Culturally-Competent Comprehensive Care for Veterans with Spinal Cord Injury and Serious Mental Illness

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Learning Objectives

At the conclusion of this activity, the participant will be able to:

1. Identify at least three reasons why more attention needs to be placed on the care of Veterans with SCI and SMI.

2. Describe three types of barriers that interfere with comprehensive clinical care for this diverse group of Veterans.

3. List the components of a culturally-competent, comprehensive program of care for Veterans with SCI and SMI.
• What is Serious Mental Illness (SMI)?
• Unique Concerns for Individuals with Spinal Cord Injury (SCI) and SMI
• Substance Use in Individuals with SCI and SMI
• Issues related to providing comprehensive clinical care for individuals with a SCI and SMI
• Conclusions/Action Plan
• Questions/Answers
Serious Mental Illness
What is Serious Mental Illness (SMI)?

• Cluster of psychiatric disorders (e.g., schizophrenia, bipolar disorder) characterized by severe functional impairment that greatly interferes with one or major life activities (e.g., social, occupational).

• Heterogeneous
  ○ Symptom presentation
  ○ Levels of impairment
  ○ Domains of impairment
Diagnosis of Schizophrenia

Positive Symptoms
- **Hallucinations**: Sensory experience in the absence of real external stimulus
- **Delusions**: Unusual beliefs not shared by the individual’s culture and held despite contradictory information

Negative Symptoms
- **Affective flattening**
- **Alogia**
- **Anhedonia**
- **Avolition**
- **Apathy**
- **Social Withdrawal**

Disorganized Symptoms
- **Speech**: tangentiality, circumstantiality, perseveration
- **Behavior**: inappropriate motor or emotional reactions
Cognitive Symptoms

- Difficulties in many cognitive domains, including:
  - Sustained Attention
  - Processing Speed
  - Verbal and Visual Memory
  - Reasoning & Problem Solving
  - Social Cognition
Patient Quotes and Artwork

"Everything is in bits. You put the picture up bit by bit into your head. It's like a photograph that's torn in bits and put together again."

"I am attending to everything all at once and as a result, I do not really attend to anything."

Artwork by Bryan Charnley
Experiential Exercise
Epidemiology of Schizophrenia I

- Found in all cultures, worldwide
- Prevalence of SZ = 1% of general population
  - 300,000 acute psychotic episodes annually
- Prevalence of Psychosis among Veterans using VA Healthcare
  - 15% SCZ; 21% BP; 7% Other during 2012
  - 14% among OEF/OIF Veterans during FY2002-2012
- 17% of VHA users with psychotic disorders used non-psychiatric care
- Prevalence rates in Veterans with SCI???
Epidemiology of Schizophrenia II

- Mean age of onset = 20 years
  - Range: 15-35 years
  - Men earlier than women (17 vs 22 yrs)
  - Early onset (before puberty) is rare and associated with worse outcome
Course of Schizophrenia

- Chronic illness, with episodic course
- Many patients show improvement in positive symptoms, but continue to have negative and cognitive symptoms
Impact of Stress on Schizophrenia

Neurodevelopmental abnormalities → Prodrome & Onset → Elevated symptoms & Relapse

Triggers: Infection, Hypoxia

Psychosocial Stressors

Time: Prenatal, Birth, Adolescence/Adulthood

Adapted from: Tsuang et al. (2001) and Moffett (2005)
Other Disorders with Possible Psychotic Features

- Dementia processes
- Substance-induced (e.g., hallucinogens)
- Various medical conditions
  - Cushing’s syndrome
  - Brain tumor
  - Exposure to toxins
Complex PTSD/PTSD with Secondary Psychotic Features

- Sometimes grouped into SMI category
- Estimated to be present in 40% of Veterans with PTSD
- Psychosis as a traumatic event
- Shared risk for PTSD and psychosis
- Common symptoms
  - Delusions
  - Hallucinations
  - Intrusions
  - Dissociative episodes
- Contribution of severe stress to course of disorder
Unique Concerns of Individuals with SCI and Co-occurring SMI
Impact on Healthcare and Services

- Side effects of antipsychotic medications
- Increased risk of sustaining an SCI due to higher levels of risk-taking behaviors and suicide attempts
- Higher frequency of adverse events during hospitalizations in patients with SMI
- Psychotic symptoms affect course of treatment, length of stay, and re-admission rates
- Increased risk of homelessness following discharge

(Daumit et al., 2003; Kennedy, Sherlock, & Sandhu, 2009; Liang et al., 1996)
Impact on Physical Health: Shared Risk for Increased Morbidity and Mortality

**Sci**

- Poor CV Response During Exercise
- Abdominal Obesity
- Lipid Disorders

**Shared Risk**

- Cardiovascular Disease (CV)
- Metabolic Disorder
- Diabetes

**SMI**

- Poor Diet
- Smoking
- Weight Gain: 2nd Generation Antipsychotics
- Sedentary Lifestyle

Low care utilization and access barriers

Poor access to and quality of physical care
Impact on Patient Identity

- Intersection of SCI and mental health issues
  - Coping with two commonly stigmatized conditions
  - Intersection of SCI and SMI influences
    - Self-perception
    - Identity
- Healthcare provider’s reactions play a role
  - Affects Patients’
    - Adherence to medical and psycho-social treatment plans
    - Self-efficacy around health maintenance
    - Hope for positive quality of life
Substance Use in Individuals with SCI and SMI
SMI and SU in Veterans with SCI

