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Overcoming the Dual Stigma of Mental Illness and Aging: Preparing New Nurses to Care for the Mental Health Needs of Older Adults

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Abstract

Objectives: Registered nurses are uniquely positioned to fill shortages in the geropsychiatric healthcare workforce. With training, nurses can coordinate both mental and physical health care and deliver mental health interventions. Our objective was to determine how nursing educators are preparing students to care for the mental health needs of older adults and explore the challenges that they face in this effort.

Design: A qualitative study using semi-structured, in-depth interviews.

Setting: Participants were recruited from schools of nursing in the Northeast region of the United States.

Participants: Undergraduate psychiatric nursing instructors and professors.

Measurements: Semi-structured interviews focused on challenges and strategies related to preparing nursing students to meet the mental health needs of older patients. All interviews were conducted by registered nurses, audio recorded, transcribed, and thematically coded by two members of the research team using NVivo.

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Results: Fourteen interviews were conducted. An overarching theme of bias towards geropsychiatric care was identified as a challenge for educators. Educators reported that nursing students carry biases towards patients with mental illness and older patients. Nursing students indicated negative perceptions of the psychiatric and geriatric nursing specialties. Most nursing students plan to work in non-psychiatric settings and do not consider mental health as a priority for their patients. To overcome these challenges, educators suggested a variety of strategies that fall into the themes of exposure and integration. In order to prepare new nurses to care for the mental health needs of older patients, nursing schools should expose nursing students to older adults in a variety of settings and integrate mental health topics and training throughout the undergraduate nursing curriculum.

Conclusions: Nursing schools should evaluate their curricula to ensure that mental health content is prioritized and sufficiently integrated with physical health topics. An increased focus on geropsychiatric and integrated mental health content should be supported by nursing programs and state boards of nursing.

Keywords

psychiatric and mental health nursing; nursing education; workforce; bias; integration; qualitative

Introduction

Over the next thirty years, the older adult population in the United States is expected to double.¹ As this population grows, so will its mental health needs. It is estimated that 14 to 20% of adults aged 65 and over have mental health or substance use conditions.² Unfortunately, the mental health needs of this population are largely unmet as mental health conditions in older adults are often undiagnosed or underdiagnosed and primary care providers are less likely to refer older adults to mental health treatment.^{3,4} Many older adults are reluctant to receive mental health treatment, which may be related to high levels of perceived public stigma towards mental illness and negative attitudes towards mental health treatment.^{5,6} This unmet need is exacerbated by severe shortages in the geriatric and geropsychiatric physician workforce and these shortages are expected to worsen.⁷ In their 2012 report on the geropsychiatric workforce, the Institute of Medicine (IOM) suggested that generalist health professionals, including nurses, receive training to care for the mental health needs of this population to address these critical shortages.²

Registered nurses are uniquely positioned to care for the mental health needs of older adults. They are involved in the delivery of most health care services and often spend more time directly caring for patients than other licensed providers. They can also serve as a bridge between mental health and physical health care. Home care nurses have been able to integrate mental health care into their practice through standardized depression screenings and depression management protocols, resulting in greater improvements in depressive symptoms for older patients with moderate and severe depression.⁸ Nurses working in primary care and hospital-based collaborative care models have been able to screen older patients for mental health issues, recommend treatments based on evidence-based guidelines, and collaborate with psychiatrists for difficult cases.^{9,10} These models have been shown to decrease symptoms of depression and anxiety, increase use of

psychopharmacotherapy, and improve quality of life.¹¹ Registered nurses have also demonstrated the ability to successfully deliver interventions for depression and anxiety.¹²

Either through collaborative care models or general practice, registered nurses can play a vital role in caring for the mental health needs of older adults. With additional training, generalist nurses in a multitude of clinical settings can assess older patients for mental health symptoms, deliver brief interventions, and collaborate with mental health specialists. Over the last twenty years, the Geropsychiatric Nursing Collaborative has worked to increase the amount and quality of geropsychiatric content in the undergraduate nursing curriculum in order to prepare nurses for these roles.^{13,14} The aim of this study was to determine how nursing educators have responded to shortages in the geriatric workforce and adopted the recommendations of geropsychiatric nursing leaders. There were three objectives in this study: 1) to understand how psychiatric nursing educators teach undergraduate students about geropsychiatry and geriatric mental health, 2) to uncover the challenges that nursing educators experience in preparing students to meet the mental health needs of older patients and, 3) to explore potential strategies to overcome these challenges.

