


Module 8: Psychosocial Issues

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Module 8 Psychosocial Issues in Veterans

Education in Palliative and End-of-life Care for Veterans is a collaborative effort between the Department of Veterans Affairs and the EPEC Project

Acknowledgement

These slides were produced in cooperation with the Veterans Advisory Council and a committee of the National Hospice and Palliative Care Organization.

Mental health/social problems

- Some conditions are commonly seen in Veteran populations
- This overview will focus on:
 - post traumatic stress disorder (PTSD)
 - military sexual trauma suicidal behavior
 - substance abuse homelessness

Objectives

- Summarize the basic characteristics of four important psychosocial issues in Veterans
- Assess these issues in Veterans
- Identify resources available to help manage these issues

Overall statistics

- 26.4 million Veterans
- The largest group is Vietnam Veterans (8.4 million)
- 17% of all Veterans use the VA for medical care
- Over 150 medical centers, 800 outpatient clinics, 135 nursing homes

Clinical case

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Disclaimer

The problems discussed in this overview are complex. It is beyond the scope of this presentation to give you the skills to treat them. Consultation with or referral to a qualified mental health professional is the best approach to addressing the needs of Veterans with mental health problems at end of life.

Post traumatic stress disorder (PTSD)

What is PTSD?

- An anxiety disorder that can occur after a traumatic event
- Examples of traumatic events include:
 - combat or military exposure
 - child sexual or physical abuse
 - sexual or physical assault *
 - serious accidents, such as a car wreck.
 - natural disasters

PTSD background

- About 30% of men and women who spent time in war zones experience it
- An additional 20 to 25% experience symptoms sometime in their lives
- More than half of all male Vietnam Veterans and almost half of all female Vietnam Veterans have experienced "clinically serious stress reaction symptoms"

Consequences of PTSD ...

- Elevated mortality for Vietnam Vets
- Increased rates of substance abuse
- Increased psychosocial problems

... Consequences of PTSD

- Increased medical diagnoses
 - circulatory and muscular-skeletal conditions
 - poorer health quality of life
- Greater pain intensity and pain interference in functioning

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PTSD: what to look for

- Three key symptom clusters
 - reliving the event
 - avoiding reminders of the trauma / feeling numb
 - feeling anxious or “keyed up”
- Screening tools can be used to refer to a mental health professional

PTSD and end-of-life

- How can PTSD impact EOL care?
 - death/illness as a PTSD activator
 - challenging social ties, inc. doc - patient
 - delirium or flashback
 - medication issues
- Goals of care to include reduction in PTSD symptoms

Military Sexual Trauma

Definition

- Sexual assault or repeated, threatening acts of sexual harassment that occurred while in the military
- Includes sexual harassment, sexual assault and rape
- Regardless of geographic location of the trauma, gender of victim, or the relationship to the perpetrator

Examples of MST

- Requests for sexual acts to:
 - achieve rank
 - prevent knowledge of homosexuality (real or perceived)
 - prevent harm to and from others

MST facts

- Most commonly experienced by women but more than half the survivors are men due to male-female ratio within system
- Individuals are up to six times more likely to develop PTSD from MST than from combat trauma, particularly men

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MST Mental health sequelae

- PTSD
- Panic disorder
- Generalized anxiety disorder
- Depression
- Suicide
- Substance use disorders
- Eating disorders

Barriers to reporting

- Cohesiveness of military units prevents reporting
- Perpetrator may have been the superior of the victim
- When reported in the military, no action may have been taken except against the victim

Physical symptoms

- Chronic pain
 - low back pain
 - headaches
- Gastrointestinal
 - irritable bowel syndrome
- Gynecologic
 - menstrual disorders
 - pelvic pain

What do you do?

- Respond with empathy
 - “I’m sorry that this happened to you”
 - “I am here to listen to your story.”
- Ensure privacy
- Listen if you are able or find someone who can
- Know your limitations

Medical procedures

- Can pose a problem in patients with a history of sexual trauma
- Patient provider relationship resembles some aspects of the victim-perpetrator relationship
 - power differential
 - inflicting pain
 - lack of control over the situation

Personal care triggers ...

