

# International Mental Health Nursing Research Conference

The cover image for the Book of Abstracts, showing two hands reaching up towards a glowing network of light points and lines, symbolizing research and innovation.

**BOOK OF ABSTRACTS**

**Wednesday 9 June – Thursday 10 June 2021**

Online

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## Keynotes

### **Public mental health: a matter of life and death**

**Presenter:** Peter Byrne, Consultant liaison psychiatrist, Royal London Hospital

#### **Biography**

Peter Byrne is consultant liaison psychiatrist at the Royal London Hospital, and public mental health lead for the Royal College of

Psychiatrists. He has placed premature mortality and excess physical morbidities of people with severe mental illness at the centre of PMH activities with co-written national guidelines on smoking and substance misuse. He is a founder member of Equally Well ([www.equallywell.co.uk](http://www.equallywell.co.uk)) a national coalition of organisations working at multiple levels to reduce this mortality; he remains a member of their clinical advisory group, with special interests in smoking cessation, obesity and inequalities.

### **Intended learning outcomes**

1. To understand the drivers of the 17 years average of life lost by people with severe mental illness due to preventable physical diseases
2. To examine the evidence for health inequalities, and how these have become even worse in the UK during the past decade (pre-pandemic)
3. To identify solutions for individual patients, ways our teams and localities could work differently, and point to national strategies.

### **Recommended reading list**

1. Firth J, Siddiqi N, Koyanagi A et al. (2019). The Lancet Psychiatry Commission: a blueprint for protecting physical health in people with mental illness *Lancet Psychiatry* 6 (8): 675 – 712
2. Marmot M, Allen J, Goldblatt P et al. (2020). *Build Back Fairer: The Covid-19 Marmot review of The Pandemic, socioeconomic and health inequalities in England*, London: Institute of Health Equity.
3. Byrne P and James A. (2020). Placing Poverty-Inequality ant the Centre of Psychiatry. *BJPsych Bulletin*, 44(5), 187-190.

## **Military Mental Health Nursing**

**Presenter:** Dean Whybrow, Lecturer in Mental Health Nursing, Swansea University

### **Abstract**

The UK armed forces (UK AF) consist of a highly-skilled, well trained, and combat-ready group of people that serve within the Royal Navy, British Army and Royal Air Force. While their capability as a fighting force is world-renowned, their actual numbers are limited, which means that protecting and promoting mental health and wellbeing is fundamental to maintaining the UK AF operational capability. Military mental health nurses were fundamental to this process within the UK AF during Operation Herrick, Afghanistan 2002-2014. Fortunately, we are currently in a less intensive period for the UK AF. However, from this period of military history, lessons can be learned about the scope of nursing practice in promoting organisational health and wellbeing. This paper will draw upon the author's published works, and personal experience, about promoting mental wellbeing in the UK AF during Operation Herrick. This conference paper aims to consider what lessons can be learnt about the scope of nursing practice from the role performed by military mental health nurses in support of Operation Herrick 2002-2014. To achieve this aim, this paper will describe the prevalence of mental health problems within the UK AF and veterans; outline the UK AF approach to operational stress management, including Trauma Risk Management, during Operation Herrick; explore the role of the military mental health nurse. There is a saying, "learn from the past, live in the present, plan for the future". Terms like operational stress management or Trauma Risk Management may once have been alien to civilian services but the recent pandemic has changed the landscape of nursing. Dr Dean Whybrow uses

his previous military experience, and current clinical work, to inform his contribution to nurse education, how he supports students in clinical practice, and ideas for future research and publications focussed upon the wellbeing of both healthcare professionals and patients. This conference paper will draw conclusions about the value of a military mental health nurse presence in combat settings, the scope of their nursing practice and what skills may be transferable to future military and civilian nursing roles.

### **Learning outcomes**

At the end of this session, participants should be able to: (E.g., identify, describe, explain...)

1. Describe the prevalence of mental health problems within the UK AF and veterans
2. Understand the UK AF approach to operational stress management
3. Be aware of the role of the military mental health nurse

### **Recommended reading list/references**

1. Whybrow, D. (2013) 'Psychiatric nursing liaison in a combat zone: An autoethnography', *Journal of Psychiatric and Mental Health Nursing*, 20(10), pp. 896–901. doi: 10.1111/jpm.12034.
2. Whybrow, D., Jones, N. and Greenberg, N. (2015) 'Promoting organizational well-being: A comprehensive review of trauma risk management', *Occupational Medicine*, 65(4). doi: 10.1093/occmed/kqv024.
3. Jones, N., Whybrow, D. and Coetzee, R. (2018) 'UK military doctors; stigma, mental health and help-seeking: a comparative cohort study', *Journal of the Royal Army Medical Corps*, 164(4), pp. 259–266. doi: 10.1136/jramc-2018-000928.

### **Biography**

Dean is a lecturer in mental health nursing and a veteran. He specialises in psychological therapies delivered either in person or via the internet. The two therapies that he uses are Cognitive Behavioural Therapy (CBT) and Eye Movement Desensitisation and Reprocessing (EMDR), which are goals focussed, brief interventions underpinned by research and recommended by national clinical guidelines. Dean has extensive experience of delivering these therapies within occupational settings aimed at supporting people to either remain in or return to employment. Dean has won awards for his clinical work, is published in his field and has presented at national and international conferences.

### **Global mental health – context and how we can make a difference**

**Presenter:** Frances Hughes, General Manager Nursing and Clinical Strategy, Oceania Healthcare

### **Biography**

Since August 2019 Dr Frances Hughes has held the position of General Manager of Nursing and Clinical Strategy at Oceania Healthcare Limited. In Dec 2019 she was recognised for her services to mental health and nursing as a Companion of the New Zealand Order of Merit. She has also been the executive director of Cutting Edge Oceania since 2018. Prior to this, for 2 years, she held the position of the CEO of the International Council of Nursing (ICN) in Geneva Switzerland. She was appointed to transform the organisation post review by PWC. In two years she successfully increased the financial viability of the organisation, instituted and implemented

systems process and managed successful delivery of the largest nursing congress in the history of ICN. 2012 – 2016 Dr Hughes was the Chief Nursing and Midwifery Officer for the Department of Health, Queensland Australia. Prior to moving to Australia she held position in Mental Health in MOH Nursing and Chair of MH Nursing for Auckland University from 2004 – 2006. Frances has extensive knowledge and networks in relation to health policy, particularly in the field of nursing and mental health, research and global health issues. Frances held the position, Chief Nurse for New Zealand, for 8 years and during this time played a major leadership role in health care policy and nursing. In 2001 she was the first nurse to be awarded the Harkness Fellowship in Health Care Policy (US equivalent to Rhode Scholar) from the Commonwealth Fund in New York. Frances was awarded a Senior Fulbright in 2013 and studied the resilience of 2 health systems at times of natural disasters. She has received an ONZM and distinguished alumni awards from both Massey University and UTS Sydney in recognition of her leadership. Frances served as the Commandant Colonel for the Royal New Zealand Nursing Corp for 7 years, providing strategic nursing leadership to the New Zealand Army.

### **Intended learning outcomes**

1. Understand the role of social determinants to mental health
2. Understand the impact of current approaches to mental health
3. Understand actions we can do as nurses to support our communities

### **Recommended reading list**

1. Report on special rapporteur on the rights of everyone to the enjoyment of the highest attainable standard of physical

and mental health. (UN General Assembly HR Council 6-23 June 2017)

## **They who laugh, last**

**Presenter:** Kate Hull Rodgers, International leading authority on the strategic use of Humour in the Workplace

### **Abstract**

The takeaway message is simple. People who have fun get more done. If we enjoy our jobs we will be more efficient and productive. My speech will build the business case for this proposal and I will provide a specific practise I encourage delegates to partake in. I will literally be teaching them how to laugh on purpose, how to laugh by chose. The more we laugh, the less stress we have and the more fun – and that is the goal. I will inspire them by sharing my own story of triumph over severe mental illness.

### **Biography**

Kate Hull Rodgers is managing director of HumourUs Limited, Europe's leading specialists on Humour in the Workplace. Kate is an international pioneer in the field of Humour and health, Humour and the bottom line. Her work focuses on teams and leaders where enjoyment in employment is encouraged. For the past 20 years she has advised governments, health organizations and businesses in 29 countries on 5 continents. She is a BBC radio presenter, business journalist, member of the Professional Speakers Association, an award winning comedienne and subject of the ITV documentary "Laughter is the Best Medicine". Her first book, Pearls of Bizdom, teaches businesses how to go from grit to great. It has become a UK business book best seller.



“Kate’s work is insightful and very inspiring.”  
Jenny Shipley, former Prime Minister of New Zealand.

### **Intended learning outcomes**

At the end of this session, participants should be able to: (E.g., identify, describe, explain...)

1. Know the health-giving benefits of laughter
2. Be inspired and know that this work helps overcome mental illness
3. How to recreate laughter by choice

### **Recommended reading list**

1. Pearls of Bizdom, by Kate Hull Rodgers

## **Concurrent session 1**

### **1.1.1**

**An Interpretative Phenomenological Analysis of Nurses Experiences of providing end of life dementia care**

**Lead Presenter:** Griffin Ganga, MSc., BSc, RMN, Senior Lecturer in Mental Health, University of Wolverhampton, UK

#### **Abstract**

**Aim:** The aim of the research study is to explore community nurse’s first-hand experience of providing end of life dementia care and the meaning they attribute to their experience.

**Methodology and Methods:** The study utilised a qualitative research approach, specifically interpretative phenomenological analysis (IPA). A purposive sample of six qualified community nurses with experience nursing

terminally ill people with dementia was recruited. Data was collected using face-to-face semi-structured interviews. Interview themes, rather than an interview schedule, were utilised. The interviews were audiotaped and transcribed for analysis. Data was analysed in line with IPA, in which transcripts were read and re-read. Emergent themes are clustered into sub-ordinate themes. Sub-ordinate themes for individual participant transcripts are clustered into super-ordinate themes.

**Preliminary findings:** Preliminary findings from this study highlight the following superordinate themes; 1. Great pride and pleasure, 2. Upskilling, 3. Overwhelmed, 4. It is heart breaking.

**Discussion:** Community nurses experienced a paradoxical interplay of joy and despair. Furthermore, nurses seem to have a contrasting desire to provide compassionate care for the dying patient but also wanting to distance from death. Nurses identified the impact of repeated exposure to grief but felt they did not have permission to grieve. Some participants have developed self-care strategies to cope with the stressors and on-going exposure to death associated with providing end of life dementia care.

**Keywords:** IPA, end of life, dementia, community nurses

### **Biography**

I am a Senior Lecturer in the Institute of Health at Wolverhampton University. My role involves developing, planning, and delivering teaching material that meets professional standards. I work closely with the NHS, Health Education England and local organisations to ensure our awards are relevant to the needs of future employers. I am a Doctorate candidate within the Faculty of Education, Health and Wellbeing (FEHW). My research interest is; End of Life Care in Advanced

Dementia. I have experience working in the NHS and privately as a registered mental health nurse (RMN). The focus of my clinical practice was working with adults with serious and enduring mental illness in the community as a community psychiatric nurse, as well as a community mental health team manager. Prior to joining the University, I worked as a Mental Health Complex Care Commissioner focusing on dementia care.

### **Reference**

1. Smith, J. Flowers, P. and Larkin, M. (2009) *Interpretative Phenomenological Analysis: Theory, Method and Research*. London: SAGE.
2. Health Education England (2019) *NHS Staff and Learners's Mental Wellbeing Commission*. [www.hee.nhs.uk](http://www.hee.nhs.uk) cite 12.01.2020.&nbsp;
3. Harrad, R. and Sulla, F (2018) Factors associated with and impact of burnout in nursing and residential home care workers for the elderly. *Acta Biomed*: 89 (Suppl 7): 60&ndash;69.

### **1.1.2**

**The effects of volunteering on career graduate characteristics within a dementia friendly initiative, a phenomenological study.**

**Lead Presenter:** Dean McShane, (RMN, MEd, BSc (Hons), DipHe, PGCert), Mental Health Senior Lecturer, Liverpool John Moore's University, UK

### **Abstract**

**Background:** In the United Kingdom (UK) it is estimated that around 954,000 people are currently living with dementia. With an increase in ageing populations and predicted

rises in dementia prevalence there is a greater need for the use of voluntary sector services. However, little is known about the experiences of those who volunteer within dementia-based initiatives.

This research seeks to gain greater understanding of the impact of volunteering on twelve student nurses undertaking pre-registration nurse training in a University situated in North West England. The stimulus for this research into the effects of volunteering on pre-registration nursing students is two-fold. Firstly, it is professional in nature with the aim of uncovering the experiences of the students involved, how this shapes their learning experience and how this may enhance knowledge and understanding of education and teaching. Secondly, the drive for this research is personal as I seek to identify if there are benefits and or barriers for student nurses volunteering within dementia-based initiatives. This research aims to explore the student nurse voice and the experiences they have encountered volunteering within a dementia initiative, along with the educational effects of volunteering.

**Sample and Setting:** This small-scale phenomenological study used a sample of pre-registration nursing students from one UK University.

**Data Collection and Analysis:** Semi structured interviews were conducted with five participants. The verbatim transcripts of the interviews were analysed using the Giorgian descriptive phenomenological method of analysis.

**Findings:** The student nurse's experiences of volunteering within dementia remained the focus, with common themes emerging from all participants, which include personal growth, professional development, reducing fear and

stigma, employability, student experience and feelings.

**Conclusion:** The findings of the research produced new knowledge in which recommendations have been made to help enhance the volunteering experience within the Dementia Buddies initiative.

### Biography

Dean McShane is a passionate mental health nurse and educator, currently in his 20th year of working within health care. As a mental health nurse, he helped to develop various services, programmes and initiatives for Children, Young People, and adults with severe and enduring mental illness. Currently he is a senior lecturer in mental health nursing and recently received the Chief Nursing Officers medal for excellence having created a Dementia Friendly University, with various initiatives with student nurses, along with being shortlisted for the Nursing Times Educator of the Year.

### Reference

1. Barton, E., Bates, E. A., & O'Donovan, R. (2019). That extra sparkle: Students' experiences of volunteering and the impact on satisfaction and employability in higher education. *Journal of Further and Higher Education*, 43(4), 453-466.
2. Brooke, J., Cronin, C., Stiehl, M., Ojo, O., Belcina, M. T., Smajlović, S. K., & Slark, J. (2019). Nursing students' cultural beliefs and understanding of dementia: A phenomenological study across three continents. *Nurse Education Today*, 77, 6-11
3. Scerri, A., & Scerri, C. (2013). Nursing students' knowledge and attitudes towards dementia – A questionnaire survey.

### 1.1.3

#### Using the ChatHealth Messaging Service to improve access to mental health support

**Lead Presenter:** Caroline Palmer, BA (Hons) Nursing Studies, Child Branch, Digital Development Clinical Lead, Leicestershire Partnership NHS Trust, UK

#### **Abstract**

This paper will look at how vulnerable and hard-to-reach people can use safe and secure healthcare messaging to conveniently and easily access mental health support from trained healthcare professionals.

As the impacts of the COVID-19 pandemic has accelerated the need for improved digital access to mental health support, this paper discusses the award-winning healthcare messaging service, ChatHealth. Widely used across the UK, ChatHealth is offered by NHS public health teams and mental health services, including universal mental health services for young people and targeted adult mental health support, such as perinatal mental health (PMH) and central access points.

This paper explains why ChatHealth was developed in 2013 by Leicestershire Partnership NHS Trust (LPT) to enable young people to discreetly contact the school nurse, particularly for sensitive topics like mental health. ChatHealth is now used by around 60 NHS Trusts across the UK and available to over 4 million people.

Firstly looking at the impacts of COVID-19 on mental health needs, with children and young people at greater risk, the paper will outline the positive outcomes for services and service

users using ChatHealth during the pandemic. Findings include that half of ChatHealth messages from young people were emotional health related and PMH messaging enquiries rose by 60%. Feedback from ChatHealth service users was positive; 88% said it helped them. One young person said: "I love that it's anonymous and that it's a texting service. This means you can openly talk about your problems freely without feeling nervous".

The paper will describe how rising demand for ChatHealth has been driven by a fresh appetite for the provision of digital services in response to the pandemic. As a result, ChatHealth's project team supported service changes by launching as many messaging helplines in the first six months of the pandemic as the whole previous year. A healthcare professional said, "Resources like ChatHealth are vital for helping to support our young people during this time."

The paper will conclude that by providing timely and efficient communication channels, mental health support teams can widen access to service users and meet expectations of the NHS Long Term Plan.

#### **Biography**

Caroline Palmer qualified as a Children's Nurse in 2007 from Sheffield Hallam University, initially working within the acute care setting until 2011, then began work in community services working across both School Nursing and Children's Community Nursing. Caroline has been involved with the award-winning ChatHealth NHS messaging project since 2012, launching ChatHealth in Leicestershire in 2014 and successfully spreading the model across the UK within various NHS services. Caroline now runs the NHS digital development team based in the Midlands and is passionate about using digital transformation to improve healthcare outcomes for children, young people and families. As the team's Clinical

Lead, she guides fellow clinicians on best clinical practice for engaging with service users through digital channels. Caroline became a Queen's Nurse in 2014 for her innovative work within the NHS. In 2020 she proudly accepted a Nursing Times Award for ChatHealth in the Nursing in Mental Health category.

## Reference

1. Endicott J, Clarke M (2014) Nurses in step with the smartphone generation. *Primary Health Care*. 24, 8, pp 20-24
  2. ChatHealth (2020) ChatHealth Impact Report 2019/20  
<https://chathealth.nhs.uk/wp-content/uploads/2020/09/ChatHealth-Digital-Impact-Report-2019-2020.pdf>  
[Last accessed: 6 January 2020]
- NHS (2019) The NHS Long Term Plan  
<https://www.longtermplan.nhs.uk/>  
[Last accessed: 6 January 2020]

### 1.2.1

## Parity of Esteem in pre-registration nursing education: findings from a working symposium

**Lead Presenter:** Simon Arday, Senior Lecturer in Parity of Esteem, University of Roehampton, , UK

**Co-presenter(s):** Sebastian Birch, Heather Matora, UK

**Author(s):** Paul Newcombe, UK

## Abstract

### Background

The Shape of Caring review (HEE, 2015) challenged the profession to 'raise the bar' by seeking ways to develop nurses equipped to deliver whole-person care, adaptable to the growing complexity of the population. This challenge was embraced in the new NMC

standards (NMC, 2018) when it included the requirement for registered nurses to be able to meet holistic care needs across a range of mental and physical health challenges.

Parity of esteem (PoE) defines the need to value mental and physical health equally. Failure to recognise the complex and bi-directional relationship between mental and physical health creates, and exacerbates existing health inequalities with serious consequences, including premature mortality. Recognising the role of nursing education in meeting this need and against the backdrop of plight of those feeling the disparity of esteem, we asked the question: "what is to be done?".

### Aims

Alongside students, service users, carers and practice partners we addressed this question using an appreciative inquiry approach. Focusing on the challenge of achieving PoE in nursing education, several findings emerged, including:

- The importance of attending to the "whole person at the centre of parity" by not only considering the interconnectedness of physical and emotional pain, but also social and spiritual pain
- The dependence of a holistic nursing identity on the socialisation process, and the need to create and maintain opportunities to socialise across branches pre and post registration

These and other findings have been compiled into a 'living document' which articulates the shared intentions and actions from the symposium, establishing a benchmark for future evaluation and evolution of this approach. This will aid in the training of future nurses and serve as a resource of best practice. We anticipate that the breadth and depth of discussion generated from this work

will be beneficial to the wider nursing and healthcare community, both nationally and internationally.

