3rd European Conference on Mental Health

Sep 10-12, 2014
Tallinn, Estonia

3rd European Conference on Mental Health

- Looking for evidence together

Pro™ Products

- for psychiatric care
- for the care of mentally disabled persons
- for the care of restless patients

Welcome to the 3rd European Conference on Mental Health 2014

Dear participants

This year we have chosen Estonia to host this third conference on Mental Health in order to provide new viewpoints to our shared Europe. Our main focus is on multidisciplinary discussions and collaboration among experts, researchers and service users in the field of mental health. The conference will give the almost 350 participants worldwide the most wonderful setting for meeting in Tallinn and sharing their knowledge and best practices in mental health. Mental health issues concern all of us everywhere in the world, and we can join the 2014 FIFA World Cup Song "Show the world where you're from - show the world we are one". Let's keep this theme in our minds when we meet friends and colleagues from all over the world.

The scientific programme includes a large number of different themes from the field of mental health, i.e. eMentalhealth, clinical and biological issues, peer support and service user involvement, adolescent mental health, preventive work, ethical challenges in mental health care, coercion reduction, managing disturbed and distressed patients and nurse education. In this conference we all have a great opportunity to form a comprehensive picture of some of the major topics of mental health in Europe and worldwide today.

We trust that you will find our conference city Tallinn an attractive and interesting site. Tallinn is a historic city dating back to the medieval times but it is also a modern North-European city with numerous cultural events. Beside the conference programme we hope to provide you a chance to experience interesting moments in a former KGB museum at the Viru hotel and a walking tour around the old town of Tallinn, where you can discover some of the most fascinating aspects of Tallinn's rich history and present life.

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

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

It is our great pleasure to welcome you to Tallinn, Estonia!

Ms. Marjo Kurki

Chair of Organizing Committee

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In association with:

GENERAL INFORMATION

INFORMATION DESK

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

Wed 10 September, 2014	15.00 – 18.30
Thu 11 September, 2014	08.00 – 18.30
Fri 12 September, 2014	08.00 – 15.30

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.

CERTIFICATE OF ATTENDANCE AND EVALUATION

All participants will receive a certificate of attendance and evaluation form at information desk. If you need other certificates, please ask it at information desk or send email to scientific committee secretary Lauri Kuosmanen lauri.kuosmanen@evipro.fi.

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 Bolero room on the second floor.

LUNCH AND REFRESHMENT

Lunch is served in the Merineitsi Restaurant on the second floor. Coffee and tea are served at conference hall on the second 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 11th and Friday 12th afternoon. You can sign up for the visits at the information desk. KGB museum tours for participants (access to the museum with a tour guide) and walking tours around the old town of Tallinn will be organized every conference day. More details are available the on conference website and you can sign up at the information desk. Informal conference activities are free of charge.

CONFERENCE BANQUETTE

Conference banquette is arranged in on Thursday 11th September at 19.30 in the Merineitsi Restaurant, Viru hotel. The banquette is only for participants who have paid a fee in advance.

KEYNOTE SPEAKERS

Looking back and looking ahead

Andres Lehtmets

Born in 1964 in Tallinn. University diploma from the Medical Faculty of Tartu University in 1988, post – graduate studies in Estonial Heart Centre followed by years in Tallinn Psychiatric Hospital (head psychiatrist 1992 – 1998). Since 2001 the head of the Centre of Psychiatry in West – Tallinn Central Hospital. Former member of the Committee for the Prevention of Torture and Inhuman or Degrading Treatment or Punishment at the Council of Europe (1998 – 2009). President of Estonian Medical Association 1999 – 2001. President of Estonian Psychiatric Association since 2004.

The cornerstone in the development of psychiatry in Estonia was the opening of the first 8 beds for mentally in a private psychiatric clinic in Tartu in 1877. On the same day first 3 patients were hospitalised. Already the next year the construction of a new 50 – bed hospital dwelling started in the vicinity that was completed in 1881. The clinical activities of the hospital were noteworthy – from 1877 till 1879 33 patients were treated , the average stay was 6.5 months and the results were considered good or satisfactory for as many as 76% of the hospitalised patients. This differed a lot from the asylum – oriented approach of most of the psychiatric hospitals of those days. Another achievement was the approval by the tsar of the request to open as of 1880 an independent chair of psychiatry comprising of one professorship and 2 assistants. The second –in-line chair in was Emil Kraepelin who was just 30 years old when elected to become the professor and head of the clinic in Tartu. Kraepelin stayed for 5 years in Tartu but undoubtedly made a huge contribution to the development of psychiatry in this area. Over the years psychiatry has followed the same patterns as in the neighbouring countries, being influenced by developments in science as well as by political and historical situation. Contemporary problems encompass the brain –drain of specialists, growing impact of alcohol and substance – induced disorders and a need for support for the care – models for the long – term mentally ill.

Innovations in psychological treatments

Jan-Henry Stenberg

He is Special Psychologist, Psychotherapist (trainer), Project Director, eMentalHealth in Helsinki University Central Hospital (HUCH), Teacher of clinical psychologist in Helsinki University. Topics of his research are related to neurocognition in schizophrenia / personality disorders. His interests are in the area of eMental health, Personality disorders, and evaluation of violent threats.

As we all know, the history of treating mental problems and mental illnesses is not only history of humanity and success. Fortunately, much has changed and thing have been getting better. Nowadays we have more and more innovative client focused treatments and services that encourage one's personal growth and help one to face his or her fears and traps when stuck. Powerful treatments are both supportive and challenging and at their best they lead one to value the many joys of the human experience. The goal of any psychological treatment such as psychotherapy is not only to help client to decrease psychological symptoms but uncover true potential and autonomy in one's life. By applying complementary therapy approaches and techniques, we can help people to change their long-standing negative perceptions, thought traps and behavioral patterns that may cause psychological suffering. Recent technological advances in the use of internet and computer-assisted technologies have impacted the provision of psychotherapy and other psychological services. When utilized appropriately these innovative practices may provide greater access to needed services including treatment, consultation, supervision, and training. One example of these technological and automatic but patient customized solutions is a Finnish Mental Hub (Mielenterveystalo.fi), which is a comprehensive, government-sponsored, modular nationwide Internet portal for mental health and substance use disorder care services. Mental Hub contains a service finder and description of these services. Consumers are guided to the right services based on their living address and severity of distress using an innovative "symptom navigator" with concrete contact data, driving instruction and maps. Mental Hub includes automatic "psycho educator" that provides reliable, common sense information on symptoms and disorders that empowers service users and sup-ports professionals. In addition, Mental Hub provides Internet-delivered computer-assisted cognitive-behavioral therapy for a range of psychiatric disorders - available 24/7, affordable treatment with steady quality.

Building resilience. How do psychiatric “risk genotypes” appear in a longitudinal population-representative study?

Jaanus Harro

He was trained as a medical doctor at the University of Tartu and specialised in psychopharmacology (PhD 1990 in Tartu, DMSci 1993 in Uppsala). Subsequently he held personal professorships in Tartu in neuropsychopharmacology and health promotion, and has since 1998 served as professor of psychophysiology. In 2001 he led the establishment of the Estonian Centre of Behavioural and Health Sciences, a national alliance of research groups in medicine and social sciences focusing on regulation of behaviour. His research is on affective neuroscience and includes psychopharmacological and molecular genetic approaches in animals and humans, and population-based longitudinal studies on neurobiology of personality and health-related behaviour. Dr Harro has authored or co-authored about 180 original articles, reviews and book chapters in broadly distributed international publications.

Many aspects of mental health, including psychiatric disorders and important health-related behaviours such as alcohol use, are to a large extent heritable. The underpinnings of this heritability have however remained elusive in molecular genetic studies. A number of gene variants have been identified that affect the structure and function of the brain and consequently behavioural traits and psychiatric vulnerability. Nevertheless such findings remain notoriously difficult to reproduce, and even the best candidates for a risk genotype have very small effects on behaviour and mental health in meta-analyses. Hence the obvious need to consider environmental factors and attention to gene-environment interactions. While the G × E approaches have become prevalent they have also received much critique for not measuring environment consistently and possibly inflating the apparent effects by selecting convenient variables. Another line of reasoning suggests that the common gene variants that significantly modify neural function have limited effect because they represent rather plasticity than risk genes. We have taken a third way of reasoning and I shall illustrate the gene × environment × action theory with exemplary cases from the Estonian Children Personality Behaviour and Health Study that has since 1998 collected a multidisciplinary database on life course trajectories.

Mental health in European schoolchildren and effectiveness of school-based intervention programmes

Merike Sisask

Executive Director and Senior Researcher of the Estonian-Swedish Mental Health and Suicidology Institute (ERSI; www.suicidology.ee), Professor in Public Health at the Tallinn University (Institute of Social Work), Member of the Technical Team on Military Suicide HFM-RTG-218 (designated by the Ministry of Defence), Board Member of the Nõmme Health Clinic (www.ersikliinik.ee). Educational background in law (1991, University of Tartu), psychological counselling (2003, the Private School of Psychology), public health (MSc in 2005, University of Tartu, Institute of Public Health) and sociology (PhD in 2011, Tallinn University, Institute of International and Social Studies). Involved in several all-European intervention projects on suicide prevention and mental health promotion (Joint Action MH-WB, FP7 WE-STAY, FP7 OSPI-Europe, FP7 SEYLE, EAAD, MHPHands, SUPREME, PREDI-NU etc).

Mental health problems, suicidal ideation and different kinds of risky and self-destructive behaviours are unfortunately common among schoolchildren in Europe. Therefore there is a need for effective intervention programs. Children and adolescents spend a good proportion of their time at school together, which makes school an appropriate setting for implementing different intervention and prevention programs. However, a limitation of school-based programs is that those children are not reached who have remained outside the educational system or who are absent from school either with or without valid excuse. Schools-based programs are promising, but these strategies need continuing evaluation studies. Within the current presentation the results of the intervention programs implemented during the period 2009-2013 within three EC funded projects: SEYLE (Saving and Empowering Young Lives in Europe; www.seyle.eu), WE-STAY (Working in Europe to Stop Truancy among Youth; www.we-stay.eu), and SUPREME (Suicide Prevention through Internet and Media Based Mental Health Promotion; www.supreme-project.org & www.supremebook.org) will be introduced and discussed.

A report on the current epidemic of calm in hospitals infected by Safewards

Len Bowers

He is a qualified psychiatric nurse with clinical and managerial experience in acute inpatient and community care. His doctoral thesis was published as a book (The Social Nature of Mental Illness) in 1998, and a second book about positive attitudes to personality disordered people is influential and widely read. He first became a professor at City University where he commenced a program of research into inpatient care, and ways to reduce conflict (violence, absconding, substance use, rule breaking, and medication refusal) and containment (as required medication, coerced sedation, seclusion, special observation, manual restraint, etc.). He now leads a team of researchers investigating this issue at the Institute of Psychiatry, has completed more than £4 million of grant funded research, and has authored over a hundred peer reviewed publications.

Safewards is a new, research based model that explains why some wards can be much more peaceful places than others, with much less patient coercion. The model has been used to create a set of interventions that can be easily implemented by staff on wards. Those interventions have been shown to work in a rigorous randomised controlled trial. Since the results have come out, wards everywhere have been implementing Safewards. Communicating the results of the research has been via conferences like this one, but also to a very large extent via the internet and social media such as Facebook and Twitter. In this presentation we will explain the model and the method, as well as bring you the latest report from the front line of change.

Recovery psychiatry, rhetoric or reality

Mary Chambers

She *is Professor of Mental Health Nursing at St. George's University of London and Kingston University and Director of the Centre for Public Engagement. She has extensive experience of mental health nursing having held a number of senior positions in clinical practice, education, management and research. Her research interests include the care of detained service users, service user involvement in research and education, development of e-learning programmes to promote therapeutically effective nursing interventions, and mental health nursing metrics. She is Visiting Professor at the University of Ulster, Honorary Professor University of Kazulu-Natal, Durban, Fellow of the European Academy of Nursing Science, Fellow of the Royal College of Medicine and Member of the Institute of Leadership and Management.*

The concept and aspiration of recovery in mental health care is at the forefront of most government policies and clinical services across Europe and beyond. Emphasised within these policy documents is the importance of service users being at the centre of decision making and the desire that they contribute to the prioritisation of local, accessible services. Inherent within this approach are core elements and assumptions such as wellness not illness, independence not dependence, autonomy not subservience and community integration not separatism. There is a fundamental assumption that stigma and discrimination will be overcome; if indeed not already achieved. In order to meet these aspirations and assumptions a number of mental health services now describe themselves as ‘recovery-oriented’. The labelling of services in this way suggests organisational attempts to convey the message that service users are supported on their journey of recovery. However, for some service users the reality can be somewhat different. This paper will explore the power and politics associated with the recovery approach in mental health care and what it means on a daily basis for those living with mental health issues. There will be an exploration of the cultural and organisational changes associated with the recovery approach as well as consideration of the evidence base for its adoption. A wider considered of the concept and assumptions associated with recovery in the context of the interface between recovery and risk management will also take place.

