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Collaborative Models of Mental Health Care for Older Iowans

Clinical Procedures

Step Two: Counseling & Referral
Overview

Many health providers subscribe to the loss-deficit model of aging and assume that depression and other late-life mental health problems are an inevitable part of getting older. Recent research suggests otherwise. Adults continue to mature intellectually and emotionally as they age, and mental illnesses have been determined not to be a normal part of aging. Recent studies suggest that health professionals have become more positive about treating older adults with mental illnesses. In fact, many providers consider their work with older adults challenging and rewarding.

Also, older adults have become more willing to use mental health services than previously believed and are open to receiving care from a wider range of providers such as physicians, nurses, social workers, clergy, friends, and family. Older adults also rate psychological treatments (i.e., psychotherapy) as being just as credible as drug therapy.

The second step of the collaborative care model involves counseling the older patient with an identified mental health need about the importance of addressing mental health problems and referring the patient for a formal assessment.

In particular, when the screening of an older adult indicates a potential mental health problem, then the next step of the clinical process should involve educating the patient about mental health issues facing older adults, informing him or her about effective treatment options, and assuring him that he will receive care from someone who is collaborating formally with the primary care practice. Indeed, highlighting the continuity of the collaborative model of mental health care can reduce the uncertainty and apprehension that an older adult may hold about completing a formal diagnostic assessment and using specialty mental health services.

The other critical aspect of this step is to schedule a formal diagnostic assessment to occur preferably within ten business days or, if possible, as an immediate follow-up to the initial screening. Once the appointment is scheduled, the patient should be told to put all prescription medications into a brown bag and bring those to the assessment.

This second step can be completed by the primary care physician or a staff member (e.g., a care manager, a nurse specialist, a physician’s assistant or a qualified mental health provider employed by the primary care practice or working under contract). The step also can be conducted by an independent qualified mental health provider who is co-located at the primary care office.

On the pages that follow, we provide some recommended talking points about counseling an older adult about mental health issues and illustrate how the referral for diagnostic assessment may occur.
2. Counseling & Referral

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

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

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

D. Highlight the fact that treatment works.

E. Tell them about the collaborative model.
Counseling Points

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.**

It may be helpful to inform the patient that as many as 1 out of every 5 older adults experiences a mental health problem in any given year, and the notion of ‘late-onset mental illness’ means a person can go through her adult life without any history of having any psychiatric problem. Late onset means that as people age mental illness may develop as social networks change or as physical functioning decreases or as their biological chemistry changes. Late onset mental illness can also occur alongside cancer, diabetes, heart failure, and other common physical problems.\(^1\,^2\)

For example, an older person who may never have been depressed during his adult life may become depressed only after he experiences the loss of a loved one. An older person may only become anxious in response to having to take care of an aging mother or having to face the financial challenges of paying for long-term care. Some older adults may only have problems with substance misuse or abuse once they start mixing routine amounts of alcohol with new prescriptions, or when they no longer have daily routines such as going to work.

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

People may become depressed as they gradually lose the ability to walk on their own. They may become depressed when they can no longer engage in preferred leisure such as playing golf or attending sporting events. Persons with cancer and those needing surgery may experience higher rates of anxiety. Persons with arthritic pain may increase use of alcohol and pain relievers. These sorts of co-occurring problems are common\(^1\,^2\).

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

Although one out of every five older persons experiences a diagnosable form of mental illness in a given year, four out of five older adults remain healthy. So growing old is not a cause of mental illness. Not every one becomes clinically depressed after the death of a spouse, not everyone becomes anxious about the possibility of moving into a nursing home, not everyone becomes demented as they reach 85, and not everyone with arthritic pain abuses alcohol or prescription medications.\(^1\,^2\)
4. **Highlight the fact that treatment works.**

Researchers have shown that both pharmaceutical and psychological treatments work for older adults with mental health problems, and treatment often works best when prescription medications are combined with psychotherapy. For example, people who are anxious or depressed often get better within six months by taking medication and talking to a qualified mental health professional on a routine basis. Although there is no cure for dementia, people can benefit from receiving treatments that slow the progression of the disease or help persons manage difficult problems that are caused by dementia. People who are having trouble with alcohol or substances often get better by changing their prescriptions and watching their intake.\(^1,^2\)

5. **Tell them about the benefits of the collaborative approach to care.**

Tell the patient about how a series of national research studies have indicated that a collaborative approach to care can improve the quality of life for older persons with mental health problems.\(^1^3^-^1^9\) The collaborative approach entails a primary care office working in partnership with a qualified mental health specialist. This partnership involves having the primary care provider oversee the course of care and manage prescription medications, and having a mental health provider conduct a diagnostic assessment, develop a treatment plan in collaboration with the primary care staff and the older adult, and provide effective approaches to treatment. The primary care provider and mental health specialist work together in a way that improves the patient's mental and physical health.

*At the end of this counseling session, the patient should be scheduled to receive a formal diagnostic assessment preferably within the next 10 working days.*

*Once an appointment is scheduled, the patient should be told to put all prescription medications into a brown bag and bring them to the diagnostic assessment.*
Staffing Model #1 Carve-In (Co-location)

If an older adult appears to have a mental health problem and a formal diagnostic assessment can be done in the same office, then introduce the patient to the mental health provider and complete diagnostic assessment immediately or schedule a follow up appointment within 10 business days.
If an older adult appears to have a mental health problem and a formal diagnostic assessment cannot be done in the same office on the same day, then call the mental health provider and schedule the patient to complete a diagnostic assessment within 10 business days at the mental health provider’s office.