#### Main discussion points

The concurrent session will start this wider discussion drawing on reflections from the process, and key themes raised during the event including:

- the influence of socio-political factors in health inequality, and
- effective strategies to embed PoE in learning and socialisation

#### **Biography**

Simon is a registered mental health nurse and trainee advanced clinical practitioner. In addition to his academic role, he works clinically at King's College Hospitals NHS Foundation Trust, as a Specialist Renal Mental Health Nurse. He has a background in liaison psychiatry, and interests in parity of esteem, nurse education and leadership, and systems change. Sebastian is a mental health nurse with a clinical background in CAMHS; more specifically working with young people who attend A&E in a crisis. Academically Sebastian has a degree in Philosophy, an MA in Critical Theory and is currently studying for a PhD in Psychoanalytic Studies looking at the concept of contagion in self-harm. His PhD work focuses on the tradition of Continental Philosophy, especially the work of Deleuze and Guattari to examine contagion within an institutional setting.

#### **Reference**

1. Health Education England (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. Available at <https://www.hee.nhs.uk/sites/default/files/documents/2348-Shape-of-caring-review-FINAL.pdf>

2. Nursing and Midwifery Council (2018). Future nurse: standards of proficiency for registered nurses. London: Nursing and Midwifery Council. Available at: <https://www.nmc.org.uk/globalassets/sitedocuments/education-standards/future-nurse-proficiencies.pdf>

### **1.2.2**

#### **Snowflake generation - the secrets in the snow, will always come out in the thaw**

**Lead Presenter:** Lyndsey Hill, RMN, MSc, BSc(hons), PGCert, DipHe, FHEA, Lecturer in Mental Health, PhD student, University of Central Lancashire, United Kingdom

#### **Abstract**

Over recent years, there has been a growing interest into the health and wellbeing of University students (Aceijas, Waldhausl, Lambert, Cassar & Bello-Corassa, 2016). It has been reported that around 1 in every 125 students have disclosed a mental health problem to their university (Equality in Higher Education, 2015). The Equality Challenge Unit found that around half of the students with a mental health problem had not disclosed their disability to their university. Additionally, there is a reported 210% increase in students leaving University following a period of mental ill health between the years 2009-2010 and 2014-2015 (Thorley 2017). However, there remains a lack of robust data that accurately depicts the status of mental ill health among the student population and no definitive gold standard

procedure available to use as a model to help to address this problem.

### Aims

The aim of this study is to explore the lived experience of accessing support to deal with a mental health problem whilst at University. The study focuses on students who have received or are receiving support from a North West University Mental Health and Wellbeing service. The study seeks to discover what having a mental health problem at University is like and how the person has experienced the support offered.

### 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. Students needed to be currently engaged in the service or have experienced the service and were still a student at the HEI (Higher Education Institution) to be eligible.

### Method

Interviews were conducted from a phenomenological perspective to illuminate the lived experience. Once transcribed, meaning was established through interpretation of the data to illuminate what the participants lived experience of the mental health and wellbeing service was, using a phenomenological approach.

### Discussion and conclusions.

I am currently developing themes from the analysis of the 19 interviews I have conducted.

### **Biography**

Lyndsey has been a mental health nurse for 12 years, she has experience as a mental health

nurse, CBT therapist and academically as a lecturer. Clinically, Lyndsey has worked in secondary acute services both in inpatients and community, settings category B prisons and within student services at a University. Lyndsey is currently in her 4th year of her PhD and her topic combines her interest of working clinically and academically with students with a vision to reduce stigma and champion the work students with mental health problems can achieve.

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### **1.2.3**

#### **Group Subjectivity in Novel Times**

**Lead Presenter:** Sebastian Birch, Senior Lecturer in Mental Health Nursing, University of Roehampton, UK

### **Abstract**

Training as a mental health nurse is not just a process of learning skills, acquiring the requisite number of hours, or passing all the



necessary assessments. There is also a process of subjectivity forming. The usual pathways of subjectivity forming (face to face activities, in person teaching and even meeting up with course mates outside of lessons) have all been prohibited. These have been necessary interventions to preserve life and this paper will not be critiquing them. However like a stone being dropped into a pond, ripples are formed, as such these interventions into everyday life are going to have ramifications on the subjectivity of our future mental health nurses, it is going to affect how they “become” nurses and their subjectivity as nurses. It is these ramifications that need to be examined and scrutinised for their potential impact on the workforce. This paper aims to examine this process of “becoming” a mental health nurse through the work of Felix Guattari (2015) and his concepts of subject groups and subjugated groups. The paper will aim to explain these concepts as well as bring in other thinkers from the tradition of Institutional Analysis to analyse our current situation as well as to offer us interventions. The main points of discussion for this paper will be the process of becoming a nurse, what is the subjectivity of student mental health nurse and what does the author mean by this process of subjectivity forming through education? Some points of disruption will be suggested and analysed as potential interventions. As stated above, the impact on educating student nurses is not yet known fully, however if we have a better theoretical understanding of the effects, we will be able to devise interventions to fully support the becoming nurse. The style of approach, namely from Continental Philosophy and post Lacanian Psychoanalysis, will not be for everyone and might even garner criticism. However, we always need to bear in mind that the events of the last year have been unprecedented and as such requires unprecedented interventions.

### **Biography**

Sebastian is a mental health nurse with a clinical background in CAMHS; more specifically working with young people who attend A&E in a crisis. Academically Sebastian has a degree in Philosophy, an MA in Critical Theory and is currently studying for a PhD in Psychoanalytic Studies looking at the concept of contagion in self-harm. His PhD work focuses on the tradition of Continental Philosophy, especially the work of Deleuze and Guattari to examine contagion within an institutional setting.

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### **1.3.1**

#### **A mixed method comparison of therapeutic relationships between service users and clinicians in community mental health care**

**Lead Presenter:** Karishma Jivraj, PhD, Lecturer in Mental Health, University of Northampton, UK

**Author(s):** Iris Gault, Mary Chambers, UK

### **Abstract**



Recovery from mental illness has been described as a challenging journey. However, with early intervention, the right care and treatment many individuals will recover and continue to live meaningful lives. The current research aimed to explore facilitators of recovery focused practice, specifically the therapeutic relationship (TR) amongst service users (SUs) and clinicians in community mental health care.

Using mixed methods, the study recruited SUs and clinicians from community mental health services across inner and outer London, England. Participants were SUs who had been in contact with mental health services (and were offered a diagnosis of Schizophrenia / related conditions) and clinicians across a range of professions (including Psychiatrists, Registered Community Psychiatric Nurses Care Coordinators amongst others). Eligible participants completed quantitative cross-sectional surveys (N = 104/ N= 76) and qualitative semi-structured interviews (N = 10/ N = 8). Data were quantitatively and qualitatively analysed (by statistical group comparisons and thematic analyses respectively), followed by a concurrent mixed method triangulation and synthesis of findings.

Significant statistical differences were observed between SU and clinician accounts of their TRs, where clinicians reported these more favourably. Qualitative thematic analyses revealed themes and subthemes centred around, '*power asymmetry*,' '*clinician stigma*,' '*open dialogue*,' '*experts*' and '*feeling on the periphery*.' Collectively these perceptions of TRs are lower than previously reported by literature, suggesting misalignment in the ideals of a good TR and actual practice. Several similarities and differences between SU and clinician qualitative accounts of TRs, have been identified, indicating a need for further transparency between the groups and to explore TRs as an outcome in mental health

practice. Furthermore, the findings indicate that person centred approaches should be considered using a collaborative approach to facilitate recovery.

This mixed methods research has critically identified perceptions of TRs and identified a gulf between SU and clinician narratives of each. The limitations of the research, such as selection bias must be taken into consideration when interpreting the findings. Future mixed method research using direct SU-clinician-carer dyads and prospective designs could explore the outcomes identified by this research across the wider context of recovery.

### **Biography**

Dr Karishma Jivraj is an early career researcher as well as a Programme Leader, Senior Teaching Fellow and Lecturer in Mental Health and Psychology. Her teaching spans across the University of Northampton and University College London (UCL) where she leads and teaches across a variety of undergraduate and postgraduate health and research focused modules. Karishma's research interests lie primarily towards improving recovery focused practice in mental health. Her PhD research aimed to explore the effects of therapeutic relationships and shared decision making on attitudes towards medication amongst service users and clinicians and Karishma hopes to extend upon these findings and outcomes in post doctoral study. Across her career, Karishma has worked as a researcher, clinical studies officer for the National Institute of Health Research (NIHR) and an academic to inform the next generation of mental health professionals of recovery focused care.

### **Reference**

1. Simpson, A., Coffey, M., Hannigan, B., Barlow, S., Cohen, R.L., Jones, A., Faulkner, A., Thornton, A.,

Větečková, J., Haddad, M. and Marlowe, K., 2017. Cross-national mixed methods comparative case study of recovery-focused mental health care planning and coordination in acute inpatient mental health settings (COCAPP-A). *Health Services and Delivery Research*, 5(26).

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### 1.3.2

#### Insider research: An accessible form of inquiry for mental health nurses

**Lead Presenter:** Dean Whybrow, BSc(Hons) PGCE PGDip MSc PhD FHEA RNMH TCH, Lecturer in Mental Health Nursing, Swansea University, UK

#### Abstract

##### Background

Mental health nurses are taught about the value of research within nursing and the importance of evidence-based practice. This is explicit within both nurse education and the code of conduct, with much of nursing practice

now informed by available evidence, nurse experience, and patient choice. However, my personal experience is that contributing new knowledge, perspectives, or insight into mental health nursing issues is challenging. Autoethnography and heuristic inquiry are two accessible approaches to insider research that use a nurse's personal experience as the primary data source.

#### Aims of the paper

1. to define two types of insider research: autoethnography and heuristic inquiry
2. to describe insider research methods of recruitment, data collection and data analysis
3. to demonstrate their application using two examples

#### Main discussion points

The main discussion points in this methodological paper are: a comparison between autoethnography and heuristic inquiry methodologies and research methods; an illustrated example of both approaches from my research; ethical considerations in the use of self within research; relevant research questions.

#### Discussion

In this conference paper, I discuss how mental health nurses, in both practice and teaching roles, can contribute to nursing knowledge by making use of two accessible forms of research called autoethnography and heuristic inquiry. I illustrate my discussion with examples from my insider research and experiences of using both approaches. I consider what type of research questions might be best suited to these approaches, specifically, where the nurse will directly experience the phenomenon of interest. The challenges and strengths to the use of self within research are compared to other research approaches and when

maintaining the researcher/participant wellbeing.

### Conclusions

It can be challenging for nurses to move beyond applying other people's research and generate new knowledge. Accessible forms of inquiry are needed to reduce barriers for nurse in clinical practice and teaching roles. Insider research, using autoethnography or heuristic inquiry methodologies, is grounded in real-world experiences and uses straightforward data collection and analysis methods. This means that these approaches may be accessible to a wide of nursing focussed research questions.

### Biography

Dean is a lecturer in mental health nursing and a veteran. He specialises in psychological therapies delivered either in person or via the internet. The two therapies that he uses are Cognitive Behavioural Therapy (CBT) and Eye Movement Desensitisation and Reprocessing (EMDR), which are goals focussed, brief interventions underpinned by research and recommended by national clinical guidelines. Dean has extensive experience of delivering these therapies within occupational settings aimed at supporting people to either remain in or return to employment. Dean has won awards for his clinical work, is published in his field and has presented at national and international conferences.

### Reference

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doi: 10.1111/jpm.12034.

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### 1.3.3

#### Authentic connections

**Lead Presenter:** Karen Wright, PhD, Professor of Nursing, University of Central Lancashire, UK

#### Abstract

##### Background

This paper considers the multifaceted perspectives on the therapeutic relationship (TR) through a phenomenological lens, that is, seeing, valuing and experiencing the human connection. The TR has been widely acknowledged as an intrinsic part of nursing, healing and restorative in its own right (Peplau, 1952; Rogers et al, 1967). We are part of a lived experience which is shared with those we care with, and yet so different, despite the '*articulation of human experience*' being central to nursing and '*foundational to practice*' (Todres and Wheeler, 2001: 2). Here, I draw on research into working with, and researching for, people who have often been labelled as difficult to connect with, that is, people experiencing eating disorder, personality disorder and offenders.

##### Aims of paper

This paper attempts to move from the theory of the therapeutic relationship, to a phenomenological understanding of how we

connect with others in order to be a catalyst for change. This is especially important when working with people who appear to accept 'care' reluctantly, and often quite rightly, challenge those who are in the position to provide that care.

#### **Discussion points:**

- What is the therapeutic relationship?
- Use of self + use of our senses, as well as our skills?
- Does authenticity make us vulnerable?

#### **Discussion**

I recently opened my iPad 'notes', one was entitled '*make time to see*'. Interesting, I wonder what insights I had on that day. When opened, it said '*make time to see CAROLINE*'. Of course, what is more important than that human connection, if that is a positive, facilitative relationship, and if it helps. As practitioners, colleagues, friends and family, the humanness of phenomenology can re-orientate us to a sense of what it means to be human...' (van Manen, 1990: 27)

#### **Conclusion**

As mental health nurses, we provide care and treatment for people who enter services willingly, or not. How we are in their presence can be the catalyst that creates trust and hence a willingness to be helped. This presentation will draw on both research and philosophy to provide insight and debate into this age old issue.

#### **Biography**

Karen Wright is Professor of Nursing, and Head of the School of Nursing, at the University of Central Lancashire. Previously, Karen has held several clinical roles including 'Crisis Intervention Nurse' and Nurse

Consultant for Personality Disorder and still works clinically as a Cognitive Behavioural Psychotherapist. Additionally, she has developed acclaimed curriculum, research and practice initiatives in the care and support of individuals with an eating disorder. Her research into how the police assess mentally distressed people in public places and custody areas established the Public Psychiatric Emergency Assessment Tool, adopted by the College of Policing and cited in Department of Health policies including Closing the Gap and the Crisis Concordat.

#### **Reference**

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### 1.4.1

## The potential of poetry to facilitate meaning making and recovery for individuals who have experienced psychosis

**Lead Presenter:** Mark Pearson, RNMH, NMP, BIA, MSc, PGCHE, SFHEA, Assistant Professor, University of Nottingham, UK

### **Abstract**

#### Background

Poetry resonates with the way identity is shaped, maintained and transformed through our narratives. This process has the potential to be especially powerful for those who have experienced psychosis, often characterised by a disturbed perception of one's self within personal, environmental and social contexts.

#### Aim(s)

This research seeks to explore the potential relationship between poetry and psychosis, asking the questions of; can written and spoken poetry can support meaning making? Does this process of meaning making help people who have experienced psychosis in their recovery?

#### Sampling method

A purposive sampling approach was utilised within the research, aiming to recruit people who have experienced what might be described as psychosis and have written poetry; and/or people who have experience of using poetry within their therapeutic practice when working with people experiencing psychosis.

The research was advertised through social media, creative writing organisations, charities, local, national and international newsletters and research networks. A total of 17 participants were recruited into the research.

#### Method(s)

Data was collected via narrative interviews, aimed at creating a space in which participants felt able to disclose their story in relation to poetry and psychosis. All of the interviews were conducted either over video call or telephone.

#### Specific analytical approach or approaches

Data was analysed throughout the data collection process, based on the principles of constant comparison analysis. All data was subjected to narrative analysis, influenced by the theory of Labovian narrative analysis.

#### Main findings

The process of data analysis remains ongoing and thus the findings cannot be presented within the abstract at this time.

#### Discussion

As the process of data analysis remains ongoing, the emerging findings will be presented at the conference and explored in relation to their relevance to therapeutic mental health practice.

#### Conclusions

This research builds upon existing literature within the field of health humanities, offering a unique insight into the therapeutic potential of poetry for those who have experienced psychosis.

### **Biography**

Mark is an assistant professor in mental health at the University of Nottingham. Mark has an interest in health humanities and the way in which the arts can positively influence mental health. Mark has a particular interest in poetry, and is currently undertaking a PhD exploring of the potential of written and spoken word poetry to support meaning

making and recovery for individuals who have experienced psychosis. Mark is also the Co-lead for a project named 'surviving by storytelling' – a project primarily aimed at developing and delivering a series of workshops focused on using poetry to support the expression of individual and shared narratives of stress and trauma.

#### Reference

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2. Andrews, M., Squire, C., & Tamboukou, M. (2008). *Doing Narrative Research*. London: London: SAGE Publications.
3. Pearson, M., Rennick-Egglestone, S., & Winship, G. (2020). How Can Poetry Support the Understanding of Psychotic Experiences? *Journal of Recovery in Mental Health*, 3(1), 39-53.

#### 1.4.2

### An exploration of the relationship between tattoos and mental health: a thematic analysis

**Lead Presenter:** Chloe McCandlish, Masters of Nursing Science: Mental health, Teaching Associate in Mental Health Nursing, University of Nottingham, UK

**Co-presenters(s):** Chloe McCandlish, Mark Pearson, UK

#### Abstract Purpose

This session will explore the innovative research undertaken to try to understanding people's relationship between their tattoos and mental health. We will discuss the use of reflexive thematic analysis, and also the implications for future research and nursing practice.

**Title:** An exploration of the relationship between tattoos and mental health: a thematic analysis

**Background:** Tattoos have long been associated with marginalised communities by western society. This is shifting over time as tattoos are becoming more common, and more accepted. As tattooed mental health nurses we wondered if there was a relationship between tattoos and mental health, particularly looking at if tattoos had impacted recovery, or were part of patient's recovery narrative.

**Aims:** To explore individuals' relationships with their tattoos and their mental health, exploring the potential role of tattoos in the meaning making process for recovery.

**Methods:** Qualitative online questionnaire which used convenience sampling, advertised via social media. 17 participants

**Specific analytical approach:** Reflexive thematic analysis

**Main findings:** Through analysis 3 themes were discovered from the data collected. The themes are;

Tattoos as an expression of relationship to self

Tattoos as an expression of relationships to others

Tattoos as a symbol of change

**Discussion:** These themes suggest that tattoos offer an interesting insight for the way that individuals express relationships and change. It presents that tattoos are useful mechanisms

for getting to know more about important relationships or events in an individual's life. It has shown that for some people tattoos act as a creative expression of self, which may mean there is no 'deeper' meaning to be sought, and this should be respected. It demonstrates that for some people marking emotional events through symbols can be a method for taking control in their life. The implications for mental health nursing practice will be explored.

### Conclusion

This research demonstrates the narrative functions tattoos hold – as physical representations of ideas, interests and relationships. This in turn can help professionals to get to know their patients, through non-judgmental enquiry of the meanings behind tattoos. We suggest that further research is needed to consider this relationship in more depth.

### Biography

Chloe is a mental health nurse, who joined the University of Nottingham as a teaching associate in 2019. Prior to this she worked in various clinical services, including a nurse led primary care mental health services and community CAMHS. Chloe is passionate about enhancing the skills of pre-registration nurses of all fields to be able to support people of all ages in mental distress. Chloe is an early career researcher who is interested in the varied way in which people understand their own experiences of mental health and illness.

