

Guest Editorial

Engaging the next generation of psychiatrists for geriatric psychiatry: call for action on behalf of the European Association of Geriatric Psychiatry

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Summary

Geriatric (old age) psychiatry faces growing challenges amid Europe's ageing population. This editorial emphasises the need for specialised training, mentorship and subspecialty recognition to attract young psychiatrists. By addressing structural gaps and fostering innovation, the field offers a rewarding career in enhancing older adults' mental healthcare and quality of life.

Keywords

Education and training; life expectancy; mental health services; old age psychiatry; stigma and discrimination.

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Geriatric (old age) psychiatry, a field rich in interdisciplinary connections, complex care needs and profound professional rewards, is at a critical juncture across Europe. Geriatric psychiatry faces challenges that threaten its growth and sustainability, given the rapidly ageing population and an associated increasing demand for tailored mental health services for older people.¹ A key factor in addressing these challenges lies in attracting young professionals, i.e. medical students, psychiatric residents and early-career psychiatrists, to the specialty.

The urgent need for geriatric psychiatry specialists across Europe

Mental health concerns in later life require nuanced care that blends psychiatric expertise with an understanding of physical and cognitive ageing within a changing (psycho)social context. In most European countries, but also worldwide, dedicated training for geriatric psychiatrists remains an optional pursuit rather than a standard requirement,^{2,3} which lowers the quality of care available to older patients. According to the World Health Organization (WHO), 14% of older people have a mental disorder in need of care (<https://www.who.int/mediacentre/factsheets/fs381/en/>). The most common psychiatric disorders in older people, i.e. depressive, anxiety, somatic, personality and alcohol use disorders, often present in tandem with physical ailments, cognitive decline and legal complexities that demand specialised knowledge and interdisciplinary collaboration. Within Europe, the availability of geriatric psychiatrists and specialised services varies hugely. Some countries have no specialised services at all and rely on the dedication of a small number of highly motivated professionals, whereas others have well-developed, highly specialised services. As a positive example, but exception, England counted 529 registered old age psychiatrists serving an older (65+) population of 10.5 million in 2021 (see website of the National Health Service (<https://www.healthcareers.nhs.uk/explore-roles/doctors/roles-doctors/psychiatry/old-age-psychiatry>) and the Office for National Statistics (<https://www.healthcareers.nhs.uk/explore-roles/doctors/roles-doctors/psychiatry/old-age-psychiatry>)). Nonetheless, the overall picture shows that the number of geriatric psychiatrists falls critically short across Europe.

The implications are far-reaching. Without adequately trained professionals, psychiatric treatment for older people risks being

fragmented, insufficiently integrated with medical care and subject to ageism and therapeutic nihilism. In some healthcare settings, age-related psychiatric disorders may be viewed as untreatable or part of normal ageing – a perspective that discourages comprehensive care and threatens the quality of life of these patients. Furthermore, older adults facing mental health challenges more often feel stigmatised than younger individuals,⁴ emphasising the importance of specialised professionals equipped to address their unique concerns empathetically and effectively. Therefore, the positive geriatric psychiatric model of Jeste & Palmer⁵ remains highly relevant, emphasising recovery, successful ageing, neuroplasticity, prevention and fostering traits such as resilience, social engagement and wisdom that go beyond mere symptom management. Moreover, empirical data show that patients aged 60+ using old age psychiatry services had significantly fewer unmet needs than those using age-independent services, despite similar total needs, supporting the importance of specialised geriatric psychiatry services.¹

Reimagining training pathways: the case for a structured approach

Ideally, training in ageing-related care should start in medical school. A UK survey, however, showed a strong emphasis on biomedical issues and very limited teaching time on complex psychosocial issues like elder abuse.⁶ A recent position paper on undergraduate training in geriatrics argued that training should include joint teaching and integration of practice across disciplines through interprofessional learning, longitudinal clerkship and learning from patients, and simulation.⁷ Simulation describes learning through re-creation of clinical experiences in a safe environment, whereby both technical and non-technical skills can be rehearsed and developed. Empirical findings suggest that simulation may even outperform traditional ward-based training and that students develop a positive perception of older people. Moreover, students can make errors in a risk-free environment, affording greater educational gains. Teachers in geriatric psychiatry should capitalise on their interdisciplinary position by stimulating the integration of geriatric psychiatry within geriatric as well as psychiatric training.

Remarkably, geriatric psychiatric services exist in over 80% of all countries worldwide, whereas specific continuing medical

education (continuing professional development) programmes are available in only 50% of the countries, and only a quarter of these countries have recognised geriatric psychiatry as a subspecialty.⁸ How can specialised services work evidence-based without dedicated and properly trained medical specialists serving them? These figures represent high levels of stigmatisation and discrimination, according to the WHO (<https://www.who.int/publications/i/item/WHO-MSD-MBD-02.3>).

A fundamental step towards engaging young psychiatrists in geriatric psychiatry is restructuring training pathways to make geriatric psychiatry a core component of psychiatric education. Requiring residents in general psychiatry to complete an internship in geriatric psychiatry would offer early exposure to the challenges and rewards of the field, spark interest and demonstrate its relevance. Such internships could serve as a gateway for residents to experience first-hand the clinical complexities and interdisciplinary interactions inherent to geriatric psychiatry. Also, age-related neuroscience should equally be integrated into the curricula of undergraduate medical students and psychiatry residents, as it is equipping them with the skills and knowledge needed to address complex neuropsychiatric disorders effectively.

