1.1.1
New Modes, New Practices
A survey of healthcare workers' attitudes to, and knowledge of, smoking
Professor Neil Brimblecombe, RN, PhD, MSc, BSc
Professor of Mental Health, London South Bank University, UK
Co Author(s): Prof Fiona Nolan, RN, PhD, Professor, University of Essex

Abstract
Introduction
The authors will describe the rationale for, and development of, an online survey of health workers' attitudes to smoking and report early findings.
Background
High rates of smoking amongst people with severe mental health problems persist even where other populations have seen significant reductions. Healthcare professionals can play a key role in the process of smoking cessation as advisers, prescribers and behavioral models for service users, so information is important regarding their attitudes to, and understandings of, smoking and their role in providing help to smokers. Existing evidence suggests significant numbers of mental health professionals hold attitudes and misconceptions that may undermine the delivery of smoking cessation.
Aims
1. To develop and test a measure of healthcare workers' attitudes to, and knowledge of, smoking
2. To understand attitudes to, and understandings of, smoking held by trainee and qualified healthcare workers
3. To ascertain whether workers' attitudes may be linked to demographic factors, profession, clinical specialty or country of practice.
Methods
A 14-item measure was developed and subjected to factor analysis. At 1st May 2018 responses had been compiled from groups of senior mental health professionals, assistant practitioners and trainee psychiatrists in the UK and 130 nurses from Mongolia. Further participants will be recruited from universities and healthcare provider organisations in the UK and other countries over the next 12 months. The survey comprises 2 scales and demographic questions
1. The (Modified) Smoking Attitudes Survey (MSAS), an established tool with four sub factor scores
2. Healthcare Workers' Smoking Opinions Survey (HeWSOS), a 14-item tool developed and piloted within this project
Results and discussion
We will describe development of the HeWSOS, present the results from the initial cohorts and describe progress in expanding the study within the UK and internationally. We will also discuss any challenges encountered in delivering the project, as well as early implications of our findings.

Recommended reading
- Shore T.H., Taschian A. & Adams J.S. (2000), Development and validation of a scale measuring attitudes towards smoking. Journal of Social Psychology, 140, 5, 615-23.
- NHS Digital (2016). Statistics on Smoking, England – 2016.
- McNally L., Oyefeso A., Annan J., Perryman K, Bloor R, Freeman S, Wain B, Andrews H, Grimmer M., Crisp A., Oyebode D., Ghodse A.H. (2006). A survey of staff attitudes to smoking-related policy and intervention in psychiatric and general health care settings. Journal of Public Health, 28(3), 192–196.

Biography

Neil is Professor of Mental Health at London South Bank University, and MHClinical Lead for the Urgent and Emergency Care Collaborative. He was Director of Nursing for 3 mental health Trusts, and Director of Mental Health Nursing at the Department of Health, where he led a national review of the profession. He completed his PhD on Crisis/home treatment services and edited the first book in the UK on this topic. He has also edited a volume on European approaches to mental health care. Research interests include technology in mental health, new professional roles and the history of mental health care.

1.1.3
New Roles and Breaking the Mould
Co-creating solutions to address the everyday challenge of living with dementia: research-to-innovation as a good and ethical practice
Grahame Smith, RMN, RNT, DipHSW, BA, BSc (Hons), PGCE, PGDip, MA, MEd
Reader in Mental Health, Liverpool John Moores University, School of Nursing & Allied Health, UK
Co Author(s): Dr Bibha Simkhada, Research Assistant, Liverpool John Moores University, School of Nursing & Allied Health

Abstract
The Centre for Collaborative Innovation in Dementia provides an open innovation environment (living lab) focusing on co-creating solutions to address the everyday challenge of living with a health condition, in this case dementia. Solutions can include service delivery changes and technological innovations. This type of approach within the health innovation field is recognised by the European funded project (HELIUM) as a good practice. The HELIUM project aims to increase the effectiveness of health innovation within the project partner regions - UK, Netherlands, Belgium, Hungry, and Portugal.
This paper describes how this living lab work is not only good practice within a research-to-innovation context it is also situated within an ethical context – something we ought to do. The living lab brings together collaborative partners to co-create real life solutions. To be effective, fit a need and have a value, these real life solutions are co-created in a way that people living with dementia are centrally involved in the process. The living lab is a pragmatic research environment akin to participatory action research. The mediating factor in how the ideas generated during this process become solutions relates to their 'value' in addressing the everyday challenges of living with dementia. This value can only be measured in use, value-in-use; however, value-in-use is more likely to be accrued where the user of a solution is a co-creator of that solution. Giving a voice to people living with dementia through the living lab process is of crucial importance. This voice is captured through a listening exercise, which ensures that the understanding of a shared experience is the same as the person who shared the experience – preserving true meaning and value. In conclusion, the living lab approach meets the simple measure of good involvement in that people with dementia are consulted and collaborated with, and feel in control. Giving a meaningful voice places this approach within a relational ethics context where ethical action is explicitly embedded within the co-creation process, a relational process. It also meets the ethical requisite that people with dementia are accepted on their own terms as solution finders and co-creators.

Recommended reading
- Bergvall-Kåreborn, B., Eriksson, C.I., Ståhlbröst, A. and Svensson, J., 2009. A milieu for innovation: defining living labs. In ISPIM Innovation Symposium: 06/12/2009-09/12/2009.
- Pallot, M., Trousse, B., Senach, B. and Scapin, D., 2010, August. Living lab research landscape: From user centred design and user experience towards user cocreation. In First European Summer School" Living Labs".
- Grönroos, C. and Voima, P., 2013. Critical service logic: making sense of value creation and co-creation. Journal of the academy of marketing science, 41(2), pp.133-150.

Biography
I am mental health nursing academic, a reader in mental health and a subject head. In addition, I am the centre lead for the centre for collaborative innovation in dementia, an

accredited health living lab - European Network of Living Labs (ENoLL). I continue to practice, research and publish within the mental health nursing field, my specific interests include living well with dementia, user-centric innovation (health), and mental health ethics.

1.2.2
New Roles and Breaking the Mould
Empowering control of self-harming behaviours in young people
Lou Cherrill, BSc PgCert,
Student Nurse, UEA, UK

Abstract
Title: Empowering control of self-harming behaviours in young people.
Theme: New Roles and Breaking the Mould
Background
The following paper will look at the creation of an artefact for the use by a young person when contemplating self-harm. The artefact was developed as part of the author's mental health nursing studies and has since been taken up and put to successful use by the local Child and Adult Mental Health services. The artefact was designed to delay cutting for fifteen minutes, giving the young person a chance to reduce their distress without harming themselves. In the interim the young person is prompted to seek more proactive coping measures in dealing with their impulses.
Method
This pilot evaluative study looks at the construction of the artefact drawing on the public mental health literature. It evaluates the uptake and use of the artefact in clinical practice and in meeting the objective of reducing self-harming behaviours in young people.
Findings
Initial findings suggest that there has been a good uptake of the artefact in clinical practice and that it meet its objective of helping prevent self-harming behaviours amongst the target population.
Discussion
Self-harm as a behaviour serves a purpose or meets a need for adolescents, indicating that they are in distress (Doyle, Sheridan and Treacy, 2017). Attempting to completely stop or prevent this behaviour increases the risk of suicide and escalation in self-harming behaviours (Edwards and Hewitt, 2011). Nurses need to have and be able to share with young people, their parents and their teachers an understanding of what behaviours constitute self-harm, what causes these behaviours and how to enable the young people to find alternative ways to alleviate their distress.
Conclusion
Whilst the feedback to date has been positive from those that have used the artefact, the idea is to run a more extensive evaluation over a longer period of time, looking at explaining the enactment of behaviours following the use of the artefact, and the consistency between intention and behaviours over time. It is this that will be reported on at conference.

Biography
Lou Cherrill is soon to qualify as a Mental Health Nurse and is looking forward to the opportunities that this brings. She has a passion and interest for Child and Adolescent Mental Health Nursing and has gained valuable experience in a number of clinical settings. Lou has published as part of her studies and is seeking to develop her research knowledge and understanding.

1.3.1
New Vision, New Platforms
The physical and mental health of acute psychiatric ward staff, and its relationship to experience of physical violence
Dr. Laoise Jean Renwick, DipHE:RMN, BNS, PhD
Lecturer, University of Manchester, UK

Abstract
Background: One of the largest employers in the world, the NHS provides much of the mental health care in the UK. The welfare of staff is critical to providing high-quality, sustainable care
and for the first time, services will be commissioned on improvements in staff health and wellbeing (NHS England, 2017). Absenteeism rates are high; concern has been raised that inadequate staffing levels, high use of temporary staff and unfilled vacancies, excessive administration and larger caseloads increases patient safety issues (Care Quality Commission, 2017). In acute care, role-specific threats such as increased violence can compromise the physical and mental health of staff (Johnson et al., 2011) although few studies investigate whether there is a generalised impact of being victim to violence and whether staff health profiles substantially differ from norms such that role-specific threats warrant investigation.
Aim: We aimed to evaluate and describe the physical and mental health of staff on acute psychiatric wards and examine whether violence exposure is linked with health status.
Method: We undertook a cross-sectional survey with 564 nursing staff and healthcare assistants from 31 psychiatric wards in 9 NHS Trusts using the SF-36, a reliable and valid measure of health status and compared summary scores with national normative data. Additional violence exposure data were collated simultaneously and also compared with the physical and mental health of staff.
Results: The physical health of staff was worse and their mental health was better than the general population. Physical health data were skewed and showed a small number of staff in relatively poor health while the majority were above average. Better physical health was associated with less time in the current post, a higher pay grade and less exposure to mild physical violence in the past year. Better mental health was associated with being older and Black African ethnicity.
Conclusion: The impact of very poorly people at work needs to be considered as the quality of care may be compromised despite this being an example of inclusiveness, equal opportunities employment and positive staff motivation. The link between ethnicity and mental health warrants further exploration.

Recommended reading
- CARE QUALITY COMMISSION 2017. The state of care in mental health services 2014 to 2017: Findings from CQC's programme of comprehensive inspections of specialist mental health services. . Newcastle-upon-Tyne: Care Quality Commission.
- JOHNSON, S., WOOD, S., PAUL, M., OSBORN, D., WEARN, E., LLOYD-EVANS, B., TOTMAN, J., ARAYA, R., BURTON, E., SHEEHAN, B., HUNDT, G., WELLMAN, N., NOLAN, F. & KILLASPY, H. 2011. Inpatient Mental Health Staff Morale: a National Investigation. London.
- NHS ENGLAND 2017. NHS staff health and well-being: CQUIN 2017-19 Indicator 1 Implementation Support. Leeds: NHS England.

Biography
Laoise is a lecturer in mental health in the Division of Nursing, Midwifery and Social Work at

the University of Manchester. She has spent many years conducting research on the consequences of delays in getting help for psychosis such as quality of life, achieving symptom remission and recovery of functioning. Laoise is also interested in improving patient-centred outcomes and enhancing research capacity among nurses to provide the best evidence to support service delivery for people with psychosis.

1.3.3
New Roles and Breaking the Mould
Subjective experiences of newly graduate nurses, in their first two years of employment, working in a forensic mental health service
Emily-May Barlow, Bsc
Clinical Academic Fellow, Abertay University, United Kingdom

Abstract
Background: Transition, from student nurse to new graduate, is multifaceted (Rush et al, 2015); the transitional year should consolidate learning from the undergraduate programme and support the individual into clinical practice (Hayman-White et al. 2007). Modifiable workplace factors (e.g. basic work conditions, work empowerment) play an important role in influencing new graduates' job satisfaction and turnover intentions (Laschinger, 2012). By supporting new graduates in their first employed nursing role, there is potential for improvement in staff retention; given the National shortage, recruitment and retention issues in nursing (Flinkman et al, 2010), and that new graduates compose a significant proportion of the nursing workforce (Wing et al, 2015), the impact of this is significant. In addition to negative factors associated with the nursing profession i.e. burnout, work-family conflict, stress (Flinkman et al, 2010), forensic nursing is a speciality (Kent-Wilkinson, 2011) with additional working difficulties, such as custodial concerns, compulsory detention, forced treatment and the risk to others (Mason et al, 2008).
Aims: To better understand what the experiences are of newly graduated mental health nurses working in a forensic service.
Sampling method: Convenience sample from 1 x Secure Mental Health Service provider in NHS Scotland.
Analytical approach: Theoretical thematic analysis (Braun and Clarke, 2006). The interview schedule will guide the categorisation of themes (for analysis), rather than prevalence of responses.
Findings: This project is still in progress; consequently no formal findings can be discussed at present. The interview schedule incorporates questioning about the participants day to day role, their prior experiences, pre-graduate preparation for the role, training, organisational support and their future aspirations.
Discussion and Conclusion: The intention of this study is not bring contempt to the opportunity for new graduate nurse's working in forensic care, but rather to explore their experiences. Martin et al (2007) published the positive experiences of new graduates working in forensic mental health nursing; participants denied feeling disadvantaged by its specialist nature (although they required sufficient numbers of competent and nurses as support). Depending on the results of this proposed study, opportunities may be identified for development work in supporting newly graduate nurses.

Recommended reading
- Martin, T., Donley, M., Parkes, J. Wilkins, C., 2007. Evaluation of a forensic psychiatric setting to provide a graduate nurse programme. International Journal of Mental Health Nursing, 16(1), 28–34.
- Flinkman, M., Leino-Kilpi, H., Salanterä, S., 2010. Nurses' intention to leave the profession: integrative review. Journal of Advanced Nursing, 66: 1422–1434.
- Kent-Wilkinson, A., 2011. Forensic nursing educational development: an integrated review of the literature. Journal of Psychiatric and Mental Health Nursing, 18: 236–246.