Wed 10th September						
15.00 – 18.00	Registration and poster presentations begins					
18.00 – 19 .00	Keynote: Andres Lehtmets (Estonia)					
19.00 – 20.00	Get together party					
Thu 11th September						
8.00	Registration and poster presentations begins					
10.00 – 10.40	Opening ceremony					
10.40 – 11.20	Keynote: Jan-Henry Stenberg (Finland)					
11.20 – 12.00	Keynote: Jaanus Harro (Estonia)					
12.00 – 13.00	Lunch					
13.00 - 15.00	Oral sessions					
	Session 1 / research (Room Bolero 1)	Session 2 / research and practice development (Room Bolero 2)	Session 3 / research (Room Grande 3)	Session 4 / practice development (Room Grande 2)	Session 5 / research and practice development (Room Grande 1)	Workshop (Room Allegro)
	Health care education	*Supporting families and relatives*	*Clinical issues in mental health*	*Innovations in different areas of mental health care*	*Forensic psychiatry*	*Service user involvement*
13.00 – 13.20	Developing mental health nursing students' clinical competency model. Jamileh Mohtashami, Iran	Support of relatives in mental health care – a source of moral distress: need for change in approaches? Bente Weimand, Norway	Self-harm and suicide: hearing what young service-users think about current service provision. Sue McAndrew, England	Supporting the mental wellbeing of pupils with special needs in general education classes with visual tool package. Pihla Markkanen, Finland	Forensic mental health nurses and families: a transformational leadership approach. Rik Koopman, The Netherlands	Workshop: Service user involvement: what it means, what it offers and what challenges it presents. Mary Chambers, UK.
13.25 – 13.45	Lived experience in nursing academia: making mental health nursing more popular. Brenda Happell, Australia	Improving patient-centered care in child psychiatric ward. Mikko Ketola, Finland	Trauma and PTSD in offenders: an important criminogenig target or an excuse for bad behaviour. Colin Cameron, Canada	Using family based therapy in the treatment of adolescent patients. Katja Tenhovirta, Finland	Why do we need special education in forensic nursing? Osmo Vuorio, Finland	
13.50 – 14.10	An evaluation of service users and carers' invovement in recruitment and teaching on udergraduate mental health nursing courses. Billy Mathers, Scotland	A lonely life journey bordered with struggle: being a sibling of an individual with psychosis. Mats Ewertzon, Sweden	Depression and somatization within two cultural contexts: comparing Bedouin and Jewish students. Sarah Abu-Kaf, Israel	Patients need to be listened even in restrictions. Päivi Soininen, Finland	Person-related risk factors of forensic psychiatric patients withdrawn from conditional release. Thomas Ross, Germany	Improving communication and inclusion for families in complex cases. Michelle Radcliffe, UK.
14.15 - 14.35	Using technology to tell a life story: can technology play a role in mental health nurse education? Lucy Watkins, United Kingdom	Voluntary peer support of family members in adult psychiatry. Pinja Uutela, Finland	The naturalistic course of depression and the interrelation with long-term support exchange in the elderly: results of a longitudinal population based study. Wim Houtjes, The Netherlands	The matter of place in community mental health care. Ingrid Femdahl, Norway	From hospitalization to intensive outpatient care. Annika Thomson, Finland	

14.40 – 15.00	Mentors experiental supplementary strategy. Catherine Palmer, United Kingdom	A pilot evaluation of the impact of the introduction of a new type of mental health worker on patient and staff outcomes. Fiona Nolan, United Kingdom	Who are the persons living in supported housing? Eila Sailas, Finland	Adopting research to improve care (ARTIC): implementation of the transitional discharge model (TDM). Cheryl Forchuk, Canada	Forensic psychiatric patients in general mental health care. Diana Polhuis, The Netherlands	
15.00 – 15.45	Coffee break and poster presentations					
15.45 – 17.45	Oral sessions					
	Session 1 / research (Room Bolero 1)	Session 2 / practice development (Room Bolero 2)	Session 3 / practice development (Room Grande 3)	Session 4 / research and practice developmnet (Room Grande 2)	Session 5 / research (Room Allegro)	Session 6 / research and practice developmnet (Room Grande 1)
	Mental health in different populations	*Mental health services*	*Service user involvement*	*Aggression and patient safety*	*Philosophical themes*	*Quality of care*
15.45 – 16.05	The attachment mode of university students. Latife Utas Akhan, Turkey	Change drivers for mental health systems. Chris Nas, The Netherlands	Dancing with a professional – a new training program in collaboration between service users and mental health professionals. Marika Johansson, Finland	Toward a safer working environment on psychiatric wards: service user perspective. Raija Kontio, Finland	Implementation of eHealth: transforming resistance. Wendy Pots, The Netherlands	Developing effective mental health policies and plans in the Caribbean: a comparative analysis. Herman Jintie, Suriname
16.10 – 16.30	Changes in stress factors among Estonian young physicians – a seventeen year follow-up. Alar Sepp, Estonia	Factors affecting mental health policy implementation for people with intellectual disabilities. Michael Kelly, United Kingdom	Early stage development of an instrument to measure therapeutic engagement: a partnership between service users and mental health nurses. Mary Chambers, United Kingdom	Understanding aggression from patient and provider perspectives. Danijela Ninkovic, Canada	Philospohical perspectives on alcohol dependence and its pharmacological treatment. Oki Lindgren, Finland	Finding more placements in mental health: why medical-surgical settings aren't part of the solution. Brenda Happell, Australia
16.35 – 16.55	The relationship between resilience, coping strategies, perceived stress, demographic variables and mental health among army ranger at southern unrest. Penprapa Prinyapol, Thailand	The meaning of swot-analysis for clarifying clinical contexts in geropsychiatry. Asko Kinnunen, Finland	Forced treatment diagnosis – through the wall. Olli Stålström, Finland	Staff's experiences of the process of decreasing the use of force in psychiatric inpatient care in central Finland. Anne Kanerva, Finland	Nursing excellence. Leon Berkenbosch, The Netherlands	Outcome monitoring and performance assessment of mental health services. Chris Nas, The Netherlands
17.00 – 17.20	Mental health and psychological help-seeking among Iranian international university students. Shizar Nahidi, Australia	An interpretative study into the experience of disengagement from mental health services. Chris Wagstaff, United Kingdom	Mechanisms of healing in psychotic disorders – a patients view. Kerstin Ögård, Finland	Case study of one serious violence incident on a psychiatric admission ward. Tero Laiho, Finland	Understanding patients in psychiatric care. Camilla Ekegren, Finland	Psychiatric referral rates and resulting diagnoses regarding asylum seekers and refugees: a one-year prospective study from Turkey. Gülin Kahya, Turkey
17.25 – 17.45	Social and health care students' mental health problems and support needed. Armi Jyrkkiö, Finland	Methodological issues and implications in analysing national mental health strategies. Anu Vähäniemi, Finland	Implementing service user involvement and recovery-focus in psychiatric care. Minna Laitila, Finland	Patients' experiences on insecurity in psychiatric inpatient care – a systematic literature review. Marko Mäki-Rajala, Finland	Spiritual assault as a challenge for human rights. Mari Stenlund, Finland	National Veterans project: addressing homelessness among Canadian forces veterans. Cheryl Forchuk, Canada
19.30 – 22.00	Conference Banquet					

Fri 12th September						
9.00 – 9.40	Keynote: Merike Sisask (Estonia)					
9.40 – 10.20	Keynote: Len Bowers (UK)					
10.20 – 10.50	Coffee break and poster presentations					
10.50 – 12.25	Oral sessions					
	Session 1 / research (Room Grande 3)	Session 2 / research and practice development (Room Bolero 1)	Session 3 / research (Room Bolero 2)	Session 4 / research and practice development (Room Grande 1)	Session 5 / practice development (Room Grande 2)	
	Challenging situations in psychiatric care	*Enhancing recovery*	*Professional development models*	*Supporting vulnerable populations*	*Nurse competence*	
10.50 – 11.10	Mental health patient and psychiatric hospital environment. Tarja Tammentie-Saren, Finland	Nurses views' on promoting dually diagnosed patient's treatment compliancy. Jalmiina Nummelin, Finland	On the borders between residential child care and mental health treatment: RESME project. Mari Lahti, Finland	A developmental approach to intimate partner violence prevention. Ana Paula Sismeiro Pereira, Portugal	The ever changing role of the clinical nurse specialist in mental health. Jan Brinkman, The Netherlands	
11.15 – 11.35	The role of perceived dangerousness in perception of mental disorders and other deviant behaviors: a multidimensional scaling study. Okan Cem Cirakoglu, Turkey	Cognitive remediation – Cogpack and metacognitive group therapy for patients with psychosis. Liis Lend, Estonia	Interaction skills in mental health care. Jan Boogaarts, The Netherlands	The developmnet of clinical guidelines for the screening and referral of violence in intimate partner relationship. Pall Biering, Iceland	A tailored two-day training for nurse substitutes – handling of emergency situations. Jani Gröhn, Finland	
11.40 – 12.00	Psychiatric nurses' emotional experiences regarding seclusion and restraint – preliminary findings. Heikki Korkeila, Finland	Functional outcome and rehabilitation of patients with schizophrenia. Johanna Tiusanen, Finland	Implementation of inter-agency network meetings in the mental health care sector: the emergence of a transdiciplinary professional identity in open dialoques. Anne-Lise Holmesland, Norway	Correctional service of Canada sex offender clinic. Pierre Gagne, Canada	Preparedness of resuscitation among nurses working in the North Estonia Medical Centre. Mirjam Luik, Estonia	
12.05 – 12.25	Coercion and nurse competence in adolescent psychiatric care: how does the evidence look like? Anja Hottinen, Finland	Motivational interviewing as one way to train and supervise counselling skills in mental health. Inga Karton, Estonia	Evaluation of a pan-London training programme in mental health for GP practice nurses. Fiona Nolan, United Kingdom	Sex and gender stereotypes as mental and physical health influencers for men's health. Eda Müürsepp, Estonia		
12.30 – 13.30	Lunch					
13.30 – 14.10	Keynote: Mary Chambers (UK)					
14.10 – 14.45	Closing ceremony					

ORAL PRESENTATIONS (in alphabetical order based on the first author)

Depression and somatization within two cultural contexts: comparing Bedouin and Jewish students

Abu-Kaf, Sarah, Dr, Ben-Gurion University of the Negev, Israel
Shahar, Golan, Professor, Ben-Gurion University of the Negev
Priel, Beatriz, Professor, Ben-Gurion University of the Negev

Background
Studies in cross-cultural psychiatry have noted that expressions of distress may be affected by sociocultural factors, including cultural beliefs and norms. Culture influences how symptoms are experienced, as well as the idioms used to report them. This tendency for individuals to somatize distress, and to express it in terms of fatigue, gastrointestinal complaints, and headache, has been commonly observed in countries with non-Western–individualistic cultures compared to Western cultures.

Objectives
The current study will test the levels of depression and somatization among Bedouin Arab and Jewish students. Furthermore, this study will aim at deepening our understanding of the relation between these variables and how gender and cultural context may affect them.

Methods
We designed a cross-lagged longitudinal study to provide answers to our questions concerning the levels and the relationships between depression and somatization. The principal characteristic of this research design is the measurement of two or more variables, two or more times. These multivariate, multiwave measurements yield estimates of cross-lagged effects. These effects refer to the prediction of one or more variables (depression in time 2/ somatization in time 2) by other variables that have been measured previously, controlling for the baseline level of the predicted variable (controlling for somatization T1 or depression T1). One hundred and ninety individuals took part in the study, including 89 Bedouin Arab students and 101 Jewish. At Time 1, participants completed the CES-D (depressive symptoms), PHQ-15(somatic complaints), and demographic questionnaire. At Time 2, participants completed the CES-D and PHQ-15.

Results
Bedouin Arabs had higher levels of both depression and somatization than Jewish students, and females had higher levels of these outcomes as compared to males. We found that depression T1 had no predictive power for somatization T2, whereas somatization T1 had a significant predictive power for depression T2. Furthermore, in three of the four possible combinations of cultural context and gender, somatization prospectively predicted depression. The only combination in which this effect was non-significant was Jewish females.

Conclusions
The findings emphasize the role of somatization in the prediction of future depressive distress within different cultural contexts. Furthermore, the present study underscores the importance of cross-cultural perspectives in studies of depression and somatization as idioms of distress.

