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## Advanced Behavioral Health Training in Geriatric Fellowships

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### Background

Despite the growing number of older adults in the U.S. and the recognition of behavioral health challenges older adults face, access to behavioral health care for this population is limited. Geriatric fellowship-trained physicians in internal medicine (IM) and family medicine (FM) are an important workforce who can receive specialized training tailored to treat the behavioral health needs of older adults, yet the extent of training that primary care-focused geriatricians have in behavioral health is unknown. This study explored the extent of behavioral health training within IM and FM geriatric fellowship programs and opportunities to expand training.

### Methods

An electronic survey on behavioral health training content was developed and distributed to FM and IM fellowship program directors and coordinators. Quantitative analysis examined the proportion of programs with behavioral health training in didactic and clinical training, settings in which training was occurring, and barriers and facilitators of behavioral health training in geriatric fellowship programs. Open-ended question responses were analyzed using an inductive thematic analysis.

### Findings

Fifty-six geriatric fellowship programs participated in the survey (82% IM, n=42 and 18% FM, n=10). More than 80% provided training in standardized screening and assessment for mental health, and 55% (n=31) offered a behavioral health-focused rotation. Academic hospitals (61%), academic outpatient care (48%), and nursing homes (45%) were the most reported locations in which fellows receive behavioral health training. Partnerships with other behavioral health units/programs was the top facilitator (59%), with a lack of trained preceptors (55%), limited behavioral health related training sites (50%), and competing interests within current curricula (46%) as the most common barriers. Qualitative findings corroborated quantitative results. Access to geriatric psychiatrists and geriatric psychiatry fellowship programs were reported as a key factor to facilitating or inhibiting behavioral health content.

### Conclusions and Policy Implications

Adequate training on recognizing, diagnosing, and treating mental and behavioral health disorders in older adults will improve quality of life and overall healthcare for our aging population. Findings describe how advanced behavioral health training is integrated within FM and IM geriatric fellowships, yet there are opportunities to further expand training particularly in addiction care for older adults. Funding for fellowship programs to enhance their training content and creating partnerships with preceptors, settings, and clinicians with behavioral health expertise can help facilitate advanced training opportunities.