This table summarises considerations specific to telepsychiatric consultations with older adults. General guidance is also given in Tables A and B, and relevant sections are cross referenced within this table for information.

Clinical question	Guidance
1a. General guidance for remote consultations in Older adults [link53]	• **Outcomes have been positive** in terms of satisfaction, validity/reliability, and preliminary clinical outcomes relative to in-person care. • **Satisfaction has been superior** for patients, families, carers and providers. • A variety of disorders have been effectively treated in this population, including **depression, anxiety, dementia/cognitive impairment, and associated behavioural problems.** Telepsychiatry considerations are similar to those for adult patients, **with a few key modifications**: • **Pre-visit accounting of general events and the patient's attitude, comments, complaints, sources of information, and clinician observations** (e.g. olfactory/vision/hearing limitations, gait/balance problems) is helpful. • The clinical examination **may require staff or family assistance**. A modified version of physical examination is possible (see Section 4c in Table B) but may be less extensive than in person assessment. Benefits include: • As with standard care, **family (especially carers) are important to include, and are appreciative of services.** • The clinician is part of an **interdisciplinary team who can all be connected through telemedicine**. • **Assessment, cognitive intervention, and clinical outcomes have been similar to in-person care**. • This is a very efficient way to deliver specialty expertise for **nursing home and home outreach**.

1b. How can I assess memory/cognitive function remotely?
[link54]
[link55]
[link56]
	Memory clinic assessments:
	
	Tasks before the remote cognitive assessment:
	• Use a **triage process** to ascertain whether it is appropriate to use video or telephone consultation.
	• **Examples where it might not be appropriate to have a remote consultation**:
	    o The patient is **unable to** use video or other technology and cannot be supported to do so.
	    o Where there are concerns about a carer or relative dominating the conversation, especially if it raises any **safeguarding concerns**.

- o The patient is **unable to communicate** over telephone or video (although some people may be able to lip read and use the chat function of video consultations).
  - o The patient has **serious anxieties** about using technology
  - o From the available information it is clear that the patient requires a physical examination or has cognitive difficulties that can currently **only be assessed face to face** e.g. visuospatial deficits.
- Services should also **consider if now is the right time for a diagnosis**, compared to waiting for face to face assessment. Will a diagnosis now make a meaningful difference to the patient and their family, and will they be able to access post-diagnostic support?
- If they cannot receive a remote assessment and the benefits of assessment and diagnosis outweigh the risks of a face to face appointment, then local policies, procedures and infection prevention control measures such as PPE should be followed.
- A **pre-assessment discussion on the telephone** may be helpful.
- Ask the patient if they would like a **family member or friend to join them**.
- Gain **as much collateral information as possible**, including from the GP, other professionals and an informant (perhaps using a validated tool such as the IQCODE which can be delivered on the phone or via video consultation).

Practical guidance on completing cognitive assessments remotely:
- Take in account all **general advice** given in Table B on preparation for, activities during and after the meeting.
- For cognitive assessments involving visual stimuli, use a device **at least as large** as a standard iPad (9").
- **Landscape format** is recommended over portrait format as it simulates the in-person experience more closely.
- **Check sight and hearing** before starting, and ensure the patient is comfortable.
- Keep your **vocal cues to a minimum** – a slow nod or a smile is better.
- Show your interest and attentiveness through **eye contact and facial expressions**.
- If you need to interrupt, try a visual signal such as **raising your hand**.
- Rapid gestures or body movements can be distracting – try to slow them down.
- People with visuospatial misperception and visual hallucinations may find video conferencing particularly challenging (use of headphones/microphone/webcam may be helpful).

Cognitive tests via telephone:
- NICE has outlined the tests for which there is an evidence base (https://www.nice.org.uk/guidance/ng97).
- There are 20 telephone-based assessments of cognition available, most of which have been validated (https://www.ncbi.nlm.nih.gov/pmc/articles/PMC3933813/).
- **MoCA** (Montreal Cognitive Assessment): The blind version of the MoCA can be delivered over the phone and has been validated for mild cognitive impairment (MCI) diagnosis after stroke/transient ischaemic attack (TIA). It is limited in its assessment of visuospatial and complex language tasks compared with a face to face MoCA.
- **TICS** (The Telephone Interview for Cognitive Status) and the modified version, TICSM, (which correlates with the Mini Mental State Examination (MMSE)) are widely translated and validated telephone-based screening tools for MCI and dementia. TICS takes 10-15 minutes to complete. Assesses orientation time/place, attention, short-term memory, sentence repetition, immediate recall, naming to verbal description, word opposites and praxis. A score of ≤28 has good sensitivity and specificity for the diagnosis of post-stroke dementia. It has a high diagnostic validity for identification of dementia among ethnically diverse older adults. Some questions may need to be adapted to be country-specific.

