

KEYNOTE SPEAKERS

Grete Christensen, RN, President in the Danish Nurses' Organization (DNO) since 2009, and ahead of this election she was vice-president since 1998, Denmark

She has been actively engaged in the development of the DNO for the most of her professional life. She started out as local organisational representative. Later she became chairperson in one of the DNO local branches.

As President of DNO Grete Christensen attends a number of committees nationally as well as internationally. She actively works to improve collaboration between national nurses associations as well as other health-care organisations both in the Nordic countries and across Europe.

Grete Christensen, President for the Northern Nurses Federation (NNF) since 2011.

Her international commitment includes among others participation in development projects. Internationally she strives to promote collaboration and mutual understanding.

Alan Simpson, Professor of Mental Health Nursing, Health Service and Population Research, David Goldenberg Centre, Institute of Psychiatry, Psychology and Neuroscience (IoPPN), King's College London, United Kingdom

Alan has a special interest in service user involvement and co-production; he and his team recently completed two funded cross-national studies of recovery-focused mental health care planning in community and inpatient settings. Both studies had a high level of co-production with people with lived experience of mental health problems and service use involved as co-investigators, expert advisors and service user researchers. Alan is currently co-investigator on a large study of peer support ('ENRICH'), which builds on his earlier pilot trial of peer support for people discharged from hospital. Other interests include improving the physical and mental health of people with comorbid conditions and working with other disciplines to enable this to be successful.

Abstract: In this presentation, Alan will draw on his experiences of working collaboratively with service users and carers on a number of mental health nursing research projects over the last ten years and outline things that have worked well and those that have worked less well. He will outline the facilitated group model of consultation and collaboration he has developed with SUGAR (Service User and carer Group Advising on Research) and draw on experiences of projects where service users have collaborated in data collection and analysis, and others where service users were trained and employed to provide a service. Studies include studies of conflict and containment on mental health units, trials of peer support, development and evaluation of a serious game with forensic mental health service users, and two studies of recovery-focused care planning. Alan will explore the triumphs and challenges and identify ways in which meaningful service user involvement can best be developed.

Knud Kristensen, President, Danish Association for Mental Health – SIND, Denmark

Knud Kristensen is a powerful spokesman for people with mental illness and their relatives. Are there any problems in psychiatry, he is quickly on the path with concrete suggestions for solutions. Since 2009, Knud Kristensen has been Chairman of the SIND National Association for Mental Health. At the festival he will talk about: *Involvement and empowerment of carers – from blaming to recognition*

This is an appetizer of the keynote:

In SIND we perceive the treatment of people with a mental disorder as a shared responsibility/a joint challenge for the patient, the relatives and the professionals. If the three parties succeed in working well together, the patient is recovering faster and more compared with situations where the relationship between two or all three of the parties is not working.

In Denmark, in recent times, we have experienced three historic phases of the view on the relatives: The first phase was the one in which the relatives were considered to be guilty if one in the family was affected by a mental disorder.

The second phase was the one in which it was known that the relatives were not guilty, but where the professionals concentrated their efforts on the patient. Someone else (such as SIND) had to take care of the relatives.

The third phase is the one in which it is widely acknowledged that relatives can be an invaluable resource in the effort - especially if they are helped and supported in the struggle to cope with the role of being carers. As a specific example of how to support the relatives, I would like to mention OPUS (a specialised assertive treatment for patients with a first episode of psychotic illness). Here the relatives are at first offered Psychoeducation and then (together with the patient) Multi Family Groups where they learn to work with the relationships - even when it becomes difficult.

Finally, I want to emphasize that being involved as relatives does not equal to taking responsibility for the treatment. The carers should 'only' be involved and there must still be room for just being a family.

Søren Dixen, schizoform laywright and scholar of Nordic literature, recovery-mentor at the Mental Health Services of the Capital Region of Denmark

Since 2013, in order to promote recovery and participatory mental health, the Mental Health Services of the Capital Region of Denmark has employed recovered patients to serve as mentors to people with severe mental illness. In collaboration with his colleague, the equally schizoform artist Nikolaj Brie Petersen whose works are exhibited at the Horatio venue, Søren Dixen has come to view 'creative praxis' as a privileged arena, in which the engagement of both users and carers can be played out, and processes of mutual recovery can occur. Søren will tell of the various projects and platforms they have realized in community and inpatient settings and at a very low cost in order to bring about creative praxis. He will then go on to reflect upon the similarities they have found between the creative process and the recovery process, and how they understand recovery/individuation as something potentially needed by both users and carers and thus already available to them as a common ground.

Nina Kilkku, Principal Lecturer in Tampere University of Applied Sciences, Finland, Psychotherapist and President of the European Psychiatric Nurses (Horatio)

Nina has a wide experience on different research, development and education activities in the field of Mental Health Nursing in Finland and internationally. One of her latest international co-operation projects has been the EU-funded eMenthe –project in which open access eLearning materials were developed for Master's level students, educators, service users and practitioners. In her role as a Principal lecturer she has enhanced service user and families co-operation in education and has actively participated on several local development projects of different NGOs for many years. Besides her daily work, Nina works with families and couples as a private psychotherapist. In May 2018 Nina was elected as a President of Horatio, the European Psychiatric Nurses.

Johanne Bratbo, Project Manager, Landsindsatsen EN AF OS, Denmark

EN AF OS were hosts for "The 8th International Stigma Conference: Overcoming Barriers in Minds and Society" in Copenhagen, September 2017.

Presentation title: *"Overcoming structural and professional barriers for user participation in mental health"*
Cooperation across sectors and increased involvement of patients, service users and their relatives has been a mantra reflecting thinking within the mental health field since the millennium.

The approach to mental illness has been expanded with increased knowledge of recovery and the particular importance of focusing on competences and lived experience of patients and service users.

This development also set the agenda for combatting stigma – both nationally and in other countries - in order to counter the increased risk of exclusion from society, reduced expectations for opportunities in life and ultimately self-stigma preventing recovery and empowerment.

This change challenges the paternalism and power structures traditionally characterising the relationship between different groups of professionals and between professionals and service users and relatives. Structural, professional and personal barriers must be overcome, and this requires a readiness to take a critical look at attitudes, knowledge, cultures, methods and language.

Anni Haase, Western Lapland psychiatry, Finland

Background: The theory and practice of Open Dialogue in Tornio, Finland, has received much attention over the last decades, including research findings that point to the effectiveness and efficacy of its humanising practices within a network oriented therapeutic approach to crisis in mental healthcare (Seikkula, Alakare & Aaltonen 2001; Seikkula, 2002; Seikkula & Olson, 2003; Seikkula, Aaltonen, Alakare, Haarakangas, Keranen, Lehtinen, 2006) In Tornio the emergence and continuing development of Open Dialogue and dialogical practices was inextricably linked with the Finnish multidisciplinary teams' training in family therapy. Thus, Open Dialogue has been an area of emerging interest in international family therapy circles.

Presentation: In this presentation I aim to tell something about the history and development of Open Dialogue practices in Western Lapland during last decades and something about the work and views (as well as challenges) today. I will also include some information about the peer work we have recently started to develop in our services. Hopefully there will be a possibility to dialogue with someone who has either worked or got treatment in Open Dialogue practises or has some other links to Open Dialogue or dialogical way of working.

It will be presented mainly by a talk, some slides and maybe music might be included.
At the end of the presentation there will be room for a short discussion/reflections if wanted.

Niels Buus, Professor of Mental Health Nursing at Sydney Nursing School based at St. Vincent's Hospital/St. Vincent's Private Hospital, Sydney

Niels Buus he is the leader of The Centre for Family-Based Mental Health Care. He has a broad research profile within mental health and health services research, which includes suicide prevention, treatment adherence to antidepressants, clinical supervision of mental health nurses, continuity of care and recovery-oriented health care delivery models. He is a specialist utilizing ethnographic research methods in health-care research, which can produce nuanced insights into healthcare practices and personal perspectives on health, illness and treatment. Such approaches are particularly powerful in studies of user-participation in mental health research. As a Scandinavian registered nurse, he is professionally socialized into a strong

humanistic tradition emphasizing care, compassion, openness and equality in healthcare. In line with this, Prof Buus leads research teams in an examination of the effects of the resource-oriented healthcare delivery model 'Open dialogue' and how it could be implemented in Australian healthcare settings. In the Danish context, he was heavily engaged in developing post-registration educational programs for mental health nurses.

Nikolaj Brie Petersen, artist, Denmark

Nikolaj Brie Petersen (born 1973) is a self-taught schizo artist working within the fields of acrylic painting, drawing, poetry, sculpture and installation. As a former forensic-psychiatric homeless drug addict, Nikolaj's material are the experiences he suffered and suffers: The pharmaceuticals and drugs he tried, the time and teeth he lost, the voices he hears and the visions he sees, the nightmares he has and the anger he feels, the energy he channels and the signs he deciphers, the patients and staff he meets and, of course, the System. In Nikolaj, life and work are One, and that One, sprouting from instinct and clothed in symbols, is in perpetual motion. It knows nothing but a continued rhythmic praxis and a war fought for one hope: that a day will come. Nikolaj is chief engineer of the open workshop Maskine Maskine at Mental Health Center Sct. Hans and the workshop Værekstedet MMA at Amager, Copenhagen. Some of his notable solo exhibitions include: Stueren ['House broken'] from April 2016 to April 2017 at Mental Health Center Sct. Hans in commemoration of the hospital's 200th anniversary. 12th Nordic Symposium of Forensic Psychiatry in august 2017 at Hotel Marienlyst in Helsingør. Maskinmesterens sang ['Song of the Chief Engineer'] in May 2018 at the Art Association of the The Danish Environmental Protection Agency in Copenhagen. Sølvpapierhat ['Tin-foil Hat'] in September 2018 at Janssen-Cilag's Danish headquarter in Birkerød.

ABSTRACTS - ORAL

01

CONDITIONS OF POSSIBILITY FOR RECOVERY: A CRITICAL DISCOURSE ANALYSIS

Kim Jørgensen

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Recovery is generally presented as a fundamental human right and is referred to in objective language with requirements for healthcare professionals to ensure that patients systematically participate in their own courses of care and treatment. In the research literature, it is not clear precisely what is meant by 'recovery', or how it connects to patient participation. This study explores how discourses of recovery unfold and are at play in the articulations in patient records and interviews with nurses in a Danish psychiatric context. Patient records and interviews have been analysed using a Fairclough-inspired critical discourse approach which is concerned with how power is exercised through language. The research findings show that Danish psychiatric healthcare recovery has roots in different social movements and draws on a democratic discourse or a discourse of social rights where there is a focus on increasing users' influence and empowering them in relation to professions. In addition, recovery is governed by a neoliberal discourse where underlying discourses – those of biomedicine, paternalism, holism, and self-care – are embedded. In addition, the Danish psychiatric context is characterised by a discourse that seems to ascribe stigmatising traits to mentally ill patients.

Three learning outcomes

- (1) Perspectives on recovery in a psychiatric practice.
- (2) Tension between recovery and patient involvement.
- (3) Possible conditions for recovery and patient involvement in psychiatry.

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06

ATTITUDES OF MALTESE NURSES & MIDWIVES TOWARDS MENTAL ILLNESS

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Background

Mental health problems are of serious concern across Europe. A major barrier to the realisation of good mental health and well-being is stigma and discrimination. To date there is limited knowledge or understanding of mental health nurses' attitudes towards mental illness and individuals experiencing mental health problems. No previous study has been conducted in Malta that addresses this aim, and prior to this study the attitudes of nurses and midwives towards mental illness were unknown. This study is the first of its kind to sample the nursing and midwifery population of an entire country.

Objectives

To identify the attitudes of Maltese nurses and midwives towards mental illness.

Design

A nation-wide cross sectional questionnaire survey.

Settings

All Maltese state-owned hospitals, departments, units and clinics employing nurses and midwives.

Participants

A total of 1483 nurses and midwives participated in this study, representing all the various nursing and midwifery grades and work settings.

Methods

Data were collected using The Community Attitudes towards the Mentally Ill (CAMI) scale, which is a 40-item self-report questionnaire. Data were analysed using quantitative methods using SPSS ver.21.

Results

Maltese nurses and midwives hold a positive attitude towards mental illness. Positive attitudes are also seen for each of the 3 subscales of the CAMI tool, namely Fear and Exclusion, Social Control and Goodwill. This study concurs with existing literature and also identifies the importance of education in the formation of attitudes. Results show that Registered Mental Health nurses hold the highest attitudinal score.

Conclusions

Understanding the variables influencing nurses' and midwives' attitudes towards mental illness is critical to deliver effective care. Although Education has been identified as the most influential variable in this study, influencing variables only account for 6.9% of the total variation in the responses. This implies that other predictors exist that affect attitudes, thus further research is warranted.

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07

LIVING WITH MENTAL ILLNESS: AN ARTISTIC STUDY

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The aim of this study is to illustrate the lived experiences of individuals with a mental health condition through Art. Mental Health and the Arts are often linked as therapeutic interventions. Art therapists use the visual arts to help clients understand their problems and ultimately cope with the. This study aims to support individuals with a mental health condition using art to illustrate experiences of actually living with a such a condition.

This study will provide a collection of paintings depicting the experience of individuals with mental illness together with descriptions of the feelings and experiences that inspired each painting. The artistic inspiration will be derived from excerpts taken from individuals' narratives of their experience with a mental health condition.

The collaborating artist on in the study is Mr Anton Calleja. Anton Calleja is considered one of Malta's most versatile artist with a career spanning over 40 years. Anton considers art as a way of expressing his emotions. He has gone through various experiences which had an impact on himself and his work. One such experience shared by the artist involves the great sadness he experienced when his wife had a miscarriage. This study aims to depict such struggles caused by life events.

Quoting the artist himself,

"They had presented the baby to me wrapped up in a parcel, and I had felt this to be a bit hard, which is why this is illustrated in a painting. Today I view it artistically, but at the time it had really hurt,"

"I had been ill, and I had started working on this painting as if death was approaching, and what was I going to leave behind? I was looking from above on my wife and children, on the dog I once had, events in my life... Then I got better, and without wanting to, I stopped this painting, which is now living with me. I can work on it again if something happens to me, so it's really still a living painting,"

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09

PSYCHO-TRAUMATISM: A PSYCHIATRIC CARE DEVICE EXPERIMENT IN PARIS (FRANCE)

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Domestic violence, notably towards women, unsafe migratory routes and mass shootings stand as a deep concern in today's public health policies in France (circulaire.legifrance.gouv.fr).

Post-Traumatic Stress Disorders (PTSD) may appear several weeks, even months or years after a traumatic event. They can result in somatic comorbidities but also psychiatric troubles such as dissociative disorders, depression, addictive behaviours or suicide (Ducrocq F.-2015).

These symptoms are characteristic of complex traumatism; or type II traumatism; and they require global care on a long course. Health systems in the densely populated region of Ile de France (encompassing Paris and its surroundings) must adapt to answer needs which have not met suitable responses. This is the reason why, the Territorial Group Hospital in Paris Psychiatry and Neurosciences has developed an intervention towards people suffering from this type II traumatism and the problematics implied.

The north-eastern districts of the French capital are particularly concerned. They are strewn with a large mesh of associations either aimed at migrants or women having experienced traumatic situations. Therefore it seemed pragmatic to first figure out the unanswered needs there. A clinical nurse, a psychiatrist and a psychologist have been gathered in a specific team to propose an adapted care device (Pignol P.-2016). The clinical nurse is coordinating the network of associations, social city services, medical offices and other healthcare delivery professionals. She also intervenes through evaluation and orientation interviews, assuring the follow-up of patients with or without the psychiatrist, according to the situation. She also takes part in an adapted relaxation workshop, co-hosted with the psychologist (Lopez G.-2016). They also dedicate

sessions to social workers for a better awareness regarding the particular needs of people having experienced psycho-traumatism.

This project may be recent, it indeed started in may 2018, yet the number of people who have been oriented to the team is constantly increasing. To cope with the flow of adressings, a second consultation will be provided in 2019. This time, evaluations will be processed directly within the walls of a social center in the 19th district of Paris, and not in the team's ambulatory psychiatric unit. The clinical nurse's missions may evolve if psychiatry is finally included in the advanced practice nursing application decree, reexamination is due to the fall of 2019.

015

TELEPROM-Y: MENTAL HEALTHCARE FOR YOUTH THROUGH VIRTUAL MODELS OF CARE

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Background

About 1 in 5 youth have a mental illness, with 75 percent of all mental illnesses having their onset in childhood or adolescence (Kim-Cohen et al., 2003). In Ontario, 157,900 youth rate their mental health as fair or poor, a significant increase from 2007 (Boak et al., 2014). Not only do mental health concerns cause difficulties at onset, they can also disrupt important life transitions and developmental milestones, and can be burdensome throughout the lifespan (Ratnasingham et al., 2012).

Aim

The objective is to 1) improve access to care; 2) allow youth to monitor their mood/behaviour to facilitate earlier intervention; 3) enhance patient/care provider communication through digital interfaces; 4) improve the patient and care providers' healthcare experience.

Method

120 youth (ages 16-25) will be recruited from the caseloads of 23 mental healthcare providers. Participants will use a smartphone to connect to the Collaborative Health Record. Three semi-structured interviews will be conducted at baseline, 6, and 12 months. The project design uses participatory action research with mixed methods, and a standardized evaluation framework will be instituted to facilitate systematic effectiveness, economic, ethical, and policy analyses.

Result

Findings from the proposed study will be discussed in relation to these primary outcomes of interest.

Discussion

TELEPROM-Y will 1) improve healthcare outcomes and patient quality of life 2) reduce healthcare system costs by preventing hospitalization and reducing the need for outpatient visits. Implications of this study may enable alternative strategies for mental health intervention through mobile technology.

Learning Outcomes

Enhance knowledge of using mobile technology between healthcare providers and patients

Enhance knowledge of the TELEPROM-Y a mobile-based Telemedicine and Patient-Reported Outcome Measurement platform

Enhance the knowledge of mental healthcare providers on the use of technology for delivery of health services with patients

Reading References

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016

DEVELOPING A SPECIALISED FACT SERVICE IN IRELAND

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Background

Carraig Mor Psychiatric Intensive Care Unit developed a specialist Flexible Assertive Community Treatment (FACT) approach for mental health service users with complex needs. The aim of FACT is to reduce readmissions and increase engagement with mental health services. FACT is a versatile and comprehensive model with continuity of care as its cornerstone; as service user's needs fluctuate they remain under the care of the same team who adapt their approach to meet changing needs (Drukker, Visser, Sytema, & Van Os, 2013)

Aim

To explore the FACT model of care and its implementation in a complex case service

Methods

Analysis of the service was undertaken through the completion of clinical audits, cross sectional analysis and completion of the FACT fidelity scale

Results

The FACT approach in this circumstance required the ability to make robust decisions regarding risk. This is especially true in case management where issues relating to violence were considered. A structured professional judgment (SPJ) approach was utilised which aided decision making (Logan and Heart, 2011). Additionally, this model of care was underpinned by a rehabilitation and recovery ethos (Slade et al. 2017) enabling us to put the needs of the service user at the centre of our work. This was seen through reconnecting service users who were seen as 'challenging' with their local education, medical and employment services thus opening up new opportunities and reconnecting them to their community. Additionally, a cross sectional

analysis comparing service users receiving FACT services (n=20) with service user receiving treatment as usual (n=20) found that inpatient stay was reduced by 33% with significant financial savings for the service.

Conclusion

A Vision for Change (2006) outlines a vision for community oriented mental health services in Ireland. Through the use of SPJ, evidence based assessments, a rehabilitation and recovery ethos and the opportunity to build long term consistent relationships with service users; it enabled the service to provide more community based services and reduce inpatient stays. The shift in the model of delivering healthcare services required investment in education and training to ensure nursing staff had the competence and confidence to provide care in different settings and in a multi-agency way. However, the most important element was leadership and a vision for a new service to enable both staff and service users alike to believe in the model of care and its effectiveness.

018

NURSING STUDENTS AND EUTHANASIA BECAUSE OF UNBEARABLE MENTAL SUFFERING

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This presentation gives an overview of the attitudes, future role and knowledge of nursing students regarding euthanasia because of unbearable mental suffering (UMS euthanasia) in Belgium. A descriptive survey using an online questionnaire was used. All nursing students of a Belgian University College were contacted. Questions regarding euthanasia, their future role and current knowledge on the topic were discussed. Most nursing students appeared positive towards UMS euthanasia, highlighted their important role within the euthanasia decision-making process but equally reported a lack of knowledge and skills. Higher education needs to recognize this knowledge gap without losing sight on the broader context of end-of-life care to take adequate actions. Keywords: euthanasia, nursing students, psychiatry, unbearable mental suffering, end-of-life care

Learning outcome:

The participant will be able to understand the legal framework regarding UMS euthanasia in Belgium.

The participant will be able to reflect on their own opinion towards euthanasia because of unbearable mental suffering. The participant will be able to inform about euthanasia in mental health care in Belgium.

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COMMUNITY HOMES FOR OPPORTUNITY: NEW MODERNIZED PROGRAM

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Background

Homes for Special Care Program (HSC) is a program of Ontario Ministry of Health and Long-Term Care, Canada, established in 1964 to provide long-term and permanent residential care for people who have severe mental illness and require assistance with activities of daily living. The program encourages community living by offering a housing alternative to institutional care. The plan put forth by the Ministry of Health is that the 28 homes operated by Parkwood Institute Mental Health will be the first in the province to undergo renewal to promote recovery, autonomy and community integration.

Objectives

This study will evaluate the initial implementation phase of the modernized program "Community Homes for Opportunity" (CHO), which entails changes in the services to enhance the quality of daily living, independence, and personal growth through participation in a variety of activities and programs. This study aims to develop supportive housing best practices to guide and improve updates by evaluating the modernized program.

Method

Twenty-eight homes serving 368 residents will be included in the evaluation. Interviews will be conducted with up to 120 CHO residents to evaluate quality of life, community integration, housing stability, and health and social service use. Focus groups with CHO residents, home owners, home employees, community agencies as well as Ministry of Health staff will identify issues, solutions, and recommendations for improvement.

Results

Results of the CHO project will be discussed. Four analyses will take place: an effectiveness analysis, a cost analysis, a policy analysis, and an ethical analysis.

Discussion

It is envisioned that this study will develop supportive housing best practices to guide and improve updates for the HSC program.

Learning outcomes

Identify the context in which the modernized program is implemented.

Recognize the partnerships which have been developed throughout the modernization process.

Provide new areas of development related to mental health care services.

