

CNAT quick reference guide: what to do if one or more screens are positive

Assessment item	Key actions and resources
Overall health and well being	<ul style="list-style-type: none"> Lower self-rated health may serve as an indicator of low or declining overall health status and might indicate that these individuals have generally higher needs. However, the finding of low self-rated health needs to be interpreted cautiously and on an individual basis.
GPCOG – Step 1 (Patient)	<ul style="list-style-type: none"> A positive screen requires further mental status testing to confirm this finding as the GPCOG is a screening test only. If subsequently confirmed from clinical and more detailed cognitive status testing, further medical assessment to exclude reversible causes of cognitive impairment is required. For clients who have an existing diagnosis of mild cognitive impairment (MCI) or dementia, educational and psychosocial interventions to improve the quality of life of the patient and carer (e.g. socialisation, counselling) should be considered as part of the care plan. Further assessment of the safety of the home environment, safety associated with driving, legal capacity and legal matters may be required for persons with an existing diagnosis of dementia, and those in whom further testing confirms a diagnosis of mild cognitive impairment or dementia.
GPCOG – Step 2 (Informant)	<ul style="list-style-type: none"> The GPCOG includes questions for an informant if the patient scores between 5 and 8. It is recommended that practice staff discuss and agree on the approach to be taken (i.e. who will seek patient consent, how the appropriate informant will be identified and who will complete the informant interview). The informant questions are included at the end of the CNAT.
Hearing	<ul style="list-style-type: none"> Usually more extensive testing is performed to confirm the screening test such as audiometry – typically performed by an audiologist. Because not everyone who might benefit from hearing aids will choose to use them, it is important that the older person’s preferences for treatment are elicited.
Pain	<ul style="list-style-type: none"> If moderate, severe or very severe pain is reported, consider a more in depth assessment. The Australian Pain Society recommends the Brief Pain Inventory or the Resident’s Verbal Brief Pain Inventory (p12). The Brief Pain Inventory uses a 10-point visual analogue scale (which some older adults find difficult), whereas the latter tool uses verbal descriptors.
Social support	<ul style="list-style-type: none"> Consider options for social support. If the person is a CVC participant they may be eligible for short-term support through the Social Assistance Program. A GP referral is required and eligibility is assessed through the Veterans’ Home Care Assessment Agency, telephone 1300 550 450.
Distress	<ul style="list-style-type: none"> As a guide, when veterans score 20 or above on the K10, further clinical assessment should be undertaken to identify, more precisely, the nature of the psychological distress they are experiencing (e.g. depression, social anxiety, PTSD) and to assess the risk of self-harm and suicide. The DVA ‘At Ease’ web portal includes links to a range of assessment measures for specific mental health disorders experienced by veterans (56). If responses to further screening indicate the possible presence of one or more mental health disorders, a diagnostic assessment for that disorder(s) should be undertaken, guided by the DSM V (APA, 2013) diagnostic criteria.
Posttraumatic mental health	<ul style="list-style-type: none"> In primary care settings, patients with a score of 2 or higher should be further assessed. The PTSD checklist (PCL) - Civilian version is useful for diagnostic purposes and monitoring change over time. <p><i>Referral options</i></p> <ul style="list-style-type: none"> GP referral to DVA: Clinical psychology and counselling services are available on referral by the treating doctor. There are also limited numbers of DVA-contracted social workers/clinical counsellors available. Telephone 1300 550 457. Veterans, their families, war widows/widowers can self-refer to the Veterans and Veterans Families Counselling Service (VVCS), telephone 1800