Nursing Excellence

Berkenbosch, Leon, Dimence, The Netherlands

Background

1983: The American Academy of Nursing (AAN) Task Force on Nursing Practice in Hospitals conducted a study in response to a national nursing shortage. The outcome identified work environments that attracted and retained well-qualified nurses. The study included 163 organizations; describing those with qualities that enabled greater capacity to attract and retain nurses as "magnet" hospitals. The characteristics that distinguished these organizations from others are known as the "Forces of Magnetism":
•Described as the heart of Magnet Recognition, the Forces of Magnetism are attributes or outcomes that exemplify nursing excellence;
•The full expression of the Forces of Magnetism is required to achieve Magnet designation and embodies a professional environment guided by a strong and visionary nursing leader who advocates and supports excellence in nursing practice.

- 2008: V&VN and NCPF - introduction 'Magnet'/' Nursing Excellence' to the Netherlands.
- 2009: pilot during 2 years at 12 institutions of care.
- 2010: development measuring instrument; EOM II (Essentials of Magnetism), measuring on 8 characteristics of Excellent Care.
- Pilot outcome: The pilot has demonstrated the power on to a cultural change within the institutions, which created awareness of the importance of the central role of nurses and caregivers and patients.
- 2012: Dimence starts.

Objectives

The Dutch program Excellent Care aims on quality of care and puts nurses as leaders at the heart of an attractive environment. Research by Verpleegkundigen & Verzorgenden Nederland (V&VN) resulted in 5 key components that are necessary to create an attractive working environment:
-Shared Vision, -Ownership, -Leadership, -Knowledge and Innovation, -Professionalism.

Methods

-Implementation at Dimence has started conducting a baseline assessment (EOM II).
-We composed a project group (different kind of workers) and implementation group (nurses):
-The project group will, following the outcomes, implement improvements at the organizational level.
- The implementation group starts improvements, in response to the findings, at their own teams.

Results

-Various organizational programs aimed at shared vision, training, collaboration with physicians, joint decision making, control over professional practice and a nursing program according to evidence-based practice.
-Various nursing programs aimed at nursing leadership, making the environment more attractive and improves care.

Conclusions

We can't yet say whether this creates an attractive work environment for nurses. A follow-up assessment is planned for 2015. In practice we see that nurses become more aware of their own role and show more passion. They also seek more cooperation outside their own team and use more resources.

The Development of Clinical Guidelines for the Screening and Referral of Violence in Intimate Partner Relationship

Biering, Pall, PhD, University of Iceland, Iceland

Background

It is estimated that 2% of women live in a violent intimate partner relationships and that 20% have experienced such violence. Males are also victims of intimate partner violence but to a much lesser degree than women. This kind of violence has a long lasting and often devastating effect on those who are exposed to it; both on their mental and physical health. Therefore, it is important that health care workers ask their clients about such experiences and respond to it in a helpful manner. Due to new nursing studies this issue has got more attention in Iceland in recent years. It was discovered that it is not common practices asking health care users abut such experiences and hence a taskforce of nurses and midwifes developed clinical guidelines for screening and referral.

Objectives

The objectives of developing the clinical guidelines were to give healthcare workers a tool that can direct them (1) in how to help clients disclose experiences of violence in intimate partner relationships; (2) in assessing the effect the violence might have had on their mental and/or physical health; (3) in giving “first aid” and referrals to those who are suffering because of the violence; and (4) in taking the first step to help those who are in violence relationship seeking safety. The objective of the proposed presentation is to enhance the conference guests’ awareness of violence in intimate partner relationship and of health care works’ responsibility to respond to the suffering it causes.

Methods, Results and Conclusions

The development of the clinical guidelines was based on the newest outcome studies and on best-practice guidelines. They were developed by a taskforce of nurses and midwifes in the field of mental, community, and women’s health. This spring they were published by the Icelandic State Hospital and are now accessible for all health care workers on the website of the Icelandic Directorate of Health. The taskforce organizes seminars in the implementation and clinical use of the guidelines. The aim of the taskforce is that in the future it will be a common practice in all Icelandic health care settings to screen all users for violence in intimate partner relationship and give them the best available help.

Interaction skills training in mental health care

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Brinkman, Jan, BSSc, RPN, Human Resource Development Advisor, GGZ Friesland

Background

Bureau de Mat strives to improve cooperation under difficult circumstances through research, assessment and training of interaction skills. We offer courses, tailor-made programmes and coaching to achieve increased goal-effective cooperation for participants in treating patients with mental disorders, pupils and psychiatric family members.

Objectives

Participants get insight into their own possibilities and boundaries in increasing the cooperation with the client and in the possibilities and boundaries of the client to cooperate. Effects of power and influence strategies on cooperation become visible and recognizable. The training uses practical instruments that people never forget even continue to apply: the Mat, the Bag, cannot/will not. Training is given per target group (professionals – preferably in teams, family members or patients). After all, each target group has its own problem areas in the interaction. 80% of the time is spent on practical exercises. It is skills training, not a therapy. Skills that are object of improvement are for instance: active listening, sending clear signals, maintaining boundaries or overcoming resistance. Participants will get an insight in how de Mat helps analyse and possibly improve efficacy of cooperation through improving interaction skills. Training is given in the skills that are needed to recognise sham co-operation and hostile interactions. Furthermore participants will be informed about evidence that has been developed related to de Mat.

Methods

The presentation will first give an example of the method of de Mat. In the second part an overview of research will be presented. The research designs differ from qualitative descriptive research to randomized controlled trials.

Results

The course gives the caregivers a language to reflect on interaction problems alone or with others, even months after the course had ended. Furthermore it delivers an awareness and insightfulness in responsibility and ability / disability, an impact on attitude regarding the client can not or will not cooperate, impacts on professional relationships, impacts on job perception; and gives a linguistic frame of reference. The presentation will conclude with an overview of research results, published in both national and international professional literature.

Conclusion

A few final words will be spoken to stress the need for practicing interaction skills for both professionals and family members to improve their skill, their self-efficacy and their capabilities to handle difficult situations to their satisfaction.

The ever changing role of the Clinical Nurse Specialist in mental health

Brinkman, Jan, BSSc, RN, GGZ Friesland, The Netherlands

Background

Within the Clinic High Intensive Mental Health Care, there is increased pressure when the manager sets the boundaries and the clinical nurse specialist, together with the psychiatrist, is responsible for the results in both policymaking as in the implementation. These two professionals do this in cooperation with the entire multi-disciplinary team. Where the psychiatrist carries the treatment responsibility of patients, the clinical nurse specialist fulfills an important role in motivating the multi-disciplinary team to accept ownership of the professional competence development. The teams will be able to develop into competent units who take responsibility to achieve a common determined result. Important values are ownership, empowerment and self-management.

Objectives

- Stronger positioning of the Clinical Nurse Specialist within the organisational structure
- Design a blueprint of ownership with the team members, so that they become critical and active participants in the thinking- as well as the acting processes.
- Promote educational activities in regard to development and support personal-, team- and reasoning skills.
- Develop awareness of collective patterns of behaviour and thought.
- Colleagues take responsibility for the consequences of their personal behaviour.
- Increase professional performance and analytical abilities for the team in regard to work.

Methods

With team coaching the Clinical Nurse Specialist aims at the interaction processes. Patient related topics are the responsibility of the group. The clinical nurse specialist pays special attention in the team communication. Feedback plays an essential role. The presenter will discuss four factors of success: without vision and goals no results, ownership, the iceberg theory, and the here and now situation. The clinical nurse's conduct is leading for the behaviour he/she shows. The most important skills to achieve these are self-reflection, an open approach, honesty and curiosity.

Results

The team is connected to the developed vision and goals. They claim ownership. Clear agreements are made within the team. The goals that are set are team carried decisions and are the main focus.

Conclusions

In this presentation the position of the clinical nurse specialist will be explored and the important part he/she plays in moving the multi-disciplinary team. Through a short cycle and accelerated behaviour changes, which starts with the mobilisation of energy within the team and ends with the realisation of the preferred accomplishments.

Trauma and PTSD in Offenders: An Important Criminogenic Target or an Excuse for Bad Behaviour

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Background
This presentation will explore the issue of trauma and posttraumatic stress disorder (PTSD) within correctional populations, and share the experience of a trauma disorders treatment program within a specialized correctional centre for seriously mentally ill male offenders in Ontario, Canada.

Objectives
To review the prevalence data on trauma and posttraumatic stress disorder in correctional populations.
To review the evidence on whether or not trauma is a significant criminogenic risk factor.
To describe a specialized program developed for the treatment of offenders with significant trauma and PTSD, including the use of Dialectical Behaviour Therapy
To share outcome data from this program on both mental health and criminogenic risk indicators

Methods
This presentation will include a literature review on the prevalence of trauma and PTSD in correctional populations, and on trauma as a criminogenic risk factor. A specialized program for the treatment of offenders with trauma and PTSD will also be described. Mental health outcome indicators looked at for those admitted to the program include: Global Assessment of Functioning, Clinical Global Improvement, Brief Psychiatric Rating Scale, Posttraumatic Checklist – Civilian Version, and Quality of Life Scale. Criminogenic risk outcome indicators included Historical Clinical Risk Management – 20 (version 2) and Measure of Criminal Attitudes and Associates.

Results
There is a significantly higher prevalence of trauma and PTSD in correctional versus general population samples, in the order of 4-27 times higher. Several small studies point to trauma and PTSD as an important criminogenic risk factor, but more convincing are two large well designed prospective studies showing the same, one with an N of over 900 and another with an N of over 15,000. Both mental health and traditional criminogenic risk factor data were seen to change in the desired direction when evidence based trauma disorders treatment was provided to offenders with trauma and PTSD.

Conclusion
Trauma and PTSD are commonplace in correctional populations, and trauma appears to be an important criminogenic risk factor. Preliminary evidence suggests that a specialized program to provide evidence based trauma treatment to this population leads to improved mental health outcomes and quality of life, and may positively impact measures of criminogenic risk. Further research to look at the impact of trauma treatment for offenders seems warranted, including with respect to its impact on recidivism.

Early stage development of an instrument to measure therapeutic engagement: A partnership between Service Users and Mental Health Nurses

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Background
Therapeutic engagement (te) has been described as the crux of mental health nursing since the work of peplau in 1952. despite its perceived importance to date there is no nurse sensitive instrument that captures it. likewise, there is no way of determining the contribution mental health nursing makes to the quality care agenda or to enhancing service user (su) experience within acute inpatient mental health settings.

Objective
To develop a te instrument in partnership with service users and registered mental health nurses (rmhn) that is easy to use, reliable and valid.

Methods
The development process involved a literature review, analyses of outcome data from the lived experience of 'detained patients' project, and a te workshop involving 70 sus, mental health nurses and nurse academics. on combining these data sets a two25-item questionnaires, in-corporating elements of the '6cs' of nursing, were developed; one for sus, one for rmhns. each statement is measured on a 5-point likert scale, and scored in relation to both the unit envi-ronment and therapeutic 1-1 sessions. following review by an expert panel, the instrument was pilot tested with a sample of sus (n=12) and rmhns (n=10) from 3 uk nhs mental health trusts. in addition to completing the questionnaire both groups were asked to complete a log answering questions regarding clarity of statements, ease of completing, its presentation and to identify further changes required.

Results
The findings from both groups were similar: statements should be personalised, some statements were ambiguous, the language was too complex and required modification, the context for completing the questionnaires needed better explanation. additionally, some sus felt self-conscious about completing the questionnaire and some were reluctant as they felt they would be judging specific nurses.

Conclusions
This is the initial stage of developing an instrument to measure te which will be easy to use, reliable and valid. however, what it has demonstrated is that developing such an instrument is not an easy process. there are many changes yet to be made to both questionnaires in order to achieve further clarity. an extensive pilot testing process needs to be conducted with scope for statistical analysis if the instrument is to enhance the profession and the service rmhns deliver.

The role of perceived dangerousness in perception of mental disorders and other deviant behaviors: A Multidimensional Scaling study

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Background
Previous studies documented that individuals with mental disorders are perceived as dangerous to both themselves and others and that perceptions was associated with stigma.

Objectives
The aims of this research is (a) to investigate how mental disorders are perceived among other deviant behaviors, and (b) is to explore the role of the dangerousness variable in the perception of mental disorder and other deviant behaviors.

Methods
Two successive studies were conducted and Multidimensional Scaling analyses were performed with samples of university students.

Results
Study 1 revealed that participants perceived mental disorders as a distinct category of deviant behaviors. In terms of dangerousness, mental disorder and other deviant behaviors were perceived on two dimensions: level of dangerousness and target of possible harm. The severity of presented behaviors and the possible target of them (actor or others) were taken into consideration by the participants in forming a perception. The supporting findings were obtained in Study 2 with mental disorders symptoms.

Conclusion
Our findings indicated that dangerousness was an important variable in perception of mental disorders as well as other deviant behaviors and can be conceptualized as a broader construct having two main dimensions.