References

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ACCOUNTS OF MANAGING PHYSICAL HEALTH AMONG PEOPLE WITH MENTAL ILLNESS

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Background

For several years, research has shown that the life expectancy of people with severe mental illness (SMI) is shortened by 13-30 years. Despite extensive research, the issue remain unsolved. People with SMI need support from health care services to manage physical health related issues in everyday life. However, there are profound health inequalities within health care provision, which contributes to poor physical health outcomes among people with SMI.

Aim

To examine mental health care professionals' accounts of actions and responsibilities related to managing physical health issues among people with SMI.

Method

Three focus groups were conducted with 22 mental health professionals recruited from three mental health care locations. The participants' accounts were subjected to discourse analysis.

Results

Participants accounted for actions and responsibilities in three typical ways; 1) by positioning people with SMI as difficult to motivate and actively resisting intervention, and 2) as so impaired that intervention was futile, and 3) by arguing that people with SMI are undertreated for physical conditions, and have physical illness that staff are not aware of because of prominent mental illness. These accounts seemed to legitimise situations where participants would not act on physical health issues, even though not trying to achieve changes might result in worsening of the physical health status of the individual. Further, they seemed to downplay the potential trouble related to descriptions of not succeeding in facilitation lifestyle changes.

Discussion

Mental health professionals need to be aware of the latent discriminating attitudes towards people with SM embedded in the local cultures, as these are suggested to reinforce barriers for people with SMI receiving physical health care. Continued reports of stigma and negative attitudes among health care staff, indicates that these issues are systemic in nature and related to organisational culture.

Learning outcomes

MHCPs find people with SMI difficult to motivate and resisting lifestyle interventions

Attempts to achieve lifestyle changes seem futile due to severity of mental illness

Accounts reflect presence of negative attitudes and stigma in mental health care

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THE TRANSITION FROM PATIENT TO PEER WORKER: A GROUNDED THEORY APPROACH

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Background

Peer workers are increasingly being engaged in contemporary mental healthcare. To become a peer worker, patients must evolve from having a patient identity to a peer worker identity.

Aim

This study aims to understand how mental health peer workers experience their transition and how it affects their view of themselves and their direct working context.

Methodology

A grounded theory approach was used. Seventeen mental health peer workers in Belgium were recruited through theoretical sampling. Semi-structured interviews were conducted and analysed according to the constant comparative method.

Results

The results indicate that novice peer workers experience peer work as an opportunity to liberate themselves from the process of mental suffering and realise an acceptable form of personal self-maintenance. As peer workers become more experienced, they are confronted with external factors that influence their self-maintenance and personal development. Experiencing clarity in their duties and responsibilities, equality, and transparency in the work place reinforce their experience of self-maintenance and positively influence their self-development. Experiencing a lack of clarity in their duties and responsibilities, inequality and lack of openness discourage peer workers' self-development process. This is because these experiences challenge their personal motivations to become peer workers, which are usually linked to building a meaningful life for themselves. A model was developed that illustrates the core processes in the transition of becoming a peer worker.

Discussion

These insights can encourage organisations to build up a supportive environment collaboratively with peer workers and ensure that peer workers can exert their authentically unique role in mental healthcare.

Learning outcomes

To understand the core processes that peer workers' experience as helping or hindering their transition from patient to peer worker.

Reflect upon the value of what peer workers' can contribute to mental healthcare

Reflect upon the role of mental health nurses in the transition process from patient to mental health peer worker

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ANGER LEVEL-ANGER EXPRESSIONS AND THOUGHT OF SUICIDE OF SUBSTANCE ADDICTS

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Background

The use of addictive substance can often be related to problems such as behavior disorder and antisocial behavior that are related to anger and violence.¹ In addition, it was shown that suicide attempts were higher in substance addicts with high level of anger.²

Aim

In this study, it is aimed to investigate the trait anger level, anger expressions, thought of suicide of people with substance use disorder (SUD) and the relationship between them.

Method

This study, of descriptive and correlational research design, was conducted with 74 people with SUD inpatients in Atatürk Education and Research Hospital, AMATEM. The data was collected with the Personal Information Form and Trait Anger-Anger Expression Scale. For evaluation of the data, SPSS was used.

Result

The average age of the patients was 25,56 years, 86,4% of the patients were males, 59,7% were single, 43,2% were employed in self-employment. 66,2% of participants use multiple substances. Most of the participants (59,7%) responded 'yes' to question of 'thought of suicide'. Trait anger point average of participants is determined as 26.14±6.45, anger control point averages as 22.37±5.35, interior anger point averages as 18.70±4.83 and exterior anger point average is determined as 20.37±5.05. It was found that the level of trait anger and exterior anger was higher in people who thought suicide ($p<.05$). People who didn't think suicide had higher anger control level ($p<.05$). As the trait anger level increases, the level of controlled anger decreases and the level of exterior anger increases ($p<.05$).

Discussion

It was found that the anger level of the individuals with SUD and suicidal thought increased and the anger control decreased. The anger level and expression styles of the individuals with SUD should be monitored and the awareness of the psychiatric nurses about the subject is important.³

Evaluation of trait anger level, anger expression styles of individuals with SUD

Investigation the relationship between suicidal thought and trait anger, anger expression styles of individuals with SUD

Learning outcomes

Studying of trait anger, anger expression styles and affecting factors of individuals with SUD

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NURSE AS AN ALLY OF THE PATIENTS IN “THE BATTLE” AGAINST STIGMATIZATION

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Patients with mental disorder are still stigmatized in many ways. Researches shows that stigma has detrimental effects on health and well-being, and exacerbates the fear and isolation experienced by the excluded individual. Thus, addressing the stigma surrounding mental illness is justifiably a crucial step in the management of mental health. Stigma associated with mental illness can delay or prevent help-seeking and service contact.

The aim of presentation is to highlight the importance of nurses to work in partnership with the patients in continuous process of de-stigmatization. A systematic review of the literature will be conducted. The Mental Health Action Plan 2018-2028 will be represented as crucial document in Slovenia for tackling stigma in the future. There will be established 25 centres for community mental health treatment for adults, children and adolescent in the primary care level. The mental health nursing will have important role in the multidisciplinary team within that centres. The mental health nurse has a responsibility for creating “an ally” through the therapeutic relationship with the patients to empowerment them with strength and knowledge to deal with (self)stigmatization in everyday life.

Learning outcomes

To represent the importance of de-stigmatization of mental health.

To highlight the role of the mental health nurse in the process of de-stigmatization.

To point out the potential benefits of The Mental Health Action Plan 2018-2028 in Slovenia.

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INTERVENTION INVOLVING ADOLESCENTS IN MANAGING ADHD AND MEDICAL COMORBIDITY

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Adolescents with ADHD have higher prevalence of medical comorbidity than adolescents without. Medical comorbidity includes epilepsy, asthma, headache, migraine, obesity, enuresis, gastrointestinal problem and allergy. Research on ADHD and medical comorbidity is sparse, and the existing literature emphasizes the need for improving hospital services towards the needs and preferences of adolescents with ADHD and

medical comorbidity. Furthermore, involvement of these patients in their own treatment is important because treatment of the medical diseases must be planned in the light of the challenges these patients face due to their ADHD and vice versa. Interventions to support patient involvement are therefore needed, not least because this group of patients often is treated in separate hospitals (somatic and/or psychiatric). The research-based intervention "Guided Self-Determination" (GSD) has proven effective in facilitating patient involvement in other patient groups. We have adapted GSD to adolescents with ADHD and medical comorbidity (GSD-ADHD), as they also may benefit from this intervention.

The aim is to evaluate how GSD-ADHD involves and supports adolescents in managing ADHD and medical comorbidity and furthermore, to evaluate the processes in GSD-ADHD. The project consists of two studies.

A mixed methods pilot study aiming to evaluate the impact of the GSD-ADHD intervention on adolescents' management of ADHD and medical comorbidity, and their perceptions of support from health care professionals (HCP). Quantitative data are collected from the adolescents through questionnaires at baseline and during and after GSD-ADHD and will be analysed with descriptive statistics. Qualitative data are collected through semi-structured interviews with the adolescents and managed in a thematic analysis. A qualitative study aiming to evaluate the processes in GSD-ADHD. Data are sound recordings of the GSD-ADHD consultations and semi-structured interviews with the adolescents and HCP.

The data collection will be completed in the spring 2019; consequently, the presentation will focus on the GSD-ADHD intervention and preliminary results on the possibilities and challenges in delivering and receiving GSD-ADHD illustrated by four cases.

Learning outcomes

GSD-ADHD challenges HCPs' mindset and behaviour.

GSD-ADHD supports the adolescents in expressing their experiences, needs and preferences in communication with HCP.

It is challenging to some adolescents to prepare for GSD-ADHD consultations with HCP.

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028

EVERYDAY LIFE AND FAMILY-CENTERED SUPPORT CONVERSATION INTERVENTION

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Background

Young adults living with mental illness experience changes in body and mind, and unpleasant feelings and thoughts. However, they try to make sense of their mental illness and to find ways of coping. They yearn for acceptance from family but fear rejection and stigmatization. Importantly, they struggle to decide how much

information they should reveal to the family about their mental illness. However, they need support from their family to manage everyday life. Moreover, we know that mental illness also affects family members' everyday lives. Being in the family of a person with mental illness can accommodate both empathy, love, and support to the person with the illness, but also difficulties. The Family Support Conversation Interventions (FSCI) focuses on family strengths and resources rather than problems or deficits and may contribute to increased support in everyday family life. The aim is to describe young adults living with mental illness and their family's perceptions of everyday life before and after participating in the FCSCI in community mental health care.

Method

Semi-structured/open-ended family interviews post-intervention. Analyzed using phenomenography to investigate the qualitatively different ways families perceive and experience everyday life pre and post-intervention

Preliminary result

The family's variety of perceptions of everyday family life may indicate changes after the FCSCI in their awareness of reflecting and communicating status, needs, inclusion, family strengths, and resources in everyday life.

Discussion

Firstly, this study will provide important knowledge about family everyday life. Secondly, report on families reflections on FCSCI on everyday family life. Finally, it will provide evidence enabling community mental health care services to improve care and support for families living with mental illness.

Learning outcomes

contribute important knowledge about families living with mental illness and their everyday life.

contribute knowledge about improving care for families living with mental illness.

contribute important knowledge about seeing family as a whole in mental health care.

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031

CARERS' PERSPECTIVES OF CONSUMERS' USE OF ANTIPSYCHOTIC MEDICATION

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Background

Caregivers have an important role in assisting the recovery of mental health consumers through providing evaluative information about treatment to mental health services.¹ One such aspect of treatment concerns the effect of antipsychotic medication. No prior studies have explored mental health caregivers' views on antipsychotic medication.

Aim

To detail caregivers' perspectives about factors that influence mental health consumers' use of antipsychotic medication.

Method

Semi-structured individual interviews were conducted with 15 caregivers of consumers who used antipsychotics. A preliminary set of variables was constructed with the use of line-by-line coding of the transcripts, which involved sifting through each line of data to assign initial codes that explained small sections of the data. This process identified 46 initial codes that were synthesised through focused coding, using constant comparison analysis to identify the most salient codes.² Focused coding identified 12 key variables that captured important aspects of caregivers' views about consumers' use of antipsychotic medication. This dataset was then interrogated with the use of multidimensional scalogram analysis (MSA).³

Result

The MSA yielded one overall plot for the 15 transcripts and a further 12 discrete variable plots. Inspection of these plots revealed that the partitions took on three different forms, capturing three distinct sets of associations, comprising: effectiveness of antipsychotic medications; adherence to antipsychotic medications; and the centrality of stigma.

Discussion

Mental health consumers tended to adhere to prescribed antipsychotic medications despite experiencing troubling side effects. Such adherence seems to have occurred when caregivers participated in discussions about medication, and health professionals monitored side effects attentively and altered medications to reduce side effects. It seems that these three factors may be important in promoting medication adherence. The results of this study also extend prior research through showing that caregivers were generally unsettled about the impact of medication side effects on consumers' lives, but conceded that benefits of medications typically outweighed the adverse effects.

Three learning outcomes

1) carer involvement promotes medication adherence; 2) altering medication to reduce side effects enhances adherence; and 3) carers believe medication benefits outweigh adverse effects.

Three references

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032

MAKING WORK VISIBLE: EMPOWERING NURSES IN PSYCHIATRIC OUTPATIENT CARE

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Background

Psychiatric care has undergone a dramatic change in the last decades from inpatient wards to outpatient services, where care is being delivered by interdisciplinary teams. Nurses play an important part in these services, but their role and contribution to patient care has not been sufficiently defined. Research suggests that this has led nurses to provide limited care for their patients.

Aim

The aim of this study is to clarify the role of nursing in psychiatric outpatient setting by describing nurses' work by using the Nursing Interventions Classification (NIC).

Methodology

We used an ethnographically oriented design, a method that has previously been used extensively in work-place studies. This consisted of a field work period, including observations and interviews, during which the primary researcher identified nursing interventions and mapped these to the NIC. This took place in four adult psychiatric outpatient care units. In the second phase, the findings were discussed in four focus groups with nurses in the same units.

Result

In the focus group interviews nurses found the interventions in the NIC to be descriptive of their work and stated that the classification helped to make their work visible for themselves as well as for others. Additionally nurses described a sense of empowerment when seeing their work identified and classified using the NIC.

Discussion

Our results support the theory that describing nurses' work by using systematic nursing language can make nursing visible and can be combined with professional empowerment. Additionally our findings suggest that, when studying nursing phenomena with ethnographic methods, it is important to involve nurses in different stages of the study.

Learning outcomes

1. Psychiatric nurses need a systematic language of their own to structure their work and to make nursing visible.
2. The identification and systematic description of nursing interventions is connected to statements of empowerment by nurses involved in the study.
3. Nursing researchers doing ethnographic studies of nursing are encouraged to engage nurses actively during the analysis process

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033

HOW DOES RECOVERY ORIENTATION UNFOLD IN MENTAL HEALTH INPATIENT SETTINGS?

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Introduction

The mental health services in Denmark are increasingly aiming at shaping a recovery-oriented system based on partnership between service users and health professionals. However, moving towards recovery-oriented practice has proven challenging. Especially within mental health inpatient settings where the promotion of, and research on, recovery-oriented practice remains limited compared to the community- and outpatient facilities.

Objectives

This qualitative study aimed to explore how recovery-oriented practice unfolds in mental health inpatient settings as reflected in the existing research literature and in the experiences of patients and interactions between patients and health professionals.

Methods

The study comprises: 1) a review of 8 research articles on recovery-oriented practice in inpatient settings; 2) Semi-structured interviews of 14 inpatients using a guide inspired by the Recovery Self-Assessment scale, analyzed with qualitative content analysis. 3) an ethnographic study of the interactions between patients and health professionals regarding deciding, planning and providing treatment using participant observations in two inpatient wards. Field notes were analyzed using qualitative content analysis.

Results

Inpatient wards provide acceptance, safety and structure but patients experience limited choice, influence, and low levels of information. Health professionals articulate recovery-oriented values and intentions of collaborating with patients but remain authorities with superiority in decisions regarding treatment which can be made by health professionals before consulting the patients. The interactions between patients and health professionals are influenced by competing demands and the collaborative partnership between patients and health professionals are characterized by symbolic actions rather than an actual equal collaboration.

Conclusions

Recovery-oriented practice are not seen to be reflected in the clinical practice in mental health inpatient settings and seems to be preceded by two other agendas: a medical treatment paradigm in which health professionals maintain as authorities; and organizational priorities that precedes patients' individual needs.

035

THAT IS WHAT WE ALREADY DO! REACTIONS TO USING EVIDENCE-BASED PRACTICE

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Background

Evidence-based interventions are required in mental health nursing to improve quality and outcome for patients. However, health care professionals' values and beliefs play an important role when implementing evidence-based practice in real-world healthcare settings. Therefore there is a need to shed light on professionals' reactions to the use of evidence-based interventions to better understand and adjust the implementation process. Aim: To explore mental health care professionals' reactions to using the evidence-based intervention Guided Self-Determination method in the care of inpatients with severe mental illness. **Method** A qualitative study conducted in relation to an 8 months implementation program. Data collection: 9 qualitative interviews and field notes generated from supervision of the intervention. Thematic analysis inspired by Braun and Clarke was used to analyse data.

Results

Four themes emerged from the thematic analysis: 'The expert becomes novice', 'Theory used as a looking glass', 'Guided Self-Determination perceived as an interruption' and 'Becoming an informer of the impact

of GSD'. All themes reflected the professionals' preoccupation with using the intervention together with the patients. Discussion: Mental health care professionals have difficulties in changing from a familiar and comfortable practice based mainly on experience-based knowledge to a new evidence-based intervention.

Aim of presentation

to add insight into the processes mental health care professionals might go through when accepting and adopting new evidence-based practice.

Learning outcomes

to gain knowledge of the identified opposite approaches in mental health care professionals: being ready or resistant to change, when implementing an evidence-based intervention being able to identify patterns described in the two approaches: being ready or resistant to change to understand barriers and facilitators when implementing evidence-based practice.

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040

NEEDS OF PERSONS WHO FREQUENTLY VISIT PSYCHIATRIC EMERGENCY SERVICES – THE PROFESSIONALS' PERSPECTIVE

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To meet the needs of persons who frequently use psychiatric emergency services (PES) and encounter them in a professional manner, it is important to increase our understanding of how the professionals experience those particular patients and their needs.

The aim of the study was to explore what needs a person has who frequently visit psychiatric emergency services in Sweden from the professionals' perspective.

Data consisted of 19 individual semi-structured interviews with professionals such as assistant nurses, psychiatric nurses, and junior and senior physicians. Data was collected at one PES in southern Sweden consisting of a psychiatric emergency room and an acute psychiatric care unit. Data was analyzed using qualitative content analysis that captured the manifest content of the text.

The findings formed four categories: 1) Need to relieve loneliness; 2) Need to relieve hopelessness; 3) Need to relieve psychiatric symptoms; and 4) Need for stability and continuity of care and support. The professionals experienced persons who frequently used PES as being lonely, having difficulties dealing with their everyday lives and lacking meaning in life which made them needing caring encounters and being taken care of as well as a glimpse of hope. The professionals also expressed that persons who frequently used PES suffered from psychiatric symptoms and diseases and did not feel well which is why they could request medication and/or hospitalization. Finally, the professionals experienced that persons with frequent PES

needed the social service- and healthcare functions to improve and collaborate to be able to meet long-term needs.

The study highlights the professionals' experiences of persons who frequently use PES and their needs, and identifies important relationships to concepts such as health, suffering, and recovery. The study further illuminates how the results relate to a person-centred care approach.

Learning outcomes

Firstly, the study describes how staff experience PFVs and their needs. Secondly, it discusses by which means these needs can be met by staff. Third, it highlights how the results relate to a person-centred caring approach.

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044

JOINT CRISIS PLANS AS INTERVENTION TO PROMOTE PARTICIPATION IN PSYCHIATRY

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Background

Although the self-determination of mentally ill people is desired by those affected and by treatment providers and has already been demanded for over ten years by the UN Convention on the Rights of Persons with Disabilities, participation is still not established throughout psychiatric care. This could be caused by various reasons. One reason may be that the ability to make self-determined decisions in mentally ill people may be temporarily limited in acute phases of illness. In order to enable self-determination in these phases as well, different interventions of advance care planning are applied in practice [1]. A joint crisis plan is one way of taking precautions and preparing for crisis treatments. But this intervention has also not been established in all psychiatric hospitals.

Aim

The aim is to identify factors that influence the practical implementation of joint crisis plans.

Methods

In order to identify these factors a literature review was conducted.

Results

In 2015, a qualitative study identified several barrier factors, e.g. concerns as to whether patient wishes are appropriate and ambivalence with regard to care planning [2]. In addition, the conviction of practitioners that joint decision-making already exists, is an obstacle. In addition to this multitude of barrier factors, a lack of scientific knowledge about the joint crisis plan and its effects is also discussed in literature as an obstructive factor. Results of international studies can be seen as inconsistent. For example, there is evidence from

the Netherlands that involuntary admissions can be reduced by joint crisis plans, which is not the case in German and British studies.

Discussion

Since the experiences are to be assessed as positive, the low level of dissemination seems hardly comprehensible, but can be explained by the identified factors and the lack of clear evidence of the intervention. In Germany, a multicenter randomized controlled trial (RCT) is currently being conducted to investigate the effects of joint crisis plans [3].

Learning outcomes

Getting information about:

interventions which promote participation

obstructive factors that influence the practical implementation of joint crisis plans

current state of research of joint crisis plans

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046

RECOVERY-ORIENTED REFLECTIVE PRACTICE GROUPS - PROCESS AND OUTCOME

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Background

Reflective practice is regarded as the integration of theory and practice, a requisite for personal and professional development, and fostering person-centred approaches to care. A Reflective Practice Group (RPG) is a form of facilitated group reflection focusing on the interpersonal aspects of care delivery, allowing participants to share insights relevant to nursing practice in a supportive environment. Previous research in the context of consultation liaison psychiatry nursing suggest that RPGs might promote self-awareness, clinical insight and quality of care, and facilitate stress management and team building. While RPGs have a potential to contribute to sustainable recovery-oriented psychiatric care they need to be evaluated and further developed combining multiple perspectives in various settings.

Aim

To report preliminary findings describing the process and outcome of nurse led recovery-oriented reflective practice groups in mental health settings.

Method

The study employed a transformative mixed methods design. RPGs were implemented at two supported housing units and one forensic psychiatric ward in Sweden. Data was collected using the Swedish version of the Clinical Supervision Evaluation Questionnaire (S-CSEQ), the Reflective Practice Questionnaire (RPQ) including the Appraisal of Supervision (AoS) subscale, and qualitative interviews. Staff members (n=23) and service users (n=14) participated in the evaluation.

Result

Preliminary findings suggest that RPGs can contribute to staff becoming more reflective, empowered, and recovery-oriented.

Discussion

Recovery-oriented care can be characterized as person-centred, strengths based, collaborative and reflective. Psychiatric mental health nurses assuming leadership and facilitating reflection on practice might play a central role in the transformation of mental health services in this direction. This calls for a reevaluation of practical and experiential knowledge.

Learning outcomes

Appraise the relevance of the concepts of reflective practice and recovery-oriented care in informing practice development in mental health settings. Recognize how an understanding of nursing as a process can inform the structure and content of the reflective process. Reflect on the usefulness of different approaches for evaluating reflective practice groups.

