Promoting Mental Health of Older Americans –

The Work of Geropsychiatric Nurses
Geropsychiatric

Mental illness in late-life results from a mix of a person's own biological make-up, the nature and impact of family and social relationships, and environmental influences. Geropsychiatric nurse researchers are actively investigating all of these areas. A review of the work of geropsychiatric nurse scientists identified their involvement in 17 broad areas. Among these were studies of delirium and dementia, pain and sleep problems, depression and suicide, elder abuse, and strategies for effectively treating co-occurring general medical and psychiatric disorders. Yet gaps remain in nursing research to address such geriatric mental health problems as substance abuse, anxiety, serious mental illness, and health disparities. More interdisciplinary, intervention, dissemination, and translation research is needed.

The breadth of nursing research interests and expertise may obscure what perhaps is the central and constant theme of nursing science: A focus on the person in the environment. With its proud history of clinical care, nursing research brings to modern health science a unique approach to questions that are at the heart of patients' and their families' daily experiences with illness. This focus is pivotal—because of their unique position, geropsychiatric nurses (GPNs) can both translate science into care, and also urge basic and clinical scientists in diverse professions to take into account the insights and specialized needs of older adults.

Today, GPN-conducted studies encompass, as examples:

- Use of sophisticated molecular, psychoneuroimmunologic, and genetic technologies to determine mechanisms that explain the effects of stress and the resulting variability in behavior.
- An extensive body of nursing research that has examined traits such as resourcefulness and ability to take care of oneself, which contribute to the health of older adults, including family care-givers.
- Research that is closing the gap between what patients and their families are seeking in end-of-life care and what often occurs in the presence of advanced technologies.

Knowledge from Nursing Research

Individualized Care

The New England Journal of Medicine reported that medications commonly used to treat aggression and agitation in patients with Alzheimer's disease carry adverse effects that significantly offset the medications' benefits. This finding testified to the timeless value of geropsychiatric nursing’s “person-environment” framework, which focuses on helping individuals and providers create and maintain nurturing and healthy living spaces. For example GPN studies led to eliminating the once-common practice of tying down agitated elders, while devising interventions that support their well-being and dignity. Nursing research identified the shower/bath as an event likely to trigger agitation and aggression, and demonstrated the benefits of towel-bathing; other nursing-directed studies have found specific non-verbal communication and thermal discomfort as triggers for caregivers to avoid.

Cost-Effective Care

Medical costs for depressed older adults are 50% higher than for non-depressed elderly. Depression is, however, often unnoticed and not treated in older adults receiving skilled home health care. Geropsychiatric nurses have been involved in developing low-cost, effective interventions for improving depression recognition, referral, and patient outcomes in the home care setting. Family caregivers of older adults with Alzheimer's disease are at risk for increased morbidity and mortality. GPN studies have developed cost-effective skill building and lifestyle physical activity interventions to improve family caregiver skill and health outcomes.
Once found nearly exclusively in hospitals, masters-prepared GPNs today practice in the varied settings in which older adults with mental disorders reside. Foremost among these are nursing homes, where residents with mental illness and dementia present special clinical challenges such as confusion, resistance to care, communication difficulties, agitation, wandering, sleep disruptions and resident-to-resident aggression.

Reports reveal high rates of mental illness among elders in Assisted Living Facilities (ALFs), one of the fastest-growing settings for elder care and which are subject to minimal regulation for staff training and health care issues. ALFs are a natural context for geropsychiatric nurses, who possess the research-based therapeutic skills to make such settings more supportive to all residents, regardless of health status, so that they can better age in place.

Geropsychiatric nurses play a critical role in hospital emergency rooms and special care units. Adults aged 65 and older are the highest users of hospital-based emergency services in the U.S.; nearly one quarter of all older adults make at least one emergency department visit in a given year, with rates even higher for those aged 75 and older – and GPNs often are the first providers to greet them in emergency situations.

The adaptability of GPNs to diverse care settings enables them to play a critical role in caring for the nearly one-third of home-health care patients who need mental health care services. With the aging of the Nation’s population, nurses also provide care in many non-traditional settings, including primary care offices, the criminal justice system and State- and community-run homeless health care services.

Today, 16% of psychiatric nurses have subspecialty preparation in geriatrics, and the field is poised to grow substantially to help meet the demands of our rapidly aging society. Ongoing innovations in education, credentialing, and practice models reflect the priority nursing attaches to the needs of older persons with mental disorders.
Geropsychiatric nursing evolved in the 1970s as a blended sub-specialty of both psychiatric nursing, an illness-oriented specialty, and gerontological nursing, which focuses more broadly on health and illness. Today, advanced practice GPNs possess the broad and deep knowledge needed both to treat illness and to promote health and resiliency in old age in a variety of care settings and across diverse older populations.

