5th European Conference on Mental Health

-Looking for evidence together
Evipro (Evidence-based Professionals) Company is an official organizer of European Conference on Mental Health conferences. Company is experienced in organizing events like conferences, seminars and study visits for professionals in order to provide forums to learn and discuss together.

Evipro provides advisory and consultancy services in a field of social and health services. Company’s instructors have wide experience with practical work, leadership, management, planning and research especially in fields of Mental Health and Addictions. Voice of service users and experts by experience and recovery is present in Evipro’s work.

Evipro provides consulting, supervision, tailored training and education for professionals in public sector, NGO’s, private companies, schools and other institutions. Staff and Leadership training and coaching is also provided by our accredited supervisors and coaches.

Connect with us

www.evipro.fi
info@evipro.fi

Connect with us on Facebook, LinkedIn, Twitter, Instagram.
In association with:
6th European Conference on Mental Health

October 4-6, 2017
Ramada Berlin-Alexanderplatz
Berlin, Germany

www.ecmh.eu
CONFERENCE PROGRAM

Wed September 14

15:00 - 18:00 Registration and Poster Presentation Area open.
18:00 - 18:45 Keynote, Professor Michal Miovsky, Czech Republic

20:00 - 22:00 Get Together Party. Football match F.C. ECMH FIN vs. F.C. ECMH Internazionale. Free drinks and sausages during the game. Speech for Good Mental Health, Director Frank Reilly, Scottish Recovery Network, Scotland. Venue: Beside Executive Building, 5 min walk from Main Building

Thu September 15

7:30 - 8:15 Wake up your body and mind with gentle and easy morning yoga, Yoga Instructor Teemu Lehtonen
8:00 - Registration and Poster Presentations
9:00 - 9:30 Opening Ceremony
9:30 - 10:15 Keynote, Arman Alizad, Finland
10:15 - 11:00 Keynote, Professor Clive Adams, UK
11:00 - 11:30 Coffee Break and Poster Speed Dates
11:30 - 13:00 Oral Sessions (6 sessions each with 4 oral presentations)
13:00 - 14:00 Lunch
14:00 - 14:45 Keynote, Professor Kristian Wahlbeck, Finland
14:45 - 15:10 Break
Parallel program 15:00 - 17:30 visits to Bohnice psychiatric hospital or Magdalena Community
15:10 - 16:20 Oral Sessions (6 parallel sessions each with 3 oral presentations)
16:20 - 16:50 Coffee Break and Poster Speed Dates
16:50 - 18:00 Oral Sessions (6 parallel sessions each with 3 oral presentations) and Workshop: Alcoholics Anonymous, A chance to experience an AA meeting first hand and find out everything you want to know about AA (Room Cairo 1)
20:00 - 22:00 Conference Banquet (participants who have paid a fee in advance)
22:00 - ECMH Party! At secret place...
Fri September 16

7:30 - 8:15 Wake up your body and mind with gentle and easy morning yoga, Yoga Instructor Teemu Lehtonen

9:00 - 9:30 Keynote, "B. from Amsterdam", European AA

9:30 - 10:15 Keynote, PhD Ladislav Csemy, Czech Republic

10:15 - 10:45 Coffee Break and Poster Speed Dates

10:45 - 12:15 Oral Sessions (7 parallel sessions each with 4 oral presentations) and Workshop: International Society of Addiction Journal Editors (ISAJE): Education and Training Activities preparing for publication?

12:15 - 13:15 Lunch

13:15 - 14:00 Keynote, Jolijn Santegoeds, ENUSP – European Network of (ex-)users and survivors of psychiatry, The Netherlands

14:00 - 14:30 Closing Ceremony

Opening Ceremony, Closing Ceremony and all Keynotes takes place in Room Zürich 1-4, floor -1.

For Oral Presentations, see separate program.
<table>
<thead>
<tr>
<th>Time</th>
<th>Session 1</th>
<th>Session 2</th>
<th>Session 3</th>
<th>Session 4</th>
<th>Session 5</th>
<th>Session 6</th>
</tr>
</thead>
<tbody>
<tr>
<td>12.20–12.40</td>
<td>Queer Futures: LBGT help-seeking for suicide and self-harm. A mixed methods study. Hughes, Elizabeth UK</td>
<td>Informal caregiver experiences of nursing care received by their family member who is hospitalized due to a manic episode. Testerink, Annelies Netherlands</td>
<td>Alpha wavelet power as a biomarker of antidepressant treatment response in bipolar depression. Latka, Miroslaw Poland</td>
<td>Resilience qualities in families living with a child with a learning disability. Gieff, Abraham South Africa</td>
<td>The mental health service user movement in the UK: a narrative account from two London voices. Romano, Cesare UK</td>
<td>A description of development project; Rehabilitation group model for patients, who need special observation. Halonen, Asta Finland</td>
</tr>
<tr>
<td>Time</td>
<td>Session 7</td>
<td>Session 8</td>
<td>Session 9</td>
<td>Session 10</td>
<td>Session 11</td>
<td>Session 12</td>
</tr>
<tr>
<td>---------</td>
<td>---------------------------------------------------------------------------</td>
<td>---------------------------------------------------------------------------</td>
<td>---------------------------------------------------------------------------</td>
<td>---------------------------------------------------------------------------</td>
<td>---------------------------------------------------------------------------</td>
<td>---------------------------------------------------------------------------</td>
</tr>
<tr>
<td>Time</td>
<td>Session 13</td>
<td>Session 14</td>
<td>Session 15</td>
<td>Session 16</td>
<td>Session 17</td>
<td>Session 18</td>
</tr>
<tr>
<td>----------</td>
<td>------------------------------------------------------------------------------</td>
<td>------------------------------------------------------------------------------</td>
<td>------------------------------------------------------------------------------</td>
<td>------------------------------------------------------------------------------</td>
<td>------------------------------------------------------------------------------</td>
<td>------------------------------------------------------------------------------</td>
</tr>
<tr>
<td>16.50–17.10</td>
<td>Service user evaluation of an Assertive Outreach Team. Lewis, Martyn UK</td>
<td>Easy like Sunday Morning: A service user perspective of compassionate counselling. McAndrew, Sue UK</td>
<td>Sleep hygiene, sleep quality and perceived wellbeing of consumers on an adolescent inpatient psychiatric ward. Foley, Camille Australia</td>
<td>Does Mental Health Care Resource Allocation and Personnel Education Level affect the Costs and Effectiveness of Mental Health Service System? Comparison of two hospital districts in Finland. Sadeniemi, Minna Finland</td>
<td>Difficulties of Syrian Asylum Seekers and Refugees in Accessing Mental Health Services in Turkey. Çırakoğlu, Ökan Cem Turkey</td>
<td>The factors contributing to self-mutilation, the purposes of self-mutilation and the sequel of self-mutilation of 483 Finnish adolescents aged 13-18 years. Rissanen, Marja-Liisa Finland</td>
</tr>
<tr>
<td>17.40–18.00</td>
<td>Using lived experience to improve trial evidence for peer support in mental health services: systematic development of a principles-based peer worker intervention to enhance discharge from inpatient to community mental health care (ENRICH). Gillard, Steven UK</td>
<td>Organizing evaluations of psychiatric patients. Thomson, Annika Finland</td>
<td>Experiences of Safewards model in adolescent psychiatry. Hottinen, Anja Finland</td>
<td>The Mental Health Law Reform in Croatia – The Implementation of the European Standards. Grozdanić, Velinka Croatia</td>
<td>Understanding the prevalence of PTSD in Kosovo: a systematic evidence based review. Fanaj, Naim Kosovo</td>
<td>Dealing with SUD and co-occurring ADHD or ASD / A study to inform better care for patients and caregivers. Kronenberg, Linda Netherlands</td>
</tr>
<tr>
<td>Time</td>
<td>Session 19</td>
<td>Session 20</td>
<td>Session 21</td>
<td>Session 22</td>
<td>Session 23</td>
<td>Session 24</td>
</tr>
<tr>
<td>------------</td>
<td>------------------------------------------------------------------------------</td>
<td>------------------------------------------------------------------------------</td>
<td>------------------------------------------------------------------------------</td>
<td>------------------------------------------------------------------------------</td>
<td>------------------------------------------------------------------------------</td>
<td>------------------------------------------------------------------------------</td>
</tr>
<tr>
<td></td>
<td></td>
<td><em>Eskelinen, Saana Finland</em></td>
<td>ffectiveness of treatment and rehabilitation of long-term psychotic patients.</td>
<td><em>Gjestvang, Bodil Norway</em></td>
<td><em>Håggman-Laitila, Arja Finland</em></td>
<td><em>Gashi, Lukuqe Kosovo</em></td>
</tr>
<tr>
<td>12.00–12.20</td>
<td>Alcohol drinks and mental health in older persons of Norway. <em>Kvaal, Kari Norway</em></td>
<td>Validation of Turkish Version of the Physical Health Attitude Scale (PHASE). <em>Ozaslan, Zeynep Turkey</em></td>
<td>Pragmatic Psychology – Discovering the abilities behind the disabilities. <em>Mittermaier, Susanna Austria/Sweden</em></td>
<td></td>
<td>Understanding Context and Culture when Providing Psychosocial Care to Syrian Refugees: A Participatory Training Approach. <em>Wells, Ruth Australia</em></td>
<td></td>
</tr>
</tbody>
</table>
Welcome to the 5th European Conference on Mental Health 2016

Dear Participants

This year our conference city is Prague which is called the “Crown Jewel” of Central Europe. It was the ancient capital of Charles IV’s Bohemian Kingdom, and has played a pivotal role in the development of Central Europe since the Middle Ages. It has been said that Prague is one of the most beautiful cities in the world. All this is provided for you during the next days and you can have an enjoyable time here in addition to the conference.

Our main focus is on multidisciplinary discussions and collaboration between experts, researchers and service users in the field of mental health. The Conference in Prague will give the 400 participants from all over the world the most wonderful setting for our meeting and an excellent opportunity to share their knowledge and best practices in the field of mental health. Our Scientific program includes seven high level keynote speeches, 85 oral presentations and 88 poster presentations.

Mental health issues are particularly current in so many levels. We must not forget our refugee crisis and we need to acquire more knowledge on how to help these people. Especially this year we have faced terrible attacks which have thoroughly shaken our sense of security. As mental health experts and professionals, we want to emphasize openness, tolerance and equality. Here in Prague we all also share the thought of not giving in to fear. This year in Prague we have chosen the Therapeutic Community of Magdalena as our charity fundraising target, for which we want to raise money in order to provide something special for them.

We would like to express our profound gratitude to the Scientific Committee for their work and support for this conference. We also want to thank all the Keynote speakers, who will share their comprehensive expertise and extensive knowledge with us in their keynote speeches. We are very grateful to our Czech Republic partners who have shared their knowledge and networks with us. Special thanks to professor Michal Miovský, Charles University in Prague! The conference is organized by the Evipro Company that has taken the responsibility and made all of this possible. Finally, we want to thank all the volunteers who are working as hosts and co-chairs. Also this year your input is priceless.

We want to challenge you all to look for evidence together from all over Europe and the whole world!

We also discuss and communicate in Twitter – so remember #ECMH2016

It is our great pleasure to welcome you to Prague, Czech Republic!

Ms. Marjo Kurki
Chair of Organizing Committee
GENERAL INFORMATION

INFORMATION DESK

Participants can register for the conference at information desk at NH Hotel Prague City. Information desk will be open as follows:

Wed September 14: 15:00 – 18:00
Thu September 15: 08:00 – 17:00
Fri September 16: 08:30 – 14:00

The hosts of the conference will be available to assist you at information desk. You will recognize the hosts on the orange staff-name tags. Organizing committee gsm +358 50 5677 275 and e-mail info@evipro.fi.

CERTIFICATE OF ATTENDANCE AND EVALUATION

All participants will receive a certificate of attendance.

LANGUAGE

The conference language is English. There will be no simultaneous interpretation or materials in different languages.

SPEAKERS’ PRESENTATION SERVICE

Speakers’ service is located in Cairo 3 room.

LUNCH AND REFRESHMENT

Lunch is served in Restaurant Costa Praga on the first floor.

LIABILITY

By registering for the conference participants agree that neither the organizing committee nor Evipro Company assume any responsibility for damage or injuries to persons or property during the conference. Participants are advised to organize their own insurance.

INFORMAL SITE VISITS AND CULTURAL ACTIVITIES

Hospital visits take place on Thursday September 15 afternoon. More details are available the on conference website and you can sign up for the visits at the information desk. Informal conference activities are free of charge.

CONFERENCE BANQUETTE

Conference banquette is arranged on Thursday September 15 at 8 pm in The Mark Luxury Hotel Prague. The banquette is only for participants who have paid a fee in advance.
KEYNOTE SPEAKERS

Michal Miovsky, MA, PhD, Professor of Clinical Psychology on Charles University in Prague (Czech Republic), clinical psychologist and psychotherapist (training in Gestalt therapy) and supervisor: The Comprehensive Prague Model of Academic Study Programmes in Addictology (Addiction Science) in the context of emerging new profession, professional identity and profile: addiction specialist

Education and training activities in Addiction field reflect fast development and changing of needs in the context of specialised services for addicts and quality standards. Professionals and employers seek for more structured education programmes and aspire for higher quality level. First academic addiction programs have emerged in some countries (USA, UK etc.) couple of decades ago and we can recognize hundreds academic programs today. The undergraduate bachelor’s study programme in addictology in the Czech Republic has existed since 2004/2005. It was the logical consequence of the former development of education and training programmes developed within the 90s and initiated by some NGOs in the Czech Republic. This process had links to a long-term process that has started at the beginning of the 1960s (with its historical roots in the period between World Wars I and II). The academic addictology programme consists of full undergraduate education at the bachelor’s and master’s degree levels and, more recently, a doctoral (Ph.D.) degree. The presentation covers a comprehensive model describing the process by which this fully independent health profession of addictology was created with the aid of specific Czech legislation. The aim of addictology is not to replace other professions but to work with them in unison and to promote the integration of research findings and clinical approaches and to be integrated into the wider concept of drug policy on the national and international levels – including introduction to on-going process of establishing the International consortium of universities providing addiction training and education programs (ICUDDR) established in Honolulu (USA) in March 2016.

Arman Alizad is an Iranian-Finnish master tailor, fashion columnist and a TV-personality. He is best known for the martial arts series Kill Arman, which is currently airing in over 100 countries around the world.

Clive E Adams, Chair of Mental Health Services Research; Co-ordinating Editor, Cochrane Schizophrenia Group, Faculty of Medicine & Health Sciences, University of Nottingham, UK: How to do a Cochrane review?

Background
Systematic reviews pull together best data from all relevant studies. These data may – or may not be synthesised and written up. Cochrane reviews are largely about treatments, are published online and updated in the light of new evidence (http://www.cochrane.org/). Cochrane helps people across the world do these reviews but has to have a certain bureaucracy and it can be difficult to see how to be involved.

Objectives
To present the logic to undertaking of systematic reviews of treatments.
To introduce the Cochrane organisation.
To show how to navigate within this organisation.
To show how to do a Cochrane or Cochrane-type review very fast indeed.

Methods
The presentation will show a few slides about the crushing logic of undertaking treatment reviews in a systematic way. There will be some slides about the structure of the Cochrane organisation.

If there is a link to the internet we can explore the Cochrane resources online.

I will demonstrate the free software that Cochrane uses to create systematic reviews (http://tech.cochrane.org/revman) and suggest how help for its use can be found online (https://sites.google.com/site/revmantutorial1/about) and.....even how auto-generation of text within it can be done (http://schizophrenia.cochrane.org/revman-hal-v4).

Kristian Wahlbeck, MD, PhD, Director of Development at The Finnish Association for Mental Health and Research Professor at the National Institute for Health and Welfare (THL), Finland: New frontiers in mental health

The focus of mental health actions needs to be broadened from provision of treatment to a holistic approach encompassing promotion of mental health, equity and social inclusion. The determinants of mental health needs to be addressed all public policy areas and everyday settings such as families, schools and workplaces. New evidence indicates that many mental disorders and suicides are preventable by public mental health interventions. A core issue in all actions is the pervasive impact of stigma of mental disorder. Studies across countries and diagnostic groups confirm a widespread and world-wide occurrence of stigma, e.g. two of three people with major depression experience discrimination. The ROAMER Project has set a new mental health and wellbeing research agenda for Europe by involving more than 1000 researchers, users, carers and policy makers. This new roadmap for research emphasises the need for an interdisciplinary holistic life course perspective, the need to include service users in research and the need to broaden the research scope to include research on positive mental health as well as inequalities and stigma. A shift of emphasis from cure to the contextual and societal prerequisites of personal recovery can be observed among researchers. This increasingly holistic approach to mental health and mental disorders is promising and will widen our knowledge base and help transform policy and practice in the mental health field.

By B. from Amsterdam (AA’s tradition of anonymity asks that AA members do not identify themselves by name at the public level): An inside view on Alcoholics Anonymous

B. has been a sober member of Alcoholics Anonymous for 26 years. She was a teenage alcoholic who started drinking at 13 and stopped after she found AA at 25. Putting down the drink was not easy. And learning how to live a life like ‘normal’ people do wasn’t so easy either. Today, B. lives a life that is rich and full. She is married and has two teenage children. She works as a management consultant/ management trainer. She has master’s degrees both in Psychology (clinical and health psychology) from Leiden University and in Communication science (Cultural Media Studies) from the University of Amsterdam. B is still an active member of AA.
Ladislav Csémy, PHDR, Head of the Centre for Epidemiological and Clinical Research on Addictions, National Institute of Mental Health, Czech Republic.

Jolijn Santegoeds, Board member of the European Network of Users, Ex-Users and Survivors of Psychiatry (ENUSP): The importance of a paradigm shift in European mental health services

ENUSP is deeply concerned about the rights of persons with psychosocial disabilities in Europe.

Persons with psychosocial disabilities across all European countries are exposed to a range of serious and systemic human rights violations, such as:

- Deprivation of legal capacity
- Deprivation of liberty
- Torture, ill-treatment, violation of the integrity and unnatural deaths
- Lack of access to justice

This remains the case while current human rights standards require a paradigm shift.

Since 2006, all European countries (except Ireland), and the European Union as a whole, have ratified the UN Convention on the Rights of Persons with Disabilities. The UN CRPD makes it clear that persons with disabilities are entitled to enjoy the same human rights as others, including liberty, legal capacity, and freedom from torture and other cruel, inhuman or degrading treatment or punishment.

The UN CRPD Committee has made further clarifications on the prohibition of forced psychiatric interventions in its General Comment on article 12, and Guidelines on article 14. Forced psychiatric treatments, such as involuntary institutionalization, forced medication, ECT, confinement, restraints, and Community Treatment Orders, are violations of human rights.

We are all part of the generation that is now set to deal with the historical task of realizing full human rights in mental health care services. It is our collective responsibility to put a final end to the practice of forced treatments, and to reject legislation and proposals which seek to continue forced treatments and paternalistic approaches, in order to realize a human rights based approach to mental health and psychiatric care, compliant with current international human rights standards such as the UN CRPD.

To do so, it is necessary to encourage a much larger variety of options for support for persons with psychosocial disabilities, including in the community, which correspond to the will and preferences of the person concerned and based on their free and informed consent. Here it is important to develop good practices in line with the UN CRPD, and to reject old practices - to be innovative, to convince leaders to embrace the new paradigm, to counter the profiling of stereotypes and stigmatization of persons with psychosocial disabilities - including by ending doctrines of "unsound mind", "danger to self or others", "need for treatment", and "incapable of consenting".

As a cross-cutting theme, it is necessary to invest in user organizations and to enable us to speak for ourselves on what helps us or not.

Nothing about us, without us.
WORKSHOP

INTERNATIONAL SOCIETY OF ADDICTION JOURNAL EDITORS (ISAJE): Education and Training

Activities preparing for publication?
Michal Miovsky
Richard Pates
Roman Gabrhelik

Addiction science has grown dramatically in the past half century, and with it the number of specialized journals devoted to research on alcohol, drugs, tobacco, gambling and other behavioral addictions. The International Society of Addiction Journal Editors (ISAJE) was established in 2000 to fill this need. It is an independent body of journal editors with the general aim of improving the quality and ethicality of addiction science. ISAJE provides information, consultation, and training to member Journal editors and to the broader community of addiction scientists and practitioners. This workshop describes the major contributions of ISAJE to the promotion of addiction science and addiction publishing, giving special emphasis to training and mentoring opportunities for young investigators, conflict of interest policies, increasing publication opportunities (including open access), and improving the quality of peer review. In recent years addiction studies have become the framework for specialized education training programs, which depend on a vital interaction between science, clinical practice and social policy. Authors describe the growth of education and training programs in addiction and the opportunities it presents to persons entering this new interdisciplinary field. In addition to almost 20 degree programs at the bachelor, master and doctoral levels, there are many post-baccalaureate programs that provide training to addiction professionals in public health, social science, and addiction medicine. Even more numerous are training programs and workshops that provide specialized courses in continuing education. The International Society of Addiction Journal Editors (ISAJE) has developed 4 areas of education and training activities targeted primarily at young PHD students, post-doctoral and young researchers. Specifically the organization has produced a comprehensive manual, Publishing Addiction Science, a series of interactive training programs and workshops, e-learning lectures and e-learning materials and specific training programs for students and young researchers from middle and low-income countries.

Key words: ISAJE, publishing addiction science, education, training.
Oral presentations in alphabetical order based on the first author
Nursing activities to promote the welfare of the elderly

Annion Marianne, RN/ Lecturer in Mental Health Nursing, Tallinn Health Care College, Estonia
Räpp Kertu, 4-th year Nursing student, Tallinn Health Care College, Estonia
Saarkoppel Meril, 4-th year Nursing student, Tallinn Health Care College, Estonia

Background
The world is aging rapidly, people aged 60 and older comprise 12.3% of the global population, and by 2050, that number will rise to almost 22 %. In 2011 the number of people aged 50 and over was 36.2 % of the total population of Estonia. Loneliness is considered to be one of the major problems among elderly people, which often contributes to the depression and impaired quality of life among the elderly. In Estonia, 9.7 % of people aged 75-84 have been diagnosed with clinical depression. In order to achieve the social integration of the elderly it is important to reduce social stratification, exclusion and inequality among the elderly and strengthen social relations and communication. Nurses associate with the elderly on a daily basis, meaning that nurses can make a huge impact in improving socialization of elderly by giving information about socializing and social events.

Aim
The aim of this project is to describe the problems in relation to socializing among the elderly and to offer solutions by exploring the literature and suggesting activities for the elderly to provide needed support.

Method
The method of this research/study is based on a review of existing literature and three health-related information days, offering general information about the memory, physical activity and mental health issues among the elderly which were organized in Kristiine Elderly Day Center by Tallinn Health Care College nursing students. The elderly were informed using local channels of information, newspapers, Facebook and other ways of distributing news.

Results and Conclusions
Information days were successful. There were more participants than expected and feedback was very positive. The elderly admitted that information days were beneficial informatively as well as socially. Reviewed literature showed that there are many activities directed at the elderly. Nurses' role is constantly changing as they are not only the ones administering medications, but also advisers, supporters and inspirers of the community. The information days showed that the nurses' role in providing information and support for the elderly is an effective way to participate in community work and should be promoted among nursing students.
Cyberbullying and Psychosocial Wellbeing of Icelandic Children

Biering Pall, PhD, University of Iceland, Iceland

Background
Cyberbullying can cause serious psychosocial harm to its victims especially if it is severe and continues over a period of time. Until recently most studies on bullying have focused on face-to-face bullying but the studies that have been conducted show that cyberbullying has similar effect on its victims. The prevalence of cyberbullying varies between countries. National surveys show that about 10% of Icelandic school children are exposed to cyberbullying but until now most Icelandic research has focuses on face to face bullying.

Objectives
The purpose of this study was to explore how cyberbullying is related to psychosocial wellbeing and internet use of Icelandic children. Understanding these relations can help us to understand and reach out to victims of cyberbullying and hence contribute to preventive measures.

Method
Data from a national survey that was conducted in 2013 among 954 school children, from 10 to 16 years old, was analyzed for the purpose of answering the research question.

Results
The study found that 10.4% of Icelandic school children are victims of cyberbullying. These children are much more likely than other children to suffer from psychosocial problems. Their suffering increases with the severity of the bullying. They also use more time on the World Wide Web (www) and engage in more risky behavior on the www. For example, by sharing personal photos and information with strangers. They are more likely to search for new friends on the www and to meet face to face with them. They are also more likely to be exposed to sexual harassment on the www.

Conclusions
Children who are victims of cyberbullying are typically lonely and socially isolated. Loneliness, bullying and psychosocial problems create a vicious cycle where each factor increases the other parts. This circle needs to be broken by reaching out to the victims and by providing them with interventions that could release them from their social isolation.
Nurse prescribing in mental health - results and implications from a national survey

Brimblecombe Neil, PhD, RN, South London and Maudsley NHS Foundation Trust, UK

Background
Changes to regulations to allow the prescribing of medication by nurses are spreading internationally, both in Europe and in the English speaking world. Nurse Prescribing (NP) has been available to mental health nurses in the United Kingdom since 2003, and has been advocated as potentially offering more responsive and holistic care. Limited research is available as to outcomes of nurse prescribing specifically in mental health settings, although there is increasing evidence that service users are more likely to prefer nurse prescribing than medical prescribing. This presentation reports the latest in a series of national surveys of the development of nurse prescribing in mental health organisations in England. This survey aims to describe and understand changes and trends in the use of Nurse Prescribing nationally. Earlier surveys in 2004 and 2008 showed major variation between organisations as to the numbers of NPs, and variation as to what model of NP was utilised.

Methods
Postal survey and follow ups to all 53 National Health Service Mental Health Trusts (publicly funded provider organisations) in England; 75% responded (n = 40).

Results
Numbers of NPs have grown significantly in the last 6 years, although remain a small percentage of the total Mental Health Nursing workforce. The distribution of NPs remains marked by large variance between organisations. The highest use of NPs is found in community services, particularly community mental health teams and drug/alcohol services. Independent prescribing has now become the most common form of NP, replacing supplementary prescribing (prescribing from the parameters of a medically defined plan).

Discussion
This study confirms international experience that embedding nurse prescribing in mental health services is typically a long term process. It also demonstrates that the particular form of nurse prescribing will influence its applicability in different clinical settings. The attitudes of organisational leaders to NP is likely to be the single largest factor as to whether nurse prescribing become a significant contribution within services. However, economic factors may have a particular impact in some services, such as those for substance misuse. More comprehensive adoption of NP in mental health is still hindered by a lack of a definitive evidence base as to outcomes compared with those from medical prescribing. Future research should address this gap.
Difficulties of Syrian Asylum Seekers and Refugees in Accessing Mental Health Services in Turkey

Çırákoğlu Okan Cem, PhD, Assoc. Prof., Department of Psychology, Başkent University, Turkey

Background
The Council of Ministers of the Republic of Turkey issued a regulation on temporary protection on October 22, 2014 which applies to Syrian nationals, as well as stateless persons and refugees from Syria. It is widely accepted that asylum seekers/refugees are at risk group in terms of mental health due to several factors such as impaired pre-migration functioning, traumatic experiences, low socio-economic status, and difficulties in accessing basic services in host country. Similarly, asylum seekers and refugees usually face difficulties in getting psychiatric and psychological services that may impede social functioning.

Objectives
The aim of this presentation is to provide a general picture of difficulties of asylum seekers and refugees in accessing psychiatric/psychological services in Turkey.

Methods
The content of the presentation is based on personal experiences and information obtained from mental health professionals who provide services for asylum seekers/refugees in governmental organizations, and NGOs. In addition, related national media resources have been reviewed for this purpose.

Results
The most frequently observed problems of asylum seekers/refugees in getting psychiatric services in Turkey are (1) not being knowledgeable on rights and services, (2) long period of time to receive the registration documents which form the legal basis for access to public services, including medical assistance and education, (3) limited capacity or number of mental health professionals who work with asylum seekers/refugees, (4) language barriers, (5) difficulties in working with interpreters, (6) economic difficulties, (7) cultural differences and attitudes towards mental health issues, and (8) discrimination.

Conclusion
Numerous barriers to access mental health services have been observed among Syrian asylum seekers/refugees in Turkey. We concluded that obstacles, which prevent asylum seekers/refugees from efficient use of mental health services, are consequences of multiple co-existing factors, such as individual, social, economic, and community related ones.
Health status, health care system and policy implications in Mongolia

Dovdon Baigalmaa, Ms, Mongolian National University of Medical Sciences, Mongolia
Kim Jinhyun, Professor, Seoul National University
Vankhuu Enkhtuya, Ms, Mongolian National University of Medical Sciences
Nolan Fiona, Dr, University College London

Background
Mongolia is the world's 19th largest country, covering a total area of 1.6 million square kilometres. In 2014, the population reached 2,995,900 giving an overall population density of 1.7 persons per square kilometre, and making it the least densely populated country in the world. Mongolia has a unique geographical structure, with steppes, semi-deserts and deserts, high mountain ranges and dry, lake-dotted basins. The country is prone to natural hazards, including drought, flood, steppe and forest fires, and human and animal epidemic diseases. Mongolia has been recently experiencing rapid changes in demographic, socio-economic, and health care circumstances. Health care provision is challenging on several counts, among them a shortage of health professionals in rural areas owing to great discrepancies in distribution. Recruitment and retention of appropriately qualified health care staff is also challenging particularly in mental health.