Methods

Participants

This was a qualitative study of psychiatric nursing faculty. Nursing faculty were eligible to participate if they currently teach or previously taught the lecture or clinical portion of a prelicensure psychiatric-mental health nursing (PMHN) course. This study used convenience and snowball sampling.¹⁵ Emails were sent to twenty-five schools of nursing (this included all of the schools of nursing with baccalaureate programs in the Washington D.C. metropolitan area as well as schools that the authors attended or schools where the authors had a colleague) and study participants were also asked to send recruitment flyers to colleagues that could add insight to this inquiry. To maintain anonymity, interested participants were asked to complete online form with their first names, email addresses, and phone numbers. The name of their nursing program was not asked to ensure that participant information could not be linked to their place of employment. Participants were asked to answer questions based on all of their experiences as nursing faculty members, not based on their experiences at their current institution. All participants provided informed consent. This project was approved by the University of Maryland Institutional Review Board.

Procedures

The interview guide (Table 1) was developed by three members of the research team who are registered nurses and iteratively revised during pretesting with two undergraduate nursing faculty members who were not included in the study. The interviews were conducted by phone and were semi-structured to allow for new topics to emerge. Two investigators (I.B. and P.B.) conducted the interviews during September and October 2018. All interviews were digitally recorded. The recordings were transcribed by the website Temi and all transcripts were reviewed for accuracy.¹⁶

Data Analysis

To develop the initial codebook, three members of the research team (I.B., G.M., A.A.) reviewed and coded one interview transcript collaboratively using a thematic analysis approach.¹⁷ The remaining transcripts were independently double-coded (I.B. coded all transcripts and P.B., G.M., and A.A. double-coded) using inductive coding procedures in order to identify new themes.¹⁸ General inductive approaches aim to bring meaning to qualitative data through the identification of summary themes and categories and to emphasize the description of important themes over theory building.¹⁹ Transcripts were re-examined iteratively in light of new and emerging themes, and differences were reconciled by consensus. Coding was done using NVivo 12.²⁰

Results

Fourteen undergraduate psychiatric nursing instructors and professors were interviewed (Table 2). Participants reported teaching in traditional 4-year baccalaureate programs, accelerated baccalaureate programs, or both. Most participants reported teaching at more than one nursing school in their career. The data was organized into themes, which were categorized into six categories: structure of the PMHN course, personal goals for the PMHN course, topics specific to older adults, challenges, current strategies, and recommendations for the future.

Structure of the PMHN Course

PMHN content is usually taught as a combination of lecture, simulation, and clinical experience. Most participants reported working in institutions with semester-long PMHN lecture courses. Most of the respondents stated that the lecture component of the course focuses on psychiatric diagnoses, assessment skills, communication skills, community resources, and treatment modalities. Nursing students also participate in psychiatric clinical rotations that are usually one day per week, ranging from six to twelve weeks in duration. Clinical placements are usually on inpatient psychiatric units. Some schools use clinical sites in the community, including drop-in centers, day programs, crisis prevention services, and supportive housing. Some nursing programs also offer courses standalone geriatric nursing courses, which may include psychiatric and mental health topics.

Goals of the PMNH Course

When asked about their goals for the undergraduate psychiatric nursing course, most participants discussed the important role that mental health plays in every nursing specialty and clinical setting. The participants emphasized that mental health is at the root of nursing practice and nurses must be prepared to work with patients with pre-surgical anxiety, depression after a stroke, and patients with severe mental illnesses who are in labor or receiving chemotherapy.

“Every nurse is a psych nurse. You may never walk through another psych unit in your life after this course, but you will walk through psych all of your life.”

