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International Society of Psychiatric-Mental Health Nurses

BOOK OF ABSTRACTS

**25th International MHNR
Conference 2019**

*From Global to Local:
Mental Health in a
Connected World*

**Thursday 12 – Friday 13
September 2019**

**RCN HQ
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CONCURRENT SESSION 1

1.1.1 Psychiatric Mental Health Nurses Meeting the Challenge of Improving Global Mental Health

Promoting mental health, preventing mental illness

Cynthia Taylor Handrup, DNP, APRN, PMHCNS-BC, Clinical Assistant Professor, University of Illinois Chicago, USA

Co Author(s): Sara Horton-Deutsch, PhD, RN, PMHCNS, FAAN Professor, University of San Francisco, Certified Caritas Coach

Abstract

How have we as nurse practitioners, educators, and researchers turned our frustration with the current state of mental health care and public discourse into energy to propel us forward effectively working together toward promoting mental health in a global arena?

This presentation will report on the results of the workshop presented in May at the 2019 International Society of Psychiatric Mental Health Nurses (ISPN) conference in Charlotte, North Carolina, USA, "Maximizing our Contribution: Exploring Ways ISPN can work with Global Partners for Informed Moral Action Finding our Collective Voice: Morally informed action for the promotion of Global Mental Health." We will present examples of engagement with other international organizations (Global Alliance for Behavioral Health and Social Justice, International Council of Nurses, the World Psychiatric Association, and the Watson Caring Science Institute) and their members in a manner that laid the groundwork for, cultivated and resulted in informed moral actions. Taking our lead from the 2018 Lancet Commission on global mental health and sustainable

development (October, 2018), we will address strategies for "reframing mental health" to reduce the treatment discrepancies and reduce the global burden of mental and substance use disorders by concurrently addressing the prevention and quality gaps, and extending the scope of treatment to include ethical social care. Key areas to be discussed include the adoption of a staged approach to mental health problems, a convergence of the findings of the moral, social and biological determinants of mental health problems into a life course trajectory of neurodevelopmental processes, and advocacy for mental health as a fundamental human right. We will engage participants in intentional learning activities to explore how nurses can collectively address mental health and well-being in a global arena.

Recommended reading

- Lancet Commission on global mental health & sustainability, October 2018
- Routledge Handbook of Global Mental Health Nursing, 2017
- Mental Health: Our World Data, <https://ourworldindata.org/mental-health>, April, 2018

Biography

Cynthia Taylor Handrup, DNP, APRN, PMHCNS-BC is a Clinical Assistant Professor at University of Illinois at Chicago in the PMHNP DNP program. She has BS in Nursing from the University of Rhode Island, a MS from the PMHCNS program at St. Xavier University, Chicago, IL and a DNP from the University of Colorado Denver. Dr. Handrup maintains a psychotherapy practice in a multidisciplinary group & is the 2010 winner of the Heart and Soul of Change Research Award for addressing client directed outcome informed clinical practice. Dr. Handrup is President-Elect

of the Global Alliance for Behavioral Health and Social Justice.

1.1.2 Social determinants, mental health, and its Influence on Health Practices among three groups of African American Perimenopausal Women

Promoting mental health, preventing mental illness

Carolyn Harmon Still, PhD, RN, MSM, AGPCNP-BC, CCRP, Case Western Reserve University, Frances Payne Bolton School of Nursing

Co Author(s): Faye A. Gary, EdD, RN, FAAN, MSN, RN, Case Western Reserve University, Cleveland, OH; Hossein Yarandi, PhD, Wayne State University, Detroit Michigan; Gloria Callwood, PhD, RN, University of US Virgin Island

Abstract

More than 2 million women experience menopause each year. But our understanding of the associations of social determinants, health practices, and mental health on the overall health status in African American women is limited. This study examines the social determinants, health practices, and mental health on the health status of African American perimenopausal women from three regions in the United States (Florida, Ohio, and US Virgin Islands). This study also compares the mental health and health practices and its influence on health status between three groups of perimenopausal women. A descriptive-comparative design, guided by Marmot and Wilkinson's Social Determinant's of Health framework, was used to determine the health practices and health status among African American perimenopausal women residing in three regions. One hour, face-to-face structured interviews were conducted at a variety of settings

(churches, community-based organizations) across the three regions. All research-related information and including the informed consent and data collection measures were read aloud to the women. Data were collected on several valid and reliable measures. The sample consisted of African American women from Florida (n = 206), Ohio (n = 201) and US Virgin Islands (n = 126), and the mean age for the total sample was 51.51 years (SD = 8.78). There were significant differences in sociodemographic characteristics among the three groups of women. In general, knowledge of menopause, depression, social support, and decision-making were significantly associated with favorable self-reported health status in African American perimenopausal women. The potential effects of menopause and societal pressures can be overwhelming and could influence mental health, well-being, and health practices. Becoming familiar with the strengths and concerns about factors associated with midlife changes have implications for helping to develop culture-specific health education literature and interventions to assist African American.

Recommended reading

- Social Determinants, Health Practices, and Mental Health on Health status of African American perimenopausal women
- Factors influencing the Physical and Mental Health status of African American Women
- Social Determinants and Health Practices

Biography

Carolyn Harmon Still, PhD, RN, MSM, AGPCNP-BC, CCRP, is an Assistant Professor at the Frances Payne Bolton School of Nursing at Case Western Reserve University. Her area of expertise

includes hypertension clinical outcome trials in older populations, psychosocial assessment of aging, and management of chronic diseases in older adults, as well as recruitment and retention of minorities in clinical trials. Dr. Still's work continues focused on understanding determinants of health and health disparities across the lifespan, including among older vulnerable ethnic minority groups that carry the heaviest burden of mortality and morbidity from chronic diseases (e.g., cardiovascular disease, hypertension, and diabetes).

1.1.3 Mental Health Literacy among Children and Young People in Low and Middle Income Countries: A Mixed Studies Systematic Review

Promoting mental health, preventing mental illness

Laoise Renwick, Lecturer, RMN, BNS, FHEA, PhD, Division of Nursing, Midwifery and Social Work, Faculty of Medicine, Biology and Health, University of Manchester

Co Author(s): Isobel Johnston, Research Intern, Division of Nursing, Midwifery and Social Work, School of Health Sciences, Faculty of Biology, Medicine and Health, University of Manchester; Rebecca Pedley, Research Associate, BSc (Hons), PhD, Division of Nursing, Midwifery and Social Work, School of Health Sciences, Faculty of Biology, Medicine and Health, University of Manchester; Helen Brooks, BSc, MRes, PhD, University of Liverpool; Penny Bee, BSc(Hons), GIBiol, PhD, Division of Nursing, Midwifery and Social Work, School of Health Sciences, Faculty of Biology, Medicine and Health, University of Manchester

Abstract

Background

Depression is the leading cause of disease burden in children and adolescents and affects 10-20% of children and young people (CYP) globally. In low and middle income countries (LMIC), up to 50% of populations are young, making them particularly vulnerable to developing mental illnesses. Mental health literacy, defined as 'knowledge and beliefs about mental disorders which aid their recognition, management or prevention' is closely linked with emotional well-being and risk of developing depression in CYP. Promoting mental health via enhancing knowledge, beliefs and attitudes about mental health problems is an effective way of reducing health-related stigma and promoting help-seeking which can contribute to closing the treatment gap.

Aim

To systematically review available evidence to identify perspectives, attitudes and knowledge in LMICs about mental health and illness in children and young people.

Methods

We systematically searched relevant databases between December 2018 and March 2019 to identify relevant literature exploring mental health literacy and perspectives of emotional well-being and help-seeking for mental health problems among children and young people in LMICs. We included peer-reviewed research published in scientific journals, conference proceedings, dissertations and reports from grey literature searches and papers retrieved from hand-searching. Data will be screened and reviewed at full-text stage by two independent reviewers and discordance resolved by consensus between two

additional reviewers. Data extraction will be completed by one researcher and a portion will be checked for accurate information retrieval. Data will be analysed using thematic synthesis

Results and Conclusions

There were 2503 articles meeting the inclusion criteria and 208 that were retained to proceed to full-text screening. We are commencing full-text screening data extraction and will report our findings at the conference. Once complete, we will have undertaken a rigorous review of literature exploring the perceptions of mental health, causes and treatments and how to get help among CYP in LMIC that will inform interventions at population level.

Recommended reading

- Erskine, H.E., et al., A heavy burden on young minds: the global burden of mental and substance use disorders in children and youth. *Psychol Med*, 2015. 45(7): p. 1551-63.
- Jorm, A.F., et al., "Mental health literacy": a survey of the public's ability to recognise mental disorders and their beliefs about the effectiveness of treatment. *Med J Aust*, 1997. 166(4): p. 182-6.
- Lam, L.T., Mental health literacy and mental health status in adolescents: a population-based survey. *Child and Adolescent Psychiatry and Mental Health*, 2014. 8(1): p. 26.

Biography

Laoise has worked in varied hospital and community-based roles, a nurse specialist in early psychosis and recently in academia as a lecturer. She has investigated the impact of untreated illness on quality of life, recovering functioning and social networks in psychosis for her PhD. Laoise has an interest in mental health care in low-

resource settings collaborating with colleagues in Indonesia to enhance capacity where a significant treatment gap exists. She is a committee member of the RCN's International Mental Health Nursing Conference and an editorial board member of the *Journal of Psychiatric and Mental Health Nursing*

1.2.1 "What happens in the woods stays in the woods" - Is ecotherapy seen as an adjunct to or as an alternative to mental health services? An ethnography of ecotherapy for mental health in South and West Wales.

Promoting mental health, preventing mental illness

Ed Lord. RMN; BA (HONS); DipHE; MSc Res; RCBC PhD Fellow, Swansea University.

Abstract

Background: There has been a growing interest in recent years into the beneficial effects that exposure to nature can have on numerous factors related to health and well-being. Ecotherapy for mental health is a sub-division of this broad nature and health field and is defined by MIND as "a wide range of treatment programmes which aim to improve your mental and physical wellbeing through doing outdoor activities in nature".

Aims and methods: This presentation reports on the findings of an ethnographic study of four ecotherapy projects in South and West Wales conducted as part of an RCBC Wales PhD fellowship. The projects included in the study were two woodland activity groups, a coastal trail running group and a practical sustainability skills training organisation. The cohorts observed attended the activities via a wide range of means,

including GP referral, third sector referral, secondary mental health services, peer recommendation and social media advertisement.

Analysis and findings: From thematic analysis of the field note, interview and documentary data a typology of participant orientations was constructed. This typology can illustrate the varied ways social, cultural, symbolic and economic capital are deployed by participants to mediate identified barriers and enablers to engagement with the different spaces and projects. Another finding was that much of the implementation of ecotherapy in this area is being done by people with lived experience collaborating with third sector partners, and the interaction with statutory bodies and funders requires ongoing and nuanced negotiation.

Discussion: Despite widespread calls for ecotherapy to be integrated into NHS services through initiatives such as social prescribing there are ethical and organisational limitations to instrumentalising nature exposure in this fashion. The fluidity of the outdoor spaces used and the multiplicity of participant orientations to the activities practiced in them act to resist standardisation and medicalisation. There is also a contested domain of what an appropriate division of labour and standards of training could look like in the ecotherapy field.

Conclusion: I conclude by posing the question of what a challenging or oppositional (rather than an adjunctive) ecotherapy could mean for service users, professionals, health services, and nature.

Recommended reading

- Lord, E & Coffey, M. (2019). Identifying and resisting the technological drift: green space, blue space and ecotherapy. *Social Theory*

and Health. doi.org/10.1057/s41285-019-00099-9

- Bloomfield, D. (2017). What makes nature-based interventions for mental health successful? *British Journal of Psychiatry International* 14 (4): 82–85.
- Kidner, D.W. (2007). Depression and the natural world: towards a critical ecology of psychological distress. *International Journal of Critical Psychology*, 19: 123-146

Biography

Ed Lord qualified as a mental health nurse at the University of Nottingham in 2007, and is currently an RCBC Wales PhD Fellow at Swansea University. He is interested in the intersection of mental health, cultural geography, environmentalism and social theory. Previously Ed was awarded an MSc by Research for his thesis on 'Social Theory and Space' – later published as a book "Modern Madness: a wild schizoanalysis of mental distress in the spaces of modernity". His PhD study is an ethnographic investigation of ecotherapy activities for mental health and he plans to submit his thesis in autumn 2019.

1.2.2 Whittingham Lives: mental health engagement through heritage and arts

Capability, capacity and creativity

Mick McKeown, PhD, Professor of Democratic Mental Health, School of Nursing, University of Central Lancashire

Co Author(s): Karen Wright, PhD, Professor of Nursing/Head of School, School of Nursing, University of Central Lancashire

Abstract

Background

Whittingham Lives is a community heritage and arts project based upon the archive of Whittingham County Asylum, Lancashire, UK. Creative outputs included a play, a choral composition and curated an exhibition; all based upon the history of the asylum and public production of artistic outputs, including creative writing, visual arts, and music. The project engaged the public in various community settings and service users and staff in a secure unit located on the former asylum site.

Aims

To (i) evaluate the impact of using heritage and arts to engage participants in thinking about mental health and challenging stigma and, (ii) discuss the broader value of such approaches.

Methods

Appreciative techniques were used to engage participants in a number of different activities including: and exhibition exploring the history and legacy of the asylum; a play about life at the asylum at the time of WWI; singing and song writing, creative writing, visual arts and drama activities; performance of a new choral piece; a conference; talks, film screenings and workshops.

Questionnaires were completed by 480 individual participants in various project activities and events. These furnished a mixture of quantitative and qualitative data.

Findings

We report specifically on the popularity and reach of the project, with over 1,000 participating in activities, and over 10,000 as audience for performances and exhibitions, and positive impact upon knowledge and attitudes towards mental health (81% reporting a positive shift in personal views). Qualitative finding explore mental health as it relates to

creativity, and relevance to contemporary notions of recovery, and the importance of attachments to history and place.

Conclusions

We draw conclusions regarding the interplay between heritage and arts, and meaningfulness for creative participants and audiences. In doing so we reflect upon continuities and discontinuities between past and present mental health care and public attitudes and imagine better futures.

Recommended reading

- Spandler, H., Secker, J., Kent, L., Hacking, S. and Shenton, J., 2007. Catching life: The contribution of arts initiatives to recovery approaches in mental health. *Journal of psychiatric and mental health nursing*, 14(8), pp.791-799.
- Philo, C., 2014. "Enough to drive one mad": the organization of space in 19th-century lunatic asylums. *The power of geography: How territory shapes social life*, pp.258-290.
- Carpenter, M., 1988. *Working for health: the history of the Confederation of Health Service Employees*. Lawrence & Wishart.

Biography

Mick McKeown is Professor of Democratic Mental Health, School of Nursing, University of Central Lancashire and trade union activist with Unison. He is a founding member of Preston Cooperative Development Network, encouraging trade union support for cooperative development in the region. Mick is a longstanding member of Unison's National Nursing Sector Committee arguing for union organising to extend to alliance formation with service users/survivors, and relational approaches to union organising and

workplace democracy in the healthcare sector.

Karen Wright is Professor of Nursing and Head of School of Nursing, University of Central Lancashire. Previously consultant nurse at Ashworth high secure hospital, and originator of UCLan's innovative MSc for the care of people diagnosed with personality disorder, Karen has had a career spanning practice, education and research. She recently co-edited the new well received text from Sage, Essentials of Mental Health Nursing.

1.2.3 Surviving by Storytelling

Promoting mental health, preventing mental illness

Mark Pearson RNMH, MSc, PGCHE, FHEA, Teaching Associate, University of Nottingham

Abstract

Background

As the field of health humanities continues to grow, and the values of narratives becomes increasing established within healthcare, this paper offers an insight into the therapeutic value of poetry in supporting people to narrate and make meaning of their individual and shared lived experiences of survivorship.

The paper evaluates on the Surviving by storytelling workshops. These were a series of workshops, advertised to the general public, facilitated by a poet with no formal mental health training in conjunction with mental health academics. The workshops took a broad view of the term 'surviving', with participants attending who had a range of backgrounds and experiences. During the workshops, participants were supported to engage in a number of activities involving writing and responding to poetry, working towards developing a

shared sense of survivorship through poetic writing.

Aim(s)

To explore the therapeutic benefits of poetry in supporting individuals to narrate their own and shared stories of survivorship.

Sampling Method

The workshops were publicised through a range of sources such as social media, UNESCO city of literature and established poetry and creative writing networks within the east midlands. In total 22 participants attended the initial workshop with 12 participants completing the full course of 3 workshops.

Method

The 12 participants who attended all 3 workshops have been invited to attend a focus group interview scheduled for May 2019.

Analysis

The data recorded at the focus group will be transcribed and analysed using an inductive thematic analysis.

Findings

Due to the ongoing nature of the research and data collection, there are no findings to present at this time. The findings will be presented at the conference.

Discussion

It is anticipated that the evaluation will provide further details regarding the therapeutic value of poetry in supporting individuals to narrate their experiences. The paper may also provide a greater understanding of the potential benefit of community poetry interventions, outside of formalised mental health services.

Conclusions

The study conclusions will be presented at the conference along with recommendations for future research.

Biography

Mark's clinical background is in specialist community mental health services, working as a nurse and non-medical prescriber. Mark is currently working as a teaching associate at the University of Nottingham and his main research interest is health humanities. Mark is currently undertaking a PhD exploring the therapeutic potential of written and spoken word poetry to support meaning making for individuals who have experienced psychosis.

1.3.1 A qualitative study of user experience of My PAL: a physical health passport for mental health service users

Rights-based approaches to mental health

Sinéad Hennessy BSc MSc cANP
Rehabilitation Mental Health service
CHO7

Co Author(s): Dr Michael Nash, Trinity College Dublin; Dr Gráinne Donohue, Trinity College Dublin

Abstract

Individuals who have a severe mental illness (SMI) have a reduced life expectancy of up to 20 years in comparison to the general population. The reasons for this are multifaceted. Mental health nurses (MHNs) have most contact with service users. We can play a vital role in closing this marginalised gap in life expectancy. My PAL is a service user held tool and comes accompanied with a Plain English approved booklet which explains all physical health checks service users should have annually. It is

aimed to empower MHNs and service users through improving their health literacy. It also aims to empower service users to take ownership over their physical health care. This initiative is to improve service user experience of physical health promotion from their mental health team. It is being piloted within an inpatient setting and across community mental health teams (n=5). This is a qualitative study and data will be obtained through interviewing MHNs and service users to ascertain their experience of using My PAL. The findings from this study will inform if amendments need to be made to My PAL and will direct future clinical practice innovations such as a larger quantitative study. Interviews will be held in July 2019 and data will be analysed in August 2019. Ethical approval was obtained for this study through Trinity College Dublin.

Biography

Sinéad has worked with the Rehabilitation Mental Health Service in Dublin Ireland for the past 6 years. Since completing a MSc in Dublin City University in Mental Health Nursing Care Practice with a specific focus on the physical health care of individuals with severe mental illness, she has been instrumental in changing the provision of physical health care. She is currently a candidate ANP within physical health and mental health and is demonstrating leadership in changing mental health service delivery.

1.3.2 What 'capital' do mental health nurses utilise to address people's physical health?

Promoting mental health, preventing mental illness

Brennan, G, BA Hons, MN, RMN, PhD
Student, University of Edinburgh

Co Author(s): Stenhouse, R, MRes, PhD, RMN, Lecturer University of Edinburgh; Smith, GD. BA (Hons), PhD, RN, Professorial Fellow, University of Edinburgh

Abstract

Background: People with mental distress experience higher rates of physical co-morbidities. These include HIV infection, cardiovascular disease, metabolic disorders and certain types of cancer. There appears to be ambiguity surrounding nursing roles in addressing these health inequalities. Previous international studies have not demonstrated the impact of organisational and structural issues and how they help or hinder nurses in meeting policy and regulatory mandates.

Aims: The study aimed to examine how registered mental health nurses working in one UK mental health service understood their role in providing physical healthcare to people with mental distress. In particular the impact of organisational & structural factors, relationships & educational competencies on their role.

Methods: This study was informed by Pierre Bourdieu's Theory of Practice (1977). Semi-structured 1:1 interviews were conducted with nurses (n=7 inpatient, n=7 community) working in one UK service between January-May 2018. Interviews were transcribed verbatim and analysis was informed by Braun and Clarke's (2006) Thematic Analysis. The study received a favourable ethical opinion from the author's institution.

Results: Analysis reveals that nurses' work in in this area is largely invisible. Nurses utilise, what Bourdieu would consider forms of capital in order to execute their role. These include the use of therapeutic relationships, experience, exposure, dual-training and confidence. Pre-registration education was deemed to

have little capital within the field and may be contributing to nurses' emotional burden.

Discussion/Conclusions: Thought needs to be given as to how nurses will maintain clinical competency and confidence. Education providers and health services need to work in tandem to better meet the ongoing needs of the workforce.

Recommended reading

- Bourdieu, P., (1977). Outline of a theory of practice, Cambridge University Press.
- Braun, V. & Clarke, V., (2006). Using thematic analysis in psychology. *Qualitative Research in Psychology*, 3(2), pp.77–101.

Biography

Gearóid works clinically as a mental health nurse within NHS Lothian alongside holding the University of Edinburgh's Principal's PhD Career Development scholarship for Nursing Studies. He holds a Master of Nursing degree in Clinical Research at the University of Edinburgh, funded by the Scottish Government's Chief Nursing Officer's Directorate. He currently holds a Florence Nightingale travel scholarship.

1.3.3 Irish MHN's practice and attitudes towards prostate and testicular health screening in male mental health service users.

Promoting mental health, preventing mental illness

Michael Nash, D Prof, MSc, PCLT, BSc (Hons), RPN, RNT, FHEA

Abstract

Intro

Users of Mental Health Services have poorer physical health than the general population. In some instances Mental Health Nurses may not have the pre-requisite knowledge or skills to facilitate physical healthcare interventions. This can impact on activities such as health screening.

Aim

To explore Mental Health Nursing practice in testicular and prostate health screening in male service users.

Background

People with severe mental illness are sometimes inappropriately excluded from preventative health screening, even though they have greater exposure to physical health risk factors than the general population. Very little is known about Mental Health Nursing practice in testicular and prostate screening in male service users.

Method and sample

A quantitative descriptive survey of a convenience sample of Irish Mental Health Nurses.

Results (Graphs will be used in the presentation)

378 nurses responded to an online survey. 251 respondents answered all questions giving a response rate of 66%.

Only 6.67% (n= 14) undertook testicular screening for lumps and 10.95% (n= 23) facilitating screening for prostate cancer. Most respondents, 83.87% (n =208), reported not regularly asking men about testicular screening.

Respondents self-rated their knowledge of testicular screening as - Excellent 1%, Very good 6%, Good 13% Fair 26% and Poor 54% respectively. Results are very similar for prostate screening.

Respondents self-rated their knowledge of men's screening services as screening as - Excellent 2%, Very good 8%, Good 13% Fair 25% and Poor 52% respectively. Results are very similar for prostate screening services.

Respondents reported lacking confidence in explaining how to screen testicles for lumps and explaining results of a prostate screen to male service users. Training in health prevention screening was recognised as a practice need by 84.73% (n =211) respondents.

Conclusions

Low rates of testicular and prostate health screening constitute a challenge to Mental Health Nurse's physical health practice. Preventative health screening needs to be prioritised in mental health services and nurses are in a key position to facilitate and engage with male service users. Most respondents felt they did not have the confidence and skills to undertake this activity and most recognised it as a training need.

Recommended reading

- Irish Cancer Society (2015) About testicular cancer available at <https://www.cancer.ie/cancer-information/testicular-cancer/about#sthash.DZlhzgU.dpbs> accessed 06/03/2019
- Clifton A, Burgess C, Clement S et al et al. (2016) Influences on uptake of cancer screening in mental health service users: a qualitative study BMC Health Services Research 16:257
- Howard L and Gamble C (2011) Supporting mental health nurses to address the physical health needs of people with serious mental illness in acute inpatient care settings Journal of Psychiatric and Mental Health Nursing, 18, 105–112

Biography

Michael Nash is a Lecturer in Mental Health Nursing. He has an academic teaching and research interest in physical health issues in people with mental health problems.

1.4.1 Evaluating the feasibility and acceptability of Method of Levels therapy for people experiencing first-episode psychosis

Promoting mental health, preventing mental illness

Robert Griffiths; BSc, RN (Mental Health), MSc; NIHR Clinical Doctoral Research Fellow; Psychosis Research Unit

Abstract

Sessions aims: This concurrent session relates to the promotion of mental health and recovery, one of this year's conference themes. The aim of the session is to introduce a promising transdiagnostic psychological therapy called the Method of Levels, and to consider the potential advantages of the approach for people experiencing first-episode psychosis. The session will conclude by reporting the findings of a recent NIHR-funded randomised controlled trial that aimed to evaluate the feasibility and acceptability of the approach for this population.

Background: Improving access to psychological interventions for people experiencing first-episode psychosis is current priority for the NHS. Despite substantial investment, however, rates of implementation remain low and a significant proportion of service users do not receive access to these interventions in line with current treatment guidelines. The Method of Levels is a transdiagnostic cognitive therapy that has the potential to

address some of the limitations of existing psychological approaches for psychosis.

Aims: The Next Level study (ISRCTN13359355) aimed to evaluate the feasibility and acceptability of the Method of Levels for people experiencing first-episode psychosis.

Method: Next Level used a feasibility randomised controlled trial design. Participants (n = 36) were randomised to receive either (i) treatment as usual (TAU) with their usual Early Intervention in Psychosis Service or (ii) TAU plus access to Method of Levels therapy. The primary outcomes were recruitment and retention in the trial. A proportion of participants (n = 12) were interviewed about their experience of trial participation and engaging with Method of Levels.

Findings: Next Level recruited to target within the planned timeframe. Retention rate at final follow up was 97%, substantially higher than the 80% rate pre-defined as a successful outcome. The results of the nested qualitative study suggest that participants found engaging with Method of Levels to be an acceptable and helpful experience.

Conclusions: The results of the Next Level trial are encouraging and support moving to a larger trial of Method of Levels for first-episode psychosis.

Recommended reading

- Griffiths, R., Mansell, W., Carey, T. A., Edge, D., Emsley, R. and Tai, S. (2018). Method of levels therapy for first-episode psychosis: rationale, design and baseline data for the feasibility randomised controlled Next Level study. *BJPsych Open*, 4(5), 339-345.
- Griffiths, R., Mansell, W., Edge, D., Carey, T. A., Peel, H. and Tai, S. (2019). 'It was me answering my own questions': Experiences of method of

levels therapy amongst people with first-episode psychosis. International Journal of Mental Health Nursing.

Biography

Robert Griffiths is a mental health nurse and psychological therapist with a background in Assertive Outreach and Early Intervention in Psychosis mental health services. In 2015, Robert was awarded an NIHR Clinical Doctoral Research Fellowship. He is currently completing his PhD at the University of Manchester, which focuses on evaluating the feasibility and acceptability of a transdiagnostic psychological therapy called Method of Levels for people experiencing first-episode psychosis.

1.4.2 A feasibility and acceptability study of the Talking with Voices intervention amongst adults with psychosis

Promoting mental health, preventing mental illness

Andrew Grundy, MPhil, Postgraduate Research Student, School of Health Sciences, University of Nottingham

Co Author(s): Dr Eleanor Longden (PI), Prof Tony Morrison, Dr Melissa Pyle, Psychosis Research Unit, Greater Manchester Mental Health NHS Foundation Trust

Abstract

Background: Talking With Voices (TwV) is a form of psychotherapy in which a therapist verbally engages with voices (auditory hallucinations) in a way that is intended to instigate integration and reconciliation, enhance awareness of voice characteristics, examine relevant factors in voice emergence/maintenance, and redress unequal power dynamics between hearer and voice. Psychological formulation and psychosocial education

are also utilized. The intervention has a robust theoretical rationale and is consistent with the growing clinical emphases on the impact of traumatic representations in the positive symptoms of schizophrenia. However, although TwV is applied and advocated within the International Hearing Voices Movement (a grass-roots support and activism network of voice hearers and their allies, in which the intervention originated) it awaits controlled evaluation.

Aims: To test the feasibility and acceptability of TwV for helping patients with a diagnosis of schizophrenia cope with distressing voices.

Design and methods: Feasibility and acceptability will be assessed using a randomised controlled single-blind (rater) design. Participants will be randomly allocated to receive either the intervention (n=25) or treatment as usual (n=25). Up to 26 TwV sessions will be delivered over six months. The primary outcome will be quantitative and qualitative assessments of feasibility and acceptability amongst patients and NHS staff. Secondary outcomes will involve clinical outcome measures, including targeted instruments for voice hearing (PANSS; BAVQ-R; VAY; SOV-Q), dissociation (DES-R), adverse life-events (LSC-R), recovery (QPR), and health status (EQ-5D). The WAI and a tailored TwV Therapy Satisfaction Questionnaire will be completed as a measure of acceptability in the intervention arm. These measures will be used to inform outcomes for a definitive trial.

Results: Preliminary results will be presented which suggest that: the protocol is feasible in practice; that recruitment/retention rates are good; that baseline and follow-up completion rates for all secondary measures are good; that therapy attendance rates are high; and satisfaction scores are high, with encouraging open-ended qualitative comments.

Potential benefit: If shown to be safe and effective, TwV could be a significant advance in treating a vulnerable, clinically disadvantaged group. The results will inform proposals for running a definitive randomised trial to assess clinical and cost effectiveness.

Recommended reading

- M. Romme & S. Escher, *Accepting Voices*, MIND publications, London (1993)
- M. Romme et al. *Living with Voices: 50 stories of recovery*, PCCS Books, (2009)
- Hearing Voices Network UK website: <http://www.hearing-voices.org/>

Biography

Andrew Grundy is a long-term mental health service user and is a MHNR committee-member. He is also currently working as a postgraduate student in the School of Health Sciences, University of Nottingham. Andrew's main research interests are in understanding concepts of 'mental health' and of mental health service provision from the service user/survivor and carer perspectives. His PhD is exploring service user perspectives on and experiences of 'risk' and its 'assessment' and 'management' in an acute mental health setting. Andrew primarily teaches on 'Patient and Public Involvement in Research' at the University of Nottingham and tweets about mental health: @acgrundy.

