

Perspectives of Mental Health Providers on Working with Patients with Dementia and Their Caregivers

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Poster Abstract

Background: Dementia-specific training for generalist clinicians has been identified as one solution to address workforce shortages. Mental health (MH) providers hold professional competencies that support delivery of critical diagnostic and intervention services to persons with dementia (PwD) and their caregivers. However, although many have experience serving older adults, most lack specialty geriatric training. To inform the development of continuing education curricula, we examined beliefs about working with PwD and caregivers and interest in geriatric MH training among MH providers.

Method: N=65 outpatient MH providers in a Veterans Affairs (VA) medical center completed an anonymous survey regarding beliefs and experience related to working with PwD and caregivers, perceived barriers to providing MH services, and self-rated competence to manage risk of harm to self or others in PwD. We compared respondents with current caseloads comprising >50% and <50% older adults.

Results: Response rate was 82%. Most providers served PwD, but few had experience in caregiver engagement (Table 1). Respondents rated skills for working with PwD and caregivers as highly important. However, confidence in providing these services was modest, with approximately one-third reporting no or minimal confidence (Table 2). Half (50.7%) reported low self-rated competence for managing risk of harm in PwD. While respondents believed strongly that PwD can benefit from MH treatment, system inadequacies and training deficits were identified as key barriers to services (Table 3). Interest in geriatric training topics was high (Table 4). Compared to providers serving <50% older adults, those serving >50% endorsed greater self-rated competence to manage risk among PwD ($\chi^2=6.25(1)$, $p=.012$). There were no group differences in perceived barriers or confidence in providing services to PwD and caregivers.

Conclusion: VA MH providers represent an underutilized resource in dementia care. MH providers place high importance on having skills to work with PwD and caregivers and believe that PwD can benefit from MH treatment. Nevertheless, they report modest self-confidence in providing these services, including clinical management of risk of harm. Interest in dementia-related training is high. In addition to the development of targeted provider training, system-level barriers to providing MH services to PwD should be evaluated and addressed.

Table 1. Demographics and professional experience with older adults and caregiver engagement in outpatient mental health providers (N=63)¹

		N	%
Age	20-35 years	21	33.3
	36-49 years	17	27.0
	50+ years	19	30.2
	prefer not to answer	6	9.5
Gender	Female	35	55.6
	Male	20	31.7
	prefer not to answer	8	12.7
Professional discipline	Nursing	1	1.6
	Peer support	4	6.3
	Psychology	10	15.9
	Psychiatry, clinical pharmacy, or other physician	15	23.8
	Social work	21	33.3
	Other (not specified)	6	9.5
	prefer not to answer	6	9.5
Professional experience	0-5 years or currently trainee	16	25.4
	6-15 years	25	39.7
	15+ years	21	33.3
	prefer not to answer	0	0
Current clinical setting	Integrated into primary care	5	7.9
	Outpatient clinic or PTSD specialty clinic	37	58.7
	Addictions treatment clinic	9	14.3
	Inpatient mental health unit	4	6.3
	Other	5	7.9
	prefer not to answer	3	4.6
Approximate percentage of older adults in usual caseload over past six months ²	0%	0	0
	1-25%	17	26.6
	26-49%	15	23.4
	51-74%	25	39.1
	75-100%	7	10.9
Of older adult patients, approximate percentage with cognitive disorder ²	0%	3	4.7
	1-25%	38	59.4
	26-49%	13	20.3
	51-74%	7	10.9
	75-100%	3	4.7
Professional experience in caregiver engagement in MH assessment	None or a little	32	50.0
	Some	22	34.4
	Substantial	10	15.6
Professional experience in caregiver engagement in MH treatment	None or a little	35	54.7
	Some	20	31.3
	Substantial	9	14.1

Note. ¹Two participants did not complete the demographic and caregiver engagement items. ² N=64 for items assessing current practice with older adults. PTSD = post-traumatic stress disorder; MH = mental health.

Table 2. Provider ratings of importance and self-efficacy regarding mental health practice with persons with dementia and caregivers (N=65).

	Importance of basic knowledge and skills with PwD		Importance of including caregiver in MH assessment		Importance of including caregiver in MH treatment	
	N	%	N	%	N	%
Not or somewhat important	10	15.3	5	7.7	7	10.8
Very important or essential	55	84.6	60	92.3	58	89.2

	Conduct MH assessment with PwD		Conduct MH treatment with PwD		Include caregiver in MH assessment		Include caregiver in MH treatment	
	N	%	N	%	N	%	N	%
Not at all or a little confident	17	26.2	21	32.3	19	29.3	18	27.7
Moderately confident	30	46.2	31	47.7	21	32.3	27	41.5
Very or extremely confident	18	27.7	13	20.0	25	38.4	20	30.8

Note. PwD = persons with dementia; MH = mental health; caregiver = informal family/friends providing caregiving assistance

Table 3. Perceived barriers to providing mental health services to older patients with dementia (N=65).

	PwD can't benefit from MH treatment	PwD can't benefit from my treatments	I do not have right training to provide MH to PwD	PwD patients are not identified in our clinic	I do not have right training to administer cognitive screens	System: inadequate staffing for PwD	System: inadequate time for PwD
	N (%)						
Disagree/ strongly disagree	59 (92.2)	56 (86.2)	28 (43.0)	34 (52.3)	34 (52.3)	8 (12.3)	10 (15.6)
Neutral	3 (4.7)	6 (9.2)	24 (36.9)	15 (23.1)	11 (16.9)	19 (29.2)	15 (23.4)
Agree/ strongly agree	2 (3.2)	3 (4.6)	13 (20.0)	16 (24.6)	20 (30.8)	38 (58.6)	39 (61.0)

Note: MH = mental health; PwD = person with dementia. Numbers indicate number and percentage of respondents endorsing each option in response to a question about barriers to providing quality mental health services.

Table 4. Staff interest in dementia-specific and geriatric mental health education topics (N=65).

	Psychiatric medication and PwD	Psychotherapy with PwD	Identify and address elder abuse	Effectively including CG in services for PwD	Assessment of PwD	Knowing about VA and community resources for patient and CG
	N (%)					
Not important	7 (10.8)	9 (13.8)	2 (3.1)	2 (3.1)	4 (6.2)	1 (1.5)
Somewhat important	19 (29.2)	14 (21.5)	15 (23.1)	12 (18.5)	5 (7.7)	7 (10.8)
Very important or essential	39 (60.0)	42 (64.6)	48 (73.8)	51 (78.4)	56 (86.1)	57 (87.7)

Note. MH = mental health; PwD = persons with dementia; CG = caregiver. Numbers indicate number and percentage of respondents choosing that rating for each item professional education topic, assessed relevant to their training needs and current mental health practice.