Most participants also emphasized the biases that students may have before taking the PMHN course and importance of decreasing stigma towards mental illness. They hope that

students will learn that mental illness is like any other physical health condition and that it is critical to refrain from making assumptions about who has mental health needs and what it is like to have a mental illness. The participants ultimately hope that the students learn to respect patients with mental illness.

“This particular patient population is just like everybody else and not any different. And the illness that they have is indeed an illness and not something that they choose to have and not what Hollywood paints it to be.”

Topics Specific to the Older Adult

Participants reported that the PMHN course covers psychiatry and mental health across the lifespan. Older adult content may be taught as a separate module or integrated into other topics during lecture. When teaching about older adults, participants focus on the complex needs of this population. Often, older adults have comorbid physical health conditions, cognitive decline, physical limitations impacting their ability to complete their activities of daily living, safety issues, pain, loneliness, grief, and poor social determinants of health. Participants also emphasize the importance of family involvement and the complexities of care coordination.

“Many of the patients can't live with their family or their family doesn't have room. They're just like suffering many losses. The loss of physical health, their mental health is compromised.”

Participants also teach students about the risks of overmedication and polypharmacy and the importance of non-pharmacological modalities. Several participants focus on how adults are living longer than ever before and that “65 is still really young.” As people are living longer, they are also living longer with mental illnesses and have new mental health needs at later stages of life.

Challenges

We asked participants about challenges confronted in achieving their course goals and effectively prepare nursing students to care for the mental health needs of older adults. We grouped these challenges into three subcategories: student-level, program-level, and system-level.

Student-Level Challenges—At the student level, a major theme that emerged was the dual stigma of mental illness and aging. Many students enter nursing programs with biases towards both groups. Some participants noted that students are often wary of older patients. Some participants attributed this difficulty to countertransference as the student may be reacting to the older adult patient as they would a grandparent and are unable to ask questions about difficult topics like grief, depression, and suicidality.

“I think the other barrier is that they're a little bit intimidated, they remind some of grandparents or they're afraid of engaging with the older adult because of the cognitive challenges. Some patients are depressed, so they just sort of shy away, can't talk about the real topics.”

Some participants also noted that nursing students have difficulty accepting that older adults use drugs and can have substance use issues.

“They were really shocked when they walked into the [Alcoholics Anonymous] meeting. They were expecting to see a younger population and actually found that the population that was in the meeting was much older, 50 and upwards.”

Participants emphasized the generational gap between millennial nursing students and older adult patients. Students come into the program with a lot of negative perceptions about aging and hear students say things like “it’s such a drag to get older” and “I don’t want to be that way.” During clinical days, few students choose to work with older adult patients on the psychiatric unit. Very few students are interested in working with older adults after graduation and many have negative perceptions of geriatric nursing.

“They don’t see it as something that’s important. They view it almost as babysitting. It’s not like trauma nursing or ER nursing.”

Program-Level Challenges—At the program level, most participants reported that there is not enough time devoted to PMHN in undergraduate nursing education and that the amount of time devoted to this subject has decreased over time. There is a far greater emphasis on medical-surgical nursing. Additionally, the PMHN course primarily focuses on pathologies and caring for patients with severe mental illness and is limited in its emphasis on wellness, prevention, trauma, common mental health disorders, and comorbid mental health and physical health conditions.

“Most curricula start with schizophrenia and bipolar disorder and have a very strong medical model. And I think that’s part of why young empowered nurses are not that interested.”

It was noted that there is very little integration of PMHN within other nursing courses (medical-surgical nursing, pediatrics, obstetrics) in the undergraduate nursing curriculum. This creates the distorted impression that only nurses on psychiatric units are responsible for caring patients with mental health conditions.

“We’ve talked about the physical problems of having standalone psychiatric hospitals and standalone units and segregating patients with mental health problems into their own buildings, their own compartment with their own DSM [Diagnostic and Statistical Manual]. And, here we are in nursing school where there’s a psych mental health course that’s a standalone. And unfortunately, there’s no crossover with anything else, so they have to take the course and then they’re done with it.”

