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Assessing Gaps in Services for Geriatric Patients with Mental Health Needs

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Nelson, A. (2010). Assessing Gaps in Services for Geriatric Patients with Mental Health Needs [Master's capstone project, Minnesota State University, Mankato]. Cornerstone: A Collection of Scholarly and Creative Works for Minnesota State University, Mankato. <https://cornerstone.lib.mnsu.edu/etds/490/>

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Assessing Gaps in Services for Geriatric Patients with Mental Health Needs

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Research Questions

Older adults in southwest Minnesota have limited options regarding mental health services. Sanford Tracy Medical Center and Sanford Westbrook Medical Center sought to identify the needs of this population so they can better serve their patients. The following research questions were asked: Do local service providers feel gaps in services exist for older adults experiencing mental health needs in the rural southwestern Minnesota communities of Tracy and Westbrook and the surrounding areas? Do area service providers feel that geriatric patients would benefit from a mental health intervention implemented within the primary healthcare setting? A survey of area geriatric service providers was conducted to assist the facilities to answer these questions.

Literature Review

Mental health disorders are typically first diagnosed by an individual's primary healthcare provider (Luptak et al., 2008). Research identifies that older adults seeking help for their mental health needs in the primary care setting benefit from an intervention designed to engage their primary healthcare providers and offer collaborative, on-going individual support within the primary care setting to those living with a diagnosis (Alexopoulos et al., 2005; Bruce et al., 2004; Unutzer et al., 2002). Introducing an intervention to address mental health needs in the primary care setting increases the likelihood that patients will not only participate in their treatment, but benefit from it, if there is collaboration and communication between the primary healthcare provider and the mental health provider within the same setting (Bartels et al., 2008; Unutzer et al., 2002).

Older adult patients involved in collaborative care treatment models within the primary healthcare setting generally reported a greater reduction in symptoms and suicidal ideations (Alexopoulos et al., 2005; Bruce et al., 2004; Unutzer et al., 2002;). Although only one of the studies identified was conducted in a rural setting, research findings support the need for mental health interventions directed at the geriatric population within the primary healthcare setting.

One study researched the effectiveness of a collaborative geriatric depression intervention model in rural Minnesota communities. This intervention focused on incorporating geriatric mental health services within the primary healthcare setting, as well as the education and utilization of existing healthcare staff (instead of hiring additional staff), changing organizational culture, and integrating geriatric mental health assessments and monitoring forms into the rural primary care site's own record-keeping system (Luptak et al., 2008, p. 543). This intervention, Project ADAPT: Assuring Depression Assessment and Proactive Treatment, could be one means of bridging the gap for patients that seems to exist in many rural areas due to a lack of easily accessible mental health resources for older adults.

Methodology

Data was obtained through anonymous surveys e-mailed to 48 area service providers and their staff, including home health agencies, nursing homes, county agencies, physicians, and mid-level healthcare providers throughout southwest Minnesota. Subjects were recruited based on their geographic location and role in providing services and/or care to older adults in the region. The survey, including informed consent, was sent electronically and participants voluntarily chose whether or not to complete it. Potential risks to participants were identified as less than minimal in regards to the completion of the survey. A total of 22 responses were received which is a calculated response rate of 46%.

Data

- 41% of survey respondents were social workers; 18% were medical providers (physicians, nurse practitioners, or physician assistants); 14% were nurses or nurse case managers, and 14% worked in administration. The remaining respondents defined their position in the "other" category.

