



2

COLLABORATIVE MODELS OF MENTAL HEALTH CARE FOR OLDER IOWANS

CLINICAL PROCEDURES

STEP ONE: PRIMARY CARE SCREENING

The average older adult presents a complex clinical case. He is at a higher risk for disease, has higher levels of disability, is more likely to have a detailed medical history, and may be filling multiple pharmaceutical prescriptions at any given time. On top of all this, one of five older adults is likely to have a diagnosable form of mental illness when appearing in a primary care office.²⁴

Despite the availability of effective treatments, access and use of specialty mental health services does not correspond very well with the need for care. It is known that older adults with mental illnesses generally are less likely to be formally diagnosed than younger adults, and less than 25% of older adults who need mental health care receive specialty treatment. In fact, Americans over the age of 65 have the lowest access rate to specialty mental health services among all population groups.²⁵

Most often, older persons with mental illnesses are identified and treated within primary care settings.²⁶ Although primary care providers are capable of examining the concurrent medical problems presented by older adults with mental illness, the provision of mental health care within primary care also may be difficult and may not lead to providing the most effective forms of care.

The application of a formal screening and interview protocol can increase the identification of older persons with mental illnesses. This can lead to increased use of specialty services and improved clinical outcomes.²⁷ Following on this, the first step in the collaborative model of mental health care for older Iowans consists of applying a standard clinical screening tool for mental health problems and conducting a follow-up mental status examination.

We have developed a clinical screening tool and a set of interview questions that can be administered by the primary care provider (or his staff). The clinical screening tool and interview questions are featured in the remainder of this chapter.





The Mental Health Screen for Older Iowans provides a quick and reliable method to screen and evaluate older adults who may be experiencing a mental health problem. The 15 item screen is designed to detect symptoms related to anxiety, depression, dementia, and alcohol and drug abuse. The screen specifically was designed to be used in primary health care settings. It can be administered quickly and is easy to score.

The Mental Health Screen for Older Iowans was created by identifying select components of four screening tools that have been used to identify anxiety, depression, dementia, and alcohol abuse among older adults in primary care settings: the Patient Health Questionnaire,²⁰ the Rapid Alcohol Problems Screen,²¹ the Six-Item Screen for Cognitive Impairment,²² the Beck Anxiety Scale.²³

It is recommended that the Mental Health Screen for Older Iowans be administered by a primary care health care provider or a staff member as a part of a routine patient evaluation and management session. The provider simply asks the patient the 15 questions, notes their responses, and tallies a score. Altogether, the screen should take less than 5 minutes to administer.

Since the purpose of the primary care screen is to be sensitive to any possible mental health problem, older patients who receive 2 or more points should be counseled about the occurrence of mental health problems in late-life, informed about the value of mental health care, and referred for formal assessment (see step 2 of the collaborative model).

THE MENTAL HEALTH SCREEN FOR OLDER IOWANS

Provider Statement:

I am going to ask you some questions. Even if you are not sure, please just go ahead and provide your best answer.

I want to start by asking you to repeat and remember three words. Please wait until I say all three words, repeat them, and then try to remember what they are because I am going to ask you to name them again in a few minutes. OK?

Repeat these words after me:

- APPLE
- TABLE
- PENNY

Now I want to ask you some other questions:

No.	Question	Answer	
1	What year is this?	Wrong (1)	Right (0)
2	Have you ever had trouble remembering what you did or said after drinking or taking any of your prescription medication?	Yes (1)	No (0)
3	Who is the current President of the United States?	Wrong (1)	Right (0)
4	What day of the week is this?	Wrong (1)	Right (0)
5	In the past month, have you lost interest or found it difficult to enjoy activities?	Yes (1)	No (0)
6	Have you ever thought about cutting down on your drinking or prescription drug use?	Yes (1)	No (0)
7	In the past month, have you feared the worst happening?	Yes (1)	No (0)
8	Do you ever feel guilty about your drinking or prescription drug use?	Yes (1)	No (0)
9	In the past month, have you felt down or depressed?	Yes (1)	No (0)
10	Do you get annoyed when someone asks about your drinking or prescription drug use?	Yes (1)	No (0)
11	In the past month, have you been bothered by feelings of nervousness?	Yes (1)	No (0)
12	Do you ever drink as soon after you wake up?	Yes (1)	No (0)
	What were the three objects I asked you to remember?		
13	Apple	Wrong (1)	Right (0)
14	Table	Wrong (1)	Right (0)
15	Penny	Wrong (1)	Right (0)

TOTAL SCORE _____

A total score of 2 or more indicates a need for formal diagnostic assessment.

Source: University of Iowa, Center on Aging (2007)





Administration:

The screen does not establish or confirm a diagnosis of anxiety, depression, dementia, alcohol or drug abuse, or any other mental health problem. When someone receives a score of 2 or more points, the person should be referred for a formal diagnostic assessment.

The preferred method of administration for the screen is for the primary care provider or staff member to read the opening statement and then go through the 15 questions aloud and circle the patient's response. Self-administration is not recommended because of the questions concerning memory and recall. Further, some older adults with lower levels of education or visual deficits may have trouble reading the questions.

Scoring:

The older adults should receive one point if he gets any of the "cognitive" questions wrong. One point should be given for incorrect answers to the questions concerning orientation (i.e., year and day). One point for not knowing the President. One point should be given each time the older person cannot recall the words apple, table, or penny.

One point should be given for each of the remaining questions that are answered with YES.

A total score of 2 or more indicates a need for formal diagnostic assessment.

If the older adult scores 2 or higher on the initial screening, the primary care provider should ask more direct questions concerning the patient's mental health. The focus of these questions should be related to the items endorsed on the screen and the questions should cover: (a) the individual's past medical history pertaining to mental health problems, (b) the family medical history with mental health problems, and (c) any social history relevant to mental health problems.

The primary care provider also should complete a systematic mental status examination by reviewing the elements listed on the next page. Again, the focus of the mental status examination should be to gather more information about the items endorsed on the screen.

The physician should note any particular aspects of the following 11 clinical elements and then include these notes in the referral for diagnostic assessment.



MENTAL STATUS EXAMINATION



1. Speech
 - a. rate - volume _____
 - b. coherence _____

2. Thought process
 - a. content – logic _____
 - b. computation _____

3. Thought association
 - a. loose-tangential _____
 - b. circumstantial _____

4. Abnormal, psychotic thoughts
 - a. hallucinations-delusion _____
 - b. obsessive thinking _____

5. Judgment
 - a. concerning social situations _____
 - b. insight into own condition _____

6. Orientation _____

7. Recent and remote memory _____

8. Attention span and concentration _____

9. Language
 - a. name objects _____
 - b. repeat list of words _____

10. Fund of knowledge
 - a. current events _____

11. Mood and affect _____