Published in final edited form as:

Nurs Outlook. 2011 ; 59(4): 241–242. doi:10.1016/j.outlook.2011.05.020.

Comment on: Filling the void in geriatric mental health: The Geropsychiatric Nursing Collaborative as a model for change

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This report from the nation's leaders in academic geropsychiatric nursing portrays a robust approach to strengthening the nation's workforce in geriatric mental health. The Geropsychiatric Nursing Collaborative (GNPC) took to heart the recommendations of the Institute of Medicine's (IOM) 2008 report "Retooling for an Aging America: Building the Health Care Workforce." Noting the paucity of geriatric nurse practitioner programs and of psychiatric mental health advanced practice programs with any geropsychiatric content, the leadership of the GNPC decided to enhance the preparation of a broad range of nurses by suggesting language for insertion into existing competency statements about mental health care for elders. This approach was very much in keeping with the IOM report's recommendation to enhance the skills of generalist and frontline clinicians in the care of older adults. To maximize uptake of recommendations, the GNPC focused on the compatibility of recommendations with the values of adopters and on partnering with multiple stakeholders to infuse geropsychiatric nursing into existing and developing competency statements and educational materials. The workgroup was successful in achieving inclusion of geropsychiatric nursing skills in the most influential documents governing educational goals and practices within nursing. In addition, the workgroup has undertaken a program of continuous monitoring to determine progress in implementation of its objectives to grow the field. The Hartford Foundation's recent evaluation brief of the Building Academic Geriatric Nursing Capacity (BAGNC) Initiative offers evidence of substantial impact on building the field. We look forward to learning more.

It would be hard to overstate the importance of nursing colleagues with expertise in geropsychiatry to meeting the challenges of caring for older adults who are either at risk for or already living with mental illness. The many important roles for nursing colleagues include the implementation of best practices for the screening, assessment, and management of common mental illnesses in primary care. In this context, geropsychiatric nurses will be vital members of interprofessional teams in both the prevention and treatment of common

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mental disorders, including depression and anxiety. In addition, geropsychiatric nurses will be critical to successful management of cognitive and sleep-wake rhythm impairments that frequently accompany depression and anxiety in older patients. Geropsychiatric nurses are also needed to work with family caregivers to teach them skills for managing the difficult behavioral manifestations of late-life neuropsychiatric illness. Home health visits by geropsychiatric nurses may well enable seniors to age in place longer, maintaining their independence and health-related quality of life.

Finally, the impact of GNPC leaders Drs. Beck, Buckwalter, Evans, and Ms. Dudzik is embodied in the example they have provided as effective mentors and role models. The recent appointment of Dr. Buckwalter to the IOM's Committee on the Geriatric Mental Health Workforce is an auspicious continuation of GNPC initiatives.