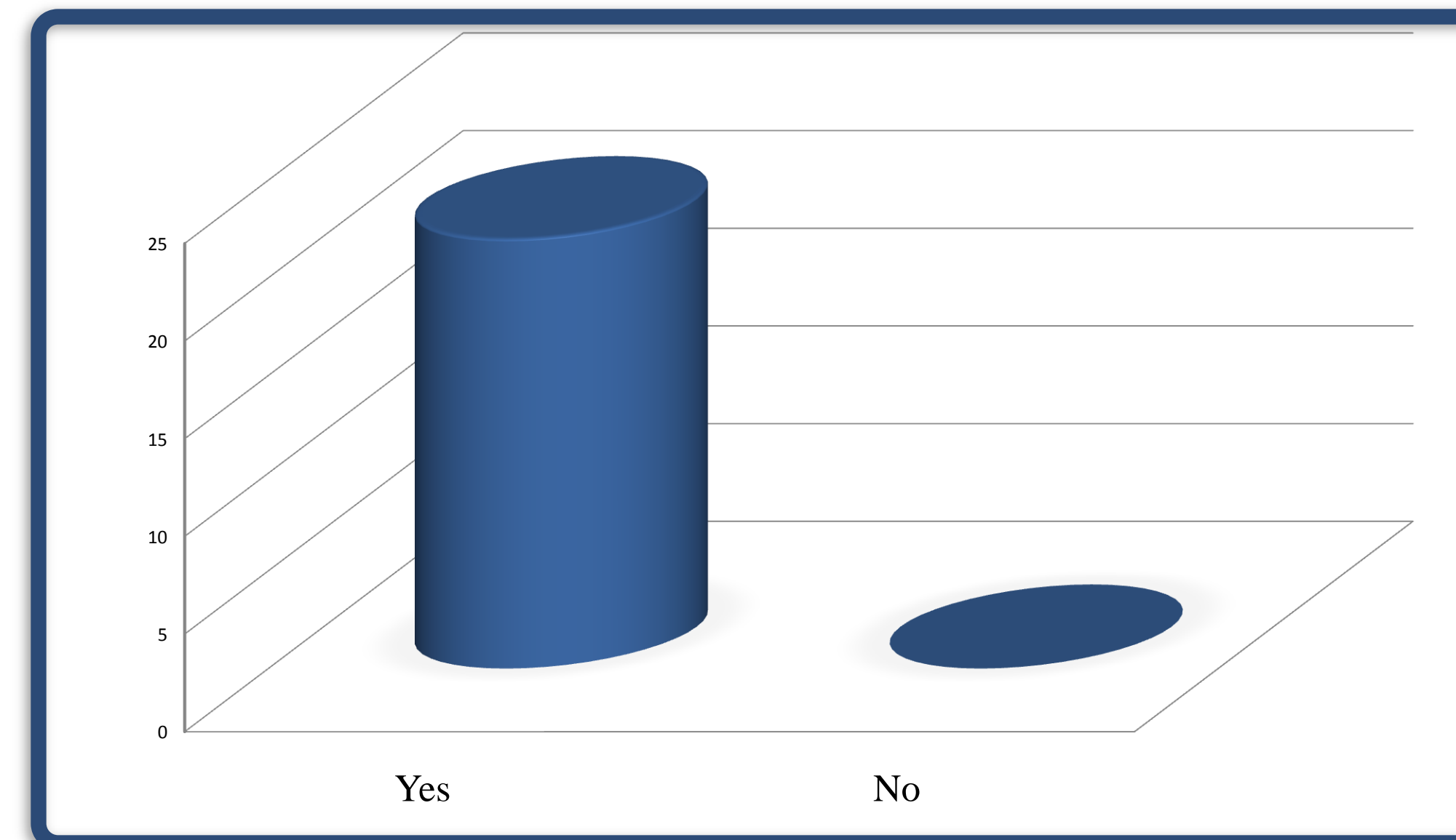
- 41% of respondents worked in skilled nursing facilities; 41% in a primary healthcare clinic; 32% within a hospital setting; 14% worked with county social services; and 14% worked in a hospice agency.

- 41% of respondents estimated that approximately 20% to 30% of the older adults they work with have mental health concerns. 23% estimated that 40% - 50% of the older adults they work with have mental health concerns. 18% indicated that more than half of the older adults they provide services to have mental health concerns.

- 73% of respondents indicated that they have "some" to "significant" difficulty identifying mental health resources for the older adults they work with. 59% believed there is significant need for geriatric mental health services within the region and 41% felt there was some need.

- Refer to Tables 1, 2 & 3 for additional data.

Table 1. Survey Respondent's Opinion Regarding the Likelihood of Older Adults Accessing Mental Health Services Within a Primary Care Setting



100% of respondents felt that older adults would be more likely to access mental health services if these services were available on-site at their primary healthcare clinic.

Table 2. Most Commonly Identified Mental Health Concerns Among the Geriatric Population Served by Survey Respondents