Objectives
The purpose of this paper is to describe the emergence of Mongolia's current health care system particularly in the area of mental health.

Methods
The authors conducted a literature review to analyse the demographics, political situation, socio-economic conditions, health risk factors, health status and trends, and health care system in Mongolia. All Mongolian publications without restrictions were included, among them the Mongolian government's statistical yearbook, public agency (e.g. World Health Organisation annual reports) and non-periodic surveys.

Results
Since 1990, Mongolia has been undergoing a demographic and economic transition. Due to increased urbanization and socioeconomic development the country has been experiencing epidemiological changes in morbidity and mortality patterns. In an effort to combat the increasing burden of disease, the government has launched a national program on prevention of non-communicable diseases and mandatory government health insurance schemes have been increasing.

Conclusions
The authors will discuss current government policy and the likely implications for health care provision in Mongolia, particularly for mental health services. Planned changes to resource allocation and training will be explored, along with the impact of information technology in healthcare.
Health Hut – Integrating elements of somatic care into psychiatric services

Eskelinen Saana, DR, Kellokoski Hospital, Helsinki University Hospital and Mental Health Unit, National Institute for Health and Welfare, Finland
Co-writers (title, organization)
Laiho Tero, RN, MNSc, Helsinki University Hospital, Finland
Sailas Eila, MD, Kellokoski Hospital, Helsinki University Hospital, Finland
Joutsenniemi Kaisla, MD, PhD, Helsinki University Hospital, Finland

Background
Severe mental illnesses and physical multimorbidity are closely linked. Furthermore, high mortality rates in this patient group are mainly attributable to deaths from somatic diseases. The awareness of common adverse physical outcomes of psychiatric illness is often inadequate in psychiatric care, not to mention basic screening or adequate interventions. In particular, early detection and systematic prevention of somatic adversities should be integrated into the structure of psychiatric services.

Objectives
Health Hut aims to promote better physical health among patients in psychiatric care by introducing and implementing new system level procedures into daily psychiatric practice.

Methods
Health Hut is a GP led, multidisciplinary team of professionals working at a psychiatric facility and sharing an interested for somatic comorbidity. The Hut organizes regular meetings for Hut-agents in hospital and outpatient care. Ideas from the fieldwork are translated and implemented into novel procedures. For example, the Antismoking Team and the Obesity Consortium are essential parts of the Hut. In addition, the Hut coordinates somatic consultations and training, research, and a targeted lifestyle-program for first episode schizophrenia patients, and it networks with primary and specialized care providers.

Results
Examples of two procedures, Outpatient Clinic Influenza Vaccination day and First Aid Update, are presented in the talk.

Conclusions
The Health Hut is a promising model in promoting somatic insight and systematic processes into psychiatric care. An enthusiastic team and strong administrative support have been crucial elements in the process. Future developments include disseminating the model within the hospital district and nationally by taking advantage of existing and upcoming digital platforms.
Understanding the prevalence of PTSD in Kosovo: a systematic evidence based review

Fanaj Naim, DR, PhD, Mental Health Center Prizren, Kosovo
Melonashi Erika, DR, Prof. Asoc. European University of Tirana, Albania
Sevim Mustafa, Msc, Psychologist, Prizren, Albania

Background
Kosovo survived a brutal war in the years 1988/89. PTSD is still present. There have been many studies in different periods and in different settings.

Objectives
We conducted a systematic evidence based review of the literature to explore and understand the prevalence of PTSD in Kosovo after the war 1998/99.

Methods
Review of the published articles, dissertations, books and abstracts in order to review rates of PTSD in different samples and years. We searched internet with words PTSD and Kosovo - Google search, Science Direct, Google scholar and requested full-text from authors in ResearchGate and found 38 articles, 3 books/chapters, 4 abstracts one master thesis and one dissertation thesis.

Results
The prevalence of PTSD is reported to be based on samples: in general population 17.1 % (1999yr), 25 % (2000yr), 18.2 to 22 % (2005yr), 26.4 % (2006yr), 22.6 % (2011yr) and 27 % (2013yr); in refugee/mass evacuated – 37 to 50 % (1999yr), 60.5 % (2000yr), 21.7 % (2001yr); in returnees – 26.4 % and 11.9 % (2007yr); in civilians exposed to traumatic experiences – 25.5 % (2005yr), 29.4 to 69.1 % (2007yr), 33 % (2010yr); in victims of torture – 47 % (2008yr); in war veterans – 52.6 % (2014yr); in widowed lone mothers -82 % (2009yr); in emergency department – 14.1 % (2001yr); in children & adolescents – 2.9 % (refugee,1999yr), 66-99 % (high school students), 21.4 % (mental health clinics, 2000yr), 4 % (mental health clinics, 2000yr), 9.8 % (civilians exposed to traumatic experiences ,2010yr).

Conclusions
Understanding the prevalence of PTSD in after-war Kosovo is difficult, because different methodologies, instruments and samples were used. Comparisons with other after-war countries should be made cautiously.
An innovative psychotherapeutic approach for improving quality and cost-effectiveness of treatment and rehabilitation of long-term psychotic patients

Faninger-Lund Heidrun, Dr.med., City of Helsinki, Southern Psychiatric Outpatient Clinic, Finland
Mattila Maarit, RC Nurse, City of Helsinki, Southern Psychiatric Outpatient Clinic, Finland
Metsola Jaana, RC Nurse, City of Helsinki, Southern Psychiatric Outpatient Clinic, Finland

Background
The psychiatric outpatient clinic of Southern Helsinki serves 200,000 people and up to 270,000 by 2030. Declining budget, less hospital beds, and shifting care to outpatient treatment cause major challenges. We have 1,000 psychotic patients of which 40% are long-term chronic. Earlier practice was to medicate them and arrange 1-2 follow-up meetings a year, Clozapine patients once a month. The basis before our pilot was that chronically psychotic patients don’t profit from active rehabilitation.

Objectives
The aim was to develop an effective and resource-friendly target-driven rehabilitation program for long-term chronically ill psychotic patients. The idea was to tailor-made a model for each patient and to offer intensive follow-up in order to early observe fading psychic and somatic health. The model should improve patient’s quality of life by creating more orderliness, relevance, sense of community, social skills, self-esteem, and experiences of being part of a group, which all help the patient to get along. The resources required should not scale up with the number of patients.

Methods
Our model is based on cognitive-behavioral group therapy, ideas by I.Yalom, and clinical experience. Patients are divided into groups (10-20 persons) based on their personalities (not age or diagnosis), meeting every second week (individual meetings also possible). Somatic follow-up is biannual. The patients participate in the design, realization, and modification of the contents. They share experiences, learn problem solving, and to face everyday challenges, e.g. bus trips and dining out. Based on group’s feedback and acceptance, the patient starts to articulate more openly leading to increased awareness and behavioral changes. Each patient proceeds on own terms and speed using own talents. Different types of group work are employed. Progress is monitored through follow-up forms, patient’s and nurse's assessment, commitment to cure, and reduced hospital care.

Results and conclusions
Chronically ill psychotic patients benefit from active psychotherapeutic rehabilitation. Around 70% of patients were willing to join the groups and >90% of these showed clear improvements. They learned to take more responsibility of own life, care for others, and their mood was more stable. Early intervention to any deterioration was quicker. The activity levels and abilities to act increased. Clearly being part of a group gives strength and empowers. In the old model 60 patients/nurse was an upper limit, now 200, in the future even beyond. The new model is ready for wider use.
Sleep hygiene, sleep quality and perceived wellbeing of consumers on an adolescent inpatient psychiatric ward

Foley Camille, RN, The Royal Children's Hospital, Australia
Newall Fiona, Murdoch Childrens Research Institute, University of Melbourne, Australia

Background
Adolescents require at least nine hours of sleep per night in order to maintain optimum functioning; however there is a plethora of evidence that suggests that sleep disturbance is common amongst this population group. Poor sleep can have undesirable and perpetuating effects on an adolescent’s mental health and overall level of functioning. Sleep hygiene involves a range of practices and rituals people utilise, or can adopt to assist in regular and quality sleep. Sleep hygiene practices can assist in improving intrinsic and extrinsic factors, which may hinder adequate sleep.

Objectives
- Investigate whether standard of care sleep hygiene practices are effective in improving sleep quality
- Determine whether sleep hygiene interventions improve perceived wellbeing as determined by consumers
- Gather an understanding of what other strategies would improve sleep as suggested by consumers

Methods
Prospective quantitative and qualitative data was collected over an 11-week period. Consumers admitted to the Banksia Ward admitted for a period of 3 days or longer were asked to complete a survey which asked them to rate the effectiveness of a range of standard-of-care sleep hygiene interventions, their influence on consumer’s perceived wellbeing and recommendations for future practice.

Results
This study revealed that of 38 participants 47.3% reported that their sleep improved due to admission, 31.5% had not changed and 21% had gotten worse. Same bed time/wake time was rated as the most helpful sleep hygiene intervention, followed by environment. Medication was not used by 36.8% of participants and alternative strategies such as mindfulness and sensory modulation were rated as more helpful when compared. 37 of 38 participants reflected on how pertinent sleep is for their mental health and overall wellbeing. Participants provided valuable feedback on what other strategies could be implemented on the ward as well as what would assist them in implementing sleep hygiene strategies following discharge.

Conclusions
Most participants reported an improvement in sleep due to admission, sleep disturbance was common amongst participants and was identified as being a significant factor by consumers in relation to their mental health and overall wellbeing. Therefore, sleep should be a primary focus during admission.
Putting an End to Family Homelessness

Forchuk Cheryl, RN, PhD, Distinguished University Professor and Associate Director of Nursing, Western University, Canada
Russell Gordon, Director of Shelters, Mission Services of London, ON, Canada
Richardson Jan, Manager, Homeless Prevention Neighbourhood, Children and Fire Services, City of London, London, ON, Canada
Wafa’a Ta’an, RN, PhD, Postdoctoral Fellow at Western University, and Research Coordinator at LAWSON Health Research Institute, London, ON, Canada
Perreault Chantelle, Housing Selection Worker, and Housing Crisis Worker, Mission Services of London, London, ON, Canada

Background
The fastest growing homeless subpopulation in Canada—families with dependent children—has expanded by over 50% between 2005 and 2009. This population has more than tripled average length of stay in emergency shelters.

Objectives
This project evaluates the value of a pilot program at Rotholme Women’s and Family Shelter of London, Ontario, designed to prevent homelessness among families. Given the limited information available on the experiences of homelessness among families, enhanced understanding is important.

Methods
Data collection for this project includes three sources: 1. formal interviews with individual members of families participating in the pilot program in order to identify the benefits and barriers of Rotholme’s homelessness prevention strategy at baseline and 6, 12 and 18 months post-intervention; 2. focus groups with members of families residing at the Rotholme family shelter to understand their perspective on homelessness and possible prevention strategies; and, 3. focus groups with front line staff to gain service provider perspectives. Focus groups are conducted at months 6 and 18.

Results
Preliminary data was obtained from Rotholme’s one year pilot program for the months of May 2015 to January 2016. The number of family referrals Rotholme received per month ranged from 6 in November to 23 in July, with an average of 14 family referrals per month. A total of 43 families received housing crisis interventions during these months. Of these 43 families, 11.7% stayed in their current residence, 37.2% moved to another residence, 39.5% were in process, and 2.3% were unknown, thus avoiding the shelter. Only 9.3% of these families ended up in the shelter, and without Rothome’s housing crisis intervention program 100% likely would have ended up in shelter.

Conclusions
Further data from participant interviews will be available for the presentation.
Mental Health workers perception of human rights of mentally ill persons in Kosovo

Gashi Lukuqe, Mr.Sc. Ombudsperson, Kosovo
Naim Fanaj, Dr.Sci. Community Mental Health Center, Prizren, Kosovo
Sevim Mustafa, Mr.Sci. Psychologist, Prizren, Kosovo

Background
Human rights violations among the people with mental illness were not an uncommon occurrence especially in developing countries as Kosovo.

Objectives
The purpose of this research is to get an understanding of mental health workers views and experiences of human rights of mentally ill persons in Kosovo. The intent was to explore this group as stakeholders for enhancing and improving the human rights of individuals marginalized due to their mental health condition.

Methods
Mental health workers of mental health institutions in Kosovo filled modified questionnaire based on Taking The Human Rights Temperature. The sample (N=131) consisted from psychiatrists, psychologists, nurses and social workers. Data processing was done with SPSS 21.0 and Microsoft Excel 2007.

Results
The perceptions of mental health workers for human rights of mentally ill persons in Kosovo in overall are mainly positive (M=2.75). Regarding statements for human rights the lowest mean is found for encouraging in decision-making processes (M=2.00), not being exploited (M=2.16), having adequate living conditions for health and well-being (M=2.18), the opportunity to work (M=2.20) etc. Regarding statements the highest mean is found for personal responsibilities taken by professionals (M=3.61), allowance to public places (M=3.29), allowance to vote (M=3.23) etc. Oldest ages significantly scored higher (r=.22, p=.009). There was significant difference in total scores for males (M=68.37, SD=11.51) and females (M=62.23, SD=12.74); t (129) = 2.82, p=.006. Based on ANOVA there was a statistically significant difference in sum of total scores for the different groups of professionals [F (3, 126)=4.04, p=.009], indicated that the mean score for psychologists (M=55.64, SD=10.06) was significantly different from psychiatrists (M=66.04, SD=10.8), nurses (M=66.06, SD=12.04) and social workers (M=68.87, SD=15.39).

Conclusions
Mental health workers in Kosovo perceived that the human rights of people with mental illness were mainly positive in the community. It can be suggested that there are fields which need strengthening efforts to improve the rights of people with mental illness. Hence mental health professionals and other stakeholders should continue their efforts in advocating for human rights of people with mental illness.
Subjective outcomes of psychotherapeutic interventions among adolescent patients

Gergov Vera, Lic.A. Psychology, psychotherapist, Adolescent Psychiatry, University of Helsinki and Helsinki University Hospital, Finland
Kalska Hely, PhD, Behavioural Sciences (Psychology), University of Helsinki
Marttunen Mauri, MD, PhD, professor, Adolescent Psychiatry, University of Helsinki and Helsinki University Hospital & Mental Health and Substance Abuse, National Institute for Health and Welfare
Lipsanen Jari, M.S. in Psychology, Behavioural Sciences (Psychology), University of Helsinki
Tainio Veli-Matti, MD, PhD, Adolescent Psychiatry, University of Helsinki and Helsinki University Hospital
Lindberg Nina, MD, PhD, professor, Forensic Psychiatry, University of Helsinki and Helsinki University Hospital

Background
In adolescence, the prevalence of mental disorders doubles compared to childhood and the need for interventions to reduce psychological symptoms increases. Most evidence-based psychotherapeutic interventions are focused on single conditions, but in clinical practice most patients suffer from psychiatric comorbidity. However, research on effective treatment interventions for adolescents in naturalistic settings is scarce. Research focusing on the relationship between therapy frequency and treatment outcome is also highly limited. Adolescent patients seem to improve faster and require less therapy to reach change than adults. The aim of this three-month follow-up study was to investigate subjective outcomes of psychotherapeutic interventions in a naturalistic setting among adolescent psychiatric out-patients. The intention was also to find out if verbally performed psychotherapies were more effective than art and occupational therapies in symptom reduction. Further, to investigate if the frequency of intervention or the severity of self-reported depressive symptoms were related to treatment effect.

Method
This study was conducted in the Helsinki University Hospital, Department of Adolescent Psychiatry. The study is part of an ongoing longitudinal study focusing on effectiveness of psychotherapeutic interventions, started in February 2012. The sample comprised 58 adolescents with mean age of 14.2 years referred to psychotherapy or to art and occupational therapies. The Beck Depression Inventory (BDI), the Strengths and Difficulties Questionnaire (SDQ), and the Clinical Outcomes in Routine Evaluation (CORE-OM) were used as self-assessments both at baseline and the follow-up.

Results
Adolescents had already experienced symptom reduction during the first months of psychotherapeutic treatment. Symptom reduction was related to frequency of psychotherapeutic intervention, but not to the form of it. Life functioning of adolescents with severe depression improved more than of those with only mild or moderate depression.

Conclusions
Psychotherapeutic interventions are effective in reducing the subjective symptoms of clinically referred adolescents with psychiatric disorders. Art and occupational therapies are as effective as psychotherapies in reducing symptoms. The frequency of intervention, as well as the level of depression prior to the intervention, seems to modify the outcome. The results imply the need for more intensive treatments and indicate that psychotherapeutic interventions should already be provided at an early stage of treatment.
Using lived experience to improve trial evidence for peer support in mental health services: systematic development of a principles-based peer worker intervention to enhance discharge from inpatient to community mental health care (ENRICH)

Gillard Steve, DR, St George’s, University of London, United Kingdom
Chandler Ruth, Sussex Partnership Foundation NHS Trust, United Kingdom
Foster Rhiannon, St George’s, University of London, United Kingdom
Gibson Sarah, St George’s, University of London, United Kingdom
Lucok Mike, Huddersfield University, United Kingdom
Marks Jacqui, St George’s, University of London, United Kingdom
Patel Shalini, South West London & St George’s Mental Health NHS Trust, United Kingdom
Repper Julie, Nottinghamshire Healthcare NHS Trust, United Kingdom
Rinaldi, Miles South West London & St George’s Mental Health NHS Trust, United Kingdom
Simpson Alan, City University, London, United Kingdom
Ussher Michael, St George’s, University of London, United Kingdom
White Sarah, St George’s, University of London, United Kingdom
Worner-Rodgers Jessica, Together for Mental Wellbeing, United Kingdom

Background
Peer support is being introduced into mental health services internationally to improve individual recovery and service use outcomes. The formal evidence base suggests that peer support interventions are no better or worse than similar interventions delivered by mental health professionals. However, trials to date fail to specify what makes peer support distinctive and how this is associated with change. A UK National Institute for Health Research programme (ENRICH) has been funded to manualise, pilot, and trial a peer worker intervention to enhance discharge from inpatient to community mental health care.

Objectives
This paper reports a systematic process of manualising a peer support intervention underpinned by a set of principles that specify the distinctiveness of peer support.

Methods
A systematic review of peer-reviewed and grey literature about one-to-one peer support in mental health services identified potential intervention components. A two-round consensus exercise with six local advisory groups – comprising peer workers, service users, carers, and mental health professionals – clarified concepts and selected core components. In parallel, literature review findings and a consensus exercise with a national lived experience expert panel were used to produce a set of ‘principles of peer support’ to guide production of the manual. Researchers with lived experience of mental health problems were involved in developing and delivering all aspects of the research.

Results
65 potential intervention components were identified from the review across five domains of peer worker role, training, delivery, supervision and support, and organisation, reduced to 33 core components through consensus work. Five principles were specified: shared lived experience; mutuality and reciprocity; experiential knowledge; choice and control; strengths and connections. The principles framework informed iterative rounds of writing and feedback from advisory groups and expert panel to produce the final ENRICH peer support for discharge manual and a principles-based fidelity index to test implementation in the trial.

Conclusions
The feasibility of developing a principles-based peer support intervention informed by a lived experience perspective – currently being refined in the pilot trial – was demonstrated. The subsequent large-scale RCT will strengthen the evidence base for peer support by properly describing what is distinctive about a peer support intervention and by evaluating how that distinctiveness is related to effectiveness.
Exploring the benefits of a new leadership role in managing regulatory changes for nurses in the UK to renew their licence to practice

Gimblett Dean, Preceptorship and Professional Standards Development Nurse, Camden & Islington NHS, United Kingdom
Harris-Birtles, Caroline, Deputy Director of Nursing and People, Camden & Islington NHS Foundation Trust, United Kingdom

Background
The Nursing and Midwifery Council (NMC) are the regulatory body for all nurses and midwives in the United Kingdom (UK). In April 2016 the NMC launched ‘revalidation’, in which all nurses and midwives are required to provide increased levels of evidence of continuing education and of practising as a nurse in order to renew of their licence or registration. A new role as project lead was established in Camden and Islington NHS Foundation Trust (London) in 2015. The post holder works collaboratively with all 450 Registered Mental Health Nurses (RMNs) to prepare them to meet the revalidation requirements.

Objectives
The aim of the new role and work programme is to ensure that all 450 nurses employed within one London mental health provider organisation meet revalidation requirements and successfully renew their registration. The project is anticipated to impact positively on staff retention, job satisfaction and patient care.

Methods
A project steering group was established in May 2015 comprising senior nurses employed by the organisation. The group agreed that the post holder would lead the project and work collaboratively with services within the provider organisation to promote revalidation and encompass training involved for staff to meet the requirements. A group of 10 nurses with imminent registration renewal dates were identified as the pilot for our programme and assisted us in developing our revalidation arrangements. We developed monthly training forums to educate all nurses on the new model; a robust tracking system for nurses who were due to revalidate in twelve month time; and three peer/reflective support group sessions offered quarterly leading up to the nurse revalidation date.

Results
Our pilot group successfully revalidated and renewed their registration. Their feedback highlighted the importance of attributing adequate planning and reflection time, the benefits of peer group discussions in the planning stages, and the potential benefits to their clinical practice.

Conclusion
Establishing a post to lead the nursing workforce in a London mental health organisation through the new registration requirements has been successful. This leadership role can therefore be advocated to other organisations as a relatively inexpensive means of ensuring a smooth transition through a complex regulatory change.
Training relational competence and skills of students at master programme of mental health care

Gjestvang Bodil, Assistant Professor, Hedmark University of Applied Sciences, Norway
Hoel Erik, Assistant Professor, Hedmark University of Applied Sciences, Norway
Kvaal Kari, Professor of Mental Health Care, PhD. Hedmark University of Applied Sciences, Norway

Background
Typically, the persons suffering from mental problems and illness have emotionally pain, and the mental health care professionals are in close relational contact with these persons and often their families. Current emotions, painful as well as good, are contagious. Training with role-plays might be tool for recognizing their own feeling which can be seen as necessary as personal development of the students and training to real clinical practice.

Objectives
The purposes are to explore a better understanding of how role-play can contribute to personal development as mental health care professionals as well as to train and prepare the students for clinical mental health care practice.

Methods
The course was two week with three weeks break. Each day started with theoretical lectures, followed by groups of five to six students for roleplays as exercises as mental health care professionals, as patients, relatives and as observers. In order to experience all roles, they switched roles every 15 to 20 minutes. Each student was given a specific role in arranged roleplays to exercise roles as professionals, users/patients and observers/reflective team. Three month after the programme was finalized, the students was given an open-ended questionnaire to assess their own experiences. The qualitative data was analyzed by using phenomenological approach to content analyses.

Results
Overall, the results showed 90% (N=44) of the students answered that role-play could strengthen their relation competence and skills, and that the students learned from each other and experienced increased trust on own professionality in communication with users and patients. The content analyses showed main themes as: get outside perspective on them, be affected by the situation, learning skills, and learn from each other. Detailed results will be presented.

Conclusion
We found that role-play could be a powerful pedagogic tool in attainment of educational goals. The majority of the students expressed highly degree of learning how communication may affect relationships between professionals and patients in mental health care practice.
A Qualitative Study of Nursing Care for Hospitalized Patients with Acute Mania

Goossens, P.J.J., RN MANP PhD FEANS, Dimence, Netherlands
Daggenvoorde Thea H. RN, MSc, Dimence, Netherlands
Geerling Bart, RN, MANP, Dimence, Netherlands

Background
When patients diagnosed with a bipolar disorder are suffering from acute mania (forced) admission in a psychiatric hospital is often necessary. Patients in a manic state are often quite disruptive, which makes it difficult to regulate their behavior and handle them in the current condition. The nursing team must also ensure the safety of the other patients on the ward. In literature there is a lack of evidence-based knowledge about the domain of nursing care for patients in a manic mood state. Current nursing practice in this domain appears to draw on mostly tradition and experience. Scientific research about the nursing care of patients with an acute mania in a hospital is scarce.

Objectives
The aim of the present study was to map the relevant patient problems, desired patient outcomes, and nursing interventions that manifest themselves during the hospitalization of patients experiencing acute mania.

Methods
A qualitative research methodology was selected to map the experiences of the nurses in our study. Semi structured interviews were first conducted with the individual nurses. Focus group meetings were then held to deepen our understanding of the interview results. This qualitative study was carried out in the Netherlands. 22 nurses from four institutions were individually interviewed on the above mentioned topics. The data-analysis was done by qualitative content analysis. Later on these nurses participated in focus group interviews to deepen the findings of the individual interviews. The statements from the focus group meetings were summarized. These summaries provided a description of the nursing perspective on the patient problems, desired outcomes, and nursing interventions. Member checks were carried out to increase the trustworthiness of the findings.

Results
A Top 5 of mentioned nursing problems, goals and interventions per interview was made.
Top 5 of problems: 1. Disturbed day-night rhythm, 2. Agitation, 3. No or poor awareness of or insight in the disease, 4. Verbal aggression , 5. To much physical activity.

Conclusions
This study presents what nurses actually do while taking care of patients who are admitted with acute mania in a mental health settings.
Background
Studies have found that, despite the many challenges faced by families with children with a learning disability, these families display remarkable adjustments. The questions that arise are why some families adapt well to the demands put to them while others show signs of dysfunction, and what are the key family processes that empower families to overcome the adversity? Knowledge about resilience qualities in families with a child with a learning disability is limited. Various authors have emphasized that research about successful adaptation in high-risk families would strengthen the conceptual basis required to frame both curative and preventative interventions.

Objective
The objective of this study was to identify factors associated with family resilience in families who have a child with a learning disability.

Methods
A mixed-methods approach was followed to collect data from a non-probability, purposive sample drawn from the Cape Metropolitan area in the Western Cape, South Africa. The study sample comprised of 110 families in which a child presented with a primary learning disability. The quantitative data analysis was conducted using analyses of variance (ANOVA), Pearson’s product-moment correlation coefficients, and a best-subset multiple regression analysis. Qualitative data were analysed using thematic content analysis. Results: Twenty-one family resilience variables were identified. These included family time and family routines, child routines, couple togetherness, sharing meals together, parent-child togetherness, relative connection, family chores, family management, family hardiness, family commitment, family challenges, locus of control, availability and mobilizing of community sources, faith, problem-solving skills and family communication.

Conclusion
The findings open up opportunities for the enhancement of qualities that may help families to adapt to the demands of parenting.
The Mental Health Law Reform in Croatia – The Implementation of the European Standards

Grozdanić Velinka, Full Professor with Tenure / Head of the Department of Criminal Law, Faculty of Law, University of Rijeka, Croatia
Škorić Marisabel, Associate Professor, Department of Criminal Law, Faculty of Law, University of Rijeka, Croatia
Rittossa Dalida, Assistant Professor, Department of Criminal Law, Faculty of Law, University of Rijeka, Croatia

Background
The Law on Protection of Persons with Mental Difficulties (hereinafter the Law) has been the most important mental health legislation in Croatia since 1997. The Law regulates a compulsory detention of people with mental health problems and establishes their basic rights as psychiatric patients. The most important legal reform occurred in 2015 with the enactment of the new Law introducing the well-known and generally accepted international standards for protection of persons with mental difficulties. However, normative history has shown that discrepancy between the high standards included within the body of the law and practice of treating persons with mental difficulties may present an insurmountable obstacle for implementation of the law.

Objectives
In order to fulfil the gap between international standards and a state of practice, it is of the most importance to single out necessary conditions and create concrete guidelines for successful and adequate implementation of the new Law in practice. Furthermore, laying down basis for effective implementation of the Law is a prerogative to achieve a concrete, positive impact on real position of people with mental health issues in Croatia.

Methods
In order to achieve the above mentioned objectives, a critical analysis of past mental health law reforms in Croatia is provided. A description of actual social climate towards the enactment of the 2015 Law is presented. The analytical and descriptive results are used to explain challenges faced by the Ministry of Justice Working Group that drafted the new Law. A detailed outline of the international legal framework is presented as well as recent relevant ECHR decisions against Croatia. The in-depth analysis of the most important legal institutes for protection of psychiatric persons adopted in the new Law is provided.

Results
The enactment of the Law, no matter how substantial and progressive, is not sufficient to improve a position of persons with mental health problems. Additional concrete measures like education of judges and psychiatrists combined with scientific research are a conditio sine qua non to secure effective implementation of the Law in practice.