	<p>011 046. Treatment can include counselling, including trauma focused cognitive behaviour therapy, various relaxation-based therapies, anger and anxiety management techniques or group programs.</p> <ul style="list-style-type: none"> • GP referrals to psychiatry, psychology and allied health professionals can also be made under Medicare arrangements which may include completion of a mental health care plan. <p><i>Evidence-based therapies</i></p> <ul style="list-style-type: none"> • When referring for psychological interventions, consider referring to practitioners trained in trauma-focussed interventions. Trauma-focussed cognitive behavioural therapy (TF-CBT) and eye movement desensitisation and reprocessing (EMDR) are the most effective treatments for veterans with PTSD. Cognitive processing therapy (CPT) is a promising new treatment approach to PTSD.
Sexual health	<ul style="list-style-type: none"> • A person who expresses dissatisfaction with their sexual function should be encouraged to speak to their GP for further assessment.
Informal care	<ul style="list-style-type: none"> • If the veteran is a caregiver, they may require information and support in this role. • If the veteran is a care recipient and wishes to discuss an aspect of their relationship with their carer - and the carer is present - this should be flagged for follow-up at a subsequent appointment. The Aged Rights Advocacy Service (ARAS) can assist older people who are at risk of, or experiencing abuse from those with whom they are in a relationship of trust, such as family members or friends.
Smoking	<ul style="list-style-type: none"> • Offer help based on the person's readiness to change. The RACGP Smoking Cessation Guidelines for Australian General Practice (2011, updated 2012) incorporate the 5As structure for health professionals for smoking cessation; – Ask, Assess, Advise, Assist, and Arrange follow up. The accompanying treatment algorithm is a useful resource for GPs.
Alcohol	<ul style="list-style-type: none"> • It is recommended that men who score four or more, and women who score three or more on the AUDIT-C are further assessed. A recommended follow-up is the full Alcohol Use Disorders Identification Test (AUDIT) which is available on the DVA 'At Ease' web portal. • Cognitive behavioural therapy (CBT) and motivational interviewing (MI) are effective psychological interventions for reducing alcohol use. Brief interventions that include simple feedback about use, advice and goal setting are also effective.
Other substances	<ul style="list-style-type: none"> • Further assessment tools, including the Drug Abuse Screening Test (DAST), and information about treatment options are available on the DVA 'At Ease' web portal.
Nutrition	<ul style="list-style-type: none"> • Nutritional support may include dietetic services, meal services and supplementation. Other factors such as social isolation and depression may require further assessment and referral. The NHMRC Summary Guide for the Management of Overweight and Obesity in Primary Care (2013) is a useful resource. • For DVA dietetic services, telephone 1300 550 457. Nutritional supplements (if recommended by a dietician) are available via an authority prescription. Telephone the Veterans' Affairs Pharmaceutical Advisory Centre (VAPAC) on 1800 552 580.
Physical activity	<ul style="list-style-type: none"> • An assessment of the patient's readiness to act and activity preferences are key steps towards developing an effective intervention. Prior to initiating an exercise program, a review by the patient's doctor is required to be sure that this can be undertaken safely. • GPs may consider a referral to Heartmoves or other physical activity programs designed for people who are living with health conditions. For DVA exercise physiology services, telephone 1300 550 457.
Health literacy	<ul style="list-style-type: none"> • Interventions such as simplified information and illustrations, avoiding health jargon, "teach back" methods and encouraging patients' questions, have been shown to improve health behaviors in persons with low health literacy. A useful resource for clinicians is Health literacy and patient safety: Help patients understand (you need to register an account to access this resource). • Veterans with complex medication schedules or cognitive impairment may benefit from dose administration aids and/or personalised educational

	interventions such as home medicine review.
Immunisation	<ul style="list-style-type: none"> Immunisations are an important aspect of preventive care and should be up-to-date for all consenting older adults. Current immunisation recommendations can be found in the Australian Immunisation Handbook (updated January 2014).
Medications	<ul style="list-style-type: none"> Veterans who are currently taking five or more regular medicines, with significant changes to their medicine regimen within the last 3 months, including discharge from hospital, attend a number of different doctors, or who report problems in adherence or difficulty managing their medications may benefit from a Home Medicines Review. GPs are able to prescribe (on authority from Veterans' Affairs Pharmaceutical Advisory Centre) a six month prescription for a Dose Administration Aid (DAA) Service, telephone 1800 552 580. Veterans' Medicines Advice and Therapeutics Education Services (Veterans' MATES) provides up-to-date health and medicine information for health professionals and veterans.
Falls	<ul style="list-style-type: none"> Patients who report 2 or more falls in the past 12 months or report having difficulty with walking or balance may benefit from GP review. If the patient reports falls, or fear of falling, consider a referral for a HomeFront environmental assessment and/or balance and gait testing. DVA Gold and White card holders are eligible for a free annual home assessment to identify and minimise hazards that could cause injury, telephone 1800 801 945. DVA physiotherapy services can be arranged by calling 1300 550 457.
ADLs - moving around the house, walking outside the house, walking up and down stairs, getting in or out of bed or a chair, dressing, grooming, bathing/showering, toileting, eating	<ul style="list-style-type: none"> A broad range of health care and support services are available, including community nursing, allied health services, counselling services and transport for health care. Veterans' Home Care (VHC) is designed to assist those veterans and war widows/widowers who wish to continue living at home, but who need a small amount of practical help. Domestic assistance, personal care, safety-related home and garden maintenance, and respite care is available. The Rehabilitation Appliances Program (RAP) provides aids and appliances to eligible members of the veteran community to help them maintain functional independence in their homes. Product groups include continence, mobility and functional support, home medical oxygen, diabetes, personal response systems and Continuous Positive Airway Pressure (CPAP).
Instrumental ADLs - housework, transport, shopping, meal preparation, using the telephone, managing medications and managing finances	<ul style="list-style-type: none"> Health care and support services include community nursing, allied health services, optometry and hearing services, counselling services and transport for health care. GPs are able to prescribe (on authority from Veterans' Affairs Pharmaceutical Advisory Centre) a six month prescription for a Dose Administration Aid (DAA) Service, telephone 1800 552 580. Safety appliances such as a stove isolation switch may be available through the Rehabilitation Appliances Program where a high level of safety risk has been assessed as the result of a specific clinical condition (e.g. dementia or severe sensory impairment). DVA-contracted social workers can assess personal and family situations and provide information and referrals to appropriate agencies, telephone 1300 550 457 (metro) or 1800 550 457 (rural/remote).
Continence	<ul style="list-style-type: none"> Consider the Revised Urinary Incontinence Scale and/or Revised Faecal Incontinence Scale for further assessment and, if appropriate, referral to a continence practitioner. The Continence Foundation of Australia provides free, confidential advice and local referrals for people with incontinence, family members, clinicians, pharmacists, allied health professionals and the wider community, telephone 1800 33 00 66. DVA provides a range of continence products to eligible members of the veteran community through the Rehabilitation Appliances Program, telephone 1300 550 457.

Suggested citation

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