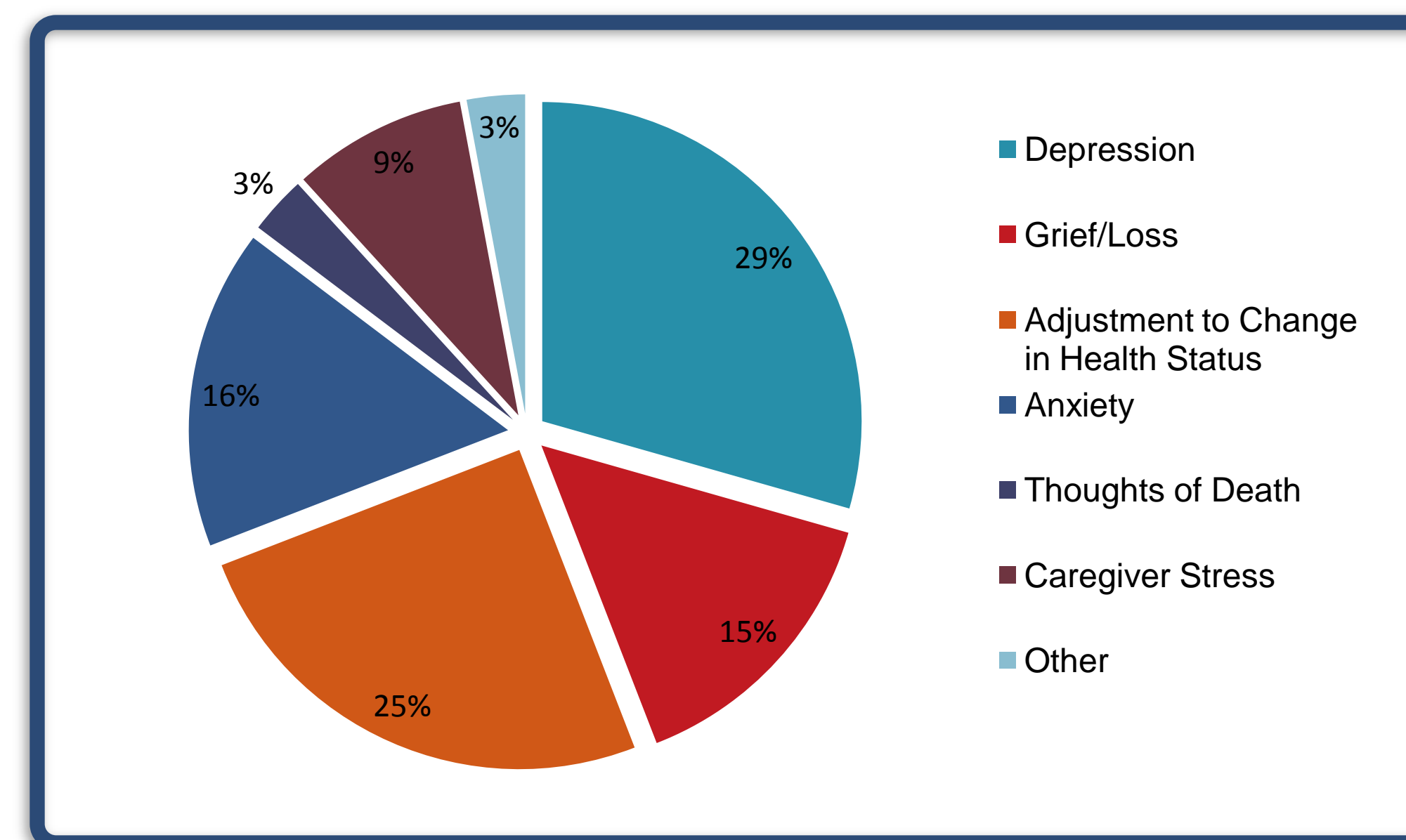
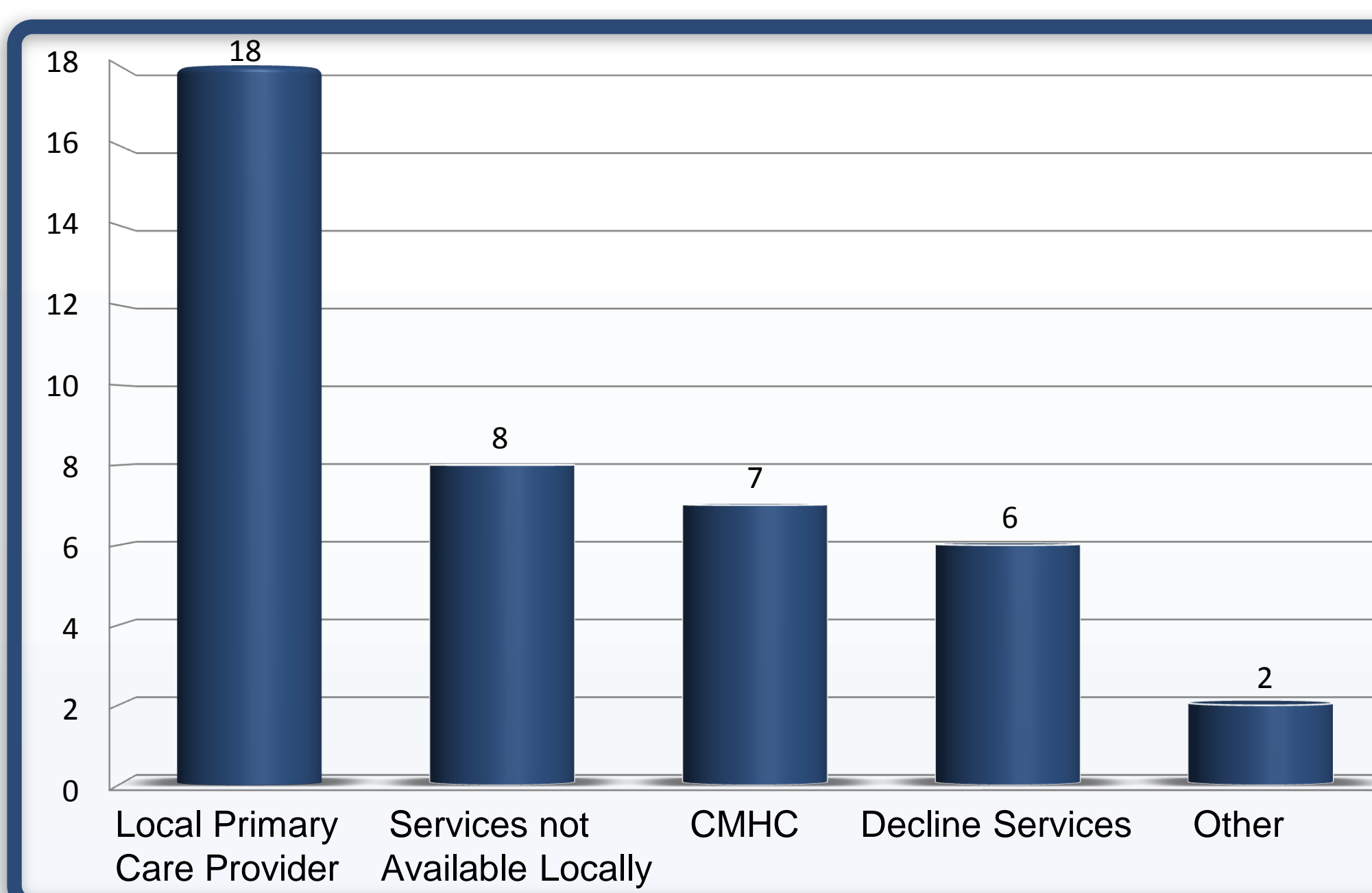