Conclusions
A close cooperation of practitioners from different fields in post-legislative activities is highly important tool to protect rights of people with mental health problems and increase their empowerment in society.
Indian counsellors’ understanding of issues of sexuality

Gupta Shivangi, Research Associate, Tata Institute of Social Sciences, India
Aparna Joshi, Chairperson, School of Human Ecology. Tata Institute of Social Sciences, India

Background
Sexuality is a fundamental part of an individual’s existence and silence surrounding it creates significant stress for individuals who are faced with mixed messages about it (TARSHI, 2008). This highlights the need for counselling services to be cognizant of sexuality concerns. Psychotherapy is influenced by personal values (Remley & Herlihy, 2007) which may be reflected in therapists’ understanding of issues of sexuality. Past research necessitates study of therapists’ understanding of sexuality and its impact on practice.

Objectives
The present study was conducted to explore counsellors’ understanding of issues of sexuality and the factors which influence it.

Methods
For the exploratory research study, data was collected by administering self constructed questionnaire, consisting of open and closed ended questions, to 31 counsellors from Delhi, NCR with a post graduation degree in psychology and at least 1 year experience as counsellors. A rank order exercise, based on Rubin’s ‘Charmed Circle’, was also conducted.

Results
Counsellors displayed understandings of sexuality ranging from biological and uni-dimensional conceptions to multi-layered conceptions inculcating biological, social and psychological factors. Books and literature; discipline of psychology, therapeutic models; friends and significant others; workshops and seminars; television and clients emerged as most important factors influencing this understanding. Counsellors were guided by relational values, psychological principles, human rights and public health discourse. The rank order exercise revealed internalization of societal belief of heterosexual sexuality, manifested in relationship and characterized by monogamy as being most desirable form of sexuality.

Conclusions
The study demonstrated importance of sexuality as an issue for consideration in counselling. It reflected myriad understanding of sexuality harbored by counsellors. It highlighted likelihood of encountering issues of sexuality in a counselling set up even without specializing in it. It demonstrated that, due to absence of structured inputs, individual factors may determine the quality of sexuality counselling. The study has implications for counselling practice, research and policy. The diversity of sexuality issues faced by counsellors and lack of training necessitates availability of supervision for counsellors. It highlights need for formulation of codes of conduct for working with various issues of sexuality.
A description of development project: Rehabilitation group model for patients who need special observation

Halonen Asta, RN, Nurse Manager, MNSc-student, Niuvanniemi Hospital, Finland

Background
The Niuvanniemi Hospital is state mental hospital in Kuopio, Finland. The main function of the state mental hospitals is to perform forensic psychiatric evaluation and provide treatment both for patients who are violent offenders found not guilty by reason of insanity and those who are too difficult to be treated in regional hospitals. Forensic psychiatric patients represent a highly selective group of psychiatric patients. Most of these patients have a history of severe violent behavior. Patient’s aggressive and suicidal acts are often sudden and unpredictable. In many cases they have not shown any response to treatment in regional hospitals. Nearly all these patients suffer from schizophrenia. Ward 7 is acute admission ward with 24 beds for male patients. Most of the patients suffer from severe symptom of schizophrenia. Because of patient’s aggressive and disturbed behavior, some of patients need to be treated in special observation.

Objectives
The aim of this development project was:
1) to develop care and rehabilitation for aggressive and disturbed behavior patients and reduce coercion
2) to develop the quality of psychosocial treatment of the patients who need special observation
3) to use nurse resource more economical way

Method
Special observation normally means that the one nurse is constantly next to patient. In this project we developed rehabilitation group model for patients, who need special observation.

Results
Special observation group gathering from Monday to Friday at 9-10.30am. Everyday has own special theme (health education, cognitive, social and emotional skills etc.). Group is led by multidisciplinary team. Group principles are that group is easy to access and take account every patients own abilities. The aim of this group is to offer to patients to feeling of success, bring action for day and increase self-esteem, cognitive, social and emotional skills. Patient’s aggressive and disturbed behavior has decreased and group has reduced coercion. Patients can take part of group and their care and daily program is now more systematic and goal oriented. Patients are able to take part of different trips to outside of hospital. Group model of special observation has made possible to use nurse resources more different way, because in group there is no need to one-to-one observation. The results will be presented in seminar more precisely.

Conclusion
After this development project, group has become stabilized part of ward’s daily program. Other wards of hospital have also started their own similar groups.
It’s my story and I’ll tell it my way: The use of consumer stories in mental health

Happell Brenda, Professor, Synergy: Nursing and Midwifery Research Centre, University of Canberra and ACT Health, Australia
Bennetts Wanda, Independent Mental Health Advocacy, Australia

Background
The involvement of consumers in teaching mental health to nurses and other health professionals has increased over recent decades. The telling of story is a common way consumers contribute to the education process. In many instances they are specifically asked to tell their story of being diagnosed with a mental illness and mental health service use. The use of story is controversial, yet there remains a paucity of research exploring its use and impact.

Objectives
To explore the views and opinions of mental health nurse academics and consumers involved in mental health nursing education about the use of story as an educational technique.

Methods
Qualitative exploratory, involving indepth interviews with mental health nurse academics and consumer academics and educators. Data were analysed thematically.

Results
Nurse participants focused on the use of story as a powerful learning tool which enhanced student empathy. Some consumer participants shared this view, however with much greater critique of the concept. Vulnerability and contention; and expectation of the role were articulated by consumer participants.

Conclusions
Achieving the goal of genuine and effective consumer participation in the education of health professionals requires critical analysis of the story as a learning tool and philosophical approach.
Self-management of bipolar disorder. A phenomenological study of patient learning experiences

van den Heuvel Silvio, MA BN, Saxion University of Applied Sciences, Deventer, The Netherlands, Expertise Centre for Health, Social Care and Technology, Saxion University of Applied Sciences, Deventer, the Netherlands SCBS Bipolar Disorders, Dimence, Netherlands, Radboud university medical center Science, IQ Healthcare, Nijmegen, The Netherlands and KU Leuven, Centre for Health Services and Nursing Research, Leuven, Belgium

Goossens Peter JJ, SCBS Bipolar Disorders, Dimence, institute for mental healthcare, Deventer, the Netherlands, Radboud university medical center, Radboud Institute for Health Science, IQ Healthcare, Nijmegen, The Netherlands, University Centre for Nursing and Midwifery, Department of Public Health, Faculty of Medicine and Health Services, Ghent University, Ghent, Belgium and GGZ-VS Institute for the Education of Clinical Nurse Specialists in Mental Health, Utrecht, The Netherlands

Terlouw Cees, Expertise Centre for Educational Innovations, Saxion University of Applied Sciences, Deventer, the Netherlands

van Achterberg, Theo, Radboud university medical center, Radboud Institute for Health Science, IQ Healthcare, Nijmegen, The Netherlands and KU Leuven, Centre for Health Services and Nursing Research, Leuven, Belgium

Schoonhoven Lisette, Radboud university medical center, Radboud Institute for Health Science, IQ Healthcare, Nijmegen, The Netherlands and Faculty of Health Sciences, University of Southampton, UK

Background
Bipolar disorder (BD) is a severe chronic mental illness characterised by fluctuating mood and activity patterns alternating between euthymic, hypomanic or manic, major depressive, and mixed-mood episodes. The lifetime prevalence of BD is approximately 1%, with a cumulative incidence of 1.5 to 2% in the European Union population between 18 and 65 years. Self-management of BD is an important component of treatment additional to pharmaceutical therapy. However, little is known about why outcomes vary for different patients.

Objectives
The objective of this paper was to describe learning experiences of patients to explore underlying factors that facilitate or hamper outcomes of learning processes towards self-management of BD.

Methods
A phenomenological qualitative design was used. This study took place in three specialised community care clinics for outpatients with BD. Open in-depth face-to-face interviews guided by a topic list were conducted among patients (n=16) diagnosed with BD I or II. Interviews were digitally recorded and transcribed verbatim prior to six-step phenomenological analysis in Atlas.ti 7.

Results
Self-management is a learning process that entails personal boundary crossing taking place in a collaborative network. The process of learning to self-manage BD was described in five themes: acknowledgment of having BD, information and knowledge processing, illness management, reflecting on living with BD, and finally, self-management in BD.

Conclusions
Self-management of BD is experienced when patients acknowledged the boundaries of their personal capabilities, and made use of a social network as backup. A hampering factor in this learning process towards self-management of BD is the dormant fear for a recurrent episode despite all efforts to stay in control.
Experiences of safewards model in adolescent psychiatry

Hottinen Anja, RN, PhD, Director of nursing, Helsinki University Hospital, Department of Psychiatry, Finland
Auto Silva RN, Master of Health Care, Helsinki University Hospital, Adolescent Psychiatry, Finland
Laurén Jenny RN, Helsinki University Hospital, Adolescent Psychiatry

Background
The Safewards model is developed to reduce risk of conflict and containment in inpatient units. The model rests on six domains of originating factors and it includes 10 interventions. Conflicts in adolescent psychiatric wards and containments following them are a risk of serious harm both adolescents and staff. Finding ways to enhance adolescents’ choices, increase the interaction and trust between adolescents and staff might help reduce conflict. This far the Safewards model has not been included in adolescent psychiatric inpatient care in Finland. More research is required in order to confirm this model, especially in adolescent psychiatry.

Objectives
The overall objective of this study is to examine the suitability of Safewards model to the adolescent psychiatric inpatient units. The objective of the study is also to develop quality and safety in adolescent psychiatric care by decreasing conflicts and containments. The concrete objectives in this presentation is to examine the amounts of restraints, patient safety incidents and risk notifications of staff before and after the implementation.

Methods
The study as a whole consists notifications of adolescents, risk notifications of staff, restraint and holding amounts of adolescents, features of adolescents, configuration and amount of staff, and climate of adolescent psychiatric wards. The data will be collected before and after implementation process. In this presentation the concrete objectives will be examined during six months periods before and after implementation. These two time periods of six months are the same durations of a year (2015 and 2016).

Results
The presentation will consist of next themes: 1) experiences of implementation process of Safewards model, 2) amounts of restraints, patient safety incidents and risk notifications of staff during six months of periods and 3) suitability of Safewards model for adolescent psychiatry.

Conclusions
In the presentation will be explained the study results and experiences of the implementation process so far. The study will continue up to the end of 2017.
Queer Futures: LBGT help-seeking for suicide and self-harm. A mixed methods study

Hughes Elizabeth, Professor, University of Huddersfield and South West Yorkshire Partnership NHS Foundation Trust, United Kingdom
McDermott Elizabeth, Dr, Senior Lecturer Lancaster University, United Kingdom
Rawlings Vic, Dr, Researcher Lancaster University, United Kingdom

Background
Young people who identify as LGBT are at higher risk of suicide and self-harm (compared with their heterosexual peers), but the factors that influence this elevated risk are not fully understood. The Suicide Prevention Strategy (2012) has identified LGBT youth as a high risk group but currently there is limited evidence to develop effective suicide prevention policy and practice.

Objectives
This paper will report on aspects from the Department of Health Policy Research programme (UK) Queer Futures study.
1. we will focus on the findings relating to young peoples’ experiences of access and treatment in the NHS primary care and mental health services.
2. Results from the mental health staff survey
3. Consider the research, policy and practice implications of the findings

Methods
We employed a sequential mixed methods study. Stage one involved semi-structured interviews with LGBT adolescents, half online and half face-to-face who had experienced suicidal feelings and self-harm. Drawing from the themes that emerged from stage one, stage two utilized two online questionnaires: i) a LGBT youth questionnaire employing a community-based sampling strategy; ii) a mental health service staff online questionnaire sampling across three NHS Trusts.

Results
Interviews were conducted with 29 people for the first stage, and 798 young people took part in online survey (all who had experienced suicide and self-harm). The survey found only 23% reported having used mental health services. However, nearly half of those who had, found them to be unhelpful. The young people felt that there was a lack of understanding around LBGT issues. From the staff survey we found a relationship between between positive attitudes and knowledge towards this group and prior training in LBGT awareness.

Conclusions
Young people tended to seek help at the point that things were unbearable. They often first turned to LBGT forums (online and community groups) as opposed to statutory services. This has implications for the way in which child and adolescent services could be delivered to access a “hard to reach” and invisible group. We suggest that CAMHS inreach into LBGT youth groups and schools could be a more effective way of accessing those in need. There is also a role for mental health promotion and positive response to sexual identity and sexuality in CAMHS as schools. There are obvious workforce development needs that have emerged and mental health services need to do more to promote equality and diversity and create an accepting empathic environment.
Young people receiving aftercare provided in social work: the predictors of well-being and coping

Häggman-Laitila Arja, Professor, PhD, chief nursing officer (secondary position), University of Eastern Finland, Department of Nursing Science and City of Helsinki, Department of Social Services and Health Care Country, Finland
Salokekkilä Pirkko, D.Med.Sc., Chief physician, Head of Medical Training, City of Helsinki, Department of Social Services and Health Care, Finland
Ryynänen Olli-Pekka, Professor, University of Eastern Finland, Department of Medical Science, Finland

Background
Mental and physical health is poorer among young people taken into custody than among others their age group. Their risk for social exclusion and premature death is also several times higher. The customers of child protection form one of the biggest groups for service use and social and health care expenditure. The research tradition is poor on multiprofessional services to the young people in aftercare and the effectiveness of the services and on the participation of young people. The characteristics individualising the group of young people in more detail and their coping after the aftercare are unknown.

Objectives
This presentation is a part of a large research project which aim is to describe and explain the customership profiles and needs for support of young people receiving aftercare and the effectiveness of the services. A further objective is to describe the participation of young people in the services and the methods for implementing and managing participation and multiprofessional work. The purpose of this presentation is to explain and predict the well-being and coping of young people receiving aftercare.

Methods
The study is implemented in two phases in the City of Helsinki. The fist phase is focused on the aftercare plans of young people no longer within the sphere of aftercare (N=600) and other documents on them that have been entered into electronic systems. The data has been collected on structured electronic forms. During the second phase (2016–2017), data will be collected by interviewing young people receiving aftercare (n=40–50), employees working with them (N=30) and managers from different levels of the line management (N=6). The data will be analysed with the qualitative content analysis, descriptive statistics and the Bayesian method. The analysis of the care documents of young people is ongoing.

Results
The predictors of well-being and coping of young people receiving aftercare are presented in the conference. The results are based on the analysis with Bayesian method.

Conclusions
The results will be utilised in a further study in which a new kind of an action model will be produced in the customer work for young people in aftercare. The model will enable crossing the borders of workers’ professions, the use of young people receiving aftercare as experts by experience and developing of the competence of workers. By using the model, it is possible to recognize different customership profiles of young people, to examine different alternatives for implementing aftercare and predict the outcomes of choices.
Patients Physical Health – Present Tasks and Training Needs of Personnel in Psychiatry

Kantinkoski Camilla, RN, HUCH Psychiatry, Finland
Laiho Tero RN, MNSc, HUCH Psychiatry, Finland
Sailas Eila MD, Hyvinkää hospital area, Finland
Laurila-Salakka Annukka RN, MNSc, Aurora hospital, City of Helsinki, Finland
Eskelinen Saana MD, Hyvinkää hospital area, Finland

Background
Patients with psychiatric illnesses have increased risk for metabolic syndrome and other physical illnesses. Personnel in psychiatry should have clinical skills to assess and treat the problems in patients’ somatic health. The personnel should also deliver health promotion for patients, for example weight control, increasing of patients' physical activity, and help them to stop smoking. The clinical practices in controlling the patient physical health depends on the individual person delivering care in psychiatry. This can lead to situation where the patient is left outside of adequate somatic treatment and health care.

Objectives and methods
Objective of our research is to study the present tasks involving assessment and treatment of physical illnesses. The needs for further training of the personnel were also mapped. The research was done to all personnel in psychiatry who are working with the patients. The material was gathered with PHASe-measure (Robson & Haddad 2012) by using Webropol-survey, that was sent to personnel in HUH (N= 1743) and the city of Helsinki (n=1270).

Results
The results will be presented in autumn 2016.

Conclusions
The research will in part increase the knowledge of the clinical skills of somatic treatment and training needs of personnel working in psychiatry. The results will be used in training and developing the skills among personnel in psychiatry in HUH district and the city of Helsinki.
Alexithymia in the world of insecure attachment and psychosomatic disorders

Karačić Jasna, PhD, spec. psychotherapy, Croatian association for the promotion of Patients Rights, Croatia

Background
Alexithymia is a specific disorder of mental functioning with a characteristic deficiency of symbolic thinking, poverty fantasy and impossibility of adequate expression and verbalization of their own emotions and deficiency of empathy.

Objectives
Investigate the relationship between alexithymia and psychosomatic disorders

Methods
Modern theories of emotion include judgments, desires, physiological changes, feelings, and behavior as possible constituents of emotion. Attachment theory is a psychological model that attempts to describe the dynamics of long-term and short-term interpersonal relationships between humans. When we watch the behavioral patterns that characterize this relationship, four types of attachment are seen: secure, avoidant, ambivalent, and disorganized. Avoidant and ambivalent attachment are organized forms of insecure attachment, meaning that these children are observed to be insecure to the mother. Disorganized children have not developed an organized way to respond to their caregiver. A psychosomatic illness consists of an actual and medically-measurable physical illness that is aggravated by psychological factors. For example, stress has been proven to lead to a dozen health problems including coronary heart disease and a weakened immune system. Sleep disorders also work the same way when they deprive the body of needed rest.

Results
It is important to emphasize that this disturbance of mental functioning is not classified as a mental disorder in the DSM. Measuring the severity of alexithymia can be done with questionnaires Toronto Alexithymia Scale (TAS-20) and Bermond-Vorstov questionnaire (BVAQ). Alexithymia can be detected by means of detecting the characteristics: difficulty in identifying feelings and confusion of emotions with physical emotional arousal, difficulty describing feelings and emotions, narrowed imaginative process, namely the low level of fantasy, cognition processes and style of thinking that are externally oriented and have focus on physical symptom.

Conclusions
Insecure attachment is also the basis for alexithymia. Affective regulation will remain permanently impaired, and will be visible in everyday situations as well as transgenerational transmission. Therefore, it is important to prevent, in the form of a close relationship with the child's parents from the first day of life until the psychological separation after adolescence. In order to implement a holistic treatment, medicine should be given the child, not the diagnosis and disease.
LGBT individuals' opinion about the health care experiences: A qualitative research

Karakaya Seda RN, Istanbul University, Florence Nightingale Nursing Faculty, Mental Health and Psychiatric Nursing Department, Turkey
Kutlu Fatma Yasemin, Associate Professor, Istanbul University, Florence Nightingale Nursing Faculty, Mental Health and Psychiatric Nursing Department, Turkey

Background
Different responses and approaches are displayed in various societies towards lesbian gay bisexual and transgender (lgbt) individuals. Working life, housing, education and health issues can be classified as problem areas faced by lgbt individuals. Reactions that are shown to lgbt individuals by health professionals are shame, anxiety, inappropriate behaviors, patient refusal, hostility, pity, avoidance of physical contact and refusing treatment. Experiencing these problems can lead to serious problems on the physical and mental health of lgbt individuals.

Objectives
The aim of the study was to determine health care experiences, physical and mental health problems and needs of lgbt individuals from their perspective.

Method
The research was conducted using phenomenological research design that is one of the qualitative research methods using the focus groups. The study population was 24 lgbt individuals. They were preferred using purposive sample method. Data was obtained by identifying form and semi-structure interview technique. The criteria was determined to participate study as being over the 18 age, saying sexual orientation lesbian, gay or bisexual, having transgender identity and volunteer the study. Before starting the interview, participants in each focus group was told to use the voice recorder, verbal and written consents were obtained. In the analysis of data, inductive qualitative content analysis will be used to create themes and categories.

Results
As a result of interview, we defined two themes as awareness and the condition of health services utilization. The theme that we called awareness includes physical and mental health problems. The other theme is divided in 3 categories: lgbt individuals' aversion to seeking medical help, economic condition and health providers' attitudes.

Conclusions
As a result, because of the negative attitudes of health workers, lgbt individuals were reluctant to seek medical help. They have their own physical and mental health needs. Therefore, the attitudes of health workers should be determined towards lgbt individuals and sufficient importance should be given to health care services.
Gender differences in the association between cognitive social capital, self-rated health, and depressive symptoms: a comparative analysis of Sweden and Ukraine

Karhina Kateryna, Ph D student, Department of Public Health and Clinical Medicine, Sweden
Ng Nawi, Professor Department of Public Health and Clinical Medicine, Umea University, Sweden
Ghazinour Mehdi, Professor Police Education Unit, Umea University, Sweden
Eriksson Malin, Ass Professor Department of Public Health and Clinical Medicine, Umea University, Sweden

Background
Social capital is one of the social determinants of health, but there is still a lack of studies comparing its significance for health in different cultural settings. This study investigates and compares the relations between individual cognitive social capital and depressive symptoms and self-rated health in Sweden and Ukraine for men and women separately. Study design: Two cross-sectional nationally representative surveys of adult populations were used for the analysis. Data from the Ukraine’s World Health Survey and the Sweden’s National Public Health Survey were analyzed in this comparative study.

Methods
The independent variable, cognitive social capital, was operationalized as institutional trust and feelings of safety. Depressive symptoms and self-rated health were used as the outcome variables. Crude and adjusted odds ratios and the 95 % confidence intervals were calculated using logistic regression. The model also adjusted for sociodemographic and lifestyle variables.

Results
Institutional trust is higher in Sweden compared to Ukraine (31 % of the Swedes vs. 12 % of the Ukrainians reported high trust to their national government/parliament). There is a strong association between self-rated health and institutional trust for both sexes in Sweden for women and for men who reported low institutional trust compared with those with high institutional trust) but only for women in Ukraine. Trust thus seems to be more important for self-rated health of women and men in Sweden compared to their counterparts in Ukraine. Significant associations between depressive symptoms and institutional trust were not observed in either country after adjusting for socio-demographic and lifestyle factors. A lack of feeling of safety increased the odds of having depressive symptoms among women and men in Sweden. The same association was observed for poor self-rated health among Swedish women and men. In Ukraine, a lack of feeling of safety did not show any significant association with self-rated health or depressive symptoms for men, but it increased the odds of depressive symptoms among women.

Conclusions
In general, individual cognitive social capital is higher in Sweden than in Ukraine, and there is a stronger association between cognitive social capital and self-rated health in Sweden than in Ukraine. Interventions aiming to increase cognitive social capital for health promoting purposes might be favorable in Sweden, but this is not evidently the case in Ukraine.
What effect does a mindfulness based intervention (MBSR) have on the mental health, wellbeing and attrition rates of health and social care students studying at university?

Kelly Michael, DR, Middlesex University, London, United Kingdom

Background
It is well known that students at university experience considerable stress. Mindfulness is a skill, which aims to enhance an individual’s adaptive coping to stressful events by the self-regulation of attention towards the immediate experience, and by taking an open and accepting orientation towards their experience of the present.

Objectives
To explore the impact of MBSR on the mental health, wellbeing and attrition rates of health and social care students.

Methods
Phase 1: A focus group will be held with students to explore perspectives on their understanding of mindfulness, student wellbeing. This will include an exploration of understandings within different cultural contexts. Following feedback a pilot intervention will be undertaken. Year one BSc Mental Health Nursing students will be invited to participate in the project. One half the group will enter the intervention arm and the other half will be placed on a waitlist. An MBSR intervention will be undertaken.

Phase 2: All students across the School of Health and Education will be invited to participate and engage in an MBSR intervention. Participants will be offered a further series of follow-up mindfulness sessions at months 1, 2, 3, 6 and 12. Further data will be collected to determine any longitudinal impact and whether participants engaged in ongoing personal mindful practice.

Results & Conclusion
Data to be collated over the coming months and will be available at the conference for discussion.
Changes in the culture of nursing – towards patient-centered care

Ketola Mikko, RN, BScN, MScN-student, The hospital district of South Ostrobothnia, Finland
Ala-Aho Sirkka, MSc, DON, RN, The Hospital District of South Ostrobothnia, Finland
Laitil, Minna, PhD, DON, RN, The Hospital District of South Ostrobothnia, Finland
Nikkari Maarika, HN, RN, The Hospital District of South Ostrobothnia, Finland
Palomäki Simo, HN, RN, The Hospital District of South Ostrobothnia, Finland
Asikainen Mika, HN, RN, The Hospital District of South Ostrobothnia, Finland
Soini Aulikki, HN, RN, The Hospital District of South Ostrobothnia, Finland
Haanpää Marja, HN, RN, The Hospital District of South Ostrobothnia, Finland
Sihto Paula, HN, RN, The Hospital District of South Ostrobothnia, Finland
Raunio Irene, HN, RN, The Hospital District of South Ostrobothnia, Finland
Oja-Lipasti Katri, HN, RN, The Hospital District of South Ostrobothnia, Finland
Ahola Susanna, RN, Project co-ordinator, Hospital District of South Ostrobothnia, Finland

Background
One objective of the national plan for mental health and substance abuse work – the Mieli 2009 was to strengthen patient’s status. We have implemented multiple different measures to improve patient-centered care in the hospital district of South Ostrobothnia/Psychiatric Services. In 2011, the Hospital District of South Ostrobothnia founded “The Reducing the use of coercive measures” –working group. One of the aims was to change the cultural factors in nursing and to implement concrete methods for reducing coercion. At the same time we started to develop service user –activity. The culture of nursing changes slowly and plenty of work needs to be done before effectiveness is reached.

Objectives
To strengthen the patient’s status. To improve the culture of nursing less coercive and more patient-centered.

Methods
To renew involuntary treatment practices. To increase the use of service users. To increase evidence-based nursing.

Results
2010: Service user –education started. Service users feature in wards, educational events, management and in reducing the use of coercive measures –working group.
2011: Reducing the use of coercive measures –working group was founded.
2014: Instructions for restricting adolescent patients who are in voluntary treatment. Literature review on the effects of holding on a child patient. Obligatory education for nursing staff for reducing the use of coercive measures. Shared educational courses for service users and nursing staff started.
2015: Psychiatric advance directive was implemented in one psychiatric outpatient clinic.
2016: Systematic literature review on the effects of seclusion and restraint on patients.

Conclusions
Old habits die hard and they need to be questioned to achieve changes in the culture of nursing. As an example of the future, psychiatric wards are implementing Safewars –model by 2019 in order to make a positive difference in the culture of nursing. New psychiatric facilities are under planning along with the possibility of a fresh start. Changes in the culture of nursing require time, significant actions and constant development.
**Solution focused method model for heavy users of health and social care services**

Kiviniemi Liisa, PhD/RN/Principal Lecturer, Oulu University of Applied Sciences, Finland
Vuokila-Oikkonen Päivi, RN, PhD, Principal Lecturer, Diaconia University of Applied Sciences, Finland

**Background**
A small portion of Finnish population causes the majority of the costs of health- and social care. One explanation of heavy using of health and social care could be stressful and traumatic emotions during lifespan. The structure of the social and health care system and the service network should focus on developing client initiative interventions for taking care of heavy users of health and social care. The hypothetical solution focused client initiative model has been developed and will be presented in the conference.

**Objectives**
Aim of the study is to develop an evidence based model for stressful and traumatic emotions towards resilience of the client.

**Methods**
Participatory action research method will be used in the development process. In the first phase the model was created by using previous researches and authors' knowledge and experiences. In the second phase the students used and evaluated the model during their practical training. They reflected the model in workshops and the model was developed according to the reflection of the students. In the next, third phase social and health care professionals will use and evaluate the model in co-operation with clients. The data consists of professionals' written documentation and focus group discussions. Moreover in focus group discussion the model will be developed further.

**Results**
The hypothetical model consists of six steps towards resilience of client. The main idea of the first two steps of the model is that the client will become informed and will recognize stressful and traumatic emotions. The aim of the next steps is to realize new resource based aspects of emotions, make goals and agreements with the client.

**Conclusions**
The hypothetical model for heavy users of health and social care services focuses on strengthening clients' resources and gain resilience. It also makes possible to gain client initiative multiprofessional co-operation.
Role of community-based psychotherapy in treatment of mental illnesses

Klimaitė Vaiva, PhD, Vilnius University, Lithuania
Stumbrytė Aušra, Vilnius University, Lithuania

Background
In Lithuania transition from medical to biopsychosocial approach towards mental health care faces many obstacles in implementation and cultivation of psychotherapy and other non-medical components of treatment. Previous studies show that there is a need for a change in mental health care in Lithuania, since pharmaceutical treatment is still the priority in treatment of mental illnesses. Though community-based treatment reflects biopsychosocial model of treatment the most, there are only two departments where this form of treatment is offered in Lithuania. Therefore, the aim of this study is to investigate the role of community-based psychotherapy in treatment of mental illnesses.

Objectives and Methods
30 patients of 2 centers of mental health care took part in it. Patients were treated in different departments: some got medical treatment only, some got medications and psychotherapy combined, and some were treated in the community-based department. All of the patients were diagnosed with affective disorders, anxiety disorders, or schizophrenia, and got steady-state or ambulatory treatment for a month (on average). Semi-structured interviews were made after two months since the end of the treatment. Data was analysed by thematic analysis. This research was funded by the grant (No. GER-15070) from the Research Council of Lithuania.

