

Position Statement

Box 56 East Holly Avenue, Pitman, NJ 08071-0056 | 866-355-1392 | www.gapna.org

GAPNA GEROPSYCHIATRIC NURSING POSITION STATEMENT: SUPPORTING EVIDENCE FOR GEROPSYCHIATRIC NURSING AS A SUBSPECIALTY OF GERONTOLOGICAL ADVANCED PRACTICE NURSING

GAPNA Description:

This Geropsychiatric Nursing (GPN) Position Paper was developed to create and sustain a new vision for the nursing profession that will positively impact and improve the care of older adults with comorbid psychiatric/substance misuse disorders. This position paper was written by a diverse group of advanced practice registered nurses (APRNs) with the collective intent to decrease stigma, remove controversy, and uphold a positive, person-centered, holistic approach to psychiatric/substance misuse disorders that reflects the highest respect and sensitivity for older adults and their families.

GAPNA Position:

Gerontological nursing leaders recognize the diverse physical and mental health needs of the aging population. Advanced practice registered nurses are well positioned and prepared to provide high quality, holistic care for older adults through advancing excellence in the subspecialty of geropsychiatric nursing. To that end, the following overarching position statement provides the basis and rationale to support the subspecialty of advanced practice geropsychiatric nursing.

Geropsychiatric nursing has been defined as the "...holistic support for and care of older adults and their families as they anticipate and/or experience developmental and cognitive challenges, mental health concerns and psychiatric/substance misuse disorders across a variety of health and mental health care settings." (American Academy of Nursing [AAN], 2010, p. 1). Advanced practice nurses (APRNs) make significant contributions to the mental health of older adults. Despite the surge in the number of older adults, the number of APRNs choosing educational preparation and/or national certification for geropsychiatric nursing is limited (Melillo, 2017).

Follow Us



Position Statement

It is critical for the health and well-being of older adults that the nursing profession recognize, endorse and promote the expertise, knowledge, skills, and scope of advanced practice geropsychiatric nursing.

Position of Statement:

This position statement promotes high quality holistic care for older adults with developmental and cognitive challenges, and psychiatric/substance misuse disorders by advancing excellence in the subspecialty of geropsychiatric nursing. Enhancing competencies in geropsychiatric nursing is a goal for nurses at all practice levels. The purpose of this position statement is to address the Advanced Practice Registered Nurse sub-specialization in geropsychiatric nursing. Proficiency in the fusion of gerontological and psychiatric nursing is a subspecialty at the top of the APRN Consensus Model Pyramid (APRN Consensus Work Group & National Council of State Boards of Nursing APRN Advisory Committee, 2008).

Problem Statement:

One in five older adults has a mental health disorder (Institute of Medicine [IOM], 2012; Karel, Gatz, & Smyer, 2012). The population of older adults continues to grow at an unprecedented rate with the largest increase projected between 2020 and 2030 from 56 to 74 million (Colby & Ortman, 2014). The proportion of older adults with psychiatric/substance misuse disorders is projected to exceed that of younger adults (Reyers, 2013; Bartels, Blow, Brockman, & Van Critters, 2005). Simultaneously, the number of healthcare providers across disciplines with geropsychiatric expertise has diminished (IOM, 2012). APRNs are no exception. There is currently no certification or professional recognition for geropsychiatric nursing.

The number of adults age 65 years and older is expected to rise from 40.3 million in 2010 to 56 million by 2020, 72.1 million by 2030, 83.7 million by 2050, and 92 million by 2060 (Colby & Ortman, 2014; IOM, 2012; Ortman, Velkoff, & Hogan, 2014). Seven million older adults in the United States (US) are diagnosed with a mental health disorder (John A. Hartford Foundation, 2011). This is more than the entire number of older adults who were living in the US in 1930 (US Census Bureau, 1930). By 2030, the number of older adults with mental disorders is expected to double to 15 million. Increasing diversity in terms of race and ethnic composition in the older adult population will affect the provision of mental health and substance misuse services (American Psychological Association [APA], 2013).

For over twenty years, the Institute on Medicine (IOM, 2012, 1996) has advised the nation on the past, current and projected lack of capacity to address the needs of older adults with psychiatric/substance misuse disorders. By the year 2030, the US will need an additional 3.5 million health care workers who are prepared to address the unique healthcare needs of older adults (IOM, 2012).

Position Statement

Education:

The IOM (2012) recommends that licensure and certification contain adequate content to address the unique and complex health care needs of older adults with psychiatric/substance misuse disorders. The APRN Consensus Model mandates gerontological and psychiatric mental health education among select APRN tracks to expand the scope of practice across the lifespan (APRN, 2008; Stanley, 2012).