### Reference

1. Wohlrab, S., Stahl, J., & Kappeler, P. M. (2007). Modifying the body: Motivations for getting tattooed and pierced. *Body Image*, 4(1), 87-95.
2. Terry, G., Hayfield, N., Clarke, V. and Braun, V. (2017)

Thematic Analysis IN Willig C and Staunton Rogers, W (eds) The SAGE Handbook of qualitative research in psychology London: SAGE

### 1.4.3

#### Wellbeing for all? Exploring the relationship between nature, wellbeing and nursing.

**Lead Presenter:** Sarah Howes, RMN, BSc (Hons), PGCHSE, MA., Lecturer in Mental Health Nursing, University of Plymouth, UK

### Abstract

#### Background

During the global coronavirus pandemic, many have discovered first-hand the therapeutic potential of nature, strengthening calls for healthcare workers to become more actively involved in brokering access to nature-based interventions for wellbeing. An extensive body of literature attests to the healing impacts of nature, yet there is a surprising paucity of literature examining the nature-wellbeing connection from a nursing perspective, providing limited opportunity for inclusion within curricula and practice. Given that the mental wellbeing of student nurses is of international concern, with high levels of reported stress and a hesitancy to seek support noted, an opportunity exists to increase the provision of experiential wellbeing initiatives. This PhD study explores the lived experience of student nurses, beginning with a critical interpretive synthesis (Dixon-Woods et al, 2006) of the evidence base examining its relevance to a nursing population.

### Aims

Given the paucity of nurse-focused literature, the critical interpretive synthesis set out to explore the individual and collective

components of the nature experience, asking *'Does time in a natural setting reduce stress and improve the psychological wellbeing of adults'?*

### **Main discussion points**

The sampling frame identified within this study supports the therapeutic potential of nature, recognising its capacity to:

1. increase positive affect,
2. decrease negative affect
3. offer a sense of belonging
4. promote meaning making
5. foster an interest in caring for the natural world.

### **Discussion**

Identified benefits may be transferrable to a nurse education context, with the evidence suggesting that nature is effective in offsetting the impacts of severe stress and burnout (Sahlin et al, 2014) and that restorative effects are greater amongst the more stressed (White et al, 2013). Yet despite the overwhelming support, the emerging picture is problematic, highlighting the ongoing impacts of colonialism for people, planet and the research itself.

### **Conclusion**

Our shared vulnerability provides a basis for further study, through which we can better understand the complex social factors affecting the human-nature relationship. The emerging insights may have capacity to inform future research, nurse education and our future relationship with the natural world itself.

### **Biography**

Sarah Howes is a lecturer in mental health nursing at Plymouth University with expertise in the delivery of evidence-based wellbeing interventions within nature. Sarah has led

projects exploring the impact of green and blue space within nurse education, and the use of green prescribing within Dartmoor and Exmoor National Parks. Sarah developed resources exploring the connections between climate, nature and mental health for the award winning NurSuS project ([www.nursus.eu](http://www.nursus.eu)). Sarah works closely with colleagues, students and alumni to enhance the delivery of sustainability competencies within nursing education and practice

### **Reference**

1. Dixon-Woods, M., Cavers, D., Agarwal, S., Annandale, E., Arthur, A., Harvey, J., Hsu, R., Katbamna, S., Olsen, R., Smith, L., Riley, R., & Sutton, A.J. (2006). Conducting a critical interpretive synthesis of the literature on access to healthcare by vulnerable groups. *BMC Medical Research Methodology*, 6(35). [Online] Available from: <https://bmcmmedresmethodol.biomedcentral.com/articles/10.1186/1471-2288-6-35> Accessed (01/08/20).
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### 2.1.1

#### Future implications for improving the care of adults with type 2 diabetes and severe mental illness comorbidity

**Lead Presenter:** Elizabeth Tuudah, MSc, BSc (hons), PhD candidate, King's College London, UK

#### **Abstract**

Existing non-pharmacological T2D (Type 2 diabetes) self-management interventions have had varying degrees of success. Reviews of these interventions have shown it cannot be assumed interventions for the general population with T2D would be appropriate for adults with T2D and SMI who are more likely to experience cognitive and psychosocial challenges that act as barriers to accessing support (Coxon, McBain, Pavlova, Rowlands, & Mulligan, 2020). The limited evidence-base of effective integrated interventions for diabetes and psychosocial symptoms in adults with comorbid T2D and SMI perpetuates this problem.

Following the Joanna Briggs Institute methodology for mixed-methods systematic reviews (Lizarondo et al., 2020), a convergent integrated approach was used to evaluate integrated non-pharmacological interventions for adults that targeted T2D and SMI. A team of two researchers carried out a synthesised analysis of qualitative and quantitative data from seven papers. Quantitative data was transformed thematically according to its strength of effect,

## Concurrent session 2

assembled with the qualitative data, and then grouped together based on similarity in meaning to create integrated findings under four overarching dimensions: effectiveness,

acceptability (uptake), feasibility (delivery) and integrated care.

Findings from the review suggest there was modest evidence to suggest that an integrated approach to care can result in improved outcomes for diabetes, psychosocial, and general health outcomes. Identifying and anticipating logistical and health-related barriers that limit access to care in this population may also be key factors linked to improving service users' uptake and engagement with interventions. Additionally, there was moderately robust evidence to suggest co-facilitating interventions with nurse-educators with clinical expertise and peer-educators who have lived experience of T2D and SMI may enhance feasibility of interventions by creating a therapeutic learning environment. Furthermore, findings from the review suggest an important aspect of integrated care is implementing strategies that improve care coordination and interdisciplinary working to improve service user outcomes.

Through the process of critical appraisal, findings from this review highlight there are still gaps in the evidence-base for integrated interventions for adults with T2D and SMI. Findings from this review are relevant to the development of mental health nursing practice, education, and future research.

### Biography

In October 2019, Elizabeth joined King's College London as a PhD student in the department of Health Services and Population Research. She forms part of the Mental Health Nursing research team and her research looks at improving the care of adults with type 2 diabetes and severe mental health illnesses using Experienced-Based Co-Design. She completed a master's degree in health psychology at King's College London in 2019.

Prior to this, Elizabeth worked in various mental health services for 10 years gaining experience in diverse assistant psychologist roles supporting individuals with complex mental health difficulties.

### Reference

1. Coxon, A., McBain, H., Pavlova, N., Rowlands, H., and Mulligan, K. (2020). 'Are diabetes self-management programmes for the general diabetes population effective for people with severe mental illness?: A systematic review'. *BMC Psychiatry*, vol. 20, no. 1, pp. 1-8.
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### 2.1.2

#### Getting it right: Motivational Interviewing Training for inter professional working in mental health care settings

**Lead Presenter:** Lucy Colwell, Senior Lecturer Mental Health Nursing, Senior Lecturer in Mental Health Nursing, University of Brighton, UK

**Co-presenter(s):** Lucy Colwell, Jamie Cooper, UK

## **Abstract**

**Aim:** This paper describes and evaluates teaching and learning strategies used within Motivational Interviewing training over a one and half day workshop attended by nurses and allied health professionals within a large mental health Trust

**Background:** Factors that hinder the acquisition of Motivational Interviewing skills are poorly understood as there is a considered lack of literature that describes the format of Motivational Interviewing training and facilitator style.

**Method:** Participants N=40 on day one completed evaluation forms asking for feedback on key principles of MI and comments on the training. N=27 on day 2 completed evaluation forms asking for feedback on experience of practicing and challenges to applying Motivational Interviewing and comments on training. Comments/ideas from participants were categorised into three themes.

**Findings:** Participants found the training overall to be excellent or good. Themes that emerged were: 1. Sharing experiences from practice and practicing skills within a group. 2. Recognising readiness to change within clients and service users 3. Developing self-awareness within the context of rapport and atmosphere

**Discussion:** Participants value working within live face: face groups with opportunity for being observed and observing despite feelings of discomfort during the process. Selfawareness is enabled within a context of rapport and atmosphere and further developed through ongoing facilitator responsiveness. Didactic learning and teaching strategies may be off putting in terms of longer term commitment to Motivational Interviewing practise and learning.

**Conclusion:** Participants appreciate Motivational Interviewing training that is contextualised within everyday experience and a non linear approach to the eight stages of learning. Facilitators benefit from peer supervision and in-situ reflective conversations in order to deliver flexible, relevant Motivational Interviewing training within complex systems.

**Keywords:** Motivational Interviewing, Training, Interprofessional working, Mental Health, Nursing

## **Biography**

Lucy Colwell is a senior lecturer in Mental Health Nursing at the University of Brighton, she is registered as a mental health nurse, specialist practitioner and educator. Lucy trained at the Nightingale School of Nursing, Kings College London from which she developed a special interest in Children and Young People's mental health alongside mental health nurse education. She has 22 years of nursing experience that include inpatient and community Child and Adolescent Mental Health Services (CAMHS) initially at the Bethlem Royal Hospital followed by Lewisham, South East London and then Hastings, East Sussex. She has studied and delivered cognitive and behavioural interventions for children and families, however, her interests remain in considering wider systems that include interactions between social mechanisms, expressions of mental health, resilience and social justice. Lucy is currently studying towards a doctorate and is a member of the Centre of Resilience for Social Justice research CORE  
<https://www.brighton.ac.uk/crsj/index.aspx>.

## **Reference**

1. Bohman B, Forsberg L, Ghaderi A, Rasmussen F (2013) An Evaluation of

Training in Motivational Interviewing for Nurses in Child Health Services. *Behavioural Cognitive Psychotherapy*. 28:1-15

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### 2.1.3

#### Qualitative study of factors perceived by senior health service staff as influencing the development of Advanced Clinical Practice roles in mental health services

**Lead Presenter:** Neil Brimblecombe, RN, PhD, Professor of Mental Health, London South Bank University, UK

#### Abstract

Advanced Clinical Practice (ACP) roles are increasing around the world in response to changing patterns of health delivery and staff shortages. Identifying factors that may affect the development of such roles will support implementation.

This study aimed to understand the views of senior mental health staff as to factors

potentially influencing the development of ACP roles in NHS mental health services. A focus group (n = 8) and semi structured interviews (n = 12) took place with a sample of senior staff, including directors of nursing, senior psychiatrists and workforce leads.

Thematic analysis of responses suggested 7 themes as being important: understanding of the role and the national framework for ACP, attitudes, learning from current ACP and other roles, pre-requisites for development, challenges, opportunities and future support.

There was enthusiasm for ACP roles to make a positive contribution to services and there were opportunities to learn from previous attempts to develop new staff roles. Participants believed that role clarity was vital to success. Medical attitudes towards ACP roles were perceived as generally more positive than in the past.

There was little familiarity with published national requirements for the role and a lack of detailed implementation plans in NHS trusts. No single area of practice was identified as being uniquely suitable for ACP roles.

The identified themes echo those from international research, notably the importance of role clarity and inter professional issues. Findings suggest that greater understanding of mandated requirements for ACP roles, clear implementation plans and having standard evaluation processes for such roles may all support successful implementation.

#### Biography

Neil has had a varied career in the mental health field. A registered nurse since 1986, he worked as Chief Nurse in several NHS Trusts and was Director of Mental Health Nursing at the Department of Health, where he led a national review of the profession. Neil was Chair of the National Mental Health Nurse

Directors' Forum for 3 years and has contributed to many regional and national expert groups over the last 20 years. Current roles include Professor of Mental Health at London South Bank University, non-executive director for Barnet, Enfield and Haringey Mental Health NHS Trust and Consultant Editor for Mental Health Practice journal He completed his PhD on Crisis/home treatment services and edited the first book in the UK on this topic. His current research interests include international mental health services, professionals' attitudes towards smoking and new professional roles in healthcare.

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## 2.2.1

### Establishing a Mental Health Nursing Research Unit: Rationale, Challenges, and Lessons Learned

**Lead Presenter:** Robert Griffiths, PhD, Clinical Research Fellow in Mental Health Nursing, Greater Manchester Mental Health NHS Foundation Trust, UK

**Co-presenter(s):** Tim McDougall, BSc, Associate Director of Nursing, Greater Manchester Mental Health NHS Foundation Trust, UK

## Abstract

Despite mental health nurses representing the largest staff group within NHS mental health services, levels of research activity amongst nurses are substantially lower than for other professional groups (Webster-Henderson, 2017). In an effort to address historical, organisational, and professional barriers that have impeded the progress of nursing research (Ford, 2017), Greater Manchester Mental Health NHS Foundation Trust recently established a specialist Mental Health Nursing Research Unit (MHNRU). This was a partnership between the University of Manchester and the Trust. The aims of the MHNRU are to conduct high quality mental health research that improves outcomes for service users and carers, increase clinicians' levels of awareness and engagement with research, and build research capacity amongst the nursing workforce. The MHNRU also provides support for nurses who wish to apply for research funding or who aspire to develop clinical-academic careers. This presentation will outline the rationale for establishing the MHNRU, describe some of the challenges encountered during this process, and explore lessons that have been learned in the first year since the MHNRU was formed. It will also consider how the learning gained through the

process of establishing the MHNRU might be applied more widely to advance mental health nursing research and assist mental health Trusts and their academic partners in developing nurse-led research.

### **Biography**

Dr Robert Griffiths is Clinical Research Fellow in Mental Health Nursing and Director of the Mental Health Nursing Research Unit at Greater Manchester Mental Health NHS Foundation Trust. He is also Teaching and Research Fellow at University of Manchester. Robert is a former HEE/NIHR Clinical Doctoral Research Fellow (2016-2019). His research has primarily focused on improving outcomes in early psychosis, the use of transdiagnostic psychological interventions, and the clinical application of a theory of human behaviour – Perceptual Control Theory.

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## **2.2.2**

### **Combining qualitative methods for nursing research: embedding an Interpretive Phenomenological Analysis within a Realistic Evaluation.**

**Lead Presenter:** Louisa Long, RNMH, BA(Hons), MSc, PhD candidate, Teaching Associate, University of Nottingham, UK

**Author(s):** Timothy Carter, Aimee Aubeeluck, UK

### **Abstract**

#### **Background**

Mixed methods research commonly refers to the combining of qualitative and quantitative methods. There has been a growth in use of mixed methods research in nursing and healthcare. As an alternative to choosing a qualitative and a quantitative method, two qualitative approaches could be combined. Qualitative research is often employed where little is known about a topic of interest, to generate theory or explore lived experience of a phenomenon. Combining qualitative methods could allow theory to be generated and synthesised with knowledge of lived experience within one study. Studies utilising combined qualitative methods appear relatively rarely in the nursing literature. Concerns about methodological coherence or 'method slurring' may account for this. There are some examples of credible studies employing triangulated qualitative research methods.

#### **Aim**

In this paper the appropriateness of theoretical triangulation of Realistic Evaluation and Interpretive Phenomenological Analysis in one study will be explored.

#### **Discussion**

An account is offered of the process of deciding to use Realistic Evaluation and Interpretative Phenomenological Analysis in one study. Challenges, practical issues and alternative approaches are considered for using these methods in one study. The importance of internal coherence when triangulating qualitative methods is discussed. Critical realism is proposed as an appropriate paradigm to support the triangulation of these qualitative methods. The Triangulation Protocol approach to integration is explored and a Concurrent Embedded Design proposed as an appropriate model of integration. The discussion will provide practitioners with the opportunity to reflect on the value and uses of innovative and creative approaches to combining qualitative research methods in nursing research.

### **Conclusion**

More than one qualitative research approach can be innovatively integrated within one study where careful consideration is given to the coherence of the research question and the relationship between the methods. Consideration must be given to preserving the integrity of each method. Realistic Evaluation and Interpretative Phenomenological Analysis can be usefully combined when coherence is adequately attended to. Innovative combinations of qualitative methods assist the development of theory of nursing practice to enhance the evidence base.

### **Biography**

Louisa's clinical background is in community CAMHS and with young adults receiving voluntary sector services. Louisa is currently working as a teaching associate in the School of Health Sciences at the University of Nottingham. Louisa is currently undertaking a

PhD exploring care coordination for emerging adults within community mental health teams in the UK.

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### **2.3.1**

#### **Exploring the role of human factors in incidents of completed suicides**

**Lead Presenter:** Tim Coupland, Register Mental Health Nurse; Member British Association of Counselling and Psychotherapy, Mental Health Nurse/ Integrative Counsellor, University of Southampton, UK

### **Abstract**

#### **Background**

Human Factors thinking has become more important over the last decade in our understanding of how and why serious incidents occur. There are few examples of where human factors thinking has been applied to suicide.

### **Aims**

This study aimed to explore the role of human factors in incidents of completed suicides in England's NHS Mental Health Crisis Services.

### **Method**

Using a phenomenological design, the study explored the lived experience of three mental health nurses. Data was analysed using an interpretive phenomenological analysis approach.

### **Results**

Respondents identified three key human factors - 'personal', 'human interaction' and 'system' factors. A complex interaction of all three are evident when supporting individuals in NHS Crisis Teams. There was ambivalence as to the efficacy and benefit of the way each incident was reviewed within current NHS England guidelines.

### **Conclusions**

Results suggest that current service design may not always be conducive to providing meaningful therapeutic contact with the suicidal person and there is a need, from a human factors perspective, to understand the many 'system' issues that seek to frustrate 'personal' and 'human interaction' factors. Different methodologies applied to serious incident processes may elicit a greater systemic understanding and richer learning about suicides in mental health services.

### **Declaration of Interest**

None declared

Keywords: human factors, patient safety, suicide, crisis services, qualitative research

### **Biography**

Tim is a mental health nurse, integrative counsellor, trainer, coach and healthcare consultant with over 30 years' experience of

working in a variety of mental health care settings. He is passionate about promoting and focusing on the lived experience of service users, in particular tackling stigma and negative perceptions of mental illness. He holds a number of academic and professional qualifications including an MSc (Health Sciences in Professional Practice) and a Diploma in Psychosocial Interventions for those with psychosis (Thorn accredited).

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### 2.3.2

#### Meeting Spaces: co-constructing meaningful conversations about suicide in undergraduate nurse education.

**Lead Presenter:** Annessa Rebar, RMN, Senior Lecturer Mental Health Nursing, Northumbria University, UK

#### **Abstract**

**Background:** Suicide is a subject high on global and national agendas (WHO, 2019). However, prior to the review of undergraduate nurse proficiencies in the UK (NMC, 2018), none of the fields of nursing (apart from mental health nursing) were required to meet competencies in suicide awareness or prevention prior to registration. This highlighted a gap in knowledge, policy, and care provision; a review of international nursing literature revealed that engaging in conversations about suicide was an area of tension in need of further exploration.

**Aims:** To understand what is needed by student nurses and suicidal persons to engage in conversations about suicide and understand how this can inform nurse education and practice.

**Sampling methods:** Data was collected via semi structured interviews, focus groups and field notes from those with experience of being suicidal (n=9) and student nurses (n=16). Sampling methods included purposive sampling and theoretical sampling. Participants were accessed from a recovery college and a university.

**Analytical approach:** An interpretivist methodology of constructivist grounded theory was used. Grounded theory analysis includes: initial and focused coding, constant comparative analysis, category identification and theoretical sensitivity and saturation.

Member checking and reflexivity occurred throughout data collection and analysis.