Results
Medical treatment alone was found to be effective to ease some of the symptoms only. It was difficult for patients to tell what was the exact effect of medications. Also this treatment was leaded by fear to become depended on medications, patients felt out of control. Psychotherapeutic treatment, especially in the community-based settings, was perceived to be essential: it helped to adjust and live with the illness, to integrate and make sense of painful experiences. It also let patients to feel the control of their lives and treatment. Community-based psychotherapy was found to be the most effective in treating social anxiety and cultivating better social skills. Community-based treatment was effective mostly because of the social interactions and dynamics among patients, and the help of the personnel, who were available day and night.

Conclusions
Most effective treatment of mental illnesses was perceived to be in community-based settings, where patients are getting combined treatment (medications, individual and group psychotherapy, help from other patients, self-help).
Searching for clues to aid recovery

Koopman, Rik, RN, BHSc, MN, FACMHN, GGZ Friesland, Netherlands

Background
The reason behind this small scale research idea are the current funding cuts within mental health services instigated by municipal councils in the Netherlands, that may have an effect on the availability of day activity services. It raises the possible question if the lack of services has an effect on the recovery process of people with a serious mental illness. Clinical and community relevance in regard to day activities has been a long-time supporting strategy in caring for people with a serious mental illness, either in a hospital or community setting. In this day and age participating in activities outside the confines of home can for example stimulate community participation and promote empowerment.

Objectives
When people with a serious mental illness are recovering, the objective of this research is to find the answer to the question if they can contribute this achievement as a whole or part to their involvement in organised day activities?

Methods
A semi-structured qualitative design is the methodology selected for this study in order to explore a participant’s experience participating in day activities as part of their recovery process. The emphasis with semi-structured qualitative research is on exploring the occurrence, the manner in which it shows itself, and any other factors relating to it. It is a particularly useful approach when there is limited information about the phenomena under investigation. Qualitative approaches offer flexibility in this research. Qualitative research is multi-method in focus, involving an interpretive, naturalistic approach to its subject matter. This means that the study issues in their natural settings (day activity centre), attempting to make sense of, or interpret, phenomena in terms of the meanings people bring to them.

Results
The results will be generated through the use of data bases like PubMed and Cochrane Library and journals like the International Journal of Mental Health Nursing. This scan will be considered for multiple searches using various combinations of key words as: day activity, recovery, and serious mental illness. The research is conducted by means of interviews, with the support of a pre-designed questionnaire. The Individual interviews are there to encourage participants to speak openly about their experiences, feelings, or attitudes, but in a structured way.

Conclusions
The researcher’s aim is to generate more questions in relation to a user’s search for recovery, and therefor aiming for more investigations.
Simulation as a method for learning mental health care

Koskinen Liisa, Dr, Savonia University of Applied Sciences, School of Health Care, Finland
Likitalo Heikki, Lic Phil, Senior Lecturer, Savonia University of Applied Sciences, School of Business and Administration, Finland
Aho Jukka, MNSc RN, Senior Lecturer, Savonia University of Applied Sciences, School of Health Care, Finland

Background
Simulations are sessions that mimic the characteristics of real care situations and aim at developing students' professional competence. Simulations have been adopted primarily for teaching instrumental or critical incident type of skills and less for more dynamic, complex, and interpersonal human competences. The simulations of this research were video monitored, high fidelity human patient simulations (HF-HPS) and were obligatory part of a mental health care curriculum course. The sessions included three phases: orientation, simulation, and debriefing. Because simulations demonstrate authentic world of psychiatric care, they consequently enable students for practicing respect towards the vulnerable group of people with mental illness.

Objectives
To describe students’ experiences in simulations and find out whether simulations support the principles of integrative pedagogy.

Methods
The data were collected by using a Webropol questionnaire and analysed by the Webropol and Excel. The questionnaire was sent to all the students (N=138) in health care who participated in the respective course during the academic year 2014–2015 at Savonia University of Applied Sciences. Altogether 40 students responded. The statements of the questionnaire were based on the theory of integrative pedagogy and followed the five-point Likert scale: 1 totally disagree – 5 totally agree.

Results
The mean of the eight statement categories varied between. The theoretical knowledge supported students' learning (preparatory material, mini-lecture). The sessions were experienced as down-to-earth situations (characteristics of mental health care, applicability to the working life). The sessions supported students' responsible and interactive role (self-directiveness, learning by listening, learning by conversation). Simulation phase was the most challenging, the mean of the entire statement category being (anxiety). The students felt that debriefing supported application of theory into practice.

Conclusions
The students of this study like simulations and find simulations as a down-to-earth method for learning the world of mental health care. Simulations support the principles of integrative pedagogy, because they decrease the theory-practice gap, increase active and collaborative student role and strengthen integrative thinking. Not all students are comfortable with the active principles underpinning simulations and find simulation as a fearsome, even an anxious experience. Because of the low response rate the results deserve criticism.
Dealing with SUD and co-occurring ADHD or ASD / A study to inform better care for patients and caregivers

Kronenberg, Linda, Dr, MSc, MANP, RN, Dimence Groep, Netherlands

Background
To develop evidence-based nursing interventions more knowledge of the specific needs of the population of SUD (Substance Use Disorder) patients with or without a comorbid ADHD (Attention Deficit Hyperactivity Disorder) or ASD (Autism Spectrum Disorder) is needed.

Objectives
Probing the first two steps of the Intervention Mapping Protocol.

Methods
Quantitative studies administering the EuropASI, CAN, MANSA, UCL, IEQ, GHQ and LEE. Qualitative in-depth studies using a topic list.

Results
SUD+ADHD and SUD+ASD patients struggle with their illness although based on different underlying mechanisms and with different recovery outcomes. Substance use/abuse showed to be intricately intertwined with the developmental courses of ADHD and ASD. Both groups got caught in a vicious circle of symptoms and substance use, creating problems in multiple life areas. For the SUD+ADHD patients the primary goal in treatment is abstinence. Most of these patients prefer full abstinence. For the SUD+ASD patients the findings suggest that controlled substance use may well be justified in at least some of these patients. They report that the thought of initiating social contact and becoming more socially active makes them anxious and insecure, and that substance use helped them to overcome their social fears and uncertainties. SUD+ASD patients frequently mentioned feeling lonely, and searching for some perspective in life, recognizing that social contact is of great importance for their quality of life and knowing that social support is of vital importance for their personal recovery. Contact hours were associated with higher levels of burden, higher levels of perceived stress and greater perceptions of expressed emotion on part of informal caregivers.

Conclusions
Both dual disorders (SUD+ADHD and SUD+ASD) must be treated in an integrated manner. The starting point for the SUD must be identified and addressed and treatment should address both disorders simultaneously. Otherwise, the SUD will continue to recur in conjunction with symptoms of ADHD or ASD and the vicious circle in which these dual-disorder patients are get caught never gets broken. Addiction treatment services and mental health services should accept the SUD+ASD patient’s choice of controlled substance use as the primary treatment goal when aimed at helping them to improve their quality of life. Periodically identifying the number of contact hours can be used as an indicator of increasing burden and stress in informal caregivers, and thus to prevent them from becoming in need of themselves.
Model of multicomponent complex system of tobacco addiction treatment in the Czech Republic

Kulhánek Adam, MA, Department of Addictology, 1st Faculty of Medicine and General Hospital, Charles university in Prague, Czech Republic
Gabrhelík Roman, PhD – senior research fellow, Department of Addictology, 1st Faculty of Medicine and General Hospital, Charles university in Prague, Czech Republic
Brendryen Håva, PhD – senior research fellow, Norwegian Centre for Addiction Research, University in Oslo, Norway

Background
The tobacco addiction treatment system in the Czech Republic is not well established at present. Specialized outpatient treatment is provided by medical centers for tobacco addiction, helpline for quitting smoking and consulting is provided by selected certified pharmacies. Unfortunately the effectiveness of tobacco addiction treatment is limited because of decreased availability and limited permeability of the services. EHealth and mHealth interventions in this type of treatment are not used in the Czech Republic.

Objectives
The aim is to: 1) introduce a pilot project of the web based (eHealth) and mobile based (mHealth) intervention for smoking cessation (carried out in collaboration with the Norwegian Centre for Addiction Research); 2) foresee the multicomponent complex system of tobacco addiction treatment in the Czech Republic.

Methods
The analysis of pilot study design and key national conceptual documents regarding the tobacco addiction treatment in Czech was carried out and the limits of the system were identified.

Results
We have designed the multicomponent complex system of tobacco addiction treatment, which is based on 4 components: (1) eHealth and mHealth online application for smoking cessation, (2) national helpline for quitting smoking, (3) national website for quitting smoking, (4) medical centers for tobacco addiction and other medical and non-medical services (general practitioners, pharmacies, educational institutions etc.). As a result of the close collaboration of all the components through online application in users’ natural environment, the system should increase availability of information about treatment, support retention, monitor adherence, prevent relapse and maintain abstinence.

Conclusions
Designed multicomponent complex system could possibly improve effectivity of tobacco addiction treatment in the Czech Republic. Pilot implementation and evaluation is expected.
Alcohol drinks and mental health in older persons of Norway

Kvaal, Kari, Professor PhD, Hedmark University of Applied Sciences, Norway
Lillehovde Elin, MA, Geriatric and psychiatric specialized nurse. Innlandet Hospital Trust, Norway
Ulstein Ingun, Professor PhD, MD. University of Oslo, Oslo University Hospital, Norway

Background
Worldwide, the proportion of older persons increases, and it is evidence that older persons drink more alcohol than before in the Western World. However, there has been uncertainty if the increase continues. Likewise, there is a lack of knowledge about a possible link between mental health and alcohol use in the elderly, as found in younger age groups.

Objectives
- To investigate whether amount of alcohol drinks in persons has increased between 2008 and 2012.
- To study whether there are associations between mental health (anxiety and depression) and amount of alcohol drinks in 2012.

Materials and methods
The data from two Norwegian nationwide cross-sectional surveys were analyzed; the years 2008 and 2012. Inclusion criteria were 65 years and older, who had answered all the questions in the Hopkins Symptom Checklist (HSCL-25), which maps psychological distress like anxiety and depression. The background variables gender, age and marital status were selected together with assessment of own health and life satisfaction. The persons included were 1557 people living at home; 703 in 2008 and 854 in 2012.

Results
There were no significant change in the amount of alcohol drinks between 2008 to 2012 (p = 0.44). Results from the survey in 2012 showed no significant associations between mental health (anxiety and depression) and the amount of alcohol drinks. Forty percent of those who consumed alcohol drank from less than one time per month for up to 3 times a month. Under 30% had an amount of alcohol drinks one to three times a week. The proportion who reported consumed more than six units of alcohol (AE) by a single episode was 17.6% in 2008 and 19.2% in 2012. The prevalence of anxiety was 6.5% in 2008 and 4.7% in 2012, whereas the proportion of depression in the samples were 6.4% in 2008 and 8.8% in 2012. It is a clear correlation between low satisfaction of life and anxiety and depression in both samples.
Cognitive behavior therapy in dementia care – the Norwegian KORDIAL-study: The relatives’ perspectives

Kvaal Kari, Professor PhD, Hedmark University College of Applied Sciences, Norway
Myhre Janne, MA, Psychiatric Nurse, Innlandet Hospital Trust, Norway
Høye Sevald, Associate Professor PhD, Hedmark University of Applied Sciences, Norway
Tonga Johanne, Psychologist, PhD-student, University of Oslo, Norway
Ulstein Ingun, MD, PhD. University of Oslo, Oslo University Hospital, Norway

Background
Cognitive impairment and dementia is one of the future major public health challenges, particularly in the municipal care service. Dementia diseases have no curative treatment and the disease progression will lead to the persons affected have an increasing need for assistance and care to function in the daily life. Close relatives have an important function in terms of helping, supporting and facilitating their ill family member. Relatives of people with dementia have an increased risk of stress-related health problems. In several national guidelines including the new “Public Health Report, Coping and opportunities” refers to, that society depends on an increased effort from relatives. The Norwegian Kordial study provide the person with dementia and his /her dependents a manual based structured treatment program based on cognitive behavioral therapy, where the goal is increased mastery of both patient and relatives

Objectives
The study will contribute to knowledge about the relative's experience and the experience of everyday coping, in view of participation in Kordial study intervention program. In addition, the relative experience of support in the community will be elucidated. The scale “The Relatives Stress Scales” (RSS) is used to show the committee comparability with a larger study, as well about the underlying factors in the scale can support the findings of the qualitative interviews. The focus will be on coping factors.

Methods
A random sample of 6 relatives from the intervention are included in this study. It is used triangulation of methods. The main focus is on the qualitative methodology was conducted using semi-structured interviews. The interviews were analyzed by Malteruds systematic text condensation. Additionally filled all dependents out “The Relatives Stress Scales” (RSS). It provided data in terms of numbers and has a quantitative character. The data from RSS were analyzed by descriptive statistics

Results
In the analysis of the interviews were identified a main theme; A stress-filled and meaning-seeking everyday. It was further identified three categories; Intervention time, Life after intervention and Morale stress. The intervention proved to be effective. Best advantage has relatives who are experiencing the fewest symptoms of dementia disease. Comparing RSS with the results of the qualitative interviews, showed a correlation between increased symptoms of dementia disease and stress among relatives. The selection of sample proved to be comparable.
Patients Physical Health – Attitudes and Self-addressed Skills of Personnel

Laiho Tero, RN, MNSc, HUH Psychiatry, Finland
Kantinkoski Camilla, RN, Jorvi Hospital, HUCH Psychiatry, Finland
Sailas Eila, MD, Hyvinkää hospital area, Finland
Laurila-Salakka Annukka RN, MNSc, Aurora hospital, City of Helsinki, Finland
Eskelinen Saana MD, Hyvinkää hospital area, Finland

Background
Patients with psychiatric illnesses have increased risk for comorbid somatic issues due to sied effects of medication or physical effects of psychiatric illness. Despite of that the personnel in psychiatry does not always see the treatment of physical illness or health promotion to be one of their primary tasks. Part of this might be due to distribution of work between primary and tertiary health care providers as well as attitudes and skills of case manager. As a consequence of this, some of the patients might not get the treatment or health promotion they need.

Objectives and methods
Objective of our research is to study the attitudes and self-addressed skills on assessment and treatment of physical illness of psychiatric patient. The questionnaire was sent to all personnel in psychiatry who are working with the patients. PHASe-measure (Robson & Haddad 2012) was used. Data gathering was done with e-survey, that was sent to personnel in HUH (N= 1743) and the city of Helsinki (n=1270).

Results
The results will be introduced in autumn 2016.

Conclusions
The research will in part increase the knowledge of the attitudes and skills of personnel working in psychiatry to treat physical illnesses and provide health promotion to patients. The results will be used in training and developing skills among personnel in psychiatry in HUH district and the city of Helsinki.
Patient experiences with nursing care during a manic episode: a qualitative study with characteristics of phenomenology

Van Lankeren Jacobine, RN, Pro Persona, Netherlands
Goossens Peter J.J., RN MANP PhD FEANS, Dimence, Netherlands
Poslawski Irina, RN PhD; University Utrecht, Netherlands

Background
Bipolar disorder is a major mental illness, characterized by the alternating occurrence of manic, hypomanic, depressive, mixed and euthymic mood episodes. Hospitalization on a closed ward during an acute, severe manic episode is often necessary due to the risk of harm to self or others, whereby intensive nursing in combination with pharmacotherapy is essential. Literature about experiences of patients who are hospitalized for a manic disorder is limited. Because knowledge about the experiences and perceptions of these patients is inadequate, nursing care can not sufficiently adjusted to the needs of these patients. There is a need for more insight into these experiences and perceptions. The addition of knowledge about the experiences of these patients can enable nurses to adjust the nursing care to the needs of patients in a manic mood state.

Objective
The aim of this study is to gain insight in how patients with a bipolar disorder, who are hospitalized due to an acute manic episode, experience the nursing care at a closed ward.

Methods
The study followed a generic qualitative approach, having characteristics of a phenomenological design. Participants were recruited through purposive sampling. Data was collected through open interviews with twelve patients who have been hospitalized in the past year due to a manic episode from three clinical centres in the Netherlands. Data analysis was conducted by the Stevick-Colaizzi-Keen method. Two investigators coded the first three interviews independently and compared and discussed this codes till consensus is reached. This process will increase the confirmability. Data collection and data analysis were an iterative process. As a validation strategy a member check was done. The findings were sent to the participants and they were asked to verify whether the interpretations of the researchers were a correct presentation of participants’ perspective.

Results
At this moment all data have been collected and we are in the middle of data analysis. We will present the results and conclusions at the 5th ECMH conference in Prague.
Alpha wavelet power as a biomarker of antidepressant treatment response in bipolar depression

Latka Miroslaw, PhD, Institute of Biomedical Engineering, Technical University of Wroclaw, Poland
Jernajczyk Wojciech, Department of Clinical Neurophysiology, Institute of Psychiatry and Neurology, Warsaw, Poland
Gosek Paweł, 2nd Psychiatric Clinic, Department of Affective Disorders, Institute of Psychiatry and Neurology, Warsaw, Poland and Department of Forensic Psychiatry, Institute of Psychiatry and Neurology, Warsaw, Poland
Kozłowska Klaudia, Institute of Biomedical Engineering, Technical University of Wroclaw, Poland.
Święcicki Łukasz, 2nd Psychiatric Clinic, Department of Affective Disorders, Institute of Psychiatry and Neurology, Warsaw, Poland
West Bruce J., Mathematics and Information Science Directorate, Army Research Office, Durham, NC, USA

Background
Bipolar depression (BD) remains a major unresolved challenge for psychiatric therapeutics. Several longitudinal studies indicate that the proportion of total time in the depressive component of BD is far greater than in manic or hypomanic. The recent studies demonstrated that the overall efficacy of pharmacotherapy for BD was significantly greater with antidepressants than with placebo-treatment and not less than that of unipolar depression (UD). Moreover, the risk of non-spontaneous mood-switching induced by antidepressant treatment seems to have been overestimated. However, low remission rate and long response time are two fundamental difficulties associated with antidepressant treatment. There is mounting evidence of a link between the properties of electroencephalograms (EEGs) of depressive patients and the outcome of pharmacotherapy.

Objectives
The goal of this study was to develop an EEG biomarker of antidepressant treatment response which would require only a single EEG measurement.

Methods
We recorded resting, 21-channel EEG in 17 inpatients suffering from bipolar depression in eyes closed and eyes open conditions. The EEG measurement was performed at the end of the short washout period which followed previously unsuccessful pharmacotherapy. We calculated the normalized wavelet power of alpha rhythm using two referential montages and an average reference montage.

Results
The difference in the normalized alpha wavelet power between 10 responders and 7 nonresponders was most strongly pronounced in link mastoid montage in closed-eyes condition. In particular, in the occipital (O1, O2, Oz) channels the wavelet power of responders was up to 84% higher than that of nonresponders. In addition, the ratio of the wavelet power in the frontal channels (Fp1, Fp2, Fz) to that of the occipital channels was significantly higher (p=0.04) in nonresponders (1.8 ± 1.2) than in responders (0.9 ± 0.4). Using a novel classification algorithm we were able to correctly predict the outcome of treatment with 90% sensitivity and 100% specificity.

Conclusions
The proposed biomarker of antidepressant treatment response is highly effective for bipolar depression. Moreover, this biomarker requires only a single EEG measurement and consequently is intrinsically different from currently used biomarkers which exploit the changes in prefrontal EEG induced by pharmacotherapy over a given time.
Pragmatic Psychology - Discovering the abilities behind the disabilities

Mittermaier Susanna, Psychologist and therapist, education University Lund, Pragmatic Psychology/ Susanna Mittermaier, Sweden

Background
Pragmatic Psychology started with the question, what else is possible for people with diagnosis. Are they truly disabled or are those disabilities hiding not yet discovered abilities? As a clinical psychologist and psychotherapist I started to investigate this topic and wrote the Best Seller Pragmatic Psychology (translated into German, Italian and soon Hebrew and Chinese), being used by people worldwide to discover their difference as a resource rather than a problem. I worked at the University clinic in Lund, Sweden with diagnosing, therapy, coaching, neuropsychological testing and method development. People with ADHD, ADD, autism, OCD, depression, anxiety, PTSD, substance addiction, psychosis, personality disorders came to me for evaluation and therapy. Now I am holding workshops worldwide with Pragmatic Psychology.

Objectives
The target with Pragmatic Psychology is to empower clients to access their abilities rather than focusing on their problems. Pragmatic Psychology is about what can be created when life is no longer about controlling behaviour. Every problem becomes a possibility to change your life.

Methods
Questions and tools to empower the client to know what they know and to discover the abilities behind the limitations. Questions empower the client to look for new ways out of their situation; An answer only confirms the rightness of the limitation. Pragmatic Psychology empowers the client to create their own pragmatic way beyond the problem. It focuses on new possibilities.

Results
ADHD patients being able to use their hyperactivity as a resource to create their lives. Depression and anxiety being discovered as extreme awareness that no longer, being overwhelming and having to be defended against, can be used as source of creation. Patients coming for anger management discovering their potency that was covered by their label. PTSD ceasing to haunt clients and the potency slumbering all those years behind the victimizing story being accessed. Autism being acknowledged as a highly interactive and communicating group of people.

Conclusions
Problems and diagnoses being possibilities and abilities rather than limitations. Empowering people to know what they know. What if having to have problems was no longer the paradigm to live by in our society but the creation of possibilities was? What if our past no longer determines our future but can be created and chosen as desired in every moment? Time to create a different point of view on all standard diagnoses and to focus on abilities and diversity? What future would we create?
Nurse Staffing and Coercive Measures on Psychiatric Wards. A Register Study

Laukkanen Emilia, RN, MNSc, Nurse manager, Niuvanniemi hospital, Finland
Partanen Pirjo, Senior lecturer, PhD, Finland
Pitkäaho Taina, Post-doctoral researcher, PhD, Finland

Background
The objective of nurse staffing is to guarantee effective and efficient care by responding to patients’ care needs with a sufficient number of competent nurses. The complex and changing operational environment of health care makes nurse staffing a challenging task for health care leaders. In psychiatry, a patient’s fundamental rights are limited by coercive measures during involuntary treatment or examination. However, the use of coercive measures should be reduced. It is assumed that nurse staffing is significant for reducing the use of coercive measures, but there is little evidence on the connection between nurse staffing and the use of coercive measures.

Objectives
The purpose of this study was to examine the relationships between nurse staffing and the use of coercive measures on psychiatric wards. The objective of the study was to produce information that can be utilized to restrict the need for coercive measures in psychiatric nursing.

Methods
Data were collected from the registries of 31 Finnish psychiatric wards concerning the year 2011 and the Psychiatric Specialist Medical Care 2011 statistical report. The data were described statistically, and relationships between variables were analyzed with Spearman’s rank correlation and naive Bayesian modeling.

Results
Nurse staffing on the psychiatric wards was on average 9.4 patients per registered nurse (RN) and 3.8 patients per member of nursing staff. On average, 55% of nursing staff were RNs, 42% were male nurses and 21% were temporary nurses. When the nurse staffing was richer (more nurses per patient), there were less involuntarily treated patients. When there were more RNs per patient, there were fewer involuntarily treated patients and less seclusion, coerced intramuscular medication and manual restraint. Mechanical restraint was used more often when there were more RNs per patient. When the proportion of RNs was higher, seclusion was used less frequently. When the proportion of temporary nurses was higher, there were fewer involuntary patient days and less use of mechanical restraint. A higher proportion of male nurses correlated with using less seclusion and more mechanical restraint.

Conclusions
There are differences in nurse staffing between wards. Nurse staffing is associated with the use of coercive measures, but the connection is not causational. Nurse staffing should be considered as an opportunity for reducing the use of coercive measures. There is a need for more research on psychiatric nurse staffing, with better ward and patient specific registry data.
**Better Days Recovery**

Lewis Craig, Better Days Recovery Executive Director and Founder, United States  
Craig Sherry, Director of Global Recovery Transformation - Better Days Recovery Toronto, Ontario, Canada  
Better Days Recovery Representative for Canada, United States, United Kingdom, Ireland, Scandinavia, Finland, Baltic States

**Background**  
This workshop is intended to help guide each individual toward embracing and benefiting from the innate and experiential self-expertise that exists within each one of us. Life is certainly challenging at times and the reality is that we all feel pain and know what struggle, hurt and upset feel like. However, how we manage and cope with what life throws at us, is our choice. Both Craig and Sherry, the workshop facilitators, have fought their way through intense despair and struggle, in order to have the privilege to be able to help others do the same. This workshop enthusiastically nurtures the concept that being personally responsible for our words and actions is integral for us to be able to live a happy, healthy and satisfying life. Without any question, self-expertise, examining our thoughts and actions and intentionally choosing to take self-identified and directed steps forward, results in Better Days.

**Objectives**  
1) Participants will be able to identify strategies of how each individual has a wealth of insight and understanding that can be applied toward their wellness journey  
2) Participants will be able to identify and describe ways of how to instill that introspective examination of one’s thoughts and actions, past, present and future, can result in increased periods of peace and wellness throughout their lives, and  
3) Participants will be able to develop and explain a realistic perspective on how to handle the many challenges that arise in life and to do so while being less impacted by the disruption that those challenges may bring.

**Methods**  
Craig + Sherry will share parts of what they experienced throughout their lives while focusing on their current success and actions taken to achieve and maintain this degree of wellness and stability. This workshop includes an introduction to perspectives that can help one live more peacefully and with less disruption to their lives; Breakout groups using sample Better Days worksheets; Group discussion; Q&A; All workshop attendees will be treated with the utmost dignity and respect; Validation, hopefulness, personal responsibility, empowerment and the belief that life can improve, will be the strongest messages conveyed.

**Results**  
Currently being researched with full expectation of Better Days being deemed an Evidence Based Practice.

**Conclusions**  
Better Days is an ongoing project with endless potential to improve the lives of people in recovery and to enhance the skill set of providers, which results in Better Days.
Service user evaluation of an Assertive Outreach Team

Lewis Martyn, Clinical Lead (Nurse), Dorset HealthCare NHS University Foundation Trust, United Kingdom

Background
Over 230 Assertive Outreach Teams were established in the UK by 2003. The model developed in the USA as Training in Community Living (Stein & Test 1980). AO aims to engage people with serious mental illness and complex needs who have been unable to work with mainstream services. Robust evidence for AO exists from the USA where services have high model fidelity. UK research has focussed on impact on in-patient bed use and has not shown similar benefits, contributing to the demise of AOT’s. There has been more limited exploration of clients’ experiences of AO. Therefore perspectives of clients of Poole and Bournemouth AOT were explored using qualitative methodology.

Objectives
This study sought AOT clients views by exploring what they saw as the aims of AO, what works well, what could be improved and how AO compares with previous experience of services. This would improve understanding of AO strengths and limitations and inform service development.

Methods
Interviews were conducted by an independent researcher. Responses to questions relating to the above themes were analysed using thematic coding. Key themes included relapse prevention, non-medical interventions, social inclusion and supporting recovery.

Results
Key findings included the following. Staying in close contact and intervening as necessary was seen as preventing hospital admission. Close working relationships were seen as essential, with accessibility, flexibility and availability of someone to trust valued, enabling a more in-depth approach to problem management. There was clear recognition that AO provided something different and complementary to medical interventions. Emphasis on social interventions was highly valued. Support in maintaining accommodation and offering ways to assist with financial difficulties were highly regarded. AOT was seen as a key element of social support, particularly where other sources were unavailable or limited. Activities shared with AOT members had a favourable place in client’s lives. What AOT offered was seen as different from other services that clients had been involved with and fulfilling needs previously unmet.

Conclusions
The study has clarified the unique role of Assertive Outreach in working with people with severe mental health problems as seen from client’s perspectives. The approach was regarded as promoting social inclusion rather than management of mental illness alone. The findings highlight the positive regard of clients of the Assertive Outreach approach.
Risk of Alcohol Use Disorder among South African university students: the role of drinking motives in a culturally diverse sample

Maphisa J., MA (Clinical Psychology), University of Botswana, Botswana
Young Charles, Prof, Rhodes University, South Africa

Background
The risk alcohol use disorder (AUD) among university students is an international social and clinical reality. In South Africa, over half of students use alcohol at harmful levels. This prevalence parallels with national epidemiological studies indicating that AUD is the most prevalent disorder among those aged 18-34, and that AUD is the most prevalent presenting problem in South African substance abuse treatment sites.

Objectives
Given the prevalence of AUD in the general South African population and established harmful student drinking, this study sort to investigate the risks factors of AUD among university students. The study drew from the Motivational Model of alcohol use (Cox & Klinger, 1988) and sort to establish the role of drinking motives over and above other risk factors.

Methods
A cross-sectional online survey method was utilised with Rhodes University students. A stratified random sampling technique was used to select participants by gender and level of study. The online questionnaire comprised of 40 items. Measures included the Drinking Motives Questionnaire (Cooper, 1994), the Alcohol Use Disorder Identification Test (Test), and demographic and personal items. A hierarchical multiple regression analysis and logistic regression analysis where computed to predict AUDIT scores and risk status (AUDIT score >8) respectively.