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047

PREVENTING AND REDUCING COERCIVE MEASURES - IMPLEMENTATION OF SAFEWARDS

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Introduction

Aggression and violence are highly complex problems in acute psychiatry that often lead to the coercive interventions. The Safewards model accounts as an evidence-informed conflict-reduction strategy to prevent and reduce such incidents. The aim of this study was to evaluate the effect of the implementation of the Safewards model on coercive interventions in acute psychiatric inpatient care.

Materials and Method

We assessed frequency and duration of coercive interventions applied in two acute psychiatric wards in Germany during a period of ten weeks before and ten weeks after the implementation period of the Safewards model. Model fidelity was checked by the Organisation Fidelity Checklist.

Results

The number of patients exposed to coercive interventions ($n_{10} = 54$, $n_{11} = 49$) in relation to the overall number of admissions ($n_{10} = 158$, $n_{11} = 212$) decreased significantly ($\chi^2(1, n = 370) = 5.52, p = 0.026$). The overall use of coercive measures between wards differed significantly (case wise $\chi^2(1, n = 250) = 35.34, p \leq 0.001$; patient wise: $\chi^2(1, n = 103) = 21.45, p \leq 0.001$). In one ward, there was a significant decrease regarding the frequency of coercive interventions overall ($\chi^2(1, n = 21) = 16.62, p < 0.001$), regarding the frequency of mechanical restraint ($\chi^2(1, n = 22) = 11.64, p = 0.001$), and regarding the frequency of limitation of freedom of movement ($\chi^2(1, n = 22) = 11.64, p = 0.001$). Furthermore, mean duration of coercive interventions overall declined significantly ($U(55,21) = -2.142, p = 0.032$) with an effect size of Cohen's $d = -0.282$ (95 CI: $-0.787, 0.222$). In the other ward, no significant changes occurred with the exception of more limitation of freedom of movement ($\chi^2(1, n = 41) = 7.05, p = 0.008$). Fidelity to the Safewards Modell was high in both wards.

Discussion

Results indicate that the implementation of the Safewards Model with model high fidelity in acute psychiatric care can reduce coercive measures.

048

BATTLING STIGMA IN A STIGMATIZED PROFESSION

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Background

The literature indicates that stigma is intertwined with the identity of psychiatric nurses. Although geographically, the research pertaining to associative stigma is quite vast, there has been little to no research conducted in the western prairie province of Manitoba. Manitoba has specialized training for psychiatric nurses at Brandon University. Additionally, psychiatric nurses in Manitoba are regulated by a distinct College. The unique situation in the training and regulation of psychiatric nurses within Manitoba creates a scenario wherein the idea that associative stigma towards professionals and stigma towards clients can be reduced with education and leadership may be tested (Happell, 2014; Horsfall, Cleary & Hunt, 2010).

Aim

A secondary analysis on a mixed methods study conducted with RPNs in Manitoba was initiated to answer the question: How is the unique identity of RPNs in Manitoba impacted and influenced by stigma?

Method

A mixed method research study to determine the scope of practice and the professional identity of mental health nurses and RPNs in Manitoba was conducted. A separate concept, not identified within the initial thematic analysis of the data, emerged after reflection on the focus group transcripts and survey narratives which led to the secondary analysis.

Results

Three main themes presented, including: (1) the perception that psychiatric nurses are not real nurses, (2) the lack of recognition of specialized training, and (3) the added pressures of nursing a stigmatized population.

Discussion

Stigma was intertwined in all the research narratives. Interestingly, this perception occurred in a geographical location that maintains specific psychiatric nursing education and separate regulation. The evidence of

stigma in a province that advocates and promotes the uniqueness and necessity for specific training of psychiatric nurses reiterates the need to challenge stigma from other professionals regarding psychiatric nursing in order to minimize the stigma associated with the role and fully advocate for patient care (Delaney 2012).

Learning Outcomes

1) Explore associative stigma in psychiatric nursing practice; 2) Identify ways in which stigma presents itself in psychiatric nursing practice; 3) Discuss strategies to overcome associative stigma.

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054

A REGISTER STUDY OF OPEN DIALOGUE IN DENMARK

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Background

Open Dialogue is a need-adapted approach that mobilizes psychosocial resources in a crisis struck person's social network. Open Dialogue is organised as a series of network meetings and seeks to promote collaborative integrated care, and a non-directive psychotherapeutic stance. Its effectiveness for young people has not previously been assessed.

Aim

The aim of the study was to examine whether a Danish Open Dialogue approach directed at young people, who sought help from Child and Adolescent Mental Health Services, reduced their utilisation of psychiatric and other health services, compared to peers receiving usual psychiatric treatment.

Method

A retrospective register-based cohort study. Using clinical and national register data, a cohort of patients aged 14-19 years (n = 503) enrolled from one region during 2000 to 2015 were compared to a matched comparison group from two other regions using propensity scores. Utilisation of psychiatric health services, GP services, and social markers were assessed after 1, 2, 5 and 10 year of follow-up using logistic and Poisson regression models.

Results

Patients receiving Open Dialogue intervention had more psychiatric outpatient treatments at one year of follow-up than the comparison group, but not at subsequent follow-ups. Recipients of the intervention had fewer emergency psychiatric treatments and less use of general practitioner services. There was no significant reduction in the number of psychiatric hospitalisation contacts or treatment days.

Discussion

These mixed results should be tested in a randomized design.

Learning outcomes

An appreciation of Open Dialogue as an innovative, need-adapted approach to mental health that mobilizes psychosocial resources in a crisis struck person's social network.

Understanding that it is possible to successfully adapt and implement a sustainable Open Dialogue approach outside the sites in Finland where the approach was originally developed.

The insight that Open Dialogue was significantly associated with some reduced risks of utilising health care services.

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056

THE PSYCHOSOCIAL NEEDS OF OLDER ADULTS BEREAVED BY SUICIDE

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Background

It is a life-shattering and life disruption experience to lose a significant and beloved person to suicide. It has negative long-term influence on the bereaved person's social life, and physical and mental health. The past-year prevalence of exposure to suicide among family, friends or someone personally known is 3.84%, equivalent to 37 million older adults worldwide (age \geq 60).

A recent systematic review revealed a total lack of research about older adults bereaved by suicide, who might need customized psychosocial interventions to promote their psychological well-being and prevent mental disorder.

Aim

The aim of this study was to investigate the need for psychosocial support among older adults (\geq 60 years of age at the time of the suicide) bereaved by suicide.

Method

We conducted 15 semi structured qualitative interviews with 20 older adults bereaved by suicide from September 2017 – July 2018. The interviews were analyzed with a combination of thematic analysis and Co-operative Inquiry analysis.

Findings

Six psychosocial needs were identified. Three related to the acute phase and three related to long-term issues. The needs were both about the older adult themselves and people in their surroundings, including the professionals who interacted with them, e.g. health care professionals, priests and police officers.

Discussion

It is contestable if the findings about the older adults are fundamentally different from other age groups of bereaved by suicide or from older adults bereaved from other causes of death. Further, it is unclear, which interventions would be suitable and feasible to implement.

Conclusion

Older adults bereaved by suicide have psychosocial needs that are not met by their surroundings. The professionals have opportunities to make meaningful differences for the group by intervening appropriately.

Three learning outcomes

- 1) Knowledge about older adults bereaved by suicide
- 2) Insights into psychosocial needs of older adults bereaved by suicide
- 3) Insights into a discussion about appropriate interventions

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057

COPRODUCING A RECOVERY COLLEGE IN MENTAL HEALTH SERVICES IN COPENHAGEN

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Background

Recovery-colleges are emerging in many countries, also in Denmark. A recovery-college is for people who use mental health services, for staff and for relatives. The first recovery-college in the Capital Region of Copenhagen was established in 2015 by four teachers, one nurse and three with lived experiences of mental health disorder, all experienced in teaching.

Aim

A recovery college can facilitate development of recovery-oriented services and support recovery processes of people using the services. Through an educational approach and co-production, the people attending the courses can develop recovery-oriented competences. The College offers an opportunity to shift roles, empowerment and de-stigmatization.

Method

In the recovery college, expertise of lived experiences, and expertise of a mental health professional is brought together in creating curriculum and delivering courses. All courses are based on educational principles and have a recovery-oriented curriculum. The participants decide what courses enroll, they are not referred.

Result

In 2017 six teachers and 15 sessional teachers have delivered 25 different courses to approximately 450 students, many have participated in several courses. 68% had patient background, 23% were mental health professionals and 9% were relatives. 83% answered that they were very satisfied or extremely satisfied with the content of the course. 90% were very satisfied or extremely satisfied with the teacher's presentation of the course. The College is situated in Ballerup, but courses are held all over the catchment area of greater Copenhagen, enabling more people to attend courses.

Discussion

The process of coproduction has been new for all teachers working with the recovery college. The two dif-

ferent backgrounds of the teachers, and three backgrounds of the students is deemed as very effective in engaging the participants. In the recovery college, different kinds of relationships between the students, whether they are people who use the services or mental health professionals or teachers in the Recovery College are offered reflecting a change of power.

Three learning outcomes

The combination of experience by expertise and the experience by experience can facilitate recovery processes. The concept of a Recovery College, engages the three types of participants
The educational approach, is recognizable, and destigmatizing

Three references

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059

PROFESSIONAL DEVELOPMENT PLANNING FOR NURSES

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Background

The Professional Development Planning Framework for Nurses and Midwives was developed within the context and processes of a Nurses and Midwives Recruitment and Retention Agreement in the Irish public health service. A Professional Development Plan (PDP) is a tool that supports the nurse or midwife to identify professional goals for the benefit of themselves, their service users and their workplace . Professional development planning is a continuous development process that facilitates nurses, to use their experience and skills, to identify their professional goals and the supports required to achieve their goals, and helps advance both their individual plans and service user needs. The PDP framework was developed under the governance of a national steering group involving all key stakeholders. The Professional Development Planning Framework for Nurses and Midwives was launched in November 2018 enabling all nurses and midwives access to a professional development plan (PDP).

Aim

The aim of the project was to ensure that all nurses and midwives in the Irish public health service have access to a professional development plan.

Method

There were two phases of the project; (i) Development of a PDP Framework for Nurses and Midwives, and (ii) Development of a Digital PDP Framework.

Result

The PDP Framework includes the PDP template, an information guide, a workbook and an information video. The digital PDP is accessed through an online organisation learning and development portal.

Discussion

The PDP Framework is available to the 37,348 FTE nurses working in the Irish public health service and provides a common language and process for PDP for Irish nurses. The PDP Framework was designed by

nurses from all professional specialities, including mental health / psychiatric nurses, hence the slogan **PDP By Me for Me**.

Learning Outcomes

Involving all stakeholders ensured a more robust final product and reduces barriers and resistance in implementation. Including clinical nurses in all stages of development of the PDP was critical in developing a usable and applicable tool. Nurses and line managers recorded positive feedback aligned to the literature, better relationship within the team, and realization of individual professional strengths and competencies

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064

HOW DREAMS COME TRUE... RECOVERY PERSPECTIVES FROM FIFTY FORENSIC PATIENTS

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Background

Principles of recovery are central in today's mental health services. Furthermore, the individual needs and wishes of patients are supposed to be the point of departure for the planning, organisation and the content of the clinical pathways.#_ftn1 However, knowledge of user perspectives is rather limited.

Aim

The aim of this study was to create new knowledge on how MDOs perceive their hopes and expectancies, their interactions with staff, what constitutes useful care and treatment seen from a user perspective, as well as their view on their sentence and how to prevent future crime.

Method

The study is based on 50 semi-structured research interviews with MDOs sentenced to either placement or treatment. Interviews were transcribed verbatim and themes were identified in content analyses.

Results

The 50 participants represent a comprehensive experience as service users over many years, and most of them have been heavily burdened by severe mental illness, dual diagnosis, social deprivation and serious criminal acts. The paper will reveal major findings concerning hope, dreams, regaining control in one's life, interactions with professionals, relatives and network, crime prevention and substance abuse.

Discussion

This is the first study of its kind in a Danish context. It has provided useful knowledge as to how to improve existing nursing, treatment and rehabilitation practices. Consequently, we argue that this study is a strong representation of service user perspectives.

Three learning outcomes

The importance of mental health staff acting with respect and empathy in interaction with patients.

Responsiveness in relation to adjustment of medical treatment is crucial.
Lack of variety in activities offered within inpatient units.

Three reading references

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068

ASSESSMENT OF THE RISK OF AGGRESSION/VIOLENCE AT THE TIME OF ADMISSION

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Background

The presentation will look at the following
Risk and Mental Illness / What do we know?
Overview Risk Assessment Research
Presentation of risk assessment research
Risk Awareness
Positive Risk Assessment presently
Was Positive Risk considered over a century ago

Aim

Assessment of the risk of violent at the time of psychiatric hospitalisation

Method

From a methodology point two studies are briefly presented. Related literature is also considered. The first study validated a previously used screening checklist for assessing the risk of violence at the time of psychiatric hospitalisation.

The second study considered the usefulness of another actuarial instrument to measure in a clinical setting. Variables in this study had not been previously tested in a low risk sample i.e. Acute Psychiatric Unit.

Results

The likelihood of engage in violence was increased for individuals with
A history of violence or aggression
A diagnosis Manic Depressive Psychosis (Only in the first 24 hours post admission)
A diagnosis of Psychopathic Personality.
Possession of a weapon on admission or intention to use a weapon.

Discussion

The risk associated with Mental illness and violence is small. This study supports work previously done in larger scale studies. The risk is greater for a small number of service users presenting e.g. a diagnosis of Manic-Depressive in the first 24 hours post admission. There are factors to consider here in reduce such risk e.g. allowing service users with such presentation have their voice heard. A safe non-stimulating environment. Consideration of safer staffing levels in this 24-hour period. Those factors would also be relevant for a

service user presentation with a history of previous aggression/violence on admission or in the community prior to admission. Possession of a weapon or previous intention or threat to use a weapon should always be seriously considered in any forensic risk assessment.

Learning Outcomes

There continues to exist a strong association in the public perception of an association between mental illness and violence. This is not supported by scientific research.

2. Awareness of Risk Communication.

The use of scales or measures that have known variables associated with aggression/violence risk to support nursing decision making in acute admission units

References

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078

NEW INSIGHTS AND PROSPECTS OF PEER COLLABORATION IN PSYCHIATRIC SETTINGS

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Everyday situations of peer follow-up of patients in psychiatric settings show that the relationship experience builds on a different understanding of proximity and distance than the current professional view. Peer experts by experience are obviously able to approach and promote recovery differently than the nursing team. We may ask

What do professional peers look for in their daily interactions with patients from the perspective of their experience?

It is undisputed that responsible and specialized nursing teams can accommodate peers to serve as a "missing link" for students and other team members within the psychiatric setting. Peer work remains successful and evidence-based. Interestingly, it is the only stakeholder group for which fundamental scientific evidence can be provided. Yet, despite proven added value, including peers within psychiatric services remains difficult.

What violations and transgressions are experts by experience exposed to on a daily basis?

Surprisingly, beyond the modern-day recovery paradigm, intensive peer work with individuals and groups has begun to demonstrate that values that have finally become valid during the last generation may again need to be reconsidered for their recovery efforts in the future.

What could a fruitful and differentiated collaboration of heterogeneous medical and experiential knowledge look like?

Using examples from lived peer collaboration in different psychiatric settings over the last five years I will demonstrate the areas of recovery work that have harbored friction as well as show those that carry an effective and influential recovery promise.

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082

A METHOD TO GIVE VOICE TO YOUNG PEOPLE WITH EXPERIENCE OF MENTAL ILL-HEALTH

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Mental ill health has increased among young people, and mental issues have broad negative impact on young people's well-being, health and education. Therefore, a positive learning environment in school might be the most effective intervention to promote mental health. As young people are considered experts on their own everyday experiences, it is vital to give voice to young people and involving them in research concerning their health.

The aim was to explore the use of art exercises within focus groups to understand how mental health can be promoted in school from young people's perspectives.

14 Scottish and Swedish young people aged 15-21 participated in four focus groups (FG). The overall question was; How can schools promote mental health and have a role in supporting early intervention in young people with mental health problems? In order to capture their experiences they received two assignments; Dream exercise - What does a 'mentally healthy' school look like? and Heart exercise - what should be the values, ethos, culture, 'feeling' of a mentally healthy school? Using flipcharts and colored pens the young people were encouraged to disclose their experiences while they were drawing.

The young people voiced their dream scenario of a 'mentally health' school via words and sentences e.g. acceptance; non-judgmental support from teachers; have someone to talk to. The heart exercise encouraged the young people to formulate values anticipated in such a school, e.g. access to support; be treated as an equal; feel respected. When the FG ended, the young people expressed gratitude that adults had listened to them.

The exercises in FG gave the young people an opportunity to share their life experiences and voice their opinions. In combination with drawing pictures together, they narrated about negative experiences and lack of support and their views on how school can promote mental health.

Learning outcomes

1) value and appreciate young people's perspective 2) reflect on the use of art exercises as a means to broaden FG discussions 3) recognize how the method in itself can increase confidence speaking about mental health

References

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PATIENT-INVOLVEMENT: ATTENTION TO HOW PATIENTS' COPE WITH SYMPTOMS

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The Symptom Self-rating scale for Schizophrenia, 4S was designed by a group of Swedish psychiatrists as a result of a study establishing that psychotic patients were typically disturbed by the following 6 items (symptoms): Hallucinations, delusions, negative symptoms, depression, mood swings and aggression control and thought disorder.

This abstracts' study investigated the 4S as a means to design a treatment plan; prioritize treatment and support the patient in consolidating present and develop additional coping strategies. The aim of the study was to investigate if the 4S could convey the patients' own perspectives on need for treatment in order to individualize, qualify and optimize treatment

The scale is oriented towards the patient's perspective with a strong emphasis on engaging the patient in the treatment and demonstrates a clear move past compliance and adherence and towards a progressive concordant approach.

The study was of short duration, involved a small sample of patients with a psychotic disorder and their primary therapists (PTs) in an out-patient treatment unit in Aarhus, Denmark.

Data was obtained from the 4S, interviews with patients regarding their coping strategies and a focused group interview with their PTs.

The pilot study demonstrates that the 4S supports patients in assessing their symptoms and strategies for coping and in communicating these to their PTs. The study equally points at the scope for development of strategies in order to improve the quality of the patients' mental health status and investigates the relationship between the patients' (self-reported) coping strategies and disturbance from symptoms.

The small sample and duration of this study must be considered when scrutinizing the results. The study suggests that patients are severely disturbed by inadequate coping strategies for dealing with especially negative symptoms, which calls for a need to treat these with greater diligence. Last but not least the study calls for further exploration of the curious relation between presence of symptoms, disturbance by these and coping strategies.

3 learning outcomes

The patients participating in the study were capable of identifying the difficulties resulting from their psychotic symptoms, equally they were eager to convey in the manner of a peer-to-peer pamphlet their coping strategies to other patients in the out-patient treatment unit, the 4S assisted inexperienced PTs in communicating with patients with psychotic disorders.

3 references

Vibeke F. Bliksted, Clinical psychologist, Bente Brysting, Consultant psychiatrist, Ella Foged, Clinical nurse specialist and PT, Department of psychosis, Aarhus University Hospital.

THE THERAPEUTIC ALLIANCE AND EVIDENCE BASED PRACTICE: TRAINING IMPLICATIONS

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Background

The common factors model and specifically the therapeutic alliance has been widely discussed and disputed in recent years. Some claim most results from psychotherapy are compatible as long as the approach used is structured and specific (the Dodo bird verdict) while others negate the effects of common factors and argue that specific components of specific interventions play a key role in the efficacy of different psychotherapeutic interventions.

Aim

In this talk the author will attempt to discuss and compare these different perspectives and try to reconcile these two seemingly incompatible viewpoints.

Method

Looking at research on efficacy of different models of psychotherapy as well as data on common factors, and specifically the therapeutic alliance, the author will describe important viewpoints on both sides of the argument and try to suggest an approach that may satisfy in part both sides.

Result

The Y model of teaching psychotherapy along with teaching supportive psychotherapy as a specific intervention on the stem of the axis of the Y may be an approach that acknowledges both the need to address and cultivate specifically the common therapeutic factors in psychotherapy as well as the importance of the efficacy and importance of specific interventions for specific disorders.

Discussion

Different situations call for different interventions in psychiatric mental health nursing. Evidence based practice relies on diagnosis specific interventions that fit each situation the best. The common factors model in psychotherapy along with the Y model of teaching psychotherapy may be a way to approach training of mental health nurses in a broad theoretical way and remaining true to evidence based mental health nursing at the same time.

Learning outcomes

Can identify and describe the common factors model in psychotherapy

Can evaluate the limitations and utility of the therapeutic alliance in psychiatric mental health nursing

Can describe the Y model and the importance of teaching supportive psychotherapy in mental health nursing training programs.

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THE EFFECT OF METACOGNITIVE TRAINING ON SOCIAL COGNITION IN SCHIZOPHRENIA

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Background

Metacognitive training (MCT) for patients with schizophrenia is a novel psychological group treatment and consists of eight modules targeting cognitive biases putatively involved in the pathogenesis of schizophrenia (e.g. deficits in social cognition, jumping to a conclusion).

Aim

The present study aimed to evaluate the effect of the Metacognitive Training (MCT) on social cognition in patients with schizophrenia.

Method

This study was conducted as an experimental study with a randomized control group and repetitive measurement. The sample of this study consisted of patients (n=36) who enrolled in the community mental health center affiliated to a psychiatric hospital. Assessments were made at baseline, after training and three months later. The primary outcome was the core areas of social cognition (emotion perception, the theory of mind and attributional style).

Result

Findings from the research showed that Metacognitive Training had no effect on the emotion perception which is one of the core areas of social cognition, had an effect on the social cognitive domain of the theory of mind and was effective in performing more functional attribution in the field of attributional style.

Discussion

Metacognitive Training is an effective program for social cognition in patients with schizophrenia. Metacognitive Training has shown to be a user-friendly and practitioner-friendly, safe and effective treatment program. In addition, the social and cultural suitability and effectiveness of the Metacognitive Training program have been demonstrated for Turkish society structure.

Learning Objectives

- The participants will have knowledge about Metacognitive Training, which is a novel approach in the treatment of schizophrenia.
- The participants will have knowledge about the effect of Metacognitive Training on social cognition.
- The participants will have knowledge about the results of the study, which is the first application of Metacognitive Training in a different culture.

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WORKSHOPS

WS29

USE OF THE DECIDER LIFE SKILLS WITH MENTAL HEALTH STUDENT NURSES

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Background

The mental health nursing degree places high demands on students. Expectations for high academic standards coupled with the need to achieve a required level of competence leads to nursing students having higher stress levels than students in other undergraduate programs (2). Student nurses with higher levels of resilience have better learning outcomes therefore nursing curriculums need to incorporate wellbeing programs (1).

