

**BEST PRACTICES
AND
MODEL PROGRAMS
FOR
OLDER ADULTS**

Compiled by

**County of San Diego
Mental Health Services**

In partnership with
**UCSD Geriatric Psychiatry
Advanced Center for Interventions and Services Research**

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SAN DIEGO COUNTY MENTAL HEALTH SERVICES

BEST PRACTICES & MODEL PROGRAMS FOR OLDER ADULTS

N o .	CATEGORIES OF BEST PRACTICES, STRATEGIES, & MODEL PROGRAMS <small>(Selected by County of San Diego Mental Health Services)</small>	Examples of best practices, strategies, & model programs described in <i>Mental Health: A Report of the Surgeon General (1999)</i>	Examples of best practices, strategies, & model programs described in “<i>Promoting Older Adult Health</i>” by SAMHSA, 2002	Examples of best practices, strategies, & model programs described in article by <i>Bartels, et al., 2002</i>	Examples of best practices, strategies, & model programs described in <i>Other Sources</i>
1	Integrated Services: Integrated Mental Health in Primary Care (expands screening & collaborative care)	<ul style="list-style-type: none"> ✓ Integration of mental health professionals into primary care described as part of section on Service Delivery (pg 370-374). 	<ul style="list-style-type: none"> ✓ Multi-service agency offers mental health & substance abuse screening, treatment, & long term support for seniors. Includes primary care and other services. (Pg 48-52) ✓ Community health center integrates mental health & substance abuse services w/ primary health care (pg 53-57). 	<ul style="list-style-type: none"> ✓ Empirical evidence supports the effectiveness of <u>community-based, multidisciplinary geriatric mental health treatment teams</u> (Pg 1427) ✓ <u>Changing the process of care within the physician’s office</u>. Effective interventions include combinations of physicians and patient education, care management, and improved coordination among mental health and primary care providers. (Pg 1427) ✓ <u>Integration of services through collaboration between providers of specialty mental health care & primary care in a common setting</u>. Includes a care manager, monitoring of symptoms, and system for scheduling follow-up visits. (Pg 1427) 	<ul style="list-style-type: none"> ✓ IMPACT model (President’s New Freedom Comm. Report, pg 66) ✓ PRISM-E Research for depression in primary care ✓ Federal Bureaus of Primary Health Care. Health Disparities Collaboratives for Depression Care. www.healthdisparities.net ✓ Integrated mental health screening & outreach in routine senior services (Bartels 2003) pg 491-492 ✓ Article offers several approaches for ‘Integrated health care for older adults with SMI and medical comorbidity’ (Bartels 2004) pg S254-S255. ✓ Prevention of Suicide in Primary Care Elderly: Collaborative Trial (PROSPECT) study was to reduce the risk of suicide resulting from late-life depression. (Bruce et al., 2004)

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2	Integrated Services: Co-Occurring Disorders: Integrated Dual Diagnosis Treatment (Mental health & substance use disorders)	Not found.	<ul style="list-style-type: none"> ✓ Multi-service agency offers mental health & substance abuse screening, treatment, & long term support for seniors. Includes primary care and other services. (Pg 48-52) ✓ Elder Substance Abuse Outreach Program. Geropsych agency collaborates with aging services to reach elders w/ substance abuse problems & offers screening, referral, & treatment support services (pg 58-62). ✓ Substance abuse treatment center collaborates with a geriatric clinic and a neighborhood services agency to provide outreach and comprehensive connected services (pg 68-72). ✓ Community MH center, in a joint venture w/ a fiscal court and a area agency on aging, operates an adult day health program addressing substance abuse & mental health needs of elders (pg 73). 	Not found.	<ul style="list-style-type: none"> ✓ Treatment must have linkages with medical services, services for the aging, and institutional setting for referral into and out of treatment and case management. Treatment approaches described on pg 77-88 in TIPS #26. ✓ MAST-G screening for alcoholism in geriatric population. (Blow, 1992).

