Recommended Geropsychiatric Competency Enhancements for Psychiatric Mental Health Clinical Nurse Specialists

These recommended competency enhancement statements draw attention to the special needs of older adults with mental health concerns. They are not intended to 'stand-alone,' but rather to enhance existing or to-be-developed competencies for psychiatric mental health clinical nurse specialists.[1] The statements are organized within the existing domains of the *Organizing Framework and CNS Core Competencies*[2] developed by NACNS in 2008. The geropsychiatric competency enhancements were drafted in Fall 2008 by the Geropsychiatric Nursing Collaborative (GPNC), a project supported by the John A. Hartford Foundation and housed at the American Academy of Nursing. They were reviewed by representatives of key professional organizations, revised, and then endorsed by the GPNC Core Competency Workgroup and National Advisory Panel and disseminated in Winter 2010 to all relevant professional organizations and schools of nursing for endorsement and utilization.

As revisions are made to existing competency documents, we recommend that the intent of these recommended enhancements be included and that the terms 'health,' 'illness,' 'frailty,' 'care' or 'disease' be broadly defined as both 'physical and mental.' Although physical and mental may be assumed, we believe that it is helpful to have both of these dimensions explicitly stated. Likewise, the term 'psychiatric disorder' should be used in combination with 'substance misuse disorder' to be more inclusive. It is further recommended that an expectation for the use of valid and reliable clinical assessment tools and evidence-based practices and processes be clearly stated and that gender, sexual orientation, and spirituality be made explicit when referring to cultural issues. Finally, the focus of these enhancements is on older adults; we recognize that the work of advanced practice psychiatric nurses may have a lifespan perspective and, thus, some of these enhancements may also apply to other population groups.

[1] This competency enhancement document is one of seven developed and recommended by the Geropsychiatric Nursing Collaborative. The seven enhancement documents are aimed at the entry level nurse and the following groups of advanced practice nurses: gerontological NP and CNS, psychiatric NP and CNS, and other APRNs (NP and CNS) who care for older adults but are not prepared as gerontological experts, e.g., women's health, adult, family and acute care. The entire set of enhancement documents can be accessed at www.aannet.org/GPNCresources. For more information, see www.aannet.org/GPNCgeropsych.

[2] NACNS (2008). Organizing Framework and CNS Core Competencies available at www.nacns.org/LinkClick.aspx?fileticket=22R8AaNmrUI%3d&tabid=94. Updated competencies specific to each of the three types of clinical nurse specialists (gerontological, psychiatric mental health, and other) were unavailable at the time of this work; thus, these geropsychiatric nursing enhancements were informed by those developed for the nurse practitioner role.

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A. Direct Care Competency
NEW: Conducts a comprehensive assessment that includes the differentiation of normal age changes from acute and chronic medical and psychiatric/substance misuse disease processes, with attention to commonly occurring atypical presentations and co-occurring health problems including cognitive impairment.
NEW: Includes mental health alterations in the diagnosis of health status.
NEW: Evaluates for elder mistreatment in an assessment of violence and trauma.
NEW: Identifies and assesses factors that affect mental health including stressors that may be more common among older adults such as caregiver stress, multiple chronic illnesses, pain, relocation, trauma, cohort-specific stressors and losses such as financial (retirement), functional limitations (Instrumental Activities of Daily Living /Activities of Daily Living), changes in social network (death of family members and friends), and role (status changes).
NEW: Uses valid and reliable clinical evaluation tools to evaluate common psychiatric/substance misuse disorders, such as depression, anxiety and delirium, as part of a complete health assessment and to monitor changes in status.
NEW: Adapts assessment processes for persons with cognitive impairment and psychiatric/substance misuse disorders.
NEW: Uses behavioral, environmental and pharmacological management strategies to ameliorate behavioral symptoms in individuals who have psychiatric/substance misuse disorders, including cognitive impairments.
NEW: Remains sensitive to verbal cues and non-verbal behaviors in the communication patterns of older adults and their significant others with cognitive, neurological and speech and hearing impairments.
NEW: Uses culturally appropriate, respectful communication that is adapted to patient's education, cognitive functioning, personal experience, psychiatric/substance misuse disorder, and mental health history.
NEW: Monitors and evaluates the patient's response to and concomitant use of alcohol and recreational drugs, psychotropic and other medications including over-the-counter and herbal medication/product use, based on a thorough understanding of the principles of pharmacotherapeutics in older adults.
NEW: Plans and implements care that promotes optimal function and minimizes development of complications, such as those from polypharmacy.
NEW: Provides evidence-based brief intervention/crisis management and make appropriate referrals to other health care professionals and community agencies with resources to address needs of individuals and families.