1.4.3 Neurogenetic Approaches to Advancing Symptom Science in Psychiatric-Mental Health: Focus on Psychosis and Severe Mental Illnesses

Promoting mental health, preventing mental illness

Rose Mary Xavier, PhD, MS, RN, PMHNP-BC, Post-Doctoral Fellow in Neuropsychiatry, University of Pennsylvania Perelman School of Medicine

Abstract

It is well-known that Psychiatry and Mental health lags behind other disciplines such as Oncology and Cardiology in this era of precision science. For severe mental illnesses which are often neuropsychiatric in nature, (ex: psychosis and schizophrenia), there is a significant gap in the knowledge of pathophysiological mechanisms that are often attributed to the biological and phenotypic heterogeneity of such disorders. The symptoms of these disorders which cross traditional diagnostic boundaries are often refractory to treatment, and leads to significant morbidity, social and occupational impairments and incur significant personal and societal burden. In addition, patients with severe mental illnesses suffer from physical and somatic comorbidities which further adds to the burden. For example, schizophrenia, often considered the poster child of severe mental illnesses, carries a higher risk for all-cause mortality (2-3 times higher than the general population) and 15-25 years of reduced life expectancy. The genetic basis of severe mental illnesses is well established. In addition, evidence from epidemiological and clinical studies often point to the sheer complexity of these illness that involves a combination of polygenetic and

environmental causes. Subsequently, there is a need for focus on addressing complex care needs, precision science and clinical translation to advance clinical care. Though advances in genomics have brought to fruition the science of precision medicine by converging the effects of individual variability in genes, environment and life style, the effect of on psychiatric and mental illnesses pales in comparison to other somatic diagnoses. My program of research focuses on elucidating neurobiological mechanisms of psychiatric symptoms that crosses traditional diagnostic boundaries. This has implications for psychiatric mental health nursing research and practice. I will describe the importance of such a line of inquiry, current trends and challenges and the critical need to develop the scientific and the professional psychiatric mental health nursing workforce. The approach of investigating the biological basis of symptoms which are tied to long term adverse outcomes has the potential to identify precise and effective interventions for our patients.

Biography

Dr. Rose Mary Xavier is currently a Post-Doctoral Fellow in Neuropsychiatry at the University of Pennsylvania and is funded by the NIMH. As a nurse scientist and a Psychiatric Nurse Practitioner, her research focuses on understanding neurobiological mechanisms of psychiatric symptoms for clinical translation. Dr Xavier graduated with her PhD in Nursing and a doctoral certificate in Cognitive Neuroscience from Duke University with interdisciplinary training in neuroscience and genetics. In addition to her research expertise, Dr Xavier is a seasoned clinician with extensive clinical experience working with the mentally ill and chemically dependent population in an array of clinical settings.

1.5.1 Child/adolescent mental health policy: the power of the nurse's voice

Promoting mental health, preventing mental illness

Sally Raphael MS, APRN-PMH, FAAN
Mental Health Policy Consultant,
Baltimore, Maryland USA

Abstract

Advocacy training equips nurses to influence policy at local and country levels. Strategies exist for creating, sustaining and advancing policy change for child and adolescent (C/A) mental health through networking and coalition building. Nurses have the means to educate others about political realities and needed policy agendas. The challenge is to gain tools to work with policy makers.

The purpose is to explore how a nurse can advance mental health policy for childhood to teenage years. Mental health policy for C/A is truly the orphan of current global policy. Underdeveloped C/A mental health care across the world does not capitalize on improved services, leads to decreased utilization of needed treatment, long wait times, and long distances to obtain to care (if it exists).

Worldwide 10-20% of children and adolescents experience mental disorders. Half of all mental illnesses begin by the age of 14 and three-quarters by mid-20s. In 132 developing countries between 2007 and 2015 the total financial amount targeted to child and adolescent mental health was US\$190.3 million over the 8 years, (0.1% of development assistance for health). The largest investments were for humanitarian assistance for C/As in disasters or conflicts (US\$77.2 million). WHO (2013), the UN (2014) and Organization for Economic Co-operation and Development (OECD) (Lu et al,

2018), are premier policy organizations in full support of strengthening advocacy, effective leadership and governance through C/A mental health policy.

There are 10 steps for policy action: Pick an issue, Find like minds, Recruit outside your professional pocket, Organize, Find a champion, Search for funds, Write policy, Seek political sponsors, Come at the goal from many positions and Sell your message. There are 6 quick action steps for coalition building. Nurses can't make change by standing on the sidelines. Each nurse is called to look outside the everyday job parameters. Informed by commitment, with a focus on solutions take the next step of advocacy for policy and laws. The Nurse teaches, rescues, heals, and consoles. Education plays a big part in advocacy work. Through contacts and community networks there are opportunities to build and transform care for vulnerable populations.

Recommended reading

- Lu, C., Lu, Z. and Patel, V. (2018). Global child and adolescent mental health: The orphan of development assistance for health. PLoS Med, 15(3): e1002524.
- United Nations. (2014). Mental health matters: Social inclusion of youth with mental health conditions. UN New York. Available at: <https://www.un.org/esa/socdev/documents/youth/youth-mentalhealth.pdf> (Accessed 18 April 2019)
- World Health Organization. (2013). Mental health action plan 2013-2020. World Health Organization., Geneva. Available at: <http://www.who.int/iris/handle/10665/89966> (Accessed 18 April 2019)

Biography

Sally Raphael was faculty for Johns Hopkins University School of Nursing, at

University Maryland School of Nursing, implemented and directed the Graduate studies for Child and Adolescent Psychiatric-Mental Health Nursing and as Deputy Director of Pan American Health Organization/World Health Organization (PAHO/WHO) Collaborating Center for Mental Health Nursing. She was Director of Nursing Practice, Policy & Economics for the American Nurses Association.

Ms. Raphael was United States representative to International Council of Nurses (ICN) Task Force on Mental Health/Psychiatric Nursing. She led the development and implementation of Basic Nursing Mental Health Curriculum for Latin and Central American and Mexico Nursing programs.

1.5.2 “Objectively Terrifying”: A Patient-Oriented Qualitative Study of Youth’s Experiences of Transitions out of CAMHS at Age 18

Promoting mental health, preventing mental illness

Kristin Cleverley, RN PhD CPMHN, CAMH Chair in Mental Health Nursing Research/Assistant Professor, University of Toronto

Co Author(s): Emma McCann, CAMH Youth Engagement Facilitator, CAMH; Lindsey Lenters, BSc, MPH, Nursing student, University of Toronto

Abstract

Background: Health services and policy makers are increasingly recognizing the importance of understanding and improving transitions from CAMHS to AMHS and developing effective interventions and models of care that are youth-informed and oriented. One of the most effective methods of informing models of care, is to learn from the lived

experiences of youth (Day, 2008). Particularly since transition experiences of youth may be different based on their service pathway when they leave CAMHS care at age 18 (Broad et al 2017). As such, there is a need to recruit youth prior to reaching the CAMHS service boundary at age 18, with interviews taking place with youth prior to and after exiting CAMHS to better understand the diversity of youth's perspectives (Broad et al 2017; Swift et al 2013).

Aim(s): 1) To qualitatively explore the experiences of youth in relation to their knowledge and experiences transitioning out of CAMHS services at age 18; and 2) to utilize participatory action research in all stages of this study, to ensure the unique expertise of youth who have experienced the mental health system was incorporated.

Sample Method, Methods and Analytical Approach: Youth were recruited from two CAMHS prior to reaching the service boundary at age 18. In-depth interviews with 22 youth accessing specialized mental health services (14 youth pre- and 8 post-transition) were conducted. Thematic analysis was conducted following directed content analysis to capture youth perspectives.

Main Findings: Pre- and post-transition youth discussed a range of experiences, which fell into six main themes, including: shifting awareness of the meaning of 'transition' and confusion around roles and responsibilities within the transition process. While there was some congruency within both the pre- and post-transition interviews, there were important differences that continue to support the importance of interviewing youth in various stages of the transition process.

Discussion and Conclusions: This study contributes additional richness to the existing body of literature through a dual

focus on pre- and post-transition perspectives. The engagement of youth co-investigators through the participatory action research framework enriched all aspects of this project.

Recommended reading

- Broad, K., Sandhu, V., Sunderji, N. and Charach, A. (2017). Youth experiences of transition from child mental health services to adult mental health services: a qualitative thematic synthesis. *BMC Psychiatry*, 17(1).
- Day, C. (2008). Children's and Young People's Involvement and Participation in Mental Health Care. *Child and Adolescent Mental Health*, 13(1), pp.2-8.
- Swift, K., Hall, C., Marimuttu, V., Redstone, L., Sayal, K. and Hollis, C. (2013). Transition to adult mental health services for young people with Attention Deficit/Hyperactivity Disorder (ADHD): a qualitative analysis of their experiences. *BMC Psychiatry*, 13(1).

Biography

Dr Kristin Cleverley is the CAMH Chair in Mental Health Nursing Research, Assistant Professor in the Lawrence S. Bloomberg Faculty of Nursing and Department of Psychiatry at the University of Toronto. She is also a Senior Scientist at the Centre for Addiction and Mental Health (CAMH) in Toronto and an Editor of the *Journal of the Canadian Academy of Child and Adolescent Psychiatry*.

Her research engages youth and their families as experts in informing and co-designing novel clinical and health system interventions to improve mental health care transitions for children and youth with mental illness, addictions, and concurrent disorders.

1.5.3 Developing collaborative practice for supportive mental health care between an Emergency Department and Acute MH nursing teams

Capability, capacity and creativity

Dan Brown, RNMH, MRes, SWLSTG & St George's

Co Author(s): Simon Arday, RMN, Darzi Fellow 'Parity of Esteem', SWLSTG; Catherine Gamble, RGN, RMN, Head of Nursing Development and Education, SWLSTG; Julie Goldie, RGN, Head of professional development, St George's

Abstract

A type 1 emergency department and a psychiatric decision unit in south west London are working together to develop a joint training programme and rotational nursing experience, using creative teaching strategies that focus on joint learning, professional networking and systems theory. Front line band five and band six nurses from both settings have taken part in a bespoke development scheme, which involves undertaking shifts in the partnered clinical areas. The cohort consists of eight nurses (four RGN and four RMN) who have been buddied up to support and mentor each other when in the new clinical areas. The bespoke training focused on the assessment and clinical management of people with both mental and physical health issues, in the acute emergency department and the psychiatric decision unit. The creative input from both sets of nurses allowed for a focus on increasing capability, fostering closer working relationships, and addressing some of the challenges that have historically been faced when attempting to deliver physical and mental health care concurrently. The programme has been delivered by a combination of clinical and academic professionals in an interactive learning

environment. Throughout, the nurses have been encouraged to share real life experiences, which have been used creatively to build content that is clinically relevant, adaptable and iterative.

The project has made use of reflective diaries to obtain an in-depth qualitative narrative which is being written up for publication and to present at conferences, showing a creative working model for shared learning and innovative clinical working. Additionally, quantitative data has been obtained by questionnaire, pre, mid and post programme. Data suggests that staff attitudes, capability and confidence to support people who present to either service have all improved. On-going data analysis will be synthesized and data presented for publication and professional feedback.

Recommended reading

- National Confidential Enquiry in Patient Outcome and Death. (2017). 'Treat as One'. London.
- Naylor, C., Das, P., Ross., S., Honeyman, M., Thompson., & Gilbert, H. (2016). Bringing together mental and physical health: A new frontier for integrated care. London: The King's Fund.
- Willis, P. (2015) Raising the Bar: Shape of Caring: A review of the Future Education and Training of Registered Nurses and Care Assistants. London: Health Education England.

Biography

Dan Brown qualified as an RNMH in 2005. Working for 2 years in acute wards, he then trained further at an eating disorders inpatient unit. After 3 years working as a staff nurse moved to a community eating disorders service. Whilst working in eating disorders, Dan also undertook 2 years training in systemic therapy and was awarded a

master's degree in clinical research as part of the NIHR fellowship. Since 2017 Dan has been working as a lead in nurse education and more recently as a joint lead for an acute Trust and mental health Trust in Parity of Esteem.

CONCURRENT SESSION 2

2.1.1 “What is a mental health nurse? An auto-ethnography into a crucial, unstable and contentious identity”

Promoting mental health, preventing mental illness

Stephen McKenna, RMN, BA, MA, PgDip

Abstract

Building on presentations from previous conferences, especially Alan Simpson's from the 2018 event, I propose to offer an answer to the question 'What is a mental health nurse?' which, in the current political and cultural moment, is particularly salient.

My intention is to analyse, both thematically and linguistically, the #MHNFuture Memes – statements and paragraphs submitted and published within the past 18 months by mental health nurses, students, associated professionals and campaigners. I believe that such an analysis will both confirm and contradict intuitive answers to this question, as well as reveal divergences from job descriptions of mental health nursing.

For example, restrictive practices are a feature of nursing in inpatient environments but do not feature at all in the memes provided so far. This poses further questions, such as is the identity of this professional group rooted in aspiration and values rather than practice? Moreover, when value terms are used, what linguistic form do they take. Do we describe what we do in an active or passive voice?

I will deploy existing methodologies, such as those used in the work of Rosemary C. Stenhouse, as well as specific text-finding software to complete the analysis. I am using the term 'auto-ethnography' as the Memes, when aggregated, form an

analysable 'text' written by the group whose identity is being investigated.

The intention is not to produce a final answer to this question, because not only identity is multifaceted and changes over time, but the 'text' in question is fundamentally limited. The authors of the memes do not accurately represent - by either age, gender, race or experience - the field of mental health nursing. Although this means the answer offered will be partial, it will still be truthful, and where answers to this question in the past have tended to be individual or institutional, the results produced here will be both personal and collective.

Recommended reading

- 'They all said you could come and speak to us': patients' expectations and experiences of help on an acute psychiatric inpatient ward.

Biography

Stephen qualified as a mental health nurse in September 2018 following training as a postgraduate. His first roles as a nurse have been in Psychiatric Intensive Care. He is a member of the Mental Health Nursing Journal's editorial board, is an alumni of the NHS Staff College's Leadership programme and presented original research, alongside then fellow-student Samuel Richardson Velmans, at the 23rd Conference in Cardiff on the distinction between person-centred care and person centred caring.

2.1.2 A World of Indifference: Women's Experiences of Psychiatric Hospitalization

Rights-based approaches to mental health

Dr. Cheryl van Daalen-Smith, RN, PhD
Associate Professor, York University
School of Nursing, Toronto, Canada

Abstract

A World of Indifference honours and makes central the often dismissed voices of women's own experiences of psychiatric hospitalization. This session will present – as an offering rooted in deep respect for the work of mental health nurses - findings from a feminist narrative inquiry exploring ten Canadian women's experiences of psychiatric hospitalization. The women were invited to speak freely about what their experiences entailed, what was helpful and what was not, and were asked what they wanted Canada's Mental Health Nurses to know. While some discount the testimony of persons with mental health challenges in general, and women more specifically, mental health nurses are poised to listen, consider the messages and come together with those we care for to consider what we might do both for and with the women we are called forth to care for during periods of immense vulnerability.

Recommended reading

- van Daalen-Smith, C. & Adam, S. (2019, in press). A World of Indifference: Canadian Women's Experiences of Psychiatric Hospitalization. *Issues in Mental Health Nursing*.
- van Daalen-Smith, C. (2011) Waiting for Oblivion: Women's Experiences with Electroshock. *Issues in Mental Health Nursing*, 32(7), pp 1-17.
- FILM: www.yorku.ca/indiff

Biography

Dr. van Daalen-Smith is a long-time community health nurse whose practice and scholarship focuses on girls and women's mental health. She is a York University Associate Professor in the School of Nursing & the School of Women's Studies.

2.1.3 Waiting for Oblivion: Women's Experiences of Electroshock

Rights-based approaches to mental health

Dr. Cheryl van Daalen-Smith, RN, PhD
Associate Professor, York University
School of Nursing, Toronto, Canada

Abstract

Waiting for Oblivion presents findings and analysis stemming from a two-year qualitative study that explored, in their own voices, women's lived experience of electroshock. Standpoint theory frames and provides the moorings for both the validity and methodology of this woman-centered inquiry. In addition, nurses' experiences and views of ECT are explored and compared to the experiences reported by the women recipients themselves. Vulnerability and disconnection as emergent themes are presented for our sober consideration. The nurses interviewed believed electroshock culminated in a net gain for the patients, but for the majority of the women interviewed, electroshock resulted in damage and devastating loss. The session will close with pressing questions for we mental health nurses to ask ourselves.

Recommended reading

- van Daalen-Smith, C. & Adam, S. (2019, in press). A World of

Indifference: Canadian Women's Experiences of Psychiatric Hospitalization. *Issues in Mental Health Nursing*.

- van Daalen-Smith, C. (2011) *Waiting for Oblivion: Women's Experiences with Electroshock*. *Issues in Mental Health Nursing*, 32(7), pp 1-17.
- FILM: www.yorku.ca/indiff

Biography

Dr. Cheryl van Daalen-Smith is a long-time community health nurse whose scholarship and practice focuses on girls and women's mental health. She is a York University Associate professor in the school of nursing at York University in Toronto, Canada.

2.2.1 An Effective Model for Clinical Training in Child/Adolescent Cognitive Behaviour Therapy for Nursing Students - (Online clinical training vs. face to face classroom training, vs. blended-face to face and online training)

Capability, capacity and creativity

Pamela Lusk, DNP, RN, PMHNP-BC, Associate Clinical Professor, College of Nursing, Ohio State University, Psychiatric/ Mental Health Nurse Practitioner, Ponderosa Pediatrics, Prescott, AZ USA

Co Author(s): Dr. Beverly Hart Abney, PhD, RN, PMHNP-BC, Professor, Eastern Ky. University Bacc & Graduate Nursing

Abstract

BACKGROUND: Nursing faculty seek to provide clinical training in evidence-based interventions for the most common child, adolescent and mental health difficulties

(globally), including anxiety and depression. . The first line evidence-based intervention for anxiety and depression is Cognitive Behavioral Therapy. Increasingly students are receiving their nursing education through distance programs that leverage new online technologies. Distance nursing education programs include students living in many geographical areas; – including other countries.

AIM: The purpose of this program evaluation / qualitative study was to evaluate the feasibility and acceptability of a new, creative clinical model for teaching child/adolescent CBT to PMH nursing students whether online, face to face on campus, or blended – (didactic face to face and online practice).

METHODS: Sample: 10 nursing programs who invited the first author to provide CBT training to their advanced practice psychiatric/ mental health nursing students were included. The programs were in West, Southeast, & Midwest US.

Clinical training included a didactic 4-hour workshop (always synchronous) and 7 small group practice sessions utilizing a CBT workbook/ manual for teens. Students completed post-clinical training evaluations. Using qualitative design, thematic data analysis, responses to the open-ended questions were analyzed and common themes identified.

RESULTS: Graduate nursing students (N=107) from 10 trainings in Universities across the U.S. completed evaluations. Four themes emerged from the data: (a) therapeutic understanding of adapting CBT for children and adolescents, (b) therapeutic skills and techniques for use with children/adolescents (capability), (c) improved level of confidence through participation in the CBT program, and (d) therapeutic benefits of being in a group.

CONCLUSIONS: Positive student evaluations indicated that this clinical training model is feasible and acceptable both online and face-to-face and in blended programs. The clinical training was equally successful, whether all online, face to face or blended delivery. The online students expressed that this clinical training also increased their feeling of connectedness to their fellow students.

DISCUSSION: This model of clinical training in CBT might be studied further – as adapted globally to increase the capacity of mental health nursing faculty to train students in evidence -based interventions for children/ teens in distant, low resource communities.

Recommended reading

- Sudak, D., Codd, R., Ludgate, J. Sokol, L. Fox, M., Reiser, R. & Milne, D. (2016). Teaching and supervising Cognitive Behavioral Therapy. Hooken, NJ.: Wiley & Sons.
- Weisz, J. & Kazdin, A. (Eds.). (2017). Evidence-based psychotherapies for children and adolescents (3rd ed.). New York, NY: Guilford Press.
- Lusk, P., Hart, B., & Melnyk, B.M. (2018). A successful model for clinical training in child/ adolescent cognitive behavioral therapy for graduate psychiatric advanced practice nursing students. *Journal of the American Psychiatric Nurses Association*, 24(5), 457-468. doi: 10.1177/1078390317723989

Biography

Dr. Pamela Lusk is Associate Clinical Professor of Nursing at Ohio State University. Her DNP is from Arizona State University and her MSN is from the University of North Carolina at Chapel Hill. She practices in a rural pediatric practice as a board certified PMHNP and regularly incorporates Cognitive

Behavioral Therapy (CBT) into her clinical practice. Pam has numerous peer reviewed publications on CBT with children and adolescents and leads CBT workshops throughout the USA. She presents regularly at National Nursing conferences on both delivering CBT in practice as well as teaching and supervising graduate nursing students in CBT.

2.2.2 Using simulated learning for values based nurse education; development of an evidence based approach

Promoting mental health, preventing mental illness

Elizabeth Collier BSC MSC RMN PGCE PhD. Senior Lecturer in Mental Health Nursing, University of Derby

Co Author(s): Gemma Brietshadel BSc (hons) RMN, PGCE, Lecturer in mental health nursing, University of Derby; Melissa Shand BA (hons) RMN, Lecturer in mental health nursing, University of Derby; Celeste Foster RMN, BSc., PGCE, MA, Reg. MBACP, Fellow HEA, Senior lecturer mental health, University of Salford

Abstract

Background

Values based practice is a global feature of mental health nursing (MHN). Discrimination can be harmful to wellbeing, and positive attitudes can improve outcomes and quality of life (Chopik & Giasson, 2017). Simulated learning is an important development in mental health nurse education to help achieve this goal.

Aim To evaluate the effectiveness of simulated learning methods to promote

attitude change towards older and younger people.

Sampling methods

Voluntary inclusion via invitation to MHN cohorts in a university setting.

Methods

Part 1: Intervention: workshop focused on a vignette with 'Jane' of 16, 30 and 70 years old, evaluated using longitudinal qualitative methods with pre, post and follow-up (6 months, six students). Part 2: implement and evaluate simulated learning approach with talking head podcasts of 'Jane' with drama student and experts by experience actors.

Analytic approaches. Part 1: pre and post session thematic analysis and also longitudinal evaluation of change.

Main findings Post-session themes include; stop and think; shock and surprise; different rules for different people. Follow-up findings include: more open minded, sensitivity to discrimination issues, changed approaches to practice. Individual change over time revealed that student's own unconscious bias was revealed to them. The session appears to have triggered broader generalisation and application of their learning when in practice placements. The need for more time for reflection within the session was also found in order that the realisations could be explored and developed to avoid negative outcomes eg decisions about avoiding working with children.

Discussion

Nurses are expected to work with anti-discriminatory values (International Council for Nurses, 2012). Therefore changing attitudes through sustainable educational approaches needs to be embraced if MHNs are to promote wellbeing for people of all ages. Simulation debriefing methods could

provide psychological space to explore the issues more fully. Simulated learning is one area of potential for improving patient outcomes for which there appears to be no evidence (Williams et al. 2017).

Conclusions

Part 1 proof of concept now enables evidence based development in part 2, where the knowledge gap in improving patient outcomes following simulated learning education in MHN practice can be developed.

Recommended reading

- Chopik, W.J., Giasson, H.L. (2017) Age Differences in Explicit and Implicit Age Attitudes Across the Life Span. *The Gerontologist*. Vol. 57, No. S2, S169–S177
- Collier, E., Foster, C. (2014) Teaching age and discrimination: A life course perspective, *Nurse Education in Practice* 14: 333-337
<http://dx.doi.org/10.1016/j.nepr.2013.12.000>
- Williams, B., Reddy, P., Marshall, S., Beovich, B., McKarney, L. (2017) Simulation and mental health outcomes: a scoping review. *Advances in Simulation* (2017) 2:2 DOI 10.1186/s41077-016-0035-9

Biography

Elizabeth has worked in a variety of mental health settings, as a research nurse and as a lecturer practitioner. She graduated with her PhD in 2012 with a thesis entitled: A biographical narrative study exploring mental ill health through the life course. She is employed as a Senior Lecturer in Mental Health Nursing at the University of Derby and remains involved undergraduate, post graduate and doctoral programmes. Her research and educational interests include mental health and ill health in later life, recovery,

evidence based practice, ageing and mental ill health, ageism and dementia.

2.2.3 Culturally adapting family interventions in low resource-settings: a feasibility study in Pakistan and protocol for development and testing in Indonesia

Laoise Renwick, Lecturer, RMN, BNS, FHEA, Phd, Division of Nursing, Midwifery and Social Work, Faculty of Medicine, Biology and Health, University of Manchester

Co-Authors (Pakistan): M Omair Husain*, Ameer B Khoso, Laoise Renwick, Tayyeba Kiran, Sofiya Saeed, Steven Lane, Farooq Naeeme, Imran B Chaudhry, Nusrat Husain

Co-Authors (Indonesia): Laoise Renwick, Herni Susanti, Budi-anna Keliat, Helen Brooks, Penny Bee, Karina Lovell

Abstract

Background and Aim: Mental illnesses comprise one of the most significant sources of disease burden globally and low resource settings are disproportionately affected. Up to 21 million people live with schizophrenia worldwide, the majority of whom reside in low and middle income countries (LMIC). Treatment gaps are substantial and up to 90% of those who require care do not get any. Consequently, family members and caregivers of patients with severe mental illness experience considerable burden. Family interventions have a robust evidence base for their efficacy in high-income countries and are one of three interventions, promoted by the World Bank's Disease Priorities as delivering the most significant economic and social gains in the context they are delivered. Evidence on the effectiveness and feasibility of these interventions in LMICs

is lacking. Adapting interventions to different cultural contexts allowing cultural beliefs, explanatory models of illness and contextual socio-economic issues to be incorporated into the content and delivery is necessary to provide a validated intervention. This session describes the feasibility testing of one such adapted intervention in Pakistan and a protocol for adaptation of similar interventions in Indonesia.

Methods: Firstly, a rater-blind, randomized trial to evaluate the feasibility and acceptability of delivering Culturally adapted Family Intervention (CulFI) compared to treatment as usual (TAU) in Karachi, Pakistan is described. Secondly, we will adapt and refine an existing, evidence-based family intervention exploring stakeholder priorities for the intervention using an empirically-derived heuristic framework and test feasibility in a randomised trial (FuSioN).

Results: In Pakistan, there were excellent recruitment and retention rates confirming the feasibility of delivering the intervention in a trial. CulFI had more than a 90% participant attendance of 8-10 sessions and retained more than 90% who commenced in the intervention.

Discussion: Importantly, this study determines that pathways into a psychosocial intervention can be established in Pakistan and supports the feasibility, acceptability and merit of transit to a full-scale trial. We will utilise learning from this trial in Pakistan to inform the development of our work in Indonesia.

References:

1. Degnan, A., Baker, S., Edge, D., Nottidge, W., Noke, M., Press, C. J., & Drake, R. J. (2018). The nature and efficacy of culturally-adapted psychosocial interventions for schizophrenia: a systematic review and meta-analysis. *Psychological medicine*, 48(5), 714-727.

2. Pharoah, F., Mari, J. J., Rathbone, J., & Wong, W. (2010). Family intervention for schizophrenia. *Cochrane database of systematic reviews*, (12).

Biography

Laoise has worked in varied hospital and community-based roles, a nurse specialist in early psychosis and recently in academia as a lecturer. She has investigated the impact of untreated illness on quality of life, recovering functioning and social networks in psychosis for her PhD. Laoise has an interest in mental health care in low-resource settings collaborating with colleagues in Indonesia to enhance capacity where a significant treatment gap exists. She is a committee member of the RCN's International Mental Health Nursing Conference and an editorial board member of the Journal of Psychiatric and Mental Health Nursing

2.3.1 Choose Your Words Carefully: Promoting Positive Outcomes for Mental Wellness in Advanced Practice Education

Promoting mental health, preventing mental illness

Susan L. Glodstein, DNP, NP, RN Clinical Assistant Professor, Nurse Practitioner, Stony Brook University

Abstract

Graduate nurse practitioner students are being prepared to care for the mental health community. The current language related to mental health issues can be stigmatizing. For example, using the words mental disease as opposed to mental wellness can prevent individuals from seeking help. The future of mental health needs to focus on the prevention of mental health issues and encourage

individuals to seek help, as opposed to suffering from a disease.

Advanced practice nurses should be instrumental in providing care which incorporates language focused on positive outcomes and wellness. Many individuals with mental health needs may also have a history of trauma. Using language which is supportive, sensitive, and non-stigmatizing is essential to recovery. The language related to suicide prevention has changed from one ended their life by suicide, as opposed to one committed suicide. The same stance should take place related to the use of mental wellness as opposed to illness or disease.

Current practice and education lack standardized formal training related to communication around issues of suicide prevention, violence prevention, and psychiatric emergencies.

Preparing psychiatric mental health nurse practitioners for practice includes education, evidence, discussions, simulations, and supervision related to clinical practice. The use of non-stigmatizing language will encourage individuals with mental health needs to seek treatment.

Preparing nurse practitioners to communicate with individuals in a positive, nonjudgmental fashion is paramount to the wellness of individuals.

Providing an environment with language focused on seeking help as opposed to stigmatizing individuals is essential to promote wellness.

Recommended reading

- MHCC Recovery Oriented Language Guide ©MHCC 2018
<http://www.mhcc.org.au/wp-content/uploads/2018/05/Recovery-Oriented-Language->

[Guide 2018ed v3 201800418-FINAL.pdf](#)

- Hocknell, H. (2017, June). Stop saying that people “commit” suicide (Letter to the editor). The Washington Post. Retrieved from https://www.washingtonpost.com/opinions/stop-saying-that-people-commit-suicide/2017/06/16/7d75ee98-4fde-11e7-b74e-0d2785d3083d_story.html?utm_term=.a1de5f93e8ec

Biography

The presenter is a board certified Adult Psychiatric & Mental Health Nurse Practitioner, board certified Adult Psychiatric-Mental Health Clinical Nurse Specialist, and a Clinical Assistant Professor in the Department of Graduate Studies, Stony Brook University School of Nursing. She has been a psychiatric nurse for over 30 years and currently has a private practice focused on adults looking for mental wellness. She completed doctoral studies at Case Western Reserve University, Frances Payne Bolton School of Nursing with a research focus on suicide prevention and education in teens and young adults.