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3	Hospital / Home-based Geriatric Mental Health Services	<ul style="list-style-type: none"> ✓ “Landscape for aging” strives to tailor the environment to the needs of the person through a combined focus on health & residential requirements. (pg 371-376) 	<ul style="list-style-type: none"> ✓ Public hospital-based mental health center offers geriatric MH services onsite and off-site through senior centers & to elders at home (pg 63) 	<ul style="list-style-type: none"> ✓ Empirical evidence supports the effectiveness of <u>community-based, multidisciplinary geriatric mental health treatment teams</u> (Pg 1427) ✓ <u>Hospital-based geriatric psychiatry consultation-liaison services</u> (Pg 1427) 	
4	Referral and Treatment Approaches for Substance Abuse	<ul style="list-style-type: none"> ✓ Pharmacological treatment for Substance dependence (pg 370) ✓ Psychosocial treatment of Substance Abuse & Dependence (pg 370) 	Not found.	<ul style="list-style-type: none"> ✓ Non-confrontational Brief Motivational Therapy for alcohol abuse (pg 1426) 	<ul style="list-style-type: none"> ✓ For older adults, SAMHSA TIP #26. Includes brief intervention, motivational counseling, and describes different levels of treatment services, as well as treatment approaches. (pgs 65-93). ✓ Medical/Psychiatric approaches (pg 83-85)
5	Psychotherapy	<ul style="list-style-type: none"> ✓ Psychosocial treatment of depression (pg 355-356) ✓ Psychosocial treatment of Alzheimer’s Disease Patients and Caregivers (363-364) ✓ Psychosocial treatment of Substance Abuse & Dependence (pg 370) 	Not found.	<u>Geriatric Depression: (pg 1420)</u> <ul style="list-style-type: none"> ✓ Cognitive Behavior Therapy (CBT) ✓ Cognitive Therapy ✓ Behavioral Therapy ✓ Brief Psychodynamic Therapy ✓ Interpersonal therapy ✓ Problem-solving Therapy ✓ Reminiscence therapy <u>CBT for alcohol abuse (pg 1426)</u> <u>CBT for Anxiety: (pg 1427)</u>	<ul style="list-style-type: none"> ✓ Cognitive behavioral approaches; individual & group-based approaches for treatment of Substance Use (pgs 78-83 of SAMHSA TIPS #26) ✓ Cognitive Behavioral Social Skills Training for OA with schizophrenia (Granholm, 2005).

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6	Prevention & Education programs/interventions (to reduce stigma, encourage treatment, and reduce suicide and illness.)	<ul style="list-style-type: none"> ✓ Primary prevention (pg 342) ✓ Prevention of Depression and Suicide (pg 342) ✓ Treatment-related prevention (pg 342-343) ✓ Prevention of excess disability (pg 343) ✓ Prevention of premature institutionalization (pg 343) ✓ Education & Health Promotion (pg 379) 	<ul style="list-style-type: none"> ✓ Healthy Aging program incorporates Substance Abuse education, prevention, screening, referral, & continuing support. (pg 15-18) ✓ Health Enhancement Program (pg 19-23) ✓ Nutrition & senior centers serving Hispanic elders offer tailored mental health services (pg 24-28). 	Not found.	<ul style="list-style-type: none"> ✓ Mental health screening in routine senior services (Bartels 2003) pg 491-492 ✓ Citters, 2004. Community-based mental health outreach services for older adults are effective.
7	Outreach interventions	<ul style="list-style-type: none"> ✓ Offer mental health treatment in Primary Care settings, Adult Day Centers and Other Community Care Settings (p 371-374) 	<ul style="list-style-type: none"> ✓ Public service, local businesses, & aging agency train workers in daily contact with elders. (pg 31-36) ✓ Congregate public housing gatekeepers identify elders in need of MH or SA treatment. (pg. 27-40). ✓ Interdisciplinary MH team provides in-home crisis intervention & helps stabilize elders. (pg. 41-44) 	<ul style="list-style-type: none"> ✓ Empirical evidence supports the effectiveness of <u>community-based, multidisciplinary geriatric mental health treatment teams</u> (Pg 1427) 	<ul style="list-style-type: none"> ✓ Citters, 2004. Community-based mental health outreach services for older adults are effective. ✓ The PATCH program: case finders and mobile treatment improve mental health of elderly people in public housing (Rabins, 2000).