Participants also reported difficulty securing clinical placements for nursing students and ensuring students care for older adults during their psychiatric nursing rotation. Some nursing students may be placed on pediatric psychiatric units or adult psychiatric units with low volumes of older patients.

System-Level Challenges—At the system level, some participants reported that stigma toward patients with severe mental illness exists across the nursing profession. One participant noted that nurses on medical units often voice discontent when discussing

patients with comorbid psychiatric illnesses. Participants also reported that mental health is not viewed as priority in non-psychiatric clinical settings and this view is quickly adopted by nursing students.

Psychiatric nursing is “viewed as not a clinically hard skill, like doing an IV. It is also viewed as ‘well as long as I’m taking care of them medically, everything else will just sort of fall into place or they’ll get help somewhere else for that.’ So, they don’t really want to know psych.”

A few participants also reported that nurses on psychiatric units do not always offer a good example for students. The students observe the nurses dispensing medications and documenting in the medical record, but rarely observe the nurses facilitating groups or engaging patients in individual therapeutic work. The participants also suggested that nursing students may be disheartened by disparities in the mental health system and the lack of community resources available to patients.

“They get very dejected and sad about the whole scenario and then the light turns off behind their eyes. They’re not listening to me anymore because they’re thinking about Mrs. So-and-so who’s going home to an empty house.”

Current Strategies

Participants reported using a variety of strategies to overcome the aforementioned challenges. These strategies mainly include simulation, clinical experiences, and helping students understand bias and stigma.

Simulation—In addition to lecture and textbooks, participants reported using storytelling and first-person accounts of living with mental illness, either in-person or through videos. Participants also reported using simulation and standardized patients to allow students to practice their assessment and communication skills. These simulated interactions may be filmed, and students can view these simulations to improve their communication skills. Some participants reported using augmented reality technologies that allow students to experience complex mental health challenges such as hallucinations or dementia.

Clinical Experiences—During clinical days, clinical instructor participants seek opportunities to expose students to a variety of patient populations and psychiatric diagnoses and to create a positive and memorable experience for students. They also facilitate debriefing sessions at the end of each clinical day to allow students to reflect on their how their experiences will influence their future clinical practice. They encourage students to work in pairs or small groups on the psychiatric unit to reduce their anxiety.

Addressing Bias and Stigma—The participants reported a variety of strategies for teaching students about bias against persons with mental illness and the elderly. Many participants focus on assisting students in identifying their personal biases during lecture and simulation, so that students may be mindful of their biases during clinical placements and work to overcome them. Some participants request that students reflect on their experiences with older adult family members and friends with mental illnesses or substance use disorders. One participant teaches about the history of mental health treatment in the U.S. to

help students understand how segregation of mentally ill individuals in psychiatric hospitals led to stigma towards mental illness. Some participants also indicated that they educate students about the perspectives of different cultures towards aging to help students grasp the important role that older adults play in other societies.

“I talk about the concept of ageism standing in front of them. I am no young cookie. I’m ancient. I have gray hair. I tell them what my experience of growing older has been. It’s been eye opening to understand the bias towards older individuals, people making assumptions.”

Suggestions for the Future

We asked participants their impressions of how psychiatric nursing educators and schools of nursing could better prepare students to care for the mental health needs of older adults. The participants suggested a number of changes to the undergraduate nursing curriculum and continuing education requirements.

Increased Exposure—The participants felt that there needs to be more content focused on older adults and their mental health issues and an increase in the number of clinical hours that students spend with older adults, particularly opportunities focused on mental health. One participant suggested assigning older patients to students during clinical rotations, as students may be more likely to choose younger patients if given the option. Some participants suggested clinical rotations at assisted living facilities and nursing homes to increase students’ exposure to older adults with mental health needs. They also suggested utilizing clinical rotations in the community, such as churches and senior centers, to expose the students to healthy aging. Some participants also suggested that nursing programs develop or strengthen partnerships with community agencies and establish community advisory boards to identify meaningful experiences for students.