2.3.2 Nurses’ mental health matters: Australian mental health nurses’ workplace stress, health, wellbeing and resilience

Promoting mental health, preventing mental illness

Professor Kim Foster, RN, PhD, Professor of Mental Health Nursing, Australian Catholic University & NorthWestern Mental Health

Co Author(s): Associate Professor Michael Roche, RN, PhD, Associate Professor Associate Professor in Health Services Management and Mental Health

Nursing, University of Technology Sydney, Australia; Dr Trentham Furness, AES, PhD, Postdoctoral Research Fellow, Australian Catholic University & NorthWestern Mental Health; Jo-Ann Giandinoto, RN, BN(Hons), Research Support Officer, Australian Catholic University & NorthWestern Mental Health

Abstract

Background

The health and wellbeing of mental health nurses (MHN) is a global concern, with mental health nursing recognised as a potentially high-risk occupation due to workplace stressors. Stress has been associated with MHNs’ poorer mental and physical health, lower work satisfaction, reduced quality of practice, and higher turnover intention. There is limited evidence, however, on the workplace stress, health, psychological wellbeing and resilience of Australian mental health nurses.

Aim

To determine the mental and physical health, psychological wellbeing, and resilience of mental health nurses in the context of workplace stress.

Methods

Using convenience and snowball sampling, an online survey was distributed to registered and enrolled nurses in mental health roles and/or settings across one Australian state. Sociodemographic data, top-ranked workplace stressors, health and quality of life (SF-12v2, Hayes et al., 2017), psychological wellbeing (Ryff’s RPWB, 1989), and workplace resilience (WRI, McLarnon & Rothstein, 2013), were collected. Data were described with counts or mean, and relationships between measures were analysed with correlations.

Results

A total of n=498 MHN responded. Top-ranked organisational stressors included staff shortages, lack of management support, and high acuity. Role-related stressors included high workload demands, shift work, and managing personal health. Verbal and physical aggression was the top-ranked consumer/carer-related stressor. Physical health (SF-12v2) was consistent with Australia population norms (mean 52.62), but mental health was well below norms (mean 43.59). Workplace resilience (WRI) and psychological wellbeing (Ryff) scores were moderate and positively correlated. Workplace resilience was lower for younger and less experienced nurses.

Conclusion

Mental health nurses provide vital clinical care to address the needs of mental health consumers. In the context of a looming mental health nursing workforce shortage and high attrition, these findings highlight the need for targeted, pro-active measures by organisations and the profession to reduce workplace stressors, prevent mental health concerns, and support MHNs' wellbeing. There is an urgent need to improve MHNs' mental health, as this has significant implications for their quality of practice as well as their personal wellbeing. New graduates and early career nurses in particular could benefit from targeted self-care and wellbeing education and from resilience-building programs.

Recommended reading

- Foster, K., Roche, M., Delgado, C., Cuzzillo, C., Giandinoto, J., & Furness, T. (2019). Resilience and mental health nursing: an integrative review of international literature. *International Journal of Mental Health Nursing*, 28(1), 71-85.

- McLarnon, M. J. W., & Rothstein, M. G. (2013). Development and initial validation of the workplace resilience inventory. *Journal of Personnel Psychology*, 12(2), 63-73.

Biography

Kim Foster is Professor of Mental Health Nursing and heads the Mental Health Nursing Research Unit at Royal Melbourne Hospital; a joint research partnership between Australian Catholic University & NorthWestern Mental Health. Kim is Vice-President of the Australian College of Mental Health Nurses. She is the recipient of numerous research awards and in 2012 was awarded a Winston Churchill Fellowship to investigate international resilience programs. Her research interests include promoting resilience and psychological wellbeing for people with challenging health conditions. She is currently implementing a resilience program for the mental health nursing workforce in Australia.

2.3.3 Reframing alexithymia to understand the relational aspects that promote recovery from self-harm

Promoting mental health, preventing mental illness

Ian Noonan, Senior Lecturer in Mental Health Nursing, University of Huddersfield

Abstract

Background: some people manage to stop self-harming on their own, yet their experiences may represent an underused resource in understanding and supporting others who self-harm.

Recently steps have been made to explore the correlations between higher scores on alexithymia rating scale and

self-harm risk, concluding that “individuals with alexithymia... may resort to self-harm as a way of regulating their emotions” (Norman & Borrill 2015 p409). However, participants in this study described their self-harm in a way that challenges our view of alexithymia.

Aims: to develop a model of self-harm cessation based on the experiences of people who no longer self-harm, asking:

- how adults who self-harmed recall and construct the cessation of their self-harm?
- what are the common themes relating to cessation amongst adults who no longer self-harm?
- how an understanding of cessation informs interventions for those who need help to stop self-harming?

Sampling: a theoretical guide was developed to combine criterion, maximum variation and snowball chain sampling, recruiting adults who used to self-harm, have not done so for more than two years, and who stopped without intervention.

Methods: qualitative interviews employing a semi-structured interview guide that developed throughout the project were used to co-construct the process of self-harm cessation with participants.

Analytical approach: grounded theory; open, substantive coding; conceptual memoing and further coding revealing a model of the process of self-harm cessation.

Findings: 28 co-constructed interviews, participant feedback, and 32 comments on the study Facebook page were included in the analysis of what participants were trying to express in their self-harm, how they communicated this to others, and how the messages and explanation of their self-harm were received. Their identification and

expression of emotions were sometimes un-heard, not listened to, or misunderstood.

Conclusion: instead of locating alexithymia in the individual, we could consider a process of akouthymia (the inability to hear/listen to an emotion), akatalavainouthymia (the inability to understand an emotion) or anaesthesymia (the inability or unwillingness to feel an emotion), that suggest miscommunication is located within the relational aspect, rather than a being a limitation of the person who self-harms to interpret and translate how they feel.

Recommended reading

- Norman H and Borrill J (2015) The relationship between self-harm and alexithymia *Scandinavian Journal of Psychology* 56, 405-419
- Noonan, I. P. (2018). Assessing and managing the risk of self-harm and suicide. In I. Norman, & I. Ryrie (Eds.), *The Art and Science of Mental Health Nursing: Principles and Practice* (4th ed., pp. 200-221). London: Open University Press.

Biography

Ian trained as a mental health nurse at King's College London before working in acute, addiction and psychiatric liaison services in University College Hospital, Newham and South London and Maudsley NHS Foundation Trust. Following post-graduate studies at City University, King's College London & University of Westminster he pursued a career in MH nursing education. Ian has been awarded the King's Teaching Fellowship and was shortlisted for the Times Higher Education Awards Most Innovative Teacher of the Year in 2014. His current research includes the Self-harm Cessation and Recovery Study

(SCARS) and Qualitative Understanding of Experiencing Suicidal Thoughts (QUEST).

2.4.1 Stuck in the middle with you: the challenge of caring for patients with mental health problems on medical and surgical wards

Capability, capacity and creativity

Una Foye, PhD, Research Associate, King's College London

Co Author(s): Prof Alan Simpson, PhD, Professor in Mental Health Nursing, King's College London; Dr Lisa Reynolds, PhD, Project Lead for Nursing, City University of London

Abstract

Background: Individuals with mental health problems experience higher rates of physical illnesses than the general population. Evidence shows that patients with mental health problems have poorer physical health outcomes, decreased mortality and experience more serious adverse events during surgery and medical care.

Aim: To understand the mechanisms that that impact on the care of patients with mental health problems on medical and surgical care wards.

Sampling Method: Participants working in an acute care hospital in inner city London were recruited across professions and job levels using a non-purposive sampling method, using an iterative approach to recruit participants across wards that were identified as having high levels of mental health needs or where good practice was identified. A total of thirty participants took part in interviews and focus groups. The majority of participants worked in acute care wards

(n=26, 87%) with a subset of participants who work for mental health services (n=4, 13%).

Method(s): A range of methods were employed including the use of qualitative interviews and focus groups alongside secondary analysis of audit data and observational fieldnotes.

Specific analytical approach: Framework analysis was used to analyse the range of data collected to allow a mapping of both experiential learning from interviews and secondary data available. This process of analysis allows multiple sources of data to be used to understand the wider context of the complex system being evaluated.

Main Findings: Key themes were organised across the macro, meso and micro levels to understand the levels of disconnection and silence around mental health in acute care. Themes include macro level systemic factors surrounding the institutional culture, meso level ward cultures and collaborative working, and the micro level of individuals sense-making of mental health and personal well-being.

Discussion: These findings identify the complex systems of understanding and process that interact to impact on the care of mental health on acute care wards, while identifying where key intervention is required beyond focusing on the micro level of knowledge and skills.

Conclusion: To improve the care of individuals with mental health problems on medical and surgical wards intervention must address all levels of working.

Biography

Una is a post-doctoral research associate working in the department of Mental Health nursing at the IoPPN at Kings

College London. Her research experience focuses on understanding the patient experience within mental health care. Una has a special interest in the role of emotions in eating disorders having worked directly with young people with eating disorders in Northern Ireland for many years before completing her PhD in this area at Ulster University. This interest continues in her current work focusing on patients experience on inpatient mental health settings, and the interface between physical and mental health.

2.4.2 An Evaluation of the Supporting Prisoners upon Release Service (RESET) Intervention

Promoting mental health, preventing mental illness

Doug MacInnes, PhD, Professor of Mental Health, Canterbury Christ Church University

Abstract

Background:

Up to 90% of the UK prison population have mental health problems (Singleton et al, 1998). Prison offers individuals an opportunity to make active use of health and other services (Senior et al, 2013) but few prisoners engage with mental healthcare or other services post-release (Lennox et al, 2012). The Supporting Prisoners upon Release Service (RESET) intervention supports service users with a serious mental illness released from the Kent and Greenwich prisons. It links up healthcare and statutory resettlement providers to ensure a smooth and coordinated transition into the community with support continuing for 12 weeks post-release.

Aims:

The overall aim of the project was to evaluate the impact of the RESET service. The following areas were examined:

Housing situation

Level of reoffending

Hospital re-admission

Maintained benefits

Engagement with health and other services

Methods:

A mixed methods design was employed. The quantitative arm of the study used a prospective cohort design. All prisoners who agreed to receive the intervention over a 12-month recruitment period were included in the study. The participants in the intervention group received the support service, while the comparison group were those prisoners identified as suitable to receive for the service, but subsequently “lost” due to reasons such as transferring prisons. Quantitative data was collected at baseline (2 weeks post-release), 3 months post-release and 9 months post-release. Qualitative data was collected through an in-depth exploration of the participants’ views and experiences of the service via individual interviews.

Results:

62 participants were recruited to the study (31 in the intervention group and 31 in the comparison group). Inferential statistics examining differences in scores between the two groups will be presented. Three overarching themes were identified from the interviews following Braun and Clarke’s (2013) thematic analysis approach.

Discussion/Conclusion:

The presentation will examine factors that mental health nurses (and other

professionals) need to take account of when planning of the release of prisoners with mental health needs. It will explore the service users view as important factors in relation to the intervention. It will also look at potential developments based on the findings of the evaluation.

Recommended reading

- Durcan. G, Saunders. A., Gadsby. B. & Hazard. A. (2014). The Bradley Report five years on. An independent review of progress to date and priorities for further development. Centre for Mental Health, London
- Senior, J, Birmingham, L, Harty, MA, Hassan, L, Hayes, A, Kendall, K, King, C, Lathlean, J, Lowthian, C, Mills, A, Webb, R, Thornicroft, G & Shaw, J (2013) Identification and management of prisoners with severe psychiatric illness by specialist mental health services. *Psychological Medicine*, 43 (7) 1511-1520.
- Singleton. N., Meltzer. H. & Gatward. R. (1998) *Psychiatric morbidity among prisoners*. London: The Stationery Office.

Biography

Doug MacInnes is Professor of Mental Health at Canterbury Christ Church University. He has close working relationships with mental health services in Kent and South London. He has worked on many national and international funded studies. Recent research activity has included; evaluating a psychological intervention with active collaboration between users, carers and clinicians; an examination of the social networks of people with long term mental health service use; the introduction and embedding of peer support workers into a mental health trust; and interventions to support prisoners with mental health needs.

2.4.3 Keeping children safe when a parent has a mental health problem: a mixed methods study

Promoting mental health, preventing mental illness

Louise Condon, BA, RGN, RM, HV, MSc, PhD, Professor, Swansea University

Co Author(s): Joy Merrell, RGN, MSc, HV, PhD, Professor, Swansea University; Sherrill Snelgrove, RGN, BSc, PhD, Associate Professor, Swansea University; Beryl Mansel, RN, BSc, MSc, Senior Lecturer, Swansea University; Amanda Thomas, RN, HV, BSc, MSc, Lecturer, Swansea University

Abstract

Background

Early intervention is essential to reducing negative outcomes for children facing adversity in the first years of life (Baird, 2019). Health visitors provide a child health promotion service for children 0-4 years in the UK. Parental mental problems can adversely affect children's social, emotional and physical development, with long-term consequences. Some children living with parental mental illness are vulnerable to abuse and neglect.

Aims

These are:

To explore health visitors' work with families when a parent has a mental health problem

To co-produce ways of joint working to keeping children safe

Methods

In this mixed method study all health visitors in Wales were invited to participate in an online survey between December 2017 and February 2018. Building upon these findings, purposively

selected service providers then engaged in four Nominal Group Technique workshops, May-June 2018, to co-produce solutions to increase the effectiveness of joint working to protect vulnerable children.

Results

Of 174 survey respondents, 99% had worked with parents with mental health problems; these ranged from mild anxiety and depression to severe mental illness. Health visitors are confident about supporting mothers and providing therapeutic interventions in the home. Fewer respondents were confident about working with fathers and voluntary sector services are underutilised. Workshop participants (n=38) suggested solutions to supporting families more effectively, which centred on accessible service provision, communication, education and maintaining a focus on the child.

Discussion

The current emphasis in policy and practice is on maternal perinatal mental health (Cowley et al., 2015), but health visitors encounter mental illness in both parents, beyond the first year of life. Increasing the effectiveness of joint working is key to improving outcomes for children, including greater use of third sector services. A strengths based approach is an acceptable and effective way of engaging with parents.

Conclusions: This study provides new evidence on health visitors' mental health work with families. It has implications for those who work with vulnerable children, specifically for community public health nurses globally

Recommended reading

- Baird J (2019) Parental substance misuse and child development: The role of the health visitor in Scotland. *Journal of Health Visiting*, Vol. 7, No.

2 Published Online:14 Feb 2019
<https://doi.org/10.12968/johv.2019.7.2.60>

- Cowley, S., Whittaker, K., Malone, M., Donetto, S., Grigulis, A., Maben, J., 2015. Why health visiting? Examining the potential public health benefits from health visiting practice within a universal service: a narrative review of the literature. *International journal of nursing studies*, 52(1), pp.465-480.

Biography

Professor Louise Condon has a professional background in nursing, midwifery and health visiting, and an academic background in child welfare and social policy. She holds a joint chair with Swansea University and Swansea Bay University Health Board - this facilitates research into real world health issues. She is a fellow of the Institute of Health Visiting, an alumni of the Florence Nightingale Foundation and an associate editor of the *Health Expectations* journal which explores the views and experiences of service users. She recently contributed to the fifth edition of 'Health for all Children'.

2.5.1 Making an impact: Patient and Public Involvement in Mental Health Research

Rights-based approaches to mental health

Dr Sally Barlow, Lecturer in Mental Health Nursing, City, University of London

Co Author(s): Members of SUGAR: Service User and Carer Group Advising on Research, City, University of London

Abstract

Background: A commitment to Patient and Public Involvement (PPI) is key when designing health and social care services

and research. Good quality PPI in mental health research requires that diversity of experience is valued and that research activities are considered through a partnership between mental health services users and researchers. One of the central aims of PPI is to address the “relevance gap” by ensuring that research has relevance to the people using mental health services, not just those researching or delivering services. Opportunities to involve service users and carers exist in all stages of the research cycle from design through to dissemination. However, we remain unclear on how well we fully engage with PPI and therefore it is important to review what the expectations of service users and carers are and how they perceive their current level of involvement in research. Existing Service user and carer groups that advise on research in mental health are well-placed to help us evaluate current approaches to involvement.

Aims: We will examine involvement in research by exploring the experiences of a well-established group of mental health service users and carers that have advised on research for ten years.

Discussion points: Members of the service user and carer advisory group will: 1) reflect on their prior expectations about the impact they hoped to have when advising on research, 2) review what impact they have achieved in their role and in which parts of the research cycle they feel they have had most involvement and 3) provide an overview of the enablers of and barriers to involvement in research.

Conclusions: Mental health service users and carers are involved in research to varying degrees and at different stages in research. There remain barriers to involvement from both sides of the partnership, which are modifiable. In order to shape involvement partnerships

there need to be shared expectations, engagement at the right time and flexibility in the process.

Recommended reading

- Patient and public involvement in health and social care research – NIHR
- Adding SUGAR: Service user and carer collaboration in mental health nursing research.
- Impact of patient involvement in mental health research: longitudinal study.

Biography

The Service User and Carer Group Advising on Research (SUGAR) are honorary research fellows that meet on a monthly basis to advise on research. SUGAR was established 10 years ago.

Dr Sally Barlow is a lecturer in mental health and is also an applied healthcare researcher with expertise in co-production of research with mental health service users. She currently chairs the SUGAR group. She also has several years of experience as a project manager for large scale funded research and has experience peer reviewing grant applications.

2.5.2 Consent to participate in mental health research - an analysis of applications to a university ethics committee

Capability, capacity and creativity

Dr Andy Mercer, Professional lead mental health, Bournemouth University. RN PhD

Abstract

This paper considers one ethics committee's applications for ethical approval for research involving people with mental health issues over a three

year period. Competence and capacity are significant issues in consent to treatment, and the principles underpinning consent processes are equally applicable to consent to participate in research. Of the various applications to the research ethics committee some are subject to NRES processes, but others do not fall under NRES but still seek access people who may lack capacity, or be vulnerable because of their mental health. The paper considers the various approaches adopted by researchers, and explores the increasing use of process consent in research involving people who lack capacity, particularly those with dementia.

Biography

Dr Andy Mercer is professional lead for mental health at Bournemouth University. His background is in acute mental health care, and his academic interests are in nursing ethics and professional practice and football. He is an academic member of the university research ethics committee, an NMC reviewer, and has a longstanding interest in football and mental health.

2.5.3 Avoid focusing on the tip of the iceberg – Using realist evaluation to evaluate mental health care

Capability, capacity and creativity

Amy Pritchard, BSc, MSc, PhD Student, Swansea University.

Co Author(s): Professor Jaynie Rance, PhD, Director - Postgraduate Research, Swansea University; Professor Michael Coffey, PhD, Professor of Mental Health Care, Swansea University

Abstract

Background: Mental health evaluation is a fundamental part of improving practices and care. Within healthcare combined and complex interventions are often utilised, which means evaluating these interventions often poses considerable challenges.

Aim: The aim of this paper is to reflect upon evaluative approaches within mental health and explore how realist evaluation could be an appropriate approach to unpacking how, why and for whom mental health interventions work, or do not work for service-users. This paper uses a case study of how realist evaluation can be applied to mental health settings and outlines some of the difficulties encountered during the process.

Main Discussion Points: Realist evaluation is a theory-based evaluation that aims to test and refine the theory that informed the development and implementation of the intervention being evaluated (Pawson & Tilley 1997). Theory-based evaluations are not only interested in measuring the outcomes of the programme, but also in identifying the contexts and mechanisms that support these outcomes (Hansen 2005). Context relates to the uniqueness of the service in which the intervention is being delivered and how this impacts upon how the service-user perceives that intervention. Mechanisms explain the causal relations between the intervention and its outcomes (Pawson 2006). Outcomes relate to the intended and unintended consequences of the intervention.

The discussion will provide practitioners with the opportunity to reflect on their current practice on a deeper level and begin to unpack why we deliver certain interventions, how we as professionals can affect the delivery and reception of

interventions, and why we may see individual variability in service users' responses to interventions.

Conclusions: Considering how we evaluate our current mental health provisions is an important way to account for what we are doing as professionals, but realist evaluations allow us to develop theory on our practice, which may enhance the evidence-base guiding mental health care.

Recommended reading

- Pawson, R., Tilley, N. and Tilley, N., 1997. Realistic evaluation. Sage.
- Pawson, R., 2006. Evidence-based policy: a realist perspective. Sage.
- Hansen, H.F., 2005. Choosing evaluation models: a discussion on evaluation design. *Evaluation*, 11(4), pp.447-462.

Biography

Amy Pritchard is a 2nd year PhD student at Swansea University, who is using realist evaluation to evaluate the UK's first charity-run mental health inpatient facility, Gellinudd Recovery Centre. Amy has previously conducted research for Rampton High Secure Hospital, Nottinghamshire Fire and Rescue Service and Nottingham Prison. Amy has a BSc in Psychology and an MSc in Forensic Psychology.

CONCURRENT SESSION 3

3.1.1 Understanding Key Components of Interventions to Reduce Restrictive Practices: Findings from the COMPARE Evidence Synthesis

Rights-based approaches to mental health

John Baker, PhD, RN, Chair of Mental Health Nursing, University of Leeds

Co Author(s): Krysia Canvin, PhD, Research Fellow, University of Leeds; Kathryn Berzins, PhD, Research Fellow, University of Leeds

Abstract

BACKGROUND Numerous interventions to reduce the use of restrictive practices have been developed but evidence of their effectiveness is limited by the absence of standardised descriptions of their procedures that would enable systematic comparison and evaluation.

AIMS To provide an overview of interventions designed to reduce restrictive practices; to highlight their key components or 'active ingredients' with a view to understanding which ones may be the most effective; and, to offer directions for future research.

METHODS We conducted an evidence synthesis of published and unpublished interventions. Our inclusion criteria were: English-language interventions aimed at adults (>18) in inpatient settings from 1999-to date. Our exclusion criteria were: interventions aimed exclusively at adults with dementia or learning disability, and children and adolescents. We conducted comprehensive searches of databases and an "environmental scan" of grey literature. Two of the authors (KC and KB) screened citations for relevance and then extracted data following WIDER recommendations for reporting behaviour change interventions including

intervention aims, target, setting, and outcome measures. KC and KB then coded the procedures specified by these interventions using the Behaviour Change Technique taxonomy.

RESULTS We identified 216 interventions. Most of these aimed to reduce seclusion and/or restraint, while few were concerned with PRN or forced medication use. Others specified the reduction of violence or promotion of safety. Although many interventions had been subject to some sort of evaluation, just nine of these were randomised controlled trials. Overall, the reporting of methods, sample size, and results was inconsistent, partial and ambiguous. From our analysis of the intervention components we found that the most common Behaviour Change Techniques were 'instructions on how to perform behaviour', 'action planning' and 'restructuring the social environment' (e.g. through improving communication, reviewing rules, increasing access to staff).

DISCUSSION & CONCLUSIONS Service providers urgently require high-quality evidence regarding which interventions are most effective for reducing restrictive practices. The lack of systematic and comprehensive reporting and randomised controlled trials precludes meaningful comparison. Further weaknesses in the current evidence-base include underuse of patient-centred (and patient-reported) outcome measures, and, lack of assessment of antecedents and triggers for staff use of restrictive practices.

Recommended reading

- Michie, S., Richardson, M., Johnston, M., Abraham, C., Francis, J., Hardeman, W. et al. (2013) 'The Behavior Change Technique Taxonomy (v1) of 93 Hierarchically Clustered Techniques: Building an

International Consensus for the Reporting of Behavior Change Interventions'. *Annals of Behavioral Medicine* vol 46 no 1 pp 81–95.

Biography

John is Chair of Mental Health Nursing at the University of Leeds. His research focuses on reducing coercion and restrictive practices, patient and professional safety in mental health services and effective and therapeutic mental healthcare. John is also a Non-executive Director at Leeds and York Partnership NHS Foundation Trust and sits on the Yorkshire and Humber Clinical Senate. He is a member of the NIHR post-doctoral, and Yorkshire and Humber Research for Patient Benefit panels. He is a Registered Nurse Teacher with the Nursing, Midwifery Council.

3.1.2 The mental health nurse as an effective ethical reasoner when using coercive strategies within an acute mental health context: a study exploring how 'acute' mental health nurses apply ethical coercion

Rights-based approaches to mental health

Dr Grahame Smith, Reader in Mental Health, Liverpool John Moores University

Abstract

This paper presents the findings of a study, which explored the mental health nurse's experience of ethical reasoning while overriding the choices of mental health service users within an acute mental health context. When working with service users in acute mental distress a mental health nurse's clinical decisions will have a controlling element potentially leading to the service user's freedoms

being restricted. Restricting freedoms also known as coercion can be explicit, it follows the rules, and implicit; it is 'hidden'. The ethical use of coercion requires the nurse to be an effective ethical reasoner who understands both its explicit and implicit nature. Coercion, which is explicit, has been thoroughly explored; however, there is limited work exploring the explicit and implicit use of coercion within an ethical context and as a 'real-time' practice issue.

The study adopted an interpretative phenomenological analysis (IPA) approach to engender an understanding of the mental health nurse's personal meaning and experience of using both explicit and implicit coercion within an acute mental health context. The semi-structured interviews were thematically and interpretively analysed, the five superordinate themes that were generated are; the nurse as a practitioner, their values, their practice, their use of coercion, and their ethics. In addition, the findings of the study highlighted that coercive strategies are a key part of a mental health nurse's daily practice. These strategies can be beneficent; however, this is dependent on the ethical reasoning ability of the nurse and the professional support they receive in practice. To be an effective ethical reasoner the nurse needs to acquire 'good habits', which includes being a proficient interpreter in 'real-time' of the relevant ethical rules. Furthermore, to enhance these good habits they also need to have an 'ethical imagination' and one that is grounded within the therapeutic relationship. Considering these findings, this study recommends mental health nurses when using coercion within an acute mental health context use a multi-faceted ethical reasoning approach, which combines good habits with an ethical imagination.

Recommended reading

- Smith, G. (2018) Overriding the choices of mental health service users; a study examining the acute mental health nurse's perspective. Doctoral thesis, Liverpool John Moores University.
- Smith, G. (2017) 'Ethical Issues in Mental Health Nursing' in Scott, P.A. Key Concepts in Nursing Ethics, pp.145-158. Cham, Springer.
- Smith, G. (2016) A Practical Introduction to Mental Health Ethics. Oxon, Routledge.

Biography

Grahame is a mental health nursing academic (reader in mental health). Grahame continues to practice, research and publish within the mental health nursing field, Grahame's specific interests include living well with dementia, user-centric innovation (health), and mental health ethics. Since 2012 Grahame has worked in partnership with both national and international partners on a number of research-to-innovation projects. As a methodological pragmatist Grahame has used a number of research methodologies within a living lab context, participatory action research being the main methodological approach. At doctoral level Grahame has an expertise in interpretative phenomenological analysis.

3.1.3 Evaluation of Aggression and Violence on Acute Mental Health Inpatient Wards

Capability, capacity and creativity

Alison Quarry, Matron, Acute Inpatient and PICU, Leeds & York Partnership NHS Foundation; Miriam Blackburn, Practice Development Nurse, Acute

Inpatient and PICU, Leeds & York Partnership NHS Foundation Trust

Abstract

Background: Aggression and violence raises significant issues for the NHS and it is imperative that it is not treated as acceptable workplace hazards.

Aims: To evaluate the levels of aggression and violence in an acute mental health trust between 2015 and 2017. We explored the contributing factors and the impact of aggression and violence on staff.

Method: Quantitative data on the levels and incidents of violence and aggression over 3 years between January 2015 and December 2017 were obtained from the Trusts' electronic incident reporting system. Data on staffing, use of agency staff and group activity was obtained. Staff views and suggestions were explored via posters and focus groups.

Results: Overall the levels of aggression and violence increased each year albeit with a degree of variation between the wards. The timing and location of the incidents were similar across the wards. Contributing factors included: staffing issues, miscommunication, restrictive practice, patient boredom, no smoking policy, substance misuse and availability of PICU beds. The qualitative data demonstrated increasing levels of aggression and violence were having a negative impact on staff confidence and morale.

Conclusions: This evaluation was conducted in response to increased concern from staff on acute mental health inpatient wards. The findings and recommendations suggest further exploration of the data is required to deliver the safest and best quality of care for patients together with improving recruitment and retention of staff. A

number of recommendations were made based on data analysis, literature review and staff suggestions.

Biography

Alison Quarry is Matron of Acute Inpatient and PICU services at Leeds & York Partnership NHS Foundation Trust. She has spent her nursing career within inpatient services working in a variety of roles including Ward Manager and Practice Development Lead. Alison is a qualified mental health nurse and obtained her MSc in Nursing in Mental Health in 2009. She has a keen interest in promoting and implementing initiatives around safe and effective care in the acute setting and has a keen interest in promoting nursing research within this field.

Miriam Blackburn is a Practice Development Nurse at Leeds and York Partnership NHS Foundation Trust in Acute Inpatient Services and PICU. Miriam has worked within the Acute Inpatient Service since qualifying as a Registered Mental Health Nurse in 2007. Miriam has worked as a ward nurse and later taking on the role of ward manager before moving to Practice Development. Miriam is currently a student at the University of Leeds studying for an MSc in Clinical Research Methods. Miriam is interested in service improvement and practice development.

WORKSHOP

3.2.1 Building Trauma Responsiveness Among Nursing Providers: An Interprofessional Collaborative Simulation between a Child Advocacy Center and College of Nursing

Promoting mental health, preventing mental illness

Julie Bertram, RN, MSN, PMHCNS-BC, PhD, Assistant Professor of Nursing, Tenure Track, University of Missouri - St. Louis; Allison Brauch DNP, APRN, PMHNP-BC, AGNP-BC, CARN-AP, Assistant Professor, Saint Louis University

Co Author(s): Lisa Merritt, DNP, APRN, CPNP-PC/AC, PMHS, Clinical Assistant Professor, University of Tennessee, Knoxville; Dorothy Haskell, MSW, LCSW Licensed Clinical Social Worker, Project Director of Child Advocacy Studies (CAST), Project Director of FORECAST, Children's Advocacy Services of Greater St. Louis, University of Missouri - St. Louis

Abstract

Overview.

The rationale for the workshop is to promote scholarly dialogue regarding the need for trauma responsiveness among nursing providers, specifically in addressing childhood sexual abuse. The goal of this interactive session is to provide space for discussion on this important global health issue. Facilitators will share project design to encourage conversation about collaborative education, care practices, and research formation. Participants will leave the session with an improved understanding about the effects of trauma, and one actionable goal that they can take back to their local community. This session relates to Conference Theme 1, Promoting Mental Health and Preventing Mental Illness and Theme 3, Rights-based Approaches to Mental Health.

Background.