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8	Service Improvement through Coalitions and Teams	<ul style="list-style-type: none"> ✓ Other Services and Supports (pg 378-381) includes info on Communities and Social Services (pg 380-381) 	<ul style="list-style-type: none"> ✓ County gov’t (Alc & Drug Services) supports a comprehensive array of alc. And drug prevention services through interagency collaboration pg. 79-83). ✓ Wrap-around team from more than 12 agencies ensures that no elders in need fall through the cracks (pg 84-87) ✓ Mental health & Aging Coalitions offer cross-training in the fields of aging, mental health, & substance abuse (pg 88-91) 	<ul style="list-style-type: none"> ✓ Empirical evidence supports the effectiveness of <u>community-based, multidisciplinary geriatric mental health treatment teams</u> (Pg 1427) 	
9	Illness Management & Recovery (includes skills training)	<ul style="list-style-type: none"> ✓ Other Services and Supports (pg 378-381) includes info on Support & Self Help Groups (pg 378-379) ✓ Refer to Section 12 on Medications & Treatment Guidelines. ✓ Refer to Section 5 on psychotherapy 	Not found.	Not found.	<ul style="list-style-type: none"> ✓ Cognitive Behavioral Social Skills Training for OA with schizophrenia (Granholm, 2005). ✓ Functional Adaptation Skills Training in Older Adults with schizophrenia (Patterson, 2003).

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10	Interventions for Caregivers	<ul style="list-style-type: none"> ✓ Psychoeducation, support, cognitive techniques, self-help, and respite care for caregivers (pg 363-364; pg 379) 	Not found.	<ul style="list-style-type: none"> ✓ Psychoeducational training and support groups for caregivers have been shown to delay placement into nursing homes. (pg 1426) 	<ul style="list-style-type: none"> ✓ Respite Care enhanced support for caregivers (Bartels 2003)
11	Supported Housing	<ul style="list-style-type: none"> ✓ “Landscape for aging” strives to tailor the environment to the needs of the person through a combined focus on health & residential requirements. (pg 371-376) 	Not found.	Not found.	<ul style="list-style-type: none"> ✓ AB 2034
12	Medications, Treatment Guidelines, & Medication Algorithms	<ul style="list-style-type: none"> ✓ Pharmacological treatment - overview (pg 344-345) ✓ Pharmacological treatment for depression (pg 352-354) ✓ Pharmacological treatment for Alzheimer’s Disease (pg 362-363) ✓ Pharmacological treatment for anxiety (pg 364-365) ✓ Pharmacological treatment for schizophrenia (pg 367) ✓ Pharmacological treatment for Substance dependence (pg 370) 	Not found.	<ul style="list-style-type: none"> ✓ Antidepressants for depression (pg 1425) ✓ Cholinesterase inhibitors to enhance cognitive functioning for mild to moderate Alz.dementia (pg 1425) ✓ Antipsychotic medication for treatment of schizophrenia (pg 1426) ✓ Conventional antianxiety agents are effective (acknowledge potential problems with benzodiazepines) pg 1427. 	

EVIDENCE-BASED AND BEST PRACTICES RESOURCE LIST

There is a growing consensus that when choosing mental health services, we should use the best scientific and clinical evidence available. The move toward Evidence-Based Practices emphasizes the importance of research evidence to prove that a particular service or treatment is safe and effective; in other words, does it really work?

Scientific Research. The mental health and other healthcare fields have not reached complete agreement about what the very best practices are. Some groups of experts focus on how solid the research base is for a particular practice: How many research studies have been done? Was the research design well-controlled so that the results are valid? Have other researchers been able to replicate or copy the research and come up with the same results?

Clinical/Individual Factors. Other experts on Evidence-Based Practice are concerned about the limitations of some research designs. They emphasize individual, cultural, and other factors, such as the match between a client and a therapist or provider, that determine whether a treatment or service will be effective. Currently, there is a need for more research about what works best for various cultural and other groups, as well as what other factors may be important in promoting an individual person's recovery.

