



NORTHWESTERN
UNIVERSITY

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

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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

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**

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**

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

... 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

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

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 associate 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

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

... 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

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**