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Marianne Smith, Janet K. Specht & Kathleen C. Buckwalter

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FROM THE GUEST EDITORS— GEROPSYCHIATRIC INPATIENT CARE: AN IMPORTANT AND CHALLENGING AREA OF NURSING PRACTICE

Marianne Smith, MS, ARNP, CS

Janet K. Specht, RN, PhD, FAAN

Kathleen C. Buckwalter, RN, PhD, FAAN

*University of Iowa, College of Nursing, Iowa City,
Iowa, USA*

As the authors of this special issue have so aptly noted, the number of complex, frail older adults with comorbid psychiatric and medical conditions is predicted to increase rapidly in the next two decades (Jeste et al., 1999). In turn, specialized care settings to diagnose and treat mentally ill older adults and a cadre of expertly trained health providers who have expertise in both geriatric and psychiatric care will predictably be needed. The provision of high-quality geropsychiatric care relies on both—care settings that are specifically designed to meet the unique care needs of older adults and specially trained health providers. Although the focus of this issue is on the setting, geropsychiatric inpatient units, we can't lose sight of the fact that creative, innovative, high quality health care ultimately relies on the human work force. No matter what the setting, the knowledge, skills, commitment, and compassion of the interdisciplinary health care team—from day-to-day care providers to top administration—determine whether frail older adults will receive the quality of care they need and deserve.

The increasing need for specially trained mental health professionals to care for older adults has been recognized for several decades. The landmark report, *Mental Health Care and the Elderly: Shortcomings in Public Policy* (U.S. Special Committee on Aging, 1971), emphasized

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Address correspondence to Marianne Smith, 4187 Meade Place SW, Iowa City, IA 52240.
E-mail: msmith1@netins.net

the dearth of adequately trained professionals and appropriate care settings for mentally ill older adults more than three decades ago. Since then, progress has been slow and incremental. Additional federal reports echoed the call for more professionals who are appropriately trained to meet the often unique and complex needs of geriatric psychiatric patients. Training initiatives, instituted in the 1980s through the National Institute of Mental Health (NIMH), held promise for responding to this challenge by training an adequate number of interdisciplinary geriatric psychiatric professionals to care for mentally ill older people in a variety of settings (Harper, 1986).

The 1993 Invitational Conference on Geropsychiatric Nursing, provided through support from the NIMH, underscored many issues, challenges, and solutions of the day (Abraham, Buckwalter, Harper, & Hight, 1994). A series of papers on geropsychiatric nursing that resulted from the conference were published the following year, including "State of the Art in Geropsychiatric Nursing" (Harper & Grau, 1994). Harper and Grau called for integration of geropsychiatric content in associate degree and baccalaureate degree programs, and for specialty graduate education programs that were in alignment with the distribution of age and health concerns of the population at large.

Five years later, participants in another NIMH-sponsored conference, "The Future of Mental Health and Aging," published a consensus statement (Jeste et al., 1999) noting that "a national crisis in geriatric mental health is emerging. The current research infrastructure, health care financing, pool of mental health personnel with appropriate geriatric training, and mental health care delivery systems are extremely inadequate to meet the challenges posed by the expected increase in the number of elderly persons" (p. 848). These authors estimated that the number of mentally ill older adults will increase 275%, from 4 million in 1997 to 15 million in 2030, or 21.6% of the population. Jeste and colleagues called for training in geriatric mental health and implementation of a national research agenda targeting prevention, intervention, translational, and health services research in the field.

Five years beyond the consensus statement, a group of nurses representing the University of Iowa College of Nursing's John A. Hartford Center for Geriatric Nursing Excellence (HCGNE) and the University of Iowa Hospitals and Clinics' geropsychiatric inpatient unit reflected again on "state of the art" and "crisis of care" questions. What progress was being made in training specialized geropsychiatric nurses? How were other units providing high quality inpatient care services to older adults with mental illness? What could we, as a group, learn from others around the country?