- **TYM** (Tele-Test Your Memory, http://www.tymtest.com/) has 10 tasks on 2 sides of a single sheet of card and correlates with scores on standard cognitive tests. It takes about 5 minutes and the patient can complete it under the supervision of a relative or healthcare professional. It can also be administered by video consultation.
- Individual components of cognitive testing can also be completed via the phone. Although this will not give a validated test score it will give an understanding of cognitive deficits to aid clinical decision making. Orientation to time, place and person, arithmetic skills, verbal recall, knowledge of recent news events, single word and sentence repetition, word definitions, verbal fluency and frontal tests (e.g. cognitive estimates and proverb interpretation) can all be assessed over the phone, as well as spontaneous speech and elements of motor speech disorders such as apraxia of speech or dysarthria.
- Many of these tools are subject to copyright restrictions (see https://www.parinc.com/products/pkey/445 for further information).
- In primary care, brief tests to detect cognitive impairment can be used over the telephone. For example, the GP Cog (http://gpcog.com.au/ (with omission of the clock drawing test) or the 6-item Cognitive Impairment Test (6CIT).

Cognitive tests via video consultation

- **MoCA**: The full version of the MoCA can be administered via video conferencing (https://www.mocatest.org/remote-moca-testing/). The patient will need a white sheet of paper, a pencil and an eraser. For the visual section, use the screen sharing function where possible as follows:
  - Show them the trail and say: "please tell me where the arrow should go next to respect to the pattern I am showing you"
  - Show them the cube and say: "copy the cube"
  - "Draw a clock. Put in all the numbers and set the time to 10 past 11"
  - "Tell me the name of these animals"
  - Orientation: "look straight at the camera and tell me today's date, day of the week, month and year" (to avoid people looking at bottom right hand of screen where the date is shown), "from what clinic/department am I calling you, "what city/borough is our clinic/department located in"
- **Addenbrooke's Cognitive Examination III** (ACE III): can be completed via video. The patient will need several pieces of paper, a pencil and an eraser. Ensure that the camera can view the patient doing the pen and paper placement tasks. Where possible have the pictures, words dots, and broken letters on your computer in PDF or PowerPoint format and share your screen rather than holding pieces of paper up to your camera.
- Clinicians will need to **gain adequate practice in the remote administration of these assessments prior to use** even if highly familiar in their traditional administration.
- As with in-person tests, none of these tests are diagnostic. They measure cognitive function, and all are subject to error e.g. by sensory impairment, educational level, and culture or language.
- Some of these tests may not be appropriate for people with limited education and may not be validated for use in BAME populations or people for whom English is a second language.

1c. Is there any guidance on neuropsychological testing using telepsychiatry? [link54] [link55]	**Neuropsychological assessment** - Acceptability may be lower in older patients, but virtual neuropsychology should be offered and attempted. - Test selection will depend on the technology the patient has access to and can use without imposing additional cognitive burden. - Third party assistance may be required for some tests.

- Contact by phone may still be used for screening purposes and is recommended to assess for current risk and vulnerabilities.
- The British Psychological Society (BPS) Division of Neuropsychology (DoN) has recently released guidance regarding the remote administration of neuropsychological assessments.
- Consider the risks and benefits. There are significant advantages to using video conferencing rather than telephone. Ensure that you are familiar with the remote administration of the test, and the patient's is able and willing to engage in remote assessment. There is an encouraging evidence base indicating that valid results can be achieved by remote administration of neuropsychological tests (eg the Repeatable Battery for Assessment of Neuropsychological Status, RBANS).
- For people who are not able to undertake formal assessment at present, a thorough neuropsychological clinical interview by telephone with the patient and informant may be acceptable in starting the assessment process.