Biography

Emily-May qualified as a mental health nurse in 2013; she worked clinically in inpatient substance misuse, and ‘Intensive Psychiatric Care’, before obtaining her current role with Abertay University.

Emily-May's current role is split 50/50 between NHS Tayside and Abertay University. In NHS Tayside, she works clinically in a low secure forensic Unit. At Abertay, Emily-May undertakes research and teaching responsibilities. She is currently studying a Masters by Research, whereby she is investigating ‘therapeutic leave’ for mental health in-patients. Her teaching links theory to practice; she relishes being able to provide ‘real life’ context to much of the taugh theory.

1.4.2
New Roles and Breaking the Mould
Working in partnership with Notts County FC to deliver mental health interventions
Dr Alan Pringle, RGN, RMN, BSc(Hons), PGCHE, PhD
Assistant Professor, University of Nottingham, United Kingdom

Abstract
This session presents findings from a range of mental health intervention programmes delivered by coaching staff at Notts County's Football in the Community base in Nottingham and in the wider community. The club work closely with staff from the University of Nottingham to design evaluation tools for their mental health programmes and to carry out evaluations of the interventions delivered.
It describes the development of the relationship between the University of Nottingham and the club in which the University provides mental health expertise and evaluation support for the staff delivering the programmes and in which the club provides placements for student nurses and opportunities for students to work with staff and service users to evaluate programmes for dissertation purposes.
Using data from evaluations of three mental health programmes (one focusing on adult men, one on adult women and one on primary school age children) the presentation looks at how delivering mental health care through sports coaches in the club builds on earlier mental health and football work. The presentation charts move from individual projects being run with no coherent overview to a more wide ranging strategic approach to delivering health interventions to a whole community.
Notts County coaches have been involved in delivering mental health interventions for men and women, for people with dementia, for adolescents and primary school age children and for refugees in the local community.
The presentation also looks at the recent development of a mental health consultant post in which a qualified mental health nurse now works in the club providing clinical supervision and teaching for coaches and direct contact for those accessing the groups.

Recommended reading
- Pringle A (2009) The growing role of football as a vehicle for interventions in mental health care Journal of Psychiatric and Mental Health Nursing 16 (6) pp553-557
- Spandler, H., Mckeown, M., Roy, A. & Hurley, M. (2013) 'Football metaphor and mental well-being: an evaluation of the It's a goal! programme', Journal of Mental Health 22(6) pp544-554
- Carter, T., Callaghan, P., Khalil, E., & Morres, I. (2012). The effectiveness of a preferred intensity exercise programme on the mental health outcomes of young people with depression: A sequential mixed methods evaluation. BMC Public Health, 12, 187-187.

Biography
Alan trained as a mental health nurse in Glasgow before moving to Mansfield as a charge nurse in 1987. In 1993 he began to work part time between Millbrook mental health unit and The University of Nottingham as a teacher/practitioner until moving full time to the University of Nottingham in 2004.
Alan's PhD focused on football and mental health and he has been involved in several football and mental health programmes including setting up the "It's a Goal" programme the put mental health staff in football clubs and in setting up a service user football league in Nottinghamshire.

1.5.1
New Vision, New Platforms
Tackling the inescapable. What matters in mental health care for older people.
Dr Elizabeth Collier, PhD
Senior lecturer in mental health nursing, University of Derby, UK

Abstract
Background Older people with mental health problems (OPMHP) are a sub-group of both mental health service users and older people service users. Therefore, their distinct voice has been diluted by the larger groups in which they exist and there is little evidence internationally to inform our understanding of the experiences of OPMHP.
Aims This project aimed to address this gap by engaging in conversations with OPMHP in order to: (a) listen to their experiences and (b) collaboratively identify priorities for future research.
Methods With reference to phase 1 of the 'Ordsall method' of participatory action research (Simmons & Perry 2016) seven men and five women aged 52-86 in the north of England, UK were consulted about their experiences. Six meetings/conversations took place during a three month period (April-July 2017). The conversations were shaped by the questions: What does 'older person' mean to you? 'What matters in mental health care for older people'? (including discussion about what was meant by 'age appropriate') and 'What should be researched'? Extensive notes were made of the discussions at each meeting.
Analysis & Findings The older people category found mixed and contradictory ideas about what older person meant. Content analysis of the notes identified eight themes: 'Mutuality', 'Sensitivity', 'Carers', 'Exclusion', 'Meaning and Purpose', 'Politics', 'Physical and Mental Health Integration', and 'Mortality'.
Discussion The themes overlapped somewhat but some new insights emerged which are perhaps not well explored in international literature or policy. The idea of age appropriateness was confusing and was not defined but was conflated with illness and frailty. There was an emphasis on ageism that is in contrast with international mental health policy that does not appear to address the complexity of discrimination on the basis of age for OPMHP.
Conclusion This project raises a number of issues worthy of further exploration, e.g.the intersectionality of mental health and age discrimination. This is particularly important for policy developments where progress must be based on up to date evidence. Mental health nurses have an important role to play in envisioning new platforms where culturally ingrained ageism can be challenged for OPMHP.

Recommended reading

- Joint commissioning panel for mental health (2013) Guidance for commissioners of older people's mental health services. JCPMH London. http://jcpmh.info/wp-content/uploads/jcpmh-olderpeople-guide.pdf
- Latimer, J. (1997) Figuring identities: older people medicine and time. In Critical approaches to ageing and later life, Chapter 12. Eds. A. Jamieson, S. Harper, C. Victor Open University Press, Buckingham
- Simmons, J., Perry, B. (2016) Maximising what's already there. Increasing research impact in communities using the Ordsall Method. University of Salford, UK. https://www.researchgate.net/publication/305672585_The_Ordsall_Method_Maximising_What%27s_Already_There

Biography

Elizabeth is a registered mental health nurse and is currently employed as a lecturer at the University of Derby. She has worked as: a staff nurse (severe dementia & assessment ward), a research nurse, a ward manager and a lecturer practitioner. She has a BSc (Maths & Psychology), an MSc (Nursing) and a PGCE. She has also completed a PhD entitled 'A biographical narrative study exploring mental ill health through the life course'. She is interested in contemporary recovery concepts, evidence based practice, dementia, mental health in later life, long term mental ill health, life course and age discrimination. Jennie is a passionate advocate of trauma informed practice and as the most recent award winner of the Nursing Times 2018 Nurse Educator of the Year, her passion infects students and colleagues alike. As a Teaching Fellow and a CBT psychotherapist with extensive current clinical practice experience, Jennie is a frequent presenter at conferences expounding and disseminating the evidence around Adverse Childhood Experiences and the development of trauma responsive services. Jennie is committed to creating a nursing workforce that is empowered and enabled to provide the highest level of person centred care.

1.5.3
New Vision, New Platforms
Taking Google to the classroom: Teaching the Mental Health Act to nursing students in a UK university
Niki Simbani, PhDs st; MSc HE;PGCE; RMN;Dil.Ed
Lecturer Mental Health Nursing, Keele University, United Kingdom
Co Author(s): Phil Wardle, North Staffordshire Combined NHS Trust

Abstract

Background
The current digital era challenges nurse education institutions to come up with innovative teaching methods that fully engage learners. Teaching the Mental Health Act to nursing students meaningfully can be challenging, to address this, Google classroom platform was chosen.
Aim
To investigate if digital platforms are an effective tool for engaging nursing students when teaching the Mental Health Act.
Approach
Over a 10 week period, second year nursing students were divided into two Google classrooms where they analysed a post which appeared at the beginning of each week. This was followed by questions that required the application of different sections of the Mental Health Act (1983/2007). The first post was a newspaper article of a case study involving a person who appeared confused in the public. In the following weeks the case developed to a mental health assessment which led to an admission to hospital and eventually discharge. To capture the attention of the nursing students a variety of media was used to present the case each week.
Main Discussion point
Less than half of the students responded in the first two weeks of the project however as different forms of media were introduced each week more students participated. By the sixth week, 100 % responses came through. At the end of the project, nursing student‘s feedback identified that they enjoyed the activity, liked working together and felt that their knowledge of the Mental Health Act was enhanced.
Conclusion
The findings demonstrate that the use of online classrooms can improve student engagement and enhance learning in nurse education.

Recommended reading

- Gallegos, C. and Nakashima, H. (2018) Mobile Devices: A Distraction, or a Useful Tool to Engage Nursing Students? Journal of Nursing Education. 2018; 57(3):170-173
- Mental Health Act (1983) Retrieved on the 2nd of May, 2018 from http://www.legislation.gov.uk/ukpga/1983/20/
- -

Biography
Niki Simbani is a Lecturer in Mental Health nursing at Keele University and a PhD student. Her research focus is on clinical supervision in both nurse education and practice. Her interests are in Acute Mental Health Nursing, Child and Adolescent mental health nursing, Participatory Action Research and reduction of restrictive methods in clinical practice.

2.1.2
New Roles and Breaking the Mould
The Mental Health of Military Children help them survive and thrive
Greg Thomas, MSc, PG Dip, PG Cert (CBT) PG Cert (L&M) PG Cert (Adv HCP), BSc, RNMH
Professional Lead/CPN, British Forces Germany Health Service, Germany

Abstract
There is a paucity of research exploring the mental health of British military children. This research sought to answer the question: what is the stress experience of British military children whose parent(s) are serving in Germany? Methods included a critical literature review and reflections from my own practice as a Community Psychiatric Nurse working with adults and children from this community. It was found that military children are presented with a number of situations and stressors associated with and unique to their mum or dads job. Increased stress among military children, on a day-to-day basis, pre-, during, and post-deployment, as well as during peacetime is a potential trigger for the development of mental health problems. While the association between stress and onset or reoccurrence of mental disorders, has been well documented, it is not well studied in British military children. Key issues identified from the literature and based on my own professional experience include deployment, frequent relocation, regular changes of schools, potential injury or fatality of parent, disruption to friendships, social networks and activities.
The British military is an all-volunteer force with men and women making a conscious decision to join the Army, Navy or Air Force. Within this, there is one unique group who are "drafted" into the lifestyle from birth or later through step parenting: military children. Military children are often portrayed as stereotypical groups, rather than the complex populations that they are.
The challenges military children have faced and are likely to face in the future, put them at greater risk of distress and mental health issues. Some may become vulnerable to stress, seek help and require referral to mental health services. Most will simply require time and space to express their feelings and receive low intensity psychotherapy. For others their needs may be greater and require formal treatment. Knowing the extent of their day-to-day experiences will enable enhanced levels of understanding, resulting in the appropriate care plan being agreed. To provide the right service at the right time, mental health staff would benefit from a better understanding of the challenges, strengths and assets of military children.

Recommended reading
- Thomas, G. (2014) The stress experience of the wives of service personnel. British Journal Mental Health Nursing Vol 3(6) pp268-271
- Hall, L. K. (2008). Counselling military families: What mental health professionals need to know. New York,: Routledge

Biography
Greg is the professional lead for the Military and civilian adult and CAMHs CPNs within the British Forces Germany. Prior to working with the Military Greg worked in various NHS mental health services. Having noticed that most mental health research about the military focussed on the serving person, Greg has focussed his research interest on the mental health of military families. He has presented at national and international conferences about mental health within the Military environment.

2.2.1
New Roles and Breaking the Mould
Innovative use of nominal group consensus in academic-practice co-design of Advanced Practice Mental Health Nursing Course
Dr. Kristin Cleverley, RN PhD CPMHN
CAMH Chair Mental Health Nursing Research, University of Toronto, Canada
Co Author(s): Dr. Rani Srivastava, RN PhD, Chief of Nursing and Professional Practice, Centre for Addiction and Mental Health

Abstract
Background: Advanced Practice Nursing roles are critical for moving academic practice forward. However, too often feedback from practice leaders is that graduate education lacks practice wisdom, leading to practitioners unprepared for practice realities and challenges they will encounter. Re-imagining mental health care also requires re-imagining the education of leaders for such care.
Aim(s): The purpose of this project was to engage a diverse group of nursing leaders in the redesign of a graduate course focused on providing Advanced Practice Nursing students with advanced mental health nursing knowledge and skills.
Methods: A modified nominal group consensus meeting was held with 13 mental health nursing leaders from diverse mental health sub-specialties (i.e. addictions, forensics) and leadership levels. In round one, participants worked in small groups to develop key concepts to be covered. In the second participants ranked their priority topics and in round three rankings were shared and discrepancies discussed until consensus was achieved.
Results: Twelve topics and some cross-cutting themes were identified in round 1. The latter include: social determinants of health, legislation/socio-political landscape, role of family/carers. Following round 2 and 3 discussions, the top 5 topics were: medical psychiatry, crisis management/prevention, concurrent disorder; ethics and political trends; and care transitions.
Conclusion: This project highlights use of nominal group consensus to engage clinical leaders in co-design of a graduate level mental health nursing course. Ensuring clinical experts and hospital partners are actively engaged in the development of university curriculum will ensure our future nursing leaders are better grounded in clinical practice.

Recommended reading
- Vidall et al (2013). Clinical nurse specialists: essential resource for an effective NHS. British Journal of Nursing 10(s10).
- Fink, A., Kosecoff, J., Chassin, M., & Brook, R. H. (1984). Consensus methods: characteristics and guidelines for use. American Journal of Public Health, 74(9), 979–983.
- Hanrahan, N.P. et al. (2012). Blueprint for development of the advanced practice psychiatric nurse workforce. Nursing Outlook , Volume 60 , Issue 2 , 91 - 104

Biography
Dr. Kristin Cleverley is the CAMH Chair in Mental Health Nursing Research and Assistant Professor at the Lawrence Bloomberg Faculty of Nursing at the University of Toronto and a Senior Scientist in the McCain Centre for Child, Youth & Family Mental Health at the Centre for Addiction and Mental Health. As a nurse-scientist she seeks to improve understanding of the impact of transitioning from Child to Adult Mental Health Services on the psychiatric and psychosocial functioning of youth. As a mental health nurse leader she seeks to expand mental health nursing roles within acute and community settings.