Understanding Patients in Psychiatric Care

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Background
By listening to a patient, or to a text, or to a play, we get an ethical distance to the patient, or an aesthetic distance to the text or to the play. When we talk to a patient, we involve ourselves in his or her story, but we simultaneously understand that it is the other person's story, we learn something more about this particular person or about the text or the play. What occurs in the play is possibly untrue but we experience the course of events as we do when talking to our patients. This depends on the text and on the reader; the point is of course, to know how to read, and to try to understand the patient in psychiatric contexts. We might generally learn to understand by listening and by reading and by conversation, but is it possible to understand something universal about patients in psychiatry, this way?

Objective
The aim of this abstract is to explore how to understand a patient's particular story and how to understand what this story tells us, in order to increase our knowledge about the universality of human beings, e.g. our patients in mental health care.

Method
Hermeneutic thinking and hermeneutic understanding often gives us profound knowledge and understanding about human beings. Michel de Montaigne (1592) said "the most fruitful and natural play of the mind is conversation. I find it sweeter than any other action in life".

Conclusion
Universality might increase our understanding of human beings, but this might also lead us astray if are unable to experience or genuinely feel or understand the experiences of our patients in psychiatric care. We can't experience the life of a slave, or the life of a dictator. The task of the patient's narrative is to throw light on the diversity of phenomena in mental health that surrounds us, and to expand our understanding of things we never knew existed or even could fantasize about. The narrative catches the moment in a world unknown to us – what we have never experienced or seen can be impossible to understand. Literature and art in general widens our world if we are ready to see; an ethical and an aesthetical distance are necessary in order to understand the particular patient's own world.

A Lonely Life Journey Bordered with Struggle: Being a Sibling of an Individual with Psychosis

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Background
Being a close family member of a person with a severe mental illness can in many cases be a great burden and entail much distress. From the perspective of the affected person, the support of the family members has been shown to be an important factor in the recovery process. Sibling relationship is unique in general by virtue of their long duration. Studies suggest that siblings of individuals with severe mental illness in many cases expect themselves to provide their affected brother or sister with support, that their experiences of the sibling's psychiatric problems strongly affect their well-being, and that they experience difficult issues in relation to being a sibling. The psychiatric services seem to have partly failed in meeting their need for support. How siblings of persons with a psychotic illness experience their situation and what supporting measures can imply for them has been investigated only to a limited extent.

Objectives
The aim of this study was to explore how persons who are a sibling of an individual with a psychotic illness, and who have participated in a support group for siblings, experience their situation of being such a sibling.

Method
Thirteen persons participated who were siblings of persons with a psychotic illness and who had participated in a support group for siblings. The data were collected via four focus group interviews and analyzed by qualitative content analysis.

Results
The analysis of focus group interviews were interpreted within an overall theme: a lonely life journey bordered with struggle. The theme consisted of three categories; facing existential thoughts; related to the informants own lives as well as those of their affected sibling's life, facing ambiguity in approach and engagement; the informants experienced that they were facing ambiguity in approaching the affected sibling and in their engagement in the sibling's daily life, and facing disparate attitudes and expectations; the informants experienced that they had different attitudes than their parents regarding their sibling, and different expectations than the healthcare professionals regarding their participation in care. The support group in which they had participated had been important to the informants for both emotional reasons and for the knowledge that it had imparted.

Conclusions
The findings demonstrate the complexity of being a sibling of an individual with a psychotic illness, and participation in a support group for siblings may be beneficial. The findings also demonstrate the importance that the health care services acknowledged siblings.

The matter of place in community mental health care

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Background
The last couple of decades the process of deinstitutionalization has resulted in a large number of people who receive community mental health care. Users often meet the mental health worker at a community mental health centre or they receive help in their own homes. Issues of power and control are inevitably linked to the user-provider relationship, and the relationships are entrenched with power-inequality. This paper addresses how the meeting place may influence the power relationships.

Objectives
To analyse how users and providers describe the place's influence on the power relationship in mental community care

Methods
In the first part of the study, 10 users and 15 mental health workers were interviewed individually. The users were men and women diagnosed with schizophrenia/psychosis, bipolar disorder or moderate to severe depression, and had received community mental health care for more than two months. The health workers were nurses and social educators, mostly with continuing education in mental health care. A discourse analysis was used to analyze the interviews. In part 2, three focus groups consisting users and mental health workers participated in the analysis from the individual interviews.

Results
The roles and the power balance in the user-provider relationship can change in accordance to where the help is given. The analysis shows that users and providers constructed different positions to the user receiving community mental health care in their homes: resident/host and user. The mental health workers dual role is to be a "guest" and a professional in the user´s home. It is important to create a healing place, based on cooperation with the user in all the steps of the process. Sometimes the user´s home may be the right place to choose, sometimes the health workers office serves the purpose, and sometimes the best place may be in the woods or at a café. It depends on what the goals are, the situation and the time. The hierarchic position as well as the power balance seems to displace when the user is part of the decision of place.

Conclusions
By altering the positions, the boundaries between the person and the professional can blur and create spaces that lead to more egalitarian partnerships between user and the mental health worker. Knowledge about the meaning of place and cooperation can promote the user's needs for community mental health care.

National Veterans Project: Addressing Homelessness among Canadian Forces Veterans

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Background
This multi-site pilot study examines the importance of key principles for addressing homelessness among Canadian Forces (CF) veterans, including: Housing First, housing with support, peer support, provision of services separate from the general shelter/homeless population, promoting self-respect, providing structure, providing a transition process to housing while addressing co-occurring mental illness, addiction and trauma.

Objectives
Local community organizations across 4 Canadian sites (Calgary, London, Toronto and Victoria) collaborated with federal partners including HRSDC and Veterans Affairs Canada to provide housing and support to veterans experiencing homelessness. Each site employed different strategies to enact key principles in order to evaluate their usefulness and utility.
Methods: Program evaluation included both formative and summative components using a mixed methods approach. Structured interviews were conducted with veterans at multiple time points over a period of 15 months. Focus groups were carried out in three cycles with veterans, staff, and stakeholders at each site.

Results
Quantitative findings (N=63) reveal a pattern of chronic homelessness with tremendous physical and mental health consequences occurring many years following release from active service. Participants spent a mean of 160.2 nights homeless in the year prior to enrolment (range 0-365, SD 137.9) with a total of 5.8 years (range 0-30 years, SD 6.8) on the streets. Greater than one-half of this sample offered fair to poor ratings of physical health, mood and overall sense of wellbeing. Satisfaction with family and social relationships was similarly poor. Quality of life ratings at enrolment were 49.4% (N=38) (Maximum score 100%). Qualitative analysis validated key principles for addressing homelessness among veterans with the exception that permanent rather than transitional housing is needed. Housing First and Harm Reduction philosophies were identified as useful strategies to support permanent housing solutions.

Conclusions
Creative, flexible approaches that balance safety, security and structure while at the same time promoting self-respect, personal choice, harm reduction and autonomy are essential to providing meaningful service to this population. Establishing strong interagency partnerships at the outset and strengthening pathways that promote information sharing and collaborative case management across sectors are integral to improving long-term housing stability and reducing homelessness risk. Care providers, veteran serving professionals and policy decision makers across mental health, social service and housing sectors will benefit from improved understanding of the underlying processes that contribute to and ameliorate homelessness risk within this population; subsequently, interventions can be tailored accordingly to reduce risk and improve outcomes among CF veterans.

Adopting Research to Improve Care (ARTIC): Implementation of the Transitional Discharge Model (TDM).

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Background
The transition from hospital to community is complex and can be challenging for many clients. The Transitional Discharge Model (TDM) was created to ensure a seamless safety net exists for mental health clients transitioning from hospital to community. TDM is based on providing a safety net of peer and clinical staff relationships over the discharge process. Assumptions of TDM are that; people heal in relationships, a network of relationships provided during transitional periods assists in recovery and transitions are vulnerable periods where attention to relationships is most important.
Objectives
The Council of Academic Hospitals of Ontario (CAHO) and the Ontario Peer Development Initiative (OPDI) have partnered on this two-year project to implement this evidence-based model. The purpose of the study is to analyse the implementation strategies of the model at 9 CAHO hospitals across Ontario, Canada and to compare and asses the effectiveness of the TDM for diverse populations, such as acute versus tertiary care. Over a 2-year period, the effectiveness of TDM will be studied by gathering data through four main sources: client interviews, focus groups with clients, hospital staff and peer supporters, hospital administrative data, and an ICES data run to track client's health care usage across the Province of Ontario.
Methods
Through evaluation methods the team will identify the following: what is supporting or hindering the implementation across sites, how well the model is being implemented, who the model is working, not working for and how well it is helping to keep individuals out of hospital and transitioning back into the community.
Results
Initial results reveal some of the following: The model continues to be very effective where patients are actively requesting staff and peer support. A decline in re-hospitalization rates and length of stay is being observed. Staff report a direct link between establishing therapeutic relationships with clients and positive patient outcomes. Clients describe variations of peer support as helpful and report that TDM increases comfort around being discharged. For peer supporters the act of supporting clients helps their own recovery.
Conclusions
The current project hopes to; increase communication and collaboration among hospital staff and community peer support, improve outcomes for those being discharged from a psychiatric ward, reduce health care costs by reducing hospital length of stay, readmission and ER visits, gain knowledge about enablers and barriers of implementing the TDM and compare the variety of peer support models and their challenges and successes.

Correctional Service of Canada Sex Offender Clinic

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Background and Objectives

Twelve years ago, the Department of Psychiatry of the University of Sherbooke was requested by the Correctional Service of Canada to establish a clinic for the treatment of dangerous sex offenders upon their release from the federal detention centers and following their transfer to halfway houses. The main objective in setting up this clinic was to ensure the continuation of the treatment program that had been initiated during the incarceration period or to establish a treatment program that would continue throughout the remaining period of the offender's sentence. By offering this program, the ultimate goal was to establish links between the offender and health services in the community upon their release. The clinic has now been in operation for twelve years and is the only one within Correctional Service of Canada. All the clients admitted to the clinic have been declared dangerous offenders or long term offenders under the Canadian Criminal Code. Their participation in the program is mandatory. Prior to their admission to the clinic, the clients are assessed by psychologists, psychiatrists and criminologists. Ninety percent of the clients have a diagnosis of pedophilia and ten percent another type of paraphilia. Twenty percent of those admitted to the program suffer from another mental disorder for which they are treated by a general psychiatrist.

Methods

A multidisciplinary team approach is used. All clients are followed on a regular basis by a team of psychologists, specialized nurses, psychiatrists and parole board agents. In collaboration with the Research Center of the University of Montreal, cognitive and behavioral treatment is provided for up to one year. Psycho/hormonal therapy is offered and may last for up to ten years. Clients receive either selective serotonin reuptake inhibitors (SSRI), antiandrogens or a combination of the two.

Results and Conclusions

Now after twelve years in operation, the impact of the program on sexual re-offending is positive. During the treatment program only one client was arrested and incarcerated for a sexual offense and this was not accompanied by violence. We are unable at this stage of the research project to establish the long term effect of this treatment approach.

A tailored two day training for nurse substitutes – handling of emergency situations

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Background

For the safe operation of the unit and the safety of personnel and patients, it is particularly important that each employee is able to identify the hazards and risks and to act correctly in acute situations including actual or potential aggression or violence. Active management of actual or potential aggression and violence is emphasized because of the small staff numbers of staff. The highlighted focus is always in proactivity. In many cases, summer or short-term substitute's orientation training is incomplete or does not exist at all, which may jeopardize the safety of employees and patients. The aim of our tailored training is to familiarize new employees and substitutes to work in situations possibly involving actual or potential aggression and violence and also in situations where skills of resuscitation and/or fire evacuations might be needed.

Object

The aim of training is to ensure the work- and patient safety despite the increased numbers of substitutes during the summer months. Second objective is to make teamwork in these situations more fluent and collaboration with patient more de-escalation focused and less restrictive.

Methods

Training is divided into three modules: the violence prevention and safety management, fire safety, as well as managing hospital CPR and first aid situations. All three modules are taught in one package in order to obtain a compact training to cover the operation of acute wards in general. This will facilitate the start of work and professional integration. In theoretical training the focus is on in proactivity and aims to support a favorable attitude and atmosphere towards the patients. In practical exercises we practice transfers, safe handling and management of situations where non-voluntary medication is needed, anticipation, safe use of seclusion and restraints, skills related to handling first aid situations and giving CPR, and fire safety.

Results

In a few earlier summers we have organized similar kind of training in our units, and the feedback has been positive. On the basis of feedback we have modified the training to be more pragmatic and also tried to increase the possibility of a free discussion in which it is encouraged to reflect for example issues related to restraining patients and questions about occupational values. We also aim to strengthen occupational identities towards favorable direction. Based on our experience we have modified our way of teaching towards more practical format.