1d. How can I give and discuss the diagnosis of dementia using remote consultation? [link54] [link55]	**Giving a diagnosis of dementia remotely** - If you feel you have enough clinical information to establish a diagnosis then the patient and their next of kin (where appropriate) should be informed of the diagnosis, assuming consent for this communication has been obtained. - When giving the diagnosis by telephone, it is important to explain to the patient that you can't see each other and therefore you cannot see their body language. - Explain that you may need to give them some distressing information which would normally be done face to face. - Tell the patient and carer that because you can't see them, or their reaction, you will pause between giving pieces of information to ask them if they are happy for you to continue. - Royal College of Nursing has guidance on initiating challenging and courageous conversations remotely.
1e. Is there any specific advice for occupational therapy assessments? [link54] [link55]	**Considerations for Occupational Therapists** - Functional assessments are difficult to conduct remotely; however, it is possible to make observations using virtual technology and this may be useful for assessments of mobility, particularly transfers. - Carers could also send a live stream video indicating difficulties. - Some activities of daily living measures could be administered over the phone, (e.g. the Bristol Activity of Daily Living Assessment, and the Lawton Instrumental Activities of Daily Living). - Where possible continue to order and review equipment (home adaptations and assistive technology) via telephone/video link. - Occupational Therapists can assist in establishing routines and supporting carers to be creative in their caring roles, while still allowing people to have some autonomy and independence. - Occupational Therapists can offer support and advice in managing challenging behaviours (for example the Kingston Standardised Behavioural Assessment can be administered over the telephone) and give ideas regarding meaningful activities for people to engage in while socially isolating (see Section 1g for possible resources).
1f. Are there any specific considerations for remote mental health assessments in care homes? [link54] [link55]	**Care home considerations, memory assessment and diagnosis** - People in care homes are likely to have more advanced dementia; a **collateral history** from care staff or family members will be helpful in establishing the diagnosis. For diagnosing advanced dementia in care homes the DiADeM (Diagnosing Advanced

Dementia Mandate) tool (https://www.alzheimers.org.uk/dementia-professionals/resources-gps/diadem-diagnosing-advanced-dementia-mandate) could be used via video conference with the support of care home staff.

- Consider the benefits of a diagnosis at this time and if it is **in the patient's best interests**; for example, will a diagnosis lead to the resident's care plan being updated and support the care home staff to look after them?
- Where possible, memory services or community mental health teams should support care homes by giving advice and guidance on key challenges such as implementing isolation for people who walk with purpose and supporting people with behavioural and psychological symptoms of dementia (see Section 1g for resources).

1g. What COVID-19 resources can I suggest for patients and carers, or for multidisciplinary staff in supporting older patients, including those with dementia, and/or self-isolating ?	1. COVID-19 specific guidance for patients and carers UK specific resources • https://www.rcpsych.ac.uk/docs/default-source/members/faculties/old-age/dementia_leaflet_coronavirus-(1).pdf?sfvrsn=8d3bf150_4 • https://www.ageuk.org.uk/scotland/information-advice/health-and-wellbeing/coronavirus/your-wellbeing/ • https://www.alzheimers.org.uk/get-support/coronavirus/dementia-risk#content-start • https://www.alzheimers.org.uk/get-support/coronavirus/about-coronavirus • https://www.dementiauk.org/dementia-uk-coronavirus-advice/ • https://www.dementiauk.org/get-support/coronavirus-covid-19/ • Getting the most out of a remote consultation - Dementia UK • https://www.leedsth.nhs.uk/assets/e7843f5988/Dementia-Carer-Pack-A4-Flyers-230420-4.pdf • https://www.thehelphub.co.uk/ • NHS Volunteer Responders • https://www.giveusashout.org/ General resources • https://www.dementiability.com/resources/6-COVID-Book-stay-at-home-UK.pdf • https://www.dementiability.com/resources/5-COVID-A-Book-for-Dementia-on-the-Global-Pandemic-of-2020.pdf • https://www.alzheimer-europe.org/Living-with-dementia/COVID-19 • https://www.alz.org/help-support/caregiving/coronavirus-(covid-19)-tips-for-dementia-care 2. Advice for staff (multidisciplinary) • http://www.yhscn.nhs.uk/media/PDFs/mhdn/Dementia/Covid%2019/Supporting%20People%20with%20Dementia%20During%20Covid%2019%20NHSCT%20final.pdf • http://www.yhscn.nhs.uk/media/PDFs/mhdn/Dementia/Covid%2019/2020.05.20-FINAL1.0-Leeds-walking-with-purpose-guide.pdf • https://www.bps.org.uk/sites/www.bps.org.uk/files/Member%20Networks/Faculties/Older%20People/Supporting%20older%20people%20and%20people%20living%20with%20dementia%20during%20self-isolation.pdf • https://www.bgs.org.uk/resources/covid-19-dementia-and-cognitive-impairment • https://raredementiasupport.org/wp-content/uploads/2020/04/Living-with-dementia-and-COVID-19-an-emergency-kit.pdf

- https://freedementiatraining.files.wordpress.com/2020/03/useful-resources-if-you-are-supporting-someone-living-with-dementia-or-their-family.pdf
- https://healthinnovationnetwork.com/wp-content/uploads/2020/04/Maintaining-Activities-for-Older-Adults-during-COVID19.pdf
- https://www.youtube.com/watch?v=blJjUwBhVpk&feature=youtu.be
- https://www.england.nhs.uk/publication/dementia-wellbeing-in-the-covid-19-pandemic/