Additionally, recognising geriatric psychiatry as a formal subspecialty across European countries would provide young professionals with a clear pathway to specialisation. A formal subspecialty designation would foster an ‘identity’ for young professionals that encourages long-term commitment, academic interest and investment, and a professional community – qualities that are essential to sustaining any medical field. Furthermore, subspecialty recognition would confer institutional support and resources for training, research and mentorship, ensuring that young psychiatrists have the tools they need to thrive and grow within this specialty.

A rewarding field with unique challenges

Geriatric psychiatry is inherently interdisciplinary, bridging general medicine, neurology, psychology and social sciences. This complexity makes it an intellectually stimulating specialty. Moreover, in contrast to many general psychiatry services, services for old age psychiatry are not centred on a specific disorder.

Older adults with psychiatric needs frequently require integrated care involving somatic and psychiatric expertise, particularly given the polypharmacy concerns that arise with age. For young psychiatrists, geriatric psychiatry offers an opportunity to build expertise in nuanced medication management, especially during crises, and in creating treatment plans that address both mental, physical and social health.

The complexity of geriatric psychiatry extends beyond mere clinical challenges. Many older adults exhibit behaviours tied to neurodegenerative disorders, and these behavioural issues often overshadow cognitive symptoms in terms of impact on quality of life. Addressing these behavioural symptoms requires specialised training and an understanding of how psychiatric, neurological and geriatric factors intersect, fostering intellectual curiosity and expertise.

Furthermore, older adults are often exceptionally grateful for the care they receive, an aspect of geriatric psychiatry that many professionals find particularly rewarding. Working with this population provides not only a glimpse into the full arc of human life but also an opportunity to see how psychiatric care can meaningfully enhance well-being, dignity and quality of life even in advanced age. Contrary to the stereotype of old age as a period of stagnation, treating older adults can be unexpectedly challenging, with higher suicide rates and frequent somatic complications requiring vigilant, holistic care. This demand for alertness, empathy

and a personalised approach offers young psychiatrists a deeply rewarding practice environment.

Structural enhancements: international courses and training and research opportunities

To further encourage young psychiatrists, European institutions could establish international accredited courses in geriatric psychiatry. These courses would offer medical students and residents in psychiatry valuable exposure to practices across borders, fostering an appreciation for the diversity of mental health needs among older adults. Collaborative learning across Europe would stimulate engagement, facilitate knowledge exchange and create a network of young professionals invested in geriatric psychiatry. To this end, the European Association for Geriatric Psychiatry (EAGP) organises training courses for residents in psychiatry and senior geriatric psychiatrists every other year (www.eagp.com).

Organising high-quality training days for residents ahead of national conferences not only boosts networking but would also provide targeted learning opportunities, which would help young psychiatrists to gain advanced knowledge and skills early in their careers. These training days could cover a wide range of topics, including pharmacology, neurodegenerative disorders, ethics, patient-centred care and end-of-life psychiatry. By tailoring these sessions to the specific needs of younger professionals, we can build a foundation of expertise and interest that sustains long-term engagement.

Furthermore, promoting and funding research in geriatric psychiatry will drive advancements in treatment and care, making the field more attractive to psychiatrists and trainees alike.⁹

Mentorship and professional development: investing in the next generation

Mentorship plays a critical role in professional development and may be particularly crucial in a field as specialised as geriatric psychiatry.¹⁰ Establishing fellowships and/or mentorship programmes where senior professionals guide early-career psychiatrists would offer invaluable support for career growth, skill-building and confidence in handling the unique challenges of geriatric care. Mentors could help younger professionals navigate complex cases, develop communication skills suited to older adults and build the resilience needed for a career in this demanding yet rewarding field.

Moreover, technology’s growing role in geriatric psychiatry presents an exciting avenue for innovation and can become an important driver for the younger generations. Digital tools, telepsychiatry and AI-driven diagnostics are becoming integral to psychiatric care, especially in rural or under-resourced areas where geriatric psychiatrists are scarce. Young psychiatrists, who are typically more adept with technology, could drive advancements in this area, leveraging digital solutions to enhance patient care and expand the reach of geriatric psychiatry. In other words, young professionals are needed not only for older patients, but also to move geriatric psychiatry forward and keep older senior psychiatrists engaged!

A call for action

The case for engaging young psychiatrists in geriatric psychiatry is not only compelling but essential. As Europe’s population ages, the demand for compassionate, specialised psychiatric care for older adults will only grow. By making targeted changes to training

pathways, establishing mentorship programmes, enhancing educational resources and formally recognising geriatric psychiatry as a subspecialty, we can cultivate a vibrant community of young professionals eager to meet this demand.

For young psychiatrists, the opportunity to work in geriatric psychiatry is both a professional challenge and a unique privilege: a chance to make a meaningful impact on the lives of older adults, an opportunity to learn from wisdom and grow as person, to engage in a richly interdisciplinary field and to shape the future of mental healthcare for generations to come. In calling young professionals to this specialty, we offer them the opportunity not only to build a rewarding career but also to make a lasting difference in one of the most vulnerable populations across Europe.

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Data availability is not applicable to this article as no new data were created or analysed in this work.

Author contributions

All authors contributed to the conceptualisation of this editorial by actively participating in a discussion group on how to engage young people for geriatric psychiatry

(June 2024). R.C.O.V. wrote the first draft, which all authors critically reviewed for further improvements. All authors approved the final version and are accountable for all aspects of the work.

Declaration of interest

All authors are currently board members (unpaid) of the European Association of Geriatric Psychiatry.

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