Finding more placements in mental health: why medical-surgical settings aren't part of the solution

Happell, Brenda, Professor, CQUniversity Australia, Centre for Mental Health Nursing Innovation, Australia

The evidence for the importance of positive clinical experience in promoting more positive attitudes to mental health nursing is overwhelming. Unfortunately quality placements are in short supply. The high prevalence of mental health challenges within the general health care setting has presented medical-surgical settings as options for mental health placements. It is suggested that students can focus on mental health issues within these settings to gain appropriate clinical experience. Research was undertaken to determine the effectiveness of clinical placements in non-mental health facilities in producing improvement in attitudes to people with a mental illness and to mental health nursing in nursing students. A within-subject design was used. Participants provided self-report data soon after the beginning and at the conclusion of the mental health component. A questionnaire was administered to a cohort of undergraduate nursing students (n=66) to measure attitudes, preparedness for practice; and interest in mental health nursing as a career using a pre- and post-test design. Only 25% of participants completed clinical experience in a mental health facility. Minor improvement in attitudes, confidence and appreciating the nursing role in mental health were identified, but the impact on attitudes was considerably less favourable than when clinical experience was undertaken in a mental health facility. Participants who completed clinical experience in a non-mental health facility did not demonstrate more favourable views about mental health nursing.

Lived experience in nursing academia: making mental health nursing more popular?

Happell, Brenda, Professor, CQUniversity Australia, Australia

Mental illness remains a major public health issue. Improving mental health care services is vitally important and mental health nurses are central to mental health service provision, sustainability, and efficacy. However, mental health nursing is less popular than other nursing specialties and service-users and practitioners are affected by negative attitudes and stigma. Education is fundamental to attracting students to the field of mental health nursing and transforming service culture through consumer participation. This presentation is on findings of research on the effectiveness of undergraduate mental health curricula in changing student attitudes to people with mental illness, consumer participation, and career interest in mental health nursing. A course delivered by a person with lived experience of mental illness (and mental health service use) was compared to a traditional mental health course for its impact on student attitudes and career intentions in mental health nursing (cohort 1, n = 70; and cohort 2, n = 104, respectively). In both cohorts, attitudes were measured via self-report, before and after the course, and changes investigated through within-subjects t-tests. Statistically significant positive changes in intentions to pursue mental health nursing were observed in the consumer-led course, compared to no changes in the traditional course. Negative stereotypes of people with mental illness reduced in the consumer-led course, but not in the traditional course. Furthermore, more positive attitudes to consumer participation post-course, were found in both cohorts. These findings support the value of an academic with lived experience of mental health challenges in promoting attraction to mental health nursing as a career
option.

Implementation of inter-agency network meetings in the mental health care sector: the emergence of a transdisciplinary professional identity in Open Dialogues

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Background

The empirical findings have been taken from a clinical project in southern Norway concerning inter-agency network meetings in the context of Open Dialogues with persons between 14-25 years of age. The project explores how professionals representing various sectors perceive these meetings.

Objectives

The aim of the study was to explore the challenges connected to the transformation and emergence of professional identity in transdisciplinary inter-agency network meetings and further; what professionals understand as promoting or impeding open and joint dialogues and how this is related to their professional backgrounds.

Methods

Two focus groups consisting of professionals with experience from network meetings with adolescents and young adults were conducted. One group consisted of professionals working in the healthcare sector; the other group consisted of professionals working in the social and educational sector. Each group met tree times. Topics related to inter,- and transprofessional work, inter-agency work, dialogues, reflection and user participation in network meetings were discussed. To illustrate the findings achieved in the focus groups, observations of network meetings will be presented and discussed.

Results

The results indicate different levels of motivation and understanding regarding role transformation processes. The realization of transdisciplinary collaboration is dependent upon the professionals' mutual reliance. The professionals' participation is affected by stereotypes and differences in their sense of belonging to a certain network, and thus their identity transformation seems to be strongly affected. Problems connected to communication patterns seemed to be especially important. The professionals emphasized the need for creating a secure atmosphere including listening and to spend time on dwelling on different perspectives. Professionals working in the health care sector seemed experienced in how to present their ideas in an open and authentic mode without this being perceived negatively by the client. The health care workers found it difficult not to take the lead in the dialogue, while the social and educational workers focused more on techniques outside the dialogue.

Conclusions

To encourage the use of transdisciplinary inter-agency network meetings in mental health care, the professionals' preference for teamwork, the importance of familiarity with each other and knowledge of cultural barriers should be addressed. Having focus on factors, which may contribute to open and joint dialogues such as the significance of listening, silence and authenticity increases the professionals' ability, and thus the health care systems in general to create need-adapted solutions to complex problems.

Coercion and nurse competence in adolescent psychiatric care: How does the evidence look like?

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Background

During 2009, in the Hospital District of Helsinki and Uusimaa, 9.5% of adolescents who were treated in closed psychiatric wards were mechanically restrained. The Ministry of Social Affairs and Health in Finland has, however, settled a national aim to diminish the use of coercion as much as 40% by 2015. Moreover, the adolescent psychiatric department in Helsinki University Central Hospital, like many other mental health organizations, has moved from traditional inpatient hospital care towards diverse outpatient services. Identification of competence is essential in high-quality, safe and cost-effective mental health nursing care. There is, however, very little research focusing on competence profiles of nurses working in adolescent psychiatry. Taking into account the above-mentioned reform in psychiatric care, there is an urgent need for this evaluation.

Objectives

The study aims to characterize the professional competences among nurses working in the adolescent psychiatric care and explore if these competences meet the restraint activity-related needs of adolescent psychiatric inpatient care.

Methods

The data - 25 nurses' self-assessments and 25 nursing managers' assessments - were collected in 2013 from the adolescent psychiatric units of Helsinki University Central Hospital. The nurses' competences were assessed using the Nurse Competence Scale (NCS). The coercion data were gathered from the official restraint reports of the closed wards in 2014.

Results

The following questions will be answered in the conference:

1. How frequent is the use of mechanical restraint in adolescent psychiatry in 2014?
2. What is the level of nurses' professional competences in adolescent closed wards?
3. Do nurses' quality and frequency of professional competences correlate with each other?
4. Do nurses' and their managers' professional competence assessments correlate with each other?
5. Do nurses' professional competences meet the mental health services needs in adolescent psychiatric inpatient care?

Conclusions

There are new demands for nurse competences. The results of this study may be useful in planning targeted continual learning and educational interventions in adolescent psychiatric care.

The naturalistic course of depression and the interrelation with long-term support exchange in the elderly; results of a longitudinal population based study.

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Objectives
To test the interrelation of the naturalistic course of depression in older people with long-term support exchange.

Design
Longitudinal cohort study.

Methods
A sample of 277 adults, age >55 from the Longitudinal Aging Study Amsterdam (LASA), with clinically relevant depressive symptoms at baseline (scores ≥16 on the CES-D) were followed up over a period of 13 years. General estimating equations (GEE) were used to examine the relation between depression course and emotional/instrumental support received and given over time. In addition, partner status, gender and age were tested as modifiers.

Results
The two-way interaction between depression course type and time, only led to a significant decrease of received instrumental support. In the models estimating three-way interactions, associations between depression course and support variables were found to be modified by gender and partner status.

Conclusion
An unfavourable course of depression may impact support exchange between depressed older people and network members over time. Especially men and singles may be at risk to lose support from network members. Nurses should be aware that the negative consequences of a late-life depression could reduce the necessary support that older people receive from network members in order to maintain their autonomy and independency.

Developing effective mental health policies and plans in the Caribbean: a comparative analysis

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Background

The aim of this analysis was to analyze and describe the steps that have been taken in the development of the mental health policy in Suriname after the WHO AIMS.

Objectives

1. To review the steps to be taken in developing a mental health policy and plan for a country
2. To gather information and data concerning mental health policy and plan development in Suriname
3. To draw conclusion from the experience gained that can be applied to other countries

Methods

In general, the information that was gathered from the four countries Guyana, Barbados, Trinidad & Tobago and Suriname, was compared with the WHO steps for developing a mental health policy and plan. Were these steps taken into consideration, when developing their mental health policy and plan? If not, what were the reasons why it did not happen?

Results

The mayor findings of the analysis are that Suriname as well as Guyana used the steps in developing their mental health policy and plan. Barbados and Trinidad & Tobago did not develop a mental health policy and plan. Suriname and Guyana have a mental health coordinating body at the Ministry of Health. Trinidad & Tobago as well as Barbados have a mental health focal person at the Ministry of Health of the respective countries.

Conclusions

It can be concluded that successfully improving of health systems and services for mental health is combining theoretical concepts, expert knowledge and cooperation of many stakeholders. The appointment of a mental health coordinating unit at the Ministry of Health is crucial for the development of mental health in a country. Furthermore, mental health is everyone's business and responsibility. It is common knowledge that improving the quality of mental health must be accompanied by the availability of financial and human resources. Finally, a mental health policy and plan should be one document tackling all aspects of mental health of a community.

Dancing With A Professional – a new training program in collaboration between service users and mental health professionals

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Background

Service-user involvement is one of the key challenges in the Finnish mental health care system. National and international guidelines highlight improving service users' involvement in planning, implementation and evaluation in mental health and substance abuse services. Service-user involvement trough training program is one of the main goals of the Key to the Mind project funded by Finland's Ministry of Social and Affairs and Health. The Key to the Mind project has organized several training programs for service users in the field of mental health and substance abuse work. After almost 100 service users have got their diplomas, there was a need for shared knowledge and how to support the implementation of concrete cooperation between service users and mental health professionals. A pilot training program for service users and mental-health professionals was therefore started.

Objectives

To describe a pilot training program for service users and mental health professionals consisting of integration of user knowledge, professional knowledge and scientific knowledge.

Methods:

The training program for service users and mental health professionals consists of three modules: 1) a five-day training for group guiding, 2) a three-day training for using motivational interview, and 3) training for cooperation with the network.

Results

So far 71 service users and mental health professionals have participated together in the training program. The training program has facilitated new ways of collaboration in the field of mental health and substance abuse work. The participants' knowledge of different methods working with clients has increased and the idea of shared expertise has found its way into practice. Different types of group activities are in practice or being planned. These activities are implemented in collaboration with service users and professionals.

Conclusions

This training program is a possibility to deepen shared expertise and to develop new collaborative working methods in mental health and substance abuse services. This training program gives participants a possibility to study their own attitudes toward and concerns about collaboration in mental and substance abuse care in action.

Social and health care students' mental health problems and support needed

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Background

Some social and health care students at Universities of Applied Sciences are in need of extra support concerning their mental health and demanding life situations. When they receive such support it is one form of developing their own professionalism. This presentation is part of my doctoral studies and thesis. Theoretical frames include themes reflection, learning by experiences, constructive learning, transformative learning cycles and transfer.

Objectives

To produce information:
1) What types of situations during studies a student experiences the need for extra support?
2) What types of support during the process the student experiences so they receive real support?
3) How does the student think that they can maybe use this experience of learned aspects working in health and social fields after graduating?
In this presentation I am only concentrating on the first objective.

Methods

Twenty-two health and social care students at two Universities of Applied students were interviewed. Written material from the same students who were interviewed was analysed. Four teachers who were giving extra support were interviewed. Four graduated students who had extra problems during their studies but managed to graduate without extra support were interviewed and their written material was analysed.

Results

Six out of the twenty two students had mental health problems and problems with managing their everyday lives. Six of them had difficulties with making personal study timetables. Four of them had many kinds of problems with their studies and their life situation at the same time. Two of them had problems at school with other students and teachers. Two of them had uncertainty in studying the right field . Two of them had other problems. Four teachers who were interviewed expressed their concerns about students` stress, anxiety and depression, which led to delay in their graduation. Also they spoke about students´ uncertainty in choosing their own field of study. They also mentioned about students´ field training periods which were too demanding for them. They also told about their students own expectations which were two high compared to their results. And finally they mentioned about their students´ very difficult life situation and their learning difficulties, physical illnesses or other reasons.
There were four graduated students who had extra problems during studies, but managed to graduate without extra support. They had to difficulties to manage their studies and working life at the same time. They also had difficulties in doing the thesis alone very slowly or doing the thesis with another student. They also had difficulties dealing with timetables.

Conclusions

Some students have many kinds of problems, also including mental health problems during their studies. Supporting them has also many positive affects to their professional development.

Psychiatric referral rates and resulting diagnoses regarding asylum seekers and refugees: A one-year prospective study from Turkey

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Background
Many asylum seekers and refugees suffer from psychological problems that result from traumatic experiences and adverse situations which frequently force them to escape from their country of origin.

Objectives
The present study aimed to analyze (1) the number of referrals to a psychiatry service made by registration staff and psychologists who conducted the Best Interest Determination interviews in an United Nations High Commissioner for Refugees (UNHCR) office in Turkey over one year period, and (2) psychiatric diagnoses in terms of gender, age and nationality of the asylum seekers and refugees.

