3 tips for integrating behavioral health care for older adults

JUL 24, 2023

Tanya Albert Henry
Contributing News Writer

It’s not uncommon for a family member to accompany an older patient to their primary care physician visit with concerns that their loved one is more irritable or withdrawn, and fearing that the patient may have dementia.

Or perhaps the family member comes in worried that their loved one is sluggish and lacking motivation to do the things they used to like to do after they started new medication.

As the nation’s population increasingly skews older, primary care physicians such as internists and family physicians can help address these and other potential mental health needs by integrating behavioral health care into their practice.

During an AMA-hosted Behavioral Health Integration Collaborative webinar, physician experts detailed some essentials of patient and family-centered behavioral health care for older adults.

In some cases, primary care physicians have created an integrated behavioral health practice by having a psychiatrist or social worker in the office to whom they can provide a referral or a warm handoff. For others, integrated behavioral health involves working with a psychiatrist or another behavioral health specialists external to their practice, whether located in their community or accessible virtually.

“I always respect those who say: You know what? I have a really good colleague who specializes in this and really understands. I want the best for you, and I would like you to see my colleague,” said David Baron, DO, a psychiatry professor at Western University of Health Sciences in Pomona, California.

“Every doc always wants the best for their patient,” Dr. Baron said.

Here are three things experts say primary care physicians should consider when addressing older adults’ behavioral health concerns.

URL: https://www.ama-assn.org/delivering-care/population-care/3-tips-integrating-behavioral-health-care-older-adults
Copyright 1995 - 2021 American Medical Association. All rights reserved.
Get to know the person

Dr. Baron said he prefers to sit down with a patient—not type on the computer—and ask them questions directly about how they are feeling and what is going with them and their families. Primary care physicians have their patients’ trust, he said, and are particularly well-suited to know a patient’s history and their family and caregivers.

Assess various life factors

Geriatrician Stephanie Nothelle, MD, an assistant professor of medicine at Johns Hopkins Medicine, said she casts a wide net to narrow down diagnoses. She asks, among other things, about whether there have been any changes in the patient’s hearing or eyesight that may be affecting their ability to socialize or drive, or any other health issues that could impact mobility and mood.

It’s also important to have patients bring in their medicine and go through it with them and their caregivers to determine what they are taking, whether they are taking it as prescribed, and consider how any vitamins or supplements they are taking may affect them.

Consider whether it’s normal aging

Don’t make a patient feel as if getting old is a disease state, Dr. Baron said. Ask whether the symptoms they are experiencing are just a reflection of normal aging versus a pathology that must be addressed medically.

The AMA’s “Overcoming Obstacles” webinar series enables physicians to sustain a collaborative, integrated, whole-person and equitable approach to physical and behavioral health care in their practices. The BHI Collaborative includes the AMA and seven other leading physician organizations dedicated to catalyzing effective and sustainable integration of behavioral and mental health care into primary care practices.