- 32% of Veterans with psychosis have a SU disorder
- Co-occurrence of SCI, SMI, and SU is seriously understudied given high prevalence
- One cohort study: a sample of 8,334 Veterans with SCI
  - 35% had psychosis
  - 20% had alcohol or drug use
  - 21% had SU disorder and some form of mental illness (MI)
  - Increased mortality rates in SU and SMI
  - Of the 1,446 Veterans who died during 4-yr course of the study
    - MI only: 23%
    - SU only: 20%
    - Both: 21%
Negative Outcomes Associated with SMI and SU in SCI

- Longer length of rehabilitation
- Poor rehabilitation outcomes
- Medication interactions
- Poor pain outcomes
- Increased seizure risk
- Medication non-compliance
- Decreased coordination → increased falls
- Departure from independent living programs
- Risk of homelessness
- Decreased life satisfaction
- Impaired self-care
- Familial/caregiver conflict and stress
- Weakened judgment
- Increased suicide risk
Clinical Care for Individuals with SCI and Co-occurring SMI
Current Pathway to Care

- Medicine
- Psychology
- Psychiatry
- Pharmacy
- Nursing
- Respiratory therapy
- Recreation therapy
- Speech
- Occupational therapy, Physical therapy, and Kinesotherapy
- Caregivers
Analysis of Current Pathway

• Advantages:
  ○ Interdisciplinary approach to treatment
    ▪ Increased coordination of care
    ▪ Ability to address health care for a wide range of needs
    ▪ Time-effective
  ○ Psychiatry services available when requested

• Disadvantages
  ○ Obstacles to providing comprehensive clinical care
    ▪ Complex patients
    ▪ System constraints
    ▪ Provider stereotypes
In general, patients with SMI have:
- Poor treatment compliance
- Avoidance of providers/services
- Difficulty communicating needs and changing behavior

Cognitive deficits and negative symptoms can reduce patients’ abilities to initiate and follow-through with rehab.

Positive symptoms and aggressive behavior can cause care to be delayed or neglected.

Stress of hospitalization can exacerbate symptoms.
System Constraints

- Staff’s ability to attend to patients’ mental health needs limited by structure of care including:
  - Availability of time
  - Priority on physical care and task completion
- Limited training in treating patients with psychiatric symptoms
  - Historical use of chemical restraints
  - Lack of confidence in providing clinical care
- Financial

(Sharrock, 2006; Zolnierek, 2009)
Provider Attitudes and Behavior

- Lack of knowledge about clinical symptoms and course of schizophrenia
- Misattribution of symptoms
- Stigma
  - “Those schizophrenic patients, being unemployed and unmarried mostly before [SCI] injuries, were usually thought to be nonproductive and a burden. They were also considered to be untrainable and poorly cooperative because of potentially unstable emotions.”
  - Patients with SMI seen as “more difficult.”
- Fear
Conclusion/Proposed Action Plan
Changes to Current Policy I

- Disability culturally competent care
  - Reflects the core values of disability culture
    - SCI culture
  - Cultural Competence Model (Balcazar et al., 2009)
    - Critical awareness
    - Knowledge
    - Skills development
    - Practice and application
Changes to Current Policy II

- **Team Members**
  - Constant psychiatry presence
  - Psychiatric Nurses
  - Continuity of Care

- **Environment of Care**
  - Location of hospitalization (e.g., Med/Psych Units)
  - Include natural supports (caregivers, family, friends, significant other)
Changes in Current Policy III

• Trainings
  ○ Staff training in treatment of individuals with SMI
  ○ Veteran training in overcoming stigma
  ○ Caregiver and family training with emphasis on the role of stress in relapse

• Aftercare Plan
  ○ Address barriers to following through with treatment recommendations due to cognitive and negative symptoms
  ○ More frequent follow-up visits
Changes in Current Policy IV

- **Addressing Shared Risk for Increased Morbidity and Mortality**
  - Screening: Cardio-metabolic profile taken at start of treatment
    - Close monitoring in regular visits
      - Screen: Waist circumference and fasting glucose
  - Lifestyle interventions
    - Increase physical activity
    - Diet
    - Smoking cessation
  - There are some antipsychotics not associated with weight gain and diabetes
    - Risk/benefit assessment when choosing an antipsychotic
  - Multidisciplinary assessment for SCI/SMI
Changes in Current Policy V

- SMI and SU in Veterans with SCI
  - Need to examine
    - Whether all who need help are getting it
    - Shared risk factors for poor clinical outcomes between SMI and SU
    - Protective factors associated with SCI (e.g., application of disability core values to co-occurring conditions) that could aid in recovery from SU disorders and coping with SMI
      - Tolerance for unpredictability and living with uncertainty
      - Skills in managing multiple problems
      - A sophisticated future orientation
      - A flexible adaptive approach to tasks
Changes in Current Policy VI

- Conduct more research on:
  - Co-occurrence rates of Veterans with SCI and SMI
  - What the hospital experience is like for Veterans with SCI and SMI
  - Clinical and treatment outcomes for Veterans with SCI and SMI
  - Shared health risks between SCI and SMI and associated morbidity and mortality
  - Caregivers
  - Other co-occurring problems in this population (e.g., SU)

- Develop clinical practice guidelines
Questions and Answers
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References


THANK YOU!

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