Methods
The number of psychiatric referrals and associated outcomes were recorded between January 2013 and January 2014. Asylum seekers and refugees who were registered between January 2012 and January 2014 were included in the study and referrals related to individuals who were registered before 2012 were excluded. Although the study consisted of asylum seekers from 9 countries, the majority of them were from Iran (40.7%), Iraq (36%) and Afghanistan (16.9%). The mean age of the entire sample was 30.6 (30.3 for females and 30.7 for males).

Results
It was observed that a total number of 35324 asylum seekers were registered by the UNHCR office and 204 psychiatric referrals were made during a one-year period. Thirty three individuals (15.6%) had no diagnosis after psychiatric assessment. The remaining 172 persons had 16 different diagnoses which consisted of five main disorders; major depression (44.8%), posttraumatic stress disorder (PTSD, 15.7%), anxiety disorder (not specified, 9.3%), schizophrenia and other psychotic disorders (8.7%), adjustment disorder (7.6%), other diagnoses (14%). Although we did not conduct statistical analyses because of the small sample size, it was observed that the distribution of the diagnoses showed a similar pattern in terms of nationalities and age groups. However, it was observed that the percentages of females who were diagnosed with PTSD were obviously higher than males (11.5% and 20%). On the contrary, the percentages of males with the diagnoses of schizophrenia and other psychotic disorders were obviously higher than females (3.5% and 13.8%).

Conclusions
Humanitarian agencies play a crucial role in helping asylum seekers and refugees to receive proper psychiatric treatment. Findings of this study suggest that informing staff who works for humanitarian organizations on signs and symptoms of mental disorders may contribute to recognition of psychiatric problems in target population and accuracy of psychiatric referral process.

Staff's experiences of the process of decreasing the use of force in psychiatric inpatient care in Central Finland

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Pellinen-Karhu, Jyrki, Mental health nurse, Central Finland Health Care District

Background
In 2005 Central Finland Health Care District started development of adult's psychiatric services aiming to more out-patient care focused care services. This decreased the number of the beds in the hospitals, and lead to development of in-patient care practices which would be in line with out-patient care orientation. Assessment of the need for hospital care was centralised to one ward, together with the use of seclusion and restraint care. This ward started to develop its practices focusing also to decrease the use of force in the care, which has decreased significantly.

Objectives
To describe staff's experiences of the process of decreasing the use of force in psychiatric inpatient care.

Methods
The process to decrease the use of force started as natural part of general development of the nursing care. However, it was recognized that changing the way of working can be challenging for the staff, as they need to implement more individual solutions in the care, instead of following some rules or guidelines. Education was arranged for the staff and experts by experience were involved to the process, and together a care process was created for the situations which had earlier lead to the use of force, especially seclusion and restraint care. Leaders supported the process and resources were given to test the new methods. Staff's experiences were documented during the process during the different educational and development days.

Results
In the beginning of the process staff articulated some doubts if the new methods would danger the safety of the ward. During the process the experiences started to change. Today staff feels that decreasing the use of force has required flexibility and courage from them to question the old practices, but education and working together with the experts by experience has helped and changed staff's approach. Today the previous restrictive care culture feels inacceptable. Ward rules are no longer the argument if restrictions are needed, but decisions are made according to the patient's individual situation. Current care methods also bring staff experiences of success.

Conclusions
With education, support from the leaders and involving experts by experience it is possible to affect to the care methods staff uses and how they experience the change. The positive experiences are also an example and other wards have now started to learn from example.

Motivational Interviewing as one way to train and supervise counselling skills in mental health

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Background
Motivational interviewing (MI) is considered to be an effective counseling method that is used in various fields among these mental health. As practitioners self-reported assessments of their competency in the method may not be accurate, the reliable individual feedback to the practitioners' everyday work may be helpful. To accelerate the practitioners' development in motivational interviewing is necessary to maintain the level of feedback and coaching continuity. For assessment of treatment fidelity the Motivational Interviewing Treatment Integrity Code (MITI) has been developed.

Objectives
The main purpose of this study was the adaption and assessment of inter-rater reliability of the Estonian version.

Methods
24 interviews and four coders were included for the study. In the first phase a pair of coders rated each interview. Intraclass correlation was used for assessment of inter-rater reliability. In the second phase eight interviews were coded by the remaining two coders. Methods based on limits of agreement (distribution quantiles and within-session standard deviation) were used for assessment of inter-rater reliability in the situation with varying number of coders. Multilevel intraclass correlation was proposed for estimation of inter-rater reliability.

Results
The results indicate higher reliability on the behavior counts compared to MITI globals.

Conclusions
With adaption of the Estonian version of MITI manual the first step of science-based approach to training MI and feedback is taken and the more systematic work on this field can be follow.

Factors affecting mental health policy implementation for people with intellectual disabilities

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Background
People with intellectual disabilities and concurrent mental health problems are increasingly coming into contact with mainstream or specialist mental health services where care ought to be provided through a Care Programme Approach (CPA) framework. There has been no empirical research looking at CPA implementation for this client group.
The aim of this study was to explore the factors affecting CPA implementation for this client group from a strategic-level perspective.

Methods
The study was conducted using a case study approach (Yin, 2009) in a single mental health NHS trust which was working across five separate localities.The study was conducted in two phases. Phase 1 comprised interviews with senior trust and local CPA steering group representatives. Phase 2 comprised of interviews with those charged with the actual implementation of CPA policy in their respective local areas and local voluntary sector representatives. All participants completed an adapted version of the Partnership Assessment Tool (Hardy et al, 2003). Documentary analysis was also undertaken.

Findings
A range of strategies were employed by the five localities in the development and implementation of the policy within their respective areas. Although there were pockets of successful implementation it was apparent that there was quite limited progress. There were six key contextual factors found to be impacting significantly on this process. These were: The lack of finances and resources; Competing priorities; Incompatible Information Sharing & Information Technology Systems; Organisational complexity (size of trust and number of different partners); Lack of governance and accountability arrangements across and between partners; High staff turnover. The impact of these contextual-level factors filtered down to a locality-level where services were experiencing difficulties specific to implementation at that level where there was: An Absence of a Shared Vision, Understanding and Commitment; The Absence of Shared Strategies and Policies; The Drive and Commitment of Staff and Key People; Competing Traditional Professional Roles and Cultures ; a Lack of Staff Education and Training; and a Lack of Administrative Support.

Conclusion and Implications for Practice
The slow progress with CPA implementation can be attributed to the strategic and local level factors identified in this study. Considering the extent of the problems associated with implementing CPA over the past 20 years and with mounting evidence regarding the implementation of CPA the way forward is not to continue adding patch after patch onto a fundamentally flawed system, but to be truly daring and start over from a bottom-up approach with the client at the centre.

Improving patient-centred care in child psychiatric ward

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Background

In Child Psychiatric Ward in the Hospital District of South Ostrobothnia individualised and patient-centred care and family participation are central elements of nursing. Nursing in child psychiatric ward is challenging and requires multidisciplinary co-operation. From a nursing point of view, the most challenging situations are when a child needs physical restricting in order to secure patient's own or other patients' safety. The Child Psychiatric Ward's staff wanted to develop evidence-based and patient-centred nursing. In 2013, they started to search available evidence-based knowledge about use of holding in child psychiatry. Based on reviewed studies, holding can have negative ex-periences both to persons involved and to care. Based on studies and staff's experiences, nursing practices were developed.

Objectives

1. To strengthen patient and family involvement and empowerment in child psychiatric ward
2. To strengthen evidence-based nursing in child psychiatric ward
3. To standardize nursing staff's precautionary procedures in order to reduce holdings

Research questions

1. How to strengthen patient and family involvement in practice?
2. Are the restraining and coercive procedures used in the ward evidence-based?
3. What precautionary procedures are known and which of those are already used in the ward?

Method

Systematic literature review was used to gather information from previous studies. Experience-based and tacit information was collected from the nursing staff by open discussion. Previously developed procedures were evaluated in work groups from both nursing and legal point of views.

Results

Child's and family's point of views are emphasized in care planning more than before the project. Child's needs are the basis when personal nurse is chosen. As a result of the project, a summary of the systematic literature review was gathered, and coherent instructions for precautionary proce-dures and use of coercive measures were generated.

Conclusions

Child's and family's possibilities to influence and participate in care have increased. Individualised and patient-centred care is emphasized in the ward more than before. Joined discussions and written instructions have supported implementation of coherent procedures. The instructions also reduce ambiguousness. Evidence-based care increases the use of appropriate and functional procedures and reduces the use of routines. Attitudes to coercive measures such as holding have changed, and nurses realize more often that those measures can have negative effect to care. In addition, holdings can cause negative experiences to child, family and nursing staff.

Toward a safer working environment on psychiatric wards: Service user perspective

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Background
Patient aggression and violence are recognized to be among the most common sources of nurses' workload on psychiatric hospital wards. This study is a part of a Finnish research project "Safer Working Management" (2012-2013) funded by The Finnish Work Environment Fund (111298). The overall goal of the project is to develop predictive interventions to care aggressive and disturbed patients on psychiatric wards, to test these interventions, and to achieve safer working management and work satisfaction among ward personnel. Service users' personal experience-based knowledge of aggression and violence-situations guides us to develop aggression and violence-related prevention and management program for use on psychiatric wards.

Objectives
We explored service users' (n=9) delayed perceptions of aggression and violence-related situations on psychiatric wards, and their suggestions for the development of safe and humane management of aggression and violence-related situations.

Methods
A qualitative design with focus group (n=2) interviews was used to explore service users' perceptions. The data were analyzed with inductive content analysis.

Results
Participants reported aggression and violence-related negative perceptions (including loneliness, boredom, excessive control and rules, fear and insecurity, and lack of information) but also memories of humane and caring personnel. The suggestions included meaningful activities and humane, interactive nursing.

Conclusions
After years, service users retain mostly negative feelings related to their previous experiences of aggression and violence situations on psychiatric wards. Long-term patient satisfaction is an important treatment outcome. Our study stresses the importance of changes in clinical practice that influence patient satisfaction. Humane, interactive nursing models should be studied and disseminated. Moreover, real participation of service users to development processes of psychiatric care should be assured.

Forensic Mental Health Nurses and Families; A Transformational Leadership Approach

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Background

This presentation forms the basis as part of changing the role of forensic mental health nurses. Historical influences still seep into contemporary forensic mental health nursing practise. These are often mirrored in organisational philosophies, transactional and autocratic leadership styles and disempowered staff. Transformational leadership is heralding as a standard for nurse managers and can be achieved through training, education and professional development in key leadership competencies

Objective

The aim of this changing process is that the forensic mental health nurse will become an important partner in dealing with families and significant others. Transformational leadership will be discussed as a tool to achieve this change.

Method

The issue of leadership in the world of nursing is evolving. This presentation deals with the role of this professional group who are not allowed in an area where they are commonly a major player and the use of transformational leadership as a method to make a positive turn in the professional domain of the forensic mental health nurse. A detailed practical example will be added by the co-presenter to illustrate the issues involved.

Result

Due to the recent moves to change the role of the forensic mental health nurse, results will be generated and will be evaluated with regular intervals and may be presented at future conferences.

Conclusion

In conclusion the presenter will suggest strategies and ideas in order to instigate a possible change through he eyes of Transformational Leadership.

Psychiatric nurses' emotional experiences regarding seclusion and restraint – Preliminary findings

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Background
Seclusion and restraint are extreme interventions in psychiatric nursing. These interventions may engender different experiences in patients and nurses. In patients these experiences are mostly negative. Psychiatric nurses have described for example emotional and ethical experiences. It has also been reported that nurses need support regarding seclusion and restraint. Developing alternative methods to seclusion and restraint has been a central aim in Finnish psychiatric nursing during the last years. Several studies focus on patients' experiences regarding seclusion and restraint in Finland but only few studies describe nurses' experiences in this context. In developing alternative methods for these interventions it is important to study also nurses' experiences.

Objectives
The purpose of this study was to develop and to pilot the Seclusion and Restraint Experience Questionnaire (SREQ). Furthermore, the purpose was to describe psychiatric nurses' experiences on seclusion and restraint and factors associated with these experiences.

Methods
The data were collected in 2013 using an electric version of SREQ that was developed for the study. In all, 165 nurses working in adult psychiatric closed wards answered to the questionnaire. The response rate was 43%. The data were analyzed with statistical methods using e.g. exploratory factor analysis.

Results
Men participated in seclusion and restraint episodes more often than women. Nurses experienced seclusion and restraint as integral to their work. They described seclusion and restraint as a way to actualize responsibility in patients care. The majority of nurses did not describe negative emotional experiences, such as anguish, guilt, regret or fear for their own safety. Seclusion and restraint were described as negative experiences per se. However, these interventions increased safety of the nursing staff. According to the preliminary findings nurses' work experience and the character of the employment are associated with positive emotional experiences regarding seclusion and restraint. Furthermore, the experience of the control related to seclusion and restraint is associated with the length of the employment.