Aim

To evaluate the effectiveness of a Cognitive Behavior Therapy (CBT) oriented skills program (Decider Life Skills) on mental health student nurses experience of clinical placement.

Method A descriptive, qualitative design was utilised on a cohort of 4th year mental health nursing students. Two semi-structured focus group interviews were conducted with a systematic text condensation completed on the transcript (3).

Result

Teaching technique plays a large role in student learning and application of new skills. Students reported both personal and professional development; improved interpersonal effectiveness, an increase in self awareness & coping skills and feeling more equipped to teach service users skills.

Discussion

While some academic institutes provide supports such as reflective practice, there is little in the line of resilience building for students to utilise on clinical placement. The Decider Life Skills have a role in supporting mental health student nurses through their training. Participants reported that the skills had a positive effect on their clinical placement and recommended that this training is provided earlier in their degree.

Learning Outcomes

The life skills were welcomed by students; describing the skills as a package they could use with themselves and service users allowing them to work collaboratively, sharing their lived experience. Students believed that these skills should be taught to first years, they liked the concept of self care/resilience from day one. The researchers will now explore this concept and examine the effectiveness of this training in year one versus year four.

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MH NURSES & MH PEER WORKERS: SELF-PERCEPTIONS OF ROLE-RELATED COMPETENCES

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Background

In a mental healthcare that embraces a recovery-oriented practice, the employment of mental health peer workers is encouraged. Although peer workers are increasingly working together with nurses, there is a lack of research that explores how nurses and peer workers perceive their role-related competences in clinical practice.

Aim

The aim of this study was to clarify and understand these self-perceptions in order to identify the specificity and potential complementarity of both roles. This insight is needed to underpin a successful partnership between both vocations.

Method

A qualitative descriptive research design based on principles of critical incident methodology was used. Twelve nurses and eight peer workers from different mental healthcare organizations participated. A total of 132 reported cases were analysed. Rigour was achieved through thick description, audit trail, investigator triangulation and peer review.

Results

Nurses relate their role-related competences predominantly with being compliant with instructions, being a team player and ensuring security and control. Peer workers relate their role-related competences with being able to maintain themselves as a peer worker, building up a relationship that is supportive for both the patient and themselves, and to utilize their lived experience. Both nurses and peer workers assign a major role to the team in determining their satisfaction with their competences. Consequently, what is perceived as important for the team appears to overshadow their self-assessment of competences.

Discussion

The findings highlighted the importance of paying more attention to identity construction, empowerment and role competence development of nurses and peer workers in their respective education and ongoing training.

Learning outcomes

Reflect and discuss upon what MH nurses perceive as their role related competences, and how these perceptions differ from how MH peer workers perceive their competences.

Reflect and discuss upon what MH peer workers can contribute to MH care and to MH nursing in particular

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TRAUMA INFORMED CARE IN DENMARK - DREAM OR REALITY

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Background

Trauma Informed Care (TIC) is an approach that assumes that an individual is more likely than not to have a history of trauma. It is therefore necessary to avoid re-traumatizing in mental health care settings. TIC is implemented at many mental health hospitals across the US. Research shows that TIC have a positive effect on the use of coercive measures and staff injuries. In Denmark no mental health hospital has implemented TIC, even though a large group of Danes (Hvidhjelm & Bak), in line with the US (Kessler, 1995; Breslau, 1999) have experienced at least one traumatic life event.

Aim

The aim of the workshop is to discuss how and in which way TIC can be transformed into a Danish and European Context

Method:

Authors behind this workshop have taken the initiative to start up a national network that together will work on transforming TIC to a Danish context. The network participates with service user, mental health workers and researchers. The idea is to collaborate across disciplines; sectors; hospitals and staff/patients positions to generate knowledge about how a little Danish country, with own language, culture and organizations can make use of this new caring approach.

The workshop contains:

A brief introduction to TIC

A survey amongst workshop participant using the Brief Trauma Questionnaire (BTQ)

Authors research about experiences of at least one traumatic life event among mental health workers and patients

Group discussions where each group reflects upon and discuss the six principles

Safety

Trustworthiness and Transparency

Peer support

Collaboration and mutuality

Empowerment, voice and choice

Cultural, Historical, and Gender Issues

Learning outcome

The participants will get an understanding of the TIC approach

The participants will be aware of how people in general experience at least one traumatic life event and how this influence everyday life

The participants will be able to identify TIC interventions

References

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SYMPOSIUMS

SYMP5

MENTAL HEALTH CARE FOR HOMELESS ADULTS: EXPERIENCES OF FRONT LINE STAFF

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Background

Ireland is experiencing a deepening homeless crisis which is at the centre of political and social debate with few sustainable solutions identified. Furthermore, the prevalence of mental illness amongst the homeless population is significantly higher, averaging at sixty percent compared to fifteen percent in the general population. Front-line service providers who support adults who are homeless, encounter many challenges in engaging with mental health services on behalf of their service users. However, there is a dearth of research in Ireland exploring these challenges and the solutions to surmount them.

Aim

To explore and analyse front-line service providers' experiences in their engagement with mental health services for adult service users who are homeless within the South-East Region of Ireland.

Method: Strauss and Corbin's Grounded Theory approach was used to guide this study. Twenty semi-structured in-depth interviews with front line service providers were conducted. Ethical approval was granted by the HSE South East and Waterford Institute of Technology.

Results

Six key themes emerged: (1) inadequate inter-agency communication and collaboration; (2) limited assertive community recovery-orientated care; (3) insufficient staff training, information sharing and up-skilling; (4) negative service user's experiences in engaging with HSE Mental Health Services; (5) absence of a local homeless person's recovery-focused discharge policy and (6) resource constraints and service restrictions.

Discussion

The provision of (1) bespoke tailored HSE Mental Health Services, (2) improved inter-agency collaboration and (3) the development of relevant staff educational programmes are required. Further research targeting service provision, policy and practice development is recommended to optimise recovery and quality care.

Learning Outcomes

Outline the specific mental health needs and prevalence of mental illness among homeless adults.

Describe the challenges experienced by service providers in their engagement with mental health services.

Identify strategies for effective mental health service delivery.

References

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PARTICIPATORY RESEARCH: CO-OPERATIVE INQUIRY IN MENTAL HEALTH CARE SETTINGS

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Background

Involving users, such as patients, relatives and professionals, in mental health research practices is grounded in the democratic ideology that they have the right to have a central position in research and development of the health care services they are users of. Co-operative Inquiry is participatory research organized as a partnership between patients, professionals and researchers, which is designed to ensure that research is relevant and that the outcome of the research is grounded in the experiential knowledge of all participants. However, involving stakeholders in research can be both beneficial and challenging. Benefits include designing research focuses on the perspective of the users. Challenges include a risk of tokenism and a lack of clarity about roles.

This symposium is the lessons learned through years of experiences conducting co-operative Inquiries in Centre for Relationship and De-escalation, Mental Health Services Region Zealand, Denmark. The symposium includes a presentation explaining the theoretical and methodological core idea of co-operative inquiry. Followed by two examples of co-operative Inquiry projects: "Psychosocial rehabilitation of older adult bereaved by suicide" and "De-escalation in Mental Health Care settings".

Aim

to present results and to share knowledge and experiences of conducting Co-operative Inquiries.

Method

Co-operative Inquiry is a research approach appropriate for participatory research.

Result:

Co-operative inquiry has a positive impact on the research itself as this emancipatory approach means that all participants is involved in the results drawn from the work. It can be time-consuming and the positions of the members of the research group is negotiated over time. This joint venture enhances ownerships and support implementation.

Discussion

There is a risk that the results stay local and not is discussed in the scientific community. A most important intellectual movement is to put forward the result to open scrutiny by competent, critical professionals.

Three learning outcomes

- 1) Knowledge about how to conduct a Co-operative Inquiry
- 2) Insights in participatory processes in user-research
- 3) Insights into pros and cons when conduction Co-operative Inquiry

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PERCEPTIONS OF MECHANICAL RESTRAINT IN FORENSIC PSYCHIATRY

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Background

Increased knowledge of patients' and relatives' perceptions of coercive measure practices and their suggestions for improvement and alternatives is crucial in order to reduce their use and improve evidence-based patient care. However, patients' and relatives' perceptions of mechanical restraint (MR) episodes specifically have only been addressed in a few studies, and none were conducted within a forensic setting.

Aim

This PhD study aims to generate knowledge about the meaning forensic psychiatric patients and relatives ascribe to perceptions of situations before, during and after MR episodes, and to develop knowledge about what they perceive can impact and reduce the use and duration of MR.

Methods

A qualitative research design comprised: A systematic literature review of 26 studies in which psychiatric patients' perceptions of situations associated with coercive measures are reported. In-depth, semi-structured interviews with 20 patients and 15 relatives in forensic psychiatry.

Results

The majority of patients and relatives ascribed meaning to situations associated with MR episodes as a result of staff's lack of care, protection and professionalism, whereas a minority ascribed meaning to MR episodes as a result of staff's provision of care, protection and professionalism.

Discussion

Four main patient and relative-requested professional caring interventions/skills to reduce the use and duration of MR episodes are discussed: De-escalation; inclusion and involvement of relatives, debriefing, and caring attitudes from staff.

3 references

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3 learning outcomes

Increased knowledge of:

Patients' and relatives' perceptions of MR episodes.

Patients' and relatives' perceptions of how to reduce the use and duration of MR episodes.

Facilitators and barriers for including forensic psychiatric patients and relatives in qualitative research.

IMPROVING PHYSICAL HEALTH FOR THOSE WITH SEVERE MENTAL ILLNESS

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Background

There has been an increased focus on physical health in mental ill patients. A common cause of premature death in people with schizophrenia is cardiovascular diseases. Furthermore, patients with schizophrenia have a much shorter life expectancy than the general population.

Obesity is a considerable health problem in patients with schizophrenia leading to a higher risk of developing physical co-morbidities, such as diabetes, cardiovascular disease and cancer. Furthermore, obese patients typically experience a poorer quality of life with stigmatization and they are less prone to remain on treatment with antipsychotic medication.

Aims

We aimed at reducing cardiovascular risk factors through a 2½ year program in non-selected outpatients with schizophrenia using methods already proven effective. Furthermore, we examined which characteristics were associated with a positive outcome.

Methods

Intervention

The intervention method was evolved from earlier studies using active awareness methods, motivational interviewing, group sessions and staff role modeling. The intervention was aimed to be practical into daily care.

Results

There were improvements in some of the variables we tested and these variables can be a proxy indicator for cardiovascular risk. Our program was suitable for implementation in daily practice as a continuous part of treatment and care.

Discussion

We considered the program to be successful and we believe that the program is suitable to implement in nursing in most psychiatric settings. Nevertheless, to improve physical health and prevent premature death due to physical health problem to this group of vulnerable people, it will be necessary with an extra effort and attentions in daily nursing and even permanent for some of our patients.

Learning outcomes

Nurses are important in preventing physical health problems in people with schizophrenia. Our program showed that it is possible for women but not for men to reduce risk factors for developing cardiovascular diseases. The patients were highly engaged in the program.

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IMPACT OF PEER SUPPORT WORKER TRAININGS IN SWITZERLAND AND GERMANY

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Background

The training program "Experienced Involvement" (EX-IN) aims to qualify persons with experience of mental health problems to work as peer support workers (PSW) in mental health services. EX-IN trainings are regularly offered in Switzerland and Germany. After ten years of EX-IN trainings, there is still no research on the impact of EX-IN and current PSW work situation.

Aim

The 3 presentations aim (1) to describe methods and aims of the training program, (2) to evaluate the impact of the EX-IN trainings on participants' outcomes, (3) to provide insight into the current work situation of PSW and to discuss the impact of the EX-IN trainings on the establishment of PSW in Switzerland and Germany.

Method

All participants of the EX-IN trainings in Switzerland and one training in Germany participated in the evaluation. We evaluate the EX-IN trainings with a pre-post-test design using quantitative and qualitative methods. Additionally, we conducted a survey among PSWs in Switzerland.

Result

Complete data on the evaluation was available from 103 (65%) participants of the EX-IN trainings. They showed a significant increase in recovery, stigma resistance, introspection and employment as PSW during the training program. There were no significant improvements in hope, self-efficacy, health-related quality of life. The PSW-survey revealed that work conditions and satisfaction with work is fairly good and PSWs offer different types of peer support. The integration into the interdisciplinary working team proved to be challenging.

Discussion

EX-IN trainings can substantially improve participants' outcomes and might be a good preparation for PSWs. The importance of PSW grew since the implementation of EX-IN and is increasingly established. Their working situation could be improved by focussing on the integration into multidisciplinary teams.

Learning outcomes

- learn about the content and implementation of EX-IN
- describe how PSW training affects the participants
- gain insights about the PSW working situation

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SYMP42

COMMUNICATION SKILLS EDUCATION'S EFFECT ON ANGER AND ASSERTIVENESS OF STUDENT NURSES

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Background: Nurses often face conflicts. For this reason, nurses should have an assertive attitude and they must be able to regulate their anger. This is important for the future nurses to be prepared this kind of conditions.

Aim: They are the preliminary findings of a scientific research project conducted to investigate the effect of communication skills education on anger, anger expression style and assertiveness levels of student nurses (EgeBapID:862).

Method: The experimental study was conducted in the 2017-18 academic year with no control group, pre-post-test. The universe was 297 nursing students at second grade level. Of the 63 students whose anger scores were above the average, 16 students were sample of the study. The independent variable of research Communication Skills Education (CSE) was applied in 10 sessions. The content of the intervention was performed by an eclectic method by bringing different techniques (drama, cognitive and behavioral techniques, roleplay, painting etc.) together. Data were collected by Sociodemographic Data Form, Rathus the Assertiveness Schedule (RAS) and the State-Trait Anger Expression Inventory (STAXI) repeated measurements before and after the intervention. While descriptive analysis Wilcoxon S-R testing were used in the evaluation of data, advanced analysis interpreted by regression analysis.

Results: The mean age average of the students is 20.50 ± 0.73 years and 87.50% is female. The difference between pre-posttest scores of STAXI Trait-Anger ($Z = -2.701, p = 0.007$), Anger Control ($Z = -2.398, p = 0.016$), Anger-Out ($Z = -2.553, p = 0.011$), Anger-In ($Z = -2.642, p = 0.008$) was statistically significant. The difference between the RAS scores was statistically meaningful ($Z = -3.413, p = 0.001$). While Anger Control and RAS scores were increasing, all other scores had shown falling. It determined with regression analysis that the difference between pre-posttest scores of dependent variables cannot be explained by the increase or decrease in each other.

Discussion: While the CSE interventions created decreasing on nursing student' anger, the results of the research had revealed that they felt more controlled over anger, were able to return the anger to a lesser extent and reflect the outside. Similarly, it increased the students' level of assertiveness. One of the important results of the research that the future nurses need to implement creativity-promoting interventions that involve art and action, as well as theoretical trainings to help them regulate their anger and develop a communicative style of communication.

Learning Outcomes: CSE decreased the trait-anger level of students by changing them to a positive direction. CSE changed students' anger expressions positively. CSE increased students' assertiveness scores by changing them positively.

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SYMP51

INVOLVEMENT IN MENTAL HEALTH CARE WHEN LOOKING FROM THE USER PERSPECTIVE

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User involvement in mental health care: meaningful insights, lessons to learn and work to be done when looking from the consumer perspective

Background

User involvement supports the increasing delivery of mental health care in the community. The specific interpretation and implementation of this concept varies. Therefore it is very important to describe which ways of participation make the most sense in a particular environment.

Aim

The purpose of this study was to explore the views on this topic of inpatients in a Belgian psychiatric hospital.

Method

Qualitative research methods were used to explore their experiences. 32 patients and former patients of one psychiatric hospital were interviewed individually or in focus groups. A grounded theory approach enriched with phenomenology was used to map out different meanings that patients give to patient participation.

Result

The results revealed:

a concept description of patient participation; the driving forces in favour of participation; elements of meaningful participation; a critical evaluation of current forms of participation

Discussion

Patients have a different perspective on participation than healthcare providers.

Meaningful participation mainly requires an inviting attitude from the healthcare providers.

We would like to discuss these two items during the symposium.

3 learning outcomes

What's the deeper (profound) meaning of participation in a therapeutic nursing context?

What's the impact of these results on the further development of our professional practice?

How can these insights be beneficial for nurse education?

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SYMP70

ADVANCED PRACTICE EXPANDING ACROSS THE SCOPE OF MENTAL HEALTH NURSING

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This presentation will incorporate four perspectives that I hope to weave together to provide cohesion between the local, national and international perspectives that potentially impact on the development and implementation of Advanced practice within Mental Health Services.

The perspectives are

1. The personal/service user perspective
2. The local perspective will explore the establishment of an Advanced Practice Network across the RCSI Hospital Group an initiative designed to support all Advanced Practice Nurses regardless of Scope of Practice in terms of research capacity building in practice.
3. The national perspective will explore Findings from a national phased evaluation research study that evaluated the implementation of "Vision for Change" the National Mental Health Policy for Ireland—a study commissioned by the Psychiatric Nurses Association of Ireland and undertaken by The Faculty of Nursing and Midwifery RCSI.
4. The international perspective will provide an analysis from my time as interim CEO of the International Council of Nurses (ICN); it will provide a policy link between the role of Advanced Practice Nurses in Mental Health and their potential contribution to achieving the agendas of the WHO and the UN in terms of Access to Health care and addressing the Non-Communicable Disease Agenda.

It is the aim of this presentation to integrate the personal, local, national and international agendas together and outline that what is local is global and what is global is local.

SYMP81

SERVICE REFORM: RECOVERY ORIENTED SERVICES IN IRISH FORENSIC MENTAL HEALTH

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Background

The National Forensic Mental Health Service (NFMHS) in Ireland secured funding in 2017, under the Service Reform Fund, to further develop and enhance the recovery orientation of the service. Consultation with internal stakeholders and a needs assessment led to the identification of two priority streams for service reform; Advancing Recovery; and Employment – Supporting Individual Placement and Support. A primary objective identified under Advancing Recovery is the establishment of a Recovery College. The primary objective identified regarding Employment is to establish a Supported Employment Specialist role within the Rehabilitation and Recovery team to improve employment outcomes using the Individual Placement and Support (IPS) for Employment model in accordance with best practice. Co-production is a key principle intrinsic to the development of truly recovery-oriented services. Co-production between all stakeholders therefore must be embedded into service provision with an agreed understanding of its meaning.

Aim

The establishment of a Recovery College within the service

The implementation of Individual Placement and Support for Employment within the service

Methods

The overarching SRF research project adopts an action research approach as the most suitable method to support the rollout of complex change within organisations where there are multiple stakeholders and differing perspectives. The overall aim is to gather information regarding the various activity streams, to analyse that information and to use it to inform future development. The co-production study employed a qualitative exploratory design.

Results & Discussion

As this project is on-going results to-date for both streams will be presented and discussed at conference. The results of the qualitative co-production study will be discussed as a means of exploring the understanding and experience of co-production within the service prior to the introduction of the SRF project.

Learning Outcomes

Participation in this symposium will provide knowledge and understanding of the core elements of the SRF project within the NFMHS:

Co-production in a Forensic Setting: Specialist Nurses' Experiences

The Evolution of a Recovery College in the Irish Forensic Mental Health Service

Individual Placement and Support for Employment in an Irish Forensic Context

References

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HSE, Mental Health Division (2017), A National Framework for Recovery in Mental Health http://www.hse.ie/eng/services/list/4/Mental_Health_Services/advancingrecoveryireland/national-framework-for-recovery-in-mental-health/

SYMP85

EVOLUTION OF A RECOVERY COLLEGE IN THE IRISH FORENSIC MENTAL HEALTH SERVICE

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Background

In applying for funding under the Service Reform Fund (SRF) the National Forensic Mental Health Service (NFMHS) identified education as one of two priority areas for development. A needs assessment was conducted in 2017 among internal stakeholders. Enhancing opportunities for education was identified as a priority area for reform by all stakeholders. Under the *Advancing Recovery* stream the NFMHS aims to recognise and use the expertise of service users and carers by incorporating co-production within the Pillars of Care model. The purpose of this is to promote self-direction, agency and to deliver upon the principles of connectedness, hope, identity, meaningful roles and empowerment. The establishment of a Recovery College is central to this aim.

Aim To establish a Recovery College within the Irish NFMHS.

Methods

A working group was established to develop the Recovery College. This was overseen by the Steering Group and with the support of the Senior Management Team. A space was designated for the Recovery College. In consultation with external agencies including ImROC and Advancing Recovery Ireland (ARI) a plan was developed.

Results

Evolve Recovery College is now established and the first prospectus launched in November 2018. Two peer educators are in post and courses are running currently. A Recovery Practice and Principles Workshop has been incorporated into the induction programme for new staff in the service. Training is on-going for facilitators to build capacity going.

Discussion

The process of establishing the Recovery College within the NFMHS will be discussed. The presenters will outline the barriers, the emergent challenges and the successes that were inherent in developing the Recovery College. An overview of the College prospectus will also be presented at conference.

Learning Outcomes

Following attendance at this presentation participants will:

Understand co-production as a central tenet of establishing a recovery college

Appreciate the opportunities opened up for service users, carers and professionals through the development of the recovery college

Recognise the challenges to establishing a recovery college in a forensic setting

References:

Perkins R, Meddings S, Williams S, Repper J (2018) *Recovery Colleges 10 Years On*, Nottingham, ImROC.

HSE, Mental Health Division (2017), *A National Framework for Recovery in Mental Health* http://www.hse.ie/eng/services/list/4/Mental_Health_Services/advancingrecoveryireland/national-framework-for-recovery-in-mental-health/

Collins, P., Naughton, L., Heslin, R. and Ryan, M. (2016). *Advancing Recovery in Ireland. A Guidance Paper on Implementing Organisational and Cultural Change in Mental Health Services in Ireland*. National Office for Advancing Recovery in Ireland. HSE: Mental Health Division. Dublin.

SYMP86

INDIVIDUAL PLACEMENT & SUPPORT FOR EMPLOYMENT IN AN IRISH FORENSIC CONTEXT

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Background

Individual Placement and Support (IPS) Employment model is an evidence-based approach that supports employment for mental health service users. IPS works to support individuals in their efforts to secure regular employment, part-time or full-time, in mainstream competitive jobs based on their individual preferences. Under the SRF Employment stream the NFMHS has created a post for a Supported Employment Specialist within the Rehabilitation and Recovery team in accordance with best practice guidance for employment outcomes. The primary purpose of this is to achieve meaningful, sustainable and supportive paid employment for service users.