Results
Of the 501 participants, 343 reported current alcohol use. Of the drinking students, 66% could be classified as at risk of AUD (AUDIT score >8), which is supported by the mean AUDIT scores of 12.3 (5.4) and 9.4 (5.2) for males and females, respectively. Males, early onset drinkers, undergraduates and those with more money had a statistically significant increased risk for AUD. Race and living circumstances did not statistically predict overall risk. Of the drinking motives, only enhancement motives were statistically associated with increased risk of AUD.

Conclusions
The results indicate that alcohol use and AUD have multiple influences. Among such risk factors are enhancement motives. A probable mechanism of how enhancement motives increase the risk for AUD is suggested. The study demonstrates the cross-cultural applicability of the Motivational Model of alcohol use.
Easy like Sunday Morning: A service user perspective of compassionate counselling
McAndrew Sue, DR, University of Salford, United Kingdom
Warne Tony, Professor, University of Salford
Hickey Anthony, DR, University of Salford
Beaumont Elaine, University of Salford

Background
In the UK almost 50% of illness diagnosed among working age adults is mental distress, with depression and chronic anxiety cited as the two most prevalent psychological illnesses. However, only 24% of those who experience anxiety and depression, consistent with diagnoses, receive National Health Service (NHS) interventions. In light of this, third sector agencies, such as Mind, are left to fill the gap in providing therapeutic care to those who experience mental health problems. This paper reports on an evaluative study of one such organisation, Mind, based in the Midlands UK, from the perspective of those using the service. As effective mental health care is predicated on understanding the lived experiences of those using services in order to provide sensitively-attuned therapy, gaining insight into the process of counselling and what makes it effective will only be achieved through hearing the voices of service users. However, with regard to counselling for mental health problems, the literature foregrounding the perspectives of those using therapeutic services remains sparse.

Objectives
- To identify how those using the service experience the counselling.
- To clarify which aspects of the service enabled the person to talk about the problems affecting their mental health
- To establish what they believe to be the benefits and disadvantages of the counselling service
- To explore whether or not the counselling enabled the person to have a better quality of life and, if so how
- To identify if the counselling has impacted on other areas of their life.

Methods
This qualitative research project, adopted a case study approach. The aim of the study was to explore detailed narratives of the experiences of people who had used North Staffs Mind's Adult Counselling service in order to elicit the strengths and/or opportunities for improvement of the service. Twelve participants, five males and seven females, were interviewed on a one to one basis and six themes were identified; Mindful of the Gap; Easing like Sunday Morning; Magic Moments; Love is in the Air; Lighting up a Future and Following up the Changes: Spreading the Word.

Conclusions
North Staffs Mind has played a significant role in enabling those with psychological problems to get back on track and move towards building a better future. Findings suggest the service is beneficial, with therapeutic interventions being tailor-made to meet the person’s needs while simultaneously ensuring a safe environment and compassionate care for those in distress.
Roles and tasks of expert by experience in a psychiatric division
Munther Sami, Graduate of a Business College, Further qualification in Customer Service and Marketing, Expert by experience, former mental health service user, Psychiatric Division, Hospital District of Helsinki and Uusimaa, Finland
Kontio, Raija, PhD, Project Director, Psychiatric Division, Hospital District of Helsinki and Uusimaa, Finland
Wegelius, Askko, MD, Chief Physician, Psychiatric Division, Hospital District of Helsinki and Uusimaa, Finland
Kallakorpi, Susanna, Clinical Nurse Specialist, MNSc, Psychiatric Division, Hospital District of Helsinki and Uusimaa, Finland
Kieseppä, Tuula, MD, PhD, Adjunct Professor, Chief Medical Director, Psychiatric Division, Hospital District of Helsinki and Uusimaa, Finland
Soininen, Päivi, PhD, Nursing Director, Psychiatric Division, Hospital District of Helsinki and Uusimaa, Finland
Kuosmanen, Lauri, PhD, Adjunct Professor, Co-operation Expert, Psychiatric Division, Hospital District of Helsinki and Uusimaa; City of Vantaa, Finland

Background
In Finland there is a strong national and regional need to reinforce the status and rights of those using the mental health services. A practical way to support this goal is to employ service users in publicly funded organizations. It is important to plan the roles and tasks carefully and in a way that service user’s expertise is in rationale use and they can participate in decision making as equal stakeholders. Service users need to be recognized as experts by experience with an unique insight in the organization and services.

Objectives
The aim of this presentation is to describe the first author’s personal experiences as an expert by experience in a publicly funded psychiatric organization in Finland.

Methods
I have been working as an expert by experience in various tasks in alternating roles. I am a board member of the division, an expert in project developing good quality care together with the nursing staff, and a group counsellor in various service user groups (e.g. group which aims to increase the feeling of hope among patients with psychotic disorders).

Results
Through my work, I believe we have increased the voice of service users in the organization, made services more sensitive to the needs of service users, and in addition, supported and emphasized the patient perspective. All of these actions are mentioned among the core values of organization, thus my work is in line with the strategic goals of whole organization.

Conclusions
I have been fortunate enough to do all kinds of jobs. I feel my work meaningful and empowering. My previous working experience from industry have helped me to create networks with actors from different organizations. I want to do my work at the grassroots level. I believe that in Finnish scale, this is unique. All of this has required hard work. I am happy to see that the value of experts by experience has increased in Finland during recent years. I have also learned that good work speaks for itself.
Forensic psychiatric hospital inpatients' experiences on causes on insecurity

Mäki-Rajala Marko, RN, MHSc, Deputy Nurse Manager, Hospital district of Helsinki and Uusimaa, Finland
Paavilainen Eija, RN, PhD, Professor, University of Tampere, School of Health Sciences, Nursing Science, Finland
Aho Anna Liisa, RN, PhD, Adjunct Professor, University of Tampere, School of Health Sciences, Nursing Science, Finland
Kylmä Jari, RN, RMHN, PhD, Adjunct Professor, Univ. of Tampere, School of Health Sciences, Nursing Science, Finland

Background
There is a lack of knowledge related to patient insecurity. Health care personnel is responsible for the patient security based on the Finnish legislation. This emphasizes the importance of the topic from the professional point of view. In psychiatric inpatient care, patient security is important factor influencing to the use of seclusion and restraints. Patients highlight the meaning of security and meaning of their own actions in creating secure environment.

Objectives
The objective of this study was to describe patients' experiences on the causes of insecurity during hospitalization in a forensic psychiatric hospital.

Methods
The data was collected using theme interviews and analyzed inductively within the themes. The participants were inpatients in a forensic psychiatric hospital. There are two forensic psychiatric hospitals in Finland: Niuvanniemi hospital and Vanha Vaasa hospital. In these hospitals, patients have been found not guilty due to their insanity; and/or they are too dangerous or difficult to care in other hospitals. In all, 20 patients were interviewed.

Results
Insecurity is a very subjective experience. Experiences on insecurity contains something unexplainable and the contents of it can be broad. According to this study, patients’ experiences of insecurity are caused by nursing environment, nursing care, patient her/himself and nursing system. Causes related to nursing environment included nursing conditions and other patients. Causes related to nursing staff and nursing actions leading to insecurity. Causes related to patient her/himself included patients' subjective experiences, patients' social context and patient’s own health status as causes of insecurity. In addition, some experiences of insecurity are caused by nursing system.

Conclusions
According to results of this study, the causes of insecurity are manifold. Based on the findings there are several issues that should be considered in the development of nursing care of these patients. The nursing staffs' possibilities to act should be improved and the rights of nursing staff should be clarified in relation to demands of modern nursing work. This is because the nursing staff is principally the only actor to react on the causes of insecurity on the ward and is responsible for the safety of the ward according to the law. In addition, patients' possibilities to privacy should be increased by moving towards single patient rooms. Possibilities for after-care should be improved by opening special places or even building new ones.
The effect of a training course in aggression management on the prevalence of aggression and coercive measures in inpatient psychiatric settings: A randomised controlled trial

Needham Ian, PhD, RN, MSc in Nursing MSc, MSc in Legal and Forensic Psychology, Center of Education & Research (COEUR ), Kantonale Psychiatrische Dienste - Sektor Nord, Switzerland

Background
Patient aggression in psychiatry is a common problem and causes numerous sequelae. Training courses in aggression management have been proposed and implemented to alleviate the problem. However, many studies have been conducted on a non randomised basis.

Objectives
This multi-centre randomised controlled clinical trial set out to evaluate the effect of a training course in aggression management on the incidence and severity of aggressive events, attacks against persons and coercive measures.

Methods
The six wards were block randomised into intervention or control group. The intervention was a one-week training course in aggression management for nursing teams. Aggressive incidents, their severity and coercive measures were registered for three months before the intervention and three months after completion of staff training.

Results
The patients' characteristics were comparable across the groups. After exclusion of some patients who were involved in an over proportionate number of aggressive and coercive events and after adjusting for the incidence rates of the control group in the post intervention phase significant reductions of severe aggressive incidents and coercive measures were found. A substantial reduction of the subjective severity of aggressive incidents occurred after the training course in the intervention group in comparison to the control group. No statistically significant changes were found regarding overall aggressive incidents, attacks on personnel, or the objective severity of aggressive incidents.

Conclusions
The results demonstrate the training course to exert an influence on severe aggression and coercion rates and on the subjective perception of aggression severity.
Old and sexy: Nurses’ knowledge and attitudes as possible mediating factors on the mental health of sexually active Home Care residents

Needham Ian, RN, MSc in Nursing, MSc in Legal and Forensic Psychology, Center of Education & Research (COEUR), Kantonale Psychiatrische Dienste - Sektor Nord, Switzerland
Šimonikova Michaela, RN, MSc in Nursing, Center of Education & Research (COEUR), Kantonale Psychiatrische Dienste - Sektor Nord, Switzerland

Background
Sexuality is a long life need for persons of all ages and is connected to mental health, the quality of life and the well-being of older people also. However, ageism and stereotypes in the society are still common and the older people are perceived as asexual. On admission to a nursing home factors such as lack of privacy, lack of knowledge and understanding or restrictive attitude among nursing staff about sexuality of older persons may influence whether the sexual needs of home residents can be fulfilled. In the absence of studies from the German speaking countries little is known about the knowledge and the attitude of nursing staff regarding the sexual needs of older persons.

Objectives
To investigate nursing staff’s knowledge and attitudes in nursing homes towards the sexuality of older persons and to determine whether certain sociodemographic characteristics of the nursing staff relate to their knowledge and attitudes toward the sexuality of older persons, and to examine the relationship between knowledge and attitudes.

Methods
The questionnaire Aging Sexual Knowledge and Attitude Scale (ASKAS) was translated into German and administered to eight nursing homes in Easten Switzerland. Data were collected from October to November 2015. The sample size was calculated with G-power analyse. One hundred and three nurses participated in the study. Data were analyzed with the statistic software SPSS 23. A certificate of ethical clearance was issued by the Cantonal Ethics Board.

Results
The nursing staff possesses moderate knowledge about the sexuality of older persons and their attitudes towards sexuality of older persons seems to be rather positive. The age and vocational training of the nurses have a significant influence on knowledge of the sexuality of older persons whereas vocational training and work experience have a significant influence on their attitudes towards the sexuality of older persons.

Conclusions
The moderate knowledge of and a rather positive attitude towards sexuality of older persons in Eastern Switzerland is consistent with the broad international literature. Needs for improvement toward knowledge about sexuality of older persons are demonstrated in order to ameliorate their mental health. Further educational courses are required to become more professional in dealing with the sexual needs of home residents.
A longitudinal evaluation of staff and patient experience in London mental health inpatient wards: 4 times points spanning 12 years

Nolan Fiona, Dr, University College London, United Kingdom
Pilling Stephen, Professor, University College London, United Kingdom
Johnson Sonia, Professor, University College London, United Kingdom
O'Connor Kate, Camden and Islington NHS Foundation Trust, United Kingdom
McGregor-Johnson Lindsay, Camden and Islington NHS Foundation Trust, United Kingdom

Background
In recent years resources and funding in the UK have been channelled into developing community services. By the late 1990’s 65% of the total UK NHS mental health budget was still allocated to inpatient services, and in 2016 it is still over 50%. Inpatient beds in England have reduced from 150,000 in 1955, to 22,300 in 2012, and 17,300 at present. Concerns have been raised about the quality of care, therapeutic models, physical environment, safety, staff turnover and morale in inpatient wards. Attempts to address these concerns have included the closure or refurbishment of older wards to improve the physical environment.

Objectives
To evaluate the impact of a move to a new London mental health inpatient premises on staff and patient outcomes, their perceptions of the ward environment, and whether changes have been sustained over time.

Methods
A natural before and after method was used across 4 time points: 2014 (prior to the closure), 2015, 2008 and 2016. Data collection took place over 3 months at each time point. All staff on the 8 affected wards, and all patients who had been in hospital for 7 days or more were eligible for the study. Staff questionnaires included the Ward Atmosphere Scale (WAS) and the Maslach Burnout Inventory (MBI). Patient questionnaires included the WAS, the Client Satisfaction Questionnaire (CSQ) and a locally developed measure of their satisfaction and involvement in treatment. Brief demographic and clinical data, along with information on adverse incidents, patient length of stay, staff sickness, absence and turnover were also collected.

Results
158, 145 and 147 patients participated in the first 3 stages, with response rates (RR) of 80%, 75% and 78% respectively. Staff participants were 182, 197, 180 (RR=, 80%, 74% and 70%). Patients were significantly more satisfied with their care at T2 and T3, while levels of staff burnout remained unchanged. Data collection for the final time point is underway and will be presented in September, along with exploration of the results at all-time points through comparing both groups, and an analysis of variation over time.

Conclusions
Findings from the first 3 stages indicate that a new, purpose built hospital premises may have had a positive effect on patient satisfaction with treatment, and some negative effect on staff levels of burnout. Results from all 4 time points will be explored in relation adverse incidents and perceptions of the ward environment. The impact of changes to will be considered when interpreting the results.
A national mapping of research activity and leadership in England by nurses and allied health professionals, linked to a qualitative evaluation of a model to promote research career pathways in mental health

Nolan Fiona, Dr, University College London, United Kingdom
McGregor Johnson Lindsay, Camden and Islington NHS Foundation Trust, United Kingdom
O'Connor Kate, Camden and Islington NHS Foundation Trust, United Kingdom

Background
Increasing engagement and activity in research by nurses and allied health professionals is a current government objective in the UK. These groups are under-represented in terms of research leadership, and opportunities for engagement in research at any level appears restricted for those in mental health. There has been no systematic analysis to date of National Institute for Health Research (NIHR) funded studies in terms of the profession of the lead investigators and their co-applicants. This information is needed in order to benchmark future progress in nursing and AHP research leadership. Research nurses are common in acute care, where their roles are primarily to recruit to studies and collect data. Mental health studies have traditionally employed non-registered staff, such as psychology graduates, and the potential for to effectively use their clinical skills in these roles has not been explored. A new government funded team was established in 2013 in London which employs mental health nurses to recruit participants to studies and collect data.

Objectives
a) To provide a comprehensive analysis of competitive national research funding awards by profession, and of numbers of mental health nurses and AHPs employed as researchers.
b) To evaluate the impact of the new research team model on the workers career satisfaction, aspirations and academic achievements.

Methods
a) Chief investigators and co-applicants on all successful NIHR funded studies between 2010 and 2015 will be examined in terms of profession.
b) National workforce data will be examined to identify numbers of nurses and AHPs as compared with non-registered workers working on mental health studies specifically
c) The impact of the new research team model will be explored through individual semi-structured interviews with the nurses and AHPs involved as well as senior linked clinical and academic staff. The success of the programme for the team cohort will be evaluated in terms of their academic, career and research funding achievements.

Results
Data collection for the national mapping is ongoing and will be presented in September 2016. All interviews have been carried out and results from a thematic analysis of the data will also be presented in September 2016. Options for developing research capacity in mental health nursing and other professions both in the UK and internationally will be examined in light of these findings.
Investigating a model of problem behaviours in adolescents

O’Connor Kate, Research Associate, Camden and Islington NHS Foundation Trust, United Kingdom
Dolphin Louise, DR, Ireland
Fitzgerald Amanda, DR, School of Psychology, University College Dublin, Ireland
Dooley Barbara, DR, School of Psychology, University College Dublin, Ireland

Background
Adolescence is a period marked by rapid developmental changes in biological, psychological and social systems. The relaxing of parental controls and increased interactions with peers during this transition enables adolescents to assert their independence and autonomy. During this time it is expected that adolescents will experiment with new behaviours, however, many will engage in problem behaviours. Problem behaviours tend to co-occur, and are behaviours which deviate from the norm. These behaviours can affect the mental and physical health of the individual, causing high costs to society and impacting on the adolescent’s family. Investigating problem behaviours in adolescents using a comprehensive explanatory model of psychosocial risk and protective factors will enable a greater understanding of the predictors of problem behaviours.

Objectives
The purpose of this study was to investigate 1) the structure of problem behaviours in adolescents, 2) the application of Problem Behaviour Theory in the sample, and 3) whether the predictors of problem behaviours vary by gender.

Methods
Data was collected from a representative sample of over 6,000 adolescents. The structure of problem behaviours and applicability of the theory were tested using structural equation modelling and the variation of predictors by gender was tested using multi-group modelling.

Results
It was found that the structure of problem behaviours loaded onto a single construct. Additionally, the theoretical model tested explained a large percentage of the variance in problem behaviours for males and females. The study showed that the predictors of problem behaviours do vary by gender.

Conclusions
This study supports a single-factor structure of problem behaviours and the applicability of a comprehensive psycho-social model of problem behaviours. The study also highlights that the predictors of problem behaviours vary by gender, which will be discussed further.
Psychological distress in young people engaging in Jigsaw: an early intervention mental health service in Ireland

O'Reilly Aileen, PhD, Headstrong, Ireland
O’Keeffe Lynsey, PhD, Headstrong, Ireland
Dolphin Louise, PhD, Headstrong, Ireland

Objectives
Jigsaw is an early intervention mental health service for young people. Central aims of the present study were to describe pre-intervention levels of psychological distress among young people supported by Jigsaw, to investigate the effectiveness of Jigsaw’s brief intervention programme in reducing this distress and to explore whether this effectiveness differs according to gender, age and referral source.

Methods
Participants were a large sample of 1,167 young people (63% female) between the ages of 12 and 25 years who completed a brief intervention in Jigsaw. Psychological distress was measured pre and post intervention using the CORE-10 for 17-25 year olds (older cohort) and the YP-CORE for 12-16 year olds (younger cohort). Scores were compared across different variables.

Results
Overall, a significant reduction in psychological distress from pre to post intervention was observed. Among the older cohort, age and gender did not predict pre or post intervention levels of distress. Parent referrals among these 17-25 year-olds had lower pre-intervention levels of distress than GP referrals but referral source did not influence change over time. Among the younger cohort, 12-14 year olds and males presented with lower levels of distress than 15-16 year olds and females. Parent referrals had lower pre-intervention levels of distress than self-referrals but not GP referrals. Again age and referral source did not predict change over time, however females were slightly more likely to improve than males.

Conclusions
This large-scale evaluation of the impact of Jigsaw's brief intervention on levels of psychological distress provides evidence of the effectiveness of the service for young people with mild to moderate mental health difficulties overall and irrespective of gender, age or referral source.
A mixed methods study to explore the efficacy of an exercise referral programme as a health promotion intervention for Irish male prisoners presenting with mental health symptoms

O'Toole Shay, Dr, Athlone Institute of Technology, Ireland
Murphy Pearse, Athlone Institute of Technology, Ireland
Maguire Jim, Athlone Institute of Technology, Ireland

Background
The first author, a qualified nurse and a prison officer in the Irish Prison Service, chose to explore the concept of utilising an exercise referral programme as a treatment option for prisoners in Ireland who presented with mental health symptoms.

Objectives
The objective of this piece of research was to design a before and after study which could evaluate the efficacy of an exercise referral scheme as a treatment for prisoners in Ireland presenting with mental health symptoms.

Methods
The methodology employed in this piece of research entailed a mixed methods design. The first step was to seek ethical approval from the Irish Prison Service which was granted. Next, a literature review to ascertain the popularity or otherwise of exercise referral as an intervention for prisoners presenting with mental health symptoms was conducted. The quantitative data gathering phase, pre- and post-intervention, involved using well established self-rating scales to assess levels of depression, anxiety, stress, self-esteem and anger. The qualitative data were gathered using semi-structured interviews from a random selection of participants post-intervention completion.

Results
Pre and post intervention mean scores on analysis of quantitative data are presented here. Stress mean score changed from 24.33 to 10.133 with a p value of .000. Anxiety mean score changed from 16.1 to 5.3 with a p value of .000. Depression mean score changed from 17.1 to 3.8 with a p value of .000. Anger mean score changed from 68.2 to 47.5 with a p value of .000. Self-esteem mean score changed from 17.8 to 20.5 with a p value of .009. Anxiety (Zung) mean score changed from 24.33 to 10.133 with a p value of .032. The themes of perceived improved mood, improved routine, improved self-esteem and improved mental health, which had shown up definitively in the quantitative data analysis above were reinforced through the qualitative analysis from the semi-structured interview data gathered. The qualitative data analysis produced themes which fully supported the quantitative results.

Conclusions
The findings proved significant in light of the setting of this study. Thus, this study is worthwhile in that it presents a platform for further work in this domain. This work might include expanding the role of exercise intervention for prisoners presenting with mental health symptoms to other prisons in Ireland. There is also scope for investigating the impact of such positive interventions on prisoners for prison staff and the Irish prison system as a whole.
Validation of Turkish Version of the Physical Health Attitude Scale (PHASE)

Ozaslan Zeynep, Msc, RN. PhD Student, Kocaeli University, Institute of Health Sciences, Turkey
Yalcin Suna, Msc, RN, Phd Student, Ministry of Health, Bakirkoy Education and Research Hospital of Prof. Mazhar Osman Mental Health and Neurological Diseases, Turkey
Bilgin Hulya, Assoc. Prof. DR Istanbul University, Florence Nightingale Nursing Faculty, Turkey
Haddad Mark, DR, Senior Lecturer in City University, School of Health Sciences, London, United Kingdom

Background
People with severe mental illness are at more risk of physical comorbidity and mortality than the general population. Mental health nurses play a key role in improving physical health of patients based upon holistic nursing practices.

Objectives
This study was conducted to determine the validity and reliability of Turkish version of the Physical Health Attitude Scale (PHASE).

Methods
A total of 85 mental health nurses were participated in this validation study. The PHASE with 28 items was used for the study. Turkish version of the scale was produced by translation and back translation method. The questionnaire was applied to the mental health nurses and test-retest was done after a two-week-period (n=43). The psychometric properties of Turkish version of PHASE were analyzed using relevant statistical methods.

Results
The mean age of the sample was 33.72 and 62 (72.9%) were female and 23 (27.1%) were male. The results of translation process were very satisfied and the feedback was provided by the author (Dr. Mark Haddad) from the team who developed the scale in 2012. The range of item correlations between two times was 0.59-0.94 (min-max). Since the process of data collection is currently going on, the reliability coefficients and factor analysis will present during event.

Conclusions
This study is planned to prepare the Turkish version of PHASE and it already points that it will fill in the gap on this important dimension of the holistic mental health care. In sum, this scale will be able to use in assessment of the physical health attitudes of mental health nurses in different culture. The PHASE may be useful both in determine the needs and interventions in this area. It also contributes to understanding of the attitudes of mental health nurses towards physical health care. In addition, it may be useful tool which is eligible for mental health and psychiatric nursing education.
Ageing, alcohol and depression - Project for seniors with substance abuse

Palmu Antti, RN, Project worker, Psychotherapist, Kalliola Settlement, Finland
Hätinen Kimmo, RN, Project worker, Psychotherapist, Kalliola Settlement, Finland

Background
As elsewhere in Europe, in Finland population is getting older. Number of older substance abusers is also increasing. Following the change in alcohol politics and -culture alcohol consumption of Finns has tripled in 50 years though there’s small decrease in recent statistics. (Alcoholic beverage consumption 2014, National institute of health and welfare) In health care and social services it has been noticed that retirement is a risk for older individual who has faced previous problems with drinking. Depression is common disease and antidepressants are very widely used. Every year over 400 000 Finns use antidepressants. Lack of physical well-being and comorbidity is common with alcohol abuse. There’s two way causal connection between depression and alcohol.

Objectives
Develop an efficient programme for older (age 55 +) substance abusers. Programme takes physical, psychological and social well-being in consider. Aim is to change alcohol centered way of life to healthier one.

Methods
Intensive three months integrative programme including group-therapy, physical education and social activation. One week consist of two group therapy sessions, two physical education sessions and activating functions. Participants are encouraged to join volunteer-work and adult education courses. There’s option for family therapy sessions. Approach has influence from group analysis, family therapy and community rehabilitation. Feedback is collected, structured interviews and questionnaires are used for evaluation. Evaluation takes place at the start and at the end of programme and three and six months after the end. Collected information is used for further development of programme.

Results
Participants have reported lower amount of alcohol consumption and positive mood changes. Their physical state has improved and they are more active socially.

Conclusions
It seems effective for older substance abusers to integrate treatment of addiction problems, mental- and physical health with social activities. Development project Uusi alku (new beginning) is for seniors with alcohol problems. Project is organized by Kalliola settlement Helsinki, Finland and funded by Finnish slot machine association.
Five years of crisis: PTSD and risk factors in Syrian children

Perkins Jon, DR, University of Edinburgh, United Kingdom
Ajeeb M., Ms, Department of Psychology, Damascus University, Syria
Saad J.A., Dr, School of Management and Languages, Heriot-Watt University, United Kingdom
Fadel, L., Dr, School of Management and Languages, Heriot-Watt University, United Kingdom

Background
The Syrian crisis is in its sixth year and the impact on children has been great. Exposure to war and violence increases the risk of the development of mental health disorders. Post-traumatic stress (PTSD) is one such disorder but its incidence varies considerably depending on the population studied and the duration and nature of the events experienced. Greater exposure to traumatic events is more likely to result in PTSD. Living within a warzone therefore increases the threat to mental health. Monitoring the mental health of children living in conflict areas is complicated by practical and safety concerns, meaning that mental health screening often occurs in refugee camps or after hostilities have ended. However, threat to life and exposure to violence are diminished under these circumstances and it is unlikely that the mental health of these populations accurately reflects the mental health of those who remain in the warzone.

Objectives
Empirical investigations into the impact of the Syrian crisis on children are lacking. This study aims to address this shortfall by documenting the mental health burden of children inside the country. The work is intended for mental health practitioners working within, and outside Syria, to help plan mental health provision now and in the future.

Methods
Self-report screening tools were used to collect demographic and mental health related information in 8 schools in Syria. 602 children, 8-16 years of age took part. The Children's Revised Impact of Event Scale (CRIES-13) was used to identify PTSD and depression and anxiety were measured using the Revised Child Anxiety and Depression Scale (RCADS-25).

Results
57% of our sample were internally displaced in the last 5 years. The most common traumas were hearing/seeing shelling, having a home destroyed, witnessing violence or scenes of destruction. 32% of participants scored above the CRIES-13 cut-off indicating that those children would be likely be diagnosed with PTSD following further assessment. Females, being internally displaced, and proximity to fighting, were identified as risk factors with socio-economic status and age also contributors. Pearson’s correlation showed that those with PTSD were more likely to have experienced depression or anxiety.

Conclusions
Our data show the Syrian crisis is having a devastating impact on the mental health of children and is endangering the country’s future. It is imperative that psychological health professionals both in- and outside Syria coordinate to provide mental health support.
Sexuality and Stigma: Quality of Mental Health in LGBTQ people - a review

Pitoňák Michal, RNDr, PhD, Researcher, Centre of Epidemiological and Clinical Research of Drug Abuse and Dependence, National Institute of Mental Health, Czech Republic

Background
Health disparities between heterosexuals and non-heterosexuals belong to the most ignored public health issues within the Central and Eastern Europe (CEE). Regardless of the fact that globally 5-10% of any population is estimated to be non-heterosexual, research on mental and physical health in non-heterosexuals is practically absent in the CEE.

Objectives
Primary objective is to compare prevalence of mental health disorders between non-heterosexuals and heterosexuals. Specifically, to review literature on a number of detected disparities a) higher overall prevalences of internalizing mental disorders such as depression and anxiety in non-heterosexuals; b) several-fold higher levels of suicidal behavior widespread already in non-heterosexual youth; c) elevated rates of illicit drug use including higher rates of tobacco and alcohol use; d) higher rates of risky-sexual behaviors that include higher risks of STD’s. Secondary objective is to review two of the most salient explanation frameworks – Minority Stress Theory (MST) and Psychological Mediation Framework (PMF).

Methods
An extensive review of literature, including review of several meta-analytic works, is offered to provide a deeper insight into this particularly unrecognized field.