The education of an advanced practice nurse in this field begins with a 4-year baccalaureate degree in nursing and state licensure as a Registered Nurse (RN). Nurses then engage in a rigorous program of graduate studies that cover biobehavioral and pharmacological sciences; recognition and diagnosis of common mental disorders; cognitive, behavioral, and interpersonal treatments; research; and other interests such as communication theory and practice, consultation, conflict resolution, and exposure to the ethical and legal issues unique to the treatment needs of older adults.

Efforts are underway to standardize educational requirements for nurses who will specialize in this field, and to spread key skills to nurses broadly. Reflecting awareness of needs in the population, nurse educators now are integrating GPN content into related specialties, including psychiatric nursing as well as adult/gerontological, family, and women’s health advanced practice nursing programs. Urgently needed are strategies for bringing needed information to already practicing nurses.

(continued on back page)
Over the next 25 years, the population of persons 65-and-older in the United States will double. In the year 2030, an estimated 71.5 million older adults will account for one-in-five persons in the total population.

In the future, as today, the majority of older people will lead vibrant, healthy lives. The energy and creativity that has come to characterize the so-called baby boom generation is evident already in housing, recreation, health care, and many other spheres.

Although millions of Americans will thrive as they grow older, the sheer numbers of people who will survive to advanced years means, also, a dramatic increase in those who will experience illnesses and maladies that first occur or worsen in older adulthood. Health problems will include general medical illnesses, mental health problems, and, often, instances in which these co-occur. Add to these the stressors associated with normal aging – for example, loss of loved ones, relocation to unfamiliar surroundings, and natural declines in physical well-being.

The President’s New Freedom Commission on Mental Health projects that by 2030, some 20 percent of persons over age 65 – about 15 million older men and women – will have a major psychiatric disorder. As survival to advanced old age becomes more common, so will devastating conditions such as Alzheimer’s disease, which now affects nearly half of those over age 85. Moreover, certain aspects of the “boomer” generation’s lifestyles, such as greater exposure to excessive alcohol and illicit drug use, will further challenge the health of many individuals as they age.

Meeting the complex health and mental health care needs of older Americans in the decades ahead poses an enormous national and societal challenge – one in which geropsychiatric nurses have an essential role to play.
Nursing contributes significantly to caring for the mental health needs of our burgeoning population of older adults and their families. Progress toward making full use of the profession will require partnering with advocates and organizations to target three main areas: further research and knowledge dissemination; training for evidence-based geropsychiatric nursing practice; and leadership to heighten the visibility and attractiveness of the field. Working together, nurses, legislators, and others can achieve the following goals:

- Raise awareness, within nursing and among the public broadly, of urgent, unmet mental health needs among older persons, and use this awareness to recruit nurses to the specialty;
- Collaborate with professional and consumer organizations interested in health care to leverage activities and resources;
- Garner funds to support nurse scholars’ programs of research in mental health and aging;
- Support interdisciplinary centers of excellence in geriatric mental health to expand the science undergirding mental health care;
- Provide models for graduate programs in psychiatric nursing and adult/gerontological, family, and women’s health advanced practice nursing programs to include core GPN content and clinical learning experiences;
- Obtain student support for graduate education to enable preparation of greater numbers in the field;
- Develop innovative programs to prepare practicing nurses for providing mental health services to culturally diverse older adults;
- Introduce evidence-based best geropsychiatric practices into all settings where older adults receive care;
- Encourage specialty organizations in nursing to incorporate geropsychiatric competencies in their scopes and standards of practice; and
- Challenge and eradicate health disparities in geropsychiatric research, training and provision of mental health services to older adults.

Geropsychiatric Nursing – Progress, Plans, Prospects and Partners

Educational Resources
The Geropsychiatric Nursing Collaborative (GPNC) has posted the following educational resources on the Portal of Geriatric Online Education (POGEO) website (www.pogeo.org/products/GPNC): curricular materials, geropsychiatric nursing competency enhancements, key concepts, and a definition of geropsychiatric nursing.

The GPNC is a project of the American Academy of Nursing and supported by the John A. Hartford Foundation (www.aannet.org/GPNCgeropsych).

Prepared by the John A. Hartford Centers of Geriatric Nursing Excellence at the University of Pennsylvania and the University of Iowa with support from the van Ameringen Foundation, the John A. Hartford Foundation, the National Institute of Mental Health, and five John A. Hartford Centers of Geriatric Nursing Excellence. Refreshed by the Geropsychiatric Nursing Collaborative, 2011. Detailed reports from a national conference Geropsychiatric Nursing: State of the Future can be found in Journal of the American Psychiatric Nurses Association, 12(2 & 3), 2006.