“Nursing education [needs] to engage healthy aging and expose students to healthy aging. Unfortunately, I think that from the get go they just see ill, debilitated patients.”

Reframing Geriatric and Psychiatric Nursing—A few participants suggested reframing geriatric and psychiatric nursing by emphasizing the positive aspects of working with this population. Older adult patients are often more willing to work with students and educate them about their health needs. Nurses who care for older adult patients often work with the family unit and have an integral role in care coordination. Psychiatric nurses are empowered members of a multidisciplinary team. One participant suggested asking psychiatric and geriatric nurses who are passionate about their clinical specialty to talk to students about why they “love their work” and “the reasons they do it.”

PMHN Integration—Most participants addressed the importance of integrating mental health and psychiatric content throughout the nursing curriculum. Most nursing students will not work in psychiatric settings after graduation, but they will need to integrate psychiatry and mental health into their nursing practice in their chosen clinical specialty. To prepare

students to integrate mental health into their nursing practice, participants suggested integrating mental health topics into all nursing courses.

“I really do see a big difference between mental health and psychiatry. I didn't always, but I do now, so I think the mental health needs of older adults should be integrated into every aspect of nursing... I think that when we talk about mental health needs of older adults, it should be integrated into every aspect of the curriculum and not just relegated.”

Participants addressed a multitude of strategies for integrating mental health content. As nursing students typically have a minimum of four semesters of nursing skills courses and clinical rotations, one strategy may be to schedule the psychiatric course and clinical rotation for the first semester, so that the content can be reinforced in subsequent courses. Every nursing course could have psychosocial learning objectives and students could conduct psychosocial assessments with patients during all clinical rotations. Though many participants supported integrating mental health content throughout the nursing curriculum, one participant voiced concern that integration could lead to the elimination of the dedicated PMHN nursing course.

“I'm terrified of people saying it's not important enough to teach a whole course... I find that people who are not psych nurses diminish it. They just think, ‘well, I can teach a little bit about schizophrenia and I can teach a little bit about that.’”

Continuing Education—Many participants also noted that education should not end after nursing school for both students and faculty. Some participants expressed concerns that psychiatric nursing faculty are not doing enough to remain clinically and academically competent. Participants recommended that nurses in non-psychiatric specialties engage in continuing education opportunities to maintain and advance their mental health nursing skills.

Focus Recruitment Efforts on “Mature” Nurses—When asked how to recruit new nurses in to the specialty of geropsychiatry, many participants suggested that recruitment efforts should be targeted towards second degree nurses or currently practicing nurses. Participants suggested that nurses need maturity to care for individuals with mental illness, specifically older adults with mental illness.

Discussion

As the silver tsunami approaches, there is a critical urgency to educate health care providers to meet the needs of the aging population and address geropsychiatric workforce shortages. Nurses are well-suited for this role, however inherent biases towards the geropsychiatric population present a barrier. Among nursing students and across the nursing workforce, nurse faculty participants reported bias against both the elderly and persons with mentally illness, bias against psychiatric nursing and geriatric nursing, and a bias against the importance of mental health care. The major strategies proposed by the participants in this study to combat these biases are curriculum integration and increased exposure.

Psychiatry and mental health have long been siloed from physical health throughout healthcare.²¹ Participants indicated that this segregation is reflected in the undergraduate nursing curriculum in most schools and colleges of nursing. As policymakers, such as the Substance Abuse and Mental Health Services Administration (SAMSHA) and the Health Resources and Services Administration (HRSA), and professional societies, such as the American Academy of Family Physicians (AAFP), address the importance of behavioral health integration in the health service delivery system, there is also a critical need for behavioral and mental health integration in nursing curricula as a critical step in addressing the mental health care needs of older adults.^{22,23}

By integrating mental health content throughout curricula, nurse educators can reframe mental health as a clinical priority and a professional responsibility of all nurses, not solely nurses on psychiatric units. Emphasizing integration may better prepare students to more intentionally coordinate physical health and mental health care for all populations. This position has been supported by the International Society of Psychiatric-Mental Health Nurses (ISPN) and the American Psychiatric Nurses Association (APNA).²⁴ Nursing programs have successfully implemented mental health and integrated clinical rotations whereby nursing students may care for patients on medical units with psychiatric comorbidities. This type of clinical rotation may facilitate a focus on both mental health and physical health.²⁵