Aim

The aim of this presentation is to explore the roll out of the IPS Employment model within the Irish National Forensic Mental Health Service as a significant component of the Service Reform Fund project.

Methods

An Employment working group was established to oversee the development of the introduction of the IPS

model within the service. This was overseen by the Steering Group and with the support of the Senior Management Team. In collaboration with the Irish Association for the Social Integration of Offenders (IASIO) a part-time Employment Support Specialist post was created within the Rehabilitation and Recovery Team to begin roll out of the model in the service.

Results

The Employment Support Specialist is now in post and has begun working with the service users within the Rehabilitation and Recovery Cluster to develop individual employment pathways.

Discussion

The process of implementing the IPS model within the NFMHS will be discussed. The process of stakeholder engagement and development of the employment stream in the service will be outlined at conference. The presenters will further discuss the progress of the programme to-date and will identify barriers and facilitators to the introduction of this recovery oriented model in the NFMHS.

Learning Outcomes

Following attendance at this presentation participants will:

Understand the IPS employment model as an evidence-based recovery orientated approach to support service users in securing paid employment

Have knowledge of the core IPS practice principles and the fidelity review process

Recognise the benefits of IPS to recovery oriented service development in the NFMHS in Ireland

References

Drake, R. (1998). A brief history of the Individual Placement and Support model. *Psychiatric Rehabilitation Journal*, 22 (1), 3-7.

Mueser, K., Clark, R., Haines, M. (2004). The Hartford Study of Supported Employment for persons with severe mental illness. *Journal of Consulting and Clinical Psychology*, 72, 479-490.

SYMP87

CO-PRODUCTION IN A FORENSIC SETTING: SPECIALIST NURSES' EXPERIENCES

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Background

Co-production within mental health is defined as "a relationship where professionals and citizens share power to plan and deliver support together, recognising that both partners have vital contributions to make in order to improve quality of life for people and communities". Service users in forensic settings should be part of an informed, active partnership with their treating professionals. This requires co-production between professionals and service users. Co-production requires trust, exchange of power and autonomy. The Irish forensic mental health service has expanded its service in recent years and service users now have more opportunities to engage in educational, vocational and recreational activities. These are predominantly managed by non-unit-based specialist nurses. They regularly actively engage in co-productive activities therefore it was important to capture their understanding and experiences of co-production.

Aim

The aim of this study was to explore the understanding and experiences of co-production among nurses in specialist roles in an Irish forensic mental health service

Methods

A qualitative exploratory design was employed for this study. Purposive sampling from the population of specialist nurses in the service resulted in a sample size of ten participants. Data collection was conducted using semi-structured interviews and an interview guide. The data collected was analysed using thematic content analysis.

Results

The study's findings suggest that participants understand co-production in mental health as engaging with service users in equal partnership and offering choice. The participants identified perceived benefits to the service user including; increased confidence, self-esteem and motivation; empowerment; improved social skills; autonomy; and feeling valued. Physical health benefits were also identified. Participants identified potential issues around risk management and legislation and they felt that a system of 'guided co-production' would be appropriate in the forensic setting.

Discussion

Relational security is identified as crucial to the successful implementation of co-production in the forensic setting.

Learning Outcomes

Following attendance at this presentation participants will:

Understand the practice of co-production within an Irish forensic setting

Recognise potential benefits of engaging in co-production within the forensic setting

Recognise the concerns and potential limitations to co-production within a forensic service

References

Mental health Commission (2011) Position Paper: Forensic Mental Health Services for Adults in Ireland. Stationary Office, Dublin. National Development Team for Inclusion Practical Guide (2016): Progressing Transformative Co-production in Mental Health. Retrieved from https://www.ndti.org/uploads/files/MH_Coproduction_guide.pdf on 2010%20May%202018. Reilly, F. (2013) Co-production in high secure settings. Unpublished, International Conference on Mental Health Nursing, Finland.

POSTERS

P8

USER INVOLVEMENT IN MENTAL HEALTH RESEARCH: A SCOPING REVIEW

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Background

User-involvement in mental health research is on the international political agenda, e.g. mirrored by an emphasis on user involvement in funding of research. The idea is that participation can contribute positively to research. The purpose of this study was to identify empirical research of how mental health service users are involved in collaborative research processes and to summarize this research in dialogue with mental health user-researchers.

Method

A scoping review was carried out consisting of six stages: 1) formulating the research question, 2) identifying relevant studies, 3) selecting studies, 4) charting the data, 5) summarizing results, and 6) consultation exercise with service users (Arksey & O'Malley 2005). 32 studies were included.

Findings

Main findings indicated that actual participation of user-researchers in research processes was based on a complex set of precarious negotiation practices, where academics and user-researchers were positioned and positioned themselves in novel ways. The review accounts for how mental health service users participated in collaborative research processes. The extracted themes concerned: Expectations to research processes, Contribution to research processes, and Training and learning from research processes.

Discussion

The area of research is young and focuses almost exclusively on user-researchers, who as the latest newcomers in the field has to legitimize their position and justify their worth.

Conclusion

Participatory research in mental health requires changes to traditional research practices to secure genuine collaborative partnerships and thereby avoid tokenism and power inequalities.

More research in the area is needed, in particular with a stronger focus on the academic researcher's positions and contribution in collaborative research.

Three learning outcomes:

- 1) Knowledge about how to participate with consumers in a scientific literature search
- 2) Insights in consumers involvement in research processes
- 3) Insights into how participatory requires changes to traditional research practices

References

- Arksey, H., O'Malley, L., 2005. Scoping studies: towards a methodological framework. *Int. J. Soc. Res. Methodol.* 8, 19–32. <https://doi.org/10.1080/1364557032000119616>
- Sangill, C., Buus, N., Hybholt, L., Berring, LL (Under Review). User involvement in mental health research: A Scoping Review.
- Staniszewska, S., Adebajo, A., Barber, R., Beresford, P., Brady, L.-M., Brett, J., Elliott, J., Evans, D., Haywood, K.L., Jones, D., Mockford, C., Nettle, M., Rose, D., Williamson, T., 2011. Developing the evidence base of patient and public involvement in health and social care research: the case for measuring impact. *Int. J. Consum. Stud.* 35, 628–632. <https://doi.org/10.1111/j.1470-6431.2011.01020.x>

P10

ADVANCED PRACTICE NURSING IN PSYCHIATRY : IMPLEMENTATION PROCESS IN PARIS

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Background

Advanced practice nursing has been developed in many countries worldwide and particularly in Europe. France is rather late in the process since, even though the 2016 Health Law enacted the implementation of this intermediary profession, its decree of application was only signed in July 2018.

Aim, method and result

With a staff of nurses who had attended a Master curriculum in two pioneer universities, an implementation has been tested since 2012 in psychiatry. This experiment was conducted by the Paris Psychiatry and Neurosciences Territorial Group Hospital, in charge of the public sectorized mental health organization in many districts of the city. The Regional Health Agency Île de France took part in the process and integrated the experiment in a larger evaluation in 2014. A project management was proposed as an implementation method. This poster is intended to illustrate the implementation process of a new profession in the sanitary field. The two former hospitals Sainte-Anne and Maison-Blanche have followed two different ways of implementation. Now these institutions are gathered in one and demonstrate how two different ways can be convergent. They also propose a chain of reasoning to expand nursing roles in advanced practice regarding the quality of care, quality of life and the needs of people suffering from psychic disabilities (DeNesnera, A. 2016). Today six nurses have been mandated to different aspects of these needs. In both preventive and continuous care, they display their extended competences within complex situations of patients at different ages (children, adults, elderly people), in psychotraumatism, in therapeutic education and somatic follow-ups. The question of pain is currently examined to be integrated in the advanced care delivery.

Discussion

As described in the literature devoted to the implementation of advanced practice nursing elsewhere, the situation in France, facing the same redundant difficulties just like other countries already had, echoes an even larger debate (Maier, C. 2016). After taking part in the implementation process, psychiatry was finally withdrawn from the application decree signed in July 2018 and will be postponed to a reexamination in the fall of 2019. The management of this project was also questioned since a few universities had already delivered Master curricula and degrees to several promotions of nurses, yet new university curricula had to be elaborated so as to be legitimized as " advanced practice nursing curriculum " with a European coherency (Lahtinen, P. 2014). These results are part of the learning outcomes.

P11

PATIENT PARTICIPATION IN PATIENT SAFETY

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Background

Patient participation ensuring patient safety is a topic of growing interest within healthcare. Patient participation is suggested to improve patient safety. However, how patient participation is related to patient safety is unclear and needs to be explored.

Aim

To gain a deeper understanding of the patient's role in patient safety. Research question: How does patient participation relate to patient safety?

Method

Literature review. Inclusion criteria were peer-reviewed journal articles in the English language with a qualitative and mixed methods design, published between 2007 and 2017, including patients in the sample. 68 scientific articles retrieved from the literature search out of five articles were included and subjected to content analysis.

Result

Two themes were identified: *Possessing knowledge* and *Considering the treatment*. The first theme had two sub-themes; *Knowing the facts* and *Sensing changes in clinical condition*. The second theme was based on two sub-themes; *Checking quality of care* and *Prioritizing needs*.

Discussion

The personal knowledge the patients possess is an important part of evidence-based practice and should be acknowledged to the same degree as healthcare professionals' clinical experience, expertise and scientific knowledge (Rycroft-Malone & Bucknall, 2010). A holistic understanding is needed in order to know what good practice and harm mean for each individual patient. Patients might consider the treatment in other ways than healthcare professionals which makes it important for healthcare professionals to take patients' considerations into account when planning interventions (Vincent and Amalberti, 2016). Patients and healthcare professionals should interact and share information, which will deepen their shared understanding of the situation they face. When healthcare professionals adjust their perspectives and act on the understanding that emerges from the shared information, patient safety is expected to improve (Sutcliffe, 2011).

Learning outcomes

Patients' knowledge, experiences, values and needs are important and necessary for the provision of patient safety. Providing safe care requires integrating the patient's experience and values with the healthcare professional's clinical experience, expertise and scientific knowledge. A prerequisite for patient safety is healthcare professionals and patients working in partnership in the treatment and care.

References

- Rycroft-Malone, J. and Bucknall, T. (2010). *Models and Frameworks for Implementing Evidence-Based Practice: Linking Evidence to Action*. Oxford, UK: Wiley-Blackwell.
- Sutcliffe, K. M. (2011). High reliability organizations (HROs). *Best Practice & Research Clinical Anaesthesiology* 25(2): 133-144.
- Vincent, C. & Amalberti, R. (2016). *Safer Healthcare. Strategies for the Real World*. Springer Open, pp 1-157.

P21

THE EFFECT OF NURSING INTERVENTIONS ON ACUTE AGITATION - A MASTER THESIS

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This is master thesis is not published (examination month/year june 2015 Aarhus Universitet).

The purpose of this Master's thesis is to examine if nursing interventions have an effect on severe agitation on acute psychiatric intensive care patients. Increased agitation levels in adult psychiatric patients can have a direct impact on the use of coercion. Based on an increased effort of reducing restraintment in Denmark, the project has researched which specific nursing interventions have an effect on agitation. The study uses field research and quantitative observations methods in combination with ratings-scales and temporal observations. The research method was carried out in a personal work field of acute adult psychiatry, complemented by nursing intervention registration forms and field notes.

Conclusion

the research findings suggest that nursing intervention has a direct impact on reducing agitation levels in acute hospitalized adult psychiatric patients.

It can be concluded that an active nursing intervention through communication, with respect for the interpersonal relationship between nurse and patient, is essential to lowering the PEC-score.

The most useful/applicable nursing interventions in the study proved to be **conversation, shielding, contact and activity**.

Learning outcomes (in Danish)

Projektet har bidraget med et indblik i, at sygeplejeinterventioner kan nedbringe graden af svær agitation hos den akutte voksne psykiatriske patient.

Resultaterne fra dette projekt antyder, at sygeplejeinterventioner kan nedbringe graden af svær agitation hos den voksne akutte psykiatriske patient. Hvis dette kan retningsvises i form af konkrete sygeplejeinterventioner, så bør det være en appel til afsnitsledelserne på akutmodtagelsen, til at skabe de fornødne rammer for plejepersonalet, således at plejepersonalet kan udvikle deres sygeplejefaglige kompetencer.

P22

UTILIZING THE CONCEPT OF 'PARTNERSHIP' TO REDUCE CONFLICTS

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Background

There is a correlation between the manner in which rules are imposed by staff and inpatients reactions (1). The imposing of rules can result in increased agitation and frustration among inpatients (2). If rules are imposed with poor communication by staff it may lead to high levels of conflict and potentially violent behavior (4). Consistency in structure has shown to be effective in preventing and reducing conflicts (3). Considering the evidence, the intervention "Clear mutual expectations" was implemented in May 2018 in an adult psychiatric intensive care unit (PICU) in Copenhagen, Denmark with the intention to decrease the rates of conflicts.

Aim

The aim is to reduce irritation, frustration, anxiety and agitation to prevent conflicts that occur in a PICU by validating the intervention and including both staff and inpatients perspectives.

Method

Semi-structured interviews were conducted to clarify the expectations the staff and inpatients may have to one another with respect to their interpersonal relationship established through communication and general activities in the PICU. Five participants were chosen at random. All participants gave informed consent prior to the interviews. Interviews were conducted by a psychiatric expert nurse in the PICU. These interviews were conducted in October 2018. Focus group discussions were conducted offsite with the participation of all staff members.

Results

Preliminary results indicate that there is a mutual understanding between staff members and inpatients of what is necessary to facilitate a successful partnership.

Discussion

We find the project of high relevance to the theme of the conference; partnership. Results contribute to existing literature when it comes to building partnerships within the environment of a PICU, and thereby

preventing conflicts as preliminary results indicate.

Learning outcomes

Partnership built upon both parties objectives. Transparency regarding internal structure of the unit.

References

1. Alexander, J. & Bowers, L. 2004. Acute psychiatric ward rules: a review of the literature. *Journal of Psychiatric and Mental Health Nursing*, 11, 623-631.
 2. Alexander, J. 2005. Ward rules for patient conduct. Unpublished PhD Thesis. PhD, City University
 3. Bowers, L., Stewart, D., Papadopoulos, C., Dack, C., Ross, J., Khanom, H. & Jeffery, D., 2011. Inpatient violence and aggression: a literature review. Report from the conflict and containment reduction research programme., London, Institute of Psychiatry, Kings College London.
 4. Bowers, L. 2009. Association between staff factors and levels of conflict and containment on acute psychiatric wards in England. *Psychiatric Services*, 60, 231-239.
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P30

THE IMPLEMENTATION OF THE SAFEWARDS MODEL IN THE TAYS PSYCHIATRIC AREA

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Background and aim

In 2015 Tampere University Hospital (Tays) made the decision of putting Safewards model into action in every ward in psychiatric area. The number of coercive measures at the hospital was high, so new ways to reduce coercion were needed. The purpose was to have the model implemented on every ward. The aim of the implementation was to reduce conflict and coercion and improve the safety of patients and staff.

Method

At the beginning of the process seven trainers were selected. The credibility of the trainers was enhanced by choosing experienced nursing staff members from psychiatric wards. The trainers planned a training process framework for the implementation. The training process included five training sessions, support visits and evaluation visit in the wards. On every training session the wards chose two interventions to be implemented. An intervention champion was selected on each session. Experiences of the Safewards model and the implementation process were gathered from the staff by two different surveys.

Result

The implementation process ended in spring 2018. In the 13 out of 16 wards all of the interventions are currently in practice but the wards are at different stages in the process. The staff's experience of safety increased by the implementation of the model. The model is considered a good one and contains a lot of familiar things, but putting it into practice creates challenges. Interaction has increased between patients and staff and the wards have become more peaceful. Staff is motivated in inventing different calming methods for patients. Respondents also felt that the quality of nursing care has improved.

Discussion

Safewards has come to support the reduction of the use of the coercion, which started already before the implementation. With the implementation the nursing staff has more positive attitude towards to reduce coercion. Changing treatment culture takes time. Although the implementation process is over in Tays psychiatric area, the model will need to be maintained in the future and involve the patients into development work.

3 Learning outcomes

Managers' commitment promoted the success of the implementation.

The step-by-step implementation and systematic training sessions supported the progress of the process. It's important the patients are aware of the model.

References

Bowers, L. 2014. Safewards: a new model of conflict and containment on psychiatric wards.

Higgins, N et al. 2018. Implementation of the Safewards model in public mental health facilities: A qualitative evaluation of staff perceptions.

P34

RESOURCE GROUP ASSERTIVE COMMUNITY TREATMENT (RACT): RELATIVES' EXPERIENCES

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Background

Relatives of a person suffering from mental disorder often take a great responsibility for helping their next of kin in everyday life. Despite the support they provide to their next of kin, relatives often experience a lack of support from psychiatric services. Cooperation with relatives is a central component in Resource Groups Assertive Community Treatment (RACT). This person-centered model has been found to decrease symptoms, increase levels of function, and strengthen well-being in patients with psychotic disorders. However, little is known about relatives' experiences of the model.

Aim

The overall aim was to explore relatives' with and without experiences of RACT in relation to their experience of: encounters with psychiatric services, family burden, family stigma, and quality of life.

Method

Cross-sectional study during the period of October 1, 2017 – December 31, 2018.

Participants: Relatives of next of kin suffering from psychotic disorders, treated in health care clinics with and without RACT located in Västra Götaland County, Sweden.

Measurements: The questionnaire includes four self-reported instruments; the Family Involvement and Alienation Questionnaire - Revised, the Burden Inventory for Relatives of Persons with Psychotic Disturbances, the Inventory of Stigmatizing Experiences (family version), and RAND-36.

Results

Recruitment is ongoing. Preliminary results will be presented at the conference.

Discussion

Increased knowledge about experiences of RACT may facilitate the further development of care and support for individuals with psychosis and their relatives.

Intended learning outcomes

increased knowledge of the association between relatives' experiences of burden, stigma and quality of life in relation to participating in RACT or not.

increased knowledge of the association between relatives' feelings of alienation in the care being provided in relation to participating in RACT or not.

increased knowledge of the importance of cooperation with relatives.

Associated reading references

Malm, U., Lundin, L., Rydell, P., Nordén, T., & Norlander, T. (2015). Resource group ACT (RACT) – R Review of an integrative approach to psychoeducation of individual families involving th patient. *International Journal of Mental Health*, 44, 269-276.

Nordén T, Malm U, & Norlander T. (2012). Resource Group Assertive Community Treatment (RACT) as a Tool of Empowerment for Clients with Severe Mental Illness: A Meta-Analysis. *Clin Pract Epidemiol Ment Health*, 8, 144-51.

Weimand, B., Israel, P, & Ewertzon, M. (2017). Families in assertive community treatment (ACT) teams in Norway: A cross-sectional study on relatives´ experiences of involvement and alienation. *Community Mental Health Journal*. Doi 10.1007/s10597-017-0207-7

P36

IN OWN WORDS - A DOCUMENT ANALYSIS

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Background

There is a lack of specific research into psychiatric inpatients descriptions of their problems, challenges, causes and what strategies they choose to get better. This knowledge is required to improve our understanding and provide a foundation for improving clinical practice. This document analysis is based on psychiatric patients own words and formulations in interviews about holistic assessment, a part of The Tidal Model(Barker P, 2009).Psychiatric inpatients were offered an interview in the period of 2015-2018. The interview deals with an overall assessment of how the patient himself describes the problems he needs help to solve.

Aim

The aim of this study is to investigate characteristics of psychiatric inpatients in open wards experiences and perceptions of problems, challenges, reasons and what strategies patients use to get better.

Method

The investigation informed by Symbolic Interactionism (SI) which aims gaining insight into the way people create meaning into the things they encounter. Empirically thematic testing analysis(ETTA) is chosen. It aims to ensure the development, interpretation and analysis of source material, which in this case is patient interviews(Gildberg, 2015; Hounsgaard, 2018) ETTA comprises seven steps in the text analyses: Step 1: First reading of the empiric source material. Step 2: Formulation of an analytic question. Step 3: Coding. Step 4: Condensation. Step 5: Categorizing. Step 6: Thematization. Step 7: Theme development.

Material

Psychiatric Center North Zealand,Elsinore: 2 open wards. 16 beds each ward. 188 patient interviews were conducted by care providers for a period of 3 years in 2015-2018. Data were retrospective and anonymous, gender and age homogeneous. 83 un coded schemes were excluded. 51 men and 54 women with a median age of 46,37 was included in the study.

Results

Analysis is ongoing, and results are expected in 2019. Primarily findings have shown categories such as economy, activities, time, psychic symptoms, self-esteem, emotional relationships, family relationships, intimate relationships, social relationships, traumas.

Discussion

This is a tentative discussion. 48 interviews were excluded from the study because they included staff's professional formulations and interpretations. 57 interviews met the inclusion criteria, in form of patients

own words and formulations related to life problems that led to hospitalization and what strategies they choose to get better. Data material are retrospective, anonymous, authentic and handwritten on paper.

Learning outcomes

- 1.Improve understanding about patient's problems that led to hospitalization
 - 2.Providing a foundation for improving clinical practice
 - 3.Improve knowledge about strategies which makes patients feeling better
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P37

MINDFULNESS AS AN INTERVENTION FOR ADHD? A REVIEW OF THE LITERATURE

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Background

Mindfulness interventions have shown to be effective in treatment of adults with stress, anxiety, and depression. This has led to increased interest in determining whether mindfulness also is effective in the treatment of ADHD.

Aim

To gather knowledge about the effectiveness of mindfulness as an intervention for patients with ADHD.

Method

Included in the review are studies where mindfulness-based interventions are used as treatments for children, adolescents, or adults with ADHD. A search for the word "ADHD" in combination with "mindfulness" or "MBSR" or "MBCT" was performed in four bibliographic databases. Reference lists of included studies were screened.

Result

The initial search identified 151 publications. Only 15 papers fulfilled the inclusion criteria for the review; seven papers concerned adults and eight concerned children and adolescents.

For adults, the included studies overall showed significant effect on ADHD symptoms after mindfulness interventions compared with treatment as usual. A few studies have compared mindfulness interventions with psychoeducation or skills training and found no significant differences.

For children and adolescents, the results are more uncertain but point toward improved planning and cognitive flexibility. Further, the children and adolescents themselves reported better function with regard to communication and play leading to fewer conflicts. Half of the studies included parents in the interventions and showed better interactions and less stress in the families.