A national survey of graduate nursing education reported that from 202 respondent schools of nursing, 10-15 programs offer a specialized geropsychiatric track (Stephens, Harris, & Buron, 2015). One-third of all programs, including psychiatric mental health and adult-gerontology primary care, provide geropsychiatric nursing content within their curricula (Kurlowicz, Puentes, Evans, Spool, & Ratcliffe, 2007; Stephens et al., 2015). The majority of these programs are in primary care tracks (Stephens et al., 2015). While the need for geropsychiatric expertise is evident, APRNs have few opportunities for formal education, fellowships or certification in the field.

Geropsychiatric Nursing Competency Enhancements:

Leaders in the field have long recognized the insufficient coverage of geropsychiatric content within nursing curricula. In 2008, the Geropsychiatric Nursing Collaborative (GPNC) was formed with the primary goal to improve the care of older adults with mental health disorders by enhancing the skills and knowledge of nurses (Beck, Buckwalter, Dudzik, & Evans, 2011). The GPNC developed and disseminated the *Geropsychiatric Nursing Competency Enhancements* (GNPCE) for entry level and various APRN specialties (Beck, Buckwalter, & Evans, 2012). The enhancements were intended to *supplement* rather than replace the existing core competencies (Beck et al., 2011). Curriculum content and educational materials aligning with key concepts were also identified and made available through the online platform Portal of Online Geriatric Education (Beck, Buckwalter, & Evans, 2012).

Advance Practice Registered Nurse Competencies:

The APRN Consensus Model addresses population-focused competency structures and standardized requirements in regulation, licensure, accreditation, certification and education (NONPF, 2013). There are four distinct APRN roles including nurse practitioner, clinical nurse specialist, nurse anesthetists, and nurse midwives (National Council of State Boards of Nursing [NCSBN], 2008). Gerontological nursing competencies are included among the Population Focused Competencies for Family across the Lifespan, Psychiatric Mental Health, Women's

Position Statement

Health, Adult-Gerontology Acute Care and Primary Care (American Association of Colleges of Nursing [AACN], 2016, 2013), and Adult-Gerontology Clinical Nurse Specialist (AACN, 2010) curricula. Geriatric and mental health competencies ensure that APRN's entering the workforce demonstrate the necessary knowledge, skills and attitudes to promote safe and proficient sub-specialization.

Discussion:

“Geropsychiatric nursing practice is based on expert knowledge of normal age-related changes and common psychiatric, cognitive and co-morbid medical disorders in later life. Promotion of mental health and treatment of psychiatric/substance misuse and cognitive disorders emphasize strengths and potentials; integrate biopsychosocial, functional, spiritual, cultural, economic and environmental factors, and address stressors that affect mental health of older adults and their families” (AAN, 2010, p.1). Adults and older adults receive most of their mental health care from primary care providers. Graduate level nurses in most settings must be prepared to identify and treat individuals with mental illnesses (IOM, 2012).

Older adults often view depression and other mental health disorders as a normal part of aging. In addition, providers often respond to older patients with a medical model approach. This separates psychiatric/substance misuse disorders into an excluded category and results in fewer healthcare providers (HCPs) across disciplines with the preparation to fill the gaps in mental health (IOM, 2012).

Mental health services are under accessed and underutilized in primary care settings. Behavioral health management in primary care takes time and expertise adding strain on an already overburdened health care environment. With the shortage of primary care providers, the capacity to adequately address mental health disorders and behavioral health is greatly compromised.

An interprofessional approach is required to meet the needs of older adults with psychiatric/substance misuse disorders. To ensure the highest performance and contributions to the interprofessional team, geropsychiatric nursing content must be integrated into nurse practitioner and clinical nurse specialist curricula (Harris, Mayo, Balas, Aaron, & Buron, 2013; Mayo, Harris, & Buron, 2016). Primary care APRNs must accept this reality and make modifications to adopt behavioral health into their everyday practices (Stephens, Harris, & Buron, 2015) to provide holistic care. Clinicians, not patients, have drawn the boundary lines between physical and mental healthcare (IOM, 1996).

Position Statement

Scope of Practice:

Geropsychiatric nursing is holistic. Mental health is inseparable from physical health. Dr. Brock Chisholm, the first director of the World Health Organization stated that there is no true physical health without mental health (Kolappa, Henderson, & Kishore, 2013). Inappropriate narrowing of scope of practice limits access to providers and places the patient at risk for poorer health outcomes. Behavioral health is a complex issue and cannot be isolated and alienated from primary care specialties outside of the mental health domain. It is again the patient and families who suffer.

Primary care providers are gatekeepers and provide another entry point for accessing mental health care for older adults. (Successful models of healthcare delivery integrate mental health care into primary care. Comparative effectiveness research demonstrates that integration of expert knowledge in gerontology and mental health into primary care will improve outcomes for diverse older populations (Administration on Aging & SAMHSA, n.d.; Woltman et al., 2012).

