STEP TWO: Counseling & Referral

- Overview
- 5 Key Counseling Points
- Referral Patterns

STEP THREE: Diagnostic Assessment

- Overview
- Dx Testing
- Dx Interview
- Patient Education Materials
Is it natural to be old and sad?

TRUE  FALSE
Reason for Hope: Older Adults

- More willing to use MH services from range of providers
- Open to both psychotherapy and pharmacotherapy
- HCPs more + about treatment of older adults with MI
STEP TWO: Collaborative Care Model

- Counseling about need to address mental health problems
- Referral for formal assessment
When screening identifies potential MH problems, to apprehension and uncertainty

- **Educate** pt about MH issues facing elders
- **Inform** pt about effective Tx options
- **Assure** pt they will receive care from the primary care practice (continuity of care)
- **Schedule** formal assessment within 10 days of initial screening
STEP TWO Completed by

- PC physician or staff member (RN, case mgr., PA, other qualified MH provider employed by the PC practice or working under contract)

  OR

- Independent qualified MH provider co-located at PC office
Older patients may feel:

- Stigmatized/reluctant to come in for diagnostic assessment
- Help them feel more comfortable/stick with Tx
- Understand Dx is important step in process and they may need specialty referral.
- Tests = necessary, but may not be sufficient.
5 Main Counseling Points

- Convey late life MI=common
- Discuss how MI co-occurs with health problems
- Underscore MI isn’t normal aging
- Highlight that treatment works
- Introduce collaborative model
1. Screening

*If patient screens positive for mental health problem, then proceed*

2. Counseling & Referral

1. Convey that mental illness among older adults is not so uncommon, and many types of mental illness do not appear until later in life.

2. Discuss how many mental illnesses among older adults can co-occur with other health problems.

3. Underscore the notion that mental illnesses are not normal aspects of getting older.

4. Highlight the fact that treatment works.

5. Tell them about the collaborative model.
At the end of counseling session
Primary Care Provider:

- Schedule patient for formal diagnostic assessment within 10 working days
STEP THREE: Diagnostic Assessment Goals

- Getting to know the older adult
- Establish therapeutic relationship
  - Accurate dx assessment = critical component of effective & cost effective Tx
  - Especially important in elders d/t co-morbidities
    - broad range of psychological problems
- Baseline symptoms (performance scores) for research purposes
Assessment: Part I

Complete 4 Brief Assessment Tools:

- PHQ-9
- MMSE
- S-MAST geriatrics
- Short Form Health Survey (SF-12)
Assessment: Part II

(a) Modified Diagnostic Interview
Hx: medical, functional, occupational, educational, other personal information

(b) Current Information
Functioning level, sleep, pain, ADLs, nutrition, mental status, behavior, intellectual function
Assessment: Part II (Cont)

(c) Determine Capacity to Engage in Tx Successfully

Goals, motivation, financial resources, social support, transportation
Diagnostic Assessment

- Completed by Qualified Mental Health Professional
- Staff Member in PC Office (under supervision of qualified MH professional or physician)
- Independent Provider (qualified Medicare MH provider)
- Single Session – 55 Minutes
Diagnostic Assessment (Cont)

- Informed by initial screening (focus)
- Confirm vs re-ask same questions
- Not all patients referred for Dx assessment will have a diagnosable psych disorder or need psychotherapy or medication intervention
At conclusion of dx assessment & in prep for developing Tx plan:

- **Provide** older adults with set of educational materials
- **Urge** them to review prior to next appt
- **Schedule** next appt within 10 days of dx assessment
- MH specialist **develops** Tx plan during interim between appts