Discussion

The positive results on attention and quality of life indicate that it is possible to use mindfulness to improve functions affected by ADHD. However, the evidence is still sparse especially regarding children and adolescents. Studies that are larger and compare mindfulness with other active interventions are needed before mindfulness may be used as a supplement to the current treatments.

Three learning outcomes

- Mindfulness interventions are effective in adults with ADHD
- For children and adolescents the results of mindfulness interventions are uncertain
- Involving parents lead to better interactions and less stress in the families

Three references

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NEW VALUE-CREATING WORKFLOWS REDUCING STIGMATIZATION FOR ECT-PATIENTS

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Background

This Electro Convulsive Treatment (ECT) project provide physical and mental health. Patients, instead of being transported in their bed walk between the ward and the ECT ward in their own personal clothes. The culture before this project, was that the patients were immobilized, pacified, and disempowered. When the patients had the ECT treatment they were dressed in hospital clothes and were laying in a hospital bed. The risk of bedside complications was present.

Aim

To reduce the "patient role / sickness" to patients. We want to involve the patients in treatment and recovery.

Reduce bedside complications.

Measure nursing hours used on ECT treatment.

Enhance the nursing assessment about: mobility, forced fixation, mentally and somatic condition and resources of the patients.

Method

The method of the ECT project is the "Nursing Approach" (1).

LEAN is used to measure workflows before the project and after implementation (2).

"The Region Syddanmarks Values" is a method used nursing (3).

Result

The patients provide positive feedback, and are confident to walk between ward and ECT ward.

The staff finds satisfaction in the new workflow hence it gives more nursing time. Focusing on the individuality with assessment of the patient's resources brings higher quality in nursing.

Discussion

Patients are in the awakening area after ECT treatment longer. The culture must be changed in relation to the workflow. Patients are acquainted in the psychiatric ward and are normally known to be transported in beds to the ECT wards, their culture must be changed.

When patients walk from the recovery ward to the main wards, they may be unsafe walking, therefore the staff may need a wheelchair for transportation.

Learning outcomes

The patients express positive feedback about walking between the ward and the ECT ward. They do not feel insecure, although they may be tired from the anesthesia. Patients are comfortable wearing their own clothes during the treatment.

The staff feels safe about making individual assessment of each patient's ability to walk. The staff feels

convenient walking with the patients.

The time saved is found as valuable and can be used for other nursing activities.

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P41

NURSING TO PATIENTS WITH PSYCHIATRIC ILLNESS & DRUG ISSUES -A NEW TREATMENT

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Background

The Danish Government wanted to create better treatment, for vulnerable patients and created "The Special Places". The first 15 of 150 places started in Vejle Psychiatric Hospital in March 2018.

Patients attend to the special places must fulfil 6 criteria.

1. The patient has to be unpredictable and a history of violent behavior
2. Have a complex psychiatric diagnose
3. Socially challenge
4. One long or several short hospitalized period
5. The special places have to have a conclusive meaning to the needs of the individual patient
6. The special places must assume to prevent crime or drug use

Aim

The purpose of The Special Places is, to offer treatment and nursing to the most vulnerable patients at the hospital, but also after discharge. It must be cooperation between municipal offers, Regional Psychiatry and Abuse Center treatment.

Method

Cooperation is important, there are 9 different professional groups working together. All treatment and nursing must be adapted to the individual. The staff supports the patient with strategies to managing their life. The staff will use cognitive therapy, motivating interviewing and a neuro-pedagogy approach.

Results

The patients have different outcomes. Some municipalities give positive feedback and others haven't got the outcome they expected. Patients express mixed opinions.

The collaboration between the professional groups is an ongoing process, in which everyone gets to know each other's profession; also the cooperation with the extern partners is under development.

Discussion

It takes time to get a new undefined section established. It haven't been clearly defined what the purpose of The Special Places were, and how the cooperation with the municipality would be. If there isn't a clear vision, it might fail according to John Kotter (1). That's why it's important the vision is evident to get success. The implementing haven't failed but it is unclear, how it will be in the future.

Three learning outcomes

1. It requires many resources and time to implement a new unit.
2. It's important the whole implementing process have been planned in details before start.

3. To improve the patients psychiatric symptoms and drug abuse we may need a new approach, which could be the neuro pedagogy,

Three references

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EXPERIENCES OF ACUTE CARE SETTINGS BY PERSONS WITH MENTAL HEALTH PROBLEMS

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Background

Persons with mental health problem who visit acute care settings are a vulnerable group of society and they require specific care. Understanding their experiences of these settings is vital for provision of adequate psychiatric services for meeting their needs.

Aim

The aim of this paper was to systematically review the literature that explored how persons with mental health problems experience acute care settings.

Method

Systematic scoping review was performed resulting in 51 articles. Donabedian's (1966) framework structure-process-outcome was applied in structuring the presentation of the review findings.

Results

The study systematically presents and discusses the specificities of the articles reviewed along their aims, design, samples and national settings. The review further highlights the discrepancies in the description of the acute care settings as well as divergences of the patients' experiences of the settings, the staff, the resources, interaction patterns between them and the staff and outcomes.

Discussion

Based on the findings the study identifies potential future research directions in the three domains inspired by Donabedian. In the structure component, the review shows how negative aspects of experiences dominate while positive experiences remain relatively unexplored. This suggest possibilities of applying salutogenic approaches in the future studies. In the process component, most of the studies explore isolated processes. This opens for possibilities of applying complex process related frameworks developed in organization studies that would further inform the field. Finally the outcome component of the studies is the least developed research domain, and might require further development where among other service logic and service management literature could be applied.

Three learning outcomes

The study suggests that further research is required to understand the complexity of acute setting experiences of persons with mental health problems. It further shows how the field can be mapped along the structure-process-outcome framework and based on that how future research directions can be identified. Finally, the paper highlights how multidisciplinary of the subject area can inform and further the field.

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P45

TRAUMA INFORMED PRACTICES IN MENTAL HEALTH/PSYCHIATRIC NURSING

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Background

Trauma informed care is implemented in many hospitals across the US. In Denmark the awareness is big. In the region of south Denmark there is a continued focus on reducing coercion and conflicts, which lead to introducing the trauma informed care approach (TIC)

The knowledge regarding TIC is undefined, and there are no options learning from peers in Denmark. The region of south Denmark is introducing TIC as a pilot project among 12 psychiatric units. The project is created as a "top-down" implementing, insisting on participation from ward management, consultant doctors and key workers. Six core strategy used as the overall management tool.

Aim

The aim is to try implementing TIC and evaluating whether the process of implementing works in the region off southern Denmark settings.

Method

The method used is "lay the path while we are walking" and questioning the staff in the wards during the project period, whether they experience differences. The project creates the conditions for optimal transfer of learning by studying literature together, giving presentations which relate to TIC and encourage practical exercises on the pilot wards.

The process is new and the results very few and not gathered yet. The results will be the outcome from the questions involving the staff. The poster will include project strategy.

Is this a method of introducing TIC, where we are lack of prior experiences? By slowly introducing the theory, the aim is that it will push the culture and we will be able to reduce conflicts and coercion.

Result

Based on the results of the questions it is expected to be seen a difference in staff actions and a reflection off TIC in their interventions. Also the staff will gain new knowledge on how to prevent coercion. At least the project will gain knowledge on best practice implementing TIC – where we are lack of practical knowledge.

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INTERPROFESSIONAL SIMULATION IN MENTAL HEALTH NURSING EDUCATION

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Background

The effects of mental health related stigma and discrimination can be wide reaching and devastating. Unfortunately, discriminatory attitudes and behaviours towards persons with mental illness are pervasive amongst healthcare providers (Thornicroft et al., 2016). Furthermore, health care disciplines may not always work well together. In fact, there is a disconnect between professions that can result in professional stereotyping, lack of role clarity, as well as errors in patient care (Barnes, Carpenter, & Dickinson, 2000; Barr, 2009). Evidently, there is a need to address negative attitudes and behaviours and improve collaborative practice prior to professional practice during undergraduate education.

Aim

Interprofessional education (IPE) involving nursing students and other health related disciplines could support collaborative practice, improve knowledge and skills, decrease mental illness related stigma and ultimately improve outcomes for mental health service users (Barr, 2009; Beebe, Roman, Raynor, Thompson, & Ray, 2018; Maranzan, 2016; Reeves et al., 2009). Specifically, the use of realistic simulated scenarios in the form of standardized patients is proposed as a learning context in IPE to encourage empathy and decrease stereotyping (Maranzan, 2016; Reeves & van Schaik, 2012).

Method

Undergraduate nursing and pharmacy students in two universities in Qatar will participate in an IPE event as part of their psychiatric/mental health clinical course. During this event, students will engage with standardized patients and collaborate to develop a plan of care. Data will be collected in the form of an evaluation tool, observations of students, as well as instructor and student comments.

Result

Based on previous IPE events with mental health nursing students, it is anticipated that findings will reveal improved role clarity and collaborative practice between the health disciplines and increased perspective taking and empathy towards persons experiencing mental illness.

Discussion

This initiative can be implemented across contexts in the education of health care professionals working in mental health. This project aligns with the World Health Organization's recommendation to incorporate IPE as part of the education of health care professionals globally.

Learning Outcomes

The presentation will provide salient insights regarding the use of IPE and simulation in nursing education as a teaching and learning method to address mental health related stigma, improve collaborative practice, and decrease professional stereotyping.

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INTRODUCING THE RECOVERY-STAR INTO A DUAL-DIAGNOSTIC WARD

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Background:

The recovery orientated practice was introduced to Psychiatric Centre Sct. Hans a few years ago, and we would like to investigate the effect on the patients and staff. After a review of the recovery models available, we chose to implement the Recovery-Star (RS) in unit M20, which is a part of department M. Department M specializes in treating patients with severe mental illness combined with substance dependence or abuse (dual diagnoses). The RS is an outcome measure which enables people using services to measure their own recovery progress, with the help of mental health workers. The RS is a dialogical tool where the patients together with staff evaluates 10 life areas (mental health management, physical health, self-care, etc.), in 10 levels, in the beginning of the admission and every month. The admissions are normally three months for patients that follow the whole treatment concept.

In this study, Recovery is defined according to Shepherd's definition as: "Recovery is about building a meaningful and satisfying life, as defined by the person themselves, whether or not there are ongoing or recurring symptoms or problems".

Aim:

To estimate how the RS scores develops during admission.

To estimate the influence of the background factors on patient's personal recovery.

To investigate whether patients experience recovery during hospitalization.

To investigate whether the staff are working recovery-oriented when they are using the Recovery-Star.

Method: The study is designed quantitatively, with a longitudinal design, to estimate how the RS scores develops during admission, and the background factors association to the patient's personal recovery. Background factors being: age, diagnoses, sex, lifetime trauma (BTQ), level of education, type of abuse (DUDIT-E), ethnicity, housing, depression (BDI), self-concept (RCQ), and anxiety (BAI). Also, the study has a qualitative design with individual interviews, to investigate patients experience and staff recovery-oriented work.

Result: Preliminary descriptive statistics from the quantitative part of the study will be presented at the conference.

Discussion: Preliminary discussions will be presented at the conference.

Learning outcome:

The participants will be aware of what the RS is.

The participants will achieve knowledge on how the RS scores develops during admission.

The participants will gain insight into background factors influence on the RS scores.

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TRAUMA INFORMED MENTAL HEALTH NURSING, HOMELESSNESS AND DUAL DIAGNOSIS

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Background

Links between Homelessness, Addiction and Mental Illness are well established. SAMSHA (2014) estimate one third of homeless individuals suffer from an addiction. International research recognises that up to 25% of homeless people have a severe Mental Illness (College of Psychiatry, 2011) and O'Reilly et al's study on homelessness in Ireland found that 58% of study participants had at least one mental health diagnosis. Merchants Quay Ireland's (MQI) Mental Health Team supports homeless individuals experiencing mental health difficulties and/or substance misuse. The effect of homelessness and drug use on mental health is increasingly being linked to trauma; early life trauma and the reoccurring trauma that homelessness causes.

Aim

The aim of this poster is to evaluate the need for trauma informed nursing care models for individuals experiencing the reoccurring traumatising effects of homelessness and addiction. Trauma informed care involves understanding the psychological impact that trauma may cause and incorporating that understanding into practice (SAMSHA, 2014).

Method

A review of the literature was undertaken, additional information was compiled from MQI's statistics from clients who reported trauma.

Result

A study in The USA examining those accessing emergency accommodation found trauma was a predictor of residential instability after thirty months and that 93% of participants experienced trauma (Service and Housing Interventions for families in transit, 2013). In Ireland, a study of the homeless population conducted found significant levels of childhood trauma in service users who participated in the research (Lambert & Gill-Emerson, 2017). Figures gathered from MQI's service users presenting to the mental health team in the last quarter of 2018 showed 17% reported childhood trauma, 20% reported trauma in adulthood and 7% both.

Discussion

Homelessness is traumatic; lacking safe accommodation means homeless people are highly vulnerable to victimisation (SAMSHA, 2014). The complex links between homelessness, trauma, addiction and mental illness warrant further research.

Learning Outcomes

Correlation between Trauma, Addiction, Mental Illness and Homelessness

Prevalence of traumatised individuals accessing mental health services

Need for Trauma Informed Nursing Models

References

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OLDER ADULTS BEREAVED BY SUICIDE: A SEARCH IDENTIFYING ZERO STUDIES

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Background

People bereaved by suicide are at risk of several negative outcomes specific to suicide bereavement, such as an increased risk of suicide, suicidal behaviour, and mental disorders, including depression. Further, they might experience uncomfortable feelings, such as blame, guilt, and emptiness. Bereavement in late life can be defined as occurring over the age of 60. The age-related difficulties associated with bereavement include: a reduced and limited social network; increased challenges in overcoming restoration-oriented tasks, e.g. learning new tasks in everyday life; the natural course of physiological and cognitive aging. However, older adults are also resilient; e.g. being more experienced with death and therefore better prepared to cope with bereavement in comparison with younger people. They also have increased emotional control and thus experience less emotional disintegration when a beloved one dies. The purpose of this study was to identify empirical studies of older adults (≥60) bereaved by the loss of a significant other to suicide.

Method

Methods: A systematic literature search in CINAHL, Embase, Medline, PsycINFO, and SCOPUS. The inclusion criteria were empirical studies investigating people bereaved by suicide at age ≥60 published in English or a Nordic language.

Findings

Results: 12,871 references were identified, but after screening, no articles fulfilled the inclusion criteria.

Discussion

It could be discussed if age is a valid marker of special psychosocial needs late in life. Adjustment to bereavement takes place within the context of daily life and conduct of everyday life, thus retirement, health status or extent of network may be more significant factors than age per se.

Conclusion

There is a lack of research on old people bereaved by suicide. With the aim of tailoring evidence-based interventions to this group, future research should investigate whether they have particular experiences, psychosocial responses and needs, and help-seeking strategies.

Three learning outcomes:

- 1) Knowledge about the lack of research about older adults bereaved by suicide
- 2) Insights into a systematic literature search
- 3) Insights into a discussion about valid markers of particular psychosocial needs in late life

References Hybholt, L., Buus, N., Erlangsen, A., Berring, L. L. (2018) Older Adults Bereaved by Suicide: A Systematic Literature Search Identifying Zero Studies. *Arch suicide Res*. Nov;1–6.

SAFEWARDS - AN UNITING PROJECT

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Background

A similar project on two of the hospital's units resulted in a culture change. There were a joint focus on de-escalation, relations and implementation of safewards. The results showed a reduction of restraintment on 75% and the patients' feedback were positive. It is desired to achieve similar results throughout the hospital.

Aim

To create a health-improving environment that promotes a united de-escalating and user-involving culture. Through Safewards 10 interventions, to be able to prevent coercion and work related injuries, by creating a safe and calm environment. A change in the culture across units hopefully results in a respectfully approach based on equality and trust which leads to higher contentment.

Method

Through a two year uniting project, we will include users, all caregivers and partners in the development and implementation of Safewards. The staff and researchers will be involved throughout the project. The hospitals direction will lead and two nurses with a postgraduate in psychiatric nursing will coordinate the project. Furthermore, the units' staff will be divided into 10 implementation groups. The implementation will be inspired by the four phases of action research. During the preparation phase, the staff will be prepared trough information about the aim and Safewards and common measurement will be identified e.g. trough surveys. During the information phase, staff meetings will be conducted and Key members from each unit will be elected to participate in the implementation across the units. In the intervention phase, the implementation groups will decide how the 10 interventions will be implemented.

Result

The project is expected to result in the following:

- Reducing coercion
- A better work environment - A de-escalating environment
- Positive feedback from patients
- Culture change - An uniting psychiatric care
- Safewards becomes a part of every day practice

Discussion

Hopefully, collaborating on a project across the units will help break distances and barriers that contributes to a positive environment as in Project Safewards. A large cultural change won't happen from one day to the next. It requires focus and continued development, and that the staff have the courage to engage in the process.

3 Learning outcomes

Is expected to be

- A collaborated and united culture across the hospitals units
- Safe and calm units - Higher contentment
- Inpatients and their next of kin experience high qualified care.

3 references

www.safewards.net

Project Safewards, S1, Psykiatrien Syd, Region Zealand, Denmark
Dr. Lene Lauge Berring; Relations- and de-escalations concept.

ACTION RESEARCH BASED FREAMWORK FOR INTRODUCING PATIENT ALLOCATION MODEL

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Background

Patient Allocation is one of the models that is used to structure, organize and deliver nursing care. Whilst the importance of adhering to a model of nursing care delivery has been recognized, research on specific models is limited. Moreover, pragmatic and evidence-based guidance on how to apply a particular method to an institution or unit is not abundant.

Aim

To present a framework designed to facilitate the process of introducing a custom-made Patient Allocation Model. Based on an Action Research approach and the principles of Professional Practice Models, the framework targets the enhancement of nurse ownership of the model, active participation, empowerment and respect for the core values of the Nursing Profession.

Method

The framework has been developed for settings which are based on a Team Nursing or Functional organizational system and wish to revert to a Total Patient Care Model.

Although the four models that seem to dominate the literature are supported by some evidence-base with regards to desired outcomes, it is also clear that none of these models can be simply applied and implemented directly without considering the microculture of the particular institution or unit in which it is to be applied. Thus this particular framework was based on two important pillars, these being 1). An Action Research approach. 2). The five principles of Professional Practice Models.

Results

Based on the principles described in the previous section, the resulting Patient Allocation framework consisted of two phases.

Conclusion

Action Research approach introduces the advantage of enhancing ownership amongst staff. Whilst evidence-based care is invaluable, imposing a model in a unit simply because it has been tested elsewhere may not augur for success. Action Research allows staff members to view their perceptions and participate actively in the process. Moreover, having a framework based on the principles of Professional Practice Models ensures respect for the values of the Nursing Profession. This is not to say that the implementation of this framework will be challenge-free.

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USER INNOVATION: SAFE-APP ASSISTING PEOPLE WHO SELF-HARM

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Background

Self-harm is increasingly prevalent, especially among young people. It is difficult to estimate how many people engage in self-harm, some studies indicate that as many as 20% of high school students and 40% of college students have self-harmed.

Aim

The aim of this study was to co-create customized interventions that could replace the self-harming behaviour with less damaging behaviour. The interventions had to be grounded in people who had first-hand experience with the self-harm and they should be easy to use.

Method

A Co-operative Inquiry (Co-I) work group from a mental health trust included: service users (3); interdisciplinary staff members from both in- and outpatient settings (6); an engineer (1); and researchers (3). The Co-I was carried out in four stages: 1) generating ideas and deciding research focus through a future workshop, 2) preparing two interventions in repeated workshops, 3) testing the interventions in real life, and 4) evaluating the interventions through a questionnaire and focus groups. Reflexive processes helped the inquiry group to modify the interventions.

Results

The Co-I produced a wellness bowl that includes stress reducing methods customized the target group and an mobile application: SAFE. This app's target group is people who self-harm and their formal and informal carers (friends, family, health-care professionals and others). Users experienced the interventions as helpful.

Discussion and conclusion

People who engage in self-harm experience different reasons for hurting themselves. The interventions must be tested in a broader population.

Producing interventions grounded in the experience of people engaging in self-harm was rewarding for participants and developed innovative practical skills and changes in the Inquiry group. Personalized interventions targeting people who self-harm requires changes to traditional practices.

Learning outcomes:

Insights in how:

Co-I is helpful in co-creating interventions replacing self-harming behaviour
an app can be co-created in a co-designed venture between different professions and users
people with self-harming behaviour experienced the intervention

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RISK ASSESSMENT, MISSION (IM-) POSSIBLE ? THE BRØSET VIOLENCE CHECKLIST

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Violence and aggressive behaviour within psychiatric facilities are serious work environment problems, which have negative consequences for both patients and staff. It is therefore of great importance to reduce both the number and the severity of these violent incidents to improve quality of care.

This poster aims to:

- Reflect on the basic underlying principles of violence risk assessment
 - Develop awareness of Broset Violence Checklist (BVC) in the assessment of imminent violence and disruptive behaviour
 - Consider the evidence to support its validity including results from a variety of international studies
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CO-DESIGNING WEB-BASED SUPPORT FOR RELATIVES OF SUICIDAL PEOPLE

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Background

Every year in Denmark, there are about 7.000 incidents of people taking their own life, of people trying to end their life or of people self-harming. Each incident of suicidal behavior affects many people related to the person at the center of concern, including relatives and friends. Research shows that relatives experience feelings of distress, confusion and helplessness and need support to cope with the suicidal behavior and the difficulties that arise in the wake of this behavior. There are only limited resources available for relatives and friends of people with suicidal behavior. Thus, there is a need to develop more accessible support for relatives trying to cope with suicidal behavior.

Aim

To co-develop supportive psychoeducational web-based resources for relatives of people with suicidal behavior.

Method

The study consists of three parts. In part 1, a systematic review and meta-ethnography synthesizing qualitative studies exploring relatives' experiences of providing care for people with suicidal behavior will be conducted. Part 1 will inform the outline of the interview guide to be used in part 2, which includes the co-construction of video- or audio recorded interviews with parents of children/young persons with suicidal behavior. The interviews will be re-recorded with an actor recapturing the story and edited into clips for publication on a website. The study will apply a participatory research approach and involve potential end-users in the development of the website. Multistage workshops will be held and part 3 will explore end-users' influence on these co-developing processes.

Result

The website will provide others who are experiencing similar difficulties with information and support and possible improve how they cope with their loved one's suicidal behavior.

Discussion

Issues to discuss could include benefits of and limits to user involvement and unexpected findings genera-

ted from the analysis of interviews with parents of children/young persons with suicidal behavior.