2.2.3

New Roles and Breaking the Mould

Nurses as Responsible Clinicians: what do we know about this rare group of professionals and why are we interested in them now?

DR Jennifer Oates, RMN,PhD
lecturer, King's College London, UK
Co Author(s): Paul Veitch, RMN, Nurse Consultant, Northumberland Tyne and Wear NHS FT; Selma Ebrahim, Clinical Psychologist, Northumberland Tyne and Wear Trust

Abstract

Background:
The 2007 amendments to the Mental Health Act in England and Wales enabled non-medics to take on the role of 'legally responsible clinician' for the overall care and treatment of detained, where previously this was the sole domain of the psychiatrist as Responsible Medical Officer. Following state sanction as an 'Approved Clinician', certain psychologists, nurses, social workers or occupational therapists may be allocated as a Responsible Clinician for specific patients.
Aims: in this paper we will present findings from a first national survey of non medical Approved Clinicians, alongside findings from semi structured interviews with a representative sample of survey participants.
Methods: an online survey and telephone interviews, with descriptive statistics and thematic analysis of findings.
Results: we received 39 survey responses and conducted 10 interviews. The survey results show the limited uptake of the role. Non-medical Approved Clinicians were motivated by a combination of altruistic motives(namely a belief that they could offer more psychologically-informed, recovery-oriented care) and desire for professional development in a role fitting their expertise and experience. Barriers and facilitators to wider uptake of the role appear to be: organisational support, attitudes of psychiatrist colleagues, a potentially lengthy and laborious approvals application process.
Discussion: the national review of the Mental Health Act and the increasing pressure to reshape the mental health workforce mean this is a timely study, the findings of which should inform how the nursing profession should interpret and develop their role.
Conclusion: Our study is a starting point to further research on the interpretation and implementation of the range of statutory roles under UK mental health law. So far mental health nurses have not embraced the opportunities and responsibilities that were opened up to them over a decade ago.
292 words

Recommended reading

- Veitch, P., & Oates, J. (2017). Strange bedfellows? Nurses as Responsible Clinicians under the Mental Health Act (England & Wales). Journal of psychiatric and mental health nursing, 24(4), 243-251.
- Ebrahim, S. (2018). Multi-professional approved clinicians' contribution to clinical leadership. The Journal of Mental Health Training, Education and Practice, 13(2), 65-76.
- Department of Health (2015). Mental Health Act 1983: Code of Practice. Department of Health, London.

Biography

Jenny is a mental health nurse academic teaching and researching on mental health regulation and law, new nursing roles, staff wellbeing. Her clinical background is in liaison psychiatry and community mental health. She has been a nursing member of the governing

body of a Clinical Commissioning Group since 2012. She is a Mental Health Act Reviewer and Specialist Adviser with the Care Quality Commission.

2.3.2
New Roles and Breaking the Mould
Words used by women to convey and give meaning to their experience
Kathryn Jane Lake, BSc
Student Mental Health Nurse, University of East Anglia (UEA), England
Co Author(s): Dr Paul Linsley, Seniour Lecturer University of Easy Anglia

Abstract
Title: Domestic Abuse: words used by women to convey and give meaning to their experience.
Theme: New Roles and Breaking the Mould
Background
When accessing healthcare, domestic abuse is problematic not only for the individuals experiencing it, but for healthcare practitioners who are involved in their care. This paper attempts to identify and address the barriers healthcare professionals encounter when responding to disclosures of abuse.
Method
This study takes the form of a symbolic interactionist perspective to look at the words used by women when recounting their experiences of domestic abuse to mental health nurses. Any explanation of human action requires an understanding of the person's, intentions and motivations in carrying out an act (such as seeking help). From a symbolic interactionist lens, the idea that people develop and support their self-conceptions through interaction with others is an interesting one. In a segmentalized world, one in which diverse values and attitudes can and do co-exist, the use and the interpretation of the spoken word can have profound impact on the way in which people are treated and responded too. The study employs case study methodology (see Stake 2006) in exploring the topic.
Findings
Listening skills turn on our ability to recognise differing types of statements and words that serve as cues to our responses and behaviours to others. In recognising the position of others, to cue others to our position, and to develop the appropriate strategies for supportive intervention can serve to break down barriers and enhance working.
Discussion
Women will choose their words carefully when talking about the domestic violence they have experienced and expect certain responses from staff. Nurses will often underestimate the importance of choosing appropriate language to discuss issues relating to domestic violence which in turn can act as a barrier to care.
Conclusion
Language, or word choice, is vitally important in the context of who we are. They serve as cues for action and feed into and reflect our concept of self. Therapeutic engagement can be enhanced by being mindful and taking account of this.
References
Stake R (2006) Multiple case study analysis. New York: Guildford Press.

Biography
Kathryn Lake is currently a third year Mental Health Student who studies at the University of East Anglia.
Kathryn has a keen interest in public health and the implementation of effective health promotion with regards to domestic abuse. Kathryn has participated in training workshops to raise awareness of the complexities of domestic abuse for all involved, as well as contributing to written publications.

2.4.1
New Modes, New Practices
Talking about mental health nursing: a qualitative analysis of nurses' and service users' accounts
Julia Terry, MSc, BSc, PGCE, SFHEA, DipHE, RMN
Associate Professor, Swansea University, United Kingdom

Abstract
Background
Mental health nursing work is comprised of a variety of skills and interventions, including aspects of caring and control to ensure safety and treatment of service users. Mental health nursing is commonly considered to focus on the therapeutic relationship with service users. However, research indicates mental health nurses spend limited direct time with service users, with reports of service users having little involvement in their care and treatment. With a policy and practice climate that promotes involvement, this study sought to explore talk about mental health nursing and service user involvement from multiple perspectives.
Aim
The aim of this study was to explore talk about mental health nursing in a climate of increasing service user involvement. Research questions included:
How do mental health nurses construct their roles and identities in relation to service user involvement?
Sample
The sample was taken from a study involving 30 in-depth interviews with adult service users and mental health nurses, and 3 focus groups with nursing students.
Method
Participants were asked to talk about their experiences of both service user involvement and mental health nurses. Interview transcripts were organised manually and with QSR NVIVO 10 software. Data was initially analysed thematically, then an ethnomethodological frame used to consider the interaction of social actors using Scott and Lyman's (1968) theory of accounts. Ethical approval was obtained at the outset for this qualitative study.
Findings
This study found that nurses and mental health service users talked about how nursing work was often task-focused, and made reference to nurses spending limited therapeutic time directly with service users, who then spoke of their dissatisfaction regarding engagements with nursing staff. Nursing students voiced limited knowledge and exposure to examples of how nurses engage in service user involvement activities in practice indicating they had little experience of this.
Discussion
Displays of understanding in participants' talk about mental health nursing indicated the existence of powerful professional cultures that included distance and separateness from service users and perpetuated limited involvement.
Conclusions
Mental health nurses remain challenged in practice by imbalanced power relationships and need to challenge cultures that discourage collaborative working.

Recommended reading

- Cusack, E., Killoury, F., Nugent, L.E. (2017). The professional psychiatric/mental health nurse: skills, competencies and supports required to adopt recovery orientated policy in practice. Journal of Psychiatric and Mental Health Nursing, 24, 93-104. doi: 10.1111/jpm.12347

- Gunasekara, I., Pentland, T., Rodgers, T., Patterson, S. (2014). What makes an excellent mental health nurse? A pragmatic inquiry initiated and conducted by people with lived experience of service use. International Journal of Mental Health Nursing, 23, 101-109.
- Stenhouse, R. (2011). 'They all said you could come and speak to us': patients' expectations and experiences of help on an acute psychiatric inpatient ward. Journal of Psychiatric and Mental Health Nursing, 18, 74-80.

Biography

Julia Terry is an Associate Professor at Swansea University and teaches mental health topics on pre and post registration programmes. Her specialist areas are child & adolescent mental health and mental health promotion. Julia leads the College's public and patient involvement for all health professional programmes, ensuring this is embedded in College practices and is a key focus in student learning. She was awarded Senior Fellowship of the Higher Education Academy, is a NICE Fellow, and is currently undertaking PhD study focusing on roles and identities in mental health nursing.

2.4.3
New Roles and Breaking the Mould
Is there room for authenticity in the mental health nurse – client relationship?
Dr Paul Linsley, DHSci, MMEdSci, BMedSci, RMN, RNG, RNT
Senior Lecturer Nursing Science, The University of East Anglia, UK
Co Author(s): Mr Ian McKay, Lecturer, Mental Health Nursing, MAEd. RMN

Abstract
Background
The nurse – client relationship is the context in which all nursing care is delivered. Authenticity has been identified as an essential component in building and maintaining a therapeutic relationship (Starr 2008). As healthcare and economic trends push for briefer treatment in mental health, new ways to build the therapeutic alliance over shorter periods of time is being explored.
Method
This phenomenological study (Heidegger 2008) explores the experiences and meaning that an authentic relationship has for both mental health nurses and service users and looks at how this is promoted and maintained in clinical practice as part of the therapeutic alliance. Data collection comprises of semi-structure interviews and is on-going at the time of submission. Data analysis will be made using Braun & Clarke's (2006) framework for thematic analysis.
Findings
Initial findings suggest that authenticity remains of therapeutic value and that the nurse – client therapeutic relationship is being compromised as a result of changes to health care delivery. Findings also emphasise the importance of looking at an authentic relationship, not as a single mode of communication, but as a complex series of activities and state of being.
Discussion
An authentic alliance is more than the matching of responses or self-disclosure as part of the communication exchange, but a complex series of dyads and behaviours by which to better understand the other over time. Our emphasis on understanding authenticity beyond the properties of individual interacts has implications for clinical practice and nurse education. The findings expressed suggest that there is a need to revisit and go beyond the rhetoric involving what therapeutic relationships 'should be' to 'what they actually are' to obtain validity of current practice activity.
Conclusion
Future activities and research, we hope, will add precision and comprehensiveness about the use of authenticity as a therapeutic mode of engagement in a changing health care system.

Recommended reading
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- Heidegger M (2008) Being and time. (J. Macquarrie & E. Robinson, Trans). New York: HarperCollins Publishers.
- Starr, S. S. (2008) Authenticity: A Concept Analysis. Nursing Forum, 43, 2, 55 – 62.

Biography
Paul Linsley is a Senior Lecturer at the University of East Anglia. Paul is registered as a Clinical Specialist in Acute Psychiatry and is trained in Cognitive Behavioural Therapy. He teaches on research masters programmes as well as pre and post registration nurse training

programmes. He has written on and has an interest in acute mental health and emotional intelligence.

2.5.2
New Modes, New Practices
Care planning in older persons mental health services: staff experiences of completing Care and Treatment Plans (CTPs).
Dr Anne Fothergill, RGN, RMN, BSc (Hons). PhD, PGCE, PGC counselling
Principal Lecturer, Mental Health Research, University of South Wales, Wales

Abstract
Background
The background to this study was the Mental Health Measure and the Care and Treatment Plans (CTPs) (WG 2010) and key reports i.e. Francis (2013) and Andrews (2014).
The aim of the study was to ascertain how the spiritual needs of patients living with Dementia are addressed within the CTPs in three Health Boards (HB) in Wales.
Sampling methods
Staff/care coordinators were purposively recruited to 2 focus groups. A total of 11 staff attended the focus groups.
Methods
This qualitative research was conducted from January 2016 – December 2016. The study was ethically approved by University ethics' committee, IRAS and all three HBs.
Focus groups were held on the research sites.
Analytical approach.
Data from the focus groups was thematically analysed – themes that had emerged from the written CTP were validated by staff.
Main findings
The CTP comprises 8 domains. Staff considered all the 8 domains to be important, but that not all are completed. Staff interpreted the domains differently and there were differences in how the CTP was completed in the community and the hospital settings. Staff felt that there was more time to develop a relationship with patients in the community and thus to complete the CTP. Staff agreed that of all the 8 domains Domain 7 (Social, Cultural, Spiritual) was the least completed.
Discussion
Staff are increasingly being asked to develop new practices and to advance the delivery of mental health care. Wales made the CTP a legal requirement. Insight into how staff view the CTP i.e. whether it enhances care delivered and promotes a person-centred approach to caring for older persons was part of this study. The innovative CTP has facilitated advances in Mental Health care in Wales.

Conclusion

This paper contributes to research into care planning in older persons mental health services. Findings from the focus groups confirmed our previous analysis of the written CTP. The CTP is a legal document but may not be an effective one unless all 8 domains are thoroughly completed to document individualised, person-centred mental health care. Staff agreed training would be helpful in completing the CTP, especially Domain 7.

Recommended reading

- Andrews, J. and Butler, M (2014). Trusted to Care: An Independent Review of the Princess of Wales Hospital and Neath Port Talbot Hospital at Abertawe Bro Morgannwg University Health Board commissioned by the Welsh Government, Cardiff. Http://wales.gov.uk

- Francis, R. (2013). Report of the Mid Staffordshire NHS Foundation Trust Public Enquiry, Crown, London.
- Mental Health Measure (Wales) (2010). The Stationery Office, London. Welsh Government: Health Standards Framework (2014) Crown, Cardiff. Http://www,cymru.gov.uk.

