COLLABORATIVE MODELS OF MENTAL HEALTH CARE FOR OLDER IOWANS
Collaborative Models of Mental Health Care for Older Iowans
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INTRODUCTION

COLLABORATIVE MODELS OF MENTAL HEALTH CARE FOR OLDER IOWANS
Overview

One of the challenges presented by the growing population of aging Iowans concerns the lack of identification and treatment of mental health problems. It has been reported that approximately 15% of older primary care patients have unrecognized depression and anxiety disorders, 10% have significant problems with alcohol and other substances, and another 5% have problems with their memory and intellectual functions that are not normal features of growing old.\(^1\) Older adults who present in primary care also experience mental health problems in addition to health problems such as arthritis, cancer, diabetes, and heart disease.\(^2\)

In 2004 the Iowa Department of Human Services awarded pilot grants to two Community Mental Health Centers to develop collaborative approaches of clinical care with primary care providers. Each pilot program developed a collaborative model of care in which a mental health specialist partnered with local primary healthcare offices, and this mental health specialist helped primary care staff identify older adults with mental health needs and then provided specialty services such as diagnostic assessment, psychotherapy, and case management.

In 2006 the Department of Human Services, Division of Mental Health and Developmental Disabilities received an award from the National Institute of Mental Health and partnered with the University of Iowa, Center on Aging (COA) to plan for the expansion of this collaborative approach to mental health care. As part of this effort, the DHS and COA developed this guidebook:

‘COLLABORATIVE MODELS OF MENTAL HEALTH CARE FOR OLDER IOWANS’

This guidebook provides a step by step approach to developing a collaborative care model that includes a primary healthcare provider and a mental health service provider. This guidebook reviews four key clinical procedures and the critical components of model administration.
This guidebook provides the blueprint for establishing a collaborative approach to care that can improve clinical outcomes for older adults experiencing mental health problems. The guidebook also provides the blueprint for reducing practice costs and increasing efficiency.

In particular, this guidebook:
(a) details the procedural steps involved in providing collaborative care;
(b) defines what resources are necessary to establish a collaborative partnership;
(c) provides a clinical tool to screen for mental illnesses in a primary care office;
(d) offers some tips about encouraging older adults to seek mental health care;
(e) describes well-established approaches to conducting diagnostic assessment;
(f) lays out a comprehensive approach to treatment planning;
(g) presents effective pharmacological and psychotherapeutic treatment options;
(h) discusses the importance of supportive services;
(i) suggests different approaches to staffing a collaborative care model;
(j) recommends viable approaches for submitting service claims;
(k) identifies technical resources available to providers;

Additional materials that can assist your efforts to develop a collaborative care model are located at www.icmha.org/outreachandclinical/collaborativemodels.
KEY POINTS ABOUT OLDER IOWANS WITH MENTAL HEALTH NEEDS

BACKGROUND:
1. Mental illnesses are the third most common health problem experienced by older Iowans.
2. Mental illnesses can make other health problems worse:
   a. older adults who are depressed are more likely to fall and injure themselves
   b. post-operative surgical care is more complicated among older adults with dementia
   c. alcohol abuse and prescription drug abuse mitigate clinical outcomes
3. Treatment works:
   a. depression among older adults improves with prescription therapy
   b. problems caused by dementia can be mitigated with behavioral management
   c. psychotherapy can help reduce anxiety

THE PROBLEM:
1. Most older adults with mental illnesses present in non-specialty settings and often are difficult to treat:
   a. anxious older adults may define emotional problems as physical symptoms
   b. persons with dementia often present with non-specific complaints
   c. persons who abuse alcohol often under-report their consumption
2. Most older adults with mental illnesses are never diagnosed
3. Most older adults with mental illnesses never receive specialty mental health care:

   These individuals often have less favorable clinical outcomes and contribute to increasing practice costs that are not reimbursable.

THE SOLUTION:
1. Increase identification of older persons with mental health needs in primary care
2. Increase support for delivery of mental health services: assessment and treatment
3. Establish collaboration care models between primary care and mental health service providers.

THE FUTURE:
By developing a collaborative care model
1. You will improve the clinical care of older persons in your practice
2. You will reduce practice costs and increase operating efficiency
3. You will be offered ongoing technical assistance as you implement the model and you will be provided an opportunity to participate in federal and state research demonstrations designed to establish the collaborative model as an evidence-based approach to care for older adults with mental health needs.
Basic Clinical Model - Four Procedural Steps

1. Screening

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

2. Counseling & Referral

*Counsel patient about benefits of mental health care and schedule diagnostic assessment*

3. Diagnostic Assessment

*Conduct formal assessment and start treatment within two weeks*

4. Treatment

*Initiate 24 week treatment plan*
1. **Screening**
The Mental Health Screen for Older Iowans

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

2. **Counseling & Referral**
Discuss the importance of mental health care
Schedule Diagnostic Assessment

3. **Diagnostic Assessment**
   - Testing
   - Interview
   - Begin Patient & Family Education

4. **Treatment**
   - Treatment Plan Agreement
   - Pharmacotherapy
   - Problem Solving Therapy
   - Supportive Services
   - Evaluation
The collaborative care model involves four clinical procedures. These procedures are defined as (a) patient screening, (b) counseling and referral, (c) diagnostic assessment, and (d) treatment. The collaborative care model necessitates that all four procedures be executed in sequential order. However, where these procedures take place and who executes any one of the particular procedures can vary according to individual office practices and staff support.