Future:

The Future of Nursing Report recognizes that all nurses should practice at the full extent of their education/training and in equal partnership as a member of the interprofessional team (IOM, 2011). An APRN with extensive training and experience in psychiatric/substance misuse disorders is obligated to provide the highest quality of care, collaborate interprofessionally and, when necessary, exercise good judgment for referrals to mental health providers

Recommendations and Solutions:

It is time for the nursing profession to address its best response to fill the gaps in geropsychiatric healthcare.

Recommendation #1

Develop geropsychiatric nursing competencies for the educational preparation and training of new and existing advanced practice registered nurses to meet current and projected workforce needs.

Recommendation #2

Integrate interprofessional education and training opportunities that support and advance geropsychiatric excellence for new and existing advanced practice registered nurses.

Recommendation #3

Remove scope of practice barriers that prevent advanced practice registered nurses from practicing at the full extent of education and training as equal partners and members of the

Position Statement

interprofessional team.

Recommendation #4

Endorse APRN portfolio development, graduate course offerings, post-graduate residency and fellowships in advanced practice geropsychiatric nursing to improve the holistic care and well-being of the aging population.

References:

American Association of Colleges of Nursing. (AACN; 2010). *Adult-gerontology clinical nurse specialist competencies*. Retrieved from <http://www.aacn.nche.edu/geriatric-nursing/adultgeroCNScomp.pdf>

AACN. (2016). *Adult-gerontology acute care and primary care NP competencies*. Retrieved from <http://www.aacn.nche.edu/education-resources/Adult-Gero-NP-Comp-2016.pdf>

AACN. (2013). *Population focused nurse practitioner competencies*. Washington DC: Author. Retrieved from <http://www.aacn.nche.edu/educationresources/PopulationFocusNPComps2013.pdf>

Administration on Aging & Substance Abuse and Mental Health Services. (n.d.). *Older Americans behavioral health*. Washington, DC: Author. Retrieved from https://www.integration.samhsa.gov/integrated-care-models/older-adults#Behavioral_Health_Identification&Treatment

American Academy of Nursing, Hartford Geriatric Nursing Initiative, and John A. Hartford Foundation (2010). *Geropsychiatric nursing collaborative work group: Definition of geropsychiatric nursing*. Retrieved from https://www.pogoe.org/sites/default/files/Definition_Geropsych_Nursing.pdf

American Psychological Association, Committee on Aging (2009). *Multicultural competency in geropsychology*. Retrieved from <http://www.apa.org/pi/aging/programs/pipeline/multicultural-geropsychology.aspx>

APRN Consensus Work Group and National Council of State Boards of Nursing APRN Advisory Committee (2008). *Consensus model for APRN regulation: Licensure, accreditation, certification, and education*. Washington, DC: Author.

Bartels, B.J., Blow, F.C., Brockmann, L.M., & Van Critters, A.D. (2005). *Substance abuse and mental health among older Americans: The state of the knowledge and future directions*. Rockville, MD: WESTAT.

Follow Us



Position Statement

Beck, C., Buckwalter, K.C., Dudzick, P.M., & Evans, L.K. (2011). Filling the void in geriatric mental health: The geropsychiatric nursing collaborative as a model for change. *Nursing Outlook*, 59(4), 236-241. doi:10.1016/j.outlook.2011.05.016.

Beck, C., Buckwalter, K., & Evans. (2012). Geropsychiatric nursing competency enhancements. Retrieved from <https://www.pogoe.org/productid/20660>

Colby, S. L., & Ortman, J. M. (2014). Projections of the size and composition of the U.S. population: 2014 to 2060, *Current Population Reports*, P25-1143, U.S. Census Bureau, Washington, DC.

Gerontological Advanced Practice Nurses Association. (2015). *GAPNA consensus statement on proficiencies for the APRN gerontological specialist*. Pitman, NJ: Author.

Harris, M., Mayo, A., Balas, M., Aaron, C., & Buron, B. (2013). Trends and opportunities in geropsychiatric nursing: Enhancing practice through specialization and interprofessional education. *Journal of Nursing Education*, 9, 1-5. doi:10.3928/01484834-20130509-03. Epub ahead of print

Institute of Medicine (IOM; 2012). *The mental health and substance use workforce for older adults: In whose hands?* Washington, DC: The National Academies Press.

IOM. (2011). *The future of nursing: Leading change, advancing health*. Washington, DC: The National Academies Press.

IOM. (1996). "D Mental Health Care in Primary Care Setting." *Primary care: America's health in a new era*. Washington, DC: The National Academies Press. doi:20.27226/5152

John A. Hartford Foundation. (2011). *Mental health and the older adult*. New York, NY: Author.

Karel, M. J., Gatz, M., & Smyer, M. (2012). Aging and mental health in the decade ahead: What psychologists need to know. *American Psychologist*, 67,184-198.

