EDITORIAL

Integrated care for geriatric mental health

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Schizophrenia, schizoaffective disorder, bipolar disorder, and treatment refractory depression constitute the serious mental illnesses (SMI).[1] The geriatric population with SMI is increasing.[2] To make matters complicated, they suffer from other chronic medical conditions. These include cardiovascular disease,[3] diabetes, chronic obstructive pulmonary disease, obesity, and tobacco use.[4] In addition, many medical diseases go unrecognised.[5] Ultimate consequences are higher mortality, increased morbidity, greater institutionalisations, and more costs in this group of individuals. Thus, for proper care of the geriatric people with SMI, the need is to have an integrated care. And these cares have to be evidence-based.[1]

Helping Older People Experience Success (HOPES) is such an approach.[6] This integrated health management not only addresses SMI but also chronic medical conditions like monitoring blood pressure, checking hearing and vision, etc.[7] Another such approach is the Functional Adaptation Skills Training (FAST). Here, the target population is those with schizophrenia spectrum disorder or psychotic mood disorders and there is less use of emergency medical services in the participants.[8] A third integrated treatment programme, Cognitive-Behavioural Social Skills Training (CBSST) is for the elderly with schizophrenia[9] or schizoaffective disorder.[10]

All these programmes are group-based and show the feasibility of the same. Individuals having disabilities in physical or cognitive aspects are accommodated. Age-appropriate techniques are used for the required needs of the elderly. Improvement in social functioning and the ability to live independently in the community are the hallmark outcomes of these approaches in the elderly with SMI.[11]

Moreover, certain self-management programmes integrated both physical and mental health.[12] This type of

medical and psychiatric programmes for individuals with SMI are:[13] the Health and Recovery Peer (HARP) programme, Targeted Training in Illness Management (TTIM), and Integrated Illness Management and Recovery (I-IMR). Adults with schizophrenia and bipolar disorder having comorbid hypertension, arthritis, and heart disease showed benefit from the HARP programme.[14] Adults with schizophrenia and major depressive disorder having comorbid diabetes mellitus showed improvement from TTIM.[15] Older persons with SMI and chronic health conditions participating in I-IMR not only improve in self-management of psychiatric illness and diabetes but also there is less hospitalisations.[16,17]

As psychiatric and medical illness co-occur commonly in geriatric population, integrated medical and psychiatric care is the call of the hour.[1] There is evidence for such integrative services in elderly in the form of mental health in primary care-for substance,[18] for suicide,[19] and for mood.[20] Under the circumstances, behavioural health homes appear as promising avenues. In this concept, people with SMI having chronic health conditions are delivered integrative primary healthcare.[1] Primary Care Access, Referral, and Evaluation (PCARE)[21] and Primary and Behavioral Health Care Integration (PBHCI)[22] are examples of successful implantation of this kind of model. Therefore, a way forward seems to be enrolment of individuals with SMI in behavioural health homes and addition of self-management techniques.[21-24]

Advances in health technology in the form of telehealth interventions has the potential of achieving promising outcomes, e.g. in persons with SMI and co-occurring diabetes.[25,26] Additionally, mobile and online technologies in the forms of smartphone and social media have capacity to improve psychiatric and medical conditions in this population.[27,28] PeerTECH[28,29] is such an example for successful implementation of combining peers with technology while delivering services to the elderly with SMI and medical comorbidity like cardiovascular disease, obesity, or diabetes.[30] People in the geriatric age group having mental and physical health concerns can be benefitted from social media like Facebook and Twitter, integrated within the collaborative care model from a community of peers.[31,32]

An interesting piece of work was carried out here in India; Rajasthan, to be specific.[33] Thirty per cent of 201 participants with SMI were 50-year-old or more. More than 70% has a mobile phone. Interest was shown by more than 80% to receive by phone mental health services. Similar reports about the use of mobile phone and mobile technology by elderly for chronic medical conditions as well as co-occurring mental and physical health needs are available from other low- and middle-income countries (LMIC) like Bolivia, China, Brazil, and Peru.[34-36]

Adapting this kind of potential solutions from LMIC for addressing the shortfalls in geriatric mental health services in developed economies is known as reverse innovation.[37] To increase awareness of geriatric mental health and to engage family members in the support of elderly with psychiatric needs are some other examples of such innovation.[38]

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