Child sexual abuse is a complex, traumatic experience of childhood, affecting approximately 20% of girls and 8% of boys worldwide. Mental health sequelae include psychological distress

and increased incidence of mental illness. Complicated, sensitive situations like child maltreatment require competent, compassionate approaches involving multidisciplinary professionals to ensure safe, effective care.

Aims.

The purposes of this presentation are to discuss: 1) the rationale and need for trauma-informed training for nurse practitioners, 2) an overview of the FORECAST (Foundations for OutReach through Experiential Child Advocacy Studies Training) program led by the Child Advocacy Center, 3) DNP training day activities, 4) findings and future collaboration plans.

Methods.

The convenience sample consisted of a cohort of 11 BSN to DNP students who participated in residency training for the requirements of the program. Students signed informed consents to either opt in or out for their data to be used for research purposes. The training used didactic instruction, case study, simulation, role-play, and problem-based learning worksheets to facilitate learning. Three types of data were collected: 1) a psychometrically validated tool to assess trauma responsiveness, the ARTIC Scale (Baker et al., 2016), 2) a self-assessment survey of proficiency, and 3) qualitative reflections.

Analysis.

Paired samples t-tests, set at 2 tailed, with .05 significance will be used to analyze and interpret the pre-post ARTIC scores and proficiency survey scores. Themes will be generated from content analysis of a student reflection assignment.

Discussion.

Facilitators of this session will encourage dialogue about the core concepts of trauma and the universal rights of children.

Conclusions.

The presenters intend to stimulate dialogue about child maltreatment, generate refined research questions, encourage improvements in care practices, and perhaps, encourage development of new policy initiatives in regions where mandated reporting does not exist.

Baker, C. N., Brown, S. M., Wilcox, P. D., Overstreet, S., & Arora, P. (2016). Development and psychometric evaluation of the attitudes related to trauma-informed care (ARTIC) scale. *School Mental Health, 8*(1), 61-76.

Recommended reading

- Barth, J., Bermetz, L., Heim, E., Trelle, S., & Tonia, T. (2013). The current prevalence of child sexual abuse worldwide: a systematic review and meta-analysis. *International journal of public health, 58*(3), 469-483.
- Mathews, B., & Collin-Vézina, D. (2019). Child sexual abuse: Toward a conceptual model and definition. *Trauma, Violence, & Abuse, 20*(2), 131-148.
- Baker, C. N., Brown, S. M., Wilcox, P. D., Overstreet, S., & Arora, P. (2016). Development and psychometric evaluation of the attitudes related to trauma-informed care (ARTIC) scale. *School Mental Health, 8*(1), 61-76.

Biography

Julie Bertram joined the College of Nursing faculty in 2017, bringing with her expertise in the mental health outcomes of children and adolescents in foster care. Dr. Bertram has an extensive record of multidisciplinary collaboration and

publication in high-impact nursing journals. Her research focuses on the role of psychiatric nursing within the child welfare and foster care system. Dr. Bertram typically used mixed methodology, along with the cooperation of community partners, to advance the science of psychiatric nursing in Child Welfare.

3.3.1 Preventing ill-health due to problem alcohol use: embedding alcohol screening and interventions into routine practice

Promoting mental health, preventing mental illness

Irene Muh, RNMH, MSc Dual Diagnosis, Lambeth Dual Diagnosis Lead, South London and Maudsley NHS Foundation Trust

Co Author(s): Neal Richardson, RNMH, Dual Diagnosis Practitioner, South London and Maudsley NHS FT

Abstract

Background

Alcohol is the substance most commonly used by people with mental health (MH) problems. It has been identified as a causal factor in over sixty medical conditions (including cancer and cardiovascular disease) and as the third leading risk factor for death and disability. Alcohol misuse has a strong association with suicide. It is therefore crucial that working with problem alcohol use is viewed as 'core business' by MH services, and not as solely the responsibility of addiction services.

One aim of the 2017/2019 commissioning for quality and innovation (CQUIN) scheme was to increase the number of MH inpatients that were screened for

problem alcohol use and offered appropriate interventions. The targets were that 50% of people would be screened and 80% of those eligible for interventions would receive them. There was also a training target to ensure staff achieved the required capabilities.

Key words

Alcohol, ill-health, CQUIN

Aim

This presentation will describe one London Trust's endeavours to attain the targets and even more importantly, how the CQUIN provided new impetus for embedding best practice into routine care.

Discussion

At the outset, the percentage of people screened for alcohol use was 30% and that for people receiving appropriate intervention was 5%, despite alcohol screening and intervention being a Trust standard. At the end of the CQUIN, 80% were being screened and 80% were receiving appropriate interventions. Data showing improvements in performance over the two year period will be presented.

The strategies employed to improve practice and some key challenges encountered will be described including:

- A dual diagnosis practitioner taking a lead in each inpatient unit
- Providing varied training and development opportunities to enhance staff capabilities
- Developing systems and processes that support the embedding of best practice
- Developing joint working agreements with partner agencies
- Ensuring easy monitoring of progress and regular feedback to teams

Key challenges included:

- Entrenched cultures
- Development of robust data monitoring systems that ensure clinical relevance
- Staff turnover

Conclusion

The improvements in practice achieved, were remarkable. The challenge going forward is maintaining this progress and further improving practice. Suggestions for next steps will be made.

Recommended reading

- Department of Health, Public Health England (2016) Improving the Physical Health of People with Mental Health Problems: Actions for Mental Health Nurses.
- Institute for Health and Clinical Excellence (2010) Alcohol-use disorders: Preventing the development of hazardous and harmful drinking (Public Health Guideline 24). Available at <https://www.nice.org.uk/guidance/ph24> [Accessed 19 April 2019].

Biography

Irene works at South London and Maudsley NHS Foundation Trust. She has held clinical and management posts within psychiatry, addictions and primary care. She undertook an MSc in dual diagnosis (dd) after developing a keen interest in improving the nursing care of dd clients. Irene has worked in dd for over 14 years. She is a nurse prescriber and a member of Progress (national consortium of consultant nurses in dd/substance misuse). Irene is also an external examiner at Birmingham City University and previously was an honorary lecturer at CCCU. She volunteers at her local church as an antidote to work

3.3.2 An Integrated Mental and Physical Nursing Health Care Model: Mental health nurses' views on delivering physical health care in inpatient mental health units using an integrated mental and physical nursing health care model

Capability, capacity and creativity

Karen Palmer, BSc DPSN, Masters in Clinical Research Student, University of Manchester

Co Author(s): Dr Moira Attree, PhD, Senior Lecturer, University of Manchester

Abstract

Background

Service users with severe mental illness (SMI) experience more physical illness than the general population, with an increased risk of premature death, on average 10-20 years earlier than the general population (Chesney et al, 2014). Robson et al, (2013) found that Mental Health Nurses (MHNs) feel ill-equipped to deliver physical health care. Little research has been undertaken on interventions that support MHNs to feel better equipped to deliver physical health care

Aims

- To investigate the experiences and views of MHNs in delivering the physical health care needs of service users.
- Assess the impact of an adult nursing team on MHNs' confidence and competence to deliver physical health care in an inpatient mental health unit

Methods

An NHS trust employed a team of adult trained nurses to support MHNs to deliver physical health to service users within

one of its inpatient mental health hospitals. This ethically approved quantitative, prospective, cross-sectional study recruited a purposive sample of 34 registered MHNs during February 2019. 17 nurses do not receive support from an adult nursing team compared to 17 nurses that do.

Data was collected using the Physical Health Attitude Scale (PHASe) questionnaire (Robson et al, 2013). This questionnaire is the only published validated questionnaire that explores the attitudes of MHNs towards physical health care (Robson and Haddad, 2012). Questionnaire data will be manually entered into SPSS Version 25.0 (IBM Corp, 2017). Descriptive and inferential statistics will be used to analyse the data and quantify MHNs' perspectives of their abilities to deliver physical health care.

Results

Data analysis is underway preliminary findings may be shared if available.

Conclusion

Findings from this study may provide insights for nurses about the impact an adult nursing team may have on the confidence and competence of registered MHNs when delivering physical health care to inpatient mental health patients.

Keywords

Physical health, confidence, competence, inpatient

Recommended reading

- Chesney, E., Goodwin, G.M. and Fazel, S. (2014). Risks of all-cause and suicide mortality in mental health disorders: a meta-review. [PDF]. Available from: <http://onlinelibrary.wiley.com/doi/10.1002/wps.20128/epdf> (Accessed: 2017, December 01).

- IBM Corp. (2017). IBM SPSS Statistics for Windows, Version 25.0. Armonk, New York: IBM Corp.
- Robson, D. and Haddad, M. (2012). Mental health nurses' attitudes towards the physical health care of people with severe and enduring mental illness: The development of a measurement tool. *International Journal of Nursing Studies*. 49(2012). 72-83.

Biography

Karen Palmer has worked for Lancashire Care NHS Foundation Trust, a community and mental health trust, for the past five years, as the Research Nurse Manager. Her work includes the support of clinical research across the trust's diverse clinical services, including mental health, dementia, diabetes and tissue viability. She is currently undertaking a Masters in Clinical Research at The University of Manchester. The work she is presenting at the conference is part of this academic programme.

3.3.3 Daring to peek over the wall': A qualitative exploration of the concept of remission in the process of recovery for people with schizophrenia

Promoting mental health, preventing mental illness

Dr Keith Ford, PhD, MSc, BSc(Hons), PGCE, PG Dip(PSI), RMN, Senior Lecturer/Programme Lead, Northumbria University, Newcastle upon Tyne

Abstract

Following the work by Andreasen et al (2005) the idea of remission in schizophrenia became widely utilised as symptomatic remission and was employed as an outcome measure

addressing medication efficacy. The language, perception and social construction of remission for people with a diagnosis of schizophrenia is of high importance. To date, there has not been any published material with respect to consultation with service users who have a diagnosis of schizophrenia regarding their personal interpretations and possible concern of the concept of remission. This study explores and conceptualises the possible introduction of the concept of remission into the process of recovery for people with a diagnosis of schizophrenia. Therefore raising the question; “Is remission a useful concept to facilitate transition back into primary care for people with a diagnosis of schizophrenia?”

Service users, carers and practitioners provided data within a grounded theory methodology and themes generated a conceptual map and four possible trajectories for service users as they progress through mental health services towards recovery. Remission was not a favourable term for participants as recovery remains the term to address progress for service users in addition to the service aim. This may be due to the feeling that remission denotes a ‘medical model’ approach. However, many issues stifle the transition back to primary care for people with a diagnosis of schizophrenia.

If personal recovery is to be advocated, whether it incorporates remission or not, then the door back into primary care should be seen as being ajar to instil the positive impression that recovery can be achieved.

Remission could be employed as a conduit to facilitate a route to primary care, but it must be better utilised to address more than symptom improvement as level of functioning and

development of resilience are better indicators of overall recovery.

3.4.1 Collaborative Workshops for Developing Scalable Digital Interventions for Improving Access to Depression Interventions throughout Indonesia

Promoting mental health, preventing mental illness

Laoise Renwick, RMN, BNS, FHEA, PhD, Division of Nursing, Midwifery and Social Work, Faculty of Medicine, Biology and Health, University of Manchester

Co Author(s): Irmansyah, SpKJ (K), MD, PhD, National Institute of Health Research and Development, Ministry of Health, Jakarta, Indonesia; Herni Susanti, SKp, MN, PhD Faculty of Nursing, University of Indonesia, Depok, Indonesia; Budi-anna Keliat, BNS, MNS, PhD, Faculty of Nursing, University of Indonesia, Depok, Indonesia; Karina Lovell, Professor of Mental Health, BA, MSc, PhD, Division of Nursing, Midwifery and Social Work, Faculty of Biology, Medicine and Health, University of Manchester

Abstract

Background

Mental illnesses comprise the single largest source of health-related economic burden globally and low-and middle income countries (LMIC) are disproportionately affected. The prevalence of depression in Indonesia is 6.1% which roughly equates to 16 million people. Delivering appropriate mental health care remains a challenge; inadequate funding, lack of resources and trained personnel, sub-optimal infrastructure and poorly integrated health

systems all contribute to inaccessible mental health care in LMICs. Online platforms for diagnosing and treating depression can be effective tools for both specialist and non-specialist workers, are effective in reducing depressive symptoms and are acceptable. Digital solutions have considerable potential in Indonesia due to widespread mobile technology use.

Aim

To conduct research capacity strengthening for depression interventions in Indonesia, we will convene and deliver trans-disciplinary workshops to build on existing research partnerships and cultivate new partnerships.

Methods

We have developed a programme informed by the ESSENCE principles for developing research capacity at individual, organisational and institutional levels. The workshops comprise individual-level interventions including research skills enhancement, mentoring and strategies to enhance innovation and impact with a view to developing applications for funding streams at higher levels. The workshops will be hosted by the University of Manchester by both UK and Indonesian collaborators. We have actively advertised through existing networks to identify individuals who are established professionals and demonstrate experience, knowledge and skills in one or more of the following areas; healthcare, digital health, leadership and management, policy, education or academic. We screened 310 Indonesian applicants and 20 have been selected to attend 5 days of workshops held in Manchester in July 2019. The workshops will be evaluated both qualitatively and quantitatively.

Results

We will have the results of the workshop evaluation to report at the conference.

Conclusions

Strengthening research capacity is an effective way to improve the mental health of people in LMICs where large treatment gaps exist. To move towards more impactful capacity-building interventions, the literature suggests a systems approach cutting across individual, organisational and institutional spheres is optimal and these workshops have the potential to meet the needs of people to a greater extent with this focus.

Recommended reading

- Renwick, L, Irmansyah, , Keliat, BA, Lovell, K, Yung, A. Implementing an innovative intervention to increase research capacity for enhancing early psychosis care in Indonesia. *J Psychiatr Ment Health Nurs.* 2017; 24: 671– 680. <https://doi.org/10.1111/jpm.12417>
- Franzen SRP, Chandler C, Lang T Health research capacity development in low and middle income countries: reality or rhetoric? A systematic meta-narrative review of the qualitative literature *BMJ Open* 2017;7:e012332. doi: 10.1136/bmjopen-2016-012332

Biography

Laoise has worked in varied hospital and community-based roles, a nurse specialist in early psychosis and recently in academia as a lecturer. She has investigated the impact of untreated illness on quality of life, recovering functioning and social networks in psychosis for her PhD. Laoise has an interest in mental health care in low-resource settings collaborating with colleagues in Indonesia to enhance capacity where a significant treatment gap exists. She is a committee member of the RCN's International Mental Health

Nursing Conference and an editorial board member of the Journal of Psychiatric and Mental Health Nursing.

3.4.2 Training Advanced Practice Nurses in the Use of Telepsychiatry

Promoting mental health, preventing mental illness

Christine Costa, DNP, APRN, PMHNP, Assistant Professor, California State University, Long Beach; Dr. Kathleen McDermott, DNP, APRN, PMHNP-BC, Psychiatric Nurse Practitioner, Telemental Health Department, Veterans Administration, Long Beach

Abstract

Background: The United States faces a growing shortage of mental health services and practitioners in the public mental health system. As a result, many individuals in need of psychiatric services experience either delayed treatment or are left untreated. Although the advantages to using telepsychiatry to improve access and decrease costs through more effective utilization of limited resources are well established, the lack of familiarity with the technology and inadequate training are current barriers to expanding the use of telepsychiatry.

Aim: The purpose of this presentation is to discuss implementing telepsychiatry training, incorporating both simulation and clinical experiences with community partners, into curriculum to develop entry level knowledge and competence for advanced practice nurses.

Method: A review of telepsychiatry, its clinical applications, and evidence-based literature regarding telehealth competencies in graduate nursing education are provided.

Results: Nursing educators, as a whole, continue to increase understanding of training needs and clinical applications for this type of treatment modality, especially in vulnerable populations.

Conclusion: Telehealth training provides a foundation for advanced practice nurses to understand and address the shortage of providers in the public mental health system and meet the complex needs of vulnerable populations.

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Cassel, S. & Hadley, A., 2016. A Pedagogical Note: Use of Telepractice to Link Student Clinicians to Diverse Populations. *International Journal of Telerehabilitation*, 8(1), pp.41–48.

Crawford, A., Sunderji, N., López, J., & Soklaridis, S. (2016). Defining competencies for the practice of telepsychiatry through an assessment of resident learning needs. *BMC Medical Education BMC Med Educ*, 16(1).

Saeed, S. et al., 2017. Training Residents in the Use of Telepsychiatry: Review of the Literature and a Proposed Elective. *Psychiatric Quarterly*, 88(2), pp.271–283.

The American Psychiatric Association (APA) Council on Psychiatry & Law Resource Document on Telepsychiatry and Related Technologies in Clinical Psychiatry. Available at https://www.psychiatry.org/File%20Library/Psychiatrists/Directories/Library-and-Archive/resource_documents/Resource-2014-Telepsychiatry-Clinical-Psychiatry.pdf. Accessed 27 Apr 2019.

Recommended reading

- Training Advanced Practice Nurses in the Use of Telepsychiatry
- Telehealth Education and Training Needs for Advanced Practice Students

- Incorporation of Telehealth into Psychiatric Mental Health Nurse Practitioner Curriculum

Biography

Dr. Christine Costa has over 20 years of clinical experience as a psychiatric nurse practitioner working in community mental health, residential/partial hospitalization treatment programs, college health, correctional health, and social service settings. Her work as an educator includes teaching graduate nursing students advanced practice nursing and psychiatry. Her research is focused on psychiatric illness across the lifespan and she is an invited speaker at local, national, and international conferences. Her leadership includes serving as an appointed member of county and state mental health advisory boards and psychiatric mental health program coordinator.

3.4.3 Are people with mental health conditions willing to use an exergaming console in a community mental health care setting to increase their physical activity and wellbeing?

Promoting mental health, preventing mental illness

Seren Roberts, PhD. MSc. BSc. Dip N (MH), RN (MN), PGCertHE, Lecturer in Mental Health Bangor University

Co Author(s): Jois Bailey Dip N(MH), Dip Prof Practice, RN (MH), Mental Health Nurse, Betsi Cadwaladr University Health Board

Abstract

Background: There is little doubt that people with severe and enduring mental illness have poorer physical health than the general population. Increased risk of

obesity, metabolic syndrome and diabetes is common and largely attributed to lifestyle factors. Research has explored behavioural interventions to modify associated risks for people with mental health conditions and research on increasing physical activity in particular has shown promising results.

Aim/s: To explore acceptability and feasibility of open access to a exergaming console in community mental health care setting to increase mental health service user's physically activity and mental wellbeing.

Method/s: Underpinned by ethnographic principles, an observational study was carried out in a Community Mental Health Team over a period of 14 months to explore the behavioural and cultural aspects of exergaming and physical activity for people with mental health problems. An exergaming console with a variety of games were made available on 2 full days per week to mental health service users and their carers (including support workers). Field notes were utilised to record usage, activity and behaviours around the console.

Analytical approach: In line with a qualitative and ethnographic approach, thematic analysis was undertaken on the observational field notes.

Findings: Twenty one people engaged with the exergaming console at least once, with 14 (66.7%) using the console more than once over the timeframe. The key themes that emerged from the observational field notes were: support (peer and staff support); opportunity and accessibility; self-monitoring of progress; and perceived benefits.

Conclusion: The study highlights the value, acceptability and feasibility of open access exergaming in the context of community mental health services. Providing such an intervention has the

potential to increase physical activity for mental health service users leading to additional physical and mental health benefits.

Implications for practice: Improving physical and mental health of people using community mental health services through increasing their physical activity is achievable and of benefit. Services should consider way to incorporate physical activity interventions in to their services.

Recommended reading

- Rosenbaum, S., Tiedemann, A., Stanton, R., Parker, A., Waterreus, A., Curtis, J. and Ward P.B. (2016). Implementing evidence-based physical activity interventions for people with mental illness: an Australian perspective. *Australasian Psychiatry*, 24 (1), 49–54
- Vancampfort, D., Firth, J., Schuch, F.B., Rosenbaum, S., Mugisha, J., Hallgren, M., Probst, M., Ward, P.B., Gaughran, F., De Hert, M., Carvalho, A.F. and Stubbs, B. (2017). Sedentary behavior and physical activity levels in people with schizophrenia, bipolar disorder and major depressive disorder: a global systematic review and meta-analysis. *World Psychiatry*, 16, 308–315
- Soundy, A., IFreeman, P., Stubbs, B., Probst, M., Coffee, P., Vancampfort, D., (2014) The transcending benefits of physical activity for individuals with schizophrenia: A systematic review and meta-ethnography. *Psychiatry Research*, 220 (1-2), 11-19

Biography

Seren is a registered mental health nurse and academic. She trained in the mid-90s and worked clinically in the rehabilitation of people experiencing psychosis. Following further study including a PhD. in Psychology with Health Psychology

and an MSc. in Public Health and Health Promotion, she embarked on a career in health-related research. She is experienced in large-scale trials as well as qualitative and mixed methods studies. In 2014 she took up a lectureship with Bangor University and teaches both undergraduate and postgraduate students on health-related and professional courses in the School of Health Sciences.

3.5.1 Exploring Service Users' experiences of Mental Health Act 1983 assessments in England

Rights-based approaches to mental health

Louise Blakley, Post Graduate Diploma in Approved Social Work BA(Hons) European Social Work, Senior Social Worker/ Quality Improvement Fellowship, Southern Health NHS Foundation Trust

Abstract

Background

Most countries have a legal mechanism to detain acutely mentally unwell people and, within England and Wales, it is the Mental Health Act 1983 (MHA) as amended 2007. With a recent independent review of Mental Health Act, there is a call for mental health services to improve through increasing a person's rights and involvement.

This paper will present a research study exploring the assessment process when professionals decide whether detention is necessary. There are numerous research studies exploring the experience of being detained, there has even little or no attention to this pre admission experience.

Research has highlighted this assessment process can be distressing

and potential traumatic for service users. Nurses as a key mental health professional need to understand this distinct experience to ensure good practice with this paper offering unique insight.

Even with the growing trend of focusing on patient experience within mental health research and services, MHA assessment is still a neglected area and seems a little discussed experience. This paper presents an innovative and collaborative research study which explores the subjective experience of a MHA assessment from the service user's perspective.

Sampling method

Purposively sampling used to target recent MHA assessment experience with recruitment via inpatient wards and community teams.

Method

As this study's aim was to understand this experience through the service user's eyes, the phenomenological approach was utilised and semi-structured interviews with 11 participants were conducted. Framework Analysis was chosen as it keeps the service user voice as central to the process.

Findings

From the rich data, numerous themes were identified and this paper will concentrate on the main themes of power and involvement, relationships, information and understanding and service user voice.

Discussion/ Conclusion

The paper concludes with the importance of research which centres the service user perspective and discussion on the lack of person centred approach within the assessment process. This approach leads to missed opportunities for nurses

and other mental health staff to improve this experience. Recommendations from the study will add to the discussion about rights based mental health legislation.

Biography

Louise Blakley is an experienced mental health social worker who has had various roles throughout her career. As an Approved Mental Health Professional assessing for detention, she recognised a lack of evidence to improve her work. She was the first social worker nationally to be awarded a Health Education England research internship and through collaboration with service user completed her first research study. She is now working on Quality Improvement project based on this study. Louise is now developing her next research proposal and wants to be involved in other research in this area.

3.5.2 A descriptive study of therapeutic leave policies within NHS mental health and forensic settings in the UK and the implications for (good) practice.
Rights-based approaches to mental health

Emily-May Barlow, Bsc(hons), Clinical Academic Fellow, Abertay University

Abstract

The purpose of this research is to determine what written policy information is made available to clinical staff, in England, Wales and Scotland, regarding section 17 leave (Mental Health Act, 2007) / leave of absence (Care and Treatment Act, 2003).

There is currently an absence of evidence to produce guidance for therapeutic leave. Whilst heuristically, therapeutic leave is presumed to benefit patients in

mental health services, limited research has explored the use of therapeutic leave, nor its implementation in practice. A systematic review of therapeutic leave (Barlow and Dickens 2018) found that this practice is not evidence-based.

'Therapeutic leave' NHS Trust policies were obtained for England Wales and Scotland. Data was analysed, using self-designed extraction tools. A total of n = 60 NHS trusts / health boards in the UK have at least one therapeutic leave policy, each specifically relating to either detained, informal or forensic patient therapeutic leave.

This piece of work establishes:

- If NHS Trust's/ health board's therapeutic leave policies provide information, in accordance with Mental Health Act Legislation the Code of Practice (2015) and the National Offender Management Service?
- What therapeutic leave definitions are provided in the policies?
- Who do therapeutic leave policies provide information in relation to: medical staff, nursing staff, the MDT, the hospital, carers or patients (either non-restricted, informal or restricted)?

The results and discussion of this research includes coercive practice and the restrictions of therapeutic leave, and whether the human rights of different patients groups (informal, forensic, and detained) are being upheld in accordance with the appropriate mental health legislation. Additionally, consideration is made to patients' disability, age, sex/gender, sexual orientation, religion, beliefs, and socioeconomic status, and whether or not this influences a patient's access to therapeutic leave. This is the only research reporting on the content of section 17 'leave of absence NHS policies, informing clinical staff about the

process of authorising and implementing this therapeutic intervention.

Recommended reading

- Barlow, E., Dickens, G. L., 2018. Systematic Review of Therapeutic Leave in Inpatient Mental Health Services. Archives of Psychiatric Nursing. Vol. 32(4). PP. 638-649.
- Department of Health, 2015. Mental Health Act 1983: Code of Practice [online]. Accessed 23/11/17 via: https://assets.publishing.service.gov.uk/government/uploads/system/uploads/attachment_data/file/435512/MHA_Code_of_Practice.PDF

Biography

Emily-May qualified as a mental health nurse 5 years ago. She has previous clinical experience in alcohol and opiate detoxification and intensive psychiatric care.

Emily-May currently works between Abertay University and a low secure forensic inpatient unit. When working at the University, Emily-May teaches onto the pre-registration mental health nursing programme, builds educational and healthcare networks and engages in research. Emily-May has completed a Post-graduate certificate in 'Higher Education and Teaching' and is currently studying a Masters by Research.

3.5.3 Observation in England and Wales: surveillance and containment or therapeutic engagement? A discourse analysis of local policies

Rights-based approaches to mental health

Dr. Russell Ashmore, PhD, MA, BSc (Hons), Dip Coun, Grad Cert Ed, RN(MH), RNT, Senior Lecturer (Mental

Abstract

Background

Globally, observation is a widely used restrictive and coercive practice that attempts to prevent inpatients harming themselves and/or others. It involves allocating one or more nurses to 'observe' the patient for a specified period of time. Despite its ubiquity within inpatient settings, the practice has been criticised for its focus on surveillance and containment over therapeutic engagement since the 1880s (Savage, 1884). Regardless of any criticisms, the Mental Health Act Codes of Practice for England (DH, 2015a) and Wales (WAG, 2016) recommend its use for preventing untoward incidents. However, both codes are clear that observation should focus on positively engaging with the patient and not simply be a custodial activity. To this end, they require organisations to develop policies that reflect this.

Aim

The study sought to determine the extent to which mental health trusts (MHTs) in England and health boards (HBs) in Wales have achieved this.

Sampling method

Purposive

Method

A Freedom of Information request was submitted to all MHTs (n = 57) and HBs (n = 7) asking them to supply a copy of their observation/engagement and observation policy. A mixed qualitative and quantitative discourse analysis was undertaken using computer software (AntConc 3.2.4w, Anthony, 2011).

Findings

The analysis generated seven themes: 'observation versus engagement'; 'purpose of observation'; 'purpose of engagement'; 'checking'; 'risk and safety'; 'assessment, documentation and recording'; and 'restrictions'.

Discussion

Local policies remain variable in content and quality and do not reflect contemporary research findings. The dominant discourse of the policies was that observation and engagement are separate interventions rather than characteristics of the same activity. Finally, there was a clear focus on surveillance and containment over engagement.

Conclusion

There is a need for organisations in England and Wales to produce evidence-based guidelines for the practice of engagement and observation. Any such guidance should reflect an open and democratic process of working with patients that promotes their safety by balancing procedural and relational security (DH, 2015b). Whilst policies cannot provide an account of the practice of engagement and observation, they do provide insights into how organisations believe they should be undertaken.

Recommended reading

- Department of Health (2015a), Mental Health Act 1983: Code of Practice, TSO (The Stationery Office), Norwich.
- Department of Health (2015b) See, Think, Act: Your Guide to Relational Security. Available at: <https://www.rcpsych.ac.uk/improving-care/ccqi/quality-networks-accreditation/forensic-mental-health-services/see-think-act> (accessed 17 April, 2019).

- Savage, G.H. (1884) Constant Watching of Suicidal Cases. *Journal of Mental Sciences* 30, 129, 17-19.

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 *British Journal of Mental Health Nursing*, *Journal of Psychiatric and Mental Health Nursing* and *Mental Health Practice*.

CONCURRENT SESSION 4

4.1.1 Nurse practitioner-led whole healthcare in rural USA: Model, impacts, education and training

Capability, capacity and creativity

Victoria Soltis-Jarrett, PhD,
PMHCNS/NP-BC, FAANP

Co Author(s): Kathleen Thomas, PhD, MPH; Associate Professor, Division of Pharmaceutical Outcomes and Policy, University of North Carolina at Chapel Hill Eshelman School of Pharmacy and Senior Research Fellow UNC Cecil G. Sheps Center for Health Services Research; Leslie Sharpe, DNP, FNP-BC, Assistant Professor University of North Carolina at Chapel Hill School of Nursing; Izabela Annis, MS Senior Analyst University of North Carolina at Chapel Hill Eshelman School of Pharmacy; Shannon Gallagher, MPH, Project Manager University of North Carolina at Chapel Hill School of Nursing

Abstract

Background: Nurse Practitioners (NPs) are critical to mitigating the shortage of primary care providers and lack of access to behavioral health services in the rural United States. Moreover, NP education/training/practice reflects a patient-centered approach, focused on the whole person. Developing an emancipatory pedagogy for NP students/faculty/staff was essential to this process.

Aims: To describe the 1) conceptual model, 2) implementation and 3) outcomes of TANDEM3-PC, a practice model which embeds a psychiatric-mental health nurse practitioner (PMH-NP) into a family nurse practitioner (FNP)-led community healthcare team. The goals of TANDEM3-PC are to enhance training/practice while increasing access to integrated behavioral healthcare for

high-risk individuals in rural, medically underserved areas.

Methods: Primary and administrative data were collected baseline 2014-2016 and during implementation of TANDEM3-PC from 2017-2018 in a small rural practice: All self-report patient data (N=4,406) and administrative records (N=14,262 visits & 37,463 scripts).