Conclusions
These results are from the pilot study and therefore when examining these results, attention has to be paid on the small sample size. The SREQ is a new instrument and its reliability and validity has still to be improved.

On the Borders between Residential Child Care and Mental Health Treatment: RESME project

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Background

The main idea of the RESME -project is to improve the welfare and mental health of the children who lives in the residential child care. Due to their background, they have often mental health problems that should have treated to support their everyday life. In this RESME -project research is focusing on the residential child care and mental health treatment. The tailor-made continuing education course for professionals, developed during the RESME project, aims to increase the multi-professional collaboration between professionals working on the borders of these systems, residential child care and mental health services. This RESME-project is funded from European Union Lifelong Learning Programme (LLP) (527793-LLP-1-2012-1-FI-ERASMUS-ECUE).

Aim

Objectives of the project is: 1) to increase through education the practitioners´ multi-professional competences and therefore have positive influence to the quality of residential child care work, 2) to increase multi-professional collaboration and participants´ knowledge of each other´s professional competences, 3) to exchange the good multi-professional work practices on the borders around Europe, 4) to create an international European Expertise Consortium to bring up these issues on discussion around Europe.

Methods

Objectives of the RESME -project research is to identify the country-based good practices on the borderline work between residential child care and mental health treatment and to find out the practitioners´ need for multi-professional continuing education. The research is done in six participating countries (Finland, Denmark, Germany, Lithuania, Scotland and Spain) around Europe. To reach these aims the focus group- and individual interviews of professionals are utilized to create a European wide consensus of the RESME continuing educational course and its contents.
Results: The gained knowledge and experiences from the research is base of the continuing education course developed (15 ECTS) for professionals working in child welfare and mental health treatment. Continuing education course is compiled together in educational manual and finally formulated to the project publication. Project also offers a learning environment for the social and health care students around Europe.

Conclusion

In longer term, through multi-professional continuing, the project will have an influence to the work practices between the residential child care and mental health treatment. This will happen for the best interest of the child.

Project partners: Turku University of Applied Sciences (coordinator), University of Oviedo, Hamburg University of applied Sciences, Mykolas Romeris University, VIA University College, University of Edinburgh, Kibble Education and Care Centre.

Case study of one serious violence incident on a psychiatric admission ward

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Background
In autumn of 2013 a patient assaulted a psychiatric nurse on a psychiatric admission ward in Peijas hospital. During the examination of incident several gaps in assessment and treatment were found and not one explicit explanation for escalation could be found. During the examination of this case several faults could be found, beginning from admission to the ward.

Objective
This case-based chain analysis aims to describe the complexity of incidents that led to a serious violence towards a psychiatric nurse.

Method
Patient records and interviews of personnel were used in the analysis.

Results
The escalation took several days and during that time there were various points that predicted violence and/or indicated increased risk of violence. Due to the lack of situational management no proactive interventions were applied. In consequence of negligence of personnel, repetitive miscalculations, lack of comprehensive delving of patient history, problems in reporting and reacting to reports and in ward level leadership, the patient's psychotic symptoms and paranoid ideation worsened to the point of violent outburst. Retrospective assessment of the patients' violence risk – done by using Brøset Violence Checklist or Dynamic Appraisal of Situational Violence-scale – show no increase in risk of violence. This supports the previous findings that some of the serious violence on wards cannot be predicted with use of actuarial assessment. In retrospective clinical assessment, the indications for violence were observable. The thorough analysis of gaps that lead to violent outburst will be presented and discussed in conference.

Implementing service user involvement and recovery-focus in psychiatric care

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Background

The national plan for mental health and substance abuse work enhancing service users' and carers' status and involvement of was introduced in 2009. In 2010, the Hospital District of South Ostrobothnia launched the training programme for experts by experience. The first training was a success and it was followed by two other training groups in 2010-2013. Totally, over 60 experts were trained.

Objectives

Although the training was important and promoted participants' recovery, taking expert by experience model to practice was another important goal. The aim was to promote service user and carer involvement in psychiatric care and implement recovery-focused policies in psychiatric care in South Ostrobothnia.

Methods

In order to succeed in implementation, a co-ordination model was organised. The co-ordinator is in charge of marketing the model and organising practical matters. Co-ordinator helps with paper work and billing, and organises professional guidance for experts by experience.
An example of recovery-focused activity is Olkkari - the Living room - in Seinäjoki town centre. Olkkari is a low threshold meeting place for everyone interested in mental wellbeing and substance free lifestyle. Trained experts by experience were actively involved in innovating and building the Living room.

Results

The expert by experience model has gradually taken root within the hospital district. They work as support workers, group leaders and trainers. They also are recognised participants in diverse working groups. After the first uncertainty, preconception and confusion, professionals have learned to value the knowledge and contribution of experts by experience. The number of work assignments clearly shows this progress. Olkkari has found its place, and has more than 20 visitors per day. It offers user-led groups and peer support. Olkkari is led by a NGO founded by service users, carers and experts by experience. The work is funded by Finland’s Slot Machine Association (RAY), the Hospital District of South Ostrobothnia and Seinäjoki town.

Conclusions and implications for practice

The training of experts by experience is only the first step. Implementing service user involvement and recovery-focus in psychiatric care, and influencing attitudes requires long-term commitment. Support from the management and sufficient resources for co-ordination are essential. In South Ostrobothnia, the training continues within the Recovery College project. In the future, the Recovery College will also play an important part in in-service training of the staff.

The meaning of swot-analysis for clarifying clinical contexts in geropsychiatry

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Background

The elderly population is projected to grow rapidly between the years 2010 and 2030 as the "baby boomers" reaches 65 years of age. By 2030, older adults will account for 25% of the nation's population, up from 19% today. As a result of the growing amount of old people the need for geriatric mental health services will increase. Mental health disorders, among the elderly, include depression and other mood disorders, behavioral problems, substance abuse, psychiatric aspects of ageing illnesses, confusion, anxiety and late life schizophrenia. Participants in this swot- analysis project group were three Nurse Managers and a Nursing Director, all working at Helsinki University Central Hospital (HUCH) department of Geropsychiatry.

Objectives

The aim of this development project was to analyze the current situation and practice in HUCH, Department of Geropsychiatrics, on three wards and their corresponding outpatient unit, in order for the nursing manager to have knowledge on how to plan, develop and improve nursing in these units.

Method

The method used was swot-analysis. The analysis consisted of seven meetings, starting from "brain storming", continuing towards systematic data processing, in order to create a vision out of the chaos in form of facts emerging from the ideas.

Results

The swot- analysis revealed that under the heading strength were things like; the effectiveness of care is evident, there is a sense of purpose and strategic intent and that the availability of personnel is good. Under the heading of weakness we found; geropsychiatrics is understood as general treatment for the elderly, unrealistic expectations of the possibility of treatment and that the competence of staff is based largely on experience and model learning. Under opportunities we found that there is widespread demand for mental health services for the elderly, geropsychiatry has a positive public image and that the decrease in hospital beds leads to opportunities to develop outpatient care. Finally we saw threats consisting of the fact that geropsychiatry is confused with geriatrics and that the field of psychiatry for the elderly is fragmented.

Conclusion

Swot - analysis is a useful method in developing and accessing the clinical practices on a ward or in an outpatient unit. As an instrument it has the potential to create order in an otherwise possibly chaotic world, e.g., when we know we need to assess the reality surrounding us, and when we need to know from where to start!

Cognitive Remediation - Cogpack and Metacognitive Group Therapy for Patients with Psychosis

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Background

Cognitive problems are the core symptom of schizophrenia, but and for many years little attention was paid to attempts to alleviate these problems. It was common belief that poor cognition is part of the illness which cannot be cured because of its biological nature. Cognitive deficit starts to develop before the actual psychosis onset and is progressing over time leading to different other symptoms (delusions, paranoid ideation etc). Previous investigations have demonstrated that various types of cognitive training can improve neuropsychological performance, psychosocial functioning and psychiatric symptom severity. Early intervention helps to prevent further impairment.

Objectives

The aim of this presentation is to introduce a program for cognitive remediation using 12-week group intervention combining Cogpack and metacognitive group therapy to improve both cognitive and metacognitive knowledge.

Methods

The main goal of this program is to teach patients cognitive skills and to transfer these newly learned strategies to their everyday life - to be more aware of his/her condition, analyze thoughts and thereby alleviate their problems. This program consists of two parts to achieve these objectives. Cogpack is a computerized training program for cognitive functions. It has the possibility to approach each patient individually considering his/her special needs. It encourages participants to try and learn new strategies in a playful way. The aim of metacognitive group therapy contributes to „thinking about thinking“ and to transfer these newly learned cognitive skills to everyday life. Each group session has its own topic such as cognitive functions, attributional style, self regulation, relapse prevention etc. Patients get to discuss their experiences and share thoughts. Topics are customized to our patients' needs and they integrate both cognitive area and thinking styles that are characteristic to patients with psychosis.

Results

So far, more than 140 patients have participated in this program and feedback has been rather good. The program is quite new. however, we have noticed that patients with better metacognitive skills have also better insight and therefore they are more successful at school, work, in relationships and their treatment compliance is better. They are also more aware when to look for help and it is possible that it can prevent relapses.

Conclusions

Cognitive remediation helps to improve stuctural skills for those who usually act chaotic and unorganized. Training has potential not only to enhance cognitive skills but also functional abilities and therefore improve quality of life.

Philosophical perspectives on alcohol dependence and its pharmacological treatment

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Background

Alcohol dependence is the most serious form of alcohol misuse. The purpose of this presentation is to decipher those views that underlie different explanatory models of alcohol dependence. Explanatory models are theories that answer to the question about the nature of alcohol dependence and what kind of condition it should be thought as. This topic has been under discussion for centuries. It has been argued that these different conceptions affect the treatment of alcohol dependence. There are several different approaches in the pharmacological treatment of alcohol dependence. These approaches can be generalized into two different treatment paradigms: those that reach for total abstinence and those that aim at reduction of alcohol consumption.

Objectives

I will present the main explanatory models of alcohol dependence and make a critical review of their fundamental claims. My central aim is to examine if different treatment paradigms are based on different explanatory models.

Methods

Philosophical methodology was employed in this study.

Results

Explanatory models of alcohol dependence can be divided into different theories. In this presentation, I am focusing on two of the most widespread explanatory models: the moral model and the disease model. The moral model is the oldest explanatory model and it has three central claims: alcohol-dependent individual is solely responsible for his/her condition, alcohol-dependent individual is weak-willed and that drinking of alcohol is morally wrong and depraved. The disease model states that alcohol dependence is indisputably a disease and therefore alcohol-dependent individual should not be classified as weak-willed and morally insufficient. This theory has developed significantly due to the influence of neuroscientific research. Different treatment paradigms appear to be closely connected to certain explanatory models. Some of those treatments that demand total abstinence are clearly based on the moral model due to their punitive nature. Those treatments that aim at reduction of alcohol consumption can be seen to be associated with factors that are characteristic for the disease model. For example, the pharmacotherapies of this paradigm address the underlying pathology of alcohol dependence.

Conclusions

In this study, a critical overview is drawn on how different explanatory models have been evolved and how they interact and affect our society. According to the analysis, it seems that different treatment paradigms for alcohol dependence are based on distinctive explanatory models. However due to the multifaceted nature of the explanatory models, these distinctions are not absolute.

Preparedness of resuscitation among nurses working in the north estonia medical centre

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Background
Daily work of nurses is psychologically challenging and stressful. Resuscitation of patients with cardiac arrest is just one example of highly stressful situation that is critical for the patient but also for the nurse. One of the main problems while starting resuscitation is fear to cause additional injuries to patient that is clinically dead. Fear may reduce nurse's readiness to start resuscitation process. Very little is known about preparedness and concerns that nurses have associated with resuscitation. Also there's limited studies done on psychological strain and stress related to resuscitation. Resuscitation is also defined as combination of cognitive and psycho-motoric skills. Studies confirmed strong relation between resuscitation success rate and frequency of resuscitation related training. Therefore it is very important to continuously train nurses in order to reduce their concerns, raise preparedness and provide them with ability to react faster and more adequately in resuscitation situation. Topic to study is nurse's possible fears while starting resuscitation related to limited knowledge on resuscitation.

Objectives
Objective of the study is to determine the distress index related to possible resuscitation situation among nurses working in the North Estonia Medical Centre.

Methods
Anonymous questionnaire survey was used for data collecting in the Surgery Clinic's and in the Internal Medicine 12 different departments where worked 184 nurses. Response rate was 55%. Distress index developed by study group covers: 1) prospective views on experienced anxiety and nervousness, 2) retrospectively experienced discomfort related to starting resuscitation, mental and physical distress and stress. Index consists of grades 4-12 representing high level of distress and grades 1-3 representing low level of distress. Statistical data analysis was done with IBM SPSS Statistics 19.0. Descriptive statistics were used.