Three learning outcomes

1) To gain insight into user involvement in health research, 2) To explore relatives' experiences of providing care to people with suicidal behavior and 3) To learn the methods applied the study.

Three references

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'15 STEPS'

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Background

We wanted expressions from patients and relatives as part of patient Safety Rounds. We were curious about there were statements from relatives with the desire to be involved in the patient treatment. LUP results indicated that focus was needed and there was room for improvement.

Aim

A desire to help the patient and relatives keep in touch during the course of the illness. The goal is to get the staff to see the relatives 'resources' and ensure active involvement in the treatment process.

Method

We have been outreach to experienced daily practice on wards compared to relatives and patient experiences.

Apply Demings model "System of profound knowledge". Described in four parts, all related to each other

Appreciation for a system (system)

Understanding variation (data)

Building knowledge (theory)

Human side of change (culture)

Result

Great correspondence between what the relatives demand and what the nursing staff considers relevant, namely more knowledge about each other.

Diskussion

Thereby much evidence collected to have meaning for a course of treatment. There is need for close contact and cooperation between patient, relatives and staff. It is important for the relatives that their knowledge is demanded and used. Relatives need to feel met and involved. It was a surprise that very simple things like photos of the staff and that the ward appeared properly and inviting had such a big impact. Small things that could really be prioritized have a significant impact on those who come along the ward as visitors. Thoughtful that the staff generally agreed very much with the relatives and wanted to comply with the wishes.

Three learning outcomes

Photo Gallery (nursing staff)- Get to know us

Safeward tree with positive statements, Hope
Clean, tidy and well-maintained areas with calm colors and decor.

Three references

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DEVELOPING AN UNDERSTANDING CO-PRODUCTION IN AN INTERNATIONAL CONTEXT.

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Background

The discourse in mental health on engagement and working with service users and family members, since 2007 has shifted to one which identifies co-production as the basis for the relationship. Spencer et al (2013:7) define co-production as seeing "... consumers involved in, or leading, defining the problem, designing and delivering the solution, and evaluating the outcome, either with professionals or independently".

Aim

This paper reports on STRENCO, an Erasmus+ Partnership centring on cooperation and innovation for good practices in mental health. It explores the methods for developing its core theme, working collaboratively in mental health with an emphasis on co-production. It describes a tripartite approach, using the knowledge triangle from the EU Modernisation agenda (Maasser and Stensaker 2011). STRENCO sees service users, practitioners, and the university (academics and students), as partners in the development of new knowledge and a way of working, which values and respects those involved (Slay & Stephens 2013).

Method

The STRENCO Project uses action research principles with international communities of practice (students, academics, practitioners and service users), working along together on a core topic and committed to learning how to do it better (Wenger et al. 2002). In addition to the communities of practice, STRENCO brings together stakeholders in intensive programmes to provide education and develop knowledge further.

Result

STRENCO is developing co-produced open source eLearning materials for universal access, a competency framework and aims to propose a model for tripartite working encompassing the university, clinical practice and service user domains.

Discussion

Drawing from the group's diverse experiences, STRENCO provides innovative learning opportunities and a platform for transnational co-operation in the development of best practices and learning. By drawing on different methods and experiences across countries, participants have greater knowledge and understanding, which would not be possible using a single national perspective. Dissemination of the project will provide the wider public an opportunity to learn from developed materials over the course of the project.

Three learning outcomes

Development of co-produced eLearning materials
Development of a competency framework for working in more co-produced ways
Development of a tripartite approach for mental health encompassing service users, clinicians and the university.

Three references

Maasser and Stensaker (2011) The knowledge triangle, European higher education policy logics and policy implications. *Higher Education* 61(6):757-769. Slay, J., & Stephens, L. (2013). Co-production in mental health: A literature review. London: New Economics Foundation. Wenger, E., McDermott, RA., Snyder, W. (2002). *Cultivating communities of practice: A guide to managing knowledge*, Harvard Business Press.

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PATIENTS' AND PROFESSIONALS' PERSPECTIVES ON HEALTH PROMOTION

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Background

It is well documented that people with severe mental illness have a shorter life expectancy compared to the general population, which is mostly associated with poor physical health conditions. Moreover, it is a well-known challenge that mental health care professionals have difficulties integrating physical health and health promotion into the daily clinical practice, and that patients have difficulties adjusting to a more optimal healthy lifestyle.

Aim

The aim of this study was to explore attitudes and experiences of patients with mental illness and mental health care professionals in relation to health promotion and co-production of health promotion initiatives.

Method

The study was designed as a two-step qualitative study that included triangulation of methods.

Step 1 included three focus group interviews with patients (n= 2, 5,6) and one focus group interview with health care professionals (n= 12) from three outpatient clinics in mental health hospitals in Denmark.

Step 2 included a workshop in two groups mixed with both patients and health care professionals (n= 8, 7). The audio-taped and transcribed data were analysed using systematic text condensation. The analysis is ongoing.

Preliminary results from Step 1

Preliminary themes of focus groups with patients include: (1) "Health as quality of life" referring to health as a broad concept; (2) "Attitude of the health professionals" referring to professionals not being curious about patient's thoughts and aims and; (3) "To be met as an individual and unique person."

Preliminary themes of focus groups with mental health professional include: (1) "It is very complex" referring to lack of time and not knowing when success is achieved; (2) "The patients have an unhealthy lifestyle and are difficult to motivate" and (3) "We have to be very persistent"

Preliminary results from Step 2

Preliminary results include: (1) "conversations about health promotion must be a natural part of clinical practice" (2) "we are equal but different" referring to shared decision making with different competences and knowledge and; (3) "A health professional must be a role model" referring to how patients can find it difficult to talk about health issues with professionals, who have obvious health problems themselves.

Discussion

The preliminary results indicate:

While patients mostly perceive health as quality of life in the context of everyday life, health professionals mostly perceive health as prevention of risks and unhealthy lifestyle.

We suggest that next step will be to develop shared decision making about physical health and health promotion.

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CO-PRODUCING MENTAL HEALTH COMPETENCIES: AN INTERNATIONAL COLLABORATION

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Background

Changes to the philosophical standpoints of mental health systems worldwide towards recovery, places increased impetus for educators to equip the mental health community with competencies that better reflect a recovery ethos. Increasingly, this recovery discussion has centred on the concept of co-production to create "*profound and sustainable change*" in mental health relationships and ways of working (Spencer et al, 2013, p.7).

Aim

This paper reports on the initial findings of the development of co-produced mental health competencies, built in an international context, as part of the STRENCO Project, an Erasmus+ Strategic Partnership for the exchange of good practices in mental health.

Method

STRENCO is built around action research principles, drawing together international Communities of Practice (CoP) from six international universities, involving students, service users, family members, clinicians and academics working together (Wenger et al. 2002). Building on a literature review, an initial 13 inter-professional competencies were established a national CoP, who then generated scenarios to test behavioural indicators in a 'world café' format with the wider international CoP. This resulted in an initial draft framework of 11 competencies.

Result

Three phases were used in testing of the initial framework in a 'world café' with mixed international groups (SU, practitioners, academics and students). This resulted in the generation of new competencies and the merging of others. Behavioural indicators were established for each competency, indicating the knowledge

and skills needed. This resulted in a summary of indicators and a newly adjusted framework comprising 12 competencies.

Discussion

The project now progresses to a two-round Delphi phase (McKenna 1994). Initially, phase one comprise review by local COPs. The second Delphi phase, to be conducted at an international intensive programme, will aim to fine tune the assessment tool and develop a digital version of the tool, with subsequent generation of translations of the framework (Dutch, Finnish, Greek) for final testing.

Three learning outcomes

Outlines an approach taken across international can also be used by others for similar types of projects
Opens the possibilities for co-produced competencies using international communities of practice
Objective is to generate a generic mental health competency framework for multidisciplinary working.

Three references

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CHANGES IN PSYCHIATRIC STAFF'S MANAGEMENT OF CONFLICTS WHEN USING SAFEWARDS

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Background

Safewards, a method to reduce the rates of conflict and containment, is implemented in psychiatric hospitals in selected regions in Denmark as part of a government strategy to reduce the use of mechanical restraint in the psychiatric wards. As an evidence-based method the Safewards interventions are tested by professor in psychiatric nursing Len Bowers and his team in an RCT study on 31 acute psychiatric wards in England. The study showed a significant reduction in rates of conflict (15%) and containment (26,4%). Bowers clarify that the essence of Safewards and the interventions is to change staff behaviour. The behavioural changes in focus are what the psychiatric staff do to influence whether conflicts and containment occur, but which changes and how the staff experience them is yet undiscovered. Knowledge in this specific area related to Safewards could increase the understanding of the behavioural mechanisms behind reduction of conflicts and containments in psychiatric wards in general and furthermore assist as a basis for the development of tools to support wards in estimating and evaluating their own work with Safewards.

Aim

The aim of this study is to find, describe and understand the changes in staff behaviour regarding their management and prevention of conflicts, when the ten Safewards interventions are implemented and used in the psychiatric wards.

Method

In this study, a Modified E-Delphi research design in three rounds was applied. Staff from psychiatric wards working with Safewards were recruited to participate in in-depth and focus group interviews, to find and understand the staff experienced changes in their managing conflicts. Afterwards a Safewards expert

panel was recruited to assess the staff changes and gain consensus as to which changes were the most influential in reducing the rates of conflict and containment as a result of implementing the interventions.

Result

Five interviews were conducted. 53 changes in staff's behaviour in managing conflicts were found. Ten Safewards experts completed two questionnaire rounds they reached consensus on 23 core-changes, which they considered as the changes that potentially could reduce rates of conflict and containment the most.

Discussion

No drop out of Safewards experts in between the questionnaire rounds

Learning outcome

Changes in staff behaviour regarding their management and prevention of conflicts in the psychiatric wards, when working with Safewards, focus mostly on fundamental changes in staff language, relationships with patients and staff's way of thinking and perceiving off the patients.

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FORMER PATIENTS' EXPERIENCES OF RECOVERY FROM SELF-HARM.

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Background

A barrier to develop new mental health nurse strategies can be that few previous studies have included an analysis and investigation of the experiences of adult former patients who have self-harmed

Aim.

To explore, describe and understand former patients' experiences of recovery from self-harm.

Method

Eight participants were interviewed. We analysed data using a phenomenological hermeneutical method (Lindseth and Norberg, 2004).

Result

The findings resulted in three themes with subthemes. The first theme, the turning point, occurred at the start of the recovery process. Participants learned to choose life, verbally express their inner pain and reconcile with their life histories. In the second theme, coping with everyday life, participants learned how to choose alternative actions instead of self-harm and attend to their basic, physical needs. In the third theme, valuing close relationships and relationships with mental health nurses, participants learned to receive support from close relationships with others and mental health nurses. A tentative model illustrates the recovery process, described as an individual, prolonged learning process.

Discussion

The participants experienced both recovering from illness and recovering a life. In a study researchers found that physical pain can alleviate mental suffering (Tofthagen & Fagerström, 2010). Health-promoting behaviours and alternative strategies were particularly used, such as physical activity, writing or direct expression of emotions. When mental health nurses and close relatives and/or friends tolerated the participants' mental suffering, they contributed to the recovery processes. Mental health nurses seek to understand the self-harm patient, who often balances between life and death (Tofthagen, Talseth & Fagerström, 2014).

Three learning outcomes

An absence of a verbal language with which to express their suffering and this can contribute to a prolon-

ged recovery process

After persons who self-harm acknowledged a turning they became motivated to receive professional help. Mentalhealth- care professionals can promote a person's individual learning process in partnership with persons who self-harm.

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EXPERT BY EXPERIENCE ENHANCING RECOVERY

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Mielen ry (Mental health NGO) has developed experts by experience model since 2001 as pioneers in Finland. The education programme is a part of the schedule of our Recovery College. The aims of our model is to enhance recovery, anti-stigmatization, service user involvement and effectiveness of mental health services. We educate people with mental health or/and substance abuse challenges to work as experts by experience in various tasks: participate in mental health services as experts of recovery, as lived experience lecturers in different educational institutions and as representatives of service users in development workgroups. The experts are paid reasonable fees by ordering organisations.

The study of our experts by experience model was completed in 2017 by Owl Group. The study indicated that our aims actualize. The model is powerful considering recovery, efficient and cost-effective services. The study pointed out that the model has three main target groups: the experts by experience themselves, their direct target groups (the peers they meet when practicing as experts by experience) and indirect target groups (public opinion and the professionals and students who work with the direct target group). All target groups benefit of this model.

Some results

Almost 80 % of experts by experience reported that participating this activity has affected their personal recovery significantly. 86 % professionals of ordering organisations in mental health services reported that meeting experts by experience have had positive impact for their customers. This study also pointed financial effects of activity and contribution of experts by experience.

Learning outcomes

1. Effectiveness: Almost 80 % of experts by experience reported that participating this model has affected their personal recovery significantly. 86 % of professionals of ordering organisations in mental health services reported that meeting experts by experience have had positive impact for their customers.
2. Participants report positive outcomes: The results reported by experts by experience are in parallel with the key elements of recovery according to several research papers.
3. Recovery orientation has arrived in Finland quite recently. Why? Experts by experience have had a wide, positive impact on mental health services in Finland. They have paved the way for recovery orientation.

References

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- Jan Kåre Hummelvoll*, Bengt Karlsson and Marit Borg. Recovery and person-centredness in mental health

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FUTURE PERSPECTIVES OF MENTAL HEALTH CARE IN SLOVAK REPUBLIC

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Background

Strategic framework for health for 2014-2030 constitutes the main document that should determine the medium and long-term direction of Slovak health policy. The strategic framework is a document, by adopting of which we suppose the key indicators of the health status, public health, outpatient and inpatient healthcare and electronic health would be improved. To attain this, the implementation of identified realisation strategies will be a crucial factor.

Aim

The National Mental Health Program is a program document created on the principle of a systemic approach to mental health care in Slovakia. Describes framework measures in ten key areas aimed at improving the mental health of the Slovak population. Putting these measures into practice will require a detailed plan implementation of the National Mental Health Program in cooperation with other departments, with identification timetable, responsibility and method of financing the proposed measures. The Ministry of Health of the Slovakia want to extend the day mental health care centre and community psychiatry care in the Slovak Republic. One of the current tasks is, for example, to create both legislative and non-legislative prerequisites to provide care for alcohol addicts, drug addicts and pathological gambling, and children with behavioral disorder due to alcohol, drug abuse and pathological gambling.

Method

We informed about the actual situation in the future perspectives about development the mental health care in Slovak republic due the strategy plans of Ministry of health in the mental care and nursing. The Section of psychiatric nurses of Slovak Chamber of nurses and midwives is a full member of Council of mental health, also we can implement more aims to the cooperation with the other member from widely areas (ministry of education, sport and culture or ministry of social affairs etc.) Work group by ministry of health had prepared first 8 standards of nursing care and in psychiatry 4 standard of diagnostic and therapeutic guidelines.

Results

The Ministry of Health is intensively working on standard procedures for individual health unions as well as interdisciplinary areas. The expert working groups have so far produced and evaluated 152 standard procedures, of which the majority are at the stage of completion and preparation for implementation in practice.

Discussion

The international cooperation with the Visegrad found in the fields psychiatric nursing can make effective exchange of experiences.

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PATIENTS' EXPERIENCES OF THE DISCHARGE GROUP ON PSYCHIATRIC HOSPITAL CARE

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Background

The Discharge Group takes place in two Acute Psychiatry Units in Pitkaniemi Hospital (Nokia, Finland). The Acute Psychiatry Unit 7 treats and examines patients with psychosis or personality disorders. The Mood Disorder Unit 1 provides treatment for patients with mood disorders.

Aim

The purpose of the Discharge Group is to support patients coping with discharge from the hospital and give experiential information on mental health.

Method

Former patients lead the Discharge Group. Group leaders have personal experience of psychiatric hospital care and recovery. The Group gathers every second week and lasts for 90 minutes. The group is open for patients who will soon be discharged from the hospital. There are always two persons of lived experience and one nurse in the group. Patients fill personal Mind Map in the Group. There has been collected data via a questionnaire which the patients can fill after the Group.

Result

The patients (n= 67) has been asked feedback in 19 gatherings. 75 % (n=50) of the patients feel they get "very much" or "much" support and thus benefit from the Discharge Group. Patients were satisfied to conversation and sharing experiences, peer support, information and mind map. The development ideas were to arrange The Discharge Group more often or lengthen duration of the Group.

Discussion

Based on patients' experiences The Discharge Group supports patients coping with discharge from the hospital. Peer support is a significant way to help patients on psychiatric hospital care.

Learning outcomes

Peer support on psychiatric hospital care completes the professional care and professionals can learn much from persons of lived experience.

Careful training and supervision of persons of lived experience are required.

Discharge group on a psychiatric ward for acute patients can help patients to prepare a more structured way of discharge from the hospital.

Associated reading references

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PATIENTS AT THE CENTER OF THEIR OWN TREATMENT

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Background

Inspired by the objectives and values of The Mental health services in the Capital Region of Denmark, we chose a structured focus on patient involvement in drafting their treatment plan at a local level. We planned our project to take place in a closed intensive care unit with 12 patients. Our experience was that there was an expert paradigm with a one-sided focus on gathering information, rather than an invitation to participation and collaboration with the patient's wishes and needs as the starting point. We desired to change our practices and invite all patients to be at the center of their own treatment – including patients in the acute phase. Important information can be missed by not initiating a dialogue from the beginning.

Aims

All admitted patients are invited to participate in their treatment conference

95% patient attendance

1st treatment conference held within a fortnight of admittance to the ward

Method

A manual with instructions on planning treatment conferences was developed. All stakeholders were invited to participate. A structure for the preparation of the conference as well as the follow up on plans and agreements made at the conference was developed.

A baseline measurement was conducted in February 2018. Consecutive measurements were made every three months for the following year. A short questionnaire on the experienced patient satisfaction on involvement in the planning of their own treatment.

Result

There have been 1-2 treatment conferences per week since March 2018. Of these, all patients, except two, attended their own treatment conference. Based on a respect for a patient's no, we set the target at 95% participation.

The patients have – regardless of their mental condition- been able to prepare for and contribute to their own treatment plan.

Discussion

The project has improved the coordination of hospitalization, discharge and transition to life after discharge, has been more fluid and less problematic. Patients and relatives, have stated that it's been conducive to the good cooperation in everyday life. We have not systematically collected data on patient satisfaction, why a description of patient empowerment and recovery cannot be substantiated. A major challenge is that the hospitalizations are of short duration, which influences the evaluation of our project.

Learning outcomes

Patient-, staff- & organizational development

References

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IN CONVERSATION WITH SUICIDAL CLIENTS: SIMULATION FOR HEALTHCARE STUDENTS

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Background

In Belgium 20.7/100,000 people die as a result of suicide compared to 10.6/100,000 people worldwide. It is therefore very likely that students in health and welfare work will be confronted with patients who struggle with suicidal thoughts. The recognition of suicidal thoughts, the assessment of the risk of suicide and specific interview techniques should therefore receive sufficient attention in our nursing training.

Aim

To explore the experiences of health care students with simulation training on suicide by a questionnaire and focus groups, as well as to measure students' satisfaction with the simulation training by a questionnaire. This study can increase the understanding of how students experience simulation, lead teachers to design more effective simulation training sessions and to anticipate students' experiences and satisfaction. In addition, this study can lead to a teaching module with interactive simulation that can be used in various care and welfare programs.

Method

A qualitative descriptive study as well as a quantitative study. This study will be conducted in two university colleges in Flanders (Belgium). Each student first goes through the online module of the Flemish Expertise Center for Suicide Prevention on an individual basis. Then the student traverses an audio-visual story with a good case study, followed by the in-vivo simulation and debriefing or vice versa. For the audiovisual story ('good example'), an actor is hired who follows a script written by the teachers. The actor must have relevant experience in this type of simulation within a mental healthcare context. A care provider is also sought within the Flemish expertise center suicide with sufficient practical experience. The role of the caregiver will be taken by one of the teachers/researchers associated with the project, all of whom have ample experience in the matter.

Result

this study will take place in the fall of 2019

Learning outcomes

The participant will be able to understand the purpose of this study.

The participant will be able to reflect on educational possibilities of this study.

The participant will be able to inform about simulation education in mental health nursing.

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SYSTEMATIC REVIEW: MEASURING QUALITY AND SATISFACTION IN MENTAL HEALTH

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Background

In recent years, interest in rigorously assessing quality of care in mental health and nursing has increased. Health professionals and researchers should select the most adequate instrument based on knowledge of its measurement properties.

Aim

To identify the methodological quality of each study and analyse the psychometric properties of instruments measuring quality and satisfaction with care from the perspective of mental health patients and professionals.

Method

A psychometric review was conducted of the instruments from the perspectives of both patients and professionals according to the COnsensus-based Standards for the selection of health Measurement INStruments panel. Articles published from January 2005 to September 2016 identified in a search of MEDLINE, CINAHL and SCOPUS. The analysis included the use of the COSMIN checklist and Terwee quality criteria.

Results

In the 34 studies selected, a total of 22 instruments which measure quality and satisfaction with care provided, according to patients and/or professionals, were identified. Most are instruments with sound, contemporary theoretical foundations. They vary to the extent to which they have been used in empirical studies and with respect to evaluation of their validity and reliability, although five instruments stand out as yielding good-excellent values in quality criteria.

Discussion

The present psychometric review found that five of the instruments met valid psychometric criteria. In light of the current economic situation, future reviews should include analysis of the usefulness of instruments based on cost-effectiveness, acceptability and educational impact.

Learning outcomes

A total of 22 instruments were identified which measure quality and satisfaction with care provided according to patients and/or professionals.

The instruments were subjected to satisfactory psychometric-property testing procedures in five studies. The results of the present psychometric review show that there is no single criterion for the selection of instruments to measure quality, although several instruments do meet the requirements of reliability and validity.

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WALK THE TALK - HOW TO KEEP THE FORENSIC WARD BLOOMING WITH ACTIVITIES

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P.C.Sct Hans, ROSKILDE, Denmark

Background

The poster will present how a forensic department has reorganised the treatment by implementing the use of psychical and other recreational activities. Through the past 12 years we have been inspired to use different kind of treatment the treatment has been documented as relevant for our group of patients. We have developed care and treatment to be an important part of the rehabilitating work.

Aim

The aim was to reorganizing a forensic unit by a shared vision and to 1) Improve the patient health, 2) Create a meaningful everyday life for the patient and 3) Establish a positive staff / patient relationship
The method was a systematic implementation process guided by the framework Plan, Do, Study, Act. The occupational therapist and the ward manager guided the process.
Activity expanded dramatically through the years, from very few activities in 2007 towards a daily program lasting approximately 5 hours a day.