Students should also have more exposure to older adults, especially independent and active older adults. This exposure can occur during clinical placements, but also by bringing older adults to the classroom to discuss aspects of aging, loneliness, grief, depression, anxiety, cognitive decline, and substance use. Schools of nursing could implement older adult mentorship programs where community-dwelling older adults partner with small groups of students to teach about aging and their health care needs.^{26,27} Nursing schools could also establish clinical placements in sites of older adult wellness care as well as in high quality long term care facilities.^{26,28} These experiences should be augmented, but not replaced by simulation. Simulation with standardized patients can help students feel more comfortable talking to older patients about their mental health issues and offers students the ability to identify their own biases. These experience may be enhanced through video-recording and allowing students the opportunity to view how they interact with different types of patients.²⁹

As the population and nursing needs of older adults in the United States continues to grow, undergraduate nursing programs should consider integrating geriatric content throughout the curriculum and offering standalone geriatrics courses.^{30,31} Very few nursing students are interested in working in geriatrics after graduation and standalone courses have been shown to significantly improve students' perceptions of working with elderly.^{32,33} However, as less than a third of baccalaureate nursing programs have full-time faculty with certification in gerontological nursing, in addition to critical shortages in nursing faculty, it may be difficult for nursing schools to offer a standalone course.³⁰ Nursing schools may want to consider workshops and mentorship opportunities for existing faculty to increase their understanding of aging and geriatric syndromes and their comfort teaching geriatric content.³⁴

Policy Implications

Undergraduate nursing school curricula are weighted heavily by the nursing licensure examination (NCLEX) content and criteria, as well as state board of nursing requirements. Currently, 6-12% of questions on the NCLEX exam fall into the category of psychosocial integrity, the category that includes psychiatric and mental health nursing.³⁵ This category comprised between 10-22% of the exam in 2001.³⁶ The National Council of State Boards of Nursing (NCSBN) should consider increasing the percentage of questions on the NCLEX exam that relate to mental health or the caring for patients with comorbid conditions. As the aging population continues to grow, state boards of nursing should consider adopting policies that require nursing schools to provide clinical experiences with older adults in long-term care facilities, their own homes, and community settings.^{37,38} State boards of nursing should also consider policies that promote mental health integration throughout the nursing curriculum as well as continuing education requirements around geropsychiatry for nurses seeking relicensure.³⁷

Limitations

The results of this study should be interpreted in light of several limitations. First, this was an exploratory, descriptive, qualitative study that used a convenience sample, thus generalizations should not be made to a larger population. Second, this study focused on the perspectives of psychiatric nursing faculty and does not represent the mission or strategy of the schools of nursing that employ the study participants. The results of this study can be used to develop a national survey of undergraduate nursing programs in order to understand variation in adoption of geriatric mental health educational objectives and strategies, similar to earlier studies conducted by the John A. Hartford Foundation Institute for Geriatric Nursing and Geropsychiatric Nursing Collaborative.^{30,39} This survey should include questions regarding mental health integration, geriatrics integration, stand-alone geriatrics courses, and clinical experiences in geriatric mental health. Third, associations cannot be drawn between challenges and strategies discussed by the participants. Many of the strategies recommended by the participants are based on existing evidence, such as simulation and wellness-focused clinical sites, but others have yet to be explored in the literature.^{40,41} Future research should be conducted to determine if the strategies recommended are associated with reduction in bias and barriers to care of geropsychiatric patients. Fourth, this study explored the challenges perceived by nursing faculty and cannot be generalized to the challenges perceived by nursing students, however previous studies conducted with nursing students identified similar themes around bias.^{32,42,43} Lastly, this was an exploratory study with a small sample of educators and thus we cannot develop a framework based on the findings. Additional research should be conducted with a more geographically diverse sample of educators and may benefit from a focus group design to identify shared beliefs and build consensus.⁴⁴ Research should be conducted with nursing students and new nurses to understand their concerns about caring for the mental health needs of older adult patients and what strategies they found effective during their educational tenure. Research should also be conducted with older adults with mental health needs to gain their perspectives on potential strategies and important content.