Team level outcomes (N=9) include collaborative practice (CPAT) and rates of screening for behavioral health needs. Patient-level outcomes include adult report on depression (PHQ-9); anxiety (GAD-7); addiction (DAST); physical, mental, and social health (PROMIS Global10) and employment status. Interrupted time series analysis is used to evaluate the effectiveness of TANDEM on team-level outcomes. Multivariate linear and logistic mixed effects regressions model the association of time and patient outcomes, controlling for patient comorbidity.

Results: Screening rates increased over time for depression (72% vs 33%, $p<.0001$), anxiety (60% vs 18%, $p<.0001$), addiction (43% vs 28%, $p=0.003$) and global health (65% vs 19%, $p<.0001$). The proportion of visits addressing behavioral health increased over time (50% vs 27%, $p<.0001$). While number of patients with prescriptions more than doubled (653/year during the program period vs. 275/year at baseline), the prescribing rate of opioid analgesics decreased (8% vs 10%). Collaborative team practice and patient involvement in decision-making were directionally associated with time, although not significantly so.

Discussion: The success of this demonstration suggests that interprofessional practice that relies on the nurse practitioner workforce has the

potential to address behavioral healthcare shortage.

Conclusions: A FNP-led team with an embedded PMH-NP can increase access to behavioral healthcare in a rural primary care practice.

Recommended reading

- Soltis-Jarrett V. The TANDEM3-PC: The foundation for an innovative, integrated behavioral health NP-led model of practice in rural primary care. Archives of Psychiatric Nursing, 2019; 33:2-10. doi: 10.1016/j.apnu.2018.08.007. PubMed PMID: 30663620.
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Biography

Victoria Soltis-Jarrett, PhD, PMHCNS/NP-BC, FAANP is Carol Morde Ross Distinguished Professor of Psychiatric-Mental Health Nursing, University of North Carolina Chapel Hill School of Nursing. She has demonstrated leadership in nursing education, clinical practice and scholarship for over 30 years focusing on advancing the role of NPs and developing/implementing/testing models promoting integrated behavioral health care in rural, underserved primary care settings. Dr. Soltis-Jarrett has been

awarded over 6 million dollars (funding) over the past decade to meet the whole health needs of North Carolinians. She actively practices in multiple sites across NC and facilitates an ECHO Medication Assisted Treatment Hub team.

4.1.2 Zimbabwe Life Project – A UK/Zimbabwe collaborative mental health service development programme; Results from a training event in 2018

Promoting mental health, preventing mental illness

Nicola Armstrong, RMN, BSc (Hons), MSc, Nurse Consultant Essex Partnership NHS Trust & Senior Nurse Leader National Institute for Health Research

Co Author(s): Lucia Vambe, RMN, DipHE, Advancing Clinical Practice Lead, Essex Partnership University NHS Trust; Fiona Nolan, RMNH, BA(Hons), PhD, Clinical Professor of Mental Health Nursing, University of Essex/Essex Partnership University NHS Trust

Abstract

Background:

Zimbabwe is a low income country (LIC), with a population of 17.2 million. There are 1.3 million people living with a mental illness with 0.06 psychiatrists and 2.86 nurses for every 100,000 people.

A group of 26 volunteers from the NHS, local authority and the independent health sector visited Zimbabwe in September 2018 to develop productive relationships, identify opportunities for partnership programmes and deliver workshops. A 3-day workshop in September was the first step in forging partnerships and enabled a scoping exercise to inform the project.

Aims:

This project has three aims:

1. Support identified areas of need within the nursing workforce in Zimbabwe towards which the visiting nurse-led UK team of registered mental health professionals can contribute expertise.
2. To deliver training based on the initial assessment, harnessing the skills of the UK cohort.
3. To strengthen a long term relationship and engagement between the project and the 3 target hospital sites in Zimbabwe with a view to continued sharing of knowledge and expertise between groups of mental health clinicians, predominantly nurses.

Results:

The workshop was attended by 55 staff from 4 state mental health hospitals and the prison service. Sessions were delivered in partnership with Zimbabwean colleagues to promote shared learning. A before and after evaluation was carried out of their knowledge, skills and attitudes. The results will be presented in full in the session.

Conclusion:

Results from the workshops and staff surveys will be used to inform future national mental health strategy in Zimbabwe. This project highlights the necessity of establishing strong collaborative relationships to enable joint research and development work between developed countries and LICs.

References:

Global Health Observatory Data (GHO), Mental Health Atlas, 2011, Department of Mental Health and Substance Abuse, World Health Organisation (WHO)

Ministry of Health and Child Care Zimbabwe 2016 National Strategic Plan for Mental Health Services 2016 – 2020

Recommended reading

- Ministry of Health and Child Care Zimbabwe 2016 National Strategic Plan for Mental Health Services 2016 – 2020

Biography

Nicola has combined senior roles in the NHS, most recently as Nurse Consultant for patient safety and as Senior Nurse Research Leader for the NIHR. She is currently completing a Professional Doctorate of Nursing which supports her remit with NIHR to create opportunity for nurses to collaborate and lead in healthcare research. Her research interests include service development and quality improvement with currently research including dementia. Recent engagement in international work has extended research opportunities into international comparisons of provisions and experience of care.

4.1.3 Mental health and coping among adolescents in India - A school based study.

Promoting mental health, preventing mental illness

Helen Sujatha Charles MSc N;MPhil, Professor, College of Nursing, Christian Medical College, Vellore, South India

Co Author(s): Dr. Sathya Raj MD,DPM,DNB, Professor, Child & Adolescent Psychiatry, Christian Medical College, Vellore; Dr. Sherab Tsheringla MD,DPM. Professor, Child & Adolescent Psychiatry, Christian Medical College, Vellore; Dr. Venkateshwaran MD, DPM. Post Doctoral Fellow, Child & Adolescent Psychiatry, Christian Medical College, Vellore; Dr. Paul S.S. Russell MD, DPM. Professor, Child & Adolescent Psychiatry, Christian Medical College, Vellore

Abstract

Background

Mental Health Problems (MHP) are as high as 12.3% among the general adolescent population in India. Several studies have investigated the coping behaviors of adolescents when they are faced with stressors. Less is known about how adolescents cope with daily hassles and stress. Therefore the aim of this study was to assess the mental health and the coping among adolescents in schools in South India.

Method

We recruited 287 adolescents (13-18 years) with no known disabilities or MHP from four randomly selected private and public schools from different educational boards. The participants selection was stratified for gendered. We identified and quantified the MHP using Strengths and Disabilities Questionnaire (SDQ) and coping styles with the Adolescent Coping Orientation for Problem Experiences (ACOPE).

Results

This study showed 58.2% of the students had conduct symptoms and 38.3% had peer problems, 67.6% had pro social behaviors and 28.6% had duration of difficulty over a year. The SDQ total score was compared with different ACOPE subscales; the subscale of ventilating feeling ($p=0.000$), developing social support ($p=0.03$), investing in close friend ($p=0.002$), seeking professional support ($p=0.01$), relaxing ($p=0.001$) were different between with various severity of MHP. There was statistically significant difference in the duration of symptoms and coping ($p=0.000$).

Discussion & conclusions

Overall, majority of the students had abnormal difficulty, ventilating feelings

seems to be the most used coping technique, followed by relaxing among adolescent students. Among the participants different types of coping strategies were used by those with different levels of MHP. Promoting early identification of mental health needs, access to quality services, integrating mental health care into community and school settings is important, especially for adolescents in India.

Key words: mental health, coping, adolescents, India

Biography

She has 25 years of experience in nursing as a clinical nurse, nurse educator and a nurse researcher. She had attained her Master degree in Psychiatric Nursing and Master of Philosophy in Guidance and Counseling. Involved in teaching for under graduate, post graduate nursing students and guiding research for post graduate students for more than twenty years. She had done research in psychiatric nursing and published in National and International journals. Presented three research articles in ACMHN conference in Australia. She had spent three months as a visitor observer of acute mental health care services in South Australia.

4.1.4 Mental Health Training for Teachers in Malawi

Promoting mental health, preventing mental illness

Dr Rhiannon Lane, Research Associate, School of Healthcare Sciences, Cardiff University

Abstract

A mental health training package for teachers in Malawi was developed as initiative to address mental health needs for children and young people (CYP).

Principles of action research methodology underpinned the process; collaboratively agreeing the problem; creating a solution; using a spiral of plan, do study, act to simultaneously develop an intervention while investigating the impact of it.

Mental health services in Malawi are not as developed as in the United Kingdom. There is one mental health hospital which caters for all ages, therefore only the most seriously affected CYP would be admitted there. Community health workers offer support but these are not specialists in mental health. The identification and intervention for mental health needs in CYP is therefore a challenge. Teachers do not currently receive training in mental health.

A baseline survey (pre-intervention) of a small group of teachers was conducted to determine their knowledge of mental health in CYP. This baseline survey was conducted through talking to teachers and by adapting a measure that had been developed for healthcare workers in Malawi, to determine its suitability for further use (Wright et al 2014).

A bespoke brief training package was designed to meet the needs of teachers in Malawi and delivered to two groups of school teachers. Through negotiation, it was identified that the two most pressing issues facing CYP were the use of substances, specifically hemp, and the impact on CYP of trauma, bereavement and abuse. It was agreed these topics would be the focus of the training package in the first instance. Ongoing support from colleagues at the Kamuzu College of Nursing was offered as consolidation and for sustainability. The focus of the evaluation was to determine whether knowledge had been acquired during this training process, the suitability of the training material and how to progress this work.

Recommended reading

- 11. Evans N (2014): Improving the Timeliness of Mental Health Assessment for Children and Adolescents in a Multi-disciplinary Team, *International Practice Development Journal*, 4(1) 7
- Wright, J, Common, S, Kauye, F and Chiwandira, C. (2014) Integrating community mental health within primary care in southern Malawi: A pilot educational intervention to enhance the role of health surveillance assistants. *International Journal of Social Psychiatry* 60: 2; 155–161.

Biography

Rhiannon is a Research Associate based within the School of Healthcare Sciences, Cardiff University. She completed her PhD within the School of Social Sciences, Cardiff University in 2018: this was an ethnographic study exploring the role of psychiatric diagnosis in shaping patient identities and professional categorisation practices. Her current research focuses on children and young people's mental health services, but her research interests include the sociology of psychiatric diagnosis, and the growth and influence of the psy disciplines.

4.2.1 'We're open to referrals;' Developing Admiral Nurse Telephone Triage

Capability, capacity and creativity

Rachel Thompson (MSc, BA, PG Cert, RMN, RGN) Admiral Nurse Professional & Practice Development Lead, Dementia UK; Chris Knifton, Admiral Nurse Lecturer Practitioner, De Montfort University

Co Author(s): Carole Anderson, Admiral Nurse Team Leader, Worcestershire Health & Care NHS Trust

Abstract

Although telephone triage is widely used as both an assessment and as a brief intervention tool within a range of healthcare settings, its use in dementia care is less established. As the use of technology is increasingly used to complement existing services, telephone triage may be seen as a useful option. Coupled with the increasing need for dementia care support and the need to target resources, the use of nurse-led telephone triage systems in this area is a subject of interest.

An Admiral Nurse service was supported to develop a telephone triage system in response to increasing referrals to their service. This involved a 3 year practice development project using emancipatory action research, facilitated by staff from Dementia UK. Tools and protocols were developed and tested to support delivery and were adapted following facilitated cycles of reflection on practice and feedback from stakeholders. In addition training was offered to support the development of telephone triage skills.

Service evaluation included a review of current literature to identify factors affecting quality and satisfaction levels in the use of telephone triage systems. These were compared to qualitative findings gathered through semi – structured interviews with professional staff who had used the service. These findings were grouped together to construct a questionnaire sent to users of the service (n=116) over a period of 6 months. Descriptive data and correlation analysis were used to interpret the findings from responses (n=62) and identify factors most likely to predict user satisfaction.

Factors found to best account for both overall satisfaction and future use/recommendation of the service

included the nurse using active listening skills and being responsive to needs of callers. Specific individual items influencing satisfaction and future use/recommendation were (in order of priority):

- Concerns being responded to
- Emotional support
- Being listened to
- Understanding the service
- Not feeling judged
- Knowledge of the Admiral Nurse
- Practical advice

Accessibility of the service appeared to have little or no effect on the overall satisfaction score or future use/recommendation to others. It is suggested this data could be developed to produce a Satisfaction Audit Tool used within nurse-led Dementia Telephone Triage services, promoting a need for a larger research project to test its more general applicability.

Recommended reading

- Waller et al (2017) Computer and telephone delivered interventions to support caregivers of people with dementia: a systematic review of research output and quality. *BMC Geriatrics* (2017) 17:265
- Greenberg, M.E. and Rutenberg, C. (2012) The art and science of telephone triage: How to practice nursing over the phone. In A.J. Janetti (Ed) *American Academy of Ambulatory Care Nursing*
- Blank L, Coster J, O’Cathain A, Knowles E, Tosh J, Turner J, Nicholl J. The appropriateness of, and compliance with, telephone triage decisions: a systematic review and narrative synthesis. *J Adv Nurs.* 2012;68(12):2610–21

Biography

Rachel is the Admiral Nurse Professional & Practice Development Lead with Dementia UK. She has worked as a nurse for over 30 years across a range of settings. She specialised in dementia care in 1999 as an Admiral Nurse and worked as the RCN Dementia Project Lead from 2010- 2014.

Rachel has been involved in supporting practice development, delivering education & training and is the co-chair of the Higher Education for Dementia Network (HEDN). She has published articles on education and best practice in dementia and co-authored a book; Pulsford & Thompson (2019) *Dementia; Support for Family & Friends*.

4.2.2 The Humour Paradox with Dementia.

Promoting mental health, preventing mental illness

Steven McCarthy-Grunwald, MSc, BSc, DIP HE, RMN, (NMC Teacher Status & Fellow of the Higher Education Academy), University of Cumbria

Abstract

Dementia remains shrouded in misunderstandings and stigmatisation within society as a whole. Current focus on developing dementia care in the UK identifies with the Prime Ministers Challenge on Dementia 2020 (2015), which recognises as part of its wider agenda, the need to 'support individuals with dementia to gain a sense of belonging and feeling a valued part of families, and communities'.

What value therefore does humour offer for individuals with dementia? Little is known about the overall effectiveness of humour interventions in improving wellbeing in the context of the challenges

to health and wellbeing that can occur in later life. Despite this the benefits of humour on psychological and physical health have long been acknowledged and the therapeutic use of humour has been suggested as a possible method to promote health and wellbeing (Martin and Lefcourt, 2004; Bennett and Lengacher, 2008; Aldwin and Yancura, 2010; Mireault et al., 2012).

These can be both direct, for instance, the benefits laughter can have on physiological and psychological processes within the body, alongside indirect responses such as moderating adverse stress responses therefore enhancing coping mechanisms, whilst improving relational and socialisation skills and to some extent, the potential enhancement of cognitive functions (Kuiper et al, 2004).

Humour itself offers a uniquely personal language across cultural diversities, which can promote positive experiences on self-esteem and a sense of hope during stressful times (Kruger, 1996; Wooten, 1996; Stuber et al., 2009; Overholser, 1992; Herth, 2002; Houston et al., 1998; Hirosaki et al., 2012).

Consequently, sharing our memorable experiences with individuals with a diagnosis of dementia, whilst appreciating the lighter side of life can help to relieve tensions and provide a moment of clarity on our journey to develop more meaningful interpersonal relationships (Peterson & Seligman 2004).

This abstract proposal is part of a more extensive piece of research which the author is developing towards his PhD thesis. The current working title of this work is: 'Only when I laugh': The essence of humour in mental health.

Recommended reading

- Hirosaki, M., Ohira, T., Kajiura, M., Kiyama, M., Kitamura, A., Sato, S., & Iso, H. (2013). Effects of a laughter and exercise program on physiological and psychological health among community-dwelling elderly in Japan: Randomized controlled trial. *Geriatrics & gerontology international*, 13(1), 152-160.
- Herth, K. A. (1993). Humor and the older adult. *Applied Nursing Research*, 6(4), 146- 153.
- Overholser, J. C. (1992). Sense of humor when coping with life stress. *Personality and individual differences*, 13(7), 799-804.

Biography

Steve is a Senior Lecturer in Mental Health within the Department of Nursing Health and Professional Practice at the University of Cumbria. He has been a Mental Health Nurse since 1999, and a qualified healthcare educator since 2014. His main clinical experiences in practice were within older persons services as a Dementia Specialist Advanced Practitioner. His current endeavours include embarking on his PhD Thesis which is looking toward Humour and Mental Health.

4.2.3 Depression among elderly living in Nursing Homes

Promoting mental health, preventing mental illness

Ingeborg Poetz, MSc. BSc. Registered General Nurse, Nursing Consultant, Vamed London

Abstract

Background:

In England more than 400,000 elderly are living in care homes and numbers will

rise. Estimates suggest that 40% of older people living in care homes are affected by depression (Mental Health Taskforce, 2016). Depression is “[...] a heterogeneous diagnosis. Central to it is depressed mood and/or loss of pleasure in most activities.” (NICE, 2018) The number of nursing home admissions with depression has overtaken the amount with dementia.

Aim:

To propose a project to enhance elderly's access to mental health services by improving health care staff knowledge of mental health issues and providing a more integrated access to services particularly for residents in nursing homes.

Method:

After a literature review, a root-cause analysis and a '5 Why' method were used to explore causes of existing flaws of care of depression in nursing homes. A PDSA tool was developed to present a solution using SMART objectives.

Result:

Two key problems were identified:

- 1) Inadequate training of staff and lack of awareness of mental health issues, coupled with their perceptions of what it is to be older.
- 2) Limited access and poor integration of mental health services in nursing homes.

Proposed solution:

More integrated access to services via identifying a trained nurse champion into practice who will be the key contact person to the Mental Health Services and nursing home, who would work within community mental health teams and who would provide on-going training for staff.

Conclusion:

Despite the NHS plans to focus on mental health, depression among elderly in nursing homes is under-researched. This poster acknowledges that there are gaps in identifying and treating depression among elderly, raises awareness of depression and proposes a project tackling these issues by using a person-centred and multidisciplinary approach.

Key words: Depression, Nursing Homes, elderly, integrated care

References:

Mental Health Taskforce (2016) The Five Year Forward View for Mental Health. A report from the independent Mental Health Taskforce to the NHS in England February 2016.

National Institute for Health and Care Excellence (2018) Depression in adults: recognition and management (CG 90).

Available at:

<https://www.nice.org.uk/guidance/cg90/chapter/Introduction> (Accessed: 2nd November 2018).

Biography

Ingeborg Poetz is a nurse by background and has got extensive experience in working in the UK and Austria and specialised in dementia and end-of-life care. She has got a Master of Science in Public Health at Distinction level and a Bachelor of Science degree in Nursing Research. At the moment she works as a Nursing Consultant focusing on rehabilitative care and project management

4.2.4 An exploration of attitudes toward the use of Socially Assistive Robots (SARS) in the care of older people including persons with mild to moderate dementia.

Promoting mental health, preventing mental illness

Allyson Stroude, Diploma Mental Health Nursing. B.B.A. in Marketing, MSc. Mental Health, Staff Nurse, RMN, Pertemps Nursing Agency

Co Author(s): Julie Theatredge, PHD, Senior Lecturer, Anglia Ruskin University

Abstract

Major Project Abstract

Background

The problem was that in the future there may be insufficient funds to meet the needs of a growing older population. (Office of National Statistics, 2018). This is due to the older population living longer as a result of healthier lifestyles and advances in medicine. Further the working population is shrinking and there is a diminishing work force. As a result, new initiatives need to be implemented to meet those needs.

Aim

The research paper aimed to identify what was the educators and students' attitudes towards robot care as a solution to the efficient and effective provision of dementia care.

Sampling Method

The five educator and student participants were selected via a purposive sample comprising of both Nursing and Technology backgrounds. The sample size was small in order to manage the amount of data collected within the brief time available for processing the data.

Method

In gathering this data, (Patel, 2015), the methodology adopted a qualitative design in order to access deep, rich data.

LoBiondo-Wood and Harber, (2014) suggested, Phenomenology can be used to ascertain the lived experiences of the sample.

Analytical approach

The data from the semi-structured interviews were collected, transcribed, coded and then analyzed according to themes that reflected the participants' views (Houser, 2012).

Findings

The participants observed many benefits of using robots such as social inclusion, engagement and entertainment and redirecting aggressive behavior by identifying changes in mood. (Cornell, 2017). However, participants viewed job losses, malfunctions and loss of the human element, costs and social exclusion to be major concerns.

Discussion

Borland, (2018) reports that the NHS is preparing to implement robots in dementia care within 20 years. If their attitude is one of interest, healthcare stakeholders have the opportunity to be involved in the development and implementation of robot nursing care, in a manner which safeguards the interests of the profession and its clients (Booth, 2004 cited in Glauser, 2017).

Conclusion

Overall most participants recognised there is potential for the future of SARS to empower persons with dementia, if this is carefully planned.

Recommended reading

- Borland, S., 2018. Robots are set to carry out dementia care within 20

years in a major expansion of Artificial Intelligence across the NHS. [on-line] Available at: [Accessed: 17 January 2019].

- Mesko, B., 2018. Future directions of digital health. {e-book} US: Springer International Publishing. Available at: Google Scholar.
- Moyle, W.; Cooke, M.; Beattie, E; Jones, C.; Klein, B.; Cook, G. and Gray, C., 2013. Exploring the effects of Companion Robots on Emotional Expression in A Pilot Randomized Controlled Trial. *Journal of Gerontological Nursing*, 39(5), pp. 47-52.

Biography

Allyson Stroude has been employed as a nurse for the past 17 years. Not being averse to change she has worked in both the NHS and as an Agency Nurse, in various types of mental health nursing care, including Acute and Forensic. Allyson has recently completed an MSc Mental Health degree and the presentation is based on her dissertation. Allyson considers herself as a visionary and hopes this presentation not only informs others but also serves as a stepping stone towards her future goal which is to travel the world lecturing on the future of nursing.

4.3.1 Promoting student mental health through a peer support network

Capability, capacity and creativity

Lucy Roberts BSc (Nursing) Children's School of Health Sciences, University of Nottingham

Marissa Lambert, RN(MH) BSc BA(Hons) Educational and Practice Consultant, Nottinghamshire Healthcare NHS Foundation Trust

Co Author(s): Dr Anne Felton, Associate Professor Mental Health, University of Nottingham, RN(MH), MN, BA, PGCHE, PhD; Charlotte Halls, Student Nurse (MH) BSc(Nursing), School of Health Sciences, University of Nottingham

Abstract

Background

Higher Education Institutions are faced with an increasing challenge to effectively support students who experience mental distress (Universities UK 2015). Nursing courses incorporate educational experiences in the service setting which can place additional pressures on students in terms of hours, assessment, professional body requirements and the emotional strain of healthcare work (Lo et al 2018). Innovative ways of ensuring that students who experience mental health difficulties are supported to manage their well-being and achieve their potential at university are of growing importance in this context.

Peer support is an international movement which entails the provision of support between individuals who have shared experience, promoting acceptance, respect and mutual empowerment (ImROC 2013). Peer supporters drawing on their own lived experience of mental distress to help others, is what makes peer support distinctive.

Aim

The paper aims to explore the development of a peer support network co-produced, by academics and students, for healthcare students who experience mental health difficulties.

Main Discussion

The network is based on a peer support model in which volunteer student peers who themselves have experienced

mental health challenges or supported loved ones in distress, run group forums for students across a school of health sciences to meet and share experiences. Volunteers receive training to undertake the role. These peer group facilitators create an inclusive atmosphere, facilitating discussions on mental health, well-being or the student experience and signposting to support services. The groups provide a safe, supportive and inclusive space for promoting and exploring mental well-being.

Establishing the network involved tackling a number of barriers, both organisational, logistical and individual and there remain challenges to promote engagement and ensure sustainability. However, co-producing a peer support network has also generated benefits for the student peer group facilitators and promoted more open conversations about mental health in the school and university in which the student voice has been central.

Conclusion

The network has been a progressive development. However, in order for the continued success of the project, it will need to gain influence at an individual student, department and organisational level.

Recommended reading

- Lo, K., Waterland, J., Todd, P., Gupta, T., Bearman, M., Hasted, C. and Keating, J.L., 2017. Group interventions to promote mental health in health professional education: a systematic review and meta-analysis of randomised controlled trials. *Advances in Health Sciences Education*, pp.1-35.
- Mead, S. and MacNeil, C., (2006). Peer support: What makes it unique. *International Journal of Psychosocial Rehabilitation*, 10(2), pp.29-37.

- Universities UK (2015) Student Mental Wellbeing in Higher Education; A Good Practice Guide. Universities UK. London.

Biography

Lucy has just completed her degree in children's nursing and will be starting as a registered nurse at the end of September. She believes that all nurses should be aware of the mental health needs of their patients and families, regardless of the setting they work in. Throughout her time at university she has been involved in an initiative to improve student mental health and worked within a team to reduce stigma and encourage self-care.

4.3.2 Finding Balance

Promoting mental health, preventing mental illness

Jessica Sainsbury, final year dual field Student Nurse, University of Southampton; James Wilson, Principal Teaching Fellow, University of Southampton

Abstract

BACKGROUND:

'Finding Balance' is a collaborative 'Digital Interactive Theatre' (DIT) project between the staff and students of the University of Southampton and Barton Peveril Sixth Form College. This educational development acknowledges #Envision2030, goal 4: recognising that quality education can only be delivered if it is free from stigma & discrimination and links with the Prime Ministers acknowledgement that public mental health and wellbeing for children at school/College is one of the "greatest social challenges of our time". It is estimated that one in ten young people have a diagnosable mental disorder – the equivalent of three students in every

classroom across the country. Around 75% of mental health problems in adult life start by the age of 18 and therefore sixth form colleges play a vital part of a wider systems approach in promoting positive wellbeing and preventing mental illness.

Finding Balance is a project providing an imaginative, interactive method of engaging college students in understanding mental distress of themselves and others. It also signposting the supports available at the earliest stage prevents young people falling into crisis and builds resilience through greater understanding.

AIMS:

The DIT has been designed and delivered as a public health/public engagement activity specifically about 'low level stress and anxiety' with the focus on the experience of the upper sixth form College student reflecting the life decisions that are presented prior to their A-level exams. The objectives of Finding Balance included:

- To provide personal development opportunities for student nurses taking on the roles as the actors in Finding Balance.
- To raise sixth form college student self-awareness of mental distress.
- If excessive mental distress is recognised, then find the courage to speak up to someone trustworthy.
- To respond compassionately and/or signpost if someone discloses that they are mentally distressed

DISCUSSION POINTS:

DIT is an innovation combining a written pick-a-path story that is produced in to a live action theatrical production (with student nurse actors) where the college student participates in making decisions

for the on-stage characters using a student response system (SRS).

Evaluations showed increased self-awareness and awareness of others mental distress.

DIT was described as 'vibrant, thought-provoking, engaging and a powerful tool for generating open discussion around social issues. By encouraging participation through digital technology, everybody's voice was able to play a role in shaping the narrative.

Using a co-production approach with the student nurses as the actors created a resonance with their younger peers which gave the DIT authenticity while also enriching their own personal development.

Finding Balance DIT presents a non-confrontational and dialogical method to college students illuminating the complex drivers which can lead to increased mental distress.

Student nurses

CONCLUSION: For college students, the pressure to achieve good grades and worries about securing their future can come from colleges, peers and parents. Colleges are held to account for each year group's performance with increasing pressure to achieve a good set of results. Parental input is key as discord in the family can be distracting/destructive.

Recommended reading

- Wilson, J. and Walker, S. (2017) 'Turning a crisis into an interactive drama: An introductory paper of a 'clickers theatre' in nurse education', *Nurse Education Today*, 51, pp. 109-111. doi:10.1016/j.nedt.2016.11.023.
- Department for Education (2017) *Supporting Mental Health in Schools and Colleges*. Available at: <https://www.gov.uk/government/publications/supporting-mental-health-in-schools-and-colleges> (Accessed: 17/04/2019).

ations/supporting-mental-health-in-schools-and-colleges (Accessed: 17/04/2019).

- Department of Health (2015) *Future in Mind: Promoting, protecting and improving our children and young people's mental health and wellbeing*. Available at: <https://www.gov.uk/government/publications/improving-mental-health-services-for-young-people> (Accessed: 17/04/2019).

Biography

Jessica is a final year dual field Student Nurse, studying Adult and Mental Health Nursing at the University of Southampton. Jessica is an active member of the Student Nurse community, she is the Vice Chair of the Royal College of Nursing Student Committee and is the Lead for the national peer support network, The Student Nurse Project. She hopes to specialise in palliative care for individuals with severe mental illness when she qualifies in September 2020.

James is an award winning lecturer and a leading national practitioner of innovative use of interactive theatre within learning and teaching environments. Although broadly mental health focused James's clinical specialist areas include dementia and managing aggression.

4.3.3 "U.N.I.- Unwritten number of issues"

Promoting mental health, preventing mental illness

Lyndsey Hill, MSc, PGCert, BSc, DipHE, FHEA, RMN, University of Chester

Abstract

- Background

Around 1 in every 125 students have disclosed a mental health problem to their

University (Equality in Higher Education, 2015). Having conducted a literature review on the topic of the lived experience of having a mental health problem at University, I have found that there are a variety of experiences that students have endured during their time at University. The literature included Universities from England, Scotland and Wales and findings were similar, stigma and culture were main issues and students felt that wellbeing staff were supportive but academic staff required more training.

- Aim

The aim of this study is to explore the lived experience of accessing support to deal with a mental health problem whilst at University.

- Sampling method

Participants were recruited by the Mental health advisors approaching students from their past and current caseload to see if they were interested in sharing their story. Posters were also advertised for students who did not receive an email.

- Method

Once all the data has been collected and transcribed, meaning will be established through the analysis and interpretation of the data to illuminate what the participants lived experience of the mental health and wellbeing service is, using a phenomenological approach.

- Discussion and conclusions.

So far having not completed my data collection I have limited conclusions to draw on. However, religion and the level of support have been significant themes that students have mentioned.

- How does this paper contribute to mental health nursing research, education, policy or practice?

This paper will contribute to mental health nursing research and education by giving the student a voice to explain what it is like to study and experience help whilst having a mental health problem. The study also intends to provide some best practice guidance to disseminate across Universities.

