Frailty, cognitive decline, heart and lung issues, and unusual skin manifestations are all linked to what has been called long COVID in older adults. We need to have a high level of suspicion that post-acute sequelae of COVID can be occurring in our population; we need to be documenting it, and we need to be coding what we’re seeing as well as using the post-COVID

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Behavioral Health Integration and Training — A Model to Extend the Reach of Psychiatry

By Lea Watson, MD, MPH

A majority (60% to 80%) of nursing home residents have one or more psychiatric diagnoses, including dementia (Med Care Res Rev 2010;67:627–656). And post-acute and long-term care (PALTC) residents take an astonishing number of psychoactive medications, most prescribed by nonpsychiatrists for a variety of indications (J Gerontol Soc Work 2012;55:444–461). Finding the best model to provide meaningful psychiatric services in PALTC, however, is a perennial struggle (Psychiatr Serv 2002;53:1390–1396). Psychiatric symptoms and requests for help to manage them with medications are widespread in the industry, yet practical solutions are seldom available due to the shortage of psychiatry-trained prescribers and the scarcity of geriatric psychiatrists working in the PALTC space.

The traditional model of sending patients out to limited community resources is fraught with barriers and prone to miscommunication, and still

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