Biography

Dr Anne Fothergill is an experienced mental health nurse, educationalist and researcher. Her current research interests are in the area of dementia care that is care planning and understanding the lived experiences of persons living with dementia. She is currently DoS for three research studentships. These projects are 1. exploring the lived experiences of persons living with dementia 2. Evaluating peer support groups for older persons who experience loneliness in later life, and 3. An evaluation of a co-existing Autism and Mental Health services delivered by a local Health Board.

3.1.1
New Modes, New Practices
THE MENTAL CAPACITY ACT (NORTHERN IRELAND) 2016: A Change in Thinking and Culture
Rosaline Kelly, RN, MSc
Senior Professional Development Officer, Royal College of Nursing NI, NI
Co Author(s): Briege Quinn, RN, AD Nsg Public Health Agency; Wendy McGregor, RN, Inspector, RQIA

Abstract
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Recommended reading
- http://www.legislation.gov.uk/nia/2016/18/contents/enacted Mental Capacity Act (NI) 2016
- https://www.google.co.uk/url?sa=t&rct=j&q=&esrc=s&source=web&cd=1&cad=rja&uact=8&ved=0ahUKEwjWir6mxtXaAhUHAsAKHawmB0kQFggnMAA&url=https%3A%2F%2Fwww.health-ni.gov.uk%2Farticles%2Fbamford-review-mental-health-and-learning-disability&usg=AOvVaw0mM9vhNwTW-fRtpQ6S1FvL
- Perkins, Rachel; Repper, Julie, Mental Health and Social Inclusion ; Brighton Vol. 22, Iss. 1,(2018): 1-5

Biography
Rosaline Kelly practised in the Independent Sector for a number of years post qualification. Before taking up post with RCN NI, Rosaline worked as Head of Programme in the Mental Health and Learning Disability directorate with the Regulation and Quality Improvement Authority (RQIA).
RCN NI Rosaline's primary focus at RCN NI is professional support and development for nurses working in mental health, learning disability, and prison healthcare services, with a special interest in dementia.
Rosaline represents RCN NI on a variety of regional strategic groups and is the staff lead for the work around the Mental Capacity Act.

3.1.3
New Roles and Breaking the Mould
Developing trauma responsive mental health education: Exploring the goodness of fit with Practice Standards and Clinical need
- Margaret Conlon, Senior Fellow of Higher Education Academy (SFHEA); MSc Blended and Online Learning; MSc Nursing; PgCert Teaching and Learning in Higher Education; BA Community Health; CPN Dip; RMN; RSCN
Lecturer, Field Lead, Mental Health Nursing, University of Stirling, Scotland
Co Author(s): Jennie Young RMN NHS Forth Valley, Teaching Fellow University of Stirling

Abstract
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Recommended reading

- Bellis, M.A., Hughes, K.A., Leckenby, N., Jones, L., Adriana, B., Kachaeva, M., Povilaitis, R., Pudule, I., Qirjako, G., Ulukol, B., Raleva, M. & Terzic, N. (2014a). Adverse childhood experiences and associations with health harming behaviours in young adults: surveys in eight eastern European countries. Bulletin of the World Health Organisation. September 1,92(9): 641-655.
- Bellis, M.A., Hughes, K., Leckenby N., Perkins, C. & Lowey, H. (2014b). National household survey of adverse childhood experiences and their relationship with resilience to health harming behaviours in England. BMC Medicine. 12:72.
- Muskett, C. Grant S, Lappin J. (2017). Childhood Trauma: Psychiatry's greatest public health challenge? The Lancet Public Health. 23:1, pp. 55-59. https://doi.org/10.1016/S2468-2667(17)30104-4

Biography

Margaret joined the University of Stirling in 2015 as Field Lead of the Undergraduate Mental Health nursing programme. A Senior Fellow of the Higher Education Academy since 2016, Margaret is a passionate teacher of all things health related and mental health focused. Keen to experiment and develop contemporary teaching approaches, and in an effort to mitigate against the dominance of technology, Margaret gained an MSc Blended & Online learning in 2017. As a socialist, a feminist and a humanist, Margaret believes that debate and open discussion is an essential attribute of student learning experiences.

3.1.4
New Roles and Breaking the Mould
Barriers and facilitators to service user-led care planning
Dr Penny Bee, BSc PhD
Reader, Mental Health Services Research, University Of Manchester, UK
Co Author(s): Patrick Callaghan, PhD, Professor, London South Bank university; Karina Lovell, PhD, Professor, University Of Manchester; Andrew Grundy, Research Associate, University of Nottingham; -

Abstract
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Recommended reading
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Biography
Penny's research focuses on user and carer experiences of mental health services. Her work has influenced policy and practice at local and national levels. She has taken on lead roles in the EQUIP study, a 5-year programme to enhance the quality of user/carer involvement in mental health services, and the EQUITy study, a 6-year programme to enhance the quality of telephone-delivered psychological interventions.
She has sustained collaborations with user and carer organisations and has received local and national recognition for her approaches to patient and public involvement. She is the editor of a new research handbook for PPI representatives.

3.1.4

New Roles and Breaking the Mould

Breaking the mould in co-designing and delivering a large NIHR-funded programme of applied health research: A critical realist perspective of EQUIP.

Professor Patrick Callaghan, RN BSc MSC PhD C.Psychol. PFHEA
Professor of Mental Health Science and Dean of Applied Sciences, London South Bank University, UK
Co Author(s): Prof Karina Lovell, RN BA MSc PhD, Professor of Mental Health Research, University of Manchester; Dr Penny Bee, PhD, BSc, G.Biol. Senior Lecturer, Univerisity of Manchester; Mr Andrew Grundy, MPhil, PhD Studdent, University of Nottingham; -

Abstract

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Recommended reading

- Fletcher, AJ. (2016) Applying critical realism in qualitative research: methodology meets method. International Journal of Social Research Methodology, Vol 20, 2:181-194
- Pilgrim. D. (2014) Understanding mental health: a critical realist exploration. London & NY: Routledge
- Pilgrim, D. (2014) Some implications of critical realism for mental health research. Social Theory and Health, 12 (1): 1-21

Biography

Patrick Callaghan is Professor of Mental Health Science and Dean of the School of Applied Sciences at London South Bank University. He is a Mental Health Nurse and Chartered Health Psychologist, specialising in psychosocial interventions for mental health and wellbeing. Professor Callaghan has published 105 papers and four books.

3.1.5

New Vision, New Platforms

A longitudinal study of mental health nursing students' fears of compassion for others, from others and for self.

Dr Russell Ashmore, PhD, MA, BSc (Hons)
Senior Lecturer (Mental Health Nursing), Sheffield Hallam University, United Kingdom
Co Author(s): Dr David Banks, PhD, MA, BSc (Hons), DMS, Grad Cert Ed, RNT, RMN, RGN. Lecturer in nursing, Queen Margaret University, UK; -; -; -

Abstract

Background

Compassion "…can be defined in many ways, but its essence is a basic kindness, with a deep awareness of the suffering of oneself and of other living things, coupled with the wish and effort to relieve it" (Gilbert, 2010). Recent inquiries (e.g. Mid-Staffordshire) have questioned nurses and other healthcare professionals' ability to demonstrate compassion towards themselves, colleagues and patients. This has focused the attention of practitioners and educators on the need for nurses to address this.

Compassion based interventions have a long tradition in mental health (MH) nursing. However, there have been few attempts to measure MH nurses' fears of compassion. There is also a paucity of research exploring the development of compassion in students. As the NMC (2010) and NHS Constitution (2015) require nurses to provide compassion based care, it seems timely to do so.

Aims

To examine levels of compassion among pre-registration MH nursing students.

Method

A purposive and convenience sample of 300 MH and 274 adult students (a comparison group) were recruited from two UK universities. Participants completed Gilbert et al.'s (2011) fears of compassion scales. The scales measure fear of compassion: for others (10 items), from others (13 items) and for self (15 items). Analysis consisted of both descriptive and inferential statistics.

Findings

Key findings: (1) Overall, there was no significant difference in levels of compassion between adult and MH students, either at the beginning or by the end of their course; (2) Overall, final year MH students demonstrated positive but insignificant changes in compassion towards themselves and others, although there were wide variations among the sample; and (4) Students who scored highly on self-compassion also scored highly on compassion towards others.

Discussion and conclusions

On the whole, the findings suggest final year students possess adequate levels of compassion. However, the compassion levels of some students may impede their ability to build effective relationships with patients. Furthermore, nurse education appears to have little impact on the development of compassion in students. The findings and their implications for practice and pre-registration nurse education will be discussed in detail.

Recommended reading

- Department of Health (2015) The NHS Constitution. The Stationary Office, London
- Gilbert, P. (2010) The Compassionate Mind. Constable & Robinson, Ltd, London.
- Gilbert, P., McEwan, K., Matos, M., Rivis, A. (2011) Fears of compassion: Development of three self-report measures. Psychology and Psychotherapy: Theory, Research and Practice84, 239-255.

Biography

Russell Ashmore is a senior lecturer at Sheffield Hallam University. Qualifying in 1987, Russell has worked in day hospitals, acute inpatient settings and the community. He has published on a variety of subjects including; Section 5(4) of the Mental Health Act 1983, nurses' interpersonal skills, nurses' relationship with the pharmaceutical industry, clinical supervision, and nurses' experiences of stalking. He is a member of the editorial board of the Journal of Psychiatric and Mental Health Nursing, Mental Health Practice and Nurse Education in Practice.

3.1.5
New Vision, New Platforms
Can new ways of conceptualizing resilience help professionals overcome negative attitudes towards those caring for people with serious mental Illness?
- Andrew Clifton, PhD
Assocaite Professor Nursing, De Montfort University, UK
Co Author(s): -; -; -; -

Abstract
Background
The NHS Five Year Forward View (2014) set out a vision that placed promoting well-being, preventing ill-health and providing better support for carers, as priorities for the direction of the NHS. Informal caregiving (typically close relatives such as parents, partners, siblings, and children) is integral to the care of people with Serious Mental Illness (SMI), but carers' support needs are often unmet. In fact there is both anecdotal and empirical evidence that there is a distinct lack of compassion towards carers of people with SMI. A number of carers described a reluctance to request assistance from professional services due to previous poor experiences. This highlighted the importance of implementing strategies to deliver timely, respectful, specialist and collaborative crisis responses to improve carer and patient outcomes (Brennan et al. 2016).
Aim(s) of the paper
The aim of this theoretical paper is to discuss and highlight some of the reasons why there appears to be a lack of compassion towards carers and service users with SMI. This paper will argue that the term "compassion" is actually a distraction from the real issues that impact on service users and carers of people experiencing SMI, and what they require and want is focused care that addresses their fundamental needs rather than outdated concepts that are rooted in the religious ideologies of the 19th century religious orders (Struaghair 2012). Rather than focusing on compassion, this paper will make the case that carers of people with SMI should be offered support, training and education in how to develop resilience to enable them to navigate contemporary service provision that appears to be failing many individuals and families.
Main discussion point
The concept of compassion has in recent years been reclaimed by many within the profession as a core and fundamental value of nursing (Struaghair 2012). This is despite the fact that mental health services are at breaking point and "Inspectors [from the Care Quality Commission] said they found too much poor care and far too much variation in both quality and access across different services. This is particularly concerning given the increasing demand for mental health services, meaning that more people risk receiving care that is not good enough - or no care at all" (CQC, 2017). Supporting someone with a SMI can place an enormous emotional, physical and ethical burden onto carers and consequently, this can sap the resilience of any individual. In 2006, Rutter defined resilience as, "An interactive concept that is concerned with the combination of serious risk experiences and a relatively positive psychological outcome despite those experiences" (Rutter, 2006). The contribution of this paper to mental health nursing practice will be to challenge the profession and extend existing knowledge to the everyday experiences and perceptions of primary carers of people with SMI, particularly at the interface of health and social services including at a point of discharge from acute care, or during crisis.
Conclusion
At the very least we owe it to both carers and service users of people with SMI to challenge the way mental health nursing is organised and delivered. This paper challenges the notion of compassion as a force for good and argues that given the very challenging climate within

current health and social services, new ways of conceptualizing resilience can help professionals overcome negative attitudes towards those caring for people with serious mental Illness.

Recommended reading

- Albert, R. and A. Simpson (2015). "Double deprivation: a phenomenological study into the experience of being a carer during a mental health crisis." Journal of Advanced Nursing 71(12): 2753-2762. https://dx.doi.org/10.1111/jan.12742
- Chatzidamianos, G., Lobban, F. & Jones, S. (2015). A qualitative analysis of relatives', health professionals' and service users' views on the involvement in care of relatives in Bipolar Disorder. BMC Psychiatry, 15: 228
- Daggenvoorde, T. H., et al. (2017). "Emergency care in case of acute psychotic and/or manic symptoms: Lived experiences of patients and their families with the first interventions of a mobile crisis team. A phenomenological study." Perspectives in Psychiatric Care. https://dx.doi.org/10.1111/ppc.12247

Biography

Andrew Clifton is a mental health nurse with 25 years experience in a range of roles including practice, research and education. He has published widely in the area of Serious Mental Illness and his research interests include improving physical health, support for carers and loneliness and social isolation.

4.1.1

New Vision, New Platforms

Community Pharmacy Mood Intervention Study (CHEMIST). Feasibility qualitative study

Dr David Ekers, PHd, MSc, ENB 650, RMN
Honorary Visiting Professor and Nurse Consultant, Tees Esk & Wear Valleys NHS Trust/University of York (Mental Health and Addictions Research Group), UK

Abstract

Background

30% of the UK population have long-term health conditions (LTCs). People with LTCs are 2-3 times more likely to experience depressive symptoms which can worsen individual health outcomes and quality of life, and increase healthcare utilisation and costs. For people with milder depression (sub-threshold depression) their symptoms will often go undetected and/or untreated alongside CHEMIST study aims to explore whether community pharmacies represent a suitable public health setting in which to offer psychological support to people with LTCs and co-morbid sub-threshold depression.