**Main findings:** The core category of Meeting Spaces resulted; engaging in meaningful conversations about suicide was co-created in illuminating space within the context of a *human pivotal encounter* (positive) as opposed to an unceremonious pivotal encounter (negative).

**Discussion:** This research addresses the gap and themes in literature - the juxtaposition of needs between the care giver and the receiver of care (*the struggle to care* and the *need for connection*). *The findings demonstrated that* conversations about suicide are potentially conversations between two fearful human beings. Relational exploration of the meaning of suicide is required in order to co-create meaningful conversations.

**Conclusions:** A certain kind of space and personal knowledge is required to support engagement in meaningful conversations about suicide; the experience incorporates more than just words. The formation of a meeting space requires personal understanding of humanness and an intention to see the whole person beyond the limiting word of suicide.

#### **Biography**

Dr Annessa Rebar is a registered mental health nurse. She has 28 years' combined experience working in nursing and as a senior lecturer. Annessa has personal and professional experience of suicide and has led for suicide awareness and prevention nationally, contributed to Government reviews and national policy. Currently, she is involved in suicide research with veterans and the ambulance service. Annessa's research interests include interpretivism, narrative inquiry and co-production, she leads work

with Experts by Experience for Northumbria University and is a Trustee at Newcastle Recovery College (ReCoCo). She is interested in mental health recovery/ discovery and the creation of safe spaces. Annessa is also a specialist yoga teacher and Trustee for the Teen Yoga Foundation - promoting wellbeing in young people

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### 2.3.3

#### “One step forward, one step backwards”

An exploration of the perception of life of adult people, as influenced by the diagnosis of severe and enduring anorexia nervosa.

**Lead Presenter:** Laura Schut, PrD, Nurse Practitioner, Specialist Leader Eating Disorder Program, Nurse Practitioner, Emergis, Mental health care institution, The Netherlands

**Co-presenter(s):** Karen Wright, UK

## Abstract

*Introduction:* This article presents an overview of a study focusing on the perception of life, as described by women experiencing severe and enduring anorexia nervosa (SE-AN).

*Aim/Question:* The aim of this study is to generate an in-depth understanding of the phenomenon regarding the ‘the experiences of life’ as influenced by SE-AN.

*Methods:* The Constructivist GT focuses on the experienced quality of life for SE-AN people (Charmaz, 2006). In this study, eight women were interviewed, adhering to the guidelines of Charmaz’s approach. The data was then analysed employing the constant comparative method.

*Results:* Four theoretical categories were revealed: ‘Suffering, but not in silence’; ‘One step forward, one step backwards’; ‘Connective tissue’; and ‘Best friend, best enemy’.

*Discussion:* Data analysis is underpinning four key messages. 1; ‘Recognising suffering as a continual affect for people experiencing SE-AN’, which suggests active changes in behaviour of professionals. 2; ‘Validation of the cyclical process of ‘adaptation versus rejection’ of the anorexia status’. 3; ‘Recognising the impact of, and respecting the communication through SE-AN’, referring the need for customised psycho-education, and finally, 4; the need for an approach which ‘Respectfully acknowledges that requests for attendance and help, are in the context of an adjusted paradigm’.

*Conclusion:* The findings highlighted that SE-AN sufferers engage with their social world through complex psychological processes, whereby they interpret and give meaning to interactions. Consequently, the theory provided new means of engaging SE-AN sufferers in their request for appropriate care and therapeutic alliance. Current findings potentially contribute to a better engagement between the health care professionals and their SE-AN patients. The findings strengthen previously-existing empirical data, and were comparable to the

currently effective guidelines, as used in Western countries. Four theoretical categories were approached, and identify the social and psychological core effects that the individual may experience as a result of the influences on their quality of life due to the continuing condition of severe and enduring Anorexia Nervosa, and how this may affect their personality, the reality they experience, the communication issues, and finally, the alliance between people with the SE-AN condition and the eating disorder services.

### Biography

Laura Moerland is a nursing specialist in clinical and outpatient treatment and as such associated with Emergis's eating disorders care program. She is also specialist leader Eating Disorders at Emergis. In this role she is responsible for implementing and monitoring the treatment offer for eating disorders within Emergis, in which the national and international guidelines and standards of care are leading and she is involved in the development of the research lines. Laura Moerland specializes in Long-term Eating Disorders and received her PrD on this topic in 2019. She regularly teaches, refreshes courses and speaks at national and international conferences on this subject. She is also asked from the professional field, but also by, for example, the Health Council, an independent scientific advisory body for the government and parliament, to contribute ideas about care for Long-term Eating Disorder patients.

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### 3.1.1

#### Perceptions of Registered Mental Health Nurses of their Continuing Professional Development during Special Measures: A qualitative interpretive inquiry

**Lead Presenter:** John Carden, DHsc, Msc, Bsc, RMN, Clinical Nurse Specialist / Honorary Lecturer, Betsi Cadwaladr University Health Board, UK

#### **Abstract**

**Background:** Financial challenges within one Health Board in Wales had led to a reduction in the availability of organisationally supported continuing professional development (CPD) for mental health nurses. In-service training programmes developed and delivered during this period, were negatively evaluated by mental health nurses primarily because of their limited academic value. Just prior to the commencement of the study, the Health Board in which the study was located was placed into special measures.

**Aims:** The aim of the study was to further understand in-service training initiatives in the context of the participants CPD.

**Method:** A purposive sample of twelve registered mental health nurses participated. Data were collected using semi-structured,

## Concurrent session 3

one-to-one interviews. Interview data was analysed using an interpretative approach to analysis.

**Findings:** Findings revealed two major themes; *Disempowerment* and *Finding a Way*. *Disempowerment* reflected the current organisational challenges and the effect on

participants regarding a lack of clinically relevant CPD. Theme two, *Finding a Way*, revealed participants' attempts to maintain professional autonomy through personal internal and external strategies for development in the absence of organisational support.

**Discussion:** This study provides a unique insight into the training and development experiences of mental health nurses during a period of challenging organisational conditions. The effect on participants' professional identity as well as the loss of direction in terms of professional development has implications for the delivery of effective mental health nursing.

**Conclusions:** A story of resilience has been revealed that adds to the limited evidence base regarding mental health nurses and their experiences of CPD. The relationship between health organisations and registered nurses is an important reciprocal relationship. The challenges facing health services as a consequence of financial pressures and excessive demand must be acknowledged by organisations, especially where these factors negatively affect the abilities of the organisation to support and develop their most vital assets, their staff.

### Biography

I have worked in mental health in Liverpool and North Wales. Qualifying in 1993 as a mental health nurse, I have worked in North Wales since 1996. I am a Clinical Nurse Specialist, with part of my time located in the Centre for Mental Health and Society CFMHAS.org. I deliver CBT for individuals experiencing psychotic symptoms. My research interests include the CPD of mental health nurses, issues concerning the practice of out of area treatments for long stay rehabilitation in mental health care, and Acute

and Transient Psychosis emerging in the context of Covid-19 pandemic. Qualifications include a BSc in Health studies, an MSc in CBT for Psychosis and a Professional Doctorate. I have worked as Teaching Fellow at Manchester University between 2005 and 2010 on the COPE PSI programme, and previously held an external examiner position with the University of Central Lancashire.

### Reference

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### 3.1.2

## Mental Health and Learning Disabilities Integrated Liaison Service

**Lead Presenter:** Joanna Tucker , BN, RN Adult and RN Mental Health, Team Leader - Mental Health and Learning Disability Liaison Service , Isle of Wight NHS Trust , UK

### Abstract

Prior to the outbreak of COVID19 the Mental Health and Learning Disabilities Division of the Isle of Wight NHS Trust was in the process of working through ideas for the transformation and improvement of services. As a dual registered nurse one of the things I'm most passionate about is the parity of treatment, care and support for people with mental health and learning disability needs in the acute setting. Recognition of their needs while in the Emergency Department, for example, is often viewed as non-urgent or obstructive depending on their presentation and often leads to a disadvantaged experience. As an integrated trust we had an opportunity to do something different, something more proactive that built on work that was already in place. COVID19 enabled us to bring this together sooner than expected and over the last nine months we have been evolving and developing. We pulled together the existing segregated liaison practitioners, one nurse for Dementia, one for Learning Disabilities and two for Adult Mental Health. This has enabled us to share knowledge and experience across the specialties. We also created a new associate practitioner role to provide support, structure and strength to the team. They have enabled us to provide a more responsive service to the Acute Hospital, not only into ED but the entire acute setting. We have learnt for the practices of each specialty and shared ways of working which have improved the experience for the people who need our

support and the knowledge and understanding of colleagues on the acute wards. We also made the decision to move into uniform so that we were more easily recognised and seen as part of the team in the acute hospital settings, we have also found that when talking to acute colleagues we are listened to more and asked for support more than prior to wearing it. I feel that this is what a nurse led service can do to improve support for people with mental health and learning disabilities in acute settings.

### Biography

Joanna was part of the first integrated programme at Southampton University for combined mental health and adult nursing registration at degree level. On qualification she worked as a staff nurse in the Emergency Department quickly identifying the need to improve the experience for people attending ED with MH needs she moved on to work in the Psychiatric Liaison team. In recent years Joanna has moved into team leader roles, managing EIP, IAPT, she has also been a Sister in the Emergency Department and laterally bringing together the three MH&LD Liaison teams in the organisation. Alongside clinical work she is studying for a MSC in Leadership and Management in Health and Social care.

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### 3.1.3

#### Exploring senior mental health nurses' views on research utilisation and conducting research

**Lead Presenter:** Sarah Galloway, RMN, MRES Clin, Quality Improvement and Innovation Project Manager and Improvement Advisor, SWLSTG Mental Health Trust, UK

#### Abstract

**Background:** Despite a growing interest and involvement in research, the gap between best practice (evidence) and the care given remains significant. Decisions about treatment and care nurses provide should be based on evidence, and this 'translation gap' leads to poorer outcomes for patients. Limited translation of research involve a complex range of factors, involving the individual, organisation and system wide issues. To bridge this gap between evidence and care, the role of middle manager (MM) has been described in the literature as an under

researched area, and a staff group who have the capacity to be influential and act as potential barriers to research generation and utilisation. By exploring the experiences and views of MM on how they view research, their personal experiences and the potential they have to influence others may help more nurses generate research or improve EBP.

**Aim:** To explore and understand the views of senior mental health nurses on their role and capacity to influence the conduction of research.

**Sampling method:** Purposive and convenience sampling was used.

**Method:** An inductive qualitative explorative study was conducted in an inner-city mental health NHS trust. Semi-structured interviews with twelve nurses were undertaken and analysed by thematic analysis.

**Analytical approach:** The study approach is best described as an interpretivist paradigm, exploring the human experience.

#### Main findings:

Eighteen subthemes, then distilled into five broader themes: '*Learning*', '*Leadership*', '*Constraints and demands*', '*Perception*', and '*Ownership*'.

**Discussion:** This study provides new evidence and insight on the role of MM in research conduction and utilisation and within the mental health settings. This qualitative study adds new evidence to the predominately quantitative understandings in the literature.

#### Conclusion:

- Transferring research findings to clinical practice appears complex and wider than the individual nurse.

- Inter-professional collaboration may support MM transfer findings into practice
- MM and mental health nurses need to have research and implementation skills to improve uptake of EBP
- MM an important role, highly valuable and influential; requires investment though to best support others
- The study findings suggest that generally nurses are willing to engage in research and value evidence but experience significant barriers in everyday practice.

### Biography

Sarah has an MSc in Psychiatric and Mental Health Nursing and has recently completed an NIHR funded Masters in Clinical Research (MRES). Sarah has a clinical background and has created a Government Initiative in a Tier 2 school based CaMHS service, managed teams and pioneered nursing roles such as a Lead Nurse in a Sex Offender Service. She has co-edited a book on managing mentally disordered sex offenders in the community and has won a HIN Innovation and Diffusion Award, looking at referrals to Tier 3 CaMHS. She is passionate about mental health nurses continuing further education and engaging in research/improvement work.

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### 3.2.1

#### Nursing led interventions to support the psychological and emotional wellbeing of children and young people: A scoping review

**Lead Presenter:** James Turner, PhD, Professional Lead Mental Health Nursing, Sheffield Hallam University, UK

**Co-presenter(s):** Patricia Day, Jon Painter, Gayle Hazelby, UK

#### Abstract

The emotional wellbeing of children and young people has become an urgent priority. Increasing levels of need are evident in the numbers affected by depression, anxiety, self-harm and eating disorders (ONS, 2018). Services are overwhelmed by the number of referrals to mental health services (NHS, Digital, 2018). Early intervention in mental health issues in children and adolescents need to be the focus of attention for children's services to improve outcomes.

A scoping review was undertaken by a specialist mental health team from Sheffield Hallam University as part of a research project funded by the RCN Foundation Charity. This consisted of a systematic literature review and a modified Delphi study of UK wide nursing led psychological interventions for young people.

The scoping literature review yielded results of primarily preventative interventions from a handful of UK studies. By its nature, a scoping review of the literature is limited, therefore it is difficult to draw firm conclusions on effective mental health interventions for children and young people. However, this finding, in itself, is still of value in providing insight into evidence-based practice and gaps for research. The general theme running across the studies (included or rejected), is the inefficient use of time or communication, which runs alongside



the current context of the increase in demand for support of children and young people's mental health and wellbeing.

Delphi responses confirmed the fundamental importance of the therapeutic relationship. They also suggested that nurse-led pre-crisis and early interventions which addressed the mental health and emotional wellbeing needs of children and young people were being extensively utilised. All countries and all regions appeared to have, primarily community-based, services with school in-reach perceived to be highly beneficial.

Emphasis was placed by many practitioners on the importance of the therapeutic relationship. Interventions ranged from listening visits to dialectical behaviour therapy and systemic family therapy to forest and surfing schools. Whilst proactive engagement with the client group is evident, inequalities exist in the provision of services nationwide.

Recommendations for a consistent approach to evidence-based interventions were made to enhance practice in young people's mental health.

### Biography

Jim is Professional Lead for Mental Health Nursing at Sheffield Hallam University and has worked as an academic for 17 years following 20 years in practice. He worked in a number of clinical settings as a nurse and nurse leader including acute care, older adults, nurse advisor, Acting Director of Nursing and now as an academic. He is the incoming vice chair of the Mental Health Nurse Academics UK Group and is involved with a number of national and international networks and consultations. As a researcher Jim has strong foundations, investigating a range of topics such as end of life care, therapeutic encounters, clinical supervision, young people's mental health,

and wellbeing through sport. He is particularly interested in teaching and researching therapeutic interventions as applied to mental health and wellbeing in general.

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### 3.2.2

#### The effect of physical activity on anxiety symptoms in young people: A systematic review and meta-analysis

**Lead Presenter:** Tim Carter, PhD, Assistant Professor in mental health and psychological

therapies, University of Nottingham, United Kingdom

**Author(s):** Michaela Pascoe, Australia

## **Abstract**

### Background

Physical activity interventions have been shown to be effective in preventing and treating many mental health problems, especially depression. There is emerging evidence that physical activity may also have beneficial effects on anxiety. However, to date, no systematic review exists that synthesises studies testing this in young people. As such, a comprehensive synthesis of the evidence of the anxiolytic effects of physical activity from randomised controlled trials (RCTs) in children and young people (CYP) is warranted.

### Aims

To synthesise randomised controlled trials (RCTs) testing physical activity as an approach to reduce anxiety symptoms in young people

To determine the effectiveness of physical activity interventions in reducing state anxiety in young people

### Methods

A search of 13 databases to identify RCTs testing the effects of physical activity on anxiety symptoms in young people. Screening, data extraction and risk of bias assessment were independently undertaken by two study authors. The primary analysis used a random effects model to compare the effect of physical activity interventions to no intervention or minimal intervention control conditions on state anxiety.

### Results

Of the 3590 articles retrieved, 22 RCTs were included, with nine included in the primary meta-analysis. The overall standardised mean difference was 0.54 (95% CI -0.796, -0.28), representing a moderate improvement in state anxiety, compared to no intervention or minimal intervention control conditions. Physical activity was also found to produce significantly superior effects on state anxiety when compared to a time and attention-controlled group.

### Discussion

There was a moderate anxiolytic effect of physical activity for young people, which is of similar magnitude to other mental health promotion interventions. Physical activity may be particularly effective for clinical populations (i.e. young people with diagnosed anxiety disorders), however, due to the high risk of bias present in many of the included studies, combined with the relatively limited number of studies included in the meta-analyses, the findings are considered tentative.

### Conclusions

Physical activity may be a useful approach to addressing anxiety symptoms in children and young people, however, further trials of clinical populations are required to determine the effectiveness of physical activity as treatment of anxiety disorders.

## **Biography**

Tim Carter is a lecturer and researcher at the University of Nottingham where he specialises in teaching cognitive behavioural psychotherapy and conducting research into physical activity and mental health. Tim is a registered mental health nurse and accredited cognitive behavioural psychotherapist.

## **Reference**

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### 3.2.3

#### Examining the Wellbeing and Quality of life Tools used with Individuals with Combined Mental Health and Housing Needs

**Lead Presenter:** Douglas MacInnes, PhD, RMN, Professor of Mental Health, Canterbury Christ Church University, UK

#### Abstract

##### Background

The presentation will detail a scoping study undertaken in collaboration with staff and clients of the charity Porchlight. Porchlight helps vulnerable and isolated people get support with their mental health, housing, education and employment. Porchlight

currently use the Shortened Warwick-Edinburgh Mental Well-Being Scale (SWEMWBS) to monitor wellbeing in their client group. However, it is viewed as lacking specificity and applicability.

The aims were to:

- a) identify the existing wellbeing/quality of life tools used to help individuals with combined mental health and housing needs.
- b) examine the applicability of the identified tools for use by Porchlight.

#### Methods

The study consisted of two phases: (i) a rapid review of the literature and (ii) interviews with key stakeholders of Porchlight.

##### (i) Rapid Literature Review

A systematic search was undertaken to identify existing measurement tools in published papers from January 2010 onwards that; assessed quality of life and/or wellbeing, with participants using mental health and homelessness services and detailed a clearly defined measurement tool. All subscales or domains within each tool were recorded.

##### (ii) Focus Groups and Interviews

3 focus groups and 3 individual interviews (N=20) were conducted with clients and staff to gather their opinions and experiences of the assessment processes. Purposive sampling was used with participants required to have prior experience of undertaking the SWEMWBS assessment. Interview schedules were developed for clients and staff. Audio recordings and transcripts were analysed using thematic analysis (Braun and Clarke, 2013).

#### Main Findings

Review - 72,550 database hits were obtained with 447 papers assessed for eligibility and 45

papers included in the review. 18 tools were identified incorporating 7 domains.

Focus groups and Interviews – Three superordinate themes were identified as well as one emerging theme. Social and personal domains were viewed as the most important to include in any assessment of wellbeing.

## Conclusions

The presentation will detail:

- the tools and domains identified in the rapid review and the themes identified from the thematic analysis.
- important issues to consider when measuring wellbeing for people with mental health and housing concerns.
- procedures for working collaboratively with users and staff of a charitable organisation.

## 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; examining older peoples uses and experiences of forensic mental health services, 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.

## Reference

1. Combined Homelessness and Information Network (CHAIN) (2018)

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2. Mental Welfare Commission for Scotland (2017). Themed visit to homeless people with mental ill health. Mental Welfare Commission for Scotland, Edinburgh.
3. Braun. V & Clarke. V. (2013) Successful qualitative research. Sage, London.