Table 3. Survey Respondent's Opinion Regarding Where Older Adults Currently Seek Help for Their Mental Health Needs



Respondent Comments

Three respondents offered the following comments:

- "Many local mental health providers are unable to bill for clients who have Medicare; therefore, they have to travel 25 miles or more to receive mental health services. They (older adults) decline services due to the travel time and lack of resources."
- "Seems to be a stigma of accessing services that is a barrier for many of this "pull yourself up by your own bootstrap" generation. In general this population doesn't understand mental health issues or the need for treatment."
- "We have a pretty complete group of counselors and mental health providers in our area, but I still feel like a lot of our elderly population gets missed."

Limitations

There are limitations with this survey and the data obtained. The information gained lacks precision; the results cannot be generalized, and are only accurate for this specific region and the service providers who responded.

Conclusion & Recommendations

Based on the results of the survey conducted on behalf of Sanford Tracy and Westbrook, it has been identified that older adults in rural areas of southwestern Minnesota would benefit from an intervention targeting their mental health needs within the primary healthcare setting.

Interventions identified in a review of the literature provide flexible treatment options that have a strong research base with demonstrated effectiveness across a range of patients, diagnoses and clinic settings. These interventions are applicable to a primary healthcare setting and could serve as a model for developing effective collaborative care of older adults with a variety of mental health disorders, as well as those with coexisting physical health conditions, a situation commonly found in clinical settings.

Because geriatric depression and other mental health disorders in the geriatric population are typically first diagnosed by the individual's primary healthcare provider (Luptak et al., 2008), it is recommended that Sanford Tracy and Sanford Westbrook implement an intervention designed to offer collaborative, on-going individual support within the primary care setting to older adults living with a mental health diagnosis.

One model that can be considered for implementation is an evidence-based clinical intervention for assessing and treating the mental health needs of older adults in rural primary care clinics. This model, Project ADAPT, is a financially feasible option as it utilizes existing resources within the primary care setting (Luptak, et al., 2008). The model contains the following components: screening, assessment, counseling, treatment, and follow up. Within this model, the older adult's primary healthcare provider screens and assesses their patients for mental health needs. If the primary healthcare provider feels the patient would benefit from further treatment, a referral is made to the on-site behavioral health team for out-patient counseling. A treatment plan is then developed collaboratively with willing patients that stems from an agreed upon approach between the patient, healthcare provider, and behavioral health provider that would be based on interventions including both pharmacological and non-pharmacological approaches, psychotherapy, and psychoeducation. It is recommended that the Sanford Tracy and Sanford Westbrook facilities further investigate this model and consider implementing this intervention within their rural primary healthcare settings.

References

References available from the author by request.