Methods

We recruited 24 people with LTCs and sub-threshold depression via community pharmacies. Seventeen community pharmacy staff (not Pharmacists), across eight community pharmacies, were trained to deliver an Enhanced Support Intervention (ESI) designed to reduce depressive symptoms and prevent progression to major depression. The ESI included Behavioural Activation, supported by a self-help workbook, and was delivered over 4-6 sessions either face-to-face or over the telephone, across a 4-month period. We invited intervention participants and trained pharmacy staff (who we called ESI facilitators) to participate in one-to-one interviews to explore their experiences of the study, the training and delivering the intervention. A focus group of pharmacy staff was conducted to explore the impact of the study on the routine work of the community pharmacies.

Findings:

Pharmacy staff and intervention participants viewed community pharmacies as places where mental health problems could be supported using a non-stigmatising approach. The intervention made sense to both ESI facilitators and intervention participants. The intervention manual was well received by the ESI facilitators, and the participant self-help workbook was acceptable to participants. Pharmacy staff reported that flexibility in the study protocol and additional resources would be required to support the study recruitment procedures in a future trial, and to enable the ESI to be incorporated into routine community pharmacy practice.

Consequences:

Community pharmacies were viewed as an appropriate setting in which to deliver preventative brief psychological support to people with long term conditions at risk of depression. Implications for further research and health promotion in this important but often excluded clinical group and setting will be discussed.

Biography

Dr David Ekers is a Nurse Consultant in Primary Care Mental Health at TEWV NHS FT and Senior Visiting Research Fellow at the Mental Health and Addictions Research Group (MHARG) at The University of York. He has led or been a key partner in all studies in this research programme. He is the chief investigator on the Community Pharmacy Mood Intervention Study (NIHR PHR funded), and the North East North Cumbria Mental Health Speciality Lead for the Clinical Research Network.

4.1.3
New Modes, New Practices
Personality disorder co-morbidity in primary care IAPT Services; Qualitative results and recommendations for practice.
Dr Gary Lamph, PhD
Senior Research Fellow, University of Central Lancashire, England

Abstract
Background: There is a high prevalence of people receiving treatment in IAPT services that have co-morbid personality disorder traits, and report poorer outcomes from routine IAPT treatment.
Aim: To understand the service provision for people who present to primary care IAPT services with common mental health disorders and co-morbid traits of personality disorder.
Design: The Medical Research Council (MRC) guidelines for developing and evaluating complex interventions underpinned this research. Three inter-related studies were carried out including a scoping study literature review and two qualitative studies that interviewed IAPT Healthcare professionals (N=28) and Patients (N =22) to explore perspectives of working in, and using IAPT services.
Methods: A pragmatic health service research methodology was used and analysis of the qualitative data was achieved using a thematic framework analysis approach
f) User involvement: Service user involvement was embraced via a research advisory group who supported this research from design to dissemination.
g) Results - IAPT healthcare professionals identified a skills deficit and a treatment gap was identified between the secondary and primary care interface. Adaptions to treatment for this patient group are recommended. Patients valued flexible approaches to treatment however a lack of choice and prescriptive treatments were reported.
h) Limitations - The main limitation to this study is the lack of ethnic diversity in the study sample and also maintaining neutrality due to the authors expertise in the field of enquiry.
i) Conclusion - A synthesis of these results provided the necessary insight and depth of information required to provide four key recommendations for practice: (1) Education of the IAPT workforce (2) Clinical Interventions (3) Provision of Treatment at the Right Level and (4) National Recommendations.

Recommended reading
- GODDARD, E., WINGROVE, J and MORAN P (2015) The impact of comorbid personality difficulties on response to IAPT treatment for depression and anxiety. Behaviour Research and Therapy. 73, 1-7.
- HEPGUL, N., KING, S., AMARASINGHE, M., BREEN, G., GRANT, N., GREY, N., HOTOPF, M., MORAN, P., PARIANTE, C, M., TYLEE, A., WINGROVE, J., YOUNG, A, H and CLEARE, A, J (2016) Clinical characteristics of patients assessed within an Improving Access to Psychological Therapies (IAPT) service: results from a naturalistic cohort study (Predicting Outcome Following Psychological Therapy; PROMPT). BMC Psychiatry. 16:52 DOI 10.1186/s12888-016-0736-6.
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Biography
Gary is a Senior Research Fellow (Mental Health Nursing) at the University of Central Lancashire. Gary has had a long and varied clinical career spending 20 years working in

mental health services in nursing, psychological therapies and strategic leadership roles. In 2011 Gary won the national Nursing Times Award in Mental Health. Between 2014-2016 he was awarded a fulltime NIHR Clinical Doctoral Research Fellowship based at the University of Manchester where he complete his PhD, the results of which will be the focus of this oral presentation.

4.2.1

New Roles and Breaking the Mould

Accessing Mental Health Services in The Kingdom of Saudi Arabia

Mrs Nada AL-ATTAR, PhD student
PhD student, PhD student at The University of Nottingham, United Kingdom

Abstract

Introduction: Seemingly, the accessibility of services for people with mental illness in Saudi Arabia may be significantly low (Alamri, 2016). Deciding on seeking help for mental health problems and the processes of seeking mental health care is hindered by several barriers.
Aim: This presentation presents a scoping review which explores access to mental health treatment in Saudi Arabia. In this review, the researcher followed the Arksey and O'Malley six stage methodological framework (Arksey & O'Malley,2005). This is an important area to help nurses explore how to reduce the high stigmatization levels associated with mental illness.
Main discussion points: A comparative literature review was conducted, providing a comparison between the UK, US and KSA's awareness of mental illness. Evidently, Saudi Arabia has limited research, treatment centres and awareness on mental conditions (Sharif, 2015) which impacts on, the patients' willingness, adherence, and outcomes of treatment e. Social disapproval, stigmatization, and victim discrimination s contribute to the inadequate knowledge and treatment acceptance in KSA as compare to UK and US (Aloud, & Rathur, 2009, pp. 89).
KSA religious, spiritual, and cultural context often does not openly acknowledge the need for mental health care services (Obeid et al, 2012 pp.245, Al-Habeeb, 2003, pp. 245). The conditions are associated with superstition beliefs that are perceived as spiritual issues (Alrahili, et al, 2016, pp.255) which can act as a barrier to getting effective treatment. Seeking mental health care is problematic in Saudi Arabia because people delay getting the help they are less likely to adhere to treatment (Alajlan, 2016). The structural arrangement of the mental care, the treatment literacy, and fear of discrimination (Bril-Barniv et al, 2017, pp.580) especially among the unemployed contribute to a lack of adherence to medical help (Staiger, et al, 2017, pp. 39).
Conclusion: The review brings into question the social conceptualization and structural framework that may influence the availability and accessibility of mental health help centres. KSA needs to not only change the social and cultural perception of mental conditions but also enact clearer guidelines for mental health care.

Recommended reading

- Accessing Mental Health Services in The Kingdom of Saudi Arabia

Biography

I am a female mental health nursing student from the kingdom of Saudi Arabia. currently in my second year of PhD at the University of Nottingham.

4.2.3

New Modes, New Practices

Service users' perspectives of decision-making in secondary mental healthcare in Taiwan

- Chiu-Yi Lin, RN, BS, MSc
PhD student, Division of Nursing, Midwifery & Social Work, School of Health Sciences Faculty of Biology, Medicine & Health The University of Manchester, UK
Co Author(s): Dr. Laoise Renwick, BNS, PhD, Lecture, Division of Nursing, Midwifery & Social Work, School of Health Sciences Faculty of Biology, Medicine & Health The University of Manchester; Professional Karina Lovell, RN, BA(Hons), MSc, PhD, Professor of Mental Health,Division of Nursing, Midwifery & Social Work, School of Health Sciences Faculty of Biology, Medicine & Health The University of Manchester

Abstract

Background

Shared decision-making in mental healthcare is a clear theme in the political agendas of many Western countries. Many benefits have been reported, including improved therapeutic relationships, increased empowerment, and greater satisfaction with treatment. It has been widely recommended for implementation across mental health services.

Despite this, studies report that service-users views are not always included in decisions about treatment (Ricard and Coulter, 2007). Healthcare professionals report that service-users views may not be reliable due to impaired decisional abilities (Hamann et al., 2009) and poor insight. Factors influencing decision-making are numerous but relatively little is known about decision-making in Asian countries. Given that the Taiwanese government is now actively promoting a shared approach, understanding service-users perspectives is vital.

Aim

This study aimed to explore service users' perspectives of decision-making in secondary mental healthcare in Taiwan.

Method

Twenty service-users residing in halfway houses in Taiwan, were recruited purposively and interviewed in-depth about their views of decision-making, their experiences of involvement in their own care and their preferences for taking part in treatment decisions. Data were analysed using thematic analysis.

Results

From service-users perspectives, they were not often involved in decisions about their care and treatment. Although views varied, there is a desire to be involved and while some adopted more passive roles at times, most preferred some level of involvement from having more information to making independent choices. Service-users were also fearful of asking questions or making demands of healthcare professionals. They were particularly afraid that not conceding to instruction or direction from staff would prompt transfer to a more restrictive environment such as an acute psychiatric ward. Themes were varied, however, and there were many barriers to sharing the decisions between staff and service-users.

Conclusions

Service-users clearly desired more active involvement. Future research should focus on the varied perspectives of decision-making to inform theory about how decision are made as a foundation to implementing shared decision-making.

Recommended reading

- Edwards, A. & Elwyn, G. (2009). Shared decision-making in health care: Achieving evidence-based patient care. In: Edwards, A. & Elwyn, G. (eds.) Shared Decision-Making in Health Care. 2nd ed. Oxford, U.K.: Oxford University Press.

- Ricard, N. & Coulter, A. (2007). Is the NHS becoming more patient-centred? Trends from the national surveys of NHS patients in England 2002-07. Oxford: Picker Institude Europe.
- Hamann, J., Mendel, R., Cohen, R., Heres, S., Ziegler, M., Buhner, M. & Kissling, W. (2009). Psychiatrists' use of shared decision making in the treatment of schizophrenia: Patient characteristics and decision topics. Psychiatric Services, 60(8), 1107-1112.

Biography

Chiuyi Lin is a doctoral candidate at the University of Manchester. She is currently working on a project about the decision-making process in secondary mental healthcare in Taiwan. Her research interests include: shared decision making, quality of life, evidence based practice, long term mental ill health, and mental health services research. She has previously worked as a registered mental health nurse and lecturer in Taiwan.

4.3.1
New Vision, New Platforms
Compassion, Leadership and Traumatised Organisations
Professor Steve Trenchard, RN (MH) BSc(Hons) MSc, MBA, PGCE
Director of Quality and Operations, Safe Harbor, Stoke on Trent, United Kingdom

Abstract
This session will explore the theoretical and conceptual basis of compassion and its recent application to the field of leadership. The controversy surrounding the provision of compassionate healthcare, particularly within the sphere of National Health Service (NHS) provider organisations has maintained a high profile in the public arena in recent years. Notably, arising out of high profile public failings and reviews into patient safety and organisational culture.
The academic understanding of the cultural norms for senior leadership have developed to embrace values based and compassionate leadership (West & Chowla, 2017) along with a rise of more relationally based approaches to leadership such as distributed, appreciative and relationally orientated leadership models (Dutton et al (2014)) .
Concurrently, research into trauma, wellbeing and resilience has identified critical elements in the relationship between staff engagement, patient outcomes, safety cultures and overall organisational performance (West & Chowler, 2017). Additionally, the well-established impact of adverse childhood experiences (aka early life exposure to trauma) means that new models of mental healthcare delivery are required to provide care that acknowledges and understands this strengthening evidence base (Hughes et al, 2018).
This paper posits that healthcare organisations themselves become traumatised when they experience adverse critical events (such as serious patient safety incidents including death and homicide, financial challenges and media criticism). The paper will present initial findings from a literature search which forms the first stage of a PhD study into the lived experience of trauma within organisations and systems to identify which elements of leadership behaviours (aligned to compassionate leadership frameworks) are most effective at helping organisations recover.

Recommended reading
- West, M & Chowla, R, (2017) Compassionate leadership for compassionate healthcare in Compassion Concepts, Research and Applications Edited by Paul Gilbert, (2017) Oxon: Routledge.
- Jane E. Dutton, Kristina M. Workman, Ashley E. Hardin (2014) Compassion at Work. Annu. Rev. Organ. Psychol. Organ. Behav. 2014. 1:277–304.
- Karen Hughesi, Kat Fordii, Alisha R. Daviesi Lucia Homolovai, Mark A. Bellisi (2018) Sources of resilience and their moderating relationships with harms from adverse childhood experiences - available at www.publichealthwales.org

Biography
Steve is an experienced values-driven leader. He has Board level expertise in improving organisational culture having worked for over 10 years as a Board member in mental health provider services, including Chief Executive and Executive Director of Nursing. Steve is a visiting professor at The University of Derby, and an executive coach.
As Director of Quality and Operations he oversees the delivery of specialist residential care services for people experiencing dementia. He is studying for a PhD in Compassion and Leadership.