Results
More than half of nurses (57%) working in the North Estonia Medical Centre experienced stress and half (50%) experienced discomfort thinking on last cases of starting resuscitation. And more than half of nurses (56%), who had participated in resuscitation, found that it had created mental discomfort, while about 70% of responders did not worry about infection or injury risk. It is known that many health professionals may feel the risk of infection due to resuscitation but studies show that this risk is very low.

Conclusions
One half of nurses who had started resuscitation in the North Estonia Medical Centre experienced that it had caused stress and they had high discomfort indexes. These results need further and deeper study.

Supporting the mental wellbeing of pupils with special needs in general education classes with visual tool package

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Background

Pupil's experiences of schooling affect their mental wellbeing. Essential to pupil's experiences are teacher's support and positive motivation. Mental health issues or neuropsychiatric problems may cause difficulties in organization, planning, time management and communication. This may cause misbehaving and difficulties in starting and completing school assignments. Some of these problems can be managed in general education classes. In Finland special needs education is mainly provided in mainstream education. In the City of Vantaa the integration of pupils with special needs has increased since Autumn 2011. This promotes pupils ability to go to neighborhood school, but class teachers need more tools for classroom management and supporting pupils with special needs.

Objectives

The objective of this presentation is to introduce the tool package which aim is to support the wellbeing of pupils with special needs by improving teacher's ability to enforce routine and structure in classes with visual aids.

Methods

A evidence based visual aids package was created to enforce routine and structure in the classes. The material was designed with special teacher and psychiatric nurse working in the schools. The material will be in intranet for teachers and it is designed to be easily printed and used. The visual aids package will be introduced in meetings to ensure the implementation. There will also be educational workshops for teachers about the topic. Teacher's experiences about the material will be evaluated in Autumn 2014.

Results

So far the visual aids package has been gathered for every (N = 37) comprehensive school, teaching grades 1-6 in the City of Vantaa and the implementation of it has started. Expected results of the project are: 1) visual support is more often used in regular classes 2) pupils with special needs get more support to their schoolwork 3) the visual aids in classes became more common, and pupils who need them are less stigmatized, and 4) the whole class benefit from better classroom management.

Conclusions

The ability to study and learn supports children's mental wellbeing in their every-day environment. The use of visual aids in general education classes supports the schooling of pupils with special needs and also promotes the good atmosphere in schools

An evaluation of service users and carers' involvement in recruitment and teaching on undergraduate mental health nursing courses.

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Background.

Involving service users and in mental health education reflects collaboration and participation, which are key themes of current mental health philosophy (NHS Education Scotland, 2011, Scottish Recovery Network/NHS Education Scotland, 2008). As a result, at the Paisley campus of the University of the West of Scotland, the Paisley Association of Carers and Service Users (PACS) was formed. 'Recovery' is a key theme of the above literature and describes the service users' journey towards optimum mental health. The service users who form PACS have been living independently of the mental health services for many years and are now involved in advocacy work for the mental health services. PACS have contributed to the recruitment and teaching on undergraduate mental health nursing courses within the university.

Objectives.

To develop an understanding of how mental health service users' involvement in the recruitment and teaching has affected their recovery process.

Methods

The study utilised a qualitative focus group approach among service users in order to elicit opinions in a group of eight. Data were gathered using a semi structured set of questions regarding their views on their involvement in recruitment and teaching.

Results.

Participants felt that their involvement helped to aid their recovery by giving them a sense of involvement and fulfilment. This was due in the recruitment component to the knowledge that they were helping shape the mental health services of the future by recruiting student nurses and in the teaching component due to the students' appreciation of the authenticity which service users brought to their course of study.

Conclusions

Service users' involvement in mental health nurse education has been well validated. One paper suggests that "service users' involvement in mental health nurse education can dispel students' preconceptions and help them to develop more positive, but realistic, attitudes and empathy towards people with mental illness." The study presented here emphasises the benefits to service users' recovery process due to their academic involvement with students and suggests that their greater involvement will benefit not only the student but the service user also.

Self-harm and Suicide: Hearing what young service users think about current service provision

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Background

Globally the incidence of adolescent self-harm and suicide behaviour (suicidality) has increased. Many adolescents presenting with suicidality experience depressive disorders and show risk of repeating the behaviour. Community studies show large numbers of adolescents using suicidality do not seek out professional help. Consulting young people is a central tenet of the United Nations Convention on the Rights of the Child (1989), and although within mental health there has been growing commitment to listening to their views, only 2 studies report on barriers to help seeking from an adolescent perspective. This research was commissioned as part of a multi-phase workforce development project specifically aiming to elicit narratives of adolescents who use suicidality and those of parents/guardians, to identify what they have found helpful and/or unhelpful and their future needs from a diverse range of statutory and non-statutory services.

Objectives

1. Elicit narratives of adolescents who use suicidality and parents/guardians re services they choose or do not choose to engage with.
2. Ascertain what each of the above groups want from professionals/services to prevent the use of suicidality and improve their emotional wellbeing.
3. Draw on the findings to inform and improve future multi-professional practice.

Methods

Qualitative research adopting an interpretive phenomenological analysis (IPA) methodology was used. IPA is useful when exploring the inter-subjective nature of experience. Ethical approval was granted from the University and the NHS Health Research Authority. In total 7 adolescents and 3 adults participated and data was collected via 1:1 interviews. Two approaches to analysis were used, (1) each story was analysed as a whole (2) thematic analysis across each group (adolescents and adults) was undertaken.

Results

Individual narratives identified; triggers for the behaviour, role of self-harming, previous experiences, role of family and friends, accessing help and challenges for future service provision. Thematic analysis across each group demonstrated similarities: the personal experiences of self-harm; the nature of help; and making a better future.

Conclusions

Mental health nurses have a vital role in supporting schools in addressing the emotional needs of the age group when the onset of self-harm is most likely to occur. Providing more knowledge about self-harm via informative assemblies and posters would enable it to be considered integral to the public health agenda. Additionally, is a need to increase knowledge about self-harm in the wider population, in order to make serious inroads into this risky behaviour that more of our young people are turning to.

Developing Mental Health Nursing Students' Clinical Competency Model

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Introduction
Mental health nursing's clinical competency is an important subject in theoretical and practical nursing education which is influenced by many factors. It seems using a district and appropriate model to achieve mental health nursing's clinical competency not only determination of attain to educational goals, but also provide evaluation, feedback and performance modification. Therefore, a basic research about mental health nursing students' clinical competency model is necessary.

Subjects and methods
This research was done through descriptive exploratory with mixed method approach. At first, qualitative stage, semi structured interviews with 16 students, faculty members, head nurses and nursed who worked at psychiatric wards, is done. Data were analyzed using qualitative content analysis. At the second stage," Mental Health Nursing Students' Clinical Competency Model" was designed through an exploratory study based on Walker and Avant's theory synthesis method. To assess the validity of the model, delphi technic was conducted in two rounds in which participants were 20 faculty experts with a five point Likert scale questionnaire .At quantitative stage ,"Check list of Mental Health Nursing Students' Clinical Competency Assessment" was developed and its validity(face and content) and reliability(Chronbach's alpha and Inter class correlation) were determined.

Findings
Analysis of qualitative stage included four themes:" Get ready and becoming familiar", "Confronting", "Involving" and" Being competent" and 13 categories .At second stage, mental health nursing's clinical competency model with four dimensions was designed that Delphi technic showed high validity. Also check list with 73 statement was provided with appropriate validity (CVR:.83, CVI:.98) and reliability(Chronbach's alpha:.98 and ICC:.70).

Conclusion
In order to ensure nursing students achieve clinical competency in mental health, a valid model is necessary to plan proper curriculum for the mental health subject matter in nursing. In this research "Mental Health Nursing Students' Clinical Competency Model" was designed and delphi technic showed that the model had an appropriate validity.

Sex and gender stereotypes as mental and physical health influencers for men´s health

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Background

On the basis of previous researches, it comes out that men evaluate their health subjectively to be better than women do, at the same time, there has been carried out large amount of health reseaches, where is statistically brought out that men have a shorter life expectancy, less chronical diseases and other health problems than for women. Information, which is based on this kind of researches, rises a question about possible conflict in men´s health behavior and gender roles and stereotypes in the lives of men. Also, the results of men´s premature mortality affects substantially the social and economical situation of families when looking towards future, but this does not only have to be a question about gender equality, but a more fundamental concern which is connected with all men´s right to live a long and full life.
Differences of gender in life expectancy for Estonia have been strongly changed- an average Estonian man lives more than ten years less then Estonian woman. Still, the health of men, including social, mental and physical health, has been more active topic in Estonia during last years, but it has not been dealt according to gender roles and stereotypes. It has been inadequate to map out the problems of men in the general context, nor has there been brought together the datas from different surveys, developed new surveys from these basis, nor offered suitable systematical prevention modules.

Objectives

The aim of the present survey is to describe and to compare the connection between mental and physical health and the impact it has for the health behavior amongst Estonian and Hungarian men, according to the aspect of gender and stereotypical attitude and functioning in the society.

Method

Qualitative research, which is bringing into the public true information not bringing out already proved existing arguments. The data was collected through online questionnaire in Hungary and in Estonia. Research objects had been chosen out on the objective basis. The study plan of the survey developed out during the research.

Results

The health behavior of men in the compared countries does not differ significantly from other European countries. Men´s health behavior results mostly from gender roles and from the stereotypes which are followed in the society. Gender and stereotypes and the lack of awareness of the equal possibilities affect the mental and physical health of men.

Conclusions

Survey showed that nowadays society is still functioning according to stereotypes, men are continuously oriented on career and success, during the time while they are trying to support their family, they have with their self-destructive control lead themselves to mental health problems. Gender stereotypes have exhausting effect for men, damaging and reducing their self-realization possibilities, which involve risk behavior and premature mortality rate and effect substantially not only men but also their families and also the whole societies socio-political status in general. Both, in Estonian and in Hungarian conditions, more focus should be put for boys and for men´s health regular and systematical mapping and for developing possible prevention and service modules.

Patients' experiences on insecurity in psychiatric inpatient care (a systematic literature review)

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Background
There is 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 subject from the professional point of view. In psychiatric inpatient care patient security is important factor influencing to the use of coercion and restraints. Patients highlight the meaning of security and meaning of their own actions in creating secure environment. There is a need to make the invisible to visible.

Objectives
The aim of this study was to create an overview on patients' experiences on insecurity in psychiatric inpatient care based on the existing research.

Methods
A systematic literature review was undertaken. Different combinations of search terms were used (psychiatric nursing, patient experience, psychiatric ward, safety, security, milieu, mentally ill offenders) and entered into PsychInfo, Cinahl and Web of Science databases. In addition, a manual search was used in the library of Vanha Vaasa hospital from which two articles were found. All articles were peer-reviewed scientific articles between 2000 and 2012, in English language, and articles' content usability was verified. In all, 20 studies (n=352) were chosen into the review.

Results
Patients' experiences of insecurity were classified into three main categories; experiences of insecurity related to patient her/himself, related to nursing and related to nursing environment. Experiences related to patient her/himself included patient's own illness and patient's subjective reactions as a cause of insecurity. Experiences related to nursing included nursing actions and nursing staff leading to patient insecurity. Nursing environment included other patients and nursing conditions resulting in patient insecurity. Aggression, patient's illness, communication problems and nursing staff's actions causes most experiences of insecurity.

Conclusion
This information is important when developing client centered psychiatric nursing. When pro-moting patients' safety experiences of insecurity are essential to note. Patients' experiences of insecurity as a focus of research is rare. The spectrum of experiences of insecurity is broad. Mostly experiences are caused by fairly ordinary matters. In the future it is important to develop communication, to develop ward atmosphere, to avoid apparent, and to visualize the invisible. The ward safety is a matter of all.

Mental Health and Psychological Help-Seeking among Iranian International University Students

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Background
International students are known as a vulnerable group of internationally mobile students who may experience significant psychological distress during their stay in host countries. This research addressed the gap in the existing literature about mental health of an ethnic minority of international students trickling into Australia from a country with a troubled socio-political history and a known high rate of brain drain.

Objectives
The aims of this study were to determine the predictors of psychological distress and attitudes towards seeking professional psychological help in a sample of Iranian international students in a selected Australian university.

Methods
An e-mail-based survey was used in this cross-sectional study. Using the non-probability sampling method, a total of 180 Iranian international students pursuing academic degrees during the second semester of 2012, or the first semester of 2013 at the University of New South Wales (UNSW), Australia, were recruited. The self-administered questionnaire of this study included a demographic questionnaire and five standardised scales: World Health Organization Quality of Life (WHOQOL-BREF), Kessler Psychological Distress Scale (K10+