### 3.3.1

#### Breaking the Glass: Articulating Experiences of Mental Health through Hermeneutical Injustice.

**Lead Presenter:** Rachel Wood, Master student, Exeter University, UK

**Co-presenter(s):** Alex Wood, BA Middle East Studies and International Relations, MA Student Exeter University, UK

#### Abstract

**Purpose:** Applying the theoretical concept of hermeneutical injustice to mental health discourse to disrupt damaging conceptions and aid those who have, or continue to experience mental ill-health.

#### Aims of the discussion

This paper offers a unique perspective on how the lack of popular understanding exacerbates the experience of mental ill-health. The first-hand experiences of the authors are articulated through the framework of hermeneutical injustice. These insights aim to trigger different perspectives and concepts of care, ultimately

working to reduce the void between those who suffer from mental ill-health and those around them. This discussion runs parallel to the Covid-19 pandemic and the increased strain it has placed on mental health. The widespread awareness and concern provide a moment to open and begin conversations around mental health.

### **Main discussion**

The experience of mental ill-health is situated in the framework of hermeneutical injustice to improve collective understanding and experience.

Hermeneutical injustice was first conceived by the feminist academic Miranda Fricker (2007). The concept occurs when a significant area of one's experience is obscured from the collective understanding owing to persistent marginalisation (Fricker, 2007; 10). The authors suggest that mental health exists within this space. The collective lack of understanding works to render those who suffer from mental ill-health unintelligible. The inability to comprehend their experiences marks them as unreliable and even dangerous. Integrated systems of language and power work to regulate representations and marginalise certain voices. They contribute to an epistemic injustice that produces unliveable lives.

The experiences of the authors are situated within these frames. They reflect on how the frame of hermeneutical injustice has enabled them to comprehend and re-frame the experience of mental ill-health.

### **Conclusions**

The discussion aims to demonstrate the necessity to depart from the complicity and active ignorance which sustains hermeneutical gaps to bridge experience and public discourse. It hopes to recognise and examine what is otherwise systematically obscured and

repressed; challenging hermeneutical injustice. The authors believe that Covid-19 has created a space in which challenging hermeneutical injustice is not only possible but urgent.

### **Biography**

Alex is a Master's student at the University of Exeter studying MA Middle East and Gender Studies. Throughout her academic studies Alex has focused on gender studies and social justice. Alex hopes to continue this work throughout her studies and her future career.

### **Reference**

1. Antony, L (1995), &ldquo;Sisters, please, I&rsquo;d rather do it myself: A Defence of Individualism in Feminist Epistemology&rdquo;, <em>Philosophical Topics: Feminist Perspectives on Language, Knowledge, and Reality, </em>Vol. 23 No. 2, pp. 59-94.
2. Fricker, M (2007), <em>Epistemic Injustice: Power and the Ethics of Knowing, </em>Oxford University Press, Oxford.
3. Medina, J (2012), &ldquo;Hermeneutical Injustice and Polyphonic Contextualism: Social Science and Shared Hermeneutical Responsibilities&rdquo;, <em>Social Epistemology: Journal of Knowledge, Culture and Policy, </em>Vol. 26 No. 2, pp.201-220.

### **3.3.2**

#### **The One Health Transition**

**Lead Presenter:** Jonathan Gadsby, RMN, PhD, MSc PGCertED, BMus, Research Fellow,

Mental Health and Learning Disability Nursing,  
Birmingham City University, UK

### Abstract

I teach mental health nursing students ways in which concepts of health are allied to political philosophy. My chapter on the subject in 2019 was described as 'Jonathan Gadsby's wonderful chapter on nurse education' by Robert Whitaker (2019). Accolades aside, I know there is still almost the whole journey left to go. I feel far from equal to the task.

Within the local trust they say that I will make students into angry nurses, not team players. A consultant nurse scoffed at my interests, another said my efforts were 'very sad'. Yet five hours on the previous curriculum is becoming five weeks in the new one; if students were in danger of becoming 'angry' before, just think what 'damage' can be done now!

As I review my years of lesson plans, I see that *anti-psychiatry* became *critical psychiatry*, which became *critical mental health*, which became *democratic mental health*.... And now this: *the One Health Transition*. The One Health Transition was proposed within the fifth report of the United Nations *Convention on Biological Diversity* (UN, 2020). It is a level of 'integration' Lord Willis never dreamed of. It seems to re-write the political spectrum in tantalising ways, showing that views are not opposing but *nested*. It is simple, fascinating, alarming, dangerous. Is it true that health is infused with political ideology, or is it that *politics is about health, almost nothing else?* The 'One Health Transition' makes nurse Benny Goodman's view that 'the smallest unit of health is a community' *too small* (Goodman, 2015).

In this paper I want to introduce the UN's 'One Health Transition' and share the beginnings of

a journey I hope will become the future after the Future Nurse Curriculum.

### Biography

Jonathan is mental health nurse and academic. After spending over 10 years in practice he did a Masters degree in philosophy and ethics of mental health (Warwick) and then a PhD about voice-hearing and the politics of health, a Dialogical Narrative Analysis in the style of Arthur Frank. Now he teaches mental health nurses, social workers, practice nurses, associate nurses and psychiatrists. He was a critical reader for the Power Threat Meaning Framework and he is active at his university in helping to think and teach about the climate and ecological emergency. For several years, Jonathan has been trying to bring the work of the UN and the WHO into greater awareness within mental health nursing.

### Reference

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3. Whitaker, R. in Sapouna, Gijbels and Sidley. 2019. *Inside Out, Outside In: transforming mental health practices*. PCCS Books

### 3.3.3

#### Love and resistance: re-inventing radical nurses in everyday struggles

**Lead Presenter:** Michael McKeown, PhD, BA, RGN, RMN, Professor of Democratic Mental

Health, School of Nursing, University of  
Central Lancashire, UK

### **Abstract**

We are living through immensely turbulent times within which nurses are playing pivotal and often heroic roles. A politics of justice, redemption and progress is needed now more than ever and arguably nurses have a pivotal contribution to make. We must learn the lessons of history if we are not to repeat the mistakes of the past but also to reveal instances of inspiration, hope and success. So, I wish to consider the idea of nursing radicalism, with recourse to a consideration of the past, contemplation of the present, and, most crucially, to inspire a critical imagination of what could be the future. Latterly, the very vocabulary of 'radical' has been demeaned, denigrated and demonised. I wish to reclaim an appreciation of nursing radicals as a wholesome and positive force for good, with huge potential for making a difference at various degrees of scale; from the global to the everyday. Indeed, I contend no change of any worth can neglect attention to the everyday human relationships bound up in making the change happen.

Nurses are often referred to as politically passive and docile, apathetic or disengaged from political debates or activism. Whilst there can be some truth in such claims, this is actually a misrepresentation that neglects key elements of our history. While there is an imperative for nurses to be more politically engaged, we must understand impediments to this and acknowledge a fine tradition of nursing radicalism. Nursing radicals live amongst us, and nursing radicalism has, I believe, a bright future. Indeed, one desirable possibility is for nurses to conceive of and embrace a radical professional identity that is simultaneously politically engaged and gives meaningful expression to the progressive, compassionate

and humanistic values that most nurses claim to adhere to. With reference to a selection of historical figures this paper aims to develop and provoke critical thinking on these salient themes for our times.

### **Biography**

Mick is Professor of Democratic Mental Health, School of Nursing, University of Central Lancashire and trade union activist with Unison. Mick is interested in connections between industrial democracy and coproduction of services and arguing the case for union organising to extend to alliance formation with service user/survivor groupings. He is a founder member of Union Co-ops UK and involved in the so-called Preston Model of community wealth building and cooperative development. He has published widely in the mental health field including co-editing the recent Sage textbook: *Essentials of Mental Health Nursing*.

### **Reference**

1. **McKeown, M**. (2020) Love and resistance: re-inventing radical nurses in everyday struggles. *Journal of Clinical Nursing*, 29: 1023-1025
2. Jackson, D. and Usher, K. (2019) Social justice for all: Are we there yet? *International Journal of Mental Health Nursing*, 28, 1017-1019.
3. Springer, S. (2016) Fuck neoliberalism. *ACME: An International Journal for Critical Geographies*, 15(2), 285-292.

### **Abstract**

According to NHS Digital statistics in 2017-18 black or black British people are 4 times more likely to be detained under the Mental Health Act than white people and six times more likely in London. The recent MHA Review highlighted the “profound inequalities” for people from ethnic minority communities accessing mental health treatment, their experience of care and their mental health outcomes. Its report, published in December 2018, concluded that current legislation goes too far in removing people’s autonomy and does not do enough to protect and support people’s ability to make decisions about and influence their own care. MHN’s form the largest, diverse group in the NHS workforce yet their expertise is rarely tapped into especially around MHA implementation.

#### **Aim:**

To explore BME mental health nurses’ and those with lived experience of the MHA perspectives about factors which impede and promote their cultural expertise in MHA implementation.

## **Concurrent session 4**

### **4.1.1**

Using BME nurse expertise to prevent and reduce “coercive practices” and reduce MHA implementation in a mental health NHS Trust

**Lead Presenter:** Catherine Gamble, Head of Nursing Practice, Education and Research , South West London and St Georges MH NHS Trust, UK

#### **Sampling Method:**

A purposive and convenience sampling method was used to recruit mental health nurses and those with lived experience, who work in, receive care or provide clinical support to services at one London NHS Trust.

#### **Method:**

A qualitative study design was employed whereby participants were invited to attend focus groups which were informed by use of a topic guide.



### Specific Analytical Approach:

Focus groups were audio recorded and transcribed verbatim. Thematic analysis has been used to analyse the data, following guidelines outlined by Braun and Clarke (2006), who recommend a six phased approach.

### Main Findings:

Data collection and analysis are currently in progress. Initial findings indicate that MHA implementation is exacerbated and ameliorated by a range of cultural attitudes, beliefs and unconscious bias.

### Discussion & Conclusions:

We suggest that MHN may benefit from undertaking a coproduced blended development programme which is the next stage of this Burdett Nursing Trust funded project.

### Biography

Catherine, chairs the UK Wide MHN Expert Advisory Group, is an Eileen Skellern laureate, a RCN Mental Health Nurse of the Year award holder and Royal College of Psychiatrists Team winner. Her Head of Nursing Practice, Education and Research role at South West London and St Georges Mental Health NHS Trust provides a wide sphere of influence including policy, education and research development and championing good practice, in areas such as, Sexual Safety, MHA Review, Addressing Inequality, Supervision, Suicide Awareness, Parity of Esteem, Mental Wellbeing and Public and Patient Involvement. Catherine has broad experience in coproduction, mental health and workforce development. Her clinical expertise lies in working with families and those with psychosis; she has held various NHS roles in acute and community psychiatric services and has published widely. Twitter @minifeet2

### Reference

1. Modernising the Mental Health Act &ndash; final report from the independent review, Department of Health and Social Care, December 2018:  
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<https://pubmed.ncbi.nlm.nih.gov/27852712/>
3. Reforming the MHA (2021)  
[https://assets.publishing.service.gov.uk/government/uploads/system/uploads/attachment\\_data/file/951741/mental-health-act-reform-print.pdf](https://assets.publishing.service.gov.uk/government/uploads/system/uploads/attachment_data/file/951741/mental-health-act-reform-print.pdf)

### 4.1.2

**A socio-legal analysis of the impact of the Mental Treatment Act 1930 on voluntary admissions to Wadsley Mental Hospital Sheffield (1931-1948): implications for contemporary mental health legislation.**

**Lead Presenter:** Russell Ashmore, PhD, MA, BSc (Hons), Grat Cert Ed, Dip Coun, RNT, RN (MH), Senior Lecturer in Mental Health Nursing, Sheffield Hallam University, UK

### Abstract

### Background

Section 1 of the Mental Treatment Act (MTA) 1930 allowed for the first-time a person to be admitted to hospital as a voluntary patient. Historians (Jones, 1960) have argued that this legislation initiated swift and significant positive changes to the way mental health care was delivered. More recent research has challenged these claims. However, this research (Pearce, 2006; Brumby, 2015) is limited by both the short timeframe (1931-1938) and relatively small sample of admissions on which its findings are based. This research both redresses this deficit and challenges previous historical accounts.

### **Aims**

To: (1) explore the impact of the implementation of the MTA 1930 on the patterns of admission and discharge in one hospital in the UK (1931-1948); (2) identify the relevance of the findings for inpatient admissions in 2021; and (c) argue for the utility of Pearce's historical research method for understanding region trends in the implementation of the Mental Health Act (MHA) 1983 (DH, 2007).

### **Methods**

Using Pearce's (2006) regional approach to historical research, a qualitative content analysis was undertaken on a purposive sample of archival material. This consisted of the registers of admission for all certified, temporary and voluntary patients (n = 10,767) admitted to Wadsley Mental Hospital Sheffield for the period 1st January 1931-31st December 1948. Admission registers for all certified patients (n = 6199) admitted 1st January 1913-31st December 1930 were also sampled.

### **Findings**

The analysis generated six categories: 'legislative inertia'; 'admit and then admit more'; 'inners and outsiders'; 'class divisions'; 'the

gender divide'; and 'free to leave or free to be detained?'

### **Discussion and conclusions**

An understanding of the history of mental health legislation relating to voluntary informal admission is important for comprehending its role in how mental health nurses implement the MHA 1983 (DH, 2007). However, the importance of the history of mental health legislation has, on the whole, been ignored by mental health nursing educators, practitioners and researchers. Insights into this history is timely, as it would appear informal inpatients' rights have been eroded to the extent that they are no more than a legal fiction.

### **Biography**

Dr 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 research on; mental health legislation, 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. Russell delivered the Skellern Lecturer 2020, titled: The Fall of Icarus: The Trials and Tribulations of the 'Informal Patient' in the 21st Century.

### **Reference**

1. Brumby, A. (2015) From 'Pauper Lunatics' to 'Rate-Aided Patients': Removing the Stigma of Mental Health Care? 1888-1938. &nbsp; Doctoral thesis, University of Huddersfield.

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3. Pearce, D. (2006) *Family, Gender and Class in Psychiatric Patient Care during the 1930s: The 1930 Mental Treatment Act and the Devon Mental Hospital*. In Dale, P. and Melling, J. (eds), *Mental Illness and Learning Disability Since 1850: Finding a Place for Mental Disorder in the United Kingdom* (pp. 112-130). Routledge, Oxon.

### 4.1.3

#### Service evaluation on the use of body worn cameras in three acute mental health wards

**Lead Presenter:** Darren Savarimuthu, Nurse, Nurse Consultant, Safe and Therapeutic Services, Barnet, Enfield and Haringey Mental Health Trust, UK

**Co-presenter(s):** Sarah Burleigh, UK

#### Abstract

Background.

St Annes Hospital in Haringey, North London is undergoing major renovation. In August 2020 the three adult mental health wards were relocated into a purpose built facility on the same site. This move offered an opportunity to develop new ways of working and change the service model. The wards had previously had high levels of violence and aggression, and as part of a wider London initiative, we decided to pilot the use of body worn cameras on the three adult in patient wards, and complete an evaluation of the impact of body worn cameras on patients and staff. The initial plan was to run

the pilot for three months prior to the move across to the new facility, but due to the coronavirus pandemic, this had to change. The pilot started in August 2020, and has had a number of delays, but is ongoing at this point.

#### Aims

This is an ongoing service evaluation. We are piloting the cameras and monitoring the impact on levels of violence and aggression on the three wards, and the impact on how patients and staff feel about the cameras being used and whether this makes people feel safer.

#### Sampling method

A brief 'before and after' online survey was circulated to staff on the participating wards. The survey was developed and distributed by Reveal, the company providing the devices, and the data will be analysed centrally by them.

We completed patient and staff questionnaires prior to the implementation of the cameras on the wards. Staff were asked to complete a modified STAR measure (Scale To Assess Therapeutic Relationships ) measure. In addition to 4 questions about their experiences of negative events. Patients were helped to complete a survey asking for their views on aspects of the ward environment generally, and their views about staff wearing body worn cameras. These measures will be repeated when the pilot has finished.

The frequency and severity of incidents recorded on the wards will be analysed, looking at a similar time period before and after the introduction of body worn cameras.

#### Biography

Darren is currently working in BEH as a Nurse Consultant, promoting safe and therapeutic services for patients across the trust. Darren

has previously worked clinically in the Trust and has just submitted his PhD thesis.

## Reference

1. Ellis, Tom.(2019) The use of Body Worn Video Cameras on mental health wards: Results and implications from a Pilot Study. *Mental Health Family Medicine*. Vol 15, no 3, pp &nbsp;859-868
2. Calla (n.d a) CALLA in an inpatient mental health setting <https://www.youtube.com/watch?v=UehThbSrtxQ&feature=youtu.be>

### 4.2.1

## Mental Health, Information and Being Connected During the Covid-19 Pandemic: Findings from a Trans-National Survey

**Lead Presenter:** Mariyana Schoultz, PhD, Senior Lecturer in Mental Health , Northumbria University, UK

**Co-presenter(s):** Janni Leung, Australia, Tore Bonsaksen, Amy Geirdal, Norway

## Abstract

### Background

The Covid-19 pandemic triggered new national policies on public behavior in most countries throughout Europe, America and Australia including social distancing, quarantine and shielding in place, which had potential impact on mental health.[1] Due to those restrictions, people became reliant on social media as a means for gathering information and a tool for staying connected to family, friends and work.[2] This is the first trans-national study exploring how the use of social media affected

the mental health of the general population during the start of the pandemic.

## Methods

This study was part of a wider cross-sectional online survey conducted in Norway, UK, USA and Australia during April/May 2020. The research question was to explore the experiences and challenges of social media users during the Covid-19 pandemic. 3810 people took part in the survey and 1991 responses were included in the analysis. Thematic analysis was conducted independently by two researchers.

## Results

Three overarching themes identified were: Emotional/Mental Health, Information and Being Connected. Participants experienced that using social media during the pandemic amplified anxiety, depression, fear, panic, anger, frustration and loneliness. They felt that there was information overload and social media was full of misleading or polarized opinions from which was difficult to switch off. Nonetheless, participants also thought that there was an urge for connection and learning which was positive and stressful and the same time.

## Conclusion

Using social media while in shelter in place or lockdown could have a negative impact on the emotional and mental health of the population. These findings give a clear insight into practical recommendations for policy and practice on the importance of strengthening mental health care in the community and investing in health workers to support the mental health needs of the public.

**Keywords:** social media, Covid-19, cross-sectional, trans-national, mental health, loneliness, pandemic

## Biography

Senior Lecturer in Mental Health @ Northumbria University. In collaboration with an international team, she recently completed a cross country study about the impact of Covid-19 social distancing on mental health, employment and quality of life for people in UK, USA, Norway & Australia. She has expertise in evaluating psychological interventions and conducted a pilot RCT with a nested qualitative study exploring the participants' perspectives of mindfulness based cognitive therapy. In her research on service improvement for people with Inflammatory Bowel Disease (IBD), she worked collaboratively with service users in co-designing IBD services in Scotland. She is currently a co-investigator in a study exploring the experience of care home staff during COVID-19. Dr Schoultz is experienced in both, quantitative and qualitative research.