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B. Consultation Competency
NEW: Serves as a clinical expert, clinical leader, and/or clinical consultant to other nurses in the care of older adults experiencing mental health issues.
C. Systems Leadership Competency
NEW: Coordinates transitions across levels of care between acute care, community-based, and institutional long term care settings (e.g., Home, Assisted Living, Hospice, Nursing Homes) for older adults and their families.
NEW: Works within an interdisciplinary team to promote the mental health and well-being of older clients and their families.
NEW: Considers such factors as ability to pay for treatments related to fixed income (retired), entitlements (Medicaid and Medicare), and available resources when providing treatment to clients who may have financial limitations.
NEW: Leads quality improvement initiatives designed to improve the care of older adults with mental illness and cognitive impairment.
D. Collaboration Competency
No geropsychiatric enhancements recommended.
E. Coaching Competency
NEW: Analyzes the impact of aging and age-and disease-related changes in sensory /perceptual function, cognition, confidence with technology, and health literacy and numeracy on the ability and readiness to learn and tailors interventions accordingly.
NEW: Educates individuals, families and groups to promote the knowledge and understanding of effective mental health promotion, management of psychiatric/substance misuse disorders, and the interaction between physical and mental health/illness.
NEW: Assists older adults/caregivers/and their families to negotiate health care delivery systems, including mental health services.
F. Research Competency
NEW: Participates in geropsychiatric nursing research through the identification of older adults' problems, collection of data, and presentation and dissemination of findings.
G. Ethical Decision-Making, Moral Agency and Advocacy
NEW: Applies knowledge of issues related to decisional capacity (including the balance between autonomy and safety), guardianship, financial management and durable and healthcare powers of attorney to the treatment of older adults.
NEW: Serves as leader, change agent and advocate within professional organizations for the behavioral and mental health needs of older adults.

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NEW:	Recognizes one's own personal and societal ageist biases, especially stigma related to mental illness and dementia, and acknowledges the benefits of mental health promotion and psychiatric treatment for older adults.
NEW:	Assesses and incorporates into the treatment plan the patient's perceptions/interpretations of his or her physical and/or mental health/illness and care preferences as influenced by culture, sexual orientation, gender, ethnicity, and spirituality.
NEW:	Engages in lifelong learning to assure currency in research and best clinical practices in geropsychiatric nursing.
NEW:	Prevents or works to reduce common risk and environmental factors that contribute to psychiatric and behavioral symptoms.
NEW:	Protects safety of elders and others in the community through legal reporting mechanisms when elder mistreatment, or destructive behaviors targeted at self or others, such as driving with cognitive impairment, are identified.
NEW:	Demonstrates sensitivity to spirituality and culture when caring for older adults and their families who are at the end of life.
NEW:	Advocates for health policy at the local, state, regional, and national level to reduce the impact of stigma on services for prevention and treatment of mental health problems and psychiatric/substance misuse disorders.
NEW:	Uses knowledge to decrease barriers and gaps in systems that provide mental health services with particular attention to health disparities among the disadvantaged and older adults with differing culture, ethnicity, gender, sexual orientation, and spirituality.