

# OMH Physical Health-Mental Health Integration Grant

## **The Long Island Home d/b/a South Oaks Hospital**

### Project Partners:

Eastern Long Island Hospital (ELIH)

Town of Southold

The Mental Health Association in Suffolk County (MHA)



# Bringing Experience to the Table

- ◆ The Long Island Home (LIH), a non profit organization located in Amityville, NY, operates South Oaks Hospital and Broadlawn Manor Nursing Care and Rehabilitation Center
- ◆ LIH was formed in 1882 to provide mental health services to the region
- ◆ LIH is the lead agency for this grant
- ◆ LIH sought well-established partners to carry out the activities and objectives of the grant

# Demographics

- ◆ New York State's 2015 Study (New York State Department for the Aging) forecasts a significant growth in the older adult population.
- ◆ In Suffolk County, the 60+ population is expected to increase by 37% with the 85+ cohort rising by 74%.
- ◆ A Suffolk County Senior Citizens Legislative Task Force was formed to assess the needs of older adults in the County because of the growing population.
- ◆ The Geriatric Mental Health Committee in Suffolk County was formed to examine and work to address gaps in the service delivery system.

# Demographics

- ◆ U.S. Census data from 2000
- ◆ Southold Town is the Eastern most Township on the North Fork of Long Island.

Total **year round** population: 20,599

65 years and older: 4,756 or 23.1%

- ◆ Shelter Island Town is located between the north and South Forks of Long Island in Peconic Bay

Total **year round** population: 2,228

65 years and older: 638 or 28.6%

# Mental Health Needs

- ◆ Dr. Peter Chernack, Adelphi University School of Social Work, was contracted to conduct a study to identify and understand specific barriers to geriatric mental health care in Suffolk County.
- ◆ **Barriers most universally identified included:**
  - Limited mental health programs for older adults
  - Limited transportation to mental health programs
  - Physical and Social isolation of older adults
- ◆ **Additional themes that emerged during the focus groups included:**
  - Poor medical management of mental health problems
  - Stigma
- ◆ **Identification of needed services included:**
  - Psychiatrists/practitioners to do home visits
  - Integration of health and mental health services

# Meeting Needs

- ◆ Most older adults regularly see their Primary Care Physician (PCP) for physical ailments, but not mental health concerns
- ◆ Routine screening for mental health issues in PCP settings is nearly non-existent
- ◆ By integrating a Mental Health Practitioner in a PCP's office, both objectives can be accomplished.
- ◆ Individuals requiring other medical, mental health, and community services can be more readily identified through integration and education in various settings

# Challenges/Lessons Learned

- ◆ PCP Resistance to screening process
- ◆ Lack of outpatient psychiatry on the North Fork
- ◆ Limited outpatient mental health practitioners (office accessibility, insurance)
- ◆ Stigma

# Moving Forward

- ◆ Education and outreach
- ◆ Training healthcare staff to recognize symptoms of mental health disorders
- ◆ Improving access to mental health services on the North Fork of Long Island by integrating mental health staff
- ◆ Building capacity for mobile mental health services
- ◆ Creating a healthcare consortium—H.I.S.S.—  
Health Issues and Services for Seniors



# Screening Data

- ◆ Screenings began on 3/21/08 at East End Geriatric and Adult Medicine – Geriatrician PCP Office
- ◆ As of 8/31/08:
  - 411 Screenings (399 in the Physician office, 9 in home, 3 other site)
  - 41 Patient assessments (33 in home, 6 in Mental Health Practitioners office, 2 other site)
  - 19 Patients refused further assessment.

# Steps taken

- ◆ Mental Health Integration and PHQ-9 screening of patients at the East End Geriatric and Adult Medicine practice
- ◆ Mental Health Integration at Town of Southold Senior Center to provide support/education
- ◆ Integration of the Mental Health Professional at ELIH as resource for information, referral, screening, assessment, linkage and follow-up
- ◆ Established protocol to provide PCPs with telephone consultation by Board Certified Geriatric Psychiatrists



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# More steps taken

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- ◆ Community education through the Senior Wellness Series/Support Group
- ◆ Professional education through monthly HISS meetings
- ◆ Seminar series on practice-building for mental health professionals
- ◆ Creation of a Geriatric Center of Excellence at ELIH to serve seniors healthcare needs.

# Steps to be taken...

- ◆ Develop integration relationship with local nursing home
- ◆ Present screening protocol and integration services to other PCP practices to encourage adoption.
- ◆ Through practice-building workshop, build increased capacity for mental health treatment
- ◆ Connect private practicing mental health professionals with PCPs to encourage co-location and referral initiatives
- ◆ Offer telemedicine for psychiatric consultations to PCPs, both through telephone and video conferencing



# Mutual Benefits

- ◆ Physicians—better able to identify and provide mental health care for patients
- ◆ Patients—receive needed care and increase self-awareness
- ◆ Local partners—increased cooperation and collaboration to address the growing need for identification and treatment of unmet mental health needs in the senior adult population

# Sustainability

- ◆ PCP Office routine use of PHQ9 and appropriate early treatment of needs
- ◆ Established Geriatric Center of Excellence at ELIH to support future screening, assessment, information and referral services
- ◆ “How To” manual and business plan for private practitioners interested in serving older adults’ mental health needs in the community
- ◆ Integration of private practitioners (mental health) in PCP offices
- ◆ Routine telemedicine services to increase access to geriatric psychiatry expertise