Recommended reading

- Quinn, N., Wilson, A., MacIntyre, G., & Tinklin, T. (2009). 'People look at you differently': students' experience of mental health support within Higher Education. *British Journal of Guidance & Counselling*, 37(4), 405–418
- Thorley, C. (2017). Not by degrees: Improving student mental health within the UK's Universities (p. 77).
- Universities UK. (2015). Student mental wellbeing in higher education: good practice guide. UUK.

Biography

I have been a mental health nurse for 11 years, my academic career started 5 years ago at the University of Chester. Here I teach students on the BA pre-registration nursing degree, Art Therapy Masters and BA in health and social care. Clinically I have been working as a mental health advisor at The University of Central Lancashire for 3 years, assessing and facilitating recovery to the students there who have experienced mental ill health. I am currently in year 2 of my PhD that combines both jobs and supports my area of interest, student mental health.

4.3.4 Student nurse mental health: lessons for mental health nurse academics

Promoting mental health, preventing mental illness

Jennifer Oates, PhD, RMN, Lecturer, King's College London

Abstract

Student mental health is a pressing concern in the university sector. Mental health nurse academics should be better equipped than most to identify and address the mental health needs of our student, given our clinical expertise.

This paper will present findings from a mixed methods study of student nurse mental health from one institution, with a particular focus on what mental health nurse academics can learn from what students are telling us that they need.

Student nurses' experience of university is unique. We interviewed 17 nursing students about their mental health and wellbeing. Our thematic analysis of the interview transcripts found that student nurse's time at university is characterised as: 'the nursing programme is tough', 'you're not a normal student' and 'contrasting degrees of support.' What student nurses want are opportunities to develop their ability to 'self care' skills and foster meaningful peer relationships. Our presentation will focus on a discussion of how we might enable our mental health nursing students to have the kind of 'student nurse experience' they have told us they want, in the context of the recent changes to higher education policy and funding for nurse education.

Recommended reading

- Hughes, G., Panjawni, M., Tulcidas, P., & Byrom, N., Dr. (2018). Student Mental Health: The role and experiences of academics (Rep.). Oxford: Student Minds
- Health Education England (2018) Reducing Pre-registration Attrition and Improving Retention Report. London: Health Education England
- Ramluggun, P., Lacy, M., Cadle, M., & Anjoyeb, M. (2018). Managing the demands of the preregistration mental

health nursing programme: The views of students with mental health conditions. *International Journal of Mental Health Nursing*.
<http://doi.org/10.1111/inm.12486>

Biography

Jenny is a lecturer in mental health at the Florence Nightingale Faculty of Nursing, Midwifery and Palliative Care at King's College London. Her clinical background is in liaison psychiatry and community mental health. Her PhD thesis was on the mental health and wellbeing of nurses.

Jenny has been an independent member of the governing body of Brighton and Hove Clinical Commissioning Group since 2012, contributing to the governance and quality surveillance of health and care services in the city. She was previously a Mental Health Nursing Adviser and Fitness to Practice panel member at the Nursing and Midwifery Council (NMC).

4.4.1 Sexual Safety in Acute Mental Health Contexts

Rights-based approaches to mental health

Dr Julie McGarry DHSci, MMedsci, PGDip (Medical Ethics), BA (Hons), RN (mental health and adult fields), PGCHE, SFHEA, NMC Registered Nurse Teacher, Associate Professor (University of Nottingham) and Safeguarding Research Lead (Nottinghamshire Healthcare

Co Author(s): Julie Gardner, Associate Director of Safeguarding and Social Care, Nottinghamshire Healthcare NHS Foundation Trust

Abstract

Background: Sexual violence/harm is widely recognised as a significant global issue and is now a priority for healthcare

systems in terms of support and service delivery worldwide. The impact of sexual violence/harm is both immediate and far-reaching and includes both physical and psychological trauma (Campbell et al. 2009). It is increasingly recognised that individuals who access acute mental health services are at risk of sexual violence/harm and in September 2018 the Care Quality Commission in the United Kingdom (UK) published a report Sexual Safety on Mental Health Wards which further highlighted these concerns.

Sexual violence/ harm may be perpetrated by other patients but also by staff working in mental health environments. Sexual harm may also occur through poor understanding of sexual safety and there is a clear body of evidence to suggest that those working in mental health settings are poorly equipped to recognise and/or respond to sexual violence or sexual harm or promote sexual safety in this environment (McLindon & Harms, 2011).

Aim: Following a sexual safety investigation in one UK mental health trust the aim of the present study was to explore systems and processes in place post investigation and to examine wider questions of sexual safety in acute mental health care.

Methods: A qualitative approach was utilised and involved semi-structured interviews with a range of clinical staff (n=8). Purposive sampling was used to identify potential participants. Thematic analysis (Ritchie & Lewis, 2003) was used to analyse the data.

Main findings: Four main themes were identified: i) 'Feeling betrayed': The relational context of the ward environment'; ii) Doing what we were meant to be doing': Quality of leadership'; iii) 'Covering yourself': Safeguarding practice; and iv) 'The subtleties of abuse': Complexities of safeguarding'.

Discussion and conclusion: The findings of the study highlight the need for clear organisational structures of support, a clearer understanding of 'sexual safety' and education and training which explicitly addresses recognition and complexity of sexual violence and sexual harm. The findings alongside the follow-on trust wide sexual safety research study currently in progress will form the basis of the presentation.

Recommended reading

- Campbell, E., Dworkin, E., Cabral G. (2009) An Ecological Model of the Impact of Sexual Assault On Women's Mental Health Trauma, Violence, & Abuse, 10: 3, 225 – 246
- McLindon, E. and Harms, L. (2011), Listening to mental health workers' experiences: Factors influencing their work with women who disclose sexual assault. *International Journal of Mental Health Nursing*, 20: 2–11. doi:10.1111/j.1447-0349.2010.00697.x
- Ritchie, J. and Lewis, J. (2003) *Qualitative Research Practice: A Guide for Social Science Students and Researchers*. London: Sage

Biography

Julie McGarry is a registered nurse in mental health and adult fields of practice and is an established academic researcher with expertise and professional background in the field of safeguarding (adults and children), gender based violence and intimate partner violence/domestic violence and abuse with a focus towards survivors' experiences and the development of effective multi-agency (health/social care/criminal justice) responses. Julie is currently undertaking a two-year secondment to Nottinghamshire Healthcare NHS Foundation Trust to lead

a research study in the field of sexual safety.

4.4.2 Safeguarding Children: Evaluating supervision to address nurses' emotional distress in emergency care.

Promoting mental health, preventing mental illness

Rebecca Cooke, BSc RN - Child, Safeguarding Nurse Practitioner, Birmingham Women's and Childrens Hospital NHS Trust

Abstract

Background:

Safeguarding children from harm in the emergency department (ED) is complex, high pressured and emotionally laden for front-line staff. Conducting risk assessments to early identify and manage child maltreatment requires training, practice wisdom and emotional resilience. However, nurses can lose a sense of self; quickly compassion fatigue and burn out can be the consequences. Turning the spotlight to nurse's needs, safeguarding supervision was implemented in 2015 as part of the Safeguarding Nurse Practitioner's role, to explore and address the challenges and emotional impact safeguarding has on nurse's well-being.

Aim:

To evaluate the effectiveness and sustainability of ED safeguarding supervision, to explore nurses' distress and build emotional resilience with coping strategies into clinical practice when managing child maltreatment cases.

Sampling Method:

This clinical audit is a retrospective cohort study collated between 1st January 2017 - 31st December 2017. The sample

consisted of 65 ED nurses who attended a 1-hour group safeguarding supervision session. Nurses were randomly selected to attend by the nurse in charge, influenced by capacity and service needs.

Analytical Approach:

A combination design was used to gain qualitative data; i) A Narrative Analysis to gain nurses shared experience and emerging patterns of anxiety and feelings in a retrospective child maltreatment case ii) standardised evaluation questionnaires anonymously completed by nurses following supervision.

Main Findings:

ED employed 100 nurses, from the 65 who attended supervision 80% found it of "excellent benefit" and 20% found it "good". An overwhelming 100% shared the sessions reduced their anxiety and improved confidence in managing child maltreatment. Emerging attendance trends of substance misuse, knife wounds and gang affiliation, mental health issues and domestic abuse caused nurses the most emotional distress.

Discussion and Conclusion:

Safeguarding supervision was positively received and sustainable change achieved by embedding fortnightly sessions. Breaking the silence and changing attitudes, staff felt safe to explore their own inner emotional needs which reduced anxiety and improved their mental well-being. Self-awareness to our responses to stress and building emotional resilience with coping strategies into the clinical arena benefits nurses and improves children's care.

Biography

Rebecca Cooke is a qualified Registered Nurse specialising in children to degree level since 1995. Embarking on a varied career path in acute and community

health care settings, Rebecca is passionate and creative regarding improving care services. Rebecca has achieved in the past 24 years the implementation of a complementary therapies service for hospital staff to reduce stress, designing a substance misuse pathway for acute care services, implemented a Transition Service and subsequently presented at conferences and delivered workshops. Pursuing a love for writing Rebecca has published a chapter on food allergy management in the Oxford Press Nurses Handbook 2012.

4.4.3 Intimate partner violence and abuse in LGBT+ relationships

Promoting mental health, preventing mental illness

Thomas J. Currid, RMN, RNT, BSc (Hons) PGCE, MA, PG Dip CBT, Cert SFT

Abstract

Background: Intimate partner violence (IPV) or Domestic Violence and Abuse (DVA) is a significant public health concern known to affect 1 in 3 women and 1 in 6 men. It is estimated that it cost the United Kingdom £15.7 billion in 2008 (Walby 2009) and has an estimated overall cost to mental healthcare of £176 million (Mental health foundation 2019). The adverse mental health effects of IPV/DVA can be long lasting and can contribute to a range of other illnesses. The public perception of IPV/DVA is that it is located in heterosexual relationships and within a gendered specific dynamic and therefore may prevent the recognition of IPV/DVA particularly in same sex couples (Currid and Chandra (2017)). Attitudes to IPV/DVA in LGBT+ victims are less sympathetic, less believable and is considered less serious. Alongside

these perceptions and attitudes that the LGBT+ consider as barriers to reporting IPV/DVA, others include being judged for their suitability in parenting if there are children in the household or the hostility and negative remarks made by health and social staff.

Aim: The aim of this session is to:

raise awareness of issues specifically pertinent to IPV/DVA in LGBT+ relationships,

contextualise these issues to the National Institute for Health and Care Excellence guidelines for those who have difficulty in accessing support and services,

from audience participation, share current best practice initiatives,

Discussion points: The main themes for discussion are:

- IPV/DVA concepts and dynamics in LGBT+ relationships and the mental health effects,
- the role of mental health nurses in multi-agency working in providing access to support and services,
- sharing of ideas that can assist in prevention, policy and research,

Conclusion: It is hoped that this session will challenge misconceptions that may be current, contribute to a more detailed understanding of the significant role that mental health nurses have in multiagency approaches to reducing and preventing IPV/DVA and stimulate discussion for service improvements and sharing of good practice.

Recommended reading

- Currid, T.J. and Chandra, C. (2017) Domestic Violence and abuse in Lesbian, Gay, Bisexual and Transgender (LGBT) relationships in Boncori, I (2017) LGBT+ perspectives: The University of Essex reader

- Walby, S (2009) The Cost of Domestic Violence Up-date (2009) Lancaster University, available at: www.lancs.ac.uk/fass/doc_library/sociology/Cost_of_domestic_violence_update.doc
- Mental health foundation (2019) Mental health statistics : domestic abuse, available at: <https://www.mentalhealth.org.uk/statistics/mental-health-statistics-domestic-violence>

Biography

Thomas Currid has worked at various levels in clinical, educational and managerial roles in the NHS, prior to embarking on an academic career. He is interested in public mental health and has written on this subject in the context of various environments. He is currently the Programmes Lead at the University of Essex for Mental Health Nursing programmes at the Southend campus. Thomas continues to work as a cognitive behavioural therapist in a voluntary capacity and is a consultant to a number of charities. He is a Senior Fellow of the Higher Education Academy.

4.4.4 NHS Staff and Learners' Mental Wellbeing Commission: Introducing the Wellbeing Guardian role

Capability, capacity and creativity

Kathryn Grayling, MSc Clinical Ed, Clinical Fellow, Health Education England

Co Author(s): Dr Tahreema Matin, DPhil MBBS BSc(HONS) FRCR, Clinical Adviser, Health Education England; Dr Katie Knight, Paediatric Emergency Medicine Registrar, Clinical Fellow, Health Education England

Abstract

Evidence shows that staff in the National Health Service (NHS) who are happy and feel their wellbeing is cared for are more compassionate and provide safer care. The priority for NHS employers to focus on mental wellbeing of their staff cannot be underestimated as a top priority. Mental health problems are a key global public health issue and are one of the main causes of the burden of disease worldwide. There are 1.4 million people in the NHS workforce across clinical and non-clinical careers ranging from porters to engineers, from chief executives to cleaners, all are vital to good running of the NHS and to high quality service. One in three report having felt unwell due to work-related stress and one in two staff members have attended work despite feeling unwell, because they felt pressure from their manager, colleagues or themselves.

Health Education England (HEE) Staff and Learners' Mental Wellbeing Commission was established to review these and other reports of mental distress and poor workforce culture within the NHS.

Following extensive engagement with the workforce and experts in the field of mental health and wellbeing (academia, charity, NHS) and thorough appraisal of the literature, which was led and written by the clinical fellows, the Commission made 33 recommendations. One of the key recommendations agreed is implementation of the Workforce Wellbeing Guardian. This guardianship scheme will act as a primary vehicle for supporting staff and influencing the much-needed culture change in the NHS.

The commission assimilated evidence from individuals that had suffered and were suffering, from mental ill health, mental health conditions and mental

distress. There was also significant engagement with families and colleagues of NHS staff that had been bereaved by suicide. This involved an extensive network of NHS staff colleagues interested in mental wellbeing (inclusive of all professions, clinical disciplines and grades/levels of seniority).

Participants of this workshop will become familiar with the key findings of the NHS Staff and Learners' Mental Wellbeing Commission report, with the session primarily focusing on the introduction of the Workforce Wellbeing Guardian in every NHS organisation. Participants will become familiar with how this recommendation may impact their organisation and will gain an understanding of role description, skills and competencies necessary for the Guardian. They will consider strategies for implementation of the NHS Workforce Wellbeing Guardian within their organisation and how this role would be successfully fulfilled and supported in practice.

As part of the Long Term Plan workforce commitment 'Making the NHS the best place to work', this workshop intends to enable healthcare leaders, managers, policy makers, and NHS staff to improve the quality of NHS workplace wellbeing and positively impact the culture and stigma surrounding mental ill health at work.

Biography

Kathryn Grayling is a paramedic with over 25 years of front-line clinical experience in the National Health Service, primarily working with Yorkshire Ambulance Service. After completing a Regional Future Leaders Fellowship with Health Education England Kathryn was recruited as Clinical Fellow Lead for the NHS staff and workforce workstream in HEE commissioned Wellbeing Review. Her

specialist area of interest and expertise lies in workforce wellbeing with a specific focus on organisational culture and leadership.

Alongside active clinical practice, she has pursued rigorous academic and methodology training, having recently completed Masters in Clinical Education and commenced a Masters in Public Health.

CONCURRENT SESSION 5

5.1.1 Capturing the Conversation: Exploring the label of personality disorder from the perspectives of people with lived experience and occupational experience

Capability, capacity and creativity

Gary Lamph PhD, Senior Research Fellow, University of Central Lancashire; Tamar Jeynes, Lived Experience Researcher, Lived Experience Practitioner, Birmingham and Solihull NHS Trust

Co Auhtor(s): Jake Dorothy, Lived Experience Researcher - MA Student Philosophy of Psychiatry; Alison Coak, Clinical Consultant Psychologist, Tees, Esk and Wears NHS Foundation Trust

Abstract

Background - The label of personality disorder is one which continues to divide opinion. Negative connotations, stigma and uncertainty surround the diagnostic category. In recent years a movement to challenge the label and terminology of personality disorder has developed, largely led by people with lived experience and campaigning groups, and with an additional growing body of support from critical practitioners and academics. However, others feel that removal or reconceptualization of the diagnosis will mean that identifying needs, directing research and offering evidence-based treatments will prove difficult for a client group who (however defined) represent a real set of needs that have often been unmet by services.

Design -A unique model of co-production (Lived and Occupational Experience of Personality Disorder) was employed to co-produce and co-facilitated a qualitative, semi-structured World Café event design in what is a very sensitive field of enquiry.

Setting - The 20th Annual British and Irish Group for the Study of Personality Disorder (BIGSPD) Conference.

Participants - In total 56 consenting participants took part in this event. The participants were recruited from the conference delegates and were from both lived and occupational experience backgrounds.

Results – Themes from the debate and discussion included 'Emotive Aspects of Personality Disorder, Impact of the diagnostic label and Future Directions for the diagnostic label. The key findings will be shared for the first time and include; Polarised views because of polarised experience, Impact is dependent on demographics of the patient and the need in the future for needs led and individualised approaches to treatment.

Implications for future practice – Advice will be developed for practitioners that reflect the nuances of our findings rather than a collapse into binary oppositions.

Recommended reading

- Editorial (2019) Beyond the Borderline. *The Lancet*. 6, 187.
- Paris, J., Silk, K, R., Gunderson, J., Links, P, S. and Zanarini, M (2009) The case for retaining borderline personality disorder as a psychiatric diagnosis. *Personality and Mental Health*. 3. 96-100.
- McAndrew, S., Warne, T., Fallon, D., Moran, P (2012) Young, gifted, and caring; A project narrative of young carers, their mental health, and getting them involved in education, research and practice. *International Journal of Mental Health Nursing* 21. 12-19.

Biography

Gary Lamph is a Senior Research Fellow with a long clinical history as a registered mental health nurse and psychological

therapist. He has a special interest in personality disorder.

Tamar Jeynes is a lived experience practitioner and works as an independent lived experience researcher.

Gary and Tamar are 2 of 4 core research team who worked together on a unique in conference word cafe research event that captured and provided a safe space to discuss the label of personality disorder. They will together share research findings but also outline their model of co-production.

5.1.2 The lived experience of new registered mental health nurses caring for people with Borderline Personality Disorder.

Capability, capacity and creativity

Ms Leanne Holman, MSc BSc RMN
Doctorate in Health Sciences Student,
The Leicester School of Nursing and
Midwifery, Faculty of Health and Life
Sciences, De Montfort University,
Leicester, UK

Abstract

Background

Patients with Borderline Personality Disorder (BPD) present challenging experiences in delivering mental health services (Morris et al 2014). Inpatient mental health in the UK has a high proportion of new registered mental health nurses RN(MH), who are often inexperienced, transitioning from pre-registration education. Blevins (2018) reported this transition as "... an exciting yet overwhelming time" with increased responsibilities and socialization into the profession. The literature boasts research regarding experienced and student nurses caring for BPD patients, but there

is a major gap regarding new and transitioning RN(MH).

Aim(s)

The aim of this phenomenological study is to:

- Describe the lived experiences of new transitioning RN(MH) in caring for BPD patients;
- Examine what new knowledge can be applied to practice to support new RN(MH) to enhance the function of the inpatient unit.

Sampling method

A purposeful sample of 10 new RN(MH) (less than six months) who were working in an adult acute mental health inpatient setting caring for BPD patients were recruited via a letter of invitation. Part time or temporary nursing staff were excluded.

Method(s)

Data was collected using two unstructured individual interviews per participant lasting 60 to 90 minutes each. The interviews were undertaken in a separate room at their place of work in line with the Husserlian approach and to promote confidentiality.

Analytical approach

The qualitative interview data was transcribed and then analysed using NVivo software and Colazizzi's (1978) seven step method. The findings were presented to the participants for validation and to enhance the robustness of the study.

Main findings

The initial emerging themes relate to responsibility, "what if", pre-registration preparation and ability.

Discussion

New RNs entering clinical practice undergo enormous transition while adapting as a professional. These findings will assist nursing leaders to understand the needs of new RN(MH) so that the support provided will enhance the function of the inpatient unit through growth and development.

Conclusion

This study provides guidance for nursing leaders to support new RN(MH) to be successful during transition in entering the profession when caring for patients with BPD in the inpatient setting.

Recommended reading

- Blevins S (2018) From nursing student to registered nurse: The challenge of transition. *MEDSURG Nursing* 27(3):199-200
- Colaizzi P (1978) Psychological research as a phenomenologist views it. In Valle RS and King M, *Existential Phenomenological Alternatives for Psychology*. Open University Press, New York.
- Morris C, Smith I and Alwin N (2014) Is contact with adult mental health services helpful for individuals with a diagnosable BPD? A study of service users views in the UK. *Journal of Mental Health* 23(5):251-255.

Biography

Leanne has been a qualified mental health nurse since 2000. She has worked in a variety of nursing and research roles within Northamptonshire Healthcare NHS Trust and presently works as an out of hours matron providing clinical leadership to inpatient and out of hours community services.

Leanne is also a practice tutor and associate lecturer for The Open University and supports pre-registration

nursing students in practice and tutors several modules for pre-registration nursing students and Nursing Associates.

Post qualifying, Leanne has completed a degree in psychology and an MSc in psychological research methods. Leanne's research interests are in personality disorder.

5.1.3 The team formulation model; supporting practice and guiding research

Capability, capacity and creativity

Dr Valentina Short, RMN, BA, MSc, PG Dip (CBT), PhD, Consultant Nurse (70@70 NIHR Research Programme Leader), Tees Esk and Wear NHS FT

Abstract

Background: Team formulation is increasingly central to individualised recovery-focused care within mental health and learning disability multi-disciplinary teams (Johnstone, 2014). Team formulation is psychological case formulation adopted into a team context. A recent systematic review indicates a limited evidence base of variable quality, and that adaptation to the team context is unexplored (Short et al, 2019). This represents a problem for consistency of practice and future research required to strengthen the evidence base for this important team activity. This session presents development of a distinct team formulation model.

Aims: To develop a conceptual model of team formulation based in available and relevant research that could be used to guide consistent practice and research, which acknowledges the team context of team formulation.

Methods: Discussions with experts led to preliminary underpinning concepts which

formed the basis of model content. This was followed by a literature review of those concepts which included research on organisations, teams and case formulation. Potential conceptual model visualisations were also explored.

Results. Exploration of concepts resulted in a looped input-process-output model. Inputs include organisational and team characteristics, case formulation theory, and team knowledge sharing.

Formulating as a team provides the process. Outputs include reaching a team hypothesis, treatment decisions, a treatment plan and the impact of formulating on the team.

Discussion: This is the first known model distinct to team formulation, uniting for the first time research underpinning teams, team and case formulation. The model has utility for teams who wish to enhance performance of this recovery focused team activity by acting as a guide to the inputs, processes and outcomes. Two research studies, carried out as part of a PhD have provided early tests of the model, however further testing is required. The model guides future research by identifying key areas requiring research, such as service user involvement and clinical outcomes of team formulation.

Conclusions: It is imperative that teams base practice in evidence. The team formulation model emphasises the role of team in team formulation, distinguishing team formulation as distinct to case formulation. This offers a platform from which to develop evidence and enhance practice.

Recommended reading

- JOHNSTONE, L. 2014. Using formulation in teams. In: JOHNSTONE, L. & DALLOS, R. (eds.) Formulation in Psychology and Psychotherapy. Making sense of

people's problems. 2nd ed. London: Routledge. Taylor Francis Group.

- SHORT, V., COVEY, J. A., WEBSTER, L. A. D., WADMAN, R., REILLY, J., HAY-GIBSON, N. & STAIN, H. 2019. Considering the team in team formulation: a systematic review. *Mental Health Review Journal*, 24, 11-29.

Biography

Dr Valentina Short has worked in mental health services since 1982. Her clinical work has mainly focused on working with people experiencing psychosis and unresolved trauma. She is an accredited cognitive therapist and supervisor. She has recently completed a PhD at Durham University examining team formulation, developing a model of team formulation, and studying social and cognitive team factors involved in this team activity. She has recently been awarded an NIHR senior leadership role as part of the 70@70 nurse and midwife research leadership programme, undertaking this within her Consultant Nurse role in Tees, Esk and Wear Valleys NHS FT.

5.2.1 Collaborative relationships in challenging contexts: Therapeutic relationships within inpatient child and adolescent mental health services

Rights-based approaches to mental health

Samantha Hartley, ClinPsyD, PhD, BA, Senior Clinical Psychologist and NIHR/HEE ICA Clinical Lecturer

Abstract

Background

When working with young people, there is a need to navigate issues of power and control (Colton & Pistrang, 2004) and

manage the 'push and pull' of working with those who have disrupted ways of relating due to their early relationships (Cross, 2016; Eltz and Shirk, 1995). The developmental trend toward increasing autonomy from adults can represent an additional obstacle (DiGiuseppe, Linscott, & Jilton, 1996) to maintaining an alliance that we know is crucial to positive outcomes. Nursing staff are skilled and best placed to provide caring relationships, but interactions are often difficult to manage (Cameron, Kapur & Campbell, 2005). Some work has been done in the adult field to understand and help nursing staff maintain effective therapeutic relationships, but this has not taken into account of the specific challenges of the child and mental health service context, does not involve relationships with the wider family ('carers') and as viewed from multiple perspectives.

Aims

We aimed to: i) systematically review interventions designed to improve the therapeutic alliance between nursing staff and mental health service users; ii) comprehensively explore the experience of therapeutic relationships between young people, their family members and nursing staff attached to adolescent inpatient mental health wards.

Sampling method

We conducted a systematic, narrative review of interventions designed to improve therapeutic alliance for nursing staff and service users (across all age groups and settings). Next, young people, nursing staff and family members (total n= 24) connected to three inpatient child and adolescent mental health wards were recruited in an opportunistic fashion, guided by a sampling frame to ensure broad representation of different groups.

Analytical approach

Eligible papers were reviewed and critiqued systematically.

Participants were interviewed using a topic guide and audio-recorded, with responses transcribed verbatim and analysed using thematic analysis.

Findings

We will outline the results of the systematic review alongside emerging themes from the qualitative analysis, illustrated by quotations from young people, nursing staff and family members.

Discussion and conclusions

It is hoped this understanding will inform future intervention development to support nursing staff to establish and maintain these complex and challenging relationships. The study will also bring to the fore any adaptations that need to be made to existing evidence-based strategies or ideas emerging from the adult nursing field in order to render them acceptable to the proposed target population, highlighting any contextual factors that might impact on the implementation.

Recommended reading

- Colton, A., & Pistrang, N. (2004). Adolescents' experiences of inpatient treatment for anorexia nervosa. *European Eating Disorders Review: The Professional Journal of the Eating Disorders Association*, 12(5), 307-316.
- Eltz, M. J., Shirk, S. R., & Sarlin, N. (1995). Alliance formation and treatment outcome among maltreated adolescents. *Child Abuse & Neglect*, 19(4), 419-431.
- Cameron, D., Kapur, R., & Campbell, P. (2005). Releasing the therapeutic potential of the psychiatric nurse: a human relations perspective of the nurse-patient relationship. *Journal of*

psychiatric and mental health nursing, 12(1), 64-74.

Biography

Samantha Hartley is a Senior Clinical Psychologist based at the Horizon Adolescent Inpatient Unit and part of the Pennine Care Young People's Mental Health Research Unit; developing and delivering projects in collaboration with academic partners and public involvement. Following her undergraduate degree in Experimental Psychology, Samantha completed a PhD and ClinPsyD at the University of Manchester. Dr Hartley currently holds a HEE/NIHR Integrated Clinical Academic Clinical Lectureship with Pennine Care NHS Foundation Trust and The University of Manchester. This aims to develop interventions to support effective therapeutic relationships for young people using mental health services.

Twitter: @HartleySamantha

5.2.2 Involving children aged 8-12 years old in decision making and consent processes in outpatient CAMHS

Rights-based approaches to mental health

Ann Cox, RMN, PG Dip, Practice Cert, Dr of practice (in training)

Abstract

How should children aged 8-12 years of age be involved in decision making and consent processes in out patient CAMHS is the doctoral study that remains on-going; this workshop will consider the study to date and some of the key themes that are emerging.

There is significant legal guidance and case law available to support clinicians in assessing whether young people aged

under 16 to make informed decisions about their own healthcare; however how when clinicians are working with children aged 8-12 years, clinicians are unsure about how far the Gillick competency ruling extends beyond the teenage years, leaving clinicians unsure and unclear about how and when to involve children aged 8-12 years of age in decision making and consent processes. In undertaking a systematic literature review and local service evaluation, it was established that children aged 8-12 could be involved in decision making and consent processes. This is if the child had the ability and competence to be involved and if appropriate information was given by a trained clinician an support the child through the process. As part of the final study. four focus groups were conducted to ascertain child and parental views on how CAMHS should involve children aged 8-12 years old in decision making and consent processes. The emerging themes from the data analyses demonstrate disparity between children and parent views; however there are several systemic factors that are pivotal that need to be taken into account when working with this age group which could enhance the child's opportunities to be involved in decision making and consent processes. Current MH Trailblazer initiatives may be the key factor that supports the systemic change to improve this area of important practice in CAMHS.

Recommended reading

- Factors that influence decision making by 8-12 year olds in child and adolescent mental health services (CAMHS): a systematic review
- Recording and documenting consent of 8-12 year olds in an outpatient child and adolescent mental health service: a service evaluation
- Nursing Skills for Children and Young People's Mental Health (In print)

Biography

Ann Cox is a Registered Mental Health Nurse, Accredited Cognitive Behavioural Psychotherapist and independent prescriber. Ann is a CAMHS Consultant Nurse & Clinical lead, working for North Staffordshire Combined NHS Trust. Ann offers a range of lectures on child and adolescent mental health at the University of Derby (UoD) on a part-time basis. Ann is currently in her final year of a Doctorate in Health and Social Care Practice at the UoD, where she is researching children's decision making in CAMHS. Ann has been working in CAMHS for nearly 20 years and has expertise in working with younger children.

5.2.3 Developing a model of nurse-patient relationships on acute mental health wards

Capability, capacity and creativity

Susan Sookoo, MA, DipHE, BSc, RN, PGCert, PhD student, University of Essex

Abstract

Background

Tyrer (2011) argued that acute mental health wards have been “demonised” as places of low morale, anger and restriction. The CQC (2017) indicate some of the current challenges: a 12% fall in the number of NHS mental health nurses since 2010 and bed occupancy on acute admission wards of 89%. Much criticism of acute settings has emphasised a perceived lack of therapeutic relationships between service users and nurses while simultaneously reporting the value both place on these. An international review of inpatient mental health care (Cutcliffe et al, 2015) reported a similar lack of engagement in clinical settings. The review presented here will contribute to knowledge about the

experiences of nurses and service users on acute mental health wards and the factors which may influence the relationships between them.

