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***Carpe diem*: Nursing making inroads to improve mental health for elders**

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Introduction

With 1 in every 5 adults over age 65 having mental illness, a projected 15 million will need services by 2030.¹ Few nurses have specialized in geriatric mental health for a number of reasons: (1) The paucity of educational programs to prepare specialists, (2) the societal stigma associated with both aging and mental illness, (3) underpayment for services, and (4) lack of role models.² Here we summarize the major accomplishments of the Academy's Geropsychiatric Nursing Collaborative (GPNC), a Hartford-funded project designed to foster nursing's contribution to the mental health of older Americans.³ We also suggest areas that will need to be addressed by others as this 4-year project ends.

Taking Stock

In 2005, many complementary efforts to grow a cadre of nurses prepared in care of the aging were firmly in place. For example, the John A. Hartford Foundation's Centers of Geriatric Nursing Excellence (HCGNE) and several projects of the Hartford Institute for Geriatric Nursing (HIGN), in collaboration with the American Association of Colleges of Nursing (AACN) and other professional organizations, were bringing new visibility to the field. Further, these efforts were attracting and funding scholars to conduct research and prepare for faculty roles to teach geriatric nursing to the next generations of nurses. Yet the mental health component of geriatric education and care remained invisible.

In this same year, the "Geropsychiatric Nursing—State of the Future" conference in Philadelphia sought to bring needed attention to the mental health needs of older adults and related nursing workforce issues. On the basis of the data revealed in the commissioned conference White Papers,² strategic planners identified 3 major goals necessary for strengthening the geriatric mental health component of nursing education, research, and practice⁴:

- Achieve field identity and definition,

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- Secure human and organizational resources, and
- Enhance translational and interdisciplinary research and dissemination.

Subsequent funding to the American Academy of Nursing (AAN) by the John A. Hartford Foundation (2008-2011) supported the GPNC to begin to address the first 2 of these Conference goals. The GPNC's emphasis on strengthening geropsychiatric nursing (GPN) education and the mental health workforce brought renewed focus on improving the mental health of older Americans. A national workgroup was convened that laid out a definition of GPN and developed critical competency enhancements for entry- and graduate-level programs in several specialty areas. These competency enhancements provide guidance to educators in preparing nurses to care for older adults with mental health and substance use disorders. This definition and the competency enhancements are posted on the website Portal of Geriatric Online Education (www.POGOe.org).

Visibility, communication, and marketing efforts included multiple publications,^{2,3,5} maintaining the Gerontological Mental Health Nursing Alliance listserv, making presentations and convening interest group sessions at professional meetings, hosting webinars, and preparing and posting for ready access on the POGOe website the competency enhancements and curriculum materials for infusion into a broad range of educational programs. Successful nominations of geriatric mental health nurses for AAN Edgerunner status and ensuring nursing's voice on an Institute of Medicine Committee on the Mental Health Workforce for Geriatric Populations were all instrumental in achieving identity and beginning to develop human resources. Efforts to enhance the GPN pipeline have included producing a video highlighting the careers of 4 GPN leaders; supporting the appointment of next-generation leaders to national panels; involving the Building Academic Geriatric Nursing Capacity (BAGNC) Alumni Group, scholars, and fellows in dissemination efforts such as publications and presentations; developing case studies; and preparing materials for POGOe, presenting Webinars, and providing curriculum consultations.

These activities have culminated in a field with a better defined and solidified identity and a new group of leaders in the making. Much of the work of the project has been achieved by enlisting the involvement and assistance of other geropsychiatric nurses and partnering with organizations that have parallel goals, including the AACN, the National League for Nursing, HIGN, BAGNC, HCGNE, and AAN.

Although the third goal related to enhancing translational and interdisciplinary research and dissemination was not directly within the purview of the GPNC project, leaders have systematically networked with relevant groups to ensure attention to these areas. For example, a Mental Health and Aging Working Group was formed as a joint effort of 2 AAN Expert Panels (Aging and Psychiatric Nursing/Substance Abuse) to focus on advocating for geriatric mental health research priorities. Renewed energy in geriatric mental health interest groups within relevant professional societies (American Psychiatric Nurses Association, International Society of Psychiatric Nurses, Gerontological Advanced Practice Nurses Association, American Association for Geriatric Psychiatry) has also been achieved.

State of the Future “thought leader” Claire M. Fagin challenged attendees to “Seize the day,” noting that, “Timing is everything.”⁶ That conference served as a catalyst to re-energize the field. Since 2008, the GPNC has built a solid base for achieving the 3 goals set forth at that conference. The real work, however, has just begun. Additional human and organizational resources are needed to:

1. Provide a logical “home,” leadership group, and voice for the continuing development of GPN while it is still in its fledgling stage: minimally maintain the

listserv, keep POGOe materials current, and convene interest groups at meetings of relevant societies.

2. Define the scope and preparation for specialty practice and credentialing at the post-master's level, in line with the Consensus Model⁷; explore federal and foundation support to develop accessible educational programs, potentially building consortia of nursing schools and/or electronic methods.
3. Monitor the infusion of geriatric mental health in nursing education; partner with BAGNC, Geriatric Education Centers, Area Health Education Centers, and others to mount continuing education programs accessible to a broad range of nurses to improve their knowledge and skills in geriatric mental health.
4. Collaborate with interprofessional colleagues to convene a national think tank on geriatric mental health science and set research, education, and best practice agendas for the field; and advocate for interprofessional centers of excellence in geriatric mental health.

It is now time, and the time is ripe, for other GPN leaders and organizations to pick up the gauntlet and underwrite the next steps, provide ongoing direction, and invest energy and resources so that the momentum generated by the GPNC toward improving mental health of older Americans through a better educated nursing workforce will be sustained. *Carpe diem!!*

References

1. Achieving the promise: transforming mental health care in America. Rockville, MD: SAMSHA Publications; 2005. The President's New Freedom Commission on Mental Health (US).
2. Journal of the American Psychiatric Nurses Association. April-June 2006. J Am Psychiatr Nurses Assoc. 2006; 12:73–171.
3. Beck C, Buckwalter KC, Dudzik PM, et al. Filling the void in geriatric mental health: the geropsychiatric nursing collaborative as a model for change. Nurs Outlook. 2011; 59:236–42. [PubMed: 21757081]
4. Puentes WG, Buckwalter K, Evans LK. Geropsychiatric nursing: planning for the future. J Am Psychiatr Nurses Assoc. 2006; 12:165–9.
5. Buckwalter, KC.; Beck, C.; Evans, LK. Envisioning the future of geropsychiatric nursing. In: Mellio, KD.; Houde, SC., editors. Geropsychiatric and mental health nursing. 2. Sudbury, MA: Jones and Bartlett Learning; 2011. p. 465-75.
6. Puentes WG, Evans LK. A dialogue with senior thought leaders in geropsychiatric nursing: summary and synthesis. J Am Psychiatr Nurses Assoc. 2006; 12:161–4.
7. APRN Consensus Work Group and the National Council of State Boards of Nursing APRN Advisory Committee. [Accessed on January 22, 2012] Final Report Consensus Model for APRN Regulation: Licensure, Accreditation, Certification and Education. 2008. Available at: https://www.ncsbn.org/Consensus_Model_for_APRN_Regulation_July_2008.pdf