4.3.3
New Vision, New Platforms
Resistance in common: case studies and theories connecting environmental crisis and mental health
Ed Lord, RMN, BA (HONS), DipHE, MSc
RCBC PhD Fellow, Swansea University, UK

Abstract
This presentation explores some of the findings from a completed MSc by research study in cultural geography. This study had its origins in common concerns that I had noted from experience in mental health practice and in environmental activism.
It has been widely documented that at the current time we are facing both an environmental crisis and a mental health crisis. These issues represent some of the most profound, complex and seemingly intractable public health challenges of the coming decades. The aim of my study was to identify common factors linking these concurrent crises by using themes from critical social theory.
The method employed to meet this aim was a critical theoretical analysis of three case studies: the 'Zapatista' uprising in Mexico, the 'Idle No More' movement in Canada and the 'Dark Mountain Project' in the UK. These were selected for their critiques of and active resistance strategies to both environmental and mental health issues. This case study analysis was theoretically informed by Felix Guattari and John Zerzan; two social theorists who have taken an interest in both the environmental and mental health fields as problems distinctive of the modern world.
The main findings of the study were the novel ways in which all three diverse case studies:
a) made human mental health and the health of the geographical environmental part of an inseparable common resistance;
b) maintained the belief that there exist alternatives to modernity (an 'outside' to modernity);
c) practically circumvented 'business as usual' with a pragmatic use of existing tools, techniques and therapies in tandem with radical prefigurative approaches.
These findings are of interest to mental health nursing as the profession seeks to find its place in the profoundly challenging landscape presented by the public health priorities of late modernity. They spark discussion of and further research into interdisciplinary, novel and radical ways to align our roles to better meet multiple, complex and related needs.

Recommended reading
- Kidner, D. (2007). Depression and the Natural World: Towards a Critical Ecology of Psychological Distress. Critical Psychology. 19. 123-146
- Guattari, F. (2008) [1989]. The Three Ecologies. London: Continuum
- Holmes, D., Gastaldo, D & Perron, A. (2007). Paranoid investments in nursing: a schizoanalysis of the evidence-based discourse. Nursing Philosophy. 8(2). 85-91

Biography
Professional background as a Mental Health Nurse: over 10 years working in NHS inpatient mental health services in the English Midlands, mid Wales and south Wales.
Academic record: BA (Hons) in Heritage Studies from Bishop Grosseteste University in 2002, DipHE in Mental Health Nursing from the University of Nottingham in 2007, MSc by Research in Social Theory and Space at Swansea University in 2015, and currently conducting an RCBC Wales PhD fellowship at Swansea University.

4.4.2
New Vision, New Platforms
Individual and Systemic Experiences of Voice Hearing for Young People
Dr Sarah Parry, DClinPsy
Clinical Psychologist and Senior Lecturer, Manchester Metropolitan University and Halliwell Homes Ltd., England
Co Author(s): Dr Filippo Varese, PhD, DClinPsy, Clinical Psychologist and Senior Lecturer, University of Manchester

Abstract
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Recommended reading
- Engaging Young People Who Hear Voices in Online Mixed-Methods Research
- From phenomenology to neurophysiological understanding of hallucinations in children and adolescents
- Parents, don't panic if your child hears voices, it's actually quite common

Biography
Dr Sarah Parry is a clinical psychologist in a trauma-informed looked after children's service and a Senior Lecturer at MMU. Sarah's research interests include therapeutic uses of formulation and the therapeutic utility of compassion based interventions for clients and practitioners alike. Sarah and colleagues also explore how interpersonal trauma can impact aspects of people's lives, and how adults and young people develop coping strategies in response to traumatic experiences. Sarah's research has been published in a range of peer-reviewed journals, including the Journal of Children's Services, the Journal of Child Sexual Abuse and the Journal of Trauma and Dissociation.

4.4.4
New Modes, New Practices
Working with Adults who have ADHD - What do nurses need to know?
Robbie Seaman, DipMHNurs, BA, MSc
Team Manager, Adult ADHD Service, United Kingdom

Abstract
Aim of session – To identify the knowledge and skills Nurses require to be able to undertake diagnostic assessments for Attention deficit hyperactivity disorder (ADHD) in adults and to recommend, instigate and review medication based treatment.
In recent years, there has been recognition that ADHD is not only a disorder that is present in childhood and adolescence, but that symptoms can persist into adulthood. Research indicates that between 2.5% - 4% of the adult population in the UK may suffer from symptoms of ADHD to some extent. When left untreated, ADHD in adults can cause people to have difficulties in sustain employment and relationships and can lead to increased contact with the criminal justice system; it can prevent people from reaching their full potential.
Service provision in the UK is sparse with few courses available to aid nurse to develop their skills in working with this client group. Assessment and diagnosis is a complex process; differential diagnosis and co-morbid diagnosis has to be considered, along with a detailed developmental history. The assessment process for adults differs to that for children, it is dependent on an individual producing a detailed report which they are able to analyse to reach a coherent formulation.
Within my service, I have developed a competency framework detailing the specific skills and knowledge nurses need to work in this field; this was done in corroboration with the Clinical Nurse Specialists in team, utilising a system based on a community of practice. This has been linked to methods by which nurses can evidence that they have reached the required level and identifies opportunities for them to gain the appropriate skills and knowledge.
The aims of this process was to develop the nurses skills in this area, their confidence in working with this client group and to promote confidence in commissioners and senior management that the team was offering an effective and safe service.

Recommended reading
- Bernardi, S, Faraone, S.V, Cortese, S, Kerridge, B.T, Pallanti, S, Wamg, S, and Blanco, C (2011). The lifetime impact of attention deficit hyperactivity disorder: results from the National Epidemiologic Survey on Alcohol and Related Conditions (NESARC). Psychological medicine (2012) 42 875-887.
- Cowling, A, Newman, K and Leigh, S (1999). Developing a competency framework to support training in evidence based healthcare. International Journal of Healthcare Quality Assurance 12 (4) 149-160
- Wenger, E (2008) Communities of Practice: Learning, Meaning and Identity. Cambridge University Press, Cambridge.

Biography
Robbie is a mental health nurse and has worked as a both a clinician and a manager in a number of different clinical areas including forensics, addictions, adult community mental health and children's and young people's mental health services. He has completed an MSc in Practice Development looking at the development needs of nurses who work with adults

who have ADHD. Robbie currently works as the Team Manager of the Adult ADHD Service for NTW NHS Foundation Trust.

5.1.2
New Modes, New Practices
Unmet need in community-based mental healthcare
Rebecca Stevenson, BA(Hons) MSc
PhD student/Research Assistant, University of Warwick & University of Leicester, UK

Abstract
Background: Unmet need in healthcare includes facets such as inadequate access to care, poor coordination of care or unsatisfactory quality of care. People with unmet need are more likely to experience unnecessary hospitalisations and emergency department use, increased morbidity, increased use of general medical care and reduced quality of life.
Aim: The aim of this paper is to determine the prevalence of unmet need in community-based mental health services in England. Whether unmet need is associated with treatment type (medical or psychological) or the type of professional in charge of care was also explored.
Method: Data came from the "Community Mental Health Service User Survey 2015" carried out by the Care Quality Commission. Random sampling was used with a response rate of 29%, including 11,695 service user respondents in 49 NHS Trusts. A new index was created from the data to incorporate the three facets of unmet need; access, coordination and quality. The data was analysed using SPSS.
Results: Nearly half (48%) of respondents reported one or more aspects of care needs as unmet. Unmet need differed significantly as a function of treatment type $F(3,11369) = 27.15$, $p < .05$ and professional in charge $F(6,6960) = 5.63$, $p < .05$.
Discussion: The prevalence of unmet need was in line with similar studies using data from the US, Australia and Canada.
Respondents receiving no treatment reported higher levels of unmet need than those receiving medical or psychological therapy. Not all mental health disorders require continuous treatment; in this case respondents may not have been fully aware of why they were not receiving treatment, or may not agree with the decision.
Respondents with care organised by GPs and mental health support workers reported lower unmet need compared to social workers, psychiatrists and community psychiatric nurses. Further qualitative research would allow a better understanding of why these differences exist.
Conclusions: Unmet need is widely reported in community-based mental health services. Treatment type and the professional in charge of care were found to significantly affect the level of unmet need. These aspects could be researched further in order to develop initiatives to reduce unmet need.

Recommended reading
- Fleury, M.J. Grenier, G. Bamvita, J.M. Perreault, M. & Caron, J. (2016) 'Variables associated with perceived unmet need for mental health care in a Canadian epidemiologic catchment area'. Psychiatric Services, vol 67, no 1, pp 78–85.
- Roll, J.M. Kennedy, J. Tran, M. & Howell, D. (2013) 'Disparities in unmet need for mental health services in the United States, 1997–2010'. Psychiatric Services, vol 64, no 1, pp 80–82
- Walker, E.R. Cummings, J.R. Hockenberry, J.M. & Druss, B.G. (2015) 'Insurance status, use of mental health services, and unmet need for mental health care in the United States'. Psychiatric Services, vol 66, no 6, pp 578–584.

Biography
Rebecca Stevenson is a PhD student at the University of Warwick supported by the

Economic and Social Research Council (ESRC). Her research explores patient safety in mental healthcare, with a focus on services providing care to patients with eating disorders. She has a background in information science and libraries; before working as an NHS Librarian for two years Rebecca gained an MSc in Information Management from the University of Sheffield. She currently works in the University of Leicester as a Research Assistant in the Department of Health Sciences.

5.2.1
New Modes, New Practices
Embedding Research in Clinical Practice in inpatient mental health settings: An Innovative Approach
Louise McCarthy, RMN, MSc Clinical Research
Lead Research Nurse, Norfolk and Suffolk NHS Foundation Trust, England
Co Author(s): Tracey Holland, RMN, Ward Manager, Wedgwood House, West Suffolk Hospital; Kris Panvalker, RMN, Acute and Rehab Services Manager, Wedgwood House, West Suffolk Hospital; Matthew Day, Prevention and Management of Violence Instructor, Wedgwood House, West Suffolk Hospital

Abstract
Background: We undertake research to understand why disease occurs and whether it can be prevented, find best treatments or cure, improve quality of life and reduce health and social care costs. The government has prioritised mental health research but the concept of research completely embedded in clinical practice remains underdeveloped in the mental health sector (DH, 2018). Research is closely linked with quality improvement, which aims to improve practice through a systematic analysis with the outcome being to improve efficiency, quality and patient safety. Our organisation has developed a research and development programme which aims to identify priority areas of research, undertake small scale research and evaluation projects to inform larger research protocols and to embed a culture of research and evaluation in the trust. We undertook a service evaluation as part of this development programme with quality improvement principles as a fundamental part of the process.
Methods: The presentation will give an account of this evaluation, including the quality improvement approach that was adopted, which investigated the use of restrictive interventions. The outcomes of the evaluation subsequently informed and changed clinical practice as well as the processes of data collection. It influenced and informed a larger trust strategy which was being devised concurrently. The motivation to undertake the evaluation was prompted by clinical concerns. An evaluation team was created which included a research nurse, a ward manager and a member of the education department who specialised in prevention and management of violence training. The clinical management team provided the emphasis of the priorities for the evaluation aims. The results were fed back directly into the clinical and managerial pathways. The combined skills of the evaluation team resulted in a comprehensive and fully embedded approach to undertaking service evaluation.
Impact: The evaluation results linked directly into the organisation's larger strategy to reduce the use of restrictive interventions which was being developed. This means local priorities and clinical concerns directly influenced its aims and objectives. The structure of the evaluation serves as a model for future work which can be translated to any clinical area of speciality.

Recommended reading
- Department of Heath 2017 A Framework for Mental Heath Research
- NHS England 2016 Sahred Committment to Quality from the National Quality Board

Biography
I have worked as a mental health nurse throughout my career of 30 years. I have worked in many different environments with many different patient groups. I first became involved in research in 2008 when I was involved with a study investigating negative symptoms in

chronic schizophrenia. In October 2011 I initiated and commenced a full time post as a research nurse. It was the first role of its kind in the local mental health NHS trust. I am now the Lead Research Nurse and work closely with medical research leads, research scientists, senior management and clinicians of all disciplines.

5.2.3
New Modes, New Practices
Forward Thinking: learning from the NIHR's themed review into support for people with severe mental illness
Professor Ben Hannigan, RN PhD
Professor of Mental Health Nursing, School of Healthcare Sciences, Cardiff University, UK
Co Author(s): Norman Young RMN MSc, Consultant Nurse, Cardiff & Vale University Health Board

Abstract
Background
The National Institute for Health Research (NIHR) Dissemination Centre (DC) aims to put research evidence at the heart of decision making in the NHS, public health and social care. Outputs from the DC are shared through Signals, Highlights and Themed Reviews. Themed Reviews are substantial, but accessible, publications which bring together NIHR research in particular areas.
Aims
In March 2018 the DC published its themed review into research on support for people with severe mental illness. Forward Thinking brings together findings from NIHR-funded research projects, and references a series of additional studies which have yet to report. This presentation, by two mental health nurse members of the Forward Thinking project advisory group, summarises the process of producing the review and highlights key messages for mental health nurses.
Main discussion points
Forward Thinking draws on 30 completed studies, and is structured around four themes:
- Supporting early detection and intervention
- Crisis care: location, settings and practices
- Stabilising, managing physical and mental health
- Supporting recovery, self-management and engagement

Studies were selected for inclusion because of their relevance to commissioners, care provider organisations, specialist and generalist professionals, service users and carers, and educators. Studies led by, or otherwise involving, mental health nurses as members of project teams are strongly represented, and include: Safewards (which generated evidence to make psychiatric wards safer), the City 128 extension study (which investigated locked wards), SPICES (which studied seclusion and intensive care), RiSC (a review of the evidence into risks for young people in mental health hospital), COCAPP and COCAPP-A (both of which investigated care planning and care coordination), EQUIP (a study yet to report in full, which is focusing on user involvement in care planning) and RESPECT (which is also ongoing, and which is investigating sexual health promotion).
Conclusion
Forward Thinking is a valuable, up-to-date, review of recent and current research of direct relevance to mental health nurses. However, gaps in what is known remain, including into the social determinants of severe mental illness, into service access and effectiveness for black and minority ethnic groups, into models of organising services and into relationships between staffing and outcomes.

