

## Research and Practice 2

### **Integrating Mental Health Assessment into Geriatric Care: Supporting Primary Care Physicians**

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#### **Key highlights:**

- Comprehensive Geriatric Assessment (CGA) is a multidimensional approach used to identify geriatric syndromes by evaluating physical, mental, functional, social, and environmental aspects of health.
- A comprehensive mental health assessment and validated screening tools should be included in the CGA.
- CGA is essential for creating personalized care plans which include patient and caregiver(s) decisions and is particularly valuable in managing the complex needs of older adults.

In 2025, Thailand has entered the stage of an Aged Society, with older adults aged 60 years and above accounting for over 20 percent of the total population. This demographic transition underscores the urgent need for comprehensive policies and integrated health and social care systems to address the complex and multifaceted

challenges of population aging, including healthcare service provision, long-term care, and the promotion of healthy aging.

Established in 1959 as the first medical school outside Bangkok, the Faculty of Medicine, Chiang Mai University, turned 66 in 2025. While the Geriatric Psychiatry Service at the Department of Psychiatry was founded in 2007, the Department of Family Medicine has operated the Geriatric Family Medicine Service since 2019 and launched a training program in 2023 to equip family physicians with the skills to manage the complex health needs of older adults in primary care. The program emphasizes integrating mental health care into comprehensive geriatric assessment, promoting a holistic approach to patient well-being.

Comprehensive Geriatric Assessment (CGA) is a multidimensional, interdisciplinary process aimed at identifying geriatric syndromes in older adults, encompassing the evaluation of physical health, mental well-being, functional status, social circumstances, and environmental context. It originated in the mid-20th century, and by the 1990s, clinical trials had confirmed its effectiveness, establishing it as the standard care for geriatric care worldwide.

This holistic approach provides a broad understanding of an individual's needs, enabling the development of personalized care plans that can be implemented across various healthcare settings, from outpatient care in primary care units to tertiary care and among hospitalized populations. When CGA is not adequately performed, it may result in underdiagnosis, delayed treatment, and unfavorable health outcomes. The method is particularly crucial in the care of frail older adults, as it allows clinicians to address the complex interplay of health issues in this population.

Among the domains assessed in CGA, mental health plays a critical role. Proper evaluation is essential for diagnosing psychiatric conditions, formulating effective treatment strategies, and promoting overall well-being. Mental illnesses affect approximately 20–30% of older adults, with the "3D's" – delirium, depression, and dementia – being the most common and frequently overlapping conditions. Depression and dementia are the most frequently encountered chronic disorders, while delirium is a common psychiatric emergency requiring immediate recognition and intervention. Given

the multifactorial nature of these conditions, comprehensive and individualized mental health care is an integral part of effective geriatric management.

For older adults suspected of having mental health issues, a comprehensive mental health assessment is essential to ensure thorough evaluation and to guide the development of an appropriate care plan. This process involves an in-depth review of the individual's personal and medical history, current mental health status, and any prior treatments or interventions. Adopting the principles of CGA, a comprehensive mental health assessment aims to gather information across all relevant domains, ultimately guiding the development of an individualized care plan.

### **Key Components of a Comprehensive Mental Health Assessment**

A thorough mental health assessment for older adults should include the following components:

#### **1. Clinical Interview**

- Presenting symptoms and their duration
- Detailed history: psychiatric, medical, family, and social
- Identification of risk factors, such as premorbid personality traits, history of trauma, and substance use
- Risk evaluation, such as suicidal ideation, self-harm behaviors, or plans to harm others

#### **2. Mental Status Examination (MSE)**

- General appearance (including grooming and hygiene)
- Mood and affect (subjective emotional state and observable emotional expression)
- Perception (any misinterpretations of reality)
- Speech and thought content (coherence, relevance, and presence of delusions or obsessions)
- Motor activity (any abnormalities with movement patterns)
- Cognition (orientation, attention, memory, and executive functioning)
- Insight, judgment, and abstract thinking (understanding or capacity for self-awareness and decision-making)