Discussion

Keeping a forensic ward blooming with activities is challenging. Managers have to keep on facilitating the process.

Such as: Keeping on a professional focus, ongoing attention to staff members engagement, developing expertise among staff members, engaging new staff members, simultaneously dealing with new structural changes. *Staff members must keep on motivating patients such as giving them a feeling of being needed and adhere to the structure.*

Conclusion

Keeping a forensic ward blooming with activities is a continuously process. However, it is rewarding for staff and patients.

For success in this process, it is especially important to have the key words: Structure, continuity and predictability.

Learning outcomes

We have learned that it is necessary that these words are supported by having minimum to staff members being responsible for carrying out activities and are employed only for this, only implement what we promise and only promise what we are sure to implement, plan individually tailored activities. Individually adapted group activities, constant modulation of the activities, constant support and attention to the patients, predictability for the patient by knowing with whom they are having activities/training with, where and when it will be.

PATIENTS' EXPERIENCES OF TRAUMA INFORMED CARE APPROACH IN CLINICAL PRACTICE

Amalie Merrild Dieckmann, Cecilia Jespersen, Charlotte Hansen, Dung Le, Kimi Pedersen, Maiken Bjørnmoose Hansen, Maria Iversen, Maria Nielsen, Menaka Jeyakumar, Randi Jessen, Rikke Dorf Brinch, Sarah Boisen Møller, Ulla Vang Grau, nurse

Background

Studies have shown that up to 98% of psychiatric patients have experienced trauma. The awareness of trauma is therefore relevant in psychiatric nursing. By using the principles of Trauma Informed Care Approach (TIC), it is possible to avoid retraumatizing patients and thereby reduce conflicts and coercion. In the Region of Southern Denmark a pilot project is currently being tested in 12 psychiatric units with the purpose of implementing TIC in clinical practice. So far, patients' experiences of TIC have not yet been investigated.

Aim

The aim is to investigate patients' experiences of a Trauma Informed Care Approach in psychiatric clinical practice.

Method

The method used will be questioning adult patients admitted to three psychiatric units in the Region of Southern Denmark during the pilot project. The questions will relate to how patients experience their admissions and how the staff approach them. Every patient admitted during March 2019 who accepts participation will be included in the investigation. The patients will be informed that their answers and participation will be held anonymous. The patients will be asked three questions, using a semi structured interview to clarify the phenomenological perspectives. The answers will be transcribed during the interviews.

Results

The process is still ongoing and therefore the results remain unknown. We expect to get knowledge about how patients' experiences TIC during their admissions.

Discussion

The results can be used to discuss the methods ability and determine benefits for patients admitted to the three units using TIC. Advantages might be increased awareness on the patients' perspective and their experiences towards TIC as an approach. A disadvantage might be that the method chosen will not provide the answers as needed.

Learning outcomes

- 1: The results may lead to increased awareness about the patients' experiences and lead to additional investigation on the subject.
- 2: Based on the results of the investigation it is our intention to learn from the patients' experiences.
- 3: Finally, our investigation may also lead to knowledge for the pilot units in whether they are using TIC in a transparent way.

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OPERATIONALIZING A PATIENT-CENTERED APPROACH BY UTILIZING PATIENT NARRATIVES

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Graduate Students at The Danish Psychiatric Clinical Nurse Specialist studies

Background

Despite considerable effort in implementing a patient-centered approach in Denmark, many psychiatric nurses experience this process as challenging, because it has not been defined or operationalized. Despite a consensus absence on the definition "patient-centered approach", there is an agreement that the concept is about involving the patient's preferences, their life narratives, values and experiences. Patient narratives are there for paramount, when applying this patient-centered approach, as it supports self-awareness, self-control and by validating the insight found in the narratives.

Aim

Utilizing patients' narratives in the field of patient-centered approach and which interventions psychiatric nurses can abide to.

Method

Clinical as well as theoretical knowledge acquired at the Danish Psychiatric Clinical Nurse Specialist studies, based on the intervention tools Guided Self Determination (GSD) and The Tidal Model, when applying a recovery and empowerment-oriented approach.

Results

Our own clinical experience is consistent with what the intervention tools (GSD and Tidal model) provide. Utilizing these intervention tools, pave the way for both patients and psychiatric nurses to access insight into the life narratives. The patient's own voice becomes clearer in relation to their selection and deselection into the recovery process, thus increasing ownership. The universe of what is self-evident or given becomes illuminated.

Discussion

There is a consensus absence on the definition "Patient-centered approach", it is therefore perceived as challenging for psychiatric nurses to utilize in practice, as it has not been operationalized. By applying one of the aforementioned evidence-based intervention tools, the patient-centered approach becomes easier to transfer to practice. One can thus question whether the approach is patient-centered, when the intervention is selected in advance by psychiatric nurses. However, one can argue that by focusing on the patient's life narrative, including hopes, values and choices, both interventions can be used, since they both have a recovery and empowerment-oriented approach with the patient in the center.

3 intended learning outcomes:

Patient narratives are crucial in a patient-centered approach. Every patient is an expert in their own life narrative. Patients that utilize their own articulations and narratives, begin to express meaning in their lives.

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COLLABORATIVE DOCUMENTATION STRENGTHENS THE PARTNERSHIP BETWEEN INPATIENT AND NURSE

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The Danish National Health Authority, Education for Psychiatric Clinical Nurse Specialists

Background

In Danish national guidelines, patient involvement is a high priority. Patient involvement exists in many different contexts and on different levels, and collaborative documentation (CD) is one way to strengthen the partnership with the patient. *The Tidal model* highlights the importance and cruciality when using patients own words, inputs and experiences as a part of the documentation chart.

CD is a clinical tool that provides patients with the opportunity to share their perspectives.

At the same time CD contributes to clarify the nurses understanding and observations.

Through our clinical experience in adult psychiatric wards, we have observed that patients are not involved in CD, even though they seem to have an interest in collaborative documentation. Current research on CD is limited.

Aim

To increase knowledge, share clinical experience and present inspiration on collaborative documentation in adult psychiatric wards.

Methods

Our experiences with collaborative documentation are generated from 7 different adult wards.

First-hand words, inputs and perspectives were daily documented into inpatient documentation charts.

Furthermore, nurses documented their shared observations and reflections with the inpatient. CD was individually planned and executed with the inpatient's collaboration, while sitting next to the inpatient.

Legislation was taken into consideration concerning personal inpatient data.

Results

Through our clinical experiences we discovered that inpatients in general want to be involved in collaborative documentation. The poster illustrates experiences from clinical practice.

Discussion

Even though the inpatients in general wanted to be involved in the documentation process, some nurses showed resistance towards CD. Nurses reflected on different barriers, such as: "What if a client has too many cognitive deficits to participate in CD? What if I have a different perspective than the client? Is CD more time consuming?" Despite resistance from some of the nurses, they still reported positive outcomes when working with CD.

Learning outcomes

- Collaborative documentation as a tool to improve engagement and involvement with inpatients.
- Collaborative documentation as a tool to improve the recovery process.
- Providing motivation and inquisitiveness to encourage collaborative documentation

References

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DO YOU STIGMATIZE YOUR PATIENTS? THE ROLE OF NURSES IN DE-STIGMATIZATION

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Postgraduate Mental Health Nurses 2019

Background

It is not uncommon to experience stigmatizing attitudes among health professionals working within the psychiatric care system (1). Research shows that this stigmatization occurs primarily in settings in which the patients are at their most distressed and most in need of treatment (1,3). Stigmatization comes across in the way health care professionals refer to patients as well as their pessimistic outlook regarding the outcome of hospitalization and treatment (1-3). This impedes the patients' recovery process, ostracizes them from social communities and prevents them from seeking or continuing treatment (1,3).

Aim

To investigate how health professionals avoid stigmatizing psychiatric care patients within a hospital setting.

Method

We conducted a literary search in Pubmed and Cinahl.

Results

From the collected data four themes to decrease stigmatization emerged: education of staff, supervision, a recovery-oriented approach to nursing and psychoeducation of patients to counter their expectations and experiences of stigmatization. In order to decrease stigmatization emphasis lie on the mental health professionals to change by challenging their beliefs, use of language and manner in which they refer to patients (1,3).

Discussion

This study is still in development which limits the literary review and the consequent analysis. The data collected from literature show four strategies to reduce stigmatization, strategies that concur with experiences from our clinical practice. As stigmatization is still widespread, it is questionable whether these strategies have had the desired effect. This raises the question if the way forward to decrease stigmatization is to increase staff's awareness of their own stigmatizing behavior. Furthermore, this study wishes to challenge whether it is possible to practice recovery-oriented healthcare if the existence of stigma is not taken into account.

Learning outcomes

Participants will

- Be aware of health care professionals' stigmatization of patients with mental disorder
- Have an understanding of interventions to decrease stigmatization
- Be able to discuss how to employ interventions to avoid stigmatization

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HOW DO NURSES ACHIEVE PARTNERSHIP WITH INPATIENTS UNDERGOING INVOLUNTARY TREATMENT?

Charlotte Flanding, Ivana Bratic, Karin L Nielsen, Sandra K Buhl, Sara R Nørregaard, Mette Bastrup, Petrine Langstrup, Louise Kauffmann, Susanne W Emde, Tina Sørensen, Camilla Hopkins, Sofie Schuster, Caroline Costa & Asbjørn Andersen, Postgraduate Mental Health Nurses 2019

Background

There is evidence that involuntary treatment can undermine the relationship between mental health care professionals and inpatients. At the same time evidence demonstrate that good relationship and partnership are important for long-term recovery. Despite this evidence, only few studies identify how inpatients experience their relationship with health care professionals while under involuntary treatment (1).

Aim

The aim of this study is to examine how nurses achieve partnership with inpatients undergoing involuntary treatment.

Method

Through a literature search, three qualitative studies involving the keywords involuntary treatment, relationship and partnership were selected and evaluated.

Results

The examined studies report that good relationship and partnership are possible even undergoing involuntary treatment.

In order to achieve this, the following factors are important:

The behavior and attitude of mental health care professionals, involvement in decision making and transparency in treatment, time with the patient and supportive, respectful and caring approach that look beyond the illness and includes alternatives to medical treatment. These findings are compatible with the recovery principles and can be used in daily practice (1-3).

Discussion

The findings may seem simple, therefore it can be questioned why they are not integrated in daily practice. It can be debated whether the apparently simple is in fact complex in a regular busy day at the ward. Time, culture, power structures and individual competencies, can influence whether involvement in decision making, transparency and a respectful and caring approach are possible.

Learning outcomes

- 1) Participants will have an understanding of how partnership and involuntary treatment can coexist.
- 2) Participants will identify factors that influence nurses and inpatients mutual relationship, during involuntary treatment.
- 3) Participants will recognize and appreciate the use of The Tidal Model, as a specific way for supporting relationship and partnership.

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FAMILY MATTERS - SEARCHING FOR PRACTICAL SOLUTIONS IN ADOLESCENT PSYCHIATRY

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Background

Results from a comprehensive meta-analysis regarding relationship variables in youth and family therapy (2005), points out that parent willingness to participate, parent participation and a therapeutic relationship with the parents, have a significant positive outcome in treatment for the patient (1). Compared with our experience from clinical practice the study encouraged us, to explore the way we work with parent involvement.

Aim

The aim of this study is to identify possible evidence-based nursing interventions to help parents support their children's recovery from mental illness.

Method:

The design used in this study was a literature search using the words: *Parents, adolescents, mental health, recovery and family nursing*. The outcome was 12 articles and after a critical review we selected 3 articles, which were evaluated.

Results:

Early parent education, can provide a better understanding on how to support their children (1). Early education helps parents to identify feelings of being responsible, guilty and angry (2). Another study shows that if nurses use Family Nursing Therapeutic Conversations (FNTC), as a nursing intervention, the outcome for the family will show a closer, constructive and stronger relationship within the family (3).

Discussion:

This abstract is best compared to a clinical development project. We believe that using FNTC as a nursing intervention to improve parent participation in mental health treatment can strengthen recovery. However, there is need for comprehensive research in this thesis. Therefore we would like to encourage more nursing research in this subject.

Three learning outcomes:

- Understand and explain the importance of the family's involvement in the adolescent's recovery process.
- Identify nursing interventions regarding family nursing.
- Understand the parent's needs in their first encounter with adolescent psychiatry.

References:

Article 1:

Ward L, Gwinner K. : "It Broke Our Hearts": Understanding Parents' Lived Experiences of Their Child's Admission to an Acute Mental Health Care Facility, *Journal of Psychosocial Nursing and Mental Health Services* 52(7):1-6, 2014

Article 2:

Karver MS, Handelsman JB, Fields S, Bickman L: "Meta-analysis of therapeutic relationship variables in youth and family therapy: The evidence for different relationship variables in the child and adolescent treatment outcome literature" *Clinical Psychology Review* 26: 50-65, 2006

Article 3:

Voltelen B, Konradsen H, Østergaard B: Family Nursing Therapeutic Conversations in Heart Failure Outpatient Clinics in Denmark: Nurses' Experiences, *Journal of Family Nursing*, 22(2) 172-198, 2016

PATIENT-NURSE PARTNERSHIP IN PSYCHIATRIC CARE – A MYTH? CHALLENGES, OPPORTUNITIES AND INVENTIONS

Registered nurses from the Specialist Study Programme in Psychiatric Nursing in Region Zealand, Denmark: Charlotte Jessing, Janne Bredo, Katja Asring, Jenny Bjerg Jensen, Linda Pedersen, Lone Ganderup, Ulla Løfqvist, Amal Mohamed, Mette Johansen

Background

Professor in Health Care Jan Mainz documents positive outcomes in patient safety, treatment and satisfaction ascribed to increased patient involvement. Increased patient involvement stands as a central goal in Danish Health Care Policies as well as in the regional psychiatric care of Region Zealand, thus it is often documented that patients do not experience being listened to or that their knowledge, wishes and needs are taken into account.

Aim

The aim of the study is to examine challenges and barriers in developing Patient-Nurse Partnerships with a specific focus on patient involvement, Shared Decision-Making and Recovery-orientated practice.

Method

This study will discuss Patient-Nurse Partnerships related to challenges, opportunities and inventions based on three scientific studies.

Results

Challenges

A comprehensive review shows that Shared Decision-Making is a challenge to implement because of twelve common beliefs about barriers to scaling up shared decision-making. The study indeed found evidence to the contrary¹.

Ongoing dissatisfaction with care planning involvement suggests a failure to translate policies into practice. A qualitative study describing patients view on patient involvement shows the importance of patient-nurse relationships and patients contributing to the care planning process².

A recent Danish PhD-study on recovery-orientated treatment in inpatient settings documents patients requesting increased involvement in planning of their treatment as well as spending more time with the nurses. Furthermore the qualitative study reveals that patients experience lack of choice and influence on their treatment. Finally research concludes that nurses are familiar with recovery-orientated terms though these terms are scarcely transferred into practice³.

Opportunities/inventions

One study highlights patients as consistent in their desire for increased personalization of their care plan to accommodate their individual goals and health needs².

The study focusing on myths and barriers to shared decision-making suggests continued attention on dismantling these myths and the beginning of evidence-based practice¹.

The PhD-study suggests that local units discuss and formulate specific ways of working recovery-orientated in clinical practice³.

Discussion

There is a lack of research on strategies in recovery-orientated clinical practice implementation. This study stands as a reminder that policies seeking to enhance recovery-orientated strategies must be discussed and formulated in local policies, in order to enhance a recovery-orientated practice.

Three learnings

- Leadership focusing on Patient-Nurse Partnerships.
- Bottom up initiatives to bridge the gap between theory and practice.
- Taking patients knowledge into account when nursing.

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¹France Legare, Philippe Thompson-Luduc 2014. Twelve myths about decision-making. *Patient Education and Counseling* 96.

²Grundy A.C. et al 2015. Bringing meaning to user involvement in mental health care planning: a qualitative exploration of service users perspectives. *Journal of Psychiatric and Mental Health Nursing*.

³Madsen A K W 2018. *Recovery orientation in clinical practice: How does it unfold in mental health inpatient settings?*. PhD Thesis. University of Copenhagen. Faculty of health and medical science.

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WHAT'S GOING ON AT THE NURSING OFFICE? – HOW ABOUT NEW CARING STRATEGIES IN PSYCHIATRY?

Registered nurses from the Specialist Study Program in Psychiatric Nursing, Region Zealand, Denmark: Andreassen, G. L., Ethelberg, L. E. Z., Hansen, J. C., Kanstrup, R. L., Lundstrøm, C., Meyer, K., Neubert, L., Neumann, M., Paaschburg, M., Träger, K. H. D.

Background

According to research^{1,2} patients want to spend more time with health care professionals, but in clinical practice it is observed that the professionals spend most of the time at the nursing office. A Danish Ph.D. study from 2018³ describes how psychiatric patients experience the lack of dialogue with the caretakers. The patients describe a feeling of being monitored from the office without knowing, what is being monitored. In Region Zealand in Denmark, the nursing offices are made of see-through glass.

Aim

The aim of this study is to investigate what caretakers spend time doing at the office, including which factors that prevent the caretakers from spending more time with the patients. The patients state that the caretakers spend too much time at the office.

Method

This pilot study contains an observational and a questionnaire design. The observations will be the starting point for a questionnaire, which will explain what the caretakers indicate they spend time on at the office. Observations and questionnaires are made in four different psychiatric wards.

Results

Observations made it clear that the caretakers spend time on work related assignments as well as non-work related assignments. The questionnaires state that it is the many required work assignments, which keep the caretakers from spending more time with the patients, especially the "top-down" required documentation.

Discussion

The observational study took place in four non-comparison psychiatric wards. There has been a difference in shifts (day and evening shifts) as well as the numbers of permanent caretakers and the use of substitutes. Work conditions may also have influenced the outcome. In relation to the questionnaires, it is worth having in mind that the caretakers may not know the difference between work related and non-work related assignments. However, this calls for further investigation.

Three learning outcomes Health care professionals spend too little time together with the patients, and the patients wishes for more time spent with health care professionals.

- Increased assignments and "top-down" documentation requires more time spend at the office, which may be due to the new electronic documentation system.
- Research suggests that the time spent with the patients is of great importance in relation to the outcome of their treatment.

Three references

¹Grundy, A. C. et al. 2015. *Bringing meaning to user involvement in mental health care planning: a qualitative exploration of service user perspectives*.

²Sharac et al. 2010. *Nurse and patient activities and interaction on psychiatric inpatients wards: a literature review.*

³Waldemar, A. K. 2018. *Recovery orientation in clinical practice: how does it unfold in mental health inpatient settings?*

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PSYCHIATRIC OUTPATIENTS' EXPERIENCE WITH VIDEO CONSULTATIONS

Bach, L., Jørgensen, S., Kristensen, L., Møller, M., Nielsen, B., Radmer, U., Sabaratnam, K.

Background

In the Region of Southern Denmark mental treatment can include video consultations which is expected to ensure flexibility and coherence in treatment, reduce transport for both outpatient and therapist and prevent non-attendance and cancellations. In Denmark little is known of outpatients' experience with video consultation. This paper aims to examine psychiatric outpatients' experience with video consultations and whether video consultations can replace face-to-face meetings and prevent cancellations.

Aim

To examine the experience of video consultations among psychiatric outpatients in the Region of Southern Denmark

Method

Questionnaires are provided to the patients by the primary therapist.

The informants are forensic psychiatric outpatients from the Region of Southern Denmark, since the process with implementation of video consultation is in progress here. Currently 35 patients receive video consultations. The examination is not diagnosis specific.

The following questions has been asked:

- What is your experience with video consultations?
- The Region of Southern Denmark aims for the treatment to be more coherent using video consultations. What is your opinion of this?
- Can face-to-face meetings be replaced by video consultations?
- Can video consultations prevent cancellations?

Result

Questionnaires have been sent and results are awaited. The results should be interpreted with caution because of the small sample.

Discussion

There may be some uncertainty if the results are representative, since the informants only constitute a minor part of the total psychiatric patients in the Region of Southern Denmark.

For increased validity, the study should represent a broader part of the total psychiatric patients in the Region of Southern Denmark.

Further research is necessary to gain more insight into the experience of video consultation among psychiatric outpatients.

Three learning outcomes

It is the intention to qualify the use of video consultation in treatment of psychiatric outpatients.

Preliminary results from abroad shows a general satisfaction with video consultations in treatment of outpatients.

Over the next years e-mental health is expected to gain more ground to reduce lack of resources and increase productivity.

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FUTURE MENTAL HEALTH

Annemette Lodberg, Camilla Dengsø, Ditte Rode Juhl , Gitte Dahl, Jette Barkholt, Kristina Stærsholm, Louise Marckmann Hansen, Maibritt Frees Mikkelsen, Majbrit Outzen, Marianne Borch, Marianne Schou, Sally Clausen, Tanya Olesen

Aim

The aim is, Exploring the citizens opinions about a mobile psychiatric bus with increased accessibility

Method

A questionnaire both quantitative and qualitative answers with about a psychiatric mobile unit is distributed among mentally vulnerable citizens. The inclusion criteria is the individual experience with mentally vulnerability. A mobile unit consist of psychiatrist, physiotherapist and a psychiatric nurse.

Result

We expect the survey, to give an increased varied knowledge about the mentally vulnerable citizens opinions and accessibility about a mobile unit. In addition we will have the opportunity to monitor and compare data in order to confirm or deny our hypothesis about a mobile unit offer will increase accessibility.

Background

Better psychiatry, a union for the mentally vulnerable patients and their relatives, estimate that 36,9% of the Danes, believes that mental illness is the most important health challenge in Denmark. Increasing the accessibility for vulnerable citizens in an early intervention is recommended by the Danish health authority. In the Region of Southern Denmark, there is an increased focus on the vulnerable citizens. A 24-hour offer to the vulnerable citizens is tested by a pilot-project, the project shows that accessibility gives safety and prevent hospitalizations.

Discussion

Based og previous finds we expect to find increasing need for more accessibility offer for vulnerable citizens. It is assumed that the questionnaires will support the above study. The validity of our questionnaire survey is limited qua the methods and the small amount of respondents. The fundamental hypothesis of the project should be followed up by further research.

Learning Outcome

- We attempt to get more attention to the need for accessibility by a mobile unit.
- We might get an indicator of whether our hypothesis provides the basis for further development of the project.
- We hope the mobile unit with increased accessibility and will create peace of mind and prevent hospitalization for the mentally vulnerable.