Recommended reading
- NICE (2014) Psychosis and schizophrenia in adults: prevention and management. Available at: https://www.nice.org.uk/guidance/cg178

- NICE (2016) Bipolar disorder: assessment and management. Available at: https://www.nice.org.uk/guidance/cg185
- NIHR DC (2018) Forward Thinking: NIHR Research on Support for People with Severe Mental Illness. Available at: https://www.dc.nihr.ac.uk/themed-reviews/severe-mental-illness-research.htm

Biography

Ben Hannigan is a researcher and teacher who studies mental health systems and services, and Norman Young is a consultant nurse and associate lecturer with expertise in severe mental health problems. Both were members of the advisory group for this NIHR themed review.

5.3.2
New Vision, New Platforms
Self esteem and social pressure: A study of the structural and agency factors underlying student perceptions of academic feedback.
Sarah Traill, MSc, PG Dip, BSc, RMN
Principal, UCLan, England
Co Author(s): Dr Gill Rayner PhD Principal Lecturer UCLan; Professor Nigel Harrison, Executive Dean UCLan; Dr Philippa Olive, PhD, Senior Research Fellow UCLan

Abstract
Academic feedback has some of the lowest levels of student satisfaction on the National Student Survey. In an attempt to remedy this, many institutions have developed standards for academic feedback, with the aim of improving feedback and student satisfaction. Despite these efforts, levels of satisfaction remain low. Academic feedback takes place in a leaky social system where a student's past experience, self-esteem and social network can have an influence on the experience and perception of the feedback they receive on their academic work. The process of giving and receiving feedback is multidirectional, so it is unsurprising that standardised approaches have not been successful. This research attempts to explore the underlying structural and agency factors involved in the perception of feedback. The ontological position is one of Critical Realism (Bhaskar 1978; 1986) a philosophy which considers different levels of reality, and focuses on the identification of the generative mechanism underlying the phenomena of interest. In the first part of an exploratory sequential design study, a series of semi structured interviews with a purposive sample of pre-registration mental health nursing students, explored their perceptions of academic feedback. A thematic analysis (Miles and Huberman 1994) utilising NVivo qualitative data analysis software, identified some potential structural and agency factors that could aid our understanding the social and psychological system of academic feedback.
Bhaskar, R. (1978) A Realist Theory of Science. 2nd Edn. Hemel Hampstead, Harvester Wheatsheaf. Bhaskar, R. (1986) The Possibility of Naturalism. 2nd Edn. Hemel Hampstead, Harvester Wheatsheaf.
Miles, M & Huberman, M. (1994) An expanded sourcebook qualitative data analysis. 2nd Ed. London. Sage.

Recommended reading
- Bhaskar, R. (2017) The Order of Natural Necessity. Edited by G. Hawke.
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Biography
Practicing mental health nurse, cognitive behavioural therapist and academic. Currently working at the University of Central Lancashire as a principal lecturer in mental health nursing and practice. Undertaking PhD research into students mental health nurse's perceptions of academic feedback and associated variables.

5.4.1
New Roles and Breaking the Mould
Everyday discrimination: The impact of declaring a mental health condition on the availability and cost of travel insurance
Dr Russell Ashmore, PhD, MA, BSc (Hons), Dip Coun, Grad Cert Ed, RMN, RNT
Senior Lecturer Mental Health Nursing, Sheffield Hallam University, United Kingdom

Abstract
Background
Travellers visiting overseas destinations are advised to obtain insurance to cover unseen eventualities. Some destinations may refuse entry without it (Ashmore, 2015). Both nationally and internationally there is widespread recognition by the media, patient organisations, case law (Ingram v QBE insurance Ltd, 2015) and the Financial Conduct Authority (FCA) (2015) that people with a mental health condition (MHC) experience discrimination when applying for travel insurance. However, there is a paucity of research exploring its extent and nature.
Aims
To establish: (1) the impact of declaring a MHC on the availability and cost of travel insurance; and (2) factors affecting it.
Sample
Purposive
Method
A randomly selected UK price comparison website was searched for single trip insurance, one month before a proposed travel date, for a 14 night trip to both Europe and worldwide destinations for one 50 year old male traveller. Quotes were obtained for eight common MHCs and compared to those of a traveller with no condition. Analysis consisted of content analysis and both descriptive and inferential statistics of 1790 quotes.
Findings
Fewer policies were available to a traveller disclosing an existing or historic MHC for both European (26 versus 80) and worldwide (24 versus 76) travel. Declaring a MHC resulted in a mean increase of 41.9% for European destinations and 32.3% for worldwide travel. Some MHCs led to a greater increase in cost than others (range 14.3%-66.6%). Six factors significantly ($p<0.001$) increased the cost of insurance by an additional 12.9% to 80.7%. The factors were: 'cancelling a previous trip', 'a history of aggressive or violent behaviour'; 'contact with a mental health professional', 'taking medication'; 'hospital admission'; and 'detention under the Mental Health Act 1983'.
Discussion
Despite existing legislation, people declaring a MHC experience potential discrimination when applying for travel insurance. The cost of insurance is based on assumptions, stereotypes and out-of-date evidence.
Conclusion
In order to break the current mode, the FCA should undertake a full investigation to determine how the cost of travel and other types of insurance are calculated for individual MHCs. The industry should make transparent the evidence used to calculate insurance premiums.

Recommended reading

- Ashmore, R. (2015) Visa refusal following compulsory hospital admission under the Mental Health Act 1983 (England and Wales): fact or fiction? Journal of Psychiatric and Mental Health Nursing 22, 6, 390-396.

- Financial Conduct Authority (2015) Occasional Paper No. 8: Consumer Vulnerability https://www.fca.org.uk/publications/occasional-papers/occasional-paper-no-8-consumer-vulnerability (accessed 24 April 2018).
- Ingram v QBE Insurance (Australia) Ltd (Human Rights) (2015, VCAT 1936). https://www.vcat.vic.gov.au/resources/ingram-v-qbe-insurance-australia-ltd (accessed 27 April 2018).

Biography

Russell Ashmore is a senior lecturer at Sheffield Hallam University. Qualifying in 1987, Russell has worked in day hospitals, acute inpatient settings and the community. He has published on a variety of subjects including; Section 5(4) of the Mental Health Act 1983, nurses' interpersonal skills, nurses' relationship with the pharmaceutical industry, clinical supervision, nurses' experiences of stalking and the rights of informal patients. He is a member of the editorial board of the Journal of Psychiatric and Mental Health Nursing, Mental Health Practice and Nurse Education in Practice.

5.4.3
New Vision, New Platforms
Cooperation for wellbeing: the Preston model
Professor Mick McKeown, PhD, BA (Hons), RGN, RMN
Professor of Democratic Mental Health, University of Central Lancashire, UK
Co Author(s): Julian Manley, PhD, MSc, MA, BA, Research Fellow, University of Central Lancashire

Abstract
Background
The so-called Preston Model is an alternative economic and social model addressing local procurement policies, the retention of local wealth, job creation and community democracy. The ambition is for a fairer local economy that better meets the needs of citizens via take-up of co-operative principles and other adjustments (http://thenextsystem.org/the-preston-model) aiming to create healthier, ethical, democratic, stable economic environments.
Aim
To discuss the potential benefits of collectively enacting a fairer economy and the subsequent impact for mental health and well-being.
Main discussion points
The Preston Model is informed by community regeneration efforts from the US and the Mondragón Cooperatives' 10 principles: open admission; democracy; sovereignty of labour; instrumental nature of capital; participatory management; solidarity in pay; inter-cooperation; social transformation; universality; education. Sennett (2012) extols the virtues, rituals and pleasures of cooperation but notes that this is a craft that requires skill and effort. Erdal's (2011) work on cooperative towns found they have healthier communities, less inequality, supportive networks, less conflict, greater satisfaction and happiness, and less stress, also impacting physical health, with people in a cooperative town living significantly longer than a neighbouring non-cooperative town. Evidence suggests that social enterprise participants realise health and wellbeing benefits supported by networked advantages in terms of people, materiality, locations, experiences, stories and performances (Farmer et al 2016). Although not exactly coterminous, social enterprises embody co-operative principles (Manley & Froggett 2016). Similar wellbeing benefits are associated with wider civic engagement and social capital (Ziersch et al 2005, Poortinga 2011). The Preston approach to community wealth building brings together an economic model (worker-owned co-operative businesses), social concerns (social capital/ connectedness (Bourdieu, 1986; Putnam, 2000), sense of coherence (Antonovsky, 1987), and capabilities (Nussbaum, 2011).
Conclusion
We conclude that: (i) both getting involved in working towards cooperative forms of economy and the realisation of the same represent means to foster mental well-being; (ii) new cooperative enterprises may be a better way of organising certain aspects of health and social care, and indicate forms of democratic organisation relevant to work in the public sector; (iii) this provides a foundation for interesting research into civic society and wellbeing.
.

Recommended reading
- Singer, C. (2016) The Preston Model. The Next System Project, http://thenextsystem.org/the-preston-model
- Chakrabortty, A. (2018) In 2011 Preston hit rock bottom. Then it took back control. The Guardian, https://www.theguardian.com/commentisfree/2018/jan/31/preston-hit-rock-bottom-took-back-control
- Sennett, R. (2012) Together: the rituals, pleasures and politics of cooperation. Yale

Biography

Mick McKeown is Professor of Democratic Mental Health, School of Nursing, University of Central Lancashire and trade union activist with Unison, supporting service user and carer involvement at the university and union strategizing on nursing. He has taken a lead in making the case for union organising to extend to alliance formation with service users/survivors.

5.5.2
New Modes, New Practices
Carers' experiences of service transitions in adult mental health: a descriptive phenomenological study
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Co Author(s): Kathryn Berzins, PhD, MCC, BA(Hons), University of Leeds

Abstract
Background: During transitions between mental health services, carers take on a high burden of responsibility and yet there are gaps in our understanding about their concerns, need for information, or expertise in providing a safe caring home environment. Asking carers about care transitions provided insights into experiences of caring, the needs of both the person and carer, highlighting opportunities for developing supportive interventions.
Aim: To explore informal carers' experiences during care transitions between mental health services.
Sampling: NHS ethical approval was obtained to recruit adult carers who had supported an adult living with a mental health problem through a transition in adult mental health services.
Methods: Participants were recruited in one NHS Trust providing mental health services. Data were collected using telephone or face-to-face semi-structured interviews.
Analytical approach: Data were analysed using a descriptive phenomenological approach supported by NVIVO to identify emergent themes.
Main Findings: Ten carers agreed to take part in the study. The analysis is underway and identified five themes: Information exchange; Carer Identity; Fluctuating carer burden; Carer skills and coping; Making it through the transition.
Discussion: Planning for care transitions, timely exchange of information and the provision of specific carer interventions were important. When accessing services, some carers found their family member deemed too well for crisis care yet were too unwell to independently seek primary care; suggesting a service gap. Carers did not always identify themselves as carers due to the fluctuating nature of mental health and this may impact on their ability to access carer support. Carers were skilled at dealing with unusual and difficult behaviours at home and had rarely received education or support from health care professionals or been invited to share their skills with others.
Conclusions: Carers report a mixed experience of transitions in adult mental health care; some experienced difficulties accessing services and others felt that they were left to cope without support during periods of leave or at discharge. Their skills and ability to cope are rarely acknowledged or shared. The findings provide insights into areas where mental health nurses could develop supportive interventions as part of collaborative multi-agency care.

Recommended reading
- Gerson, R., Davidson, L., Booty, A., Wong, C., McGlashan, T., Malespina, D., Pincus, H., Corcoran, C., (2009) Families' experiences with seeking treatment for recent onset psychosis, Psychiatric Services, 60:6, 812-816.
- Jankovic, J., Yeeles, K., Katsakou, C., Amos, T., Morriss, R., Rose, D., Nichol, P., McCabe, R., Priebe, S. (2011) Family caregiver' experiences of involuntary psychiatric hospital admissions of their relatives- a qualitative study, PLoS ONE, 6:10, e25425, doi: 10.1371/journal.pone.0025425.
- Velligan, D., Roberts, D., Sierra, C., Fredrick, M., Roach, M-J. (2016) What patients with severe mental illness transitioning from hospital to community have to say about care and shared decision making, Issues in Mental Health Nursing, 37:6, 400-405.

Biography

Nicola is a mental health nursing lecturer delivering both research and teaching. Nicola's career has focused on practice, teaching and research in adult acute mental health care. She is currently developing research exploring the transitions between acute mental health care and community living, crisis and urgent mental health care and the development of supportive interventions.

Kathryn is a mixed methods researcher who specialises in mental health. She is particularly interested in the use of restrictive practices, service user and carer experiences of care and treatment (particularly that carried out under the Mental Health Act) and criminal behaviour in hospital settings.

New Modes, New Practices

Predictors of the Emotional Intelligence of Saudi Children Enrolled in the Basic Education Program

- Manal Alharbi, PhD
Assistant Professor, King Saud University, Saudi Arabia
Co Author(s): -; -; -; -

Abstract

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Recommended reading

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Biography

Dr. Manal Fehade Al-Wahbi Al-Harbi finished her doctoral study from faculty of life and health sciences at Ulster University. Her research was about cultural competence of nurses who work in multicultural health care organization within western region of the kingdom of Saudi Arabia. Her master degree in nursing awarded from King Saud University in maternal child health nursing. Her research interest includes multidisciplinary approach in Research methodology, Mixed method research, Qualitative research, Clinical teaching, Cultural issues in Maternal-Pediatric health, Child health and Neonatal health.

