

Geropsychiatric Nursing Collaborative: Improving Mental Health for Older Americans

As contentious as the health reform debate has been, the need—and demand—for change to the health care system presents opportunities for attention to areas of health care that have historically been underrepresented and under resourced. One such area is mental health care, particularly for an already vulnerable subpopulation – older Americans.

The prevalence of mental health issues among the elderly is often unrecognized; however, one in four older adults lives with depression, anxiety disorders, or other significant psychiatric disorders.ⁱ These conditions are compounded by changes in individuals' physical health and cognitive capacity that often accompany aging.ⁱⁱ Importantly, it is anticipated the number of individuals living with these psychiatric disorders will only grow as the population ages.ⁱⁱⁱ

In December 2005 the White House Conference on Aging delegates placed mental health and geriatric health professional training issues at the forefront by voting them among the top 10 resolutions.^{iv} If policymakers recognize the significance of this issue through their inclusion of a mental health component in the final reform legislation, only one component will have been addressed, and workforce challenges to provide access to services will undoubtedly be compounded. In its seminal report, *Retooling for an Aging America*, the Institute of Medicine documents three critical points that indicate that the time to act is now: nurses are the largest population of the health care workforce; most nurses are at some point involved in the care of the elderly; and the basic education curricula for Registered Nurses includes little if any preparation in the principles of geriatric nursing, let alone geropsychiatric nursing.^v Thus, most of the current nursing workforce is woefully unprepared to meet the particular needs of older adults living with psychiatric disorders.

The Geropsychiatric Nursing Collaborative (GPNC) is working proactively to address this serious challenge. Studies indicate that the care provided by Advanced Practice Nurses currently in geropsychiatric practice translates to better outcomes for patients.^{vi, vii} Not every nurse will specialize in geropsychiatric nursing, but a large majority of nurses will indeed work with older Americans. Thus, all nurses must have a basic level of competency in geropsychiatric issues. The GPNC has a two-pronged strategy to address this need: geropsychiatric core competency enhancements and teaching resources for all nursing programs whose graduates will work with older adults.

The GPNC developed geropsychiatric nursing core competency enhancements in partnership with key nursing organizations. These enhancements are specifically tailored to fit each type and level of nursing practice. It is disseminating these enhancements to all nursing education programs whose graduates will care for older adults as well as through its partners, website (www.aannet.org/GPNCgeropsych), nursing education journals and newsletters, and relevant national meetings. Additionally, the identification and dissemination of geropsychiatric nursing teaching resources promotes the inclusion of core geropsychiatric nursing competencies at all levels of nursing education.

To meet the needs of older Americans including our aging Baby Boomers who will require mental health services, more resources are necessary for programs like the GPNC to prepare nurse providers to care for the mental health needs of this population. We encourage policymakers and those who will implement system reforms to anticipate not only the needs of populations, but the barriers to meeting these needs, such as shortage of prepared providers.

The Geropsychiatric Nursing Collaborative is supported in part by the John A. Hartford Foundation and is housed at the American Academy of Nursing and conducted through the Hartford Centers of Geriatric Nursing Excellence at the Universities of Arkansas for Medical Science, Iowa, and Pennsylvania. For more information see www.aannet.org/GPNCgeropsych.

ⁱ The Annapolis Coalition on the Behavioral Health Workforce. *An Action Plan for Behavioral Health Workforce Development* (2007) 202.

ⁱⁱ U.S. Department of Health and Human Services. *Mental Health: A Report of the Surgeon General*. Rockville, MD: U.S. Department of Health and Human Services, Substance Abuse and Mental Health Services Administration, Center for Mental Health Services, National Institutes of Health, National Institute of Mental Health, 1999.

ⁱⁱⁱ The Annapolis Coalition on the Behavioral Health Workforce. *An Action Plan for Behavioral Health Workforce Development* (2007) 202.

^{iv} www.fairfaxcounty.gov/aaa/pdf/whcoa.pdf. Accessed October 29, 2009.

^v Institute of Medicine of the National Academies. *Retooling for an Aging America: Building the Health Care Workforce* (Washington, D.C.: The National Academies Press: 2008) 140, 141

^{vi} Santmyer KS, Roca RP. *J Am Geriatr Soc*. 1991 Feb; 39(2): 156-9.

^{vii} Eisch JS, Brozovic B, Colling K, Wold K. *Geriatr Nurs*. 2000 May-Jun; 21(3): 150-5.

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