## Reference

1. Norwegian Institute of Public Health.&nbsp;The Norwegian Institute of Public Health specifies advice on social distancing. 2020; Available at: <https://www.fhi.no/nyheter/2020/fhi-presiserer-rad-om-sosial-distansering/>. Accessed 06/10, 2020.
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## 4.2.2

### CARE COVID (Care giving And Receiving Experiences in Community Mental Health Services during COVID)

**Lead Presenter:** Valentina Short, RMN, BA, MSc, P.G. Diploma (CBT), P.G.Cert CBT Clinical Supervision, P.G.Cert Quantitative and Qualitative Health Research Methods. PhD (Dept of Psychology Durham University), Consultant Nurse/NIHR 70@70 Nurse/Midwife Research Leader, Tees Esk and Wear Valleys NHS FT, UK

**Co-presenter(s):** Ellie Wildbore, UK

**Author(s):** Jane McKeown, Carrie-Ann Black, UK

## Abstract

### Background

This qualitative study explores the Covid-19 global pandemic community mental health service experiences of care within 'Lockdown' which remains a major response in which people must practice social distancing and isolation.

The pandemic poses major amendments to existing arrangements for community mental healthcare in order to continue delivery of services whilst keeping both service users and NHS staff safe. The personal impact for service users from the amendments is unknown.

### Aims

To develop better understanding of strategies that support mental wellbeing, in particular those which help or hinder the mental health of service users during the Covid-19 lockdown.

### Sample method

30 participants from three NHS sites across England will be approached to participate. Five

service users and five nurses will be selected from each site. Convenience sampling will be used. We have chosen this method of sampling as there may be insufficient people who have expressed an interest to take part in research, which may make selecting a random sample more challenging in the time frames to which the research team is aiming and funded.

#### Method

Data will be collected from participants through semi-structured interviews, carried out by interviewers with lived experience of mental health services, and registered nurses working in mental health services.

#### Specific analysis approach

Information will be analysed using thematic analysis generating common themes across the data set that expresses the experiences of the participants as a whole.

#### Main findings

This study is in progress. Findings will be concluded by June 2021 and will be submitted for publication in academic journals, disseminated to research participants and participating mental health and social care NHS organisations.

#### Discussion

The research team will discuss how findings compare with results from other recent studies in this area, implications for practice, policy, and future research. Study limitations, strengths, and future research recommendations will be reported.

#### Conclusions

The study will contribute to mental health nursing practice by providing additional evidence to inform how one-to-one care delivered by adult community mental health care teams during the Covid-19 pandemic

restrictions can be experienced as helpful by those receiving it.

#### Biography

Valentina joined the nursing profession in June 1982 and has been a Consultant Nurse since 2009. The main focus of her career has been to work with people experiencing psychosis. Valentina has been involved in supporting healthcare research throughout her career, and has studied to PhD level at Durham University, developing a conceptual model for the psychological case formulations employed by mental health teams, which unites team psychological capabilities with the process of formulating. Post retirement, Valentina returned to the NHS for two days a week after being awarded one of the prestigious NIHR 70@70 Nurse/Midwife Research Leader Programme fellowships. Valentina is also a visiting Senior Research fellow at the University of York. She considers her greatest professional achievement to be in the learning she has been exposed to when working directly with people experiencing psychosis.

#### Reference

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### 4.2.3

#### Care Home Staff Experiences during Covid-19

**Lead Presenter:** Michelle Beattie, PhD, Lecturer (Adult Nursing), Assistant Head of Research, University of the Highlands and Islands, UK

**Co-presenter(s):** Mariyana Schoultz, UK

**Author(s):** Leah Macaden, Clare Carolan, UK

#### Abstract

**Aim:** To explore the experiences of nurses and care workers in a care home setting during the Covid-19 pandemic.

**Methods:**

A cross sectional mixed methods approach was used to address study aim. This included an online quantitative survey distributed to 900 staff working in several Scottish care homes, and 30 virtual one-to-one qualitative interviews. The survey consisted of 11 demographic and work characteristics, the 14-item perceived stress scale (Cohen et al 1993; Lee 2012) and the 26-item coping self-efficacy

scale (Chesney et al 2006). The online survey was distributed via the *onlinesurvey.ac.uk* platform to examine care home staff levels of stress, resilience and coping and identify demographic and work factors influencing these. The in-depth interviews included carers, nurses and managers working at the care homes.

Quantitative data from questionnaires will be entered into the Statistical Package for Social Sciences (SPSS) version 23.13 and descriptive statistics calculated for sample characteristics. Interview recordings will be transcribed verbatim. Qualitative data will be analysed thematically using Braun and Clarke's six step method.

**Results:**

Data collection is still ongoing, but results will be available from April. Preliminary results highlight that many staff felt nervous or stressed often or very often.

**Discussion:**

This study will help us understand the factors that influenced stress and coping for those working in nursing homes during the pandemic. The process will give a voice to this historically underrepresented group in nursing. The results will be used to inform a future study to develop and test a psychological support intervention which can directly improve coping and the quality of life for staff working in nursing homes. The results will give guidance on how to better support staff not only in the participating care homes in Scotland, but for care home staff throughout the UK and beyond.

#### Biography

Dr Michelle Beattie has been a nurse academic with expertise in healthcare quality improvement (QI) for 10 years. She has



considerable experience in conducting evidence-based research in nursing issues and is currently the Principal Investigator of a study exploring stress and coping of care home staff during the covid-19 pandemic. Her previous 20-year nursing career provides an insightful understanding of everyday nursing challenges. She has methodological expertise in researching patient, student and staff experiences and has a track record of published work. Senior Lecturer in Mental Health @ Northumbria University. In collaboration with an international team, she recently completed a cross country study about the impact of Covid-19 social distancing on mental health, employment and quality of life for people in UK, USA, Norway & Australia. She has expertise in evaluating psychological interventions and conducted a pilot RCT with a nested qualitative study exploring the participants' perspectives of mindfulness based cognitive therapy. In her research on service improvement for people with Inflammatory Bowel Disease (IBD), she worked collaboratively with service users in co-designing IBD services in Scotland. She is currently a co-investigator in a study exploring the experience of care home staff during COVID-19. Dr Schoultz is experienced in both, quantitative and qualitative research.

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## 4.3.1

### An exploration of the role of volunteer cadres in community mental health services in Indonesia: a qualitative study

**Lead Presenter:** Herni Susanti, Doctorate Degree, Senior Lecturer, University of Indonesia, Indonesia

**Author(s):** Ice Yulia Wardani, Estin Yuliasuti, Indonesia, Helen Brooks, UK

#### Abstract

**Background:** Volunteers trained to support community mental health programs in Indonesia are known as 'mental health cadres.' These are lay people who are trained to provide basic support for people with mental health problems in their local communities. Their contribution has the potential to address the challenges health professionals currently face in remote and rural areas. Little is currently known about the implementation of this form of lay workforce and the experiences of mental health cadres in Indonesia.

**Objective:** This study aimed to explore the role of volunteer cadres in community mental health services in Indonesia from the perspective of the cadres themselves.

**Methods:** The study employed a descriptive qualitative design. Purposive sampling was employed to recruit cadres with at least one year of experience across four geographical areas in Java, Indonesia. Data were collected



utilising focus groups undertaken between July and November 2020. Due to Covid-19 restrictions, some focus groups were carried out online via zoom. Data were analyzed using thematic analysis

**Results:** The study involved 79 cadres in four regions: Aceh, Jakarta, West and East Java. The majority of participants were looking after their families with a minimum of high school level qualifications. Four major themes were interpreted from the data: (1) Motivation for volunteering (care for people with mental illness, contribute to mental health promotion) (2) The main role of mental health cadres (home visits to patients and families), (3) What mental health cadres need from services (incentives, capacity building and infrastructure), (4) Barriers (stigma, non-supportive consumers, limited financial support) and facilitators to undertaking the cadre role (supervisory from nurses, written assignment from authorities).

**Discussion:** The results of this study provide an in-depth understanding of the experience of mental health cadres in Indonesia. The study has identified important barriers to the successful implementation of lay workers in community settings. In particular, financial support and mental health related stigma must be taken into consideration to ensure the future sustainability of such roles.

**Conclusion:** The results of this study are of relevance to those wishing to optimise the implementation of lay workforces in resource limited settings.

### Biography

Herni is working at Mental Health Nursing Department, Faculty of Nursing Universitas Indonesia (FON UI). She finished her Master from Curtin University of Technology, Australia, and her PhD from University of

Manchester, UK. As a lecturer, she has been teaching related to mental health nursing and qualitative research. Herni's experiences in research including job stress of Indonesian and Japanese Nurses, the provision of Cognitive Behavioral Therapy (CBT) for drug abuse, and civic engagement in mental health services in Indonesia. Herni is the manager of corporation FON UI, and Coordinator of research in the Indonesian Mental Health Nurses Association.

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### 4.3.2

Exploring the relevance of increased peer support to encourage black women with postnatal depression in the UK to access appropriate support through healthcare services.

**Lead Presenter:** Bridgette Naa Dei Hushi, Student, University of Nottingham, UK

**Co-presenter(s):** Natasha Recchia, UK

#### Abstract

##### Background

Postnatal depression in the UK is found to be higher in black women compared to white women, yet treatment rates are low. Increased social support has been linked with lower rates of postnatal depression. Some women in the UK suggested that additional support as simple as someone to talk to could help mitigate the onset of depression when transitioning into motherhood.

##### Aim

To explore why increasing peer support could encourage black women with postnatal depression in the UK to access appropriate support through healthcare services.

##### Main discussion points

Many black women who migrate to the UK lose family support systems that help them transition into motherhood. Studies revealed that black African and Caribbean women were less likely to seek support from healthcare professionals due to non-recognition of postnatal depression symptoms and cultural incompetence of professionals in some cases. Women felt alone in their experiences when they looked to their communities and the media.

#### Discussion

Cultural expectations of motherhood, the stigma of mental health and distrust of healthcare services made it difficult for women to seek support. Studies revealed that among British African and Caribbean women, peer support groups are a preferred treatment choice. Women desired to be listened to in a safe space among women sharing similar experiences.

#### Conclusions

If the COVID pandemic, the Black Lives Matter movement and controversial Christmas adverts in 2020 taught us anything is the importance of equality, social interaction and cultural representation in the media. The use of informal support services can be useful to educate women and help change cultural attitudes towards mental health thereby reducing stigma among black communities. Peer support groups would not only help black women who share similar experiences have a safe place to talk, share knowledge and practical support especially where they lack family support systems but can also help improve cultural competence in healthcare to develop culturally appropriate interventions. Encouraging women to share their experiences will inspire others to know that they are not alone in their experiences and be willing partake in studies to improve the pool of research within this minority group in the UK.

#### Biography

Bridgette Naa Dei Hushie is a final year master's student studying mental health nursing at the University of Nottingham. Bridgette also holds a Master's degree in Environmental Science with a specialisation in the area of the impact of green spaces on the built environment. Her research interests lie in perinatal mental health including the

improvement of access to mental healthcare services by black and ethnic minorities. She is due to commence her mental health nursing career as a Crisis Care Practitioner in the Nottinghamshire Healthcare NHS Foundation Trust once she has completed her studies.

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### 4.3.3

#### Perceptions and Experiences that Challenge Therapeutic Encounters

**Lead Presenter:** Jude Graham, Accredited QSIR Teaching Faculty Associate FTSU Champion, Director for Psychological Professionals, Rotherham, Doncaster and South Humber NHS Foundation Trust, UK

### Abstract

Patient support, safety and workforce wellbeing are at the heart of the NHS Long Term Plan and heavily feature in the NHS People Plan published in 2020. Visions for how this will be delivered are optimistic and moving at pace. However, some concern has been raised about how patient and clinician access factors contribute to potential health inequality. My doctoral research focused upon how different patient and multi-professional staff aspects can affect treatment encounters, choices and offers. The particular focus was with people who present with complex trauma and may have a diagnosis of personality disorder. My clinical practice has built upon these research findings working with individuals, teams and systems who have experienced recent and past trauma, exploring how this has affected care journeys and care culture. Difficulties have been found when making decisions for referral and treatment with people where there is diagnostic conflict or complex physical and mental health problems. Other challenges have been identified regarding:- the patient/clinician relationship; the level of distress / emotion in the encounter; the clinician's health state; differing perceptions pertaining to the individual and / or the diagnosis; and the available treatments and resources.

### Biography

Judith is an ANC, Consultant Psychotherapist, Independent Prescriber & specialist assessor for Autistic Spectrum Conditions who has worked in a variety of clinical NHS posts. She specialises in working with people & systems who have experienced trauma. Judith has extensive experience in leading system change, teaching & quality improvement. As a Freedom To Speak Up Guardian, she provided leadership for the Yorkshire & Humber FTSU

Network for 4 years. This work was awarded HSJ FTSU Organisation 2019/20. Judith has published widely, presented at national & international conferences, is a Queens Nurse & Trustee on the QNI Board. Judith is an elected NHS Confed MH Network Board member. Judith is a member of the NEY Psychological Professional Network Steering group. Judith has been awarded a 3-year clinical NICE Fellowship. Judith was awarded a BEM in the 2021 Queens New Year's Honours

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**Co-presenter(s):** Michael Coffey, Alan Meudell, UK

**Author(s):**, Deborah Edwards, Dr Sally Anstey, Dr Paul Gill, Mala Mann, UK

### Abstract

#### Background

This concurrent session builds on an online presentation at #MHNR2020 which focused on methods and main findings from an evidence synthesis (the MENLOC project) in the area of end of life care for people with severe mental illness. In this companion paper we reflect on the process of going beyond databases searches, and share our experiences of involving stakeholders and including non-research material in the service of producing a review of the evidence which is simultaneously thorough and relevant.

#### Aims of the paper

1. to summarise the methods and key findings from the MENLOC project;
2. to explore how stakeholder involvement informed and enhanced

this evidence review;

3. to explain how policy, guidance and case studies were interwoven with research.

#### Main discussion points

Evidence syntheses bring together what is known about a selected area, and serve an important purpose in informing future policy, practice, education and research. We propose that the comprehensiveness and utility of evidence syntheses in the health and social care arena are enhanced when stakeholders, including people with experiences of using services, are directly involved. We also propose

## Concurrent session 5

### 5.1.1

Involving stakeholders and widening the net: reflections on going beyond database searching arising from an evidence synthesis in the area of end of life care for people with severe mental illness

**Lead Presenter:** Ben Hannigan, RN PhD, Professor of Mental Health Nursing, Cardiff University, UK

that reviews are enhanced when they go beyond the searching of databases to also include non-research materials such as case studies, clinical accounts, guidance and policy. We expand on these propositions by reflecting on our experiences of the MENLOC project, which included in its final report 104 publications comprising 34 research items, 42 case studies and 28 non-research pieces.

### Conclusions

Evidence syntheses are enhanced when people with stakes in their findings are involved from the beginning, and are able to shape decision-making at key points during the processes of searching, sifting and reviewing. The careful inclusion of policy, case study and related evidence adds value by illuminating personal experiences.

### Funding and acknowledgement

This project was funded by the National Institute for Health Research (NIHR) Health Services and Delivery Research (HS&DR) programme. The views expressed are those of the authors and not necessarily those of the NIHR or the Department of Health and Social Care.

### Biography

Ben Hannigan is Professor of Mental Health Nursing at Cardiff University, where he studies mental health systems and services.

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### 5.1.2

#### RCN Public and Patient Involvement: what can the matter be?

**Lead Presenter:** Catherine Gamble, Head of Nursing Practice, Education and Research , South West London and St Georges MH NHS Trust, UK

#### Abstract

The theme of “no decision without me” now spans through MH services. Pro-actively engaging people with lived experience in service quality improvements and policy development lies at the heart of good MH practice. In 2017 social media feedback questioned whether the RCN adhered to these principles, in particular how congress items were designed in collaboration with service users as well as RCN members. This project sought to address this issue by determining, through coproduction methodology a way to promote public and patient involvement in RCN activity, thereby influencing how those with lived experience and RCN members could be more actively involved.

Aim:

To undertake an Appreciative Inquiry exploring values and assets that patients and carers can bring to RCN forums activity.

#### Membership

#### Sampling Method:

A purposive and convenience sampling method was used to recruit service users, carers and RCN members with lived experience.

#### Method:

A qualitative study design was employed whereby participants from national groups e.g. City University SURG, Triangle of Care and National Public and Patient Networks were invited to attend appreciative inquiry groups which were informed by topic guides.

#### Specific Analytical Approach:

Thematic analysis was used to analyse the values-based data from the appreciative inquiry. The generated themes were then used to interview RCN UK wide Nurse Directors and the Deputy Director of Nursing.

#### Main Findings:

Public and Patient Involvement is in its infancy at the RCN. Implementation appears to be exacerbated and ameliorated by a range of differing attitudes, beliefs and understanding of how to incorporate public and patient involvement in a member lead organisation.

#### Discussion & Conclusions:

We suggest that RCN may benefit from undertaking a coproduced development programme and raise through discussion or a resolution item what has been learnt at Congress 2021.

#### Biography

Catherine, chairs the UK Wide MHN Expert Advisory Group, is an Eileen Skellern laureate, a RCN Mental Health Nurse of the Year award holder and Royal College of Psychiatrists Team winner. Her Head of Nursing Practice, Education and Research role at South West London and St Georges Mental Health NHS Trust provides a wide sphere of influence including policy, education and research development and championing good practice, in areas such as, Sexual Safety, MHA Review, Addressing Inequality, Supervision, Suicide Awareness, Parity of Esteem, Mental Wellbeing and Public and Patient Involvement. Catherine has broad experience in coproduction, mental health and workforce development. Her clinical expertise lies in working with families and those with psychosis; she has held various NHS roles in acute and community psychiatric services and has published widely. Twitter @minifeet2

#### Reference

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## 5.2

### Workshop: Awareness of menopause and its relevance for mental health work

**Lead Presenter:** Elizabeth Collier, BSc MSc RMN PGCE PhD, Senior Lecturer in Mental Health Nursing, University of Derby, UK

**Co-presenter(s):** Alicia Clare, RMN, MSc PWP, Director, Director, Bluesci Support Mental Health and Wellbeing Service, UK

#### Abstract

### **Aim of workshop.**

To educate, inform and facilitate the development of awareness of menopause and its relevance for mental health work.

### **Objectives**

By the end of the workshop participants will have:

- Reviewed knowledge of menopause
- Reflected on the relevance of menopause for mental health work
- Discussed recognition and the risks of diagnostic overshadowing
- Made action plans on what they can do to progress practice

### **Background**

Menopause is an important but neglected issue for mental health nurses. Staff feel inadequately informed and women often do not recognise menopause themselves (Nuffield 2017). There is a risk of diagnostic overshadowing where questions arise about whether mood changes can be mis-interpreted as mental illness (RCN 2019). Diagnostic manuals suggest ruling out other causes of mood change (eg. in bipolar disorder) but fail to mention menopause. Mis-diagnosis risks inappropriate treatments (RCN 2019) and with the coexistence of physical and mental health effects, this is an area of practice where parity of esteem appears to be absent.

Menopause has become more visible in recent years with occupational policies supporting women in the workplace. However, it was only in 2016 that evidence based guidance for managers was published by the Faculty of Occupational Medicine. With high proportions of women in the UK experiencing night sweats and hot flushes for example, which adversely affect their quality of life and ability to cope

(Griffiths & Hunter 2015), both staff and service users need recognition and support. Contemporary mental health nursing needs an educated workforce able to develop practice, improve the lives of women, and better understand female distress if equality is to be achieved and mental health improved.

