



THE PRIMARY CARE COMPANION FOR CNS DISORDERS

Supplementary Material

Article Title: Improving Effective Mental Health Consultation for Rural Older Adults Living With Depression and Pain: Learning From the Experiences of Rural Primary Care Physicians

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Appendix 1. Semi-Structured Interview Guide

To begin with, I'd like to ask some general questions about you and your practice:

- 1) How old are you?
- 2) How many years have you been practicing medicine?
- 3) What is your specialty (i.e., internal medicine, family medicine)?
- 4) Do you have subspecialty training (i.e., in geriatrics or sports medicine)?
- 5) Do you work in a solo practice or a group practice?
- 6) Do you primarily work in a rural, urban, suburban or small-town setting, and/or do you work in multiple locations?
- 7) How many patients do you estimate are in your practice?
- 8) On average, how many patients do you see every day?
- 9) On average, how much time do you spend with each patient?
- 10) What percentage of your patients are > 60 years old?
- 11) I can guess this, but to be thorough, what is your gender?

Now I'd like to move into more open-ended questions.

- 1) Tell me how you approach caring for older patients with depression? (follow-up questions – Do you routinely screen for depression or other mental health problems? Do you feel comfortable managing depression in your practice (why or why not)? What is your general approach for treating depression? (follow-up question – what medications do you usually use for first- and second-line treatment?).
- 2) Tell me about your experience caring for older adults living with chronic pain. Are there any unique challenges to treating older adults living with chronic pain? If so, what are they?

- 3) Given concerns about opioid misuse and overdose and the opioid epidemic, have you adjusted your prescribing patterns for opioids? If so, what adjustments have you made?
- 4) Tell me about how you think depression and pain interact? These conditions are frequently comorbid – what is your approach to treating them when they are both present?
- 5) Tell me about your suicide screening practices. (follow-up question: Do you screen every patient for suicide? If not, when do you screen for suicide?)
- 6) Tell me about an experience in which you had a suicidal older adult in your office. What did you do to help a patient who expressed suicidal thoughts or behaviors (for example, did you call 911, involve the family, screen for firearm access, screen for stockpiling medications)? If you've never had such a patient in your office, tell me what you think you would do if you did? How well-prepared do you feel for these situations?
- 7) Tell me about getting your older adults with depression, pain, and possibly suicidal ideation into specialty treatment. Do you have access to mental health specialists in your area? Do you have geriatric mental health specialists in your area? What is the process (i.e., and wait time) to get a patient into care? Do you receive written or verbal feedback or a consultation report from the mental health specialist about your patient's care and the expert's clinical recommendations?
- 8) Can you identify other barriers to care that may interfere with an older adult seeing a mental health specialist? What could be done to improve access to and quality of specialty mental health care other specialty treatment in your area? (For example, referring patients to a pain clinic or physical therapy to address pain issues).
- 9) What challenges do you face in consulting with mental health specialists? What would make such consultation easier?
- 10) What type of information would you find most helpful in your care of patients with depression, pain, and risk for suicide? (For example, information about local mental

health resources/services, information about safe pain medication use, polypharmacy/medication interactions, suicide protocols/addressing suicidal thoughts/302 procedures, etc.).

- 11) We are planning an intervention in which researchers would assess the mental health and pain care needs of older patients by phone, and communicate the results of these “remote” assessments to the patients’ physician, along with specific clinical recommendations? Would this sort of intervention be useful for you and your patients? Why or why not? Tell me about how comfortable you would be implementing these recommendations.
- 12) How would you like to receive such a report and recommendations? Would you value receiving both a written report in addition to a phone call from the psychiatrist to clarify the recommendations, discuss the patient, and permit you to ask questions about their mental health and pain care?
- 13) Do you have any other thoughts or concerns about how to improve the mental health and pain care and reduce risk for suicide in older adults living with these conditions?
- 14) Is there anything else that we didn’t cover that you think it might be important for us to know?