Editorial

A Challenge to
Continuing Education in Nursing

The study of aging and the care of the elderly in long-term care facilities are relatively new in the United States.

The phrase “long-term care” has taken on new dimensions as a result of the passage of the Medicare and Medicaid Programs of 1965, the number of persons over age 65, and also the increasing number of chronic mentally ill people released from State hospitals to nursing homes and other long-term care facilities.

Recent statistics show that 20 percent of the elderly will, in any given year, spend some time in a nursing home or other type of long-term care facility; the Bureau of the Census projects that by 1990 one person out of ten of the national population will be 65 years of age or older.

In 1975 California placed 78 percent of their chronic mentally disabled geriatric hospital population in nursing homes, while Illinois placed 84 percent. These percentages could just as easily reflect the situation in any or all States in the Union in placing their chronic elderly population in nursing homes.

The shift of populations from State mental hospitals to nursing homes, community facilities, or other alternative care operations is not reflected in more effective delivery of health care. In fact, the level of functioning of discharged mentally ill patients has been, at best, marginal. A literature review reporting the most recent data on functional psychoses stated “that over 72 percent of institutional admissions were readmissions.” These data indicate that there is a short fall in follow-up, referral, and adequate linkages among the providers of health and mental health services.

What then are the educational systems, including continuing education, doing to assist in closing or preventing these gaps from reoccurring in the service delivery systems?

The passage in 1975 of the Community Mental Health Centers Act (PL 94-63) expanded the role of Federally funded Community Mental Health Centers to provide special services for the elderly, follow-up care for discharged patients from State mental hospitals, transitional services, and for referral to a State mental health facility. This law affects nursing homes and other long-term care facilities in that it provides linkages which are needed and necessary in the continuing effort between, and among personnel of State mental health departments, nursing homes, community agencies and educational centers if improved services for the care of the mentally ill and others in long-term care facilities are to become a reality. Additionally, these linkages are needed and necessary if a national health program is to include long-term care as a major segment of the total package.

In addition to facing the problem of linkages between and among health and mental health service provider systems, the problem of personnel working in nursing homes and other long-term care facilities with learning needs must be faced. In a recent study this author determined that over 65 percent of directors of nursing surveyed in skilled and intermediate type long-term care facilities in an eastern State had participated in less than nine hours of formalized continuing education in the past three years.

Whether or not this reflects a national trend, it is significant when taken into consideration that one of the ten recommendations of the 1971 White House Conference on Aging stated that “emphasis should be placed on the inclusion in the curricula of secondary schools, undergraduate professional education, and inservice training and continuing education of health personnel, course content on the physical, mental, and social aspects of aging.”

The challenge to each director of continuing
education programs to reach out to State health
and mental health institutions, agencies, and
community mental health centers is NOW.

Reaching out to the health and mental health
service providers essentially means planning,
assessment, implementation, and coordination
of continuing education programs within those
agencies, possibly on a consortium basis; such
a joint effort would prevent duplication and
fragmentation of continuing education activi-
ties and provide a base for the pooling of human
and financial resources toward a common goal.

The resulting linkages between service and
education systems, I believe would result in the
enhancement of the quality of life of those who
are dependent on we health professionals for
health and personal care in their remaining
years.

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