### **Biography**

Elizabeth Collier\* is a registered mental health nurse and is currently employed as a senior lecturer in mental health nursing at the University of Derby, UK. She teaches and researches a wide range of topics at all academic levels. She has worked as a staff nurse (severe dementia & assessment ward), a research nurse, a ward manager and a lecturer practitioner. She has completed a PhD entitled 'A biographical narrative study exploring mental ill health through the life course'. She is interested in contemporary recovery concepts, evidence-based practice, dementia, later life mental health, life course, epilepsy and age discrimination.

### **Reference**

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## 5.3

### Metaphors and Pictorial Metaphor in the therapeutic encounter

**Lead:** Dr Jim Turner

#### Symposium Statement

I have been interested in and researching the use of metaphor in therapeutic practice for several years. Based on a Delphi study of expert practice I have explored a collaborative approach to developing a pictorial metaphor with clients. Results support the use of metaphor and pictorial metaphor in managing self-limiting behaviours. The linked papers evidence my exploration of the development of an approach to using metaphor and pictorial metaphor and an initial validation of an evaluation/skills assessment scale. Participants will gain practical knowledge of the use and usefulness of metaphor and pictorial metaphor as well as explore and comment upon the development of the self-evaluation/skills assessment scale. The three linked papers will outline understanding of metaphor and cognitive neuroscience (paper 1), the development of the pictorial metaphor technique via a case study approach within a linked psychological therapy (paper 2) and the application of the technique to the wider therapeutic intervention as applied by mental

health nurses (paper 3). Collectively they articulate a collaborative and meaning making journey that has helped the researcher in their clinical practice and has salience and application for others practice. The aim being to aid the understanding the use of metaphors in practice, and models that may be helpful in developing knowledge, skills, and attitudes in this area.

#### Paper 1

##### Cognitive neuroscience, metaphor and pictures: part 1

Authors and affiliation: Dr James Turner

#### Abstract

Abstract: This paper provides a sense of the value of a 'cognitive' perspective to therapists when thinking about minds and situations that they encounter. As well as helping to establish knowledge, the science also offers a framework for critical assessment. The paper also aims to prepare the ground for future progress in our understanding of the value of metaphor or picture-based communications.

#### Paper 2

CAT Metaphor and Pictures: An outline of the use of a pictorial metaphor in Cognitive Analytic therapy

Authors and affiliation: Dr James Turner

#### Abstract

*This paper represents the second in a series exploring the use of metaphor and pictorial metaphor in Cognitive Analytic Therapy (CAT). Part one reported the findings from workshops at a variety of CAT conferences in 2009 and 2010; findings that indicated that metaphor*



*was relatively well noticed in CAT but not always utilised. In this paper I shall explore the use of metaphor and pictorial metaphor in CAT using some case study material.*

### **Paper 3**

Metaphors and therapeutic encounters in mental health nursing

#### **Authors and affiliation**

Dr James Turner

Abstract The use of metaphors in the therapeutic encounter is extensively documented in the literature, with some models of therapy specifically noting metaphors as part of their 'process'. This short introduction to the literature explores the use of and articulation of metaphors into some recognised therapeutic interventions, with the aim of aiding the understanding the use of metaphors in practice, and models that may be helpful in developing knowledge, skills and attitudes in this area.

### **Poster no: 2**

Monitoring cardiovascular disease risk in individuals with severe mental illness (SMI) in an inpatient mental health setting: a secondary data analysis

**Lead Presenter:** Herbert Mwebe, Senior Lecturer in Mental Health, Middlesex University, UK

#### **Abstract**

##### **Background**

Life expectancy in people with lived experience of mental health conditions is reduced by up to 25 years; this is from

preventable physical medical conditions such as cardiovascular disease (CVD), diabetes, and smoking-related disorders. Two-thirds of these deaths in severe mental illness (SMI) is avoidable if prompt physical screening and monitoring are offered routinely. This study aimed to explore barriers to CVD risk management within inpatient wards and make recommendations regarding CVD risk management in people with SMI.

#### **Methods**

A structured data extraction tool informed by best practice guidance was developed and used to extract electronic patient data of the recording of CVD risk factors (blood pressure, smoking, alcohol, serum lipids, body mass index/weight, serum glucose) across 10 inpatient psychiatric wards within one London Mental Health Trust. A target sample of 245 electronic records of patients with SMI discharged between 25 August 2018 and 13 February 2019 with length of inpatient stay >40 days was examined. Random sampling methods were used to select a final sample of 120 electronic records. All patients in the included sample were prescribed psychotropic medication.

#### **Results**

Regarding patient demographics, there was an inverse correlation with age, with a greater proportion of inpatients being of a younger age: 51% aged 18–39 years compared with 14% aged 60–79 years. Results showed an average compliance of 71% for documentation of data across all individual parameters (smoking, alcohol, body mass index, blood pressure, glucose, lipids, electrocardiogram) at baseline. Compliance increased slightly to an average of 79% across the parameters for at least one monitoring review within 3 months of admission.

#### **Conclusions**

It is recommended, as a minimum, for people with SMI under the care of mental health services and/or taking psychotropic medication to have regular cardiometabolic risk recording at the point of entry into services including a monitoring review for weight, waist circumference, blood glucose, lipid profile, blood pressure, lifestyle choice behaviours and individualised assessment of CVD. Although progress is being made across provider services to implement the above, gaps in practice are still evident as demonstrated in these findings.

Keywords: Cardiometabolic risk; Cardiovascular disease; SMI

### Biography

Mr Herbert Mwebe B.Sc., PG Dip, AdvDip, PGCert HE, MSc, Mprof, Doctoral student, SFHEA, Independent Prescriber Herbert Mwebe is a senior teaching fellow and a senior Lecturer in Mental Health in the School of Health and Education at Middlesex University. Herbert is the CPD programme lead in the Dept of Mental Health, his teaching and research interest focus on improving physical health in serious mental illness (SMI) and psychopharmacological interventions in mental health settings. Herbert is lead project investigator examining the practice of MHNs in CVD risk recording monitoring in SMI within inpatient psychiatric settings. Herbert is also a specialist clinical advisor to the CQC, a role in which he supports the CQC with community and hospital inspections for mental health and social care providers. He is editorial board member for the British Journal of Mental Health Nursing.

### Reference

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### Poster no: 3

#### Antipsychotic prescribing for dementia patients in care homes: Introduction of a nurse prescribing project

**Lead Presenter:** Cristie Howells, Mental Health Nurse and Independent Prescriber, Lead Clinical Specialist Mental Health Nurse and Independent Prescriber, Cardiff and the Vale UHB, UK

#### Abstract

##### Background:

NICE (2015) recognise antipsychotic medications can be used to assist in managing the biological and psychological symptoms of dementia (BPSD), such as; agitation, aggression, severe distress and psychosis. It is widely accepted in international literature that antipsychotic medications are used for this purpose and that reductions in their use would be in the interest of this patient group. Specifically, the Banerjee Report (2009) outlines the complexities of using antipsychotic medication to manage BPSD, indicating that antipsychotic medication is overused, and that often the potential benefit of the drugs is outweighed by their adverse effects.

##### Aims:

The Care Home Liaison Team (CHLT) has introduced the role of a nurse independent prescriber. The role has been to review the use of antipsychotic medications prescribed for patients with dementia who are open to the service- with the aim of reducing prescriptions.

#### **Methods:**

All the patients open to CHLT who are prescribed antipsychotic medication and have a diagnosis of dementia were used as the initial sample, which were 177 patients. The nurse created a register of patients who met this criteria and provided regular reviews to reduce and stop the medications where clinically indicated.

#### **Results:**

In 8 months, the number of patients diagnosed with dementia and prescribed antipsychotics have decreased from a caseload of 177 people to just 88 people, a 50% reduction. 10 of the care homes initially included on the register have now been removed as they no longer have patients with dementia prescribed antipsychotics.

#### **Discussion:**

There continues to be promising reductions in antipsychotic drug prescriptions as the project continues, promoting discussion about the extension of the project to wider outpatient services. Qualitative feedback has indicated that it has improved service efficiency and is freeing up medic time which is highlighted in the benefits of nurse prescribers within policy provided by the RCN (2014).

#### **Conclusions:**

The introduction of a nurse prescriber has aided the reduction of antipsychotic use in the CHLT service and allowed the team to run more effectively, this role is also being introduced

into outpatient services with the view of expanding the project across the wider service.

#### **Biography**

Cristie has worked for Mental Health Services for Older adults for the last 7 years, the majority of this time has been as clinical lead for the older adult crisis intervention service. Cristie has recently completed her masters in advanced clinical practice, and is qualified as an independent prescriber. Her current post focuses on assessment and support for people who are prescribed 'drugs for dementia' across the service.

#### **Reference**

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## Poster no: 5

### Mental health and menopause- development of an RCN educational resource

**Lead Presenter:** Debra Holloway, RGN, BA, MSc, Nurse Consultant Gynaecology , Guys and St Thomas NHS Foundation trust , UK

#### Abstract

The menopause affects women in many different ways and its impact can affect all aspects of a women's life. The symptoms of flushes are well known but those that affect psychological wellbeing less so. Many women with underlying mental health issues may find that they are exacerbated by the menopause, on the flip side the menopause have an impact on psychological wellbeing and the symptoms are not all physical as depicted in magazines and press. This is not always recognized by the health care professional's team caring for them as there can be a lack of knowledge on the symptoms of the menopause. The aim of the poster is to showcase an education publication (pocket guide) on menopause and mental health and to highlight this to health care professionals and women.

The project links the work of two RCN forums, women's health and mental health. This collaboration grew out of a simple conversation around the menopause and how long it would last and its impact in a women struggling with her mental health. This publication is a brief pocket guide outlining the symptoms and treatments and lifestyle advice and sign posting to where to find out further information and to whom referrals should be made to. It also covers the grey area of overlap symptoms with depression such as sleep issues, sexual problems, appetite changes, low energy and poor concentration

and that some medications have side effects that can have an impact on some menopause symptoms such as insomnia, tiredness and sexual dysfunction. It covers the concerns that diagnostic overshadowing can occur if health care professionals' misidentify the symptoms of menopause as part of mental illness. This is a concern because women with mental health issues may be misdiagnosed and not get adequate treatment for the menopause. Once menopause can be adequately treated women often say they feel like themselves again

This poster is to highlight the publication to a wider audience and also provide sign posting to other menopause publications which may be useful when working with women who are in the menopause.

#### Biography

Debby Holloway is a Nurse Consultant in gynaecology at Guys and St. Thomas' NHS Foundation Trust. Her current clinical caseload is one-stop outpatient procedure clinics, mainly outpatient hysteroscopy, and specialist menopause clinics. Debby is the deputy module lead for the gynaecology nursing course at KCL. She has published both books and articles in relation to women's health. Debby is the past chair of the RCN women's health forum

#### Reference

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3. <https://www.missmenopause.co.uk/a-m-i-going-mad-the-effects-of-menopause-on-mental-health/>

## Poster no: 6

### Public opinion on sharing mental and physical health data across UK health services

**Lead Presenter:** Linda Jones, RN, Patient and Public Involvement Lead Nurse, University of Cambridge, UK

**Co-presenter(s):** Rudolf Cardinal, UK

#### Abstract

##### Background

UK health (NHS/HSC) data is variably shared between healthcare organisations for direct care, and variably used in de-identified forms for research. Few large-scale studies have examined recent patient/public opinion on this, including the sharing of mental health (MH) versus physical health (PH) data with/without explicit consent.

##### Aims

To establish patient/public views on sharing of identified and deidentified NHS/HSC physical and mental health data within the UK, for clinical and research purposes respectively, and to measure “framing” effects.

##### Methods

Anonymous online survey, open to all UK residents, recruiting Feb–Sep 2020 via primary and secondary care plus other media. Patients and public were fully involved in the design. Participants were randomised to one of three framing statements about sharing MH versus PH data.

##### Results

Participants numbered 29275, from 363 sites; 40% had experienced a MH condition.

A majority supported geographically broad sharing of identifiable data for clinical care

without explicit consent, but 20% opposed this. Preference for clinical/identifiable sharing was slightly less for MH than PH data, with an additional small framing effect. There was net support for de-identified data sharing to NHS, academic, and medical charity researchers, but not to industry. A clear majority supported the idea of a single NHS mechanism to choose about the use of their health data.

##### Discussion

UK preferences are consistent with efforts to improve clinical data sharing, but a substantial group of people do not wish their data to be shared without explicit consent. Framing effects show the need for consistent wording on any consent form. Lesser support for sharing MH than PH data is consistent with additional concern surrounding MH data sensitivity, possibly related to stigma around MH illness. Preference for sharing increased after the pandemic despite publicity surrounding data sharing concerns.

##### Conclusion

There is broad consent for the sharing of NHS data for clinical care without explicit consent, but this cannot be assumed for all. Consent forms require consistent, clear wording. More work is needed to increase patient confidence on sharing MH versus PH data. The NHS should move towards a single national system for patients to control their data.

#### Biography

Following a long career in oncology research nursing, Linda recently switched to mental health research nursing and is employed as the Patient and Public Lead Nurse for the Department of Psychiatry, University of Cambridge. She is currently working with the CLIMB project team and a research advisory group of patients and carers; looking at all

aspects of data sharing and usage, for improved research and clinical care.

## Reference

1. Understanding Patient Data. Public attitudes to patient data use: a summary of existing&nbsp;research.2018(<https://understandingpatientdata.org.uk/sites/default/files/201905/Public%20attitudes%20key%20themes%200.pdf>).
2. Caldicott F. Information: To share or not to share? The Information Governance Review. 2013. (<https://www.gov.uk/government/publications/the-information-governance-review>).

## Poster no: 7

### Making your clinical practice inclusive of transgender people

**Lead Presenter:** Ella Guerin, RMN, Teaching Associate, University of Nottingham, UK

#### Abstract

Transgender people frequently report negative experiences in health care settings and will often delay or avoid seeking care anticipating such negative experiences. These experiences are often due to a lack of understanding from health care staff, resulting in stigmatized and discriminatory attitudes and actions. As transphobic abuse and marginalisation increases across society in the UK, their impact on the mental health of transgender people is growing too. Therefore, an already vulnerable population at significantly greater risk of poor mental health, selfharm and suicidality is becoming increasingly vulnerable to impaired mental

health. However, these concerns are infrequently discussed in a nursing context, with little profession-specific education or guidance.

With nursing staff having the most direct patient interaction of a multi-disciplinary team, this presentation examines the potential benefit of educating nurses in providing culturally competent care in the interest of improving experiences of healthcare for transgender people. At present, very few nurses are provided with transgender inclusive training either as students or once registered, restricting the profession from progressing toward a transgender inclusive nursing culture with informed practitioners. This is particularly significant for mental health nurses where a strong and respectful therapeutic relationship is vital for effective clinical care.

In order to support mental health nurses in developing their practice towards the inclusion of gender diversity, participants will explore the health inequalities facing the transgender community and the factors which perpetuate these. Participants will also be provided with ideas for actions they can take to develop the gender inclusivity of their own care and care setting, and of the education they may provide to colleagues.

#### Biography

Ella Guerin (she/they) is a Mental Health Nurse and Lecturer of Nursing at the University of Nottingham. She also continues to work clinically in acute psychiatric services. Ella's main area of research is in health inequalities facing LGBTQ+ people, with her focus on supporting all Nurses to understand and meet the specific healthcare needs of LGBTQ+ people through inclusive education.

#### Reference

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2. Stonewall (2018) *LGBT In Britain—Trans Report*. [online] Available at <https://www.stonewall.org.uk/lgbt-britain-trans-report>
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## Poster no: 8

### Narrative methodology: Analysing the personal experience of couples living and dying with Lewy body dementia.

**Lead Presenter:** Allison Bentley, MSc, BA (Hons) Primary & community care, Dip Nurse, RGN, Lead research nurse: Lewy body dementia, Cambridgeshire and Peterborough NHS Foundation Trust, UK

**Co-presenter(s):** Catherine Walshe, Yakubu Salifu, UK

#### Abstract

Background:

Narrative research methods invite people to share their experiences via storytelling. This may occur through oral, written, or visual accounts. There is increasing interest within nursing as to how qualitative narrative inquiry can provide greater understanding into people's health issues, particularly within the field of dementia care. However, narrative research is an emerging and evolving field

with no single, well-defined approach to data analysis (Meraz et al., 2019).

Aims:

To provide a worked example of a narrative psychology approach to analysis and its application to longitudinal interviews conducted with people living with Lewy body dementia and their spouse.

Content:

Five people living with Lewy body dementia and their spouses took part. Data collection involved three narrative interviews with each couple over a six month period. The approach to narrative data analysis depends on researcher perspective, other literature in the field, and the underlying theory used to guide the choice of research questions. This interpretivist, phenomenological experience-centred methodology draws from the health psychology discipline and is based on Murray's four levels of narrative analysis (Murray, 2000). These different levels seek to illuminate the complexity of health and illness narratives at work in stories and include the personal, interpersonal, positional and societal levels. Providing a worked example highlights the co-construction of stories which are interactively produced and influenced by both the researcher and the teller (Riessman, 2008). Analysing connections between the four levels, how to articulate this across different interview time points and the time required for in-depth analysis are challenges to consider.

Conclusions:

Applying Murray's four levels of narrative analysis with longitudinal narrative interviews offers clinical and academic insight into the personal experiences of people living with Lewy body dementia. Despite the challenges, this approach adds to a more robust, richer understanding of the lived experience, and



offers a strategy to inform the quality and validity debate within narrative research.

### **Biography**

Allison is the lead research nurse for Lewy body dementia at Cambridgeshire and Peterborough NHS Foundation Trust. Her special interests are the advanced stages of Lewy body dementia, qualitative research methods, patient and public involvement and linking research to practice. Her previous background is in community nursing and dementia palliative care. She has been awarded a variety of grants in the past including an Alzheimer's Society dissemination grant, Research and Development strategic grant, and a Florence Nightingale research scholarship. She currently holds a Lewy Body Society grant for her PhD work – 'Narrative research exploring the experiences of people living with Lewy body dementia and their family carers.' For the rest of the time Allison is project co-ordinator for the East Anglia Lewy body dementia network longitudinal study (ENLIST UK).

### **Reference**

1. Meraz, R.L., Osteen, K., McGee, J., 2019. Applying Multiple Methods of Systematic Evaluation in Narrative Analysis for Greater Validity and Deeper Meaning. *Int. J. Qual. Methods* 18, 160940691989247. <https://doi.org/10.1177/1609406919892472>
2. Murray, M., 2000. Levels of Narrative Analysis in Health Psychology. *J. Health Psychol.* 5, 337–347. <https://doi.org/10.1177/13591053000500305>
3. Riessman, C.K., 2008. *Narrative methods for the human sciences*. Sage Publications, Los Angeles

### **Poster no: 10**

#### **Bedfordshire Mental Health Treatment Requirement Historic Data Review**

**Lead Presenter:** Ben Tolley, Mental Health Nurse, Acting Head of Health and Justice Commissioning for Beds, Herts and Essex., NHSE, UK

**Co-presenter(s):** Claire Weston, Matthew Callender, UK

#### **Abstract**

As a Head of Health and Justice Commissioning for Bedfordshire, Hertfordshire, and Essex for NHS, I commissioned a review of historical data to examine the impact of the commissioned 'Mental Health Treatment Requirement' (MHTR) within Bedfordshire to understand how clients that had engaged with the service had benefited - with a view to fully understanding how MHTRs had had a positive impact on mental health with the intended consequence of reducing reoffending (or preventing individuals from entering the criminal justice pathway as a consequence of mental disorder - whereby a MHTR disposal would have been more appropriate rather than simply persuing a court disposal).