**3. Validated Screening Tools (as indicated). Screening instruments for assessing depression, anxiety, and cognitive impairment, including:**

- Depression: Two verbally asked questions, Geriatric Depression Scale-15 (GDS-15)
- Anxiety: Generalized Anxiety Disorder-7 (GAD-7)
- Cognitive function: Mental State Examination Thai-10 (MSET10), Thai Mental Status Examination (TMSE), Montreal Cognitive Assessment (MoCA)
- Delirium/confusion: Confusion Assessment Method (CAM algorithm)

**3. Investigations and Ancillary Studies (as clinically indicated and based on availability – some may require referral to a higher-level facility)**

- Laboratory tests (e.g., complete blood count [CBC], erythrocyte sedimentation rate [ESR], thyroid function tests, electrolytes, calcium, magnesium, phosphate, renal function, and liver function tests, vitamin B12, folate, vitamin D)
- Neuroimaging (CT, MRI) to rule out structural or vascular brain pathology
- Additional studies (e.g., electroencephalogram [EEG], cerebrospinal fluid [CSF] analysis, electrocardiogram [ECG]) as needed to explore specific neurological or systemic causes

**4. Other components of CGA**

The components of CGA can be integrated into mental health assessments to enhance diagnostic accuracy, guide the selection of appropriate interventions, and support the prediction of clinical outcomes.

- Physical Health: Evaluation of comorbid medical conditions – particularly neurological disorders or other physical illnesses – that may contribute to or mimic mental health symptoms. Special attention should also be paid to current medications that may either precipitate psychiatric symptoms or interact with mental health treatments.
- Functional Status: Assessment of the individual's ability to perform daily activities and the extent to which mental health symptoms affect self-care,

mobility, interpersonal relationships, and occupational or other meaningful activities.

- Social and Environmental Factors: Consideration of the patient's social support network, availability of caregivers, living conditions, and access to community resources, all of which play a critical role in both the management and prognosis of mental health conditions in older adults.

## **5. Diagnosis and Treatment Planning**

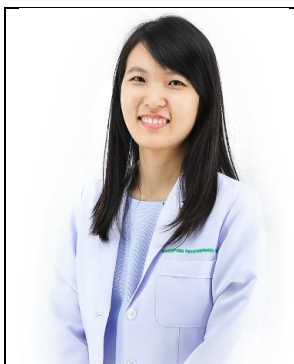
- Diagnostic formulation based on DSM-5 or ICD-10 criteria
- Development of an individualized care plan that actively involves the patient and their caregiver(s) in shared decision-making, which may include psychotherapy, pharmacologic treatment, and referrals to other specialists or services.

Providing comprehensive care for older individuals facing mental health problems offers significant benefits, particularly when such care is approached holistically. By incorporating elements of CGA into mental health care, clinicians can achieve more accurate diagnoses, tailor interventions more effectively, and ultimately improve both the quality of life and overall health outcomes for older adults. This integrated approach addresses not only psychiatric symptoms but also the complex, multifaceted needs of this vulnerable population.

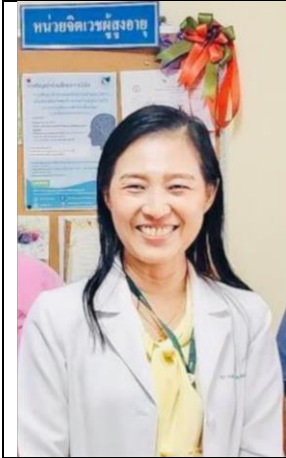
Once mental health conditions are identified in primary care, management should follow a stepped, collaborative approach. For common or mild conditions such as depression or anxiety, clinicians may provide interventions for patients and families, including psychoeducation, counseling, and pharmacologic therapy as needed. Complicated cases, such as severe depression, suspected dementia, psychiatric emergencies like delirium require timely workup and/or referral in collaboration with geriatric psychiatrists. Interdisciplinary teamwork, caregiver involvement, and ongoing follow-up are essential for continuity of care and improved outcomes in older adults.

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