- Touch to chest, abdominal, groin, pelvis, buttock, back or neck
- Insertion of enemas, meds, thermometers, feeding/breathing apparatus
- Oral care
- Assisted transfers

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... Personal care triggers

- Washing of the patient's body by others
- Applying lotions or oils
- Soft or other restraints including chemical restraints

Medical triggers

- Pelvic exam
- Colonoscopy
- Other invasive (e.g. rectal, oral, nasal)
- Fundoscopic exam
- Chemical sedation

Tips for lessening trauma

- Information-patient education
- Asking permission and offering to stop if patient requests
- Language - use non-threatening terms

Saxe and Frayne 2003, Willis 1984

The role of the VA

- Any Veteran who reports a history of MST is entitled to treatment for conditions related to the MST (whether mental or physical) free of charge
- This may be true even if the Veteran is otherwise ineligible for VA services

Where to find help

- Contact the MST Coordinator at your local VA Medical Center
- Contact your local Vets Center and ask for the MST Specialist
- To locate facilities online go to: www.va.gov or www.vetcenter.va.gov
- Call 1-800-827-1000 – VA's general information hotline

Substance use disorder

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Background ...

- Approximately a half-million Veterans with substance use disorders (SUD) access VA healthcare system each year
- Prevalence of heavy drinking and marijuana use is higher among Veterans compared to non-Veterans

... Background

- Combat exposure is related to increased likelihood of recent drug use
- Alcohol and other substance abuse is associated with serious medical issues and elevated mortality rates

SUD implications for end-of-life care

- Pain management becomes complex
- Often people with a history of substance abuse will have a high tolerance for pain medications
- When possible, choose medications for palliation that minimize abuse risk

How to help ...

- Adopt a non-judgmental approach to discussing substance abuse issues
- Collaborate with patient on goals regarding substance abuse
- Develop an interdisciplinary treatment plan for end of life care which considers substance abuse history

... How to help

- Consult with a substance abuse specialist on a case by case basis to manage substance use behaviors while also providing effective palliative care

Homelessness

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Definition ...

- Public law 100-77 “the McKinney Act” (1987)
- A homeless person is one who lacks a fixed, regular and adequate nighttime residence

... Definition

- Has a primary nighttime residence that is
 - a supervised publicly or privately operated shelter
 - a temporary residence for individuals intended to be institutionalized
 - a public or private place not ordinarily used as a regular sleeping accommodation for human beings

Causes of veteran homelessness

- Limited access to affordable housing, livable income, and health care
- Lingering effects of Post Traumatic Stress Disorder (PTSD)
- Substance abuse
- Lack of family and social support networks

Homeless Veterans facts ...

- 23% of the homeless population are veterans
- 13% of all sheltered homeless adults are veterans
- 47% of homeless veterans served during the Vietnam Era
- 33% were stationed in a war zone

Reference: <http://www.nchv.org/background.cfm#facts>

... Homeless Veterans facts. . .

- 89% received an honorable discharge
- Estimated 154,000 homeless veterans on any given night
- Nearly 40% decrease in the number of homeless veterans from previous estimates of 250,000

... Homeless Veterans facts

- 45% suffer from mental illness
- 70% suffer from substance abuse problems
- 58% have health/physical problems
- 46% are age 45 or older compared to 20% of non-veteran homeless citizens

Reference: <http://www.nchv.org/background.cfm#facts>

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VA homeless programs ...

- Every medical center has a homeless veteran services coordinator responsible for providing outreach and services for homeless / at-risk veterans
- Health Care for Homeless Veterans Program (HCHV)

... VA homeless programs

- Domiciliary Care for Homeless Veterans Program (DCHV)
- Inpatient and outpatient health care

Summary ...

- Veterans are a unique and diverse group that can have specific needs at end of life.
- Overall goals of end of life care are to help Veterans live pain free with dignity and purpose until the end

... Summary

- Understanding a Veteran's mental health history and concerns will help the hospice team to provide effective palliation at end of life
- Always consult with a qualified mental health professional about treating psychiatric conditions at end of life