This process was developed by reviewing the research literature concerning collaborative models of care, by studying other collaborative models of mental health care such as IMPACT and PRISM-E, and by considering the experiences of the two pilot projects that were supported by the Iowa Department of Human Services, Division of Mental Health and Developmental Disabilities.

I. PATIENT SCREENING

Concerning the first procedure, patient screening, only the primary care physician or someone working under his or her supervision as a staff member (e.g. a care manager, a nurse specialist, a physician’s assistant or a mental health provider employed by the primary care practice or working under contract) should screen whether or not someone over the age of 65 may be experiencing a mental health problem.

The screening should include the completion of the standard clinical tool that was developed for this project and a set of formal interview questions that concern mental health symptoms and functioning. Even if the patient states their presenting complaint as “I feel depressed,” the screening still should take place.

In Chapter 2 of this guidebook, you will find the Mental Health Screen for Older Iowans and a set of mental status examination questions that may help determine if an older adult is experiencing a mental health problem such as anxiety, depression, dementia, or alcohol abuse. The screening tool was developed especially for the Collaborative Model of Mental Health Care for Older Iowans from a composite of four clinical tools (i.e., the Patient Health Questionnaire, the Rapid Alcohol Problems Screen, the Six-Item Screen for Cognitive Impairment, the Beck Anxiety Scale) currently used to screen mental health problems among older adults who appear in primary care and other health care settings.
II. COUNSELING & REFERRAL

If the screening procedure suggests that someone is having a mental health problem, the patient should receive counseling about the importance of addressing mental health issues and then be referred for diagnostic assessment. It is critical that this second step be completed by the primary care physician or someone working under his or her supervision as a staff member (e.g. a care manager, a nurse specialist, a physician’s assistant or a mental health provider employed by the primary care practice or working under contract) so the older adult is shown that the mental health care will, in fact, be completed in collaboration with the primary care office.

In Chapter 3 of this guidebook, there is a set of statements that could be used when counseling an older adult about the importance of completing a formal assessment and initiating treatment for mental health problems. We also recommend that the patient should be scheduled to complete a formal diagnostic assessment within ten business days of screening. **UPON SCHEDULING AN ASSESSMENT, THE PRIMARY CARE STAFF SHOULD REMIND THE OLDER PATIENT TO GATHER ALL PRESCRIPTION MEDICATIONS INTO A BROWN BAG AND BRING THE BAG TO THE ASSESSMENT.**

III. DIAGNOSTIC ASSESSMENT & PATIENT EDUCATION

When the patient is referred for diagnostic assessment, it is expected that a qualified mental health provider or someone working under his or her direct supervision will complete four diagnostic tests, a short health survey and a psychosocial interview that focuses on the symptoms highlighted during the initial screening. This assessment should take no more than 55 minutes to complete. The recommended approach to diagnostic assessment is detailed in Chapter 4 of this guidebook.

One assessment tool focuses on symptoms of depression, another focuses on cognitive status, a third focuses on anxiety and the fourth concerns alcohol and substance misuse. The assessment also involves a short form health survey and a diagnostic interview schedule. The recommended questions for diagnostic interviewing are featured in Chapter 4.

Upon completion of the diagnostic assessment, the patient should be provided with education materials most pertinent to his mental health needs and the mental health provider should begin to develop a treatment plan. The third step is completed when the patient is scheduled to initiate treatment, preferably within ten working days.
IV. TREATMENT

It is expected that the formal assessment leads to the development of a treatment plan that can be carried out over a six month period. This treatment plan should incorporate a collaborative approach in providing pharmaceutical, psychotherapeutic treatments, and supportive services. In Chapter 5, the treatment planning process is presented and a recommended schedule of care is provided.

At the beginning of the first treatment session, the mental health specialist will review the treatment plan with the client and this plan will be modified according to the older client’s preferences and capacities. For example, some patients may elect only to pursue pharmaceutical approaches to care; others may prefer only to engage in problem solving therapy once every month as getting to the office may be difficult. This first treatment session also is intended to build rapport with the client, provide further education about mental health problems and the benefits of engaging in treatment, initiate pharmaceutical prescription therapy, review the approach to problem solving therapy, and discuss the importance of supportive services.

The pharmaceutical aspect of an older individual’s treatment should be defined and monitored by the primary care provider (or staff). This involves making an initial prescription and then managing prescription and dosage levels as indicated by patient feedback as well as feedback offered by the qualified mental health specialist. Effects of pharmaceutical care should be evaluated routinely by scheduling the patient for office visits on a 4-6 week schedule. In Chapter 5 of this guidebook, we provide recommendations concerning pharmaceutical care for older persons with mental health needs.

The psychotherapeutic aspect of an older individual’s treatment should be defined and implemented by a qualified mental health service provider (or staff). The treatment involves regularly scheduled problem solving therapy sessions and identifying supportive services (e.g., meals programs, transportation services) that may benefit the older client. In Chapter 5 of this guidebook, we provide recommendations concerning the course of providing psychotherapeutic care to older persons and securing supportive services for an older client. The mental health specialist also may work with a case manager to identify supportive services that may be most appropriate for the older patient.

The treatment plan also will involve an evaluation of client progress every four to six weeks.
1. Screening

The Mental Health Screen for Older Iowans

If patient screens positive for mental health problem, then proceed

2. Counseling & Referral

Discuss the importance of mental health care
Schedule Diagnostic Assessment

3. Diagnostic Assessment

Testing
Interview
Begin Patient & Family Education

4. Treatment

Treatment Plan Agreement
Pharmacotherapy
Problem Solving Therapy
Supportive Services
Evaluation