Results
Significant disparities in mental health between heterosexuals and non-heterosexuals have been detected. Important differences in prevalences exist between different sub-groups of non-heterosexuals. Both reviewed explanation frameworks MST and PMF identify societal structural heteronormativity and societal stigma against non-heterosexuals as moderating and/or mediating minority stress and other psychological processes involved in increasing of the risk of both internalizing and externalizing psychopathogenesis.

Conclusions
It is important to recognize non-heterosexuals as vulnerable population and develop various strategies and interventions to support health care in this diverse population. However, at the same time, we need to refrain from viewing non-heterosexuals as homogeneous and/or entirely victimized group by providing an understanding that perhaps against all odds majority of non-heterosexuals show unprecedented resiliency and adaptation.
Postpartum antidepressant treatment in women with no prior psychiatric history: risk, duration of treatment, and recurrence risk

Rasmussen Marie-Louise, M.Sc. Statens Serum Institut, Denmark
Strøm Marin, Department of Epidemiology Research, Statens Serum Institut, Copenhagen, Denmark
Wohlfahrt Jan, Department of Epidemiology Research, Statens Serum Institut, Copenhagen, Denmark
Videbech Poul, Center for Neuropsychiatric Depression Research, Mental Health Center Glostrup, Denmark
Melbye Mads, Department of Epidemiology Research, Statens Serum Institut, Copenhagen, Denmark

Background
5-15% of all women experience postpartum depression (PPD), which for many is their first psychiatric disorder. The trajectory is likely very different compared to women with previous psychiatric disorders.

Objectives
We estimate the incidence of postpartum antidepressant treatment, duration of treatment, and rate of subsequent postpartum antidepressant treatment and other depressive episodes in a nation-wide cohort of women with no prior psychiatric history.

Methods
We constructed a nation-wide cohort of 332,393 primiparous mothers with first birth from 1996-2008 (a total of 570,838 births) and no prior psychiatric hospital contacts and/or use of antidepressants. These were followed from 1996-2009. Postpartum antidepressant treatment (AT) was defined as use of antidepressants and/or hospital contact for PPD within six months after child-birth.

Results
We observed 2,985 (0.5%) postpartum episodes of AT. One year after first treatment episode 28.5% were still in treatment; after four years 5.9%. After adjusting for year of birth and mothers age, women with a postpartum medication AT after their first birth had a 28.4 times higher rate (95% CI=21.4-37.7), and women with PPD hospital contact after first birth had a 54 times higher rate (95% CI=32.9-88.4) of a recurrent postpartum episode after their second birth compared to women with no postpartum AT history.

Conclusions
0.5 percent of women with no prior psychiatric history received AT after childbirth. They were characterized by a relatively short treatment regime, but a notably high rate of later AT and recurrent episodes of postpartum AT.
Developing a Care Pathway for Depression

Rea Karen, RMN, IAPT programme leader, Liverpool John Moores University, United Kingdom
Smith Grahame, subject Head, Allied Health, Liverpool John Moores University, United Kingdom

Background
The goal of this project was to develop an integrated depression care pathway within the Cheshire and Merseyside. The project objective were to:
- Produce baseline data relating to services for depression within Cheshire and Merseyside
- Design with service users and carers patients and other relevant stakeholders a perfect depression care pathway
- Secure sign up across all providers and commissioners within Cheshire and Merseyside

Methods
This was a two phase study. Phase one focused on identifying and utilising baseline information including the access and uptake of antidepressant medication, prevalence and incidence of depression in Cheshire and Merseyside, days lost in employment due to depression and suicide rates in Cheshire and Merseyside, and the service user's experience of accessing services for depression. Phase two focused on identifying what service users wanted from services and how this could be provided within a meaningful and accurate model of service delivery. During this phase, using questionnaires and focus groups, researchers, participants, and participants-as-researchers engaged in an active listening process. The positive value of using this approach is widely acknowledged within health and the social sciences.

Results
The findings of the study highlight that effective, supportive and accessible services are highly valued by people living with depression, however more of these types of service are required. In addition people living with depression reported inequity in resource availability and the quality of services delivered across the region. Despite political drivers to increase service access, the majority of people living with depression did not feel this initiative was a major success. Common themes identified included; long waiting times, poor location, inappropriate timing of service delivery, and experiences of stigma.

Conclusions
It is clear when planning, commissioning or delivering services, people living with depression are very keen to be involved at all stages. Widening access to include self-referral and publishing of available services in more imaginative and creative ways is clearly needed, particularly if the needs of hard to reach groups are to be met. Maintaining and developing collaborative relationships is essential and so is the continuing professional development of all support staff. Finally, the development of robust mental health metrics would be invaluable in identifying need and developing appropriate services.
Co-production low secure settings—early results of a qualitative study

Reilly Frank, Honorary Research Fellow, Strathclyde University, Scotland

Background
This proposal builds on a literature review completed by Frank Reilly in 2013 which proposed a definition of co-production, a term that has a resonance in health and social care as a process of building partnerships and recognising the assets that each partner brings to the relationship. The review suggested that the key elements in effective co-productive relationships are the sharing of power, trust and the support of autonomy. This is a challenge to traditional concepts of secure mental health care where security and public protection can make applying co-production particularly difficult.

Objectives
To explore staff perception of the enablers and barriers to coproduction in secure conditions

Methods
A semi-structured interview was undertaken with a sample of staff from a low secure facility (n=6). This is one site of a four site PhD study. Staff were purposively sampled for their recovery orientation—primarily their involvement in recovery activities within the facility. The sample included nursing staff, a psychiatrist and the nurse manager. Interviews were digitally recorded, transcribed and analysed using the Braun and Clarke framework in NVIVO10 to identify first order themes.

Results
Early results suggest there is strong connection between concepts of relational security and coproduction. Enabling occasions where the difference between staff and patients is temporarily suspended provides a connection that humanises the relationship between the patient and the staff member, supporting a sharing of knowledge, establishment of (conditional) trust (conditional in these settings) and support for limited autonomy/social responsibility. Low level interventions can be seen as ‘social’ rather than therapeutic diminishing their importance. Selecting staff for values that support co-production appears to be important as is ensuring time for reflective practice. Challenges can occur when an organisation does not co-produce and value staff as much as they value coproduction with patients. Some staff are also more comfortable with definitive protocols whilst others are more dynamic risk takers.

Conclusions
Coproduction and relational security appear to complement one another. Selecting staff for values associated with coproduction seems to be important but was unique to this facility. Obsessive rule keepers and rebellious rule breakers seem to define opposite ends of the coproduction spectrum.
Nurse-led cognitive short-term therapy in primary health care

Reinholm Mirka, RN, City of Helsinki, Department of social services and health care, Eastern psychiatric and substance abuse centre, Finland
Tuomola Hanna-Mari RN, City of Helsinki, Department of social services and health care, Eastern psychiatric and substance abuse centre, Finland
Jaakkola Virpi, MNSc, Chief Nurse, City of Helsinki, Department of social services and health care, Eastern psychiatric and substance abuse centre, Finland

Background
Research results show that cognitive-behavioral therapy in addition to the standard treatment is cost-effective when treating people with minor or moderate depression and anxiety disorders in primary care. The City of Helsinki Psychiatric and Substance Abuse Services trained all its nurses in primary health care to implement the cognitive short-term interventions for depression and anxiety patients.

Objectives
The objective of the training was to integrate the job functions of the mental health and substance abuse nurses in primary health care. During the training an integral care model was created for primary health care for short-term therapy and the nurses now have more tools to implement the cognitive therapy interventions.

Methods
Eighteen-month cognitive training for short-term interventions was arranged in 2014 – 2015. The training consisted of ten days of lectures, two care model development seminars, eight professional guidance meetings, and an integrated workgroup hereby creating a structured care model that includes ten meetings for depression and anxiety patients as well as for substance abusers at nurses’ appointments.

Results
The nurse-led short-term therapy care model was integrated into the primary health care of the City of Helsinki. This new model offers new tools for mental health nurses and substance abuse nurses in treating and activating patients. After the training, nurses in primary health care have an economic way of supporting patients in the early phases of depression, anxiety, and substance abuse. Many patients transfer into the care of primary health care mental health and substance abuse nurses, and due to high demand the work of primary health care nurses focuses on the evaluation process. After the training the aim has been for at least one patient at a time to be in short-term therapy and methods are also being applied in the care of other patients.
A Hopeless Case? An autoethnography of Getting Mentally Ill and Rehabilitation of It

Rissanen Päivi, PhD/Researcher, Finnish Central Association for Mental Health, Finland

**Background**
Traditionally it has been assumed, that professionals are the only ones, who have the expertise to determine what is good for service users. That is why the service-user involvement has been been one of the key challenges in the Finnish mental health care system and in the research. The main idea of my doctoral thesis is to present in the form of research one chance to speak of the mental illness, rehabilitation of it and the mental health care.

**Objectives**
My study is aimed to clarify as a story telling form of my own experiences as a patient, a service user, a peer counsellor, and an expert by experiment.

**Methods**
The research method can be called as an auto ethnographic user research. By auto ethnographic user research, I refer to research, where the main focus is on the life story of the researcher herself. I have included my own experience of my rehabilitation process. I have analyzed my story in theories for the conversations of social work, mental health nursing, psychotherapy and rehabilitation by exploiting my own experience. Data has been collected in different ways. First I have used the dialogical evaluation with the other researcher. The basis of dialogical evaluation consists of shared expertise, and knowledge created in the relationship. Secondly I have gone through my own experiences as a source in form of my diaries and letters for friends, nurses, and the psychotherapist.

**Results**
The research opens up new viewpoints into the mental illness, client-worker relationships and provides new ways of analyzing and interpreting. Based on the results service user involvement is important to the service user herself. It changes the identity from a passive patient to an active expert by experiment. Secondly service user involvement helps increase the client-orientation of services because it affects the content and quality of public services. People who have lived with mental health problems have expertise that is valuable to others who are facing a similar challenge. Thirdly, service user’s involvement counteracts despair and pessimism by offering images of possibility to both service users and employees. The aim of expert by experience activity is developing customer oriented services.

**Conclusions**
Mental care and rehabilitation work is a physical, psychic and social phenome. The employees should think the future of the service-users, their aims, and a way from social exclusion.
The factors contributing to self-mutilation, the purposes of self-mutilation and the sequels of self-mutilation of 483 Finnish adolescents aged 13-18 years

Rissanen Marja-Liisa, PhD, Savonia University of Applied Sciences, Finland
Kylmä Jari, Adjunct professor, PhD, RN, University Lecturer, School of Health Sciences, Nursing Science, University of Tampere, Finland
Tolmunen Tommi, Adjunct Professor, PhD, MD, Department of Psychiatry, Kuopio University Hospital, Finland
Honkalampi Kirsi, Professor, PhD, Department of Education and Psychology, University of Eastern Finland
Hintikka Jukka, Professor, PhD, MD, Department of Psychiatry, Päijät-Häme Central Hospital and School of Medicine, University of Tampere, Finland
Laukkanen Eila, Professor, PhD, MD, Department of Psychiatry, Kuopio University Hospital and Faculty of Health Sciences, University of Eastern Finland

Background
The knowledge on self-harm among adolescents has been raised in recent years. Different forms of self-harm have been categorized to be suicidal or non-suicidal or self-harm harm has further modelled. Furthermore, functions of non-suicidal self-harm combined with different psychiatric diagnoses and aggressions have been presented. In addition, different rates of prevalence have been presented, but what do we really know about the process of self-mutilation from the viewpoint of adolescents?

Objectives
To describe the process of self-mutilation including the most typical factors contributing to self-mutilation, the purposes and the sequels of self-mutilation from the viewpoint of 483 Finnish adolescents.

Methods
The data were collected by structured self-report questionnaires that the participants completed in schools under the supervision of the researcher or a teacher. Frequencies and percentages of factors contributing to self-mutilation, the purposes of self-mutilation and the sequels of self-mutilation were calculated.

Results
Altogether 483 adolescents participated, 426 were female and 57 were male. Experienced loneliness (female 62.8%, male 28%), poor self-esteem (female 59.2%, male 28%), went through changes in life, such as moving schools, starting to listen to different music, moving away from home (female 44.1%, male 25.5%) and abuse of alcohol (female 39.7%, male 34%) were the most typical factors contributing to self-mutilation. The main purposes were a relief of mental stress (female 78%, male 42%), punishing oneself (female 41.6%, male 28%) and experimenting (female 29.7%, male 42%). Typical sequels were easing of inner pain temporarily (female 65.9%, male 27.7%), mixed emotions of pain and pleasure (female 61.6%, male 28%), negative feelings towards own scars, “I felt scars spoiled me” (female 61.2%, male 20.8%), shame (female 55.7%, male 31.3%) and feeling better (female 41.9%, male 29.2%).

Conclusions
Many adolescents experience loneliness, they have poor self-esteem and their abilities to go through changes in life are poor. They are in need of relief from mental stress. Often abuse of alcohol might be an attempt to feel better. In this study these factors are contributing to self-mutilation. Parents should affirm their children’s self-confidence from the very beginning of childhood to adolescence, by being authentically present, and encourage them to find their strengths. When parents' abilities are limited adolescents need support and guidance at school - how to help themselves and where to get help.
Digitalized intervention to prevent children’s mental health – does it work?

Ristkari Terja, MNSc, Project Manager, University of Turku / the Research Centre for Child Psychiatry, Finland
Kurki Marjo, PhD, Post-Doc Researcher, University of Turku / the Research Centre for Child Psychiatry, Finland
Korpilahti-Leino Tarja, Psychotherapist, University of Turku / the Research Centre for Child Psychiatry, Finland
Sourander Andre, Professor, University of Turku / the Research Centre for Child Psychiatry, Finland

Background
According to many epidemiological studies early prevention of mental health problems is essential in childhood. Based on this strong evidence and international guidelines early detection and interventions should be provided early enough. However there is a lack of easy access population-based interventions for families and majority of children with mental health problems do not receive any care. In Finland Research Center for Child Psychiatry University of Turku has conducted the RCT-study of a digital parent training program for the families of children with disruptive behavior. This ongoing study project for developing awareness, prevention and early interventions has been funded (total 3.7 million €) by the strategic research of the Academy of Finland for the years 2016-2019.

Objectives
1) To determine whether a digital-assisted intervention using whole-population screening that targets the most symptomatic 4-year-old children is effective at 12 months after the start of treatment, and
2) to describe the parent training intervention model in primary health care.

Methods
The target population was children with high level of disruptive behavior screened from the population of 4-year olds attending annual child health clinic check-ups. The RCT study was conducted between 2011 and 2013. In the control group participants (n=232) were given access to a parent training website and a telephone call from a coach. Participants (n=232) in the intervention group received internet and telephone delivered the Finnish Strongest Families program. The data were gathered by The Externalizing Scale in the Child Behavior Checklist (CBCL) for Ages 1.5–5 (CBCL/1.5-5) 97 including 24 items.

Results
The study showed that during the 12-month follow-up the behavioural problems of the four-year-old children reduced significantly in the families who participated in the 11-week program compared to the control group. This evidence-based intervention has been implemented in 13 municipalities in Finland so far and the nationwide implementing process is in progress.

Conclusions
Training parents online and over the telephone significantly decreases preschool children's disruptive behavior. Therefore, it is important to provide low threshold, digitally delivered, family oriented prevention and early intervention programs in the primary care. More studies is needed to evaluate the long term effects and cost-effectiveness of digital interventions in preventive mental health care.
The mental health service user movement in the UK: a narrative account from two London voices

Romano Cesare, Camden and Islington NHS Foundation Trust, United Kingdom
Watson, Caren, Ms, Camden and Islington NHS Foundation Trust, United Kingdom
Nolan Fiona, DR, University College London, United Kingdom

Background
The mental health service user movement has strengthened in recent years in the UK and has been supported by national guidance and policy. Each mental health provider is required to demonstrate engagement with and empowerment of the service user voice. Service user councils and forums are commonplace, but the extent to which they influence decisions around care provision has not been effectively measured. Community engagement models abound in the UK, for example Rethink, MIND, Involve and the Mental Health Foundation. Involvement in research has also expanded with service user engagement at each stage almost mandatory for successful research funding.

Objectives
To portray developments in the UK over the past 15 years through the experience of 2 service users, and identify potential areas for improvement

Methods
Narratives will be presented from 2 service users. They will describe their journey through the mental health system, and how these experiences provided a foundation for their later identities as patient advocates, council members, researchers, authors and colleagues. Factors which helped and hindered them in their respective journeys will be identified, and suggestions for improvement to the current UK system explored.

Results
The narrative approach will engage the audience in discussion with a view to comparing situations between countries and localities in relation to SU engagement and empowerment. The prospective and actual roles of mental health professionals to help this process will be examined.
Exploring the role of the HOPE framework within personal recovery narratives

Rudd Bridey, Research & Information Officer; PhD Candidate, Penumbra; University of Abertay Dundee, Scotland
Cumming Jane, Development Manager, Penumbra, Scotland

Background
Mental health charity Penumbra has embraced the challenge of transforming their service provision in order to deliver a personal outcomes based approach, engaging in systems transformation in order to achieve the following cultural shifts:

- People who use services move from passive recipients of support to students of their own wellbeing.
- Staff move from delivering support to offering coaching & education
- Provision of pre-defined services to personalised, outcomes-based service
- Measuring outputs to measuring meaningful outcomes

Shifts have been supported by developing:

- An overarching framework of personal wellbeing: HOPE
- Key working materials:
  - I.ROC - collaborative measure of personal recovery outcomes
  - HOPE Toolkit – collection of tools, tips and resources for person-centred planning and support
- Coaching and recovery focused Learning & Development Programme
- New role of Recovery Practitioner to deliver approach.
- Co-facilitated programmes of workshops on wellbeing

Objectives
To explore the role of support services within the personal recovery narratives of people using community mental health services in Scotland. Specifically, the project seeks to examine the impact of Penumbra’s efforts to transform their services on the people using them.

Method
People with a lived experience of personal recovery who were using community mental health services provided by Penumbra were asked to participate in a one to one semi-scheduled interview with a trained member of support staff. Participants were asked to tell their story, and were then asked specifically about the support they had received and the role they felt it played in their recovery. Interviews were recorded and transcribed verbatim. Transcripts were used as the basis for a thematic analysis.

Results
14 one to one interviews were completed with participants from across Scotland. Emerging supported the success of the system transformations, highlighting people’s feelings of independence, empowerment and equality within and beyond their support.

Conclusions
Discussion of emerging themes during this presentation will seek to identify the important factors in people’s support and recovery, and will explore the role of key working tools in service engagement and self-management. The implications for practice will look particularly at the use of measurement tools, and of implementing a recovery approach within organisations.
Does Mental Health Care Resource Allocation and Personnel Education Level affect the Costs and Effectiveness of Mental Health Service System? Comparison of two hospital districts in Finland

Sadeniemi Minna, MD, National Institute for Health and Welfare, and University of Helsinki, Finland
Grigori Joffe (MD, PhD, Hospital District of Helsinki and Uusimaa, University Hospital Region, Finland
Pirkola Sami, MD, PhD, Prof, University of Tampere, School of Health Sciences, Finland
Ala-Nikkola Taina, RN, MNS, Hospital District of Helsinki and Uusimaa, University Hospital Region, and National Institute of Health and Welfare, Finland
Kontio Raija, RN, MNS, PhD, Hospital District of Helsinki and Uusimaa, University Hospital Region, Finland
Oranta Olli, RN, MNS, PhD, Hospital District of Southwest Finland
Wahlbeck Kristian, MD, PhD, Prof, National Institute of Health and Welfare, Finland

Background
The Finnish mental health index (MHI) is a crude index based on the incidence of suicides and suicide attempts, the number of persons eligible for special reimbursement for antipsychotic medication, and the number of persons on disability pension due to mental disorders in a given area. In our previous study we found that in the Hospital District of Helsinki and Uusimaa (HUS), the costs of secondary psychiatric care correlated with the socioeconomic indicators of need and the MHI. In the Hospital District of Southwest Finland (VSSHP), the MHI is higher (worse) than in the HUS region. However, according to epidemiological studies, the psychiatric morbidity is not higher.

Objectives
The objective of the study was 1) to investigate whether the higher MHI in the VSSHP area is explained by sociodemographic indicators (unemployment, average income, level of education, single households, use of alcohol) 2) to compare the costs and use of secondary psychiatric services of the municipalities in the hospital districts, and 3) to study whether there are differences in the organization structure, resource allocation and educational level of the mental health and addiction service personnel between the two hospital districts that could explain the difference in the MHI.

Methods
In the Finnish branch of the REesearch on FINancing systems' Effects on the quality of MENTal health care (FIN-REFINEMENT) project, mental health and addiction services for adults (18+) were classified by using the European Service Mapping Schedule – Revised (ESMS-R) service mapping tool. The mapping was done in 2012 for HUS and in 2013 for VSSHP district. Sociodemographic indicators were collected from the Finnish Statistics and Indicator Bank.

Results
The difference in the MHI between HUS and VSSHP area was not explained by sociodemographic indicators. In the VSSHP area, the structure of mental health organization was more primary care-oriented, and there was more, but less educated personnel in the services. The use of psychiatric hospital in-patient care and costs of secondary psychiatric care were lower in the VSSHP area and the association between MHI and costs was weaker than in HUS area. As the total amount of personnel was higher in VSSHP, it indicates that the total costs of the service system are higher than in HUS.

Conclusions
The results indicate that unmet needs for secondary psychiatric services, lower educational level of the personnel and decentralization of organization may lead to worse outcome with higher overall costs.
Barriers and Success Factors in Clinical Pathways: Transition Process between Psychiatric Inpatient Care and Community Care.

Sather Eva Walderhaug, MHSc RN, Department of Neuroscience, Norwegian University of Science and Technology, Trondheim, 
Svindseth, Marit F. Associate Professor MHSc RN, Norwegian University of Science and Technology, Faculty of Medicine, Aalesund, Norway 
Sorthe Ingunn, RN, Møre and Romsdal Hospital Trust, Department of Psychiatry, Aalesund, Norway 
Hagfonn Gretha, RN, Møre and Romsdal Hospital Trust, Department of Psychiatry, Aalesund, Norway 
Iversen Valentina C., Professor, Department of Neuroscience, Norwegian University of Science and Technology, Trondheim, St Olavs University Hospital, Østmarka Psychiatric, Trondheim, Norway

Background
Mental health services have patients with different needs and different (path) ways through the health services. There is no standard solution to fit everyone because every person has individual needs. However, many persons with mental problems will have need of services from different levels at the same time. This study examines scope and limitations of clinical pathways to monitor patient-care management of a selected patient group during a specified time period. There is a growing interest in extending care pathways to primary care and psychiatric services. However, evidence is sparse about the relationship between care pathways and coordination of service delivery. Some published research addresses pathways of care in psychiatry but hardly any studies have been carried out on clinical pathways between services. A recent study explored the change before and after implementation of clinical pathways in patients with schizophrenia. Surprisingly they found that patients reported less treatment satisfaction after the implementation of care pathways compared with before implementation. They offered no explanation for their findings.

Objectives
a) Identify factors that may obstruct the intended clinical plan as devised by psychiatric hospital centres for implementation by community services and
b) Identify strategies which support effective delivery of quality care.

Methods
A qualitative design incorporating a descriptive approach was chosen. Seven focus groups with a total of 18 informants were convened. Data was analysed to identify condensed meaningful units, categories (sub-themes) and themes.

Results
Three main themes emerged; Coordination, Clinical Care and Ethics. Main barriers were communication errors, lack of treatment compliance due to disagreement on treatment, and lack of competence. Main success factors were adequate direct communication and proper documentation systems between health personnel, patient participation in future plans, and working hours of ambulant teams.

Conclusions
This study suggests that clinical pathways are useful for securing key objectives in the interface between hospital and community based psychiatric care. Improved information sharing in/between all care systems is imperative in order to strengthen patients’ participation in decision-making, ownership of the care plan and improve compliance.
Religion, Psychiatry and Mental Health – at the limits of Modernity

Saville-Smith Richard, Graduate Student, University of Edinburgh, United Kingdom

Background
Bibliographical analysis reveals the historical correlation of the terms ‘mental health’, ‘mental illness’ and ‘psychiatry’. In turn it can be readily shown that psychiatry, in all its Freudian [DSM-III] and Kraepelinian [DSMIV-5] convolutions is exquisitely entangled in the epistemology of Modernity, including its rejection of Religion. The UK Schizophrenia Commission’s 2012 assertion that “until the 19th century…madness lay largely in the realm of religion” leaves Religion like a spandrel languishing in the humanities but absent from psychiatry. In Western Europe, Christianity may have been subdued, neutralised or privatised, but not in the USA or non-Western cultures where religion remains prevalent, for example, in the Islamic world. The continuing prevalence of religion provides the grounds for a critical analysis of the philosophical certainties of Modernity. If ‘secularisation theory’ is now considered implausible then the shiny Modern World is a tarnished promise, an illusion.

Objectives
How should the discipline which specialises in ‘mind healing’ address its entanglement with Modernity in a world where Religion thrives?

Methods
Historical and Philosophical analysis applied to recent Psychiatric research into Religion.

Results
This is a fast growing field as the recent publication of three meta-analyses demonstrates. However this research reveals significant problems of intention, presuppositions and method including:
• Excessive focus on instrumentality (protection, risk, adherence) which appropriates religion as a form of ‘crowd control’.
• A lack of citations from other disciplines with expertise in religion, evidencing a striking academic insularity.
• A fixation with continuing traditional quantitative research methods without considering whether these are appropriate in a field like Religion. These issues will be individually addressed but taken together they reveal the predominantly unreconstructed commitment to Modernity by Psychiatric researchers into Religion.

Conclusions
If Psychiatrists wish to engage with Religion/Religions they must do so in ways which are sensitive to the limitations of their own discipline. If an Imam says that God is involved in every detail of life and their patient agrees, then the Psychiatrist, with their toolbox of atheist solutions, may have to think outside that box.
**Misunderstood and misrepresented? Leadership of service users in mental health organisations**

Scholz Brett, Dr, University of Canberra and ACT Health, Australia  
Stewart Stephanie J., Ms, J. University of Canberra, Australia  
Bocking Julia, Ms, University of Canberra and ACT Health, Australia  
Happell Brenda, Professor, University of Canberra and ACT Health, Australia

**Background**
Involvement of service users has been increasingly important in decision-making processes of mental health services. However, service users have criticised organisations for (i) restricting involvement to trivial decisions, (ii) choosing users unlikely to challenge the status quo, and (iii) applying inconsistent practices to training and pay. Little is known about how individuals working in mental health organisations understand service user leaders as stakeholders in service delivery.

**Objectives**
Driven by stakeholder theory, this study critically appraises understandings of service users’ meaningful engagement in leadership of mental health services. To achieve this aim, our objectives are to:
1. Collect perspectives of individuals working in mental health services in regards to service user leadership
2. Classify service user leadership activities into meaningful and tokenistic types of responsibility
3. Analyse what particular activities mean for leadership roles that service users hold in mental health services

**Methods**
Through an exploratory design, we investigate perspectives of 12 participants working in public and community mental health organisations within the Australian Capital Territory. The interviews are transcribed and coded following a thematic analytic framework. Themes are analysed using principles of discursive psychology, as this framework allows exploration of ways that participants construct, challenge, or reproduce issues of power, stigma, and identity.

**Results**
Participants highlight issues in service user leadership via three key themes, each with implications for organisational practice. First, participants suggest there is no established way for service user leadership to operate across the sector. Second, roles of service user leaders across organisations are not well understood by individuals within organisations. Taken together, these themes suggest a need for greater awareness of the roles that service users have, and the importance these roles hold in recognition of service users as valued stakeholders. Last, participants privilege service user leaders seen as ‘representative’ of other service users more broadly, reproducing discourses that marginalise service user activists working to bring about change in the sector.

**Conclusions**
For service user leaders to meaningfully take part in decision-making within mental health organisations, there is a need for better guidelines for practice, including the outlining of roles, and challenging of the view that service user leaders need to be representative.
Background
Screening questionnaires for mental health are useful tools for research and clinical practice. These instruments could play a major role in detecting cases in nonclinical setting.

Objectives
To identify mental health problems and overall emotional functioning among student samples as indicators for evaluation of needs for mental health services.

Methods
It is cross-sectional quantitative study. Students (N=295; Mage=20.74; SD=2.711) from Prishtina (Kosovo), Tirana (Albania) and Tetovo (Macedonia) were included in this study. All participants were asked to complete the Albanian translation of Mental Health Inventory (MHI-38; Veit & Ware, 1983). Data processing was done with SPSS 21.0 and Microsoft Excel 2007.

Results
The majority of cases exhibited medium level of mental health index (66.5 %), high level (26.7 %) and low level (6.8%). Regarding anxiety the majority of cases exhibited medium level (46.7 %), high level 8.7 % and low level (44.6 %). Regarding depression the majority of cases exhibited medium level (45.2 %), high level only (9.9 %) and low level (44.9 %). A significant gender difference is found whereas females show greater distress, anxiety and depression than males. A significant difference between samples is found whereas Albania sample show greater distress, anxiety and depression than Kosovo and Macedonia samples.