At times, other terms such as Model Programs or Best Practices are used to mean the same as Evidence-Based Practice, but sometimes they are defined differently. For example, the federal Substance Abuse and Mental Health Administration (SAMHSA) has a registry of Evidence-Based Programs and rates them as either Promising, Effective, or Model (their highest rating).

To help in reviewing Evidence-Based and Best Practices, we have chosen some of the best thinking about what works in mental health for different groups for the following select list. When possible, we have provided articles in a downloadable format; other resources are available by linking to a website address.

EVIDENCE-BASED PRACTICES – RESOURCES FOR OLDER ADULTS

◆ **1999 Mental Health: A Report of the Surgeon General highlights the extensive research base demonstrating a range of effective interventions for mental disorders. The full report is 458 pages.**

U.S. Department of Health and Human Services. (1999) *Mental Health: A Report of the Surgeon General*. Rockville, MD: author.

Click here for website and files: <http://www.surgeongeneral.gov/library/mentalhealth/home.html>

◆ **2002 article finds strongest research support for treatments for geriatric major depression and dementia, as well as support for community-based, multi-disciplinary geriatric psychiatry teams**

Bartels, S.J., Dums, A.R., Oxman, T.E., Schneider, L.S., Arean, P.A., Alexopoulos, G.S., Jeste, D.V. (2002). Evidence Based Practices in Geriatric Mental Health Care. *Psychiatric Services*, 53 (11), 1419-1431.

Click here for abstract: <http://ps.psychiatryonline.org/cgi/content/abstract/53/11/1419>

◆ **Promoting Older Adult Health: Aging Network Partnerships to Address Medication, Alcohol, and Mental Health Problems.** Prepared by the National Council on the Aging, Inc. (NCOA). DHHS Pub No. (SMA) 02-3628. Rockville, MD: Substance Abuse and Mental Health Services Administration, 2002. (*NOTE: this is part of the SAMHSA Get Connected kit mentioned below*)

◆ **SAMHSA—Get Connected! Linking Older Americans With Medication, Alcohol, and Mental Health Resources.** DHHS Pub. No. (SMA) 03-3824. Rockville, MD: Center for Substance Abuse Treatment, Substance Abuse and Mental Health Services Administration, 2003. Click here for website: <http://store.health.org/catalog/productDetails.aspx?ProductID=16523>

◆ **Treatment Improvement Protocols (TIPS)**

Center for Substance Abuse Treatment. Substance Abuse Among Older Adults. Treatment Improvement Protocol (TIP) Series, Number 26. DHHS Publication No. (SMA) 98-3179. Rockville, MD: Substance Abuse and Mental Health Services Administration, 1998.

Click here for website: <http://www.ncbi.nlm.nih.gov/books/bv.fcgi?rid=hstat5.chapter.48302>

◆ **1992 article introduces the MAST-G, an elderly specific screening instrument for alcoholism.** Blow, F.C., Brower, K.J., Schulenberg, J.E., Demondanber, L.M., Young, J.P., and Beresford, T.P. (1992). The Michigan Alcoholism Screening Test – Geriatric Version (MAST-G): A new elderly-specific screening instrument. *Alcoholism: Clinical and Experimental Research*. 16: 372.

◆ **The President's New Freedom Commission on Mental Health report describes goals and recommendations for a fundamental transformation of the US mental health care system, with a focus on recovery. The report also lists evidence-based and emerging practices. 113 pages.**

New Freedom Commission on Mental Health, *Achieving the Promise: Transforming mental Health Care in America. Final Report*. DHHS Pub. No. SMA-03-3832. Rockville, MD: 2003. Click here for file: <http://www.mentalhealthcommission.gov/reports/reports.htm>

◆ **Primary Care Research in Substance Abuse and Mental Health Services for the Elderly (PRISM-E). SAMHSA:**

http://www.samhsa.gov/aging/age_07.aspx

◆ **Health Resources and Services Administration's Bureau of Primary Health Care (HRSA/BPHC) developed the Health Disparities Collaboratives to change primary health care practices in order to improve the health care provided to everyone and to eliminate health disparities. One of the Collaboratives addresses depression in the primary care setting. Click here for website: www.healthdisparities.net**

◆ **2004 article provides suggested directions for integrated models of care for the older person with a severe mental illness.**

Bartels, Stephen J. (2004). Caring for the Whole Person: Integrated Health Care for Older Adults with Severe Mental Illness and Medical Comorbidity. *American Geriatrics Society, Journal of American Geriatric Society*, 52 (12 Suppl): S249-57.