Conclusion

There are many opportunities for nurses in geropsychiatry and these opportunities will continue to expand with the projected aging population. Nursing schools/colleges, curricula, and policymakers must develop structures and opportunities to ensure that nurses are well prepared to care for the mental health needs of this population and to attract nurses to this specialty. The nursing profession must address the curricular issues and the biases towards mental health and the geriatric population to prepare the next generation of nurses to fill critical roles in the geropsychiatric workforce.

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Highlights section:**What is the primary question addressed by this study?**

How are undergraduate psychiatric nursing educators preparing nursing students to meet the mental health needs of older adults and what challenges do they face in this effort?

What is the main finding of this study?

We found that psychiatric nursing educators include geropsychiatric nursing content in their undergraduate courses and use innovative teaching strategies, but face a number of challenges in preparing nurses to fill shortages in the geropsychiatric workforce. A main challenge that educators face is bias against persons with mental illness and the elderly, bias against psychiatric and geriatric nursing specialties, and bias against the importance of mental health issues in general medical settings.

What is the meaning of the finding?

The participants in this study suggested that the best way to reduce these biases and prepare nurses to fill critical roles in the geropsychiatric workforce is to integrate mental health content throughout the nursing curricula and to increase opportunities for nursing students to interact and work with older adults.

Table 1.

Interview Guide

Category	Question
Structure of the PMHN course	<ul style="list-style-type: none"> • How many hours of lecture do students receive in the PMHN course? How many psychiatric nursing clinical hours do they receive? Does this include simulation? • What clinical site do students go to in the PMNH course? <ul style="list-style-type: none"> ○ Do they see a lot of older adult patients on these units? ○ Do students stay at the same site for the entire rotation? • Is it difficult to get clinical placements for students? • Do students receive mental health education in other courses?
Personal goals for the PMHN course	<ul style="list-style-type: none"> • What do you hope students gain from your course?
Topics specific to older adults	<ul style="list-style-type: none"> • What do new nurses need to know to be able to care for older adults with mental health conditions? How does this differ from caring for middle aged adults with mental health conditions? • What do new nurses need to know about caring for older adults with substance use needs/disorders? • What do new nurses need to know about care coordination and discharge planning for older adults with mental health conditions/substance use disorders? • What do new nurses need to know about caring for adults with mental health conditions from diverse cultural backgrounds? • What are three pearls wisdom that you would like to impart to nursing students or new nurses in regards to caring for older adults with mental health issues?
Challenges	<ul style="list-style-type: none"> • Do you experience any challenges when helping your students understand these issues? • Do you find that nursing students are interested in caring for this patient population? How does this impact your teaching approach?
Current strategies	<ul style="list-style-type: none"> • What strategies do you use to help nursing students care for older adults with mental health conditions? • What are three pearls of wisdom that you would like to impart to new psychiatric nursing faculty in regards to teaching students how to care for older adults with mental health issues?
Recommendations for the future	<ul style="list-style-type: none"> • How can nursing schools best prepare nursing students to care for the mental health needs of their older adult patients in whatever clinical setting they ultimately work in? • How can nursing schools attract students to work in geropsychiatry?

Table 2.**Participant Characteristics (N=14)**

Characteristic	n(%)
Sex	
Male	1 (7%)
Female	13 (93%)
Highest Level of Education	
BSN	1 (7%)
MSN/Non-nursing Master's	6 (43%)
DNP/ PhD/Other Doctoral Degree	7 (50%)
Years of Nursing Experience	
Less than 10 years	2 (14%)
10-30 years	6 (43%)
Greater than 30 years	6 (43%)
Location of Current Nursing School	
Massachusetts	3 (21%)
New York	3 (21%)
Virginia	7 (50%)
Washington D.C.	1 (7%)