The steps implemented under HCGNE nursing leadership, which are described in this issue (Smith, Specht, & Buckwalter), provided the stimulus to publish a collection of papers about novel challenges and solutions in geropsychiatric inpatient care settings. We were inspired by the type and range of innovative strategies described in survey responses. Further motivation was provided by the tremendously positive results of psychiatric nurses' survey results presented at an American Psychiatric Nurses' Association conference. Many nurses shared insights and frustrations that paralleled those reported in the survey, and nearly all endorsed our observation that there was a great unmet need for descriptions of geropsychiatric inpatient care services, settings, and staff preparation.

The papers included in this special issue reflect the experiences and insights of survey respondents, colleagues across the country, and our own personal experiences and represent a mix of clinical, administrative, and uniquely nursing care issues. The HCGNE survey results characterize geropsychiatric units, offering rich description of units, their staff, patients served, and common challenges and assets of these care settings. Persistent barriers to quality care and the importance of close, collaborative, respectful interdisciplinary teamwork are underscored by Inventor and colleagues. As these authors note, patients admitted for geropsychiatric care often have one or more psychiatric disorders and a range of comorbid physical and functional conditions that demand concurrent treatment. The Case of Helen illustrates how complex care cases may perplex staff, and result in "placement" in spite of the team's best efforts to promote well-being and community tenure. A second vignette, The Case of William, emphasizes how psychiatric and medical problems may interact in frail older patients, causing rapid changes in health status that require responsive, high quality nursing care to assure the best possible outcomes.

The challenges to training nurses to provide high quality geropsychiatric nursing care is a theme that emerged in survey results and is echoed through the issue. These concerns are clearly addressed by Puntil, who provides a comprehensive description of a specialized residency program aimed at recruitment, orientation, and retention of nurses to work in a geropsychiatric unit. This article offers an excellent example of how nurses creatively solve problems, and challenges us, as a group, to continue to prepare for the future. Specht and Mobily offer a novel strategy for engaging baccalaureate nursing students in geriatric nursing using a HCNGE-sponsored program, the Young Gerontological Nurse Clinician. This approach offers early and positive experiences to encourage nursing students to embrace geriatric

nursing as a career. The importance of creativity, commitment, and persistence in providing high-quality geropsychiatric care is a primary theme throughout Moody and Gold's experiences with developing specialized services. This innovative approach to geropsychiatric care illustrates how barriers are overcome by committed and knowledgeable providers.

If there is a single "take home message" in this issue, we believe it is this: *Additional and concerted efforts are needed to elevate geropsychiatric nursing as a specialty within nursing.* The provision of high quality, innovative, compassionate geriatric psychiatric care, whether on a dedicated inpatient unit or in some other care setting, depends on nurses having specialized knowledge and skill in both geriatrics and mental health. Nurses provide, supervise, coordinate, and oversee all aspects of care, assuring that interdisciplinary care plans are fully and effectively implemented, that families are informed and involved, that the milieu is appropriately stimulating, and that patients are comfortable, safe, and maximally functional. The need for specialized geropsychiatric nursing care is underscored by its identification as a priority among John A. Hartford Foundation Centers for Geriatric Nursing Excellence (HCGNE) nationwide. Of importance, the University of Pennsylvania's HCGNE recently initiated a "Survey of Graduate Education in Geropsychiatric Nursing" under the leadership of Drs. Lois K. Evans, Lenore Kurlowitz, and Ivo Abraham to explore and document the current status of geropsychiatric nursing in collegiate curricula nationwide. This survey, like those reported earlier by Hoefffer and Murphy (Hoefffer, 1994; Murphy & Hoefffer, 1987) holds promise for shaping the course of geropsychiatric nursing. Now is the time to further develop this much needed specialty through certification and the implementation of targeted educational programs nationwide. This special issue is one small step toward increasing awareness and the realization of that priority, so that the next 30 years will see more accomplishments in the field than in the past.

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