New Modes, New Practices

Only when I laugh: Understanding the role of humour in an acute mental health ward

Miss Marie McCaig, RMN; BSc; MSc
Lecturer, University of the West of Scotland, United Kingdom
Co Author(s): -; -; -; -

Abstract

Abstract :

Background

This appreciative action research (AAR) study explored and developed positive experiences of values-based practice in a mental health acute ward. Values-based practice describes interventions that reflect personal preferences and values, whilst 'positive' describes instances where participants valued the interaction. This ideal, person centred process appears to be difficult to operationalise and evidence in practice.

Aims

Positive experiences are rarely articulated in the literature. Research into practice in mental health acute wards invariably operates on a positivist frame, focusing on learning from what is not working as opposed to what is working well. Literature on positive experiences of values-based practice in mental health acute wards is scarce. This research tries to redress the balance by bringing to light positive evidence from a range of participants, providing an alternative discourse in relation to what works in values-based practice.

Sampling

Twenty interviews, six focus groups and six reflection groups were used over an eleven-month period. Participants included staff, carers, students and patients of one mental health acute ward.

Analysis

Data analysis used immersion crystallisation (Borkan, 1999). Horizontal passes (Borkan, 1999) of interview and focus group data found six emergent themes, one of which related to the role of humour on the ward.

Findings

Humour emerged as a complex topic, having a crucial and at times misunderstood role in positive experiences of values-based practice. Some staff assumed that laughter equated to wellness, a notion that was strongly rebuked by patients. Only one staff participant in the research described seeing humour as a positive thing, despite patients and carers being clear about the role and value of humour.

Discussion

These findings suggested that at times staff may have had their own criteria against which they judged wellness, and that laughter may form part of this 'assessment'. The generative discussion facilitated appeared to cause some participants to question their beliefs about humour, leading to a co-developed understanding of humour.

Conclusion

These findings build on the work of Olver and Eliot (2014) who have previously suggested that further research is required into the use of humour and laugher in clinical and research settings.

Recommended reading

- Olver, I.N. and Eliott, J.A. (2014) The use of humor and laughter in research about end-of-life discussions. Journal of Nursing Education and Practice, 4(10), p.80.

- Kidd, S.A., Miller, R., Boyd, G.M. and Cardeña, I. (2009) Relationships between humor, subversion, and genuine connection among persons with severe mental illness. Qualitative Health Research, 19(10), pp.1421-1430.
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Biography

Marie McCaig RMN; BSc; MSc; is a Lecturer at the University of the West of Scotland. Marie qualified as a mental health nurse in 1995 and her experience in a range of different clinical settings has provided a backdrop for her scholarly and research activity. Marie's interests are wide and varied and
include: co-production; service user and carer involvement in nurse education; peer support, and the role and value of Recovery Colleges.

New Roles and Breaking the Mould

Evaluating the Introduction of a Wellness and Recovery Action Plan (WRAP) Training Programme for Undergraduate Mental Health Nursing Students in Ireland

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Lecturer, National University of Ireland Galway, Ireland
Co Author(s): Dr Andrew Hunter PhD MSc RMN Dip CBT Lecturer NUIG; -; -; -

Abstract

Background: A limited but growing body of evidence suggesting that education in the philosophy and principles of recovery can support recovery-oriented mental health care provision. Wellness Recovery Action Planning (WRAP) training is a service user co-created and delivered approach. In spite of the policy emphasis on co-creating new ways of working there are currently no WRAP educational training programmes being delivered to undergraduate mental health nursing students in Ireland.

Aims: To evaluate the co-delivery of WRAP training to (n=220) 2nd, 3rd and 4th year undergraduate MH nursing students in two Irish 3rd level institutions.

Methods: A longitudinal mixed methods study utilising online questionnaire and focus group interviews will evaluate participants experience of a 2 day WRAP course and measure any change in their recovery knowledge and attitude. All participants will complete an online recovery knowledge inventory questionnaire along with a demographic questionnaire. 6 focus groups (6-8 per group) will also be undertaken with participating students from each year.

Findings: Questionnaire data will be analysed using SPSS. Descriptive statistics will be applied to the demographic data and the scores of the knowledge inventory questionnaire. The focus groups will be audio-recorded and transcribed. Field notes on the group interactions and processes will also be transcribed. Thematic analysis and coding of the qualitative data from the focus groups will be managed using NVivo.

Conclusion: Preliminary findings indicate that Participants are positive about the experience of WRAP training and do experience positive changes in attitude and knowledge post participation. Recommendations are that such training is made more widely available and that long term evacuation of the impact of such training on mental health nursing practice and patient care/outcomes in undertaken.

Recommended reading

- Cook, et al (2010). Developing the evidence base for peer-led services: Changes among participants following Wellness Recovery Action Planning (WRAP) education in two statewide initiatives. Psychiatric Rehabilitation Journal, 34(2), 113-120.
- Higgins et al 2010 Recovery and WRAP Evaluation Report
- Department of Health. (2012). A Vision for Psychiatric/Mental Health Nursing, The Stationery Office. Dublin

Biography

Dr. Louise Murphy BSc (Hons), PhD, PG Dip in Nursing Education, RPN , RNT has twelve years clinical experience in a variety of settings. She lectures across a range of nursing programmes. She has specific expertise in mixed methods research and quantitative research methodologies. Her research interests range from psycho-oncology to wellness and recovery action planning, and mental health. She has been collaborated on a number of research grant applications both nationally and internationally and has secured funding from the Royal College of Surgeons, Irish Cancer Society and the Waterford City and County Cancer Trust Foundation.

New Vision, New Platforms

Bitesized teaching: Delivering knowledge of physical health issues in mental health settings

- Sam Thompson, BSc Psychology, MSc Mental Health Nursing
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Co Author(s): Ryan Dias, Specialty Trainee in Child and Adolescent Psychiatry; Robert Bartram, Specialty Doctor in General Adult Psychiatry; -; -

Abstract

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Recommended reading

- Naylor C, Das P, Ross S, Honeyman M, Thompson J, Gilburt H Bringing together physical and mental health: a new frontier for integrated care. The King's Fund; 2016.
- Brenner AM. Uses and limitations of simulated patients in psychi- atric education. Acad Psychiatry. 2009;33(2):112–119. http://dx.doi. org/10.1176/appi.ap.33.2.112
- Howard L, Gamble C. Supporting mental health nurses to address the physical health needs of people with serious mental illness in acute inpatient care settings. J Psychiatr Ment Health Nurs. 2011;18(2):105–112. http://dx.doi.org/10.1111/j.1365-2850.2010.01642.x

Biography

Sam qualified with a masters in Mental Health Nursing from the University of Nottingham in January 2016. Sam has worked in both adult and adolescent inpatient units in the United Kingdom before moving to Sydney in November 2017. Sam is currently based at the Prince of Wales hospital in Sydney and works predominantly in the Mental Health Intensive Care/Enhanced Observations Unit. Sam has a keen interest in psychosis and nursing innovations to improve mental health practice.

New Vision, New Platforms

Place, purpose and politics: The final farewell tour for mental health nursing?

Professor Alan Simpson, PhD BAHons RMN
Professor of Collaborative Mental Health Nursing, City, University of London, England
Co Author(s): -; -; -; -

Abstract

Mental health nurses continue to be (largely, but not uncritically) valued by service users, carers and healthcare professionals but there is every possibility that over the next ten or twenty years mental health nurses will be consigned to the psychiatric history books alongside Victorian asylums, paraldehyde injections and strait-jackets.

In many parts of the world generic Registered Nurses and security guards are employed with mental health nurses nowhere to be seen. Specialist mental health nurse education is seen as an add-on, a top-up, a luxury. Continuing Professional Development in advanced mental health nursing skills is unfunded. In the UK, over 4,000 mental health nurses posts have been lost since 2012 and around 40% of current mental health nurses in the workforce are nearing retirement.

Social activities coordinators, psychology assistants and peer support workers are staffing our mental health units with just the odd mental health nurse employed to organise the medics. In the community, once highly-prized jobs as Community Psychiatric or Mental Health Nurses are being lost to Enhanced Primary Care workers, co-produced Recovery Colleges, social prescribing and community organisers. Online, Skype and telephone app CBT have replaced long-term face-to-face therapeutic relationships with mental health nurses over a cup of tea and a quick once-over with the vacuum cleaner.

In this lecture, I will explore the Place, Purpose and Politics of mental health nursing in the past, present and potential future. I will draw on mental health nursing research, current and emerging policies, lived experience and Twitter to give a personal, passionate and hopefully persuasive argument that high quality mental health nursing is needed more than ever and is too good, too valuable, too fantastic to be allowed to wither and die. But we do not have a divine right to exist. We are not guaranteed a role in the future of mental health care, treatment, and service delivery. Unless we can begin to articulate, demonstrate, evidence and vigorously promote our value and impact we will be gone. Mental health nursing will be a relatively short chapter in the history of psychiatry and mental health.

Recommended reading

- NIHR (2018) Forward Thinking: NIHR research on support for people with severe mental illness. London, National Institute of Health Research. https://www.dc.nihr.ac.uk/themed-reviews/Forward%20Thinking%20final.pdf
- #MHnursingFuture https://twitter.com/mhnursingfuture
- Butterworth, T & Shaw, T. (2017) Playing our Part: The work of graduate and registered mental health nurses. London, Foundation of Nursing Studies. https://mhnurses.files.wordpress.com/2017/02/fons-playing-our-part-feb-2017-final-version.pdf

Biography

Alan Simpson is Professor of Collaborative Mental Health Nursing and leads the Centre for Mental Health Research at City, University of London. He has a special interest in service user involvement and co-production. He and colleagues recently completed two NIHR-funded cross-national studies of recovery-focused mental health care planning in both community and inpatient settings, and Alan is currently a co-investigator on a large study of

peer support (‘ENRICH’) for people discharged from mental hospitals. Other interests include improving the physical and mental health of people with co-morbid conditions and working across disciplines to enable this to be successful.

New Roles and Breaking the Mould

Trauma Informed Education in Mental Health Nursing - Do Know Harm

- Jennie Young, RNLD, BSc
Nurse Therapist / Teaching Fellow, NHS Forth Valley / University of Stirling, United Kingdom
Co Author(s): Ivor Smith RMN, BEd, BSc Nurse Therapist / Teaching Fellow, NHS Forth Valley / University of Stirling; -; -; -

Abstract

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Recommended reading

- Ace study
- Sweeney paper
- Transforming Trauma

Biography

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New Roles and Breaking the Mould

Exploring the contribution of existing frameworks in defining capabilities for Advanced Practice roles in Mental Health

Stuart Maddock, RMN BSc
Non-medical Independent Prescriber, Bury South Integrated Delivery Team, England
Co Author(s): Fiona Nolan, Florence Nightingale Professor of Mental Health Nursing, School of Health and Social Care, University of Essex, Wivenhoe Park, Colchester, CO4 3SQ; -; -; -

Abstract

Background

The published literature in the field of Advanced Practice within mental health is scarce. Comprehensive guidance or evaluation of Advanced Practice roles in Mental health are also almost completely lacking.

Aims

Increase awareness of advanced level practice in mental health and the need for research around this area. To highlight the need to nationally define roles and development within this area both in education and practice.

Main discussion points

The concept of advancing nursing roles has faced many barriers when attempting to extend responsibilities and capabilities across traditional boundaries. These are shared internationally and been consistent through history, seen since the 1960's in America and 1980's in the UK.

A large number of national policies in the UK have attempted to drive the development of these roles to meet changing demands on healthcare services.

A number of UK medical bodies have acknowledged Advanced Clinical Practitioner's to give them greater credibility. These include the Royal College of General Practitioners, Royal College of Emergency Medicine and Royal College of Surgeons. The Royal College of Psychiatrists is not, as yet, among this group.

Recent UK national guidance and evidence indicates that there is a pressing need to address recruitment and retention demands within Mental Health, Primary and Urgent Care settings. A concurrent development of advanced practice roles in mental health may be required. The role of Advanced Practitioner is more defined in the USA, with competency framework and curriculum comparable to other specialities within the UK. Whilst this is not directly transferable it may provide some benefit when consideration is paid to further work which could develop and embed this role both in the UK and internationally. Further to this it is useful to consider how Royal College of Psychiatrists curriculum could be used to define and develop Advanced Practice.

Conclusion/Summary of contribution of paper

This paper highlights the need for further research in the field of Advanced Practice within mental health services to both define and evaluate roles. It further demonstrates the need to develop this level of practice and to embed advanced roles into the workforce providing mental health care.

Recommended reading

- HEE NHS, 2017, Multi-professional framework for advanced clinical practice in England, https://hee.nhs.uk/sites/default/files/documents/Multi-professional%20framework%20for%20advanced%20clinical%20practice%20in%20England.pdf
- Weber, M.T., Delaney, K.R. & Snow, D. 2016;2015;, "Integrating the 2013 Psychiatric Mental Health NP Competencies Into Educational Programs: Where Are We Now?", Archives of Psychiatric Nursing, vol. 30, no. 3, pp. 425-431.

- RCEM, RCN, HEE, College of Paramedics October 2017, A Guide to the Emergency Care Advanced Clinical Practitioner Pilot Credentialing Project, http://www.rcem.ac.uk/Training-Exams/Emergency%20Care%20ACP

Biography

Stuart graduated with BSc Business Management and DipHE RMN from University of East Anglia in 2006. He has worked in adult mental health and across a number of Dementia care settings. He has developed two new Non-medical Prescriber roles and in 2015 he set up a successful Adult ADHD service. Within his Trust he is a member of the Drugs and Therapeutic Committee and chairs the Non-medical Prescribing Forum. He has lectured at University of East Anglia and as part of Cambridge Graduate Medical Student Psychiatry Program. Stuart is completing an MSc in Advanced Clinical Practice at University of Suffolk.