Conclusions
The results revealed that a majority of students scored in the medium range on the mental health index. Similarly, on the individual positive and negative dimensions of MHI, majority of participants mostly scored in the medium range. Despite this needs for mental health services are greater in developing countries.
A three-stage training process for caregivers to become a peer specialist

Silèn Riitta, Peer specialist, caregiver, Mielenterveysomaiset Pirkanmaa - FinFami ry, Finland
Silja Lampinen Silja, Local responsible, Mielenterveysomaiset Pirkanmaa - FinFami ry, Finland

Background
The Family Association Promoting Mental Health in Tampere, Finland, is an association that provides support for carers and relatives of mental health patients. Taking part in the newly implemented, three-step process training to become a certified peer specialist has helped my own process in coming to terms with my life story as caregiver to my five children and my husband. As one recent method in reaching their goal to help and promote the status of the caregivers or families where one or more members have mental health issues, FinFami offers caregivers courses and training opportunities to qualify as certified peer specialists. In FinFami we have developed a three-stage process through which a future peer specialist is given the opportunity to process and come to terms with his or her own life story and how the illness has affected the family members.

Objectives
It is vital that the caregiver is integrated in the processes around the mentally ill. The family members are needed in assessing the mental state of the one suffering from disorders. FinFami and their certified peer specialists offer their personal experience, their stories, as a basis for discussion, decision making and the training of future professionals in the field of psychiatry. But they should equally be acknowledged as separate entities and offered help and support as well. The narrative focuses on the caregiver rather than on the mental illness of the family member.

Methods
Certified peer specialists are volunteers. They can work within FinFami local offices as group leaders or assist in crisis meetings with the patients’ families; they can give public speeches and share their experiences in media or work in psychiatric care committees, planning committees etc.

Results
Awareness of the ways in which mental illnesses affect the families is brought to daylight. There is a need to abolish unnecessary shame, guilt and stigma around mental illnesses and this is why many of the peer specialists step up and tell their story.

Conclusions
When we derive from the personal experience of the families and combine it with professional care, we find new tools for the ongoing process of (re)defining the best possible way to help the mentally ill and their families in dealing with the illness and hopefully lead a full life with - and despite - the challenges that the illness brings into their lives.
Empowering parents to nourish their adolescent who suffers from Anorexia Nervosa

Tenhovirta Katja, MNSc, Nursing Manager, Helsinki University Hospital, Eating Dis Unit, Finland
Ryöppönen Anita RN, MNSc, Eating Disorders Unit, Helsinki University Hospital, Finland

Background
The National Institute for Health and Excellence (NICE) Guidelines and Current Care Guidelines for Eating Disorders in Finland (2014) indicates that Family Based Treatment (FBT) is the most effective treatment for adolescents with Anorexia Nervosa.

Objectives
To describe the experience of using FBT model in the Eating Disorders Unit at Helsinki University Hospital.

Methods
The FBT model was initially developed at Maudsley Hospital in London, Great Britain. FBT emphasizes that family factors do not lead to Anorexia Nervosa (AN), but that families become reorganised around AN. By Using the FBT manual in outpatient treatment, we work in three phases. 1) Engagement and development of the therapeutic relationship and absolving the parents from responsibility of causing the disorder. Families are encouraged to work out for themselves how best to help restore the adolescent’s weight. 2) Parents are helped to refer eating and weight control back to the adolescent, in an age-appropriate manner. 3) Focus is on establishing a healthy parent-child relationship. This treatment lasts about a year and consists about 22 sessions and includes eating with the family. Each session lasts from 60 to 90 minutes.

Results
Our experience is based on working with twenty families during the years 2014 – 2016. By using FBT, parents were able to partake early on in the care of their child. In the beginning it is crucial to develop a therapeutic alliance with parents and between parents. The meaning of this is to empower the parents to align the identified patient back to the sibling subsystem. Together we worked a way out to find parents resourcefulness in helping their child in weight restoring. Parents got more strength and became less frightened to fight against eating disorder symptoms and they became able to act more decisively. Empowered parents became able to brake families’ re-organization around eating disorder symptoms, and family was able to get back on track again.

Conclusions
FBT has proven useful in the Eating Disorder Unit at the Helsinki University Hospital and we will continue to work using Family Based Treatment model and to train therapists to use the model.
Co-design: Developing participatory mental health care with service users!

Terp Malene, PhD student, MScN, RN, Aalborg University Hospital – Psychiatry, Denmark
Krogh Camilla, MSc in industrial design, consultant, service user, Aalborg University Hospital – Psychiatry, Denmark

Background
Involving mental health service users as co-designers of participatory mental health care has received growing attention over the past years. The attention is grounded in research claiming that service user involvement promotes user satisfaction, and might lead to more sustainable results. Co-design, which is development with and not for users, however, is not common practice, especially not in ‘hard to engage populations’ such as people with schizophrenia. Research has argued that participatory design (PD) can be used to establish engagement and participation in co-design. Its potential in young adults with schizophrenia, however, is yet to be described.

Objectives
The objective of the study was to explore if and how PD thinking and tools can construct a fertile physical and relational environment supporting and inspiring young adults with schizophrenia to participate as co-designers of participatory mental health care.

Methods
From May 2013 to January 2014 we conducted 10 co-design workshops (WS) where young adults with schizophrenia (N=4), healthcare providers (N=7), software designers (N=3), graphic designer (N=1), graphic recorder (N=1) and team leader (N=1) co-designed the smartphone app MindFrame (please see our webpage www.mindframe-app.dk). Different design artefacts were used to immerse participants and activities were facilitated to stimulate dialogue and interaction. Using a hermeneutical approach we explored how the physical and relational environment was constructed, maintained and which elements were accommodated. The analysis was based on a variety of written data sources, including WS invitation, WS preparation descriptions, and WS notes, SMS, emails, user reflection and a group interview.

Results
Guided by Etienne Wenger’s construct of Community of Practice, three major categories of characteristics and construction of the physical and relational environment supporting and inspiring participation and engagement were identified: (i) a pre-narrative about a community of practice, (ii) the room for design is a community of practice and (iii) the community of practice as a practice of special qualities.

Conclusions
The study demonstrates that PD is a feasible and acceptable approach to establish co-design of a more participatory mental health practice with young adults with schizophrenia. To conclude, PD thinking and tools can support and inspire participation and engagement in young adults with schizophrenia, given that the environment in which co-design unfolds is transparent, flexible, secure and informal.
Informal caregiver experiences of nursing care received by their family member who is hospitalized due to a manic episode

Testerink Annelies, RN, GGnet, Netherlands
Goosens Peter J.J. RN, MANP, PhD, FEANS, Dimence, Netherlands
Poslawsky I.E. RN, PhD University Utrecht, Netherlands

Background
Bipolar disorder is a major mental illness with a lifetime prevalence of 1.3% in the Netherlands. Bipolar disorder type I includes manic and depressed episodes. In the case of an acute manic episode, patients often need hospitalization on a closed psychiatric ward due to a poor illness perception and problematic behavior. Because of this behavior, substantial relational problems occur between informal caregiver and patient, ensuring exhaustion of the informal caregiver. During hospitalization, patients will receive treatment from a multidisciplinary team, including nursing care. Nursing care consists of limit setting, the motivation of taking medication, structuring of day-night rhythm, and supportive communication. There is a need to understand informal caregivers' perceptions of nursing care which their family members received during hospitalization. With this knowledge, nurses can provide tailored care and meet the needs of informal caregivers.

Objectives
The aim of the study is to gain insight into the experiences of informal caregivers regarding the nursing care which their family members received during their hospitalization due to a manic episode in a closed psychiatric ward in the Netherlands.

Methods
A qualitative design with aspects of phenomenological research was used. Data were collected through open in-depth interviews. Ten informal caregivers participated in this study. The analysis had been conducted by the Stevick-Colaizzi-Keen method. Which consist of, bracketing by conducting a reflective journal, coding statements from all interviews, creating meaning units to seek for the common experiences of informal caregivers, describing the experiences of informal caregivers.

Results and conclusions
At this moment, we have collected all data and are in the middle of analyzing these. We will present the results and conclusions at the ECMH conference in Prague.
Organizing evaluations of psychiatric patients

Thomson Annika, MD, Psychiatry, Kellokoski Hospital, University of Helsinki and Helsinki University Hospital, Finland
Puro, Sanna, RN, Nurse Manager, Psychiatry, Kellokoski Hospital, University of Helsinki and Helsinki University Hospital, Finland

Background
At the beginning of the 2000´s, a special training program for nurses was launched in the hospital district of Hyvinkää. Firstly, there was a lack of psychiatrists and secondly, in order to have psychiatrists seeing more patients, the distribution of work was rearranged between psychiatrists and psychiatric nurses. Recent organizational changes in psychiatry have also led to a need for improving treatment processes and making cooperation smoother between different service providers within the district.

Objectives
In this presentation we describe one way of improving the equality of treatment and diagnostics for patients regardless of their place of residence within our district. We describe the use of psychiatric nurses for this purpose irrespective of their regular work units and we illustrate the collaboration between nurses and psychiatrists for measuring symptoms and doing diagnostics.

Methods
A virtual evaluation unit consisting of specially trained psychiatric nurses was formed in February 2016 to produce services for the whole district. The planning of the unit began in August 2015. There were 19 nurses collected from eight units within the psychiatric services. They continued with their ordinary job and additionally, they joined the virtual unit. During the planning phase, the nurses participated in schooling, consisting of lectures and practical demonstrations. A common digital waiting list was formed where all psychiatric units of the district could put requests for investigations.

Results
So far the virtual unit has performed 152 evaluation visits, consisting of structured diagnostic interviews and different evaluations of symptoms. The amount of evaluation visits for each patient varied between one and three. Fifteen evaluation visits were made to another unit than in which the nurse regularly worked. A third of the nurses had done evaluations outside their own unit.

Conclusions
According to our experiences, it is possible to achieve a greater equality of evaluations among patients without shifts within the organization. The nurses continued with their ordinary work, but were able to perform evaluations on an as needed basis for other units. Units without specially trained nurses can ask for their services through the common digital waiting list and thus, the availability of evaluation services has substantially improved. The content of evaluations has been standardized. Further follow-up of the effect of the virtual evaluation unit is planned.
Personal Safety Planning’ in Assertive Outreach risk assessment

Wagstaff Chris, DR, University of Birmingham, United Kingdom
Salkeld Richard, Nurse Manager, Birmingham Solihull Mental Health Foundation Trust, United Kingdom
Meaden Alan, DR, Consultant Psychologist, Birmingham Solihull Mental Health Foundation Trust, United Kingdom

Background
Supported by research evidence and clinical experience there are problems with the structure of ‘Risk Assessments and management plans’ within Assertive Outreach at present.

Objectives
There was a need to adapt the risk assessment in order to encourage the focus back to the service user. In order to do this not only was there a need to change the tools used by staff but the staff culture too. There was a need to address the undue emphasis on the static historical factors and focus the emphasis of the risk assessment on the presenting and stable dynamic risk factors. Also it was important to incorporate the views of service users who are too unwell and too ‘uninsightful’ to participate in traditional risk assessments.

Methods
With reference to international literature and in collaboration with service users, advocates and clinicians risk assessments within an Assertive Outreach team were developed to reflect ‘recovery values’: ‘Personal Safety Planning’.

Results
Accepting that a change in the manner in which risk assessments are carried out will take time to filter through and have an impact upon the quality of lives of service users. We present a detailed case study of a service user who has been successfully collaboratively worked with using the recovery focussed ‘Personal Safety Planning’.

Conclusions
The adoption of the ‘Personal Safety Planning’ model ensures that service users stay at the centre of the risk assessment; the paperwork is easy for staff to complete which we hope will enable a change in staff culture and return to the original intentions of collaborative care planning. ‘Personal Safety Planning' focuses on current needs, current risks and the current person.
Professional stigma: Challenging self to deliver more sensitively-attuned care

Warne Tony, Professor, University of Salford, United Kingdom
McAndrew Sue, DR, University of Salford, United Kingdom

Background
Globally, stigma appears to be integral to mental illness. While stigma is generally attributed to media interpretations of mental illness and the public response to them, evidence is growing in relation to professional stigma and its negative impact on the care delivered to service users and their carers. Mental health professionals hold a range of attitudes towards people experiencing mental illness, often mirroring those held by the general public, with users of mental health services reporting stigma from those who are deemed to be providing compassionate care. Such stigmatizing attitudes towards service users can lead to self-stigma, the consequences of which can be at best challenging and at worse devastating. As stigma is culturally embedded the change process aimed at reducing professional stigma requires the reconfiguring of past beliefs and meanings before positive change can occur. This paper presents the results of a review of the literature focusing on professional stigma and considers the implications for mental health professionals engaged in practice, education and research.

Objectives
- To examine available literature relating to professional stigma
- To consider what might underlie professional stigma
- To explore the impact of professional stigma on service users and mental health professionals alike
- To identify how professional stigma could be addressed through professional education programmes.

Methods
A systematic approach was used to critically review the literature relating to professional stigma and, in particular its impact on service users’ developing self-stigma. A subsequent analysis of the findings was undertaken.

Results
Four themes emerged from the data. These included: (1) unconscious denial; (2) lying dormant in the rhetorical comfort zone; (3) knowing self to accept other; (4) opening the future to a new way of learning.

Conclusion
Professional stigma can have devastating effects on those for who we provide care. A significant factor in reinforcing stigmatising attitudes in mental health professionals is the prevailing attitudes of those who prepare them for practice. Therefore to address professional stigma educationalist and researchers alike need to consider more innovative approaches in the preparation of future mental health professionals. In considering these issues it is important that the way in which this is achieved is both sensitive and challenging if we are to provide services that are to shift the current culture and be at the forefront of 21st century mental health care.
Understanding Context and Culture when Providing Psychosocial Care to Syrian Refugees: A Participatory Training Approach

Wells Ruth, PhD Student, Sydney University, Australia
Manar Hasan, The Bright Future for Mental Health, Amman, Jordan
Abo-Hilal Mohammed, DR, Syria Bright Future, Gaziantep, Turkey
Hunt Caroline, Prof., Sydney University, Sydney, Australia
Lawsin Catalina, DR, Rush Medical Centre, Chicago, USA

Form of presentation

Background
The ongoing crisis in Syria has led to the displacement of millions, many of whom have experienced potentially traumatic events, and are now forced to face ongoing adversities in the displacement context. Humanitarian organisations have rushed to address the likely mental health consequences of this crisis. However, very little is known about how mental health or illness is understood within Syrian culture, or what kinds of interventions may be considered acceptable or appropriate.

Objectives
Firstly, to determine cultural and contextual factors impacting implementation of mental health care among Syrian refugees in Jordan. Second, to design and implement a training program of a culturally tailored cognitive behaviour therapy (CBT) among local psychologists working with Syrians in Jordan.

Methods
In 2013-14 qualitative interviews were conducted with Syrian and Jordanian psychologists to determine community readiness to address mental health difficulties and grounded theory techniques were used to generate a model for factors impacting uptake of mental health services. Building on these findings, participatory action research was used to engage local psychologists in setting goals for a training program in psychological therapy skills. Training was conducted in Amman, Jordan in 2015. Results: Despite ongoing stigmatising attitudes to mental health difficulties in the Syrian refugee community, attitudes were rapidly changing as a result of the crisis, with many accepting psychosocial support. Factors impacting change included change in social status, lost opportunity and social supports and overwhelming of coping resources and in the context of living in ongoing displacement. These factors were moderated by gender. Given the growing willingness to seek care, a training program to up-skill local psychologists was designed, who requested practical training in basic CBT skills. Specific components of a 3-5 session treatment protocol were linguistically and culturally adapted through participatory approaches during training. Treatment efficacy will now be examined through a waitlist controlled trial.

Conclusions
Given the ongoing nature of the current crisis in Syria, there is a growing need for both culturally adapted psychological treatments and capacity building among local organisations who can provide long-term sustainable care. Training local staff is possible, cost-effective and can build on their cultural competency to promote the use of evidence based interventions.
Crosscultural Mental Health Care: A Systematic Review

Özçetin Üzar, Yeter Sinem, Research Assistant, RN, MSc, PhD Student, Hacettepe University, Turkey

Background
Culture refers to systems of knowledge, concepts, rules, and practices that are learned and transmitted over time. In the world, most individuals and groups are exposed to multiple cultures, which affects identities, experiences and perspectives. Mental illness is a major public health problem in multicultural societies and disparities persist among racial/ethnic minorities in mental health care. The problems with engaging minorities into mental health treatment are multifactorial and occur in different levels.

Objectives
To describe studies on crosscultural mental health care and nursing approaches.

Methods
The study was conducted a systematic review by electronic searches of published literature databases (Cochrane Library, Medline, PsycholInfo) from January 2000 to February 2016. Included studies reported original data on crosscultural mental health care. The exclusion criteria were: studies that did not present original and primary data with clinicians (e.g. theoretical models or literature reviews); did not enroll clinicians; did not occur in mental health settings; only explored statistical associations of race/ethnicity to outcomes without reporting clinicians’ care strategies, repeated findings from an included article with the same dataset and included child or adolescents.

Results
13 studies met inclusion criteria. 10 studies from the US, 1 study from Australia, 1 study from Canada and 1 study from Spain. All studies that met inclusion criteria were retrieved electronically and were published between 2008-2015. Of the 7 studies were qualitative and 6 of (2 focus group and 4 in-depth interview) them were quantitative (3 RCT, 1 telephone interview, 1 observational study and 1 pre-post test design). Of the 9 studies focused on effective strategies in mental health care for people form different cultural background and 4 of them focused on cultural effects on mental health care. The most common finding was that mental health disparities had negative effects on mental health and service using.

Conclusions
Awareness and engagement have greater importance to reduce mental health disparities among cultures. Although there are studies on crosscultural mental health and care, it is surprising that there is very limited literature about crosscultural mental health nursing. Thus, this systematic review can be a light of new researches in crosscultural mental health nursing to fill the gap in the literature.
POSTER PRESENTATIONS

1. **Mental healthcare internship experiences of nursing students**
   Tammentie-Sarén Tarja, PhD, Director of Nursing, Pirkanmaa Hospital District, Finland
   Salhoja Anu, Clinical Training Coordinator, Pirkanmaa Hospital District

2. **I just want to be healthy: consumers of mental health services perceptions of accessing physical health care**
   Happell Brenda, Professor, Synergy: Nursing and Midwifery Research Centre, University of Canberra and ACT Health, Australia
   Stephanie B, Synergy: Nursing and Midwifery Research Centre, University of Canberra and ACT Health

3. **Embracing Self-Expression, Individuality and Uniqueness as Positive, Healing and Healthy Ways of Living**
   Lewis Craig, Better Days Recovery Executive Director and Founder, Better Days Recovery, United States
   Craig Sherry, Better Days Recovery Representative for Canada, United States, United Kingdom, Ireland, Scandinavia, Finland, Baltic States, Director of Global Recovery Transformation - Better Days Recovery, Toronto, Ontario, Canada

4. **The treatment of a patient with eating disorder the university hospital**
   Manner Pekka, RN, PSHP, Pitkäniemi, APS9, Finland
   Sinikka Rytkönen, PSHP, TtM, ward manager
   Teijo Hytönen, PSHP, nurse

5. **Community attitudes towards the mentally ill in a sample of Lithuanian psychology and social work students**
   Markšaitytė, Rasa, Dr, Vytautas Magnus University, Lithuania
   Aistė Pranckevičienė, Dr, Vytautas Magnus University, Lithuanian University of Health Sciences, Lithuania
   Kristina Žardeckaitė-Matulaitienė, Dr, Vytautas Magnus University, Lithuania
   Auksė Endriulaitienė, prof, Dr, Vytautas Magnus University, Lithuania
   Douglas R. Tillman, PhD, University of Nebraska at Kearney, USA
   David D. Hof, Ed.D., University of Nebraska at Kearney, USA

6. **The Spiral - ICF-based board game. Practical tool heading to help health care professionals working with psychiatric and neuropsychiatric clients**
   Niittymäki Kirsi, Rehabilitation counselor, Rehabilitation foundation, Finland
   Stenberg Johanna, psychologist, Rehabilitation foundation
   Saarinen, Mari, neuropsychologist, The Mannerheim League for Child Welfare
   Poutiainen, Erja, PhD, Rehabilitation foundation

7. **Developing the treatment of psychiatric patients in a primary care ward in Lempäälä, Finland**
   Rajakangas Jaana, Dr, Tampereen yliopistollinen sairaala, Finland
   Hellsten Taina, Dr, Lempäälän terveyskeskus
   Salonen Minna, Nurse Manager, Lempäälän psykiatrain yksikkö
8. The Quiet Room
Ahopelto Anniina, RN, Pirkanmaa hospital district, TAYS, Finland
Aromaa Pasi, RN, Pirkanmaa hospital district
Näsi Eveliina, RN, Pirkanmaa hospital district
Nummi Suvi, Practical Nurse, Pirkanmaa hospital district

9. Social and psychological online counselling in Estonia
Sepp Alar, MD, MA, Tallinn Health Care College, Estonia
Kimsen Katarina, student of occupational therapy, Tallinn Health Care College

10. The relationship between self-stigma of seeking help and stigmatizing attitudes towards mental illness of psychology and social work students
Markšaitytė Rasa, Dr, Vytautas Magnus University, Lithuania
Aistė Pranckevičienė, Dr, Vytautas Magnus University, Lithuanian University of Health Sciences, Lithuania
Kristina Zardeckaitė-Matulaitienė, Dr, Vytautas Magnus University, Lithuania
Aukšte Endriulaitienė, prof, Dr, Vytautas Magnus University, Lithuania
David R. Tillman, PhD, University of Nebraska at Kearney, USA
David D. Hof, Ed.D., University of Nebraska at Kearney, USA

11. Mental Health Condition and Psychological Well-being of Older People: An Enhancement of Community-Based Mental Health Program
Espinosa, Perry Paul, PhD, RN, Philippines

12. Multifamily group on a psychiatric rehabilitation ward – Helsinki University Hospital model
Kabanen Regiina, RMH, Helsinki-University Hospital (HUH), Department of Psychiatry, Jorvi Hospital
Psychiatric Rehabilitation Ward, Espoo, Finland
Oivo Sanna, RMN, Helsinki-University Hospital (HUH), Department of Psychiatry, Jorvi Hospital
Psychiatric Rehabilitation Ward, Espoo, Finland
Skogström Pia, RMN, Helsinki-University Hospital (HUH), Department of Psychiatry, Jorvi Hospital
Psychiatric Rehabilitation Ward, Espoo, Finland

13. Staffs experiences with offence and violation in the mental health setting
Husum Lossius Tonje, PhD, Centre for Medical Ethics, University of Oslo, Norge
Olaf Aasland, Centre for Medical Ethics, University of Oslo

14. Parental refugee and torture experience – supporting parenting and child development by using the stepped Let’s Talk about Children – intervention
Vuokila-Oikkonen Päivi, PhD, RN, professional working life counsellor, reteaming coach, Diaconia University of Applied Sciences, Finland
Mika Niemelä, PhD, National Institute of Health and Welfare
Tytti Solantaus, PhD, Professor, The Finnish Association for Mental Health,
Olli Snellman, Senior Adviser The Finnish Immigration service &
Kristian Wahlbeck, Director of Development, The Finnish Association for Mental Health

15. Introducing Safewards model in the Pitkäniemi hospital psychiatric units
Tammentie-Sarén Tarja, PhD, Director of Nursing, Pirkanmaa Hospital District, Finland
Virta Janne, Master of Health Care, master’s Degree Programme in Clinical Nursing Expertise, Pirkanmaa Hospital District
Vehmas Noora, MNSc, Clinical Expertise on Nursing, Pirkanmaa Hospital
Mäkinen Jarna, Master of Health Care, master’s Degree Programme in Health Promotion
16. Out of balance
Krakers-Meinders Bionda, Nurse (in training for specialist), Dimence, Netherlands
Dr. Linda Kronenberg, MANP, Dimence
Dr. B. B. Sizoo

17. The importance of educational groups at acute psychiatric unit 6
Virtanen Keijo, RN, PSHP, TAYS, Finland
Salo Tommi, RN
Ylänen Juha, RN

18. Analysis of the phenomenon of violence in patients treated psychiatrically
Karakiewicz Beata, Professor, Chair and Department of Public Health, Pomeranian Medical University in Szczecin, Poland
Paulina Zabielska, M.Sc., Chair and Department of Public Health, Pomeranian Medical University in Szczecin
Barbara Masna, M.Sc., Centre for People with Special Needs in Szczecin
Marta Giezek, Dr, Municipal Family Welfare Centre in Szczecin
Jacek Ciechowicz, M.Sc., Municipal Family Welfare Centre in Szczecin
Marta Bażydło, M.Sc., Chair and Department of Public Health, Pomeranian Medical University in Szczecin
Joanna Tomczak, M.Sc., Municipal Family Welfare Centre in Szczecin
Monika Paszkiewicz, M.Sc., Chair and Department of Public Health, Pomeranian Medical University in Szczecin
Krzysztof Safranow, Department of Biochemistry and Medical Chemistry, Pomeranian Medical University in Szczecin

19. Characteristics of perpetrators of violence living in Northwestern Poland in 2012-2013
Zabielska Paulina, M.Sc., Chair and Department of Public Health, Pomeranian Medical University in Szczecin, Poland
Beata Karakiewicz, Professor, Chair and Department of Public Health, Pomeranian Medical University in Szczecin
Marta Giezek, Dr, Municipal Family Welfare Centre in Szczecin
Barbara Masna, M.Sc., Centre for People with Special Needs in Szczecin
Jacek Ciechowicz, M.Sc., Municipal Family Welfare Centre in Szczecin
Marta Bażydło, M.Sc., Chair and Department of Public Health, Pomeranian Medical University in Szczecin
Joanna Tomczak, M.Sc., Municipal Family Welfare Centre in Szczecin
Monika Paszkiewicz, M.Sc., Chair and Department of Public Health, Pomeranian Medical University in Szczecin
Krzysztof Safranow, Department of Biochemistry and Medical Chemistry, Pomeranian Medical University in Szczecin

20. The Importance of functional therapies in a psychiatric hospital
Tammentie-Sarén Tarja, PhD, Director of Nursing, Pirkanmaa Hospital District, Finland
Vehmas Noora, MNSC, Clinical Expertise on Nursing, Pirkanmaa Hospital District
Arvonen Erja, RN, Nurse Manager, Pirkanmaa Hospital District
21. Helping Adolescents As Early as Possible – The Model of Integrative Mental Health Service
Leoni Stella, RN, Master of Health Care, Helsinki University Central Hospital, Adolescent Psychiatry, Finland
Edlund Virve, RN, MNSc-student, Helsinki University Central Hospital, Adolescent Psychiatry
Hintikka Mari, RN, Helsinki University Central Hospital, Adolescent Psychiatry
Koskinen Marjo, RN, Helsinki University Central Hospital, Adolescent Psychiatry
Henriksson Harri, RN, Helsinki University Central Hospital, Adolescent Psychiatry
Koskinen Päivi, RN, Helsinki University Central Hospital, Adolescent Psychiatry
Laukkanen Anniina, RN, Helsinki University Central Hospital, Adolescent Psychiatry
Therman Kirsi, Occupational therapist, Helsinki University Central Hospital, Adolescent Psychiatry
Ala-Nikkola Taina, RN, MHSc, PhD-student, Helsinki University Central Hospital, Adolescent Psychiatry

22. Safewards – more safety and patient focused care in psychiatric wards
Räisä Paula, Deputy nurse manager, RN, MNSc, The Hospital District of Helsinki and Uusimaa, Finland
Takala Sanna, Deputy nurse manager, RN, MNSc student, The Hospital District of Helsinki and Uusimaa
Soininen Päivi, Director of nursing, RN, PhD, The Hospital District of Helsinki and Uusimaa

23. Psychiatric nurses' ethical experiences regarding seclusion and restraint
Korkeila Heikki, RN, MNSc, PhD-student, School of Health Sciences, Nursing Science, University of Tampere, Hospital District of Helsinki and Uusimaa, Kellonkoski Hospital, Finland
Anna-Maija Koivisto, Msc, University Instructor, School of Health Sciences, University of Tampere
Eija Paavilainen, PhD, Professor, School of Health Sciences, Nursing Science, University of Tampere, Etelä-Pohjanmaa Hospital District
Jari Kylmä, PhD, RN, RMHN, RNT, Adjunct Professor, School of Health Sciences, Nursing Science, University of Tampere

24. The relationship between depressive symptoms, hopelessness and self-efficacy in coping in patients with depressive disorders
Kutlu Fatma Yasemin, Associate Professor, Istanbul University, Florence Nightingale Nursing Faculty, Istanbul, Turkey
Müniire Temel, Phd, Instructor, Namik Kemal University, Health College, Nursing Department, Tekirdag, Turkey
Fatma Yasemin Kutlu, Phd, Associate Professor, Istanbul University, Florence Nightingale Nursing Faculty, Mental Health and Psychiatric Nursing Department, Istanbul, Turkey

25. Who Produces and Finances Mental Health Services for Children and Adolescents? – Roles of Health Care and Social Care, FIN-REFINEMENT project
Hedman Johanna, M.Soc.Sc., Doctoral Student, HUS - The Hospital District of Helsinki and Uusimaa, Finland
Marjut Vastamäki, RN; Raija Kontio, RN, PhD; Grigori Joffe, MD, PhD; Taina Ala-Nikkola, RN, MNS; Minna Sadeniemi, MD; Kaisa Riala, MD, PhD; Kristian Wahlbeck, MD, PhD, Prof.