Click here for article/information: <http://www.blackwell-synergy.com/doi/full/10.1111/j.1532-5415.2004.52601.x>

◆ **2004 article describes the Prevention of Suicide in Primary Care Elderly: Collaborative Trial (PROSPECT) study, which was to reduce the risk of suicide resulting from late-life depression. Bruce, M.L., Have, T.R, Reynolds, Ch., Katz, I., Schulberg, H., Mulsant, B., Brown, G., McAvay, G., Pearson, J., Alexopoulos, G. (2004). Reducing Suicidal Ideation and Depressive Symptoms in Depressed Older Primary Care Patients. *Journal of the American Medical Association*, 291 (9), 1081-1091.**

Click here for article/information: <http://jama.ama-assn.org/cgi/content/full/291/9/1081>

◆ **20 guidelines for practice with older adults published by American Psychological Assn in 2004. The document is intended to assist psychologists in evaluating their own readiness for working clinically with older adults and in seeking and using appropriate education and training to increase their knowledge, skills, and experience relevant to this area of practice. American Psychological Association. (2004). Guidelines for psychological practice with older adults. *American Psychologist*, 59 (4), 236-260.**

Click here for related file (2003): http://www.apa.org/practice/Guidelines_for_Psychological_Practice_With_Older_Adults.pdf

◆ **2003 article provides findings and recommendations for The President's New Freedom Commission on Mental Health. The recommendations offered are for state/federal level action.**

Bartels, Stephen. (2003). Improving the System of Care for Older Adults with Mental Illness in the United States: Findings and Recommendations for The President's New Freedom Commission on Mental Health. American Journal of Geriatric Psychiatry. 11(5): 486-497.

Click here for article/information: <http://ajgp.psychiatryonline.org/cgi/content/full/11/5/486>

◆ **2004 article showing that community-based mental health outreach services for older adults are effective.** Citters, A., Bartels, S. (2004). A systematic review of the effectiveness of community-based mental health outreach services for older adults. Psychiatric Services. 55(11): 1237-49.

Click here for article/information: <http://ps.psychiatryonline.org/cgi/content/full/55/11/1237>

◆ **2005 article provides findings that Cognitive Behavioral Skills Training has positive results for older adults with schizophrenia.** Granholm, E., McQuaid, J., McClure, F.S., Auslander, L, Perivoliotis, D., Pedrelli, P., Patterson, T., and Jeste, D. (2005). A Randomized, Controlled Trial of Cognitive Behavioral Social Skills Training for Middle-Aged and Older Outpatients with Chronic Schizophrenia. American Journal of Psychiatry. 162(3): 520-9.

Click here for article/information: <http://ajp.psychiatryonline.org/cgi/content/full/162/3/520>

◆ **2000 article provides findings on the PATCH program, showing that case finders and mobile treatment improve mental health of elderly people in public housing.** Rabins, P., Black, B., Roca, R., German, P., McGuire, M., Robbins, B., Rye, R., and Brant, L. (2000). Effectiveness of a Nurse-Based Outreach Program for Identifying and Treating Psychiatric Illness in the Elderly. JAMA. 283 (21): 2802-2809.

◆ **2003 article provides findings of a pilot psychosocial intervention study. Results suggest that older patient with longstanding psychotic disorders may benefit from participation in this skills-training program.** Patterson, T.L., McKibbin, C., Taylor, M., Goldman, S., Davila-Fraga, W., Bucardo, J., Jeste, D.V. (2003). Functional adaptation skills training (FAST): a pilot psychosocial intervention study in middle-aged and older patients with chronic psychotic disorders. American Journal of Geriatric Psychiatry. 11(1): 17-23. Click here for article/information:

<http://ajgp.psychiatryonline.org/cgi/content/full/11/1/17>