Kolappa, K., Henderson, D.C., & Kishore, S.P. (2013). Bulletin of the World Health Organization, 91:3-3A. doi:10.2471/BLT.12.115063

Kurlowicz, L. H., Puentes, W. J., Evans, L. K., Spool, M. M., & Ratcliff, S. J. (2007). Graduate education in geropsychiatric nursing: Findings from a national survey. *Nursing Outlook*, 55(6), 303-310.

Mayo, A. M., Harris, M., & Buron, W. (2016). Integrating geropsychiatric nursing and inter-professional collaborative practice competencies into adult-gerontology clinical nurse specialist education. *Clinical Nurse Specialist*, 324-331. doi:10.1097/NUR.0000000000000248

Position Statement

Melillo, K. D. (2017). Geropsychiatric nursing: What's in your toolkit? *Journal of Gerontological Nursing*, 43(1), 3-6.

Melillo, K. D., & Hoff, L. A. (2011). Geropsychiatric nursing as a subspecialty. In K.D. Melillo & S.C. Houde (Eds.). *Geropsychiatric and mental health nursing* (2nd ed., pp. 31-51). Sudbury, MA: Jones and Bartlett.

National Association of State Mental Health Program Directors-Older Persons Division (2014). The impact of the older adult mental health workforce shortage on the public mental health system. *NASMHPD OPD White Paper*, 1-10. Retrieved from www.nasmhpd.org

National Council of State Boards of Nursing. (2008). *The consensus model for APRN regulation: A guide for advanced practice registered nurses (APRNs)*. Retrieved from https://www.ncsbn.org/ConsensusModel_for_APRN_Regulation_July_2008.pdf

National Organization of Nurse Practitioner Faculties (NONPF). (2013). *Population focused nurse practitioner competencies*. Washington, DC: Author.

NONPF. (2016). *Adult-gerontology acute care and primary care NP competencies 2016*. AACN.

Ortman, J. M., Velkoff, V.A., & Hogan, H. (2014). *An aging nation: The older population in the United States, Current Population Reports*, 25- 1140. U.S. Census Bureau, Washington, DC.

Reyers, C. (2013). *The depression boom: As the U.S. population ages, mental illness rises*. National Alliance on Mental Illness. Retrieved from <https://www.nami.org/About-NAMI/NAMI-News/TheDepression-Boom-As-US-Population-Ages,-Mental>

Stanley, J. M. (2012). Impact of new regulatory standards on advanced practice registered nursing: The APRN consensus model and LACE. *Nursing Clinics of North America*, 47(2), 241-250.

Stephens, C. E., Harris, M., & Buron, W. (2015). The current state of U.S. geropsychiatric graduate nursing education: Results of the national geropsychiatric graduate nursing education survey. *Journal of the American Psychiatric Nurses Association*, 21(6), 385-394. doi:10.1177/1078390315617588.

Thomas, A., Crabtree, C. C., Delaney, K., Dumas, M.A., Kleinpell, R., Marfell, J.,... Wolf, A. (2017). *Nurse practitioner core competencies content: A delineation of suggested content specific to the NP core competencies*. National Organization of Nurse Practitioner Faculties. Retrieved from https://cdn.ymaws.com/nonpf.site-ym.com/resource/resmgr/competencies/20170516_NPCoreCompsContentF.pdf

Position Statement

Woltmann, E., Grogan-Kaylor, A., Perron, B., Georges, H., Kilbourne, A.M., & Bauer, M.S. (2012). Comparative effectiveness of collaborative chronic care models for mental health conditions across primary, specialty, and behavioral health settings: Systematic review and meta-analysis. *American Journal of Psychiatry*, 169, 790-804.

U.S. Census Bureau. (1930). Age distribution. Retrieved from <https://www.census.gov/prod/www/decennial.html>

AUTHORS: Melodee Harris, Linda Keilman, George Byron Peraza-Smith, Karen Devereaux Melillo, Sharon Bronner, Marcia Walmer, Cecilia Nwogu, Amy Lewitz, Pam Cacchione

GAPNA BOARD OF DIRECTORS LIAISON: Sharon Bronner

GAPNA STAFF LIAISON: Erin Macartney, Association Services Manager

DEVELOPED: July 2017

Approved by the GAPNA Board of Directors: December 2019

Position Statement

Endorsements

American Association for Geriatric Psychiatry

American Geriatrics Society

Hartford Institute for Geriatric Nursing

NYU Rory Meyers College of Nursing

Seton Hall University College of Nursing

The Gerontological Society of America

Coalition of Geriatric Nursing Organizations (CGNO): [American Assisted Living Nurses Association (AALNA); American Association of Post-Acute Care Nursing (AAPACN); Hartford Institute for Geriatric Nursing (HIGN); National Association of Nursing Administration in Long Term Care (NADONA)]

Follow Us