26. Different Resources in Different Sectors - Human Resource Allocation in Mental Health Services for child and adolescent: FIN-REFINEMENT-project
Vastamäki Marjut RN, Master’s Degree in Health Care, HUS, Hospital District of Helsinki and Uusimaa, Finland
Johanna Hedman M.Soc.Sc.; Raija Kontio, RN, PhD; Grigori Joffe, MD, PhD; Taina Ala-Nikkola, RN, MNS; Minna Sadeniemi, MD; Kaisa Riala, MD, PhD; Kristian Wahlbeck, MD, PhD, Prof.
27. Nutrition and associated factors in patients with mental disorders
Kutlu Fatma Yasemin PhD, Associate Professor, Istanbul University, Florence Nightingale Nursing Faculty, Istanbul, Turkey
Leyla Küçük, PhD, Associate Professor, Istanbul University, Florence Nightingale Nursing Faculty, Mental Health and Psychiatric Nursing Department
Hatice Kaya, PhD, Associate Professor, Istanbul University, Florence Nightingale Nursing Faculty, Fundamentals of Nursing Department
Tuba Çömez, Msc, Research Assistant, Istanbul University, Florence Nightingale Nursing Faculty, Mental Health and Psychiatric Nursing Department
Selma Kaçar, Nurse Manager, Istanbul University Cerrahpaşa Medical Faculty, Psychiatry Department
Haluk Zülfikar, Istanbul University, Faculty of Economics

28. Overview to the Terminally Ill and Euthanasia Concepts From Nursing Perspective
Ay Melike Ayça, PhD Candidate, Hacettepe University, Ankara, Turkey
Prof. Dr. Fatma Oz

29. Implementing the Safewards model to the psycho-geriatric ward PSG1
Korpi Tea, RN, PSHP, Tampere University Hospital, Pitkäniemi, Finland
Aunola Panu, RN, Tampere University Hospital, Pitkäniemi
Fagerstöm Mika, PMN, Tampere University Hospital, Pitkäniemi

30. Developing the Consultation Model for Psychiatric Consultation Liaison Nurse
Kristola Hanna, RN, Helsinki University Hospital, Acute and Consultation Psychiatry, Hospital District of Helsinki and Uusimaa, Finland
Kantinkoski Camilla, RN
Kytömäki Jere, RN
Tikka Erja, RN, Nurse manager
Lindqvist Pekka, RN, Nurse manager
Kostamo Päivi, RN, Nurse manager, MNSc
Rajala Tuula, RN, MNSc, Nursing Director

31. Getting it together – A life management and psychoeducation course for inpatients with psychotic disorders
Putkonen Taava, RN, City of Helsinki, Aurora Hospital, Finland
Salla Kataja, MHN
Heli Manninen, RN, MNSc
Jaana Suhonen, RN, MNSc
Juha Räsänén, MHN
Tiina Liiri, MA, Psych
Ellinoora Pekkanen, OT

32. Developing a Blended Learning-based System to Nurture Nurses with Psychoeducation Skills - Trial Use of an Original e-Learning System
Matsuda Mitsunobu, RN, PhD, Osaka City University Graduate School of Nursing, Japan
Ayumi Kohno, RN, PhD, Osaka City University Graduate School of Nursing

33. The process of the therapeutic development recreation programs to enhance the motivation of long-term schizophrenic inpatients to interact with others
Kohno Ayumi, PhD, RN, Associate Professor, Psychiatric and Mental Health Nursing, Graduate School of Nursing, Osaka City University, Japan
Matsuda Mitsunobu, PhD, Prof, RN, Psychiatric and Mental Health Nursing, Graduate School of Nursing, Osaka City University, Japan
34. **Group Intervention for Young Adults Suffering from Early-Onset Psychosis and Substance Abuse – A development project between the Psychiatric Unit for Substance Abuse, and the Early-Onset Psychosis Clinic at Helsinki University Hospital in Finland.**
   Keinonen Maria, RN, Helsinki University Hospital, Finland
   Tiina Pyökeri, RN, Early-Onset Psychosis Clinic at Helsinki University Hospital

35. **Graphic facilitation: An approach to move beyond tokenistic service user involvement**
   Krogh Camilla, MSc in Industrial design, consultant, service user, Aalborg University hospital - Psychiatry Country, Denmark
   Terp Malene, PhD student, MScN, RN, Aalborg University Hospital – Psychiatry, Denmark

36. **Empowerment Coaching**
   Kapanen Heini, Dr, Work and Training Coach Manager, Lic. Pol. Sci, Master of Education, Finnish Central Association for Mental Health, Finland
   Rissanen Päivi, Researcher

37. **The content of good and effective geropsychiatric care**
   Loijas Jyrki R.N. MPol.Sc. Nursing Manager, HUS, Finland
   Ekegren Camilla, R.N. MNSc. PhD-student, Nursing Director
   Karvinen Merja, R.N. Nursing Manager
   Kinnunen Asko, R.N. MHS.Sc. Nursing Manager
   Lassus Nina, R.N. Nursing Manager
   Hospital District of Helsinki and Uusimaa, Department of Psychiatry, Finland

38. **Barriers and facilitators to effective mental health rehabilitation in England - A qualitative evaluation**
   Green Nicholas, Research nurse manager, Camden & Islington NHS Foundation Trust, United Kingdom
   Professor Helen Killaspy (UCL)
   Professor Michael King (UCL)
   Professor Gerry Leavey (Ulster University)
   Ms. Isobel Harrison (UCL)
   Ms. Melanie Lean (UCL)

39. **Research clubs as a method of implementing evidence-based nursing practice - a questionnaire for nurses’ experiences in research clubs**
   Turunen Jani, RN, Helsinki University Hospital, Finland
   Johanna Tiusanen, RN, MNSc., Helsinki University Hospital
   Riitta Askola, RN, MNSC, Helsinki University Hospital

40. **The results and feedback of the implementation process of the Safewards model**
   Askola Riitta, RN, MNSc, Helsinki University Hospital, Finland
   Turunen Jani, RN, Helsinki University Hospital
   Tiusanen Johanna, RN, MNSc, Helsinki University Hospital

41. **Making mental health patients partners in their own care: an award-winning project**
   Bergh-Hansen Karin, Nurse Manager, Aalborg University hospital – Psychiatry, Clinic North, Denmark
   Kathe Kjær Lyng, Deputy Head, RN, Aalborg University hospital – Psychiatry, Clinic North

42. **Sleep quality and self-care ability in elderly people: nursing home sampling**
   Unsal Barlas Gul, PhD, Marmara University, Faculty of Health Science, Nursing Department, Psychiatry Nursing, Turkey
43. Related discussions between methadone dose, BMI, and seasons regarding to heroin addicts under methadone maintenance treatment
Huang Chun-Wei, DR, m.p.h., Dept. of Psychiatry, Lo-Hsu Foundation, Inc., Lotung Poh-Ai Hospital, Taiwan

44. Three of a kind
van Lagen Lieneke, Verpleegkundig specialist i.o., Dimence, Netherlands
Mw. M. van der Kull, Dimence
Mw. Dr. N. Weisscher, Dimence

45. Group meetings in a ward for neuropsychiatric and geriatric psychiatry disorders
Töhönen Tiina, Nurse Manager, Pirkanmaa Hospital District, Finland
Tiina Kauhaniemi, Pirkanmaa Hospital District
Terhi Peltonen, Pirkanmaa Hospital District
Riikka Sulley, Pirkanmaa Hospital District
Kirsti Suontaka-Jamalainen, Pirkanmaa Hospital District

46. Implementation of the Know each other - folder
Väyrynen Marika, Mental health nurse, Pirkanmaa Hospital District, Finland
Satu Rantanen, psychiatric nurse, Pirkanmaa Hospital District
Jere Mäkelä, psychiatric nurse, Pirkanmaa Hospital District
Hannu Löf, psychiatric nurse, Pirkanmaa Hospital District
Matti Kivelä, psychiatric nurse, Pirkanmaa Hospital District
Marika Väyrynen, mental health nurse, Pirkanmaa Hospital District

47. 'Is it according to expectations?'
Dammers Miranda, in training towards the masters degree, Nurse Specialist in Mental Health, Dimencegroep, The Netherlands
M. van Norel, in training towards the masters degree 'Nurse Specialist in Mental Health'. A.W.M.M. Anja Stevens, psychiater, Centrum Bipolaire Stoornissen, Dimence

48. Embedding Clinical Supervision across a mental health care organisation: lessons learnt from a whole systems quality improvement initiative
Gamble Catherine, Head of Nursing, Consultant Nurse, South West London and St Georges MH NHS Trust, UK
Professor Sally Hardy, PhD, RGN, RMN, London South Bank University

49. Relationship between Internet Addiction and Social Anxiety in Nursing Students
Atmaca Gümrah Duygu Research Assistant, Sakarya University School of Health, Turkey
Assistant Professor, Gülgün Durat, Sakarya University School Of Health
Psychiatric Nurse, Gülnur Gözel, Derince Training And Research Hospital

50. Because I Can! - The Young Adult Management Model
Malmi Piia, Master of Health Care Physiotherapy, Hospital District of Helsinki and Uusimaa, Finland
Tuominen Hanna, Occupational therapist, Hospital District of Helsinki and Uusimaa
Saloheimo Hannu, MD, Psychiatrist, Hospital District of Helsinki and Uusimaa, Finland
Leppänen Marja Leena, RN, Director of Nursing, Hospital District of Helsinki and Uusimaa, Finland
Nikanne, Jyrki, MA, Psychologist, Hospital District of Helsinki and Uusimaa, Finland
51. Social determinants of the suicidal thoughts and intentions among Lithuanian residents.
Stanislavoviene Jelena Dr, 1 Vilnius University, 2 State mental health centre, Lithuania
Skarolskyte Kotryna (Vilnius University)
Sajeviciene Jurgita (State mental health center)

52. Implementation of Dialectic behaviour skills group in a Finnish state mental hospital
Saarikoski Nanika, M.Sc., Vanhan Vaasan sairaala, Finland
Savela Juha-Matti, M.Sc., Vanhan Vaasan sairaala
Gammelgård Monica, PhD, Vanhan Vaasan sairaala

53. Examination of impulsiveness and aggression in substance abuse
Koksal Berrak, HM Erenköy Mental Health and Neurology Training and Research Hospital, Istanbul, Turkey
PhD. Semra Karaca, Marmara University Faculty of Health Science Nursing Department, Psychiatric Nursing, Istanbul
Prof. Dr. Md. Serhat Çıtak, Medeniyet University Faculty of Medicine Psychiatry Department

54. Expert by Experience -activity model in Central Finland
Korpela Jani, RN, Head Nurse, Central Finland Health Care District, Finland
Peränen Nina (MSc, Head Nurse, Central Finland Health Care District)
Grahn Kristina (MSc, Project Manager, Central Finland Health Care District)
Lumiaho Liisa (Physiotherapist, Sports Coordinator, Central Finland Health Care District)
Nykänen Eeva (MSc, Registered Dietician, Central Finland Health Care District)
Luomansivu Mika (Expert by Experience, Central Finland Health Care District)
Ilves Anu (Expert by Experience, Central Finland Health Care District)
Kasila Kirsti (PhD, Lecturer of Health Education, University of Jyväskylä)
Kettunen Tarja (Professor of Health Promotion, University of Jyväskylä and Central Finland Health Care District)

55. Qualitative Memory Service Evaluation: Post Diagnostic Support
Higgins Shanlee, Nurse, RMN, Camden and Islington NHS Foundation Trust, England

56. Validation and implementation of the Individual Recovery Outcomes Counter (I.ROC).
Aardema Hettie, MANP, GGZ Drenthe, Netherlands

57. Influence of late-life depression on the risk of incident dementia: A community-based 5-year follow-up study
Park Jee Eun, M.D., Ph. D., Seoul National University Hospital, South Korea

58. How different is the hospitalization of adolescents in adult psychiatric units and child and adolescent psychiatric units?
Pires Sara, Dr, Centro Hospitalar de Lisboa Central - Hospital Dona Estefânia, Portugal
Ana Prata (1), Ana Rita Carvalho (2), Rita Gameiro (1), Salomé Silva (3), Rita Rodrigues (1), Sara Pires (1), Bernardo Moura (4), Marta Nascimento (5), Catarina Oliveira (5)
1. Child and Adolescent Psychiatry Resident, Hospital Dona Estefânia – Centro Hospitalar Lisboa Central
2. Psychiatry Resident, Hospital Beatriz Ângelo.
3. Child and Adolescent Psychiatry Resident, Hospital São Francisco Xavier – Centro Hospitalar Lisboa Central.
4. Psychiatry Resident, Hospital Santa Maria – Centro Hospitalar Lisboa Norte.
5. Psychiatry Resident, Hospital Fernando da Fonseca.
59. Safewards implementation – process description
Ketola Mikko, BHSc, MHSc student at University of Tampere, RN, The Hospital District of South Ostrobothnia, Finland
Ala-Aho Sirkka, MSc, DON, RN, The Hospital District of South Ostrobothnia, Finland
Laitila Minna, PhD, DON, RN, The Hospital District of South Ostrobothnia, Finland
Palomäki Simo, HN, RN, The Hospital District of South Ostrobothnia, Finland
Nikkari Maarika, HN, RN, The Hospital District of South Ostrobothnia, Finland

60. Challenging situations with pupils -teachers perceptions and needs for knowledge
Markkanen Pihla, RN, MNSc, PhD-student, University of Turku, Department of Nursing Science, Finland
Anttila Minna, PhD, senior researcher, University of Turku, Department of Nursing Science, Finland
Välimäki Maritta, RN, PhD, professor, University of Turku, Department of Nursing Science, Finland, and Hong Kong Polytechnic University, School of Nursing, Hong Kong

61. Developing nurse-patient relationship
Lämsä Tiina, RN, PhD, Chief Nurse, City of Helsinki, Department of Social Services and Health Care, Psychiatric and substance abuse services, Psychiatric hospital care and emergency service, Finland
Virve Kasari, RN, Nurse Manager, Nurse Clinician, City of Helsinki, Department of Social Services and Health Care, Psychiatric and substance abuse services, Psychiatric hospital care and emergency service
Irene Pitkänen, RN, Nurse Manager, City of Helsinki, Department of Social Services and Health Care, Psychiatric and substance abuse services, Psychiatric hospital care and emergency service
Annuukka Laurila-Salakka, RN, MSc, Nurse Manager, City of Helsinki, Department of Social Services and Health Care, Psychiatric and substance abuse services, Psychiatric hospital care and emergency service
Gun Sundqvist, RN, MSc, Nurse Manager, City of Helsinki, Department of Social Services and Health Care, Psychiatric and substance abuse services, Psychiatric hospital care and emergency service
Marko Ekebom, RN, Assistant Nurse Manager, City of Helsinki, Department of Social Services and Health Care, Psychiatric and substance abuse services, Psychiatric hospital care and emergency service
Henno Ligi, MD, Chief Psychiatrist, City of Helsinki, Department of Social Services and Health Care, Psychiatric and substance abuse services, Psychiatric hospital care and emergency service

62. Patient feedback project in acute psychiatric admission ward
Salonen Jata, RN, Helsinki University Hospital, Psychiatry, Acute and Consultation Psychiatry, Peijas Hospital, P3, Finland
Good Care - Project team:
Eija Arolaakso, RN
Ari Korhonen, RN
Jussi Salminen, RN
Pia Tauriainen, RN, BHSc, Deputy Head Nurse
Päivi Kostamo, RN, MNSc, Head Nurse
Tuula Rajala, RN, MNSc, Director of Nursing

63. Qualitative research on the need of support and experiences/perceptions of parent(s)/guardian(s) among children with ADHD and sleep problems at the age of 6 to 12 years
Visscher Emma, Student at the Master advanced nurse practice study at Utrecht, the Netherlands, GGZ Drenthe, The Netherlands
W. Houtjes MSc N (dean of GGZ-VS)
I. Schaap, MSc (research supervisor)
64. Kosovo forensic psychiatry institute: establishment, issues and problems
Drejina Fahri, Dr, Msc, Kosovo Forensic Psychiatry Institute, Prishtina, Kosovo
Dr. sci. Gani Halilaj, Kosovo Forensic Psychiatry Institute, Prishtina
Dr. Shpend Haxhibeqiri, Kosovo Forensic Psychiatry Institute, Prishtina
Dr. sci. Naim Fanaj, Mental Health Center based in Community, Prizren

65. Cognitive behavior therapy in dementia care – the Norwegian KORDIAL-study: The relatives perspectives
Kvaal Kari, Professor, PhD, Hedmark University College of Applied Sciences, Norway
Janne Myhre, MA, Psychiatric Nurse, Innlandet Hospital Trust. Norway
Sevald Høye, Associate Professor PhD, Hedmark University of Applied Sciences, Norway
Johanne Tonga, Psychologist, PhD-student, University of Oslo, Norway
Ingun Ulstein, MD, PhD, University of Oslo, Oslo University Hospital. Norway

66. Community attitudes towards the mentally ill in a sample of Lithuanian psychology and social work students
Zardėchakite–Matulaitiene Kristina, Dr, Vytautas Magnus University, Lithuania
Rasa Markšaitytė (Vytautas Magnus University)
Aistė Pranckevičienė (Vytautas Magnus University, Lithuanian University of Health Sciences)
Auksė Endriulaitienė (Vytautas Magnus University)
Douglas R. Tillman (University of Nebraska at Kearney)
David D. Hof (University of Nebraska at Kearney)

67. Life in perspective
de Wal Mirjam, student nurse practitioner mental health, GGZ Friesland, The Netherlands
Dr. Nynke Boonstra
MSc. Sonja Kuipers

68. Can flipped (classroom) education method be used in mental health and diseases nursing?
Kaya Yunus, MSc, RN, Hacettepe University, Turkey
Oz Fatma, Prof, PhD, RN, Hacettepe University

69. Self-Esteem, Meaning in Life and HIV Stigma: Correlates of Depression in People living with HIV
Brown Hannah, Student, University of North Texas, United States
Alvin Akibar, Graduate Student, University of North Texas
Mark Vosick, Ph.D, University of North Texas

70. Early Motor Developmental Milestones and Schizophrenia: Systematic Review and Meta-analysis
Filatova Svetlana, Ms, Center for Life Course Health Research, University of Oulu, Oulu, Finland
Professor Koivumaa-Honkanen H, Institute of Clinical Medicine (Psychiatry), University of Eastern Finland, Kuopio, Finland
PhD Hirvonen N, Information studies, Faculty of Humanities, University of Oulu, Oulu, Finland
Freeman A, Klinik und Poliklinik für Psychiatrie und Psychotherapie der Universität, Leipzig, Germany
Ivandic I, Department of Medical Informatics, Biometry and Epidemiology – IBE, Chair for Public Health and Health Services Research, Research Unit for Biopsychosocial Health, LMU Munich, Germany
Professor Hurtig T, Center of Clinical Neuroscience, University of Oulu, Oulu, Finland
Dr Khandaker GM, Department of Psychiatry, University of Cambridge, Cambridge, UK
Professor Jones PB, Department of Psychiatry, University of Cambridge, Cambridge, UK
Docent Jääskeläinen E, Center for Life Course Health Research, University of Oulu, Oulu, Finland
Professor Miettunen J, Center for Life Course Health Research, University of Oulu, Oulu, Finland
71. Adaptation process after electrical storm in patients with implantable cardioverter-defibrillator – cases study
Olszewska Katarzyna PhD, ¹ Department of Medical Psychology, Chair of Psychiatry, Jagiellonian University, Collegium Medicum, Kraków, Poland; ² 2nd Department of Cardiology and Cardiovascular Interventions, Jagiellonian University, Collegium Medicum, Kraków, Poland
Dembe K.², ² 1st Department of Cardiology, Interventional Electrocardiography and Arterial Hypertension, Jagiellonian University, Collegium Medicum, Kraków, Poland
Bętkowska-Korpala B.¹, ¹ Department of Medical Psychology, Chair of Psychiatry, Jagiellonian University, Collegium Medicum, Kraków, Poland
Czarnecka D.², ² 1st Department of Cardiology, Interventional Electrocardiography and Arterial Hypertension, Jagiellonian University, Collegium Medicum, Kraków, Poland

72. Study on the Importance of Individual Level Cognitive Social Capital in suicide prevention among the Community-Dwelling People
Kaneko Yoshihiro, PhD, MD, Japanese Support Center for Suicide Countermeasures, National Center of Neurology and Psychiatry, Japan
Koji FUJITA (PhD, Department of Public Health and Health Policy, Institute of Biomedical and Health Science, Hiroshima University)
Roseline YONG (PhD, Department of Public Health, Akita University Graduate School of Medicine)
Hisanaga SASAKI (CP, Department of Public Health, Akita University Graduate School of Medicine)
Akira EBUSHIIDA (PhD, MD, Department of Public Health and Health Policy, Institute of Biomedical and Health Science, Hiroshima University)
Yutaka MOTOHASHI (PhD, MD, Japanese Support Center for Suicide Countermeasures, National Center of Neurology and Psychiatry)

73. Risk assessment and early detection of fire setting in institutions for addiction and mental health
Wolting Robert, Dimence, mental health, The Netherlands

74. That barrier is just there. A qualitative phenomenological study of the experiences with social participation of high functioning adults with an autism spectrum disorder (ASD)
de Bot Frans, nurse specialist mental healthcare, GGZ Drenthe, The Netherlands

75. Encouraging maternal-fetal attachment!
vан Norel Miriam D.E. Student MSNc, Nurse, Dimence Group, Mental Health Care Centre, The Netherlands
Anja W.M.M. Stevens, Psychiatrist, Dimence Group, Mental Health Care Centre, Deventer, The Netherlands
Thea H. Daggenvoorde, MSNc, PhD-candidate RN, Dimence Group, Mental Health Care Centre, Deventer, The Netherlands

76. Unmet needs fulfilled
van Herreveld Paula, Master advanced nurse practioner, GGZ Drenthe, The Netherlands
W. Houtjes Msc N (dean of GGZ-VS)
L. van Dusseldorp Msc (research supervisor)

77. Introducing Mental Health Nurses into the ambulance control room from London Ambulance Service NHS
Dimbi, Kuda, Consultant Mental Health Advisor, London Ambulance Service, United Kingdom
78. Signs in shackles
Bom José, Msc, GGZ Drenthe, The Netherlands
W. Houtjes Msc N (dean of GGZ-VS)
C.A. Loth PhD, MANP, RN (research supervisor)

79. Mental Health and Psychiatric Nursing Practices in Prevention of Substance Use Disorder: A Systematic Review
Kutlu Fatma Yasemin, PhD, Associate Professor, Istanbul University, Florence Nightingale Nursing Faculty, Türkiye
Merve Aydin
Hulya Bilgin

80. When living at home is no longer possible
Schellevis-Brinks Mirjam, GGZ VS i.o., Dimence, mental health, Netherlands
M. Schellevis-Brinks
Dr. L. Kronenberg
Mr. dr. B.B. Sizoo

81. Iris scanning: An Alternative Way of Identification for Vulnerable Population
Forchuk Cheryl, PhD, Distinguished University Professor and Associate Director of Nursing, Western University, Canada
Arthur Labatt Family School of Nursing, Western University, London, ON, Canada
Lorie Donelle, Associate Professor at Arthur Labatt Family School of Nursing/School of Health Studies, Western University, London, ON, Canada
Miriam Capretz, Professor in the Department of Electrical and Computer Engineering and Associate Vice-Provost (Acting) Graduate and Postdoctoral Studies, Western University, London, ON, Canada

82. The trajectory of crack cocaine users to the streets from the family’s perspective
Seleghim Maycon Rogério, Dr, University of São Paulo at Ribeirao Preto College of Nursing, Brazil
Sueli Aparecida Frari Galera, PhD, University of São Paulo at Ribeirao Preto College of Nursing

83. Association between perceived stress and social support among nurses
Gherardi-Donato Edilaine C. da Silva, Associate Professor, RN, PhD, University of Sao Paulo, Brazil
Raquel Cocenas-Silva, PhD, University of Sao Paulo
Isabella Regina de Oliveira, Undergraduate Student, University of Sao Paulo
Leonardo Hernandez Siqueira, Undergraduate Student, University of Sao Paulo

84. Oral health care within patients after an early psychoses
Kuipers Sonja, MSc, MSW, RN, Noordelijke Hogeschool Leeuwarden, GGZ Friesland, Netherlands
N. Boonstra
A. Malda

85. Do I feel better if I trust you?
Free Gieke, BN, Altrecht, Netherlands

86. Patient characteristics and comorbidity in the Avoidant / restrictive food intake disorder (ARFID) in patients aged 6 - 18 years
Zwiterlood Cécile NP, Altrecht, The Netherlands
JW Hop MD PhD Child and adolescent psychiatrist, Altrecht
AA Elburg MD PhD Child and adolescent psychiatrist, Altrecht
87. A mixed method evaluation of the views of carers and staff in the Mongolian National Centre for Mental Health
   Zuunnast Khishigsuren, Dr, Mongolian National University of Medical Sciences, Mongolia
   Munguntsetseg D, Registered Nurse, Mongolian National University of Medical Sciences

88. Somatization disorder in Mongolia
   Batkhurel Jargal, Dr, Mongolian National University of Medical Sciences, Mongolia
   Dr Altanzul.N, Mongolian National University of Medical Sciences
   Dr Khishigsuren.Z, Mongolian National University of Medical Sciences
   Dr Fiona Nolan, University College London

89. The Mental Health Status of the Children Migrating from Turkey: A Systematic Review
   Çömez Tuba, Amasya University - School of Health, Nursing Department Turkey
   Bilgin Hulya, Dr, Associate Prof., Istanbul University - Department of Psychiatric and Mental Health Nursing
   Kutlu Yasemin, Dr, Associate Prof., Istanbul University - Department of Psychiatric and Mental Health Nursing

89. Migrants in Turkey and mental health nursing
   Gürkan A, Assoc. Professor, Ege University, Izmir, Turkey
   Eyrenci EM Research assistant Ege University, Izmir, Turkey
   Güler C Research assistant Ege University, Izmir, Turkey
OUR LOCAL VOLUNTEERS

The Czech medical students' association (Spolek mediků českých) is the oldest student association in Czech republic which was established in 1863. The main task of the association is to take care of cultural, social and scientific life of students at First faculty of medicine of Charles University in Prague. We believe that the social life at the faculty is not important only for students' satisfaction and welcoming atmosphere but also for the creation of a personal relationship of students to their school. In our rooms, which are located in the Faust House, we provide our members with facilities to study, but also for leisure time during the class. We organize several social events for students especially from our faculty. Our association also participate in organizing Medical ball at 1st Faculty of Medicine. Every year we organize St. Nicolas day for children hospitalized in hospital whom we are giving off toys and sweets collected from students. The part of our association is also Erasmus students' organisation which provides Buddy program and organizes various events for incoming Erasmus students.

Czech Association of Addictology Students, z. s. (ČASA, z. s.) is a voluntary association of university addictology students operating in the Czech Republic and was found in August 2015. Addictology is a science field studied on 1st Faculty of Medicine, Charles University in Prague in all study programmes. The main objectives of the Association include unifying addictology students and helping them with their studies and professional career, collaborating with academics and professionals working in the addiction field in the Czech Republic and abroad and promoting addictology as a science field. The Association is actively arranging meetings with leading experts dedicated to prevention, treatment and addiction research. These meetings are organised for the widest possible audience but also for students and other academics. ČASA also shares contacts and job offers to active students. The Association cooperates with other professionals and student associations that are involved in addictology, such as psychologists, lawyers, sociologists etc. and offers conferences or other types of chat events. The Association collaborates on 1st Faculty of Medicine, Charles University and the Department of Addictology events, for example conferences, anniversary meetings, public festivities, press conferences and shares these events on-line and around students.

Our website: www.addictology.net

Contact e-mail: addictology.student@gmail.com
THANK YOU
MENTAL HEALTH PROFESSIONALS
FOR
MORE THAN 80 YEARS
OF COOPERATION WITH AA

Since it’s founding, the medical community and mental health professionals worldwide have supported and collaborated with Alcoholics Anonymous. For this we are extremely grateful. Some of us owe our lives to this cooperation.

AA has representatives available in most major cities in Europe to provide public information and liaison with mental health practitioners.

Please feel free to send us an e-mail (info@alcoholics-anonymous.eu) or visit our website. We will be glad to inform you about our 12-Step program of recovery from alcoholism and to supply you with AA contact-details for your local area.

www.alcoholics-anonymous.eu