Addressing Social Isolation and Suicide Risk Among Older Veterans Who Return to the Community from VA Nursing Homes
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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)
  • Community Living Centers (CLCs)
  • Shift towards more discharges
  • Short-stay placements (≤ 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
Lisa R. Wackers, M.D., M.P.H., Michelle Z. Kael, Ph.D., Raiz 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):
    • 21% 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

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Semi-structured interviews:
• Frontline staff in eight CLCs
  • 12 – 16 interviews per CLC

Focus:
• Experiences with culture change
• Resident-centered, homelike environments
• Process/ 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)

Harrison et al. (2017)
Suicide Mortality Following Nursing Home Discharge
in the Department of Veterans Affairs Health System

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


Veterans in Transition Study

- Describe the experience of transitioning from a VA CLC to the community.
  - How well do Veterans adjust to a return to the community?
- Compare pre and post-discharge
  - Expectations for activities vs. actual routines
  - Return to usual activities or a change in routines
  - The social environment
    - Social connectedness versus disconnectedness
    - Housing post-discharge

Methods

Sites:
- Two VAMCs in Upstate NY (2015 – 2017)
- ≥ 50 years of age
- Planned discharge to the community
- Able to provide informed consent

Semi-structured interviews:
- 21 Veterans pre-discharge (CLC)
- 18 post (private homes)
- 14 caregivers

PHQ-9:
- Post-discharge

Veteran Interviews

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?
- Do you have particular hopes or expectations for the future?
  - Do you think you will go back to your old routines and activities or maybe start new ones?
- Do you feel ready to leave? Why or why not?

Post-discharge

- So how are you doing now that you are home?
  - Is it going as well as you had hoped?
  - What’s been good about it? Or, what’s perhaps been not so good?
- 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.
- How are you feeling about your current living situation?

Veteran Interviews

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 performed in NVivo

Demographic and Background Characteristics

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<th>% (or SD)</th>
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<td>14</td>
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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

Kroenke, Spitzer & Williams (2001)

Expectations for Routines/ Activities (Pre)

Many Veterans expressed a wish to be more active.

For example, with their dogs:
- "I want to do some of the things that we did, take walks, ride in the car. She loves those things."
- "I just hope that, I can not walk the dog, but kind of play with him."
- "If I can walk easier and better I’m going to be able to exercise with her."

Or in general:
- "…getting up and moving instead of sitting in the recliner."
- "I look forward to walking in the streets eventually."
- "I’ll be able to go back to working out, getting back in shape again."

Actual Routines and Activities (Post)

After discharge, many were semi-homebound or engaged in solitary activities.

- "I’ll sit upstairs and listen to music sometimes, but that’s about it. I don’t stray too far from home."
- "I spend most of the day just sleeping, dozing off, you know."
- "Oh, yeah, TV is on. And then I wait for [spouse] to get home."

Caregivers often reinforced this finding.

- "that’s all he does because we’re not able to get out of the house."
- "He still is just pretty stagnant as far as a lot of that physical activity goes."
- "…then he comes out to lunch and back to the TV. Then he comes out for dinner and then back to the TV."

Social Connectedness (Pre)

Many Veterans discussed enhanced connectedness with peers.

- "I made friends here, and I talk to them about things that I would never talk to anybody else about."
- "I have made some real, real close friends, people that are my age or older, a few younger."
- "There would be three or four in here laughing and joking and having fun. I enjoyed every bit of it."
Social Connectedness (Pre)

Certain caregivers also mentioned this:

• "...he met a lot of the guys that was in Vietnam where, and they like, became like a little family there."

• "He loved having all those guys around... it was this whole little frat boy thing going on."

Social Connectedness (Post)

Varied descriptions of social connectedness after discharge.

For example, introverted or socially withdrawn:

• "I can talk to myself if I have any problems."

• "I'm an introvert. I don't need a lot of people to talk to."

Or, feeling lonely or disconnected:

• "The lonely part would be just the camaraderie of another male."

• "If I get to feel lonely, I usually call somebody, so it's not as bad."

Or, feeling connected:

• "sometimes it's nice to have—to feel lonely, but I haven't felt that yet."

Social Connectedness (Post)

Caregivers' often provided more revealing descriptions.

Disconnected:

• "He doesn't have any social life. He doesn't do anything outside of being with me."

• "I've noticed, you know, with each hospitalization he's gotten like a turtle."

• "He's very, very lonely down there."

Connected:

• "He likes going out and about. You know, he likes visiting friends."

Environmental Context (Post)

Home is usually a comfort.

• "My dog. I got to see her more regularly than I did [at the CLC]."

• "the psychological boost of coming home..."

• "...you feel more comfortable..."

Though home could be a source of stress.

• "I'd like to see this house burnt to the ground... I hate the thing."

• "I actually want to be closer—I want to be back in [City]."

• "I got too much stuff. Too much stuff."

Discussion

→ Some Veterans reported symptoms of depression (PHQ-9)

• In certain cases, moderate to severe

→ Many discussed social connections in the CLC (Harrison et al., 2017)

• Recovery of social function?

→ Post-discharge

• Social withdrawal/isolation and more solitary activities

• Home environment

• A source of comfort

• A source of stress

Poor social connectedness/ low social integration

• Associated with suicide ideation in older Veterans (Fanning & Pietrzak, 2013)

• Risk factor for suicide in adults 50+ (Duberstein et al., 2004)

Implications for Clinical Care and Research

→ Care transitions are a period of risk for suicide (McCarthy et al. 2013)

• Key opportunity for suicide prevention and intervention research (Szanto et al., 2014)

→ Isolation in older adults

• An overlooked clinical target

• Assess/identify/ minimize barriers to social connection

• PROMIS social health tools (Hahn et al., 2011)

• http://www.healthmeasures.net/
What's Next?

The Senior Connection:
- Senior Corps volunteers matched with socially isolated, community dwelling older adults
- Friendly visiting, non-medical caregiving, and social connection
- Volunteers sponsored, trained, and supervised by Area Agency on Aging

RCT (n = 369, 46% male)
Significant reductions in suicide risk factors:
- feeling like a burden
- depressive symptoms
- anxiety

Van Orden et al. (2013); Pepin, Bruce, Sirey, Van Orden, & Conwell (2018)

TSC-VA

Peer Companionship for Veterans Returning to the Community from VA Community Living Centers
- Resubmission VA RR&D: March 2019
- Will match older Veteran peer companions (Veterans Corps) with Veterans discharging from CLCs

Aim 1: Translate an existing, community-based peer companionship intervention (The Senior Connection) as an enhancement to care as usual transitions from VA CLCs (n = 10)
Aim 2: Examine acceptability and feasibility of VA-TSC to inform a follow-up RCT (n = 24).

Senior Corps Example

https://youtu.be/l403IKfCQ2M

Comments? Questions?

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References
