



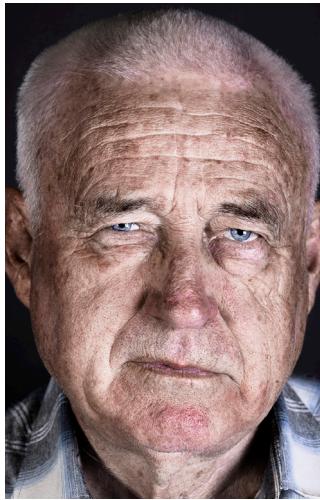
# Mental Health Innovations

Updates from VA's Specialized Mental Health Centers

## IN THIS ISSUE: Assisting At-Risk Older Veterans

### RESEARCH

#### Understanding Traumatic Brain Injury and Strategies for Treatment



*Studies are exploring long-term effects of TBI and ways it relates to dementia and mental functioning.*

**A**lthough traumatic brain injury (TBI) is a well-known problem for many Veterans, we know little about how it affects the mind and memory over the long run. Studies by Dr. Kristine Yaffe and her group at the San Francisco Veterans Affairs Medical Center are providing greater understanding of how TBI relates to dementia and mental functioning in later life.

Yaffe and colleagues have been involved with more than half a dozen studies of TBI and dementia. A study completed about a year ago of over 180,000 Veterans found that those with TBI were 60% more likely to develop dementia than those without TBI. The study also found that those with TBI and other issues, such as depression, posttraumatic stress disorder or problems with blood vessels in the brain, were at even greater risk.

Studies are underway to further explore the long-term effects of TBI and its association with emotional problems. Dr. Yaffe's group, with the Chronic Effects of Neurotrauma Consortium, will examine these outcomes in Veterans with mild TBI. Another project, funded by the Department of Defense, is studying a group of retired Veterans with TBI in Napa, CA. Preliminary results suggest that clinicians should carefully screen Veterans with TBI for cognitive and mental health issues. For more information, contact Kristine Yaffe, MD, at [kristine.yaffe@ucsf.edu](mailto:kristine.yaffe@ucsf.edu).

*“...clinicians should carefully screen Veterans with TBI for cognitive and mental health issues.”*

### EDUCATION

#### Online Training for Suicide Prevention of Older Veterans

**S**trengthening clinicians' suicide-prevention knowledge and skills is a high priority for the Veterans Health Administration (VHA). Suicide rates in general are highest among older adults, particularly men. The VISN 2 Center of Excellence for Suicide Prevention created a one-hour training for clinicians, "Increase Your Suicide-Prevention Skills with Older-Adult Veterans," available online through the Talent Management System. Topics include rates of suicide among older adults, risk and protective factors for this age group, and strategies and resources for identifying and helping older adults who may be at risk for suicide.

### HIGHLIGHT

#### VA Geriatrics and Extended Care (GEC)

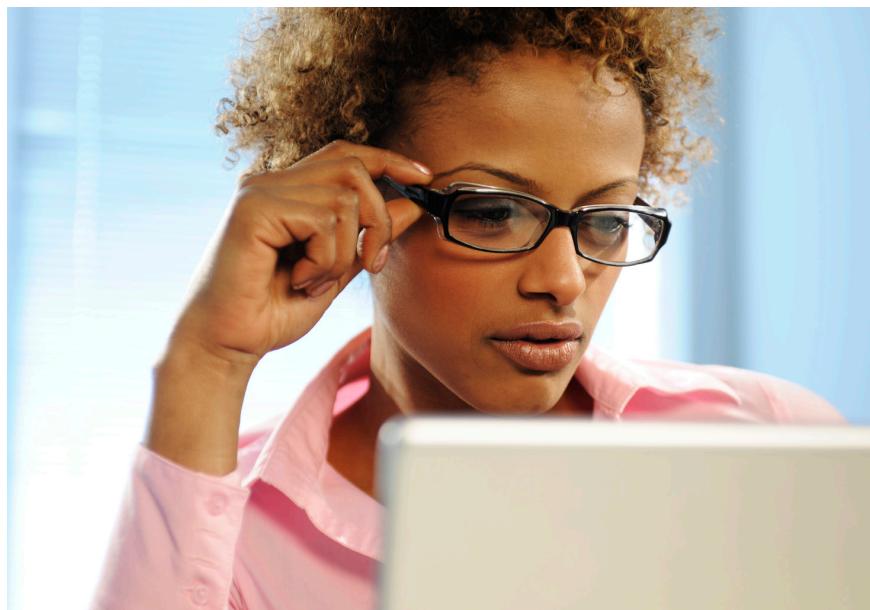
### LEARN MORE

[Alzheimer's Association](#)

[ElderWeb](#)

[Health in Aging](#)

**Self-Help Resources: Resources to Empower Veterans Mental Health**



Clinicians can now train online in suicide-prevention for older adults.

Over a five-month time period, 1,428 physicians, psychologists, social workers and nurses completed the course. Comparison of tests taken before and after the training indicated substantial gains in suicide prevention knowledge. Participants increased their awareness of risk factors for suicide in late life, their confidence in being able to help a suicidal older adult, and their suicide-prevention activities with older adults. Those with less than two hours of suicide-prevention training before the course benefited the most from the training. For more information, contact Deborah King, PhD, at [deborah.king@va.gov](mailto:deborah.king@va.gov) or Jane Wood, RN, MSN, at [jane.wood2@va.gov](mailto:jane.wood2@va.gov).

## CLINICAL

### Partners in Dementia Care Improves Outcomes and Access to Services for Veterans and Caregivers

In a partnership between Veterans Health Administration (VHA) medical centers and Alzheimer's Association chapters in Boston and Houston, two-person care-coordinator teams provided telephone support to Veterans with dementia and their caregivers over 12 months. Known as "Partners in Dementia Care (PDC)," the program included an upfront assessment, development of care goals and action steps, and monitoring and intervention for 508 Veterans. Care coordinators collaborated with each other through weekly phone calls and secure electronic communications.

PDC 1) provided dementia-related education and information, 2) offered emotional support and coaching, 3) linked families to medical and nonmedical services and resources, and 4) mobilized and organized the informal care network. Compared with education and usual care, PDC improved many aspects of life for Veterans and caregivers. Reductions were noted in depression, care-related strain, and hospital readmissions in both the caregivers and Veterans. Veterans with serious problems were less likely to require a nursing home placement and had improved access to outpatient services. The PDC program did not increase healthcare costs, was well accepted by all participants (Veterans/families, physicians and sponsoring organizations), and led to increased caregiver satisfaction with VHA services. Studies of PDC in Ohio, Tennessee and Georgia are now ongoing. For more information, contact Mark Kunik, MD, MPH, at [kunik.marke@va.gov](mailto:kunik.marke@va.gov).



A joint project between the VHA and Alzheimer's Association improved conditions for both dementia patients and their caregivers.

There are 15 VA specialized mental health centers of excellence which include 10 Mental Illness Research, Education and Clinical Centers (MIRECCs), 4 Mental Health Centers of Excellence, and the National Center for PTSD. The centers share a mission to improve the health and well-being of Veterans through cutting-edge science, education, and clinical initiatives. Mental health problems are often multiple complex conditions. Each center addresses a particular mental health disorder, environmental situation or Veteran cohort. To learn more about these centers, go to [www.mirecc.va.gov](http://www.mirecc.va.gov).

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