Journal of General Internal Medicine*, 16(9), 606-613.
- McCarthy JF, Szymanski BR, Karlin BE, Katz IR. Suicide mortality following nursing home discharge in the Department of Veterans Affairs health system. *Am J Public Health*. 2013;103(12):2261-2266.
- Szanto, K., Lenze, E. J., Waern, M., Duberstein, P., Bruce, M. L., Epstein-Lubow, G., & Conwell, Y. (2014). Research to reduce the suicide rate among older adults: methodology roadblocks and promising paradigms. *Psychiatric Services*, 64(6), 586-589.
- Thomas KS, Cote D, Makineni R, et al. Change in VA Community Living Centers 2004-2011: Shifting Long-Term Care to the Community. *J Aging Soc Policy*. 2018;30(2):93-108.
- Van Orden KA, Stone DM, Rowe J, McIntosh WL, Podgorski C, Conwell Y. The Senior Connection: Design and rationale of a randomized trial of peer companionship to reduce suicide risk in later life. *Contemp Clin Trials*. 2013.
- Wiechers, I. R., Karel, M. J., Hoff, R., & Karlin, B. E. (2015). Growing Use of Mental and General Health Care Services Among Older Veterans With Mental Illness. *Psychiatric Services*, 66(11), 1242-1244.