

# Position Statement

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## 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).

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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).

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## 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* (GPNCE) 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

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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).

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## **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

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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.

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