Aims

This paper will present one element of a doctoral project, which links to a programme of work in acute wards commenced in 2011. The doctoral research combines quantitative and qualitative methods to investigate factors which influence nurse-patient relationships in these settings, and to what degree the quality of these relationships is linked to outcomes such as service user satisfaction with treatment, staff experience and burnout, and incidents of self-harm and aggression on acute wards. This presentation will describe the findings from an integrative literature review and the subsequent development of a model of nurse-patient relationships.

Discussion points

While the therapeutic relationship remains core to mental health nursing, it is at least possible that challenges such as those outlined by the CQC affect the nature of the therapeutic relationship and thereby the outcomes of care. This study aims to provide a current understanding and explore the possible impact of a vastly altered practice context.

Conclusion

We anticipate that this work will contribute to the knowledge base for mental health nursing by describing a testable model and a research method which considers nurses and patients on wards as a group inhabiting a social world. This has the potential to generate new understanding of current practice and to provide direction for future research.

Recommended reading

- Cutcliffe, John R.; Santos, Jose Carlos; Kozel, Bernd; Taylor, Petrea; Lees, David (2015) Raiders of the Lost Art: A review of published evaluations of inpatient mental health care experiences emanating from the United Kingdom, Portugal, Canada, Switzerland, Germany and Australia. *International Journal of Mental Health Nursing*; Oct 2015; vol. 24 (no. 5); p. 375-385
- CQC (2017) The state of care in mental health services 2014 to 2017. Available at: http://www.cqc.org.uk/sites/default/files/20170720_stateofmh_report.pdf
- Tyrer P and Johnson S (2011) Has the closure of psychiatric beds gone too far? *British Medical Journal*, 343, 1088-1089

Biography

Susan is a registered mental health nurse and teacher with a background in inpatient care. She has worked in education and practice development and is currently a teaching fellow and PhD student. Her doctoral project is about nurse-patient relationships on acute mental health wards, and the factors that influence the quality of these.

5.3.1 ISPN: Enhancing workforce capacity through creative collaborations

Capability, capacity and creativity

Dr. Vicki Hines-Martin, PhD, PMHCNS, RN, FAAN, Professor & Assistant Dean University of Louisville School of Nursing, Kentucky USA

Abstract

The World Health Organization and other entities identify that collaborative efforts

yield better health services and outcomes for the populations they serve. These collaborative efforts are even more critical to outcomes in the area of mental health because of the complexity of influences on mental health, the individual and societal impact of poor mental health, and limited resources invested in mental health care irrespective of setting. The International Society of Psychiatric Mental Health Nurses (ISPN) is a U.S. based organization established in 1999 whose mission and goals are focused on supporting advanced-practice psychiatric-mental health nurses in promoting mental health care, literacy, and policy worldwide (<https://www.ispn-psych.org/>). ISPN membership includes internationally recognized authors, clinicians, educators, researchers, and policymakers who represent a cadre of experts with potential for collaboration in a variety of ways such as consultation, project or research collaboration, professional education, etc. This presentation will discuss ISPN demographics, resources, priorities and initiatives. Opportunities for interprofessional and inter-organizational partnerships will also be discussed.

Recommended reading

- Routledge Handbook of Global Mental Health Nursing: Evidence, Practice and Empowerment

Biography

Dr. Hines-Martin is Professor and Assistant Dean, Office of Community Engagement and Diversity Inclusion, School of Nursing; Director for Community Outreach Office of Diversity and Inclusion, Health Sciences Center; and Commonwealth Scholar in the Commonwealth Institute of Kentucky (School of Public Health and Information Sciences) each at the University of Louisville in Kentucky USA. Dr. Hines-Martin's work has focused on minority

health, health disparities, mental health, community engagement and culturally sensitive interventions in program and research initiatives. Dr. Hines-Martin is a Fellow in the American Academy of Nursing, and President of the International Society of Psychiatric Mental Health Nurses.

5.3.2 Irish MHN's practice and attitudes towards breast and cervical health screening in female mental health service users

Capability, capacity and creativity

Michael Nash, D Prof, MSc, PCLT, BSc (Hons), RPN, RNT, FHEA

Abstract

Intro

Women have access to National Screening programmes for breast and cervical checks, however, little is known about Mental Health Nurses' practice in this area.

Aim

To explore Mental Health Nursing practice in breast and cervical health screening in female service users.

Background

People with severe mental illness are sometimes inappropriately excluded from preventative health screening, even though they have greater exposure to physical health risk factors than the general population. Very little is known about Mental Health Nursing practice in breast and cervical health screening in female service users.

Method and sample

A quantitative descriptive survey of a convenience sample of Irish Mental Health Nurses.

Results (Graphs will be used in the presentation)

378 nurses responded to an online survey. 251 respondents answered all questions giving a response rate of 66%.

Only 11.43% (n= 24) undertook breast screening for lumps or helped facilitating cervical screening respectively.

Knowledge of breast and cervical screening was self-rated as mostly fair to poor

Low levels of confidence was found when asked about explaining to female service users how to screen breasts for lumps

Confidence was found to be higher for explaining the process of a cervical smear to female service users however, it was rated much lower for explaining the result of a cervical smear to a female service user

Most respondents, 76.71% (n =191), reported not regularly asking women about breast lump screening.

Most respondents, 69.88% (n =174), reported not regularly asking women about breast lump screening.

Training in health prevention screening was recognised as a practice need by 84.73% (n =211) respondents.

Conclusions

Low rates of in breast and cervical health screening in female service users constitutes a challenge to Mental Health Nurse's physical health practice.

Preventative health screening needs to be prioritized in mental health services especially when there are National Screening Programmes available.

Mental Health Nurse are in a key position to promote primary prevention screening and access to national programmes with female service users.

Most respondents felt they did not have the confidence and skills to undertake this activity and most recognized it as a training need.

Recommended reading

- Aggarwal A, Pandurangi A, Smith W. Disparities in breast and cervical cancer screening in women with mental illness: a systematic literature review. *American journal of preventive medicine*, 13;44 (4):392–8.
- Clifton A, Burgess C, Clement S et al et al. (2016) Influences on uptake of cancer screening in mental health service users: a qualitative study *BMC Health Services Research* 16:257
- Howard L and Gamble C (2011) Supporting mental health nurses to address the physical health needs of people with serious mental illness in acute inpatient care settings *Journal of Psychiatric and Mental Health Nursing*, 18, 105–112

Biography

Michael Nash is a Lecturer in Mental Health Nursing. He has an academic teaching and research interest in physical health issues in people with mental health problems.

5.3.3 What are the experiences, views and beliefs of emerging adults of receiving services from adult mental health services in the United Kingdom? A systematic review and meta-ethnography of qualitative evidence

Promoting mental health, preventing mental illness

Louisa Long, RN, BA(Hons), MSc, PhD Candidate, The University of Nottingham

Co Author(s): Sinead Roberts, RN, MSc, Staff Nurse, Derbyshire Healthcare Foundation Trust; Tim Carter PhD, BSc, RMN, Teaching and Research Associate, The University of Nottingham; Julie McGarry, DHSci, MMedSci, PGDip (medical ethics), BA (Hon), Associate Professor, The University of Nottingham; Aimee Aubeeluck, BA(Hons), PGCHE, MSc, PhD, Associate Professor, The University of Nottingham

Abstract

Background:

Almost half of young people by the age of 21 will have experienced a mental health disorder, with 75% of all serious mental health disorders having onset before age 25 (Birchwood and Singh, 2013). Arnett (2000) uses the term 'emerging adulthood' to describe the developmental stage of 18-25 year olds. Studies utilising fMRI imaging support Arnett's findings and make a case for this cohort having distinct developmental needs. Improving transition between CAMHS and AMHS has become a focus of increased attention, however, the concept of 'emerging adulthood' does not appear to have gained traction in the UK.

Aims:

To synthesise the qualitative evidence on the experiences, views and beliefs of emerging adults of using mental health services in the UK using meta-ethnographic methods and identify what is known, identify any gaps and directions of future research.

Methods:

Six electronic bibliographic databases (ASSIA, CINAHL, EMBASE, Medline, NHS Evidence and PsycINFO) were searched with a date restriction of between 2000 and December 2018. Studies presenting qualitative data on the experience of emerging adults and/or their caregivers of using mental health services in the UK were included. Study quality was assessed by use of the Joanna Briggs Institute Critical Appraisal Checklist for Qualitative Research. A meta-ethnographic method was applied to analysis and synthesis. GRADE CERQual was applied to the resultant themes to assess confidence. The results were reported in line with PRISMA reporting guidelines, with eMERGe reporting guidance introduced during the synthesis.

Findings: 3579 titles, 38 abstracts and 12 full texts were screened. 8 studies were found to be eligible for inclusion. Three third order constructs were identified: (1) locus of control (2) accessibility of services, and (3) embarkation.

Discussion:

Generic AMHS in the UK appear to be failing to meet developmental needs of emerging adults because age-related changes in legal status foreground confidentiality, and care remains illness rather than recovery focused. Specialist and voluntary sector services are perceived to provide greater support for the transition to adulthood. Access to

services remains challenging. Further research into the experience of clinicians of working with emerging adults and the concept of clinician as coach is indicated.

Biography

Louisa is a Registered Nurse (mental health) and PhD candidate at the University of Nottingham. She has experience of working in both AMHS and CAMHS in the East Midlands and is an alumna of MSc Graduate Entry Nursing (Mental Health) at the University of Nottingham. Prior to training as a nurse Louisa worked with young adults, both in the voluntary sector, for the mental health charity Rethink and within student support services at a tertiary college.

5.4.1 Capturing Capability and Capacity: collaborative development of a suite of nationally agreed mental health nursing quality care process metrics and indicators

Capability, capacity and creativity

Dr Andrew Hunter PhD, PGDip CBT, MSc, BSc, RMN Lecturer in Mental Health Nursing, School of Nursing and Midwifery, National University of Ireland Galway

Co Author(s): Dr Louise Murphy, PhD, Lecturer in Mental Health Nursing, University of Limerick

Abstract

Introduction

In response to growing policy emphasis on the need to measure the nature and quality of mental health nursing care processes in practice the Irish Office of Nursing & Midwifery Services Director (ONMSD) commissioned a national research study to develop an updated

suite of mental health nursing metrics and indicators for implementation in Irish mental health clinical settings.

Aim/Question

To collaboratively develop and introduce an agreed national suite of mental health nursing quality care process metrics and indicators from key stakeholders; mental health nurses, academics, service user and a carer representative.

Method

This study comprised four discreet phases:

Phase 1: A systematic literature review was undertaken in accordance with relevant sections of the Preferred Reporting Items for Systematic Reviews and Meta-Analyses (PRISMA) statement, to identify existing mental health nursing metrics and their associated indicators.

Phase 2 and 3: A two x two online Delphi survey of mental health nurses (n=1008 responses over 4 rounds) to develop consensus on metrics and their associated indicators.

Phase 4: Consensus meeting with key stakeholders to agree the final suite of metrics and indicators.

Results

Following the systematic literature review and four e-Delphi rounds, nine metrics and their 73 associated indicators were agreed and included in the final suite of mental health nursing metrics.

Discussion

The widespread engagement in this research study by stakeholders ensured that the process metrics and indicators arose from genuine consensus, reflecting the capability and capacity inherent in mental health nursing practice. The rigorous research design utilised, also ensures that the finally agreed metrics

and indicators are process focused and relevant to mental health service users and mental health nurses in practice, with a strong practice evidence base.

Implications for Practice

This study contributes to the international evidence base and efforts to enhance mental health nursing capabilities, capacity, care delivery, ongoing development of mental health nursing process and practice and ultimately improve patient experience and outcomes.

Recommended reading

- Maben, J., Morrow, E., Ball, J., & Robert, G., & Griffiths, P. (2012). High Quality Care Metrics for Nursing. Kings College London. London.
- Watts, M., Downes, C. & Higgins, A. (2014). Building Capacity in Mental Health Services to Support Recovery. An exploration of stakeholder perspectives pre and post intervention. Dublin: School of Nursing and Midwifery Trinity College Dublin.
- Health Service Executive (HSE) (2016). Advancing Recovery in Ireland. A guidance paper on implementing organizational and cultural change in mental health services in Ireland. Dublin: HSE. <http://hdl.handle.net/10147/613321>

Biography

Dr Hunter is a lecturer in mental health nursing with experience as postgraduate programme coordinator at the National University of Ireland Galway. He worked in a range of clinical settings, delivering CBT and IPT. He has two main research areas; the use of qualitative research in trials and psychosocial interventions use and education in mental health care. Dr Hunter is co-chair of The Qualitative Research in Trials (QUESTS) Centre. The QUESTS Centre promotes high

quality qualitative research in trials, undertakes primary research of same and provides education on the use of qualitative research and trials.

5.4.2 “Minding the Gap” Challenging end of life care for people with severe persistent mental illness Rights-based approaches to mental health

Marianne Tinkler, RGN, BSc Nur, MSc Supportive and Palliative Care, Macmillan Palliative Care Nurse, Northern Health and Social Care Trust, Northern Ireland

Abstract

People with severe persistent mental illness die 10-20 years earlier than the general population in the United Kingdom. Access to specialist palliative care at the end of life can lead to inequalities in healthcare. This integrative literature review, with an evidence hierarchy, identified that people with severe mental illness at the end of life are not seen as priority within palliative care or mental health services. This review provided clear-cut evidence that symptom control and placement at end of life is not adequately addressed, hence further research required. Recommendations for practice include growing both knowledge and skills of palliative care and mental health professionals, improved collaboration between these services, introduction of community navigators and establishing palliative end of life psychiatry.

Biography

Marianne has been a registered general nurse since 2000. She has been involved in Palliative Care since 2011. Working as a Macmillan Clinical Nurse Facilitator within residential care is where she

noticed a gap in care and lack of collaborative working between Palliative Care and Psychiatry. Service users with severe persistent mental illness were dying without specialist palliative care when they would have complex symptoms such as withdrawal from long term medication, symptoms such as distress and agitation were noted. This then led her to complete her Masters in Supportive and Palliative Care and her dissertation was focused on Schizophrenia and end of life care. She continues to raise awareness in this field and is part of a global research group “end in mind”, a limited number of professionals focusing on inequalities in palliative care with people who have severe persistent mental illness. Within her Healthcare Trust she is part of a service improvement group and a small scoping exercise is planned in a small residential unit in their psychiatric hospital. She is in her proposal year for a Phd in the same area finalising title at present.

5.4.3 The mental health of Irish Travellers

Promoting mental health, preventing mental illness

Thomas Currid, RMN, RNT, BSc (Hons) PGCE, MA, Cert SFT, PG Dip CBT, Programme Lead, University of Essex

Abstract

Background: Irish Travellers (ITs) are a minority ethnic group who are marginalized and vulnerable and live in a number of countries worldwide. They have their own Shelta language, values system, customs and traditions which at times can underpin conflict with statutory and legislative services. ITs continue to experience some of the poorest health outcomes and have the lowest life

expectancy of any group in the United Kingdom (The Traveller Movement 2015). Whilst suicide rates for this minority group are not available in the United Kingdom, the All Ireland Traveller Health Study (AITHS 2012) reported that 11% of Travellers deaths are accountable to suicide: suicide rates in this community are six times higher than the general population and this increases to seven times higher when focusing specifically on male travellers.

AIM: The aim of this session is to:

1. bring awareness of the wider determinants of ITs mental health.
2. stimulate discussion and reflection on how mental health nursing may begin to address these determinants.
3. identify priority improvement strategies for mental health nursing in addressing the mental health needs of ITs.

Discussion points: ITs continue to face discrimination and other multiple barriers in accessing a range of healthcare services (Mc Fadden et al 2018). As customs and traditions of the ITs change, the approaches used by them in seeking mental health services is also changing. As Mental Health Nurses (MHNs) form the largest group of professionals in mental health services delivery, they are in a pivotal position to lead and innovate in culturally sensitive services for the Irish Traveller community. The main discussion points will focus on determinants of mental health in the ITs community, emerging policy and how MHNs can innovate in delivering services.

Conclusion: It is hoped that by raising awareness, this session contributes to promoting mental health and preventing mental illness by stimulating thoughts and discussion about services how interventions may be shaped to meet specific needs. Additionally, through

highlighting barriers encountered by ITs in accessing services, it is hoped that the session may highlight approaches that help in improving mental health services for ITs.

Recommended reading

- All Ireland Traveller Health Study Team, (2011). All Ireland Traveller health study: Summary of findings. available on line at:https://www.ucd.ie/t4cms/AITHS_SUMMARY.pdf
- McFadden, A., Siebelt, L., Gavine, A., Atkin, K., Bell, K., Innes, N., Jones, H., Jackson, C., Haggi, H. and MacGillivray, S., 2018. Gypsy, Roma and Traveller access to and engagement with health services: a systematic review. *The European Journal of Public Health*, 28(1), pp.74-81.
- Helleiner, J., 2003. *Irish Travellers: Racism and the politics of culture*. University of Toronto Press.

Biography

Thomas Currid has worked at various levels in clinical, educational and managerial roles in the NHS, prior to embarking on an academic career. He is interested in public mental health and has written on this subject in the context of various environments. He is employed by the University of Essex as the Programmes Lead for Mental Health Nursing at the Southend campus.

5.5.1 “You knock off at 8”: – A project to help care staff develop empathy in a rehabilitation setting

Capability, capacity and creativity

Claire Bradford, DipN, Hospital Manager, The Views Hospital, Matlock, Derbyshire, UK

Co Author(s): Alan Pringle RGN, RMN, BSc(Hons), PGCHE, RNT, PhD, Assistant Professor, University of Nottingham School of Health Sciences

Abstract

Empathy is felt to be a vital component in the developing a therapeutic relationship in any clinical setting and the work of authors who have focused on empathy has been a core component in healthcare education for some time. Despite this several reports have raised concern about the perceived deficit of empathy and compassion found in clinical practice.

With this in mind an experiential approach to developing empathy was utilised in a small in-patient unit in the UK run by Cygnet Healthcare that provides nursing care for people with a dual diagnosis of learning difficulties and mental health problems.

The process involved using the time between the discharge of one resident and the admission of another to admit staff to the empty bed and let them experience the unit from a service user point of view. The member of staff was admitted using the normal admission process and experienced the following 6 hours as a newly admitted resident.

A debriefing interview conducted by the hospital manager following the participants experience was recorded and analysed. The analysis produced some strong themes around participants feeling that they developed a better understanding of the anxiety that admission can generate and also a better understanding the sense of vulnerability and powerlessness that can be a result of admission.

The experience of those who participated resulted in some marked changes in perception of participants around the client experience and led to some

changes in training and policy for the organisation.

Recommended reading

- McDougall E.M (2015) Simulation in education for health care professionals . BC Medical Journal 57 (10), 444-448
- Shinnick, M. A., Woo, M., Horwich, T. B., and Steadman, R. (2011). Debriefing: The most important component in simulation? Clinical Simulation in Nursing, 7(3), e105-e111. doi:10.1016/j.ecns.2010.11.005.
- Rogers C, R, (1951) Client-Centered Therapy: Its Current Practice, Implications, and Theory. Mifflin, Houghton, MI

Biography

Claire is a hospital manager for a small hospital in Derbyshire UK run by Cygnet Healthcare. She has worked clinically in the area of rehabilitation for most of the past 10 years and has developed projects in this field including work with sensory gardens.

The recent CQC inspection of Claire's hospital highlighted the You Knock Off at 8 process as an example of outstanding practice

5.5.2 Nurse consultants working in mental health services – a national mixed methods survey of an advanced practice role

Capability, capacity and creativity

Neil Brimblecombe, RNMH, PhD, London South Bank University

Co Author(s): Fiona Nolan, RNMH, PhD, Clinical Professor of Mental Health Nursing, University of Essex; Mary-Ellen Khoo, RNMH, MSc, Hertfordshire Partnership University NHS Foundation Trust; Leon Culloty, Camden and

Islington NHS Foundation Trust; Kate O'Connor, MSc, Camden and Islington NHS Foundation Trust; Lindsay McGregor- Johnson, PhD, Camden and Islington NHS Foundation Trust

Abstract

Background

The nurse consultant is an advanced practice role providing expert clinical practice, consultancy and professional leadership. It is the most senior clinical role open to nurses in the United Kingdom. Internationally, systematic reviews have identified evidence of equal or improved clinical outcomes comparing advanced practitioner treatment with medical treatment as usual. Studies of nurse consultants in mental health services in the United Kingdom have been small scale and non-empirical. Concerns have periodically been expressed that the role within mental health services is particularly at risk. No studies have detailed professional characteristics of post holders at a national level.

Aims

The main aims of the study were to identify changes in nurse consultant numbers in mental health services, identify post holder characteristics and factors influencing number of posts.

Method

We used a triangulated approach comprising of a longitudinal examination of national workforce data, a national cross-sectional survey of post holder characteristics and semi structured interviews with directors of nursing.

Results

Of 58 mental health organisations, 51 (88%) responded, identifying 123 nurse consultant posts, and a range of 0-12 posts per organisation. One in 229 mental

health nurses and 1 in 186 learning disability nurses was a nurse consultant. A median of 40% of nurse consultants' work time was reported as being in clinical practice. Themes identified as important in relation to role sustainability were; cost and value, contribution of individual post holders, role clarity and domains of work.

Discussion

Nurse consultants are represented to a greater extent in the mental health service workforce than in nursing generally, but their roles often lack clarity. This issue can affect the creation and sustainability of posts within services and affects similar advanced roles internationally. Attitudes of local professional leaders and national policies are also likely to affect post numbers.

Implications for practice

Developing and sustaining nurse consultant roles requires role clarity, active support from nurse leaders and demonstrable value to the clinical systems in which they work. The continued absence of robust evidence as to the clinical/cost effectiveness of nurse consultant roles in mental health settings seems likely to hinder their future growth.

Recommended reading

- Jokiniemi, K., Pietilä, A. M., Kylmä, J., & Haatainen, K. (2012). Advanced nursing roles: a systematic review. *Nursing & health sciences*, 14, 3, 421-431.
- Kennedy, F., McDonnell, A., Gerrish, K., Howarth, A., Pollard, C., & Redman, J. (2012). Evaluation of the impact of nurse consultant roles in the United Kingdom: a mixed method systematic literature review. *Journal of Advanced Nursing*, 68, 4, 721-742.
- Ritin S. Fernandez, Suzanne Sheppard-Law & Vicki Manning

(2017) Determining the key drivers and mitigating factors that influence the role of the Nurse and/or Midwife Consultant: a cross-sectional survey, *Contemporary Nurse*, 53:3, 302-312.

Biography

Neil Brimblecombe is Professor of Mental Health at London South Bank University. He has been a Director of Nursing in the NHS and Director of Mental Health Nursing for the Department of Health, where he led a national review of the profession. Neil completed his PhD research on crisis services. Ongoing research interests include international approaches to mental health, new professional roles and technology in inpatient care. Neil was formerly chair of the National Forum for Mental Health Nurse Directors and was recognised as one of the NHS's 'most influential nurse leaders' in its 70-year history by the RCNI.

5.5.3 Bitesized Teaching: Educational Futures for Mental Health Training

Capability, capacity and creativity

Sam Thompson (Bsc, Msc) Senior Mental Health Practitioner/CBT Trainee, Melksham Community Hospital

Co Author(s): Dr Ryan Dias (Leadership Fellow in Physical Health and Mental Health Quality Improvement), Bayheath House, Chesterfield; Dr Robert Bartram (Speciality Doctor) Cygnet Healthcare, Derby

Abstract

Bitesized Teaching is an educational resource designed to improve the physical health knowledge for mental health nursing staff working in inpatient and community settings. The educational

resources are delivered by medical or nursing professionals. The aim of Bitesized Teaching sessions is to provide relevant, concise and high impact learning within a 10 minute time frame without any use of electronic equipment. The teaching session focuses on the signs/symptoms, causes and nursing appropriate management of each topic. The emphasis on nursing appropriate management is to help improve competence and confidence for nursing staff in being able to manage a potentially challenging situation safely and effectively.

The resource is co-produced and reviewed by mental health nurses and doctors, and this has already informally evaluated as extremely beneficial to the nursing community who have already experienced it. The resource is advantageous to the Parity of Esteem ethos, ensuring that physical and mental health needs have equal value and access for the appropriate treatment.

The recent changes to the NMC Regulations and standards for education ensure that Bitesized Teaching is accommodating to nursing staff innovative way of learning. This is due to the fact that it's an innovation that can be implemented in time and financially efficient manner. The teaching ensures that the majority of nursing staff are able to attend and can leave immediately if an urgent clinical matter arises.

From the 2017 publication of 'Bitesized Teaching' in the *British Journal of Mental Health Nursing*, there was a threefold appraisal involving the audit of feedback from brief questionnaires, focus group commentary and a personal testimony from a staff nurse. Analysis revealed that there was an overall improvement in the perceived knowledge of practitioners of 63% in the forensic setting, compared to between 34% and 46% improvement in

perceived knowledge of practitioners in the mixed adult and older adult general acute setting.

Bitesized Teaching also reinforces the desire for inter-professional learning and how strengthening the collaborative relationship between nursing and medical staff can have a significant effect on improving the quality of patient care. The informal teaching environment would be highly beneficial to nursing staff wanting to refresh and develop their knowledge around various topics. One of the fundamental advantages to Bitesized Teaching is that the teaching sessions help to provide psychoeducation around physical health topics which may provide complexities for patients who have mental health difficulties.

'Bitesized Teaching' is now being implemented in other specialties of mental health, such as Children and Adolescent Mental Health Services (CAMHS) and Adult Community Teams as well as in general hospitals, across the country. The fundamental aim of 'Bitesized Teaching' is to continue to implement the educational resources across different mental health specialties in all regions of England. Bitesized Teaching is now part of Health Education England who have provided extensive resources and materials to help facilitate and promote it on a national level.

Recommended reading

- Bitesized teaching: Satisfying the need for ward-based knowledge of physical health
- Supporting mental health nurses to address the physical health needs of people with serious mental illness in acute inpatient care settings
- What exactly do we mean by Parity of Esteem - Royal College of Nursing

Biography

Sam graduated as a mental health in January 2016 and has spent most of his career working across adult and CAMHS inpatient services in both the UK and Australia. Sam has had a significant role in the development of 'Bitesized Teaching', from writing and editing resources to delivering teaching and training to healthcare staff across various NHS Trusts and specialties. Sam is currently training to be a Cognitive Behavioural Therapist for a Community CAMHS Team in Wiltshire while working on the national development and implementation of 'Bitesized Teaching' in his spare time.

THURSDAY POSTERS

Poster 1 - The Effectiveness of Yogasana Therapy at Hackney Learning Disability Service Promoting mental health, preventing mental illness

Kumaravelu Thirunavugarasu (Smythy Thiru), Registered Mental Nurse, Registered Learning Disability Nurse, Yoga Teacher, Specialist CPN in MH and LD, East London Foundation NHS Trust Hackney Learning Disability Service, London; Daisi Lamina, Community L.D nurse

Abstract

The effectiveness of yogasana therapy at Hackney Learning Disability Service

This report investigated the effectiveness of raja or ashtanga yoga, which involves synchronised breathing, on people with learning disabilities (LD) through 16 weeks of therapy sessions and follow-ups. This was based on the assumption that yogasana therapy, along with other established medical interventions, can help improve LD patients' mental health.

A total of 11 service users and 17 support staff participated in the sessions. Through behavioural analysis charts, progress was monitored regarding their ability to perform the exercises, energy level, anxiety level, attention span, and others. Interviews were also conducted at the East London Foundation NHS Trust-wide Learning Disability Conference, involving the local LD health and social care team, parents, carers and the service users themselves. During the sessions, the participants and the staff developed camaraderie, which minimised stress and anxiety. Also, the relaxed environment helped them enjoy the activities and even motivated them to return.

The most notable improvement was on participants' sleep habits, since the relaxation techniques helped reduce their

sympathetic nervous system activity. Other developments included better mental function, which led to increased body awareness, flexibility and emotional balance. Cognitive functions were also enhanced through better self-expressions, attention retention and concentration. The participants were also remarkably calmer, as they experienced behavioural changes such as reduced anxiety and increased compassion.

Participants' physical health was also monitored, showing steady mental and physical progress. A psychiatric review also revealed reduced antipsychotic and blood pressure medication use. They also improved in self-care, which then helped them reintegrate in the community and in their personal networks. Meanwhile, support staff developed mindfulness at work, experienced less burnout, and coped with and understood the service users better. They were also more confident in the future of these interventions because of their improved attitude towards yoga and their support methods in less isolated settings.

Overall, people with LD can immensely benefit from yogasana therapy because it helps improve their mental health and prevent mental illness. These results should advance yogasana as a complementary therapy, as it produces modest but significant improvements in global functioning.

Recommended reading

- Yoga and Health, Selvarajan Yesudian Elisabeth Haich
- Yoga Anatomy , Leslie Kaminoff Amy Mathhhews
- Ashtanga Yoga , The Practice Manuel, David Swenson

Biography

Smythy is trained in Mental Health and Learning Disability, a Specialist

Community Psychiatric Nurse in Mental Health and LD. Also Hackney Assertive Outreach Team Coordinator (s.thiru et al, 2002, LD Practice).

Practicing from childhood, based on background, Smythy became a Yoga Teacher specialising in Learning Disabilities, also teaching Yoga at the local gym.

Smythy introduced relaxation techniques during depot administration, after running a Mental Health Support Group, completed a 16 week, 'find calm when most needed'. Now, is in the process of publishing his work.

The Role is challenging & rewarding. Smythy strives to provide a comprehensive quality robust service.

Poster 2 - A Realist Evaluation of Gellinudd Recovery Centre: Protocol

Promoting mental health, preventing mental illness

Amy Pritchard, BSc, MSc, PhD Student, Swansea University

Co Author(s): Professor Jaynie Rance, PhD, Director - Postgraduate Research, Swansea University; Professor Michael Coffey, PhD, Professor of Mental Health Care, Swansea University

Abstract

Background: Gellinudd Recovery Centre is the first charity-run mental health inpatient facility in the UK and aims to deliver recovery-oriented care, through partnership working and therapeutic community living.