The MHTR programme within Bedfordshire was also able to highlight a significant prevalence of undiagnosed mental disorder, and these individuals ordinarily would've been simply 'pursued' through the criminal justice pathway rather than engaged with mental health services.

The results of the review are extremely promising and indicative of interventions that are having a considerable positive effect



on the health of individuals receiving mental health interventions as part of a Mental Health Treatment Requirement. It is clear from the review that the MHTR is able to offer individuals a range of mental health interventions that seek to address their mental health, and recognise the need for clinical intervention and treatment, rather than simply focusing on criminal justice sentences. This programme also supported the transforming care agenda, to target a cohort (that not only as mentioned often has an undiagnosed mental disorder) that wouldn't traditionally meet the threshold for secondary mental health services.

### **Biography**

Ben is a mental health nurse by background, with clinical and managerial experience in the criminal justice field supporting people with mental disorders. He is currently Head of Health and Justice Commissioning for Beds, Herts, and Essex with responsibility for the commissioning and assurance of health services across a range of custodial and non-custodial settings in these areas.

### **Reference**

1. Hamilton, M. & 2021. The Effectiveness of Sentencing Options, a review of key research findings.
2. Manjunath, A et al. 2018. & Serving a community sentence with a mental health treatment requirement: Offenders' perspectives. & Criminal Behaviour Mental health. vol 28 pp 492 - 502.

## **Poster no: 11**

### **Resilience, innovation and collaboration: A University response to COVID-19**

**Lead Presenter:** Shelley O'Connor, Undertaking a PhD., Senior Lecturer of Mental Health Nursing, Liverpool John Moores University, United Kingdom

**Co-presenter(s):** Dean McShane, Laura Knowles, Sarah Jenkins, UK

### **Abstract**

#### Background

The Coronavirus disease 2019 (COVID-19) pandemic is having a profound effect on the mental health and well-being of University students. Universities are co-ordinating efforts to respond to the immediate challenges facing students, staff and well-being services, yet are under extreme pressure to respond to the changing educational landscape. Universities are a vital source in supporting their local communities, and local charities now and in the wake of a global pandemic.

#### Aim

A student led educational initiative designed to support students, and subsequent local communities and charities, in light of the impact of COVID-19.

#### Discussion

A team of mental health nursing academics have created educational initiatives in light of the impact of COVID-19 on students and subsequent local charities. These initiatives include an online virtual learning 'mental health hub' site to support learning, a weekly 'drop in' to support students and provide guest speakers from local charities and a student led 'Mental health nursing Society' designed to

provide the mental health nursing student with an identity and a host of services to support them and nurture them during their academic career. The student led initiative, supported by academics, provides students with services; workshops, away days, career opportunities and supports their local charities, through awareness, placement opportunities and fundraising.

### Conclusion

The latest results on the application of this initiative in improving the mental health and well-being of students and the impact on local charities, will also be presented.

### **Biography**

A Senior Lecturer in Mental Health Nursing at Liverpool John Moores University. She is undertaking a PhD in Mental Health and well-being of doctoral students, using ethnographical methods of data collection. She is also currently involved in researching students' views of online learning, writing a chapter on mental health and emergency services and creating a CPD course for inter-professional practice for Advanced Practitioners. She is a registered mental health nurse with experience in acute services, forensic services, rehabilitation and safeguarding. She is also a member of the LJMU inclusivity team, Society for Social Medicine & Population Health and North West Recovery and Outcomes Group (Rethink).

### **Reference**

1. CACTUS Foundation. (2020). Joy and Stress Triggers:&nbsp; A global survey on mental health among researchers. <https://cactusglobal.com/mental-health-survey/cactus-mental-health-survey-report-2020.pdf>

2. Byrom, N. (2018). An evaluation of a peer support intervention for student mental health. <em>Journal of Mental Health.</em> 3, pp240-246.
3. Tompkins K. A., Brecht K., Tucker B., Neander L. L., and Swift J. K. (2016).&nbsp;Who matters most? The contribution of faculty, student-peers, and outside support in predicting graduate student satisfaction.&nbsp;<em>Training and Education in Professional Psychology</em>, (2), 102.

### **Poster no: 12**

#### **COVID-19 and how the wearing of face coverings can affect those with an experience of trauma**

**Lead Presenter:** Alison Welfare-Wilson, DiPHe Nursing, BSc, MSc, Senior Research Nurse, Kent and Medway NHS and Social Care Partnership Trust, UK

### **Abstract**

#### Background

Physiological and psychological reactions to the wearing of face coverings, either following a personal experience of trauma or through supporting survivors, has led to the co-production of strategies to mitigate the potential distress arising from their use. Nurses having an understanding of these strategies could help in making a difference to an individual's functioning and personal experience of distress and trauma. This is of relevance as it is inevitable that within health and social care settings there will be individuals who may be struggling to access services, attend appointments or leave the house due to distress caused by the wearing of face coverings.

## Aims

Through personal narratives highlight the link between trauma and the wearing of face coverings to allow nurses across all sectors to think critically about the potential for re-traumatisation the wearing of face coverings could cause in those accessing services.

Introduce grounding techniques and the window of tolerance as a means of alleviating the difficulties associated with the use of face coverings.

## Main discussion points

This topic is relevant across all sectors and client groups.

The distress associated with the wearing of face coverings can be alleviated through the application of coping strategies to assist in complying with this important safety measure.

## Discussion

COVID-19 and the mandatory wearing of face coverings have brought about new challenges for those with an experience of trauma. Although trauma and its effects are seen widely within mental health services, the wearing of face coverings in combination with trauma is a new phenomenon with its implications being seen in all areas of functioning. Nurses need to think forward in recognising possible re-traumatisation in those presenting to and accessing mental health services.

## Conclusions

Trauma and its consequences are multi-faceted and unique to the individual and their experience. For most people the wearing of face coverings is a new experience, and encountered in the context of a global pandemic, both of which are potentially significant stressors. Further research is needed to understand the impact of wearing

face coverings as a mandated public safety requirement and the effectiveness of techniques in managing associated distress.

## **Biography**

Since qualifying as a mental health nurse in 2002 Alison has strived to work in areas that support and utilise evidence based interventions whilst nurturing and developing her own research interests and skills. This has led to her acting as a Principal Investigator for NIHR portfolio studies and undertaking her own work for publication. As well as being appointed in 2015 as her Trust's sole research nurse, Alison is also an NIHR 70@70 senior nurse research leader.

## **Reference**

1. Siegel, D.J. (1999) *The developing mind: towards a neurobiology of interpersonal experience*. New York Guilford Press.
2. MIND (2020.) *Mask anxiety, face coverings and mental health*. (Online). Retrieved from [mind.org.uk](http://mind.org.uk).
3. Ferguson, D. (2020.) Rape survivors say they are being stigmatised for not wearing masks. *The Guardian* (Online). Retrieved from [theguardian.com](http://theguardian.com).

## **Poster no: 14**

**Reducing restrictive practice using a QI (Quality Improvement) methodology: providing basic mobile phones to patients on a male PICU; where patients' own phones were not permitted.**

**Lead Presenter:** Joseph Amune, RMN, Ward Manager, South London and Maudsley NHS Foundation Trust, UK

**Co-presenter(s):** Laura Daly, Dawn Irving, UK

### **Abstract**

#### **Background**

Eden ward is a male PICU at Lambeth Hospital; where patients' own mobile phones were not permitted.

#### **Aims**

To reduce violent incidents by 10% and increase patient satisfaction by 15% (figures decided by research team).

#### **Sampling Method**

All patients were eligible for inclusion.

#### **Method**

A QI methodology was applied following a PDSA cycle – Plan, Do, Study, Act. The team discussed the idea in Community and Team Meetings. They purchased basic NOKIA mobile phones and a new SIM card was provided with a £5 top up. A service user agreement was co-produced with patients. USB sockets were installed in bedrooms.

#### **Specific Analytic Approaches**

Violent DATIX reports were quantified and compared with the previous year; to consider seasonal acuity. Patient Experience Audit scores on Perfect Ward were averaged to

compare scores from last year with this year. Qualitative feedback was sought from staff and patients during Team and Community Meetings and coded as either positive, negative or containing both.

#### **Main Findings**

The number of violent incidents reduced by 12.5%. Average Patient Experience Audit scores increased by 1.1%. Qualitative feedback was received from 17 members of staff and 12 patients; the feedback was mainly positive; 88% staff and 67% patients reported exclusively positive comments.

#### **Discussion**

There were associated benefits that were not directly related to the project; such as patients being able to charge eCigarettes in their rooms. Longer term, the aim is for patients to have their own mobile phones; this QI project has been a useful test. There are limitations to the use of the Patient Experience Audit as a measure of satisfaction, as this Audit asks questions that are unrelated. As such, the qualitative feedback that is specific to the mobile phone QI project may be more salient.

#### **Conclusions**

Patients are less restricted and can enjoy more freedom, autonomy and comfort. Rates of violence frequently fluctuate within a PICU environment, therefore a longer duration of testing may be necessary, though staff and patient feedback has been positive. This project may be a useful practice initiative for other inpatient settings with similar restrictions.

#### **Biography**

Agboifo (Joseph) Amune currently manages a Psychiatric Intensive Care Unit with a passion for reducing restrictive practices. He has championed different initiatives and QI Projects including Concerns Surgery; Coffee Morning; USB Charging Socket; and Mobile Phone Project – empowering service users and promoting their independence. This has led to a reduction in violence and aggression with improved patients/carers/family satisfaction since the Covid-19 pandemic. Joseph is now leading his team in the implementation of Safety Huddle and Safewards to further improve the quality of care as well as the overall safety/wellbeing of service users and staff".

#### Reference

1. O'Sullivan OP, Chang NH, Njovana D, et al (2020) "Quality improvement in forensic mental health: the East London forensic violence reduction collaborative" <p>BMJ Open Quality 2020;9:e000803. doi: 10.1136/bmjopen-2019-000803</p>
2. Hext G, Clark L, Xyrichis A (2018) "Reducing restrictive practice in adult services: not only an issue for mental health professionals" <p>British Journal of Nursing, Vol. 29, No. 9</p> <a href="https://doi.org/10.12968/bjon.2018.27.9.479">https://doi.org/10.12968/bjon.2018.27.9.479</a>

#### Poster no: 15

#### The Secure Quality Involvement (SeQuln) Tool: benchmarking coproduction in secure services

**Lead Presenter:** Michael McKeown, PhD, BA, RGN, RMN, Professor of Democratic Mental

Health, School of Nursing, University of Central Lancashire, UK

**Author(s):** Karen Wright, Holly Cade, Jo Harris, UK

#### Abstract

Progressive reform of mental health services has over the years been interested in means by which the users of services can assert their individual voice within decision making about their care delivery or speak collectively with regard to how services as a whole are organised. Latterly there has been a focus on the concept of coproduction and this has extended into secure settings also developing care and support oriented towards recovery.

This poster reports upon a service evaluation of the development and implementation of a new quality benchmarking tool for practices which promote participation and shared decision making within secure mental health services. Patients and staff from 17 services across the UK Yorkshire and Humber region developed the benchmarking tool together during a number of pre-arranged meetings. In order to gain insight into experiences developing and using the new Secure Quality Involvement (SeQuln) Tool, participating staff and service users active within the network, and involved in the co-production of the benchmarking tool, were consulted using a series of focus group and participatory inquiry approaches enacted in the course of scheduled network meetings. Data thus collected was subject to thematic analysis.

Four distinct themes were identified which we have titled: *Taking time, taking care; The value not the label; An instrument of the network; and, All people working together*. These are discussed in relation to recent theorising of coproduction.

The service developments described would appear to have applicability within other secure services. Effectively, however, our study represents a case study of developments within one region. As such, the findings may have limited transferability to other contexts.

We conclude that staff and service users can work together effectively to the benefit of each other and overall forensic services. The benchmarking tool provides a readymade mechanism to appraise quality improvements. Despite a prevailing culture of competition in wider healthcare policy, cooperation leads to enhanced quality.

The benchmarking tool represents a unique development of a longstanding involvement network, demonstrating the positive implications for enacting co-production within secure services.

### Biography

Mick is Professor of Democratic Mental Health, School of Nursing, University of Central Lancashire and trade union activist with Unison. Mick is interested in connections between industrial democracy and coproduction of services and arguing the case for union organising to extend to alliance formation with service user/survivor groupings. He is a founder member of Union Co-ops UK and involved in the so-called Preston Model of community wealth building and cooperative development. He has published widely in the mental health field including co-editing the recent Sage textbook: *Essentials of Mental Health Nursing*.

### Reference

1. <strong>McKeown, M</strong>., Wright, K., Cade, H., Byrne, C. and Harris, J., (under review) *The Secure*

*Quality Involvement (SeQuIn) Tool:&nbsp; benchmarking coproduction in secure services.* <em>Journal of Forensic Practice</em>,

2. Dzur, A. (2019), <em>Democracy inside: participatory innovation in unlikely places</em>, Oxford University Press, New York, NY.
3. <strong>McKeown, M</strong>., Jones, F., Wright, K. et al. (2014) *It&rsquo;s the talk: a study of involvement practices in secure mental health services.* <em>Health Expectations</em>, 19, 570-579.

## Poster no: 16

### Defining Trauma-Informed Care: A Concept Analysis

**Lead Presenter:** Brianna Jackson, PhD Student, MScN, RN, Nursing PhD Student, Yale University, The United States of America

### Abstract

**Background:** Trauma is a near-universal human experience, with up to 90% of the global population enduring at least one traumatic event in their lifetime. Direct or vicarious exposure to extreme adversities such as death, disaster, or abuse has been linked to impaired immune and neurological functioning, thwarted biobehavioral development, and maladaptive coping. When unaddressed, such acute stress responses may evolve into chronic mental and physical health challenges that threaten daily functioning, societal participation, and quality of life. Indeed, trauma and its deleterious sequelae are strong predictors of morbidity and premature mortality. 'Trauma-informed care' (TIC) represents a timely, tailored, and

evidence-based therapeutic approach ideally suited to mitigate such devastating consequences. Despite its frequent usage within the psychiatric discipline, the term TIC has not been operationalized and lacks a consistent framework for implementation; thereby contributing to discrepancies in its enactment by clinicians and healthcare organizations more broadly.

**Aims:** Given a critical knowledge gap within interdisciplinary health literature, the purpose of this analysis was to enhance conceptual clarity of the term TIC, by: (1) defining its key principles, strengths, and limitations; and, (2) contextually situating this model of care across diverse patient populations and clinical settings.

**Discussion:** Contemporary peer-reviewed scholarly works pertaining to TIC were retrieved through a comprehensive search of four electronic databases: CINAHL, PsycINFO, PubMed, and Scopus. Drawing upon Walker and Avant's concept analysis method, articles were comparatively analyzed to elucidate the term's core attributes, antecedents, consequences, and empirical referents. Furthermore, sample cases were constructed to illustrate TIC's application within healthcare and social service disciplines.

**Conclusion:** This concept analysis serves to triangulate the definition of TIC from historical, clinical, and institutional perspectives, ultimately revealing five central attributes: awareness, safety, trust, collaboration, and empowerment. Findings call for the standardization of TIC approaches at a systems-level; not only to address the unique clinical needs of trauma survivors, but also to build capacity among care providers. However, the exploration of cultural, lifespan, gender, and socioeconomic considerations illuminate opportunities for program adaptation to suit specific marginalized populations. This analysis

is a pivotal step toward future theory development, empirical study, and widespread implementation of TIC.

### **Biography**

Brianna Jackson is a Nursing PhD student and Research Assistant at Yale University, studying the confluence of trauma, mental health, and resilience in marginalized youth. Beyond academia, Brianna works as a Registered Nurse on the Child Psychiatry Unit at Yale-New Haven Hospital, is the Advocacy Chair on the Yale Graduate and Professional Student Senate, Marketing Director for the Yale Healthcare Conference, and Lead Editor for the Yale Journal of Health Policy, Law, and Ethics.

### **Reference**

1. Walker, L. O. & Avant, K. C. (2005). Strategies for theory construction in nursing (4th ed.). Upper Saddle River, NJ: Pearson Prentice Hall.
2. Substance Abuse and Mental Health Services Administration. (2014). SAMHSA's concept of trauma and guidance for a trauma-informed approach. Retrieved from <https://store.samhsa.gov/shin/content/SMA14-4884/SMA14-4884.pdf>

### **Poster no: 17**

**Living with uncertainty: embedding the importance of self-compassion into mental health nursing.**

**Lead Presenter:** Alexander McLeod, Active Listening for Wellbeing CIC, UK



**Co-presenter(s):** Maureen Smojkis, University of Birmingham, UK

### **Abstract**

The COVID-19 pandemic has brought world-wide challenges, leading to an increased strain on the provision of health and social care in the UK. Staff face increasing challenges of burnout alongside working patterns, including 12 hours shifts, agile working, hot-desking, decreased designated space and closure of staff only restaurants (Smojkis & Byrne 2017).

This poster presents themes identified in the evaluation of a virtual self-compassion session delivered to Newly Qualified Mental Health Practitioners (NQP) on a Preceptorship programme which was adapted in response to COVID-19. This paper contributes to existing evidence (Smojkis & Byrne 2017, Andrews 2020, Kerin 2020) and recommends that self-compassion practices such as healthy eating, connecting with others and remaining active during working hours are embedded in the education and continuing professional development of mental health practitioners.

The transition from student to qualified practitioner has long been recognised as a period of high stress and lack of confidence, leading to symptoms of anxiety. Kerin (2020) stated those receiving additional social support, during their transition, from student to becoming a Newly Qualified Nurse (NQN) demonstrated lower stress levels, compared to NQN with higher stress level and less social support. Additionally, similar links were made to NQN with stronger social support from other, more experienced colleagues, presented lower stress levels and higher resilience to burnout.

The virtual bite-sizes sessions introduced the NQP to the narrative that they are important, and self-care is fundamental not an add on, further offering an opportunity to challenge

current practice and identify ways to hydrate, eat healthily and increase physical activity whilst at work. Themes identified in the evaluations agree with those of Andrews (2020) where male and female nurses struggle to balance both self-care and self-compassion for themselves and their patients. Andrews findings continued to state that nurses sometimes felt as though they did not have permission to administer self-care or self-compassion, as a preventative tool and so would inevitably be too stressed to feel the real impact of self-compassion. Introducing this concept earlier to NQP, as recommended above, will allow them to begin to embed this in their practice and continuing professional development.

### **Biography**

Maureen Smojkis is a Lecturer in the Department of Social Policy and Social Work at the University of Birmingham and a Director of Active Listening for Wellbeing CIC. Maureen is a nurse by professional background, RGN & RMN, she is a member of the Coaching Academy at the University and has a long-standing interest in the wellbeing and resilience of service users and staff in clinical practice and higher education; this is reflected in her research and teaching.

### **Reference**

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