Aim: This project aims to independently evaluate the service and its impact on service users' mental health recovery. The project will also evaluate two interventions offered, Acceptance and

Commitment Therapy for psychosis and a physical health educational intervention.

Sampling Method: The gatekeeper to the service will identify key people involved in the design of the service and frontline staff. All service-users will be invited to participate, and they can nominate a carer.

Methods: Realist evaluation explores what it is about an intervention that works, for whom, and in what circumstances (Pawson & Tilley 1997). Realist evaluation tries to understand the relationship between participants and the intervention rather than evaluating the impact the intervention had on the person itself. The project will use a mixed methods design. The literature relating to recovery-oriented services will be reviewed, and key individuals involved in the design of the service will be interviewed to elicit programme theories; these are assumptions as to why this type of service should support people in their mental health recovery. These theories will then be tested by interviewing frontline staff, service-users and their carers, as well as analysing routinely collected data. This will allow the research to compare the assumptions of the services ability to support individuals in their recovery, and the reality of whether the service is fulfilling these assumptions.

Main Findings: This paper will present the protocol for the research.

Conclusion: The research aims to develop theory as to how, for whom and why this service is, or is not, supporting individuals in their mental health recovery. This is an important contribution to literature as the connection between the theory underpinning recovery-oriented care and its actual application and success within practice needs further exploration. Additionally, given the

uniqueness of the service, the research could possibly unearth innovative ways of working and identify barriers facing third-sector inpatient services.

Recommended reading

- Pawson, R., Tilley, N. and Tilley, N., 1997. Realistic evaluation. Sage.

Biography

Amy Pritchard is a 2nd year PhD student at Swansea University, who is using realist evaluation to evaluate the UK's first charity-run mental health inpatient facility, Gellinudd Recovery Centre. Amy has previously conducted research for Rampton High Secure Hospital, Nottinghamshire Fire and Rescue Service and Nottingham Prison. Amy has a BSc in Psychology and an MSc in Forensic Psychology.

Poster 3 - What About Dance? A Global Perspective of Dance-based Interventions to Promote Cognitive and Psychological Function in Older Adults

Capability, capacity and creativity

Julie Bertram, RN, MSN, PMHCNS-BC, PhD, Assistant Professor of Nursing, Tenure Track, University of Missouri - St. Louis

Co Author(s): Jean Krampe, RN, PhD, Associate Professor of Nursing, St. Louis University; Anne Shagavah, RN, PhD Candidate; Sattha Prakobchai, RN, PhD Candidate, St. Louis University School of Nursing; Mary Krieger, RN, MLIS, (Master of Library and Information Science), Adjunct Assistant Professor, St. Louis University School of Nursing

Abstract

This systematic literature review spanning a 20-year timeframe was based on the

Institute of Medicine: Finding what works in Health Care Standards for Systematic Reviews. The research question, derived from a larger (unpublished) systematic review, was: Among older adults, what are the effects of dance-based therapy on cognitive and psychological function?

We included studies with adults 55 years and older living in the community, assisted living, or long-term care settings. We searched PubMed, Ovid MEDLINE, Cumulative Index to Nursing and Allied Health Literature (CINAHL), PsycINFO, Scopus, Proquest, Dissertations and Theses, and AgeLine between 2000 to 2019. Search terms included exercis* OR fall* OR "functional abilit*" OR balanc* OR mobilit* OR "range of motion" OR mood* OR cognit* OR lebed.* Publications other than English were excluded.

Two advanced practice nurse reviewers independently completed a title and abstract review for agreement using preliminary evaluation criteria: 1) Does the article report research? 2) Does the article report outcomes? 3) Is the article relevant to dance-based therapy in older adults? The next level review is in progress by two independent reviewers: advanced and undergraduate level nurse reviewers with older adult, psychiatric/mental health, and/or generalist healthcare experience. Reviewers are extracting article data to answer the research question and assign a level of evidence according to the Melnyk and Fineout-Overholt (2011) rating system.

Establishing the state of the science for dance-based interventions will help inform nurses who advise or counsel older adult patients. Dance is a creative and innovative choice to promote mental health capacity and thriving. It is hypothesized that dance is an appropriate integrative strategy for preventing

cognitive decline and improving self-perceptions of social-emotional well-being among older adults. This review will help nurses who engage in education and practice select evidence-based interventions to promote mental health in older adults.

Recommended reading

- Updated Systematic Review Included articles link.
https://drive.google.com/drive/folders/1xAAU2q77_YzwCOiwMF7zMurcpyqk829?usp=sharing
- Excluded articles link.
<https://drive.google.com/file/d/1vXzvJhIM5kqHnY4yaEGsuRDDSXLg6H4g/view?usp=sharing>
- Pdf sets downloaded link.
https://drive.google.com/file/d/13ppQCW4Dtid3oVH3UnAP4jZ_aP8bNHBM/view?usp=sharing

Biography

Along the path toward completion of my Ph.D. studies, I began a scholarly collaboration with Dr. Krampe on her life work: dance-based therapy interventions for older adults. We first shared our work in 2015, but have updated our search strategies to include a 20-year time window since that original dissemination. Under the mentorship of Dr. Krampe, I am delighted to educate a new generation of nurse scientists about the rigorous process of conducting research. It has been a gift to me to explore dance therapy, a fun and exciting area of inquiry, that promotes mental well-being.

Poster 4 - Lifestyle Management Group

Promoting mental health, preventing mental illness

Rebecca Hankins, RMN, Community Psychiatric Nurse, Combat Stress South East Community Team

Abstract

Recent publications relating to the poor physical health of people with mental health diagnoses became a concern as I looked at the needs of our specific population (Armed Forces Veterans with mental health problems) many of whom have injuries relating to service such as muscular-skeletal problems, preventable illness' such as cardiovascular problems and type 2 diabetes and also live sedentary lifestyles. Some veterans have poor diet, are smokers, drink excessively and are socially isolated which has a detrimental effect on their mental health.

I developed a 'lifestyle management group' where veterans can attend three hours a month. In addition to helping to improve their physical and mental health this also promotes social inclusion. The aim is that through engaging with physical activity and lifestyle changes their overall physical health will improve and their mental health will be benefitted by increasing their ways of coping, building resilience and increasing social connections. This is a practice initiative we have not seen in other areas.

We are using the Short Edinburgh Warwick Mental Wellbeing Scale (SEWMBS) to look at group effectiveness on wellbeing. In addition, information gathered on vital statistics and measurements is collected every month as well as providing an indication to us if the intervention is successful, this also

provides a visual guide to the veterans of their progress.

Recommended reading

- <https://www.rcn.org.uk/clinical-topics/mental-health/physical-health-in-mental-illness>
- <https://www.kingsfund.org.uk/publications/physical-and-mental-health/priorities-for-integrating>

Biography

Rebecca is a Community Psychiatric Nurse specialising in the field of Veterans mental health. She has extensive experience in the criminal justice system prior to moving to her current role five years ago. Rebecca has a keen interest in the impact of physical activity and lifestyle changes on mental health.

Poster 5 - Gateway Protection Programme: Exploring aspects of acculturation which could enhance the mental health of young refugees resettled under the humanitarian programme in Greater Manchester

Promoting mental health, preventing mental illness

Peggy Mulongo
PhDcan, MSC, DipHigh, RMN Cross-cultural Mental Health Practitioner (CMHP) at NESTAC Charity, Greater Manchester

Abstract

Globally, the extensive exodus of individuals who have been forced to flee their home countries and seek refuge in countries of safety has led to a refugee crisis. The United Kingdom (UK) has engaged with the United Nations High Commissioner for Refugees (UNHCR) in playing a significant role in the long-term

resettlement of some of those refugees, half of whom are children and young people. One initiative of such humanitarian resettlement in the UK is the Gateway Protection Programme (GPP). To-date, there is a global dearth of studies investigating aspects of acculturation that affect the mental health of young refugees resettled under the GPP programme. In the UK, while current mental health policy recognises refugee children and young people as a priority group for mental health promotion and prevention; little is known about the impact of acculturation on the mental health of young refugees resettled under GPP.

This study aimed to explore aspects of acculturation that could enhance the mental health of GPP young refugees several years after they have resettled in Greater Manchester. Using qualitative narrative research, a purposive sample of 31 GPP young refugees who had a minimum of three years stay in Greater Manchester were recruited from local Refugee Community Organisations. Data was collected through a multi-method design which combined Focus Group Discussions (FGDs) with Visual Arts-Based Narrative Research (VABNR) and analysed via Thematic Analysis.

Four key themes emerged from the data; People and places; Finding self; Its nearly all new to me; With me in mind. Schachner et al.'s (2017) Integrative Framework was used as a conceptual framework to aid discussion of the findings of this study.

This is a novel study that contributes important knowledge to the dearth of existent literature regarding the mental wellbeing of young people who have engaged in a resettlement programme and offers valuable information for UK policy makers and professionals working

with, and providing care to GPP young refugees.

Recommended reading

- Gateway Protection Programme: Exploring aspects of acculturation which could enhance the mental health of young refugees resettled under the humanitarian programme in Greater Manchester

Biography

A Cross-cultural Mental Health Specialist, a Human Rights Campaigner, a qualitative researcher and a Consultant with over 15 years of experience at working with migrant population in the fields of cross-cultural mental health, migration and cultural beliefs. Visiting Lecturer at the University of Salford and the University of Manchester. Ability to successfully develop projects addressing the needs of refugee and asylum seeker families, and those victims of violence against women and girls (VAWG). Developed the SOS and the Guardian Projects to provide therapeutic support to victims of Female Genital Mutilation, standardized in Greater Manchester. Co-founded member of NESTAC Charity.

Poster 6 - Barriers and facilitators to adherence with nebulised antibiotics among adolescents with cystic fibrosis in the community setting

Capability, capacity and creativity

Rachel Dakin, BSc Hons Nursing (Child) (pending), Student Nurse, University of Nottingham, Queens Medical Centre, Nottingham University Hospitals

Abstract

BACKGROUND: Whilst the dramatic development of disease management strategies for children and adolescents diagnosed with cystic fibrosis (CF) has led to an increasing proportion of the paediatric population surviving into adulthood, biopsychosocial therapeutic regimes are characterised by increasing complexities. Governed by a time-intensive and relentless program of long-term self-management, families are responsible for performing bi-daily interventions to mitigate the multi-system impact of this chronic condition. This high treatment burden significantly depletes personal resources and poses challenges to disease self-management, particularly among adolescents. Hence, it is essential for paediatric nurses to understand the factors that may influence treatment adherence or non-adherence among the adolescent CF population.

METHOD/APPROACH: This research takes the form of an extended literature review. To search for literature, the databases utilised were CINAHL, Scopus, PsycINFO and ASSIA (2018-2019). Relevant literature was screened for eligibility against refined inclusion and exclusion criteria. Each study was critically appraised using the Holland and Rees (2010) Qualitative/Quantitative frameworks to determine the quality of the evidence. Ethical approval was not required due to the secondary nature of this research. Ethical approval within the primary research articles was assessed using the Holland and Rees (2010) critical appraisal frameworks.

RESULT: Three broad themes were identified which included both barriers and facilitators to adherence with nebulized antibiotics: (1) Lifestyle (1.1 Time-management and Competing Priorities, 1.2 Routines and Schedules) (2) Family Support (2.1 Parental Supervision and Behaviour, 2.2 Family-

functioning) (3) Adolescent Mental Health (3.1 Stigma and Embarrassment, 3.2 Anxiety and Depression).

CONCLUSION: The barriers and facilitators reported identify areas for intervention by children's community nursing teams seeking to ameliorate adherence and self-management strategies for adolescents with CF.

Recommended reading

- Adherence and psychopathology in children and adolescents with cystic fibrosis
- Perceptions of barriers and facilitators: self-management decisions by older adolescents and adults with CF

Biography

Rachel Dakin is a third year nursing student (paediatrics) at the University of Nottingham. Rachel is the only national student representative for the UK on the Royal College of Nursing Editorial Advisory Board and is currently preparing her application for the Pre-doctoral Clinical Academic Fellowship to enable her to undertake her PhD. Rachel has secured two employment offers and has secured the position of an Honoree Research Assistant at Nottingham University Hospitals and an Associate staff member in the Faculty of Health Sciences at the University of Nottingham.

Poster 7 - Telehealth in the 21st Century for Psychiatric Mental Health Nurse Practitioners

Capability, capacity and creativity

Rene Love PhD, DNP, PMHNP-BC, FNAP, FAANP DNP Director/Clinical Associate Professor University of Arizona

Co Author(s): Deborah Johnson DNP, RN, PMHNP-BC Clinical Professor University of California San Francisco;

Jane Carrington PhD, RN, FAAN
Associate Professor University of Arizona

Abstract

SIGNIFICANCE: Telehealth improves health care access and outcomes for patients with a chronic disease and vulnerable populations (WHO, 2019, Fortney, et al., 2015; Waugh, Voyles & Thomas, 2015). Researchers have found 17% to 75% reduction in health care costs when using telehealth as compared to traditional services for care of chronic diseases (Maiolo, Mohamed, Fiorani, & De Lorenzo, 2003; Giordano et al., 2016). As the future of health care delivery changes, providers will be challenged to use this technology to increase workforce development and improve access to care (Johnson, 2018). More specifically, psychiatric mental health providers are currently being called to address the challenge of access through telehealth technology. Therefore, it is critical that providers understand practice, education, and research related to telehealth.

PURPOSE: Describe critical components in telehealth practice, education and research in relationship to mental health providers

DESCRIPTION: The latest updates on research, practice, and education of telehealth to include but not limited to the following: 1) Practice- The discussion will include pearls for psychiatric mental health practice using telehealth such as telehealth's role in value based care, telehealth policies, patient satisfaction, billing challenges, and teleprecepting; 2) Education – Ways to incorporate education and simulation of telehealth into an already packed psychiatric mental health academic program; and 3)

Research- Consideration of human factors of telehealth.

IMPLICATIONS: This will address past, current, and future issues from a variety of angles for telehealth. The wrapping of education, research, and practice into one will address topics for those currently interested in telehealth or actively engaged in telehealth.

Recommended reading

- World Health Organization, (2019). Health and Sustainable Development: Telehealth Available at: <https://www.who.int/sustainable-development/health-sector/strategies/telehealth/en/> [Accessed 06 April 2019]
- Johnson, D.S., 2018. Thinking Outside the Box: Are We Ready for Teleprecepting to Expand Training and Practice Venues?. *Issues in mental health nursing*, pp.1-8.
- Waugh, M., Voyles, D. and Thomas, M.R., 2015. Telepsychiatry: Benefits and costs in a changing health-care environment. *International Review of Psychiatry*, 27(6), pp.558-568.

Biography

Dr. Love has had a 33-year career in nursing with over 20 years as a Psychiatric Mental Health Nurse Practitioner. She has fostered the development of programs and is the current Director of the Doctor of Nursing Practice program at the University of Arizona, College of Nursing. Throughout her career she has focused on vulnerable populations, and most recently, patients of different cultures. Dr. Love is the past president of the International Society of Psychiatric Mental Health Nursing. Each author has addressed the topic of telehealth through varying projects and research involving best practice, quality improvement, telehealth simulation and teleprecepting.

Poster 8 - Eye Movement Desensitization and Reprocessing (EMDR) for the Treatment of Psychosis

Promoting mental health, preventing mental illness

Rosie Adams, MSc Affiliation: The University of Sheffield, Sheffield

Co Author(s): Sally Ohlsen MSc, BA, AFHEA Affiliation: The University of Sheffield, Sheffield; Dr Emily Wood, PhD Affiliation: The University of Sheffield, Sheffield

Abstract

Background: Psychosis affects 1 in 10,000 people every year (Jones et al, 2012). There is increasing evidence suggesting trauma plays a pivotal role in the development and maintenance of psychosis (Longden and Read, 2016). Eye Movement Desensitization and Reprocessing (EMDR) is an effective treatment for trauma and experientially based disorders (Shapiro, 2018), and could therefore be a potentially vital addition to the treatment of psychosis. This review explores the evidence for EMDR as a treatment for psychosis, focussing on the safety, effectiveness and acceptability of this intervention for this population.

Methods: Four databases (Cochrane, EMBASE, MEDLINE PsychINFO), and the Francine Shapiro Library were systematically searched, along with grey literature and reference lists of relevant papers. No date limits were applied as this is an area of emerging evidence. Studies were screened for eligibility based on inclusion and exclusion criteria. The included studies were quality assessed and data was extracted from

the individual studies, and synthesised using a narrative synthesis approach.

Results: Six studies met the inclusion criteria (1 RCT, 2 Pilot studies, 2 Case series and 1 Case report). EMDR was associated with reductions in paranoid thinking, auditory hallucinations, delusional and negative symptoms, mental health service and medication use. No adverse events were reported, although initial increases in psychotic symptoms were observed in two studies. Average dropout rates across the studies were comparable to other trauma-focused treatments for PTSD. The acceptability of EMDR was not adequately measured or reported.

Conclusion: EMDR appears a safe and feasible intervention for psychosis. The current evidence is insufficient to determine the effectiveness and acceptability of the intervention for this population at present. Larger confirmative trials are required to form more robust conclusions.

Biography

I am a registered Mental Health Nurse with clinical experience in a range of mental health services. I am currently working as a Clinical Team Leader in a CAMHS General Acute Unit.

I received first class honours in BSc in Nursing (Mental health) from the University of Plymouth, and a Distinction in the MSc in clinical research from the university of Sheffield.

I have received a clinical scholarship from the RCN strategic alliance project to publish my systematic review of EMDR for Psychosis, and to complete stakeholder consultations for my PhD project on the retention of the Mental Health Nurses.

FRIDAY POSTERS

Poster 9 - Changing the Mental Health service users experience and improving staff confidence within the acute sector – An update on an ongoing project

Promoting mental health, preventing mental illness

Michelle Richardson, RNMH, PgCert Practice Teacher, Clinical Placement Facilitator, University Hospitals Leicester

Co Author(s): Lesley Hale, RN, Clinical Education Sister, UHL

Abstract

Last year we introduced our project of employing Band 5 Mental Health and Learning Disability nurses in our Acute care trust. The project was in the early stages, however aimed to improve the mental health service users experience when being cared for in an acute clinical area by increasing the general work forces knowledge and confidence. We now have a work force of seven mental health and four learning disability trained nurses within our emergency and medical directorate.

We commenced the nurse's employment by providing them with a bespoke preceptorship package to upskill them in adult physical health care needs. Each preceptor was provided with a Self-assessment Skills Form and an extended 4 weeks super-numerary period in our Practice Development ward before commencing their super-numerary period on their base wards. Time on the Practice Development ward involved working along side members of the Education and Practice learning team, clinical supervision, coaching and educational support.

To ensure continued development of their mental health and learning disability skills, the group will receive 4 days per

year to meet in the classroom to share professional knowledge and local projects from their clinical areas, both improving the service users experience and educating colleagues. Additionally, they have received professional development days every two months to work with a specialist mental health or learning disability nurse.

The process of implementing developmental days and involving the specialist nurses has been delayed due to work around winter pressures, with the nurses meeting in their own time to work on projects. However, we have now secure the involvement of senior management, which has been essential in ensuring the Nurses were released to pursue their development.

Going forward, there is a review of the job specifications taking place to involve protected developmental time and continued promotion of the role within our local Higher Education institutions. We are working with our local Mental Health and Learning Disability trust to arrange insight days to take place in relevant clinical areas. Interest in the role has continued to grow and we hope to maintain and expand this role further.

Biography

Michelle Richardson is a registered mental health nurse with over 10 years of experience within forensic and psychiatric intensive care settings. For the past three year, Michelle has worked within the University Hospitals of Leicester Practice Learning Team supporting adult and child student nurses within the practice element of their training, along with developing learning experiences with the placements and mentors. Michelle leads on offering mental health teaching to all students who access the trust, as well as health care assistants on induction. Michelle is currently studying

for a MMedSci Medical Education at the University of Nottingham.

Poster 10 - Self-reported insights and benefits of Diné adults who participated in a Diné (Navajo) healing ceremony

Capability, capacity and creativity

Michelle Kahn-John, PhD, Assistant Professor, University of Arizona, Tucson, Arizona

Co Author(s): Cristina Rivera Carpenter, MSN, RN-BC, PhD Student

Abstract

Purpose: The purpose of this abstract is to share qualitative self-reported insights and benefits expressed by Diné (Navajo) adults who participated in an American Indian (AI) ceremonial intervention.

Keywords: Native American, American Indian, Mental Health, American Indian Spirituality, Ceremony

Background: American Indians (AI) experience disparate rates of mental illness such as depression when compared to the U.S. General population. Western Health interventions to treat emotional distress in AI communities have been marginally effective in treating mental illness among AIs. Traditional Healers and ceremony are sought out by AIs to address symptoms of emotional distress and mental illness. Outcomes and benefits of AI ceremony remain unexplored in nursing and health research. **Aims:** 1. To evaluate self-reported insights and benefits (physical, psychological, social and spiritual) of AI ceremony for AI adults experiencing emotional distress. **Participants:** 25 (n=25) Diné (Navajo) between the ages of 18-65 with emotional distress participated in this study. **Method.** This was a quasi-

experimental quantitative design with a qualitative sub-section. Qualitative responses are the focus of this abstract and responses to a brief semi-structured interview were analyzed by the principal investigator (Diné nurse scientist) and a secondary indigenous reviewer. Thematic and content analysis were completed. **Results:** AIs conclude details of engaging in, seeking and following ceremonial etiquette are obscure and processes are unknown. Ceremonies can be expensive and require extensive social support. An interesting discovery was the discovery of "anticipatory healing" that occurred even before the ceremony. The self-reported benefits are improvements in sleep, pain, hope, motivation, family connectedness and reduction in perceptual disturbances and symptoms of emotional distress. **Discussion and Conclusion:** AI ceremony is a sacred ceremonial intervention held in high regard by AIs. Cultural sensitivity and accountability must be employed when exploring outcomes of AI ceremony in research and healthcare delivery. Nurses are in ideal positions to deliver culturally relevant care approaches and this study confirms AIs continue to utilize ceremony and wellness approaches as mechanisms for wellness and health promotion. Future studies on AI ceremonial outcomes are warranted to support culturally safe, sensitive and relevant healthcare practices in AI communities.

Recommended reading

- American Indian Ceremony for Emotional Distress
- American Indian Ceremonial Intervention for Mental Illness
- Ceremonial Interventions in American Indians

Biography

Dr. Michelle Kahn-John, a member of the Diné (Navajo) Nation and is an assistant

professor with the University of Arizona, College of Nursing. Dr. Kahn-John is also a practicing Psychiatric Nurse Practitioner and Geriatric Nurse practitioner and has 20 years of experience working with the Indian Health Services on the Navajo Nation and Alaska Natives Alaska. Dr. Kahn-John's program of research focuses on American Indian resilience, protective factors, culture, and spirituality in relation. Dr. Kahn-John will develop culturally relevant, strength based health promotion and delivery methods, interventions, and strength-based assessment instruments to enhance American Indian health.

Poster 11 - The Impact for the Family of Young Onset Dementia

Promoting mental health, preventing mental illness

Nicola Armstrong, RMN, BSc (Hons), MSc, Nurse Consultant Essex Partnership NHS Trust & Senior Nurse Leader National Institute for Health Research

Abstract

Brief summary: Around 50 million people currently living with dementia worldwide with nearly 10 million new cases each year. This can be particularly difficult for younger people and their family, many of whom have younger families, employment and mortgages.

Background: Young onset dementia (YOD) is a contemporary phenomenon and refers to people under the age of 65 with dementia. There are 42,000 people living with YOD in the UK and rates are projected to continue rising. Specialist age related services for people with YOD services are few, although it is known they have different needs due to their age and life stage. YOD affects the whole family unit and this research is focused

on the impact of YOD for the family as a whole unit.

Aims: This study aims to address the lack of evidence specific to the impact of YOD on the family unit and by the following:

- 1) Examine the impact of dementia for the younger person and their family.
- 2) Describe how the family adapts to the diagnosis of YOD
- 3) Document the changes that occur within the family and the community.
- 4) Enhance the current understanding of how a YOD diagnosis impacts the family as a whole to inform services of their support needs.

Sampling Method: Recruiting from a relatively small population, a convenience sampling approach was applied. Families were recruited from Dementia Cafes.

Inclusion and Exclusion Criteria considered the ethical implications of recruiting people with dementia who could be vulnerable adults. The criteria included defining a 'family unit', age, family size, capacity/consent and period of time since diagnosis to support consistency.

Methods: Qualitative thematic analysis methodology has been applied collecting data via family unit and individual semi-structured interviews. The family interviews were between 45-90 minutes.

Results: Six families gave a total of sixteen participants generating six family interviews and thirteen individual interviews. Data analysis is currently underway using Framework as a systematic process of analysis.

Discussion & Conclusion: Analysis will be completed and results will be presented in relation to the 4 aims of the study.

Recommended reading

- Ritchie J & Spencer L 1994 Chapter 9 Qualitative data analysis for applied policy research in Bryman A & Burgess R 1994 Analyzing Qualitative Data London: Routledge
- Allen J, Oyebode J & Allen J 2009 Having a father with young onset dementia: The impact on well-being of younger people. *Dementia* 8(4) 455-480

Biography

Nicola has combined senior roles in the NHS, most recently as Nurse Consultant for patient safety and as Senior Nurse Research Leader for the NIHR. She is currently completing a Professional Doctorate of Nursing which supports her remit with NIHR to create opportunity for nurses to collaborate and lead in healthcare research. Her research interests include service development and quality improvement with currently research including dementia. Recent engagement in international work has extended research opportunities into international comparisons of provisions and experience of care.

Poster 12 - Experiential Learning in Risk Assessment of the over 65s population

Promoting mental health, preventing mental illness

Elizabeth Morrison, Staff Nurse, NHS Tayside

Co Author(s): Claire Boyack, Community Mental Health Nurse, Kingsway Care Centre CMHT, NHS Tayside; Charis Edwards, Occupational Therapist, Kingsway Care Centre Occupational Therapy, NHS Tayside

Abstract

This poster describes the development and implementation of a new risk awareness training session for a mixed group of over 65s practitioners including RMHNS, RNs, Allied health professions, Health Care Assistants, Social workers, and students. The need for training was identified by staff following the amalgamation of services into a health and social care partnership. Due to previous informal learning there had been several near misses within the service and so the team developed a formalised session.

It was decided the training should be part of our “age lab” session to allow the practitioners to draw conclusions about impaired sight, sensory deprivations and hallucinations and risk. Three stations were developed. Station one consists of eight photos. Four photos are of the trust’s standard hospital bathroom with several risks such as cleaning fluids, slip risks, ligature risks and others. Four photos are of the OT kitchen again with risks throughout the images. Station two is a simulated bedroom with an accompanying case study, the Practitioners are asked to read the study, which has risks throughout the narrative, and then assess the room for risks specific to that case study. Station three is an “age lab” this session consists of weighted gloves, vision impairment glasses, headphones with “auditory hallucinations” and bandages to simulated oedema. This equipment had been used previously to highlight difficulties with eyesight, hearing, and dexterity when communicating with staff. It was repurposed with the view of highlighting how these conditions can make the ward area more hazardous.

One session has been run with positive feedback. Practitioners of all levels of experience in risk assessment have

reported learning from the session. Highly valued has been the peer learning from the mixing of Nursing groups, and Allied health professions as each approach the situation with a different idea of risk. Due to the early stage of the implementation of the training there is yet to be any noticeable change in near misses or incidents within our area, however trickledown teaching has been observed with Practitioners discussing the training and risks that surprised them.

Recommended reading

- Morgan, C, Webb, RT, Carr, MJ, Kontopantelis, E, Chew-Graham, CA, Kapur, N and Ashcroft, DM 2018, Self-harm in a primary care cohort of older people: incidence, clinical management, and risk of suicide and other causes of death, *The Lancet Psychiatry*, 5, (11), pp. 905–912.
- Clouder, L, Bluteau, P, Adefila, A, Graham, S and Ball, S 2016, myShoes – the future of experiential dementia training?, *The Journal of Mental Health Training, Education and Practice*, 11, (2), pp. 91–101.
- Fisher, JM and Walker, RW 2013, A new age approach to an age old problem: using simulation to teach geriatric medicine to medical students, *Age and Ageing*, 43, (3), pp. 424–428.

Biography

Elizabeth Morrison is a Mental Health Nurse working within an acute over 65s ward. They have an interest in risk awareness, horticulture therapy, and Recovery in older adults

Poster 13 - Preventing Presenteeism

Capability, capacity and creativity

Eileen O'Connell, Professor School of Nursing, Curry College, Milton MA US

Abstract

Presenteeism is a phenomenon which occurs when employees who are experiencing psychological, emotional, or physical difficulties go to their workplace when staying home would be a better decision, for the employee and for the workplace. Employees lose focus or are distracted by physical issues or emotional concerns, resulting in loss of productivity and decreased patient safety.

In the United States in 2010 presenteeism was estimated to account for more than 26 billion dollars in lost annual productivity. This presentation identifies the top psychological and emotional causes of presenteeism and highlights solutions that can enable a more productive workplace. Issues such as the impact of depression and stress, and the relationship to workplace performance is highlighted, as well as management approaches to successfully support staff who may be present but unproductive or focused.

This presentation is relevant for nurses who encounter healthcare providers who are not able to practice at optimum level due to emotional or psychological issues that impact the provider's ability to focus on patient care. Protecting nurses from presenteeism may result in cost savings for hospitals and better quality of life for nurses.

References:

Noben, C., Evers, S., Nieuwenhuijsen, K., Ketelaar, S. Gartner, F., Slutter, J. and Smit, F. (2015). Protecting and promoting mental health of nurses in the hospital setting; Is it cost effective from an employer's perspective? *International Journal of Occupational Medicine and Environmental Health*. 28(5):891-900.

Andressen, CS., Pallesen, S., Moen, BE., Biorvatn, B., Waage, S., Schaufell, WB.

(2018). Workaholism and negative work-related incidents among nurses. *Industrial Health*; 56(5): 373-381.

Recommended reading

- Goetzel, R.Z., Long, S.R., Ozminkowski, R.J., Hawkins, K., Wang, S., & Lynch, W. (2004). Health, absence, disability, and presenteeism cost estimates of certain physical and mental health conditions affecting U.S. employees. *Journal of Occupational and Environmental Medicine*, 46, 398-412.

Biography

Dr. O'Connell is a Professor in the School of Nursing at Curry College in Milton MA, U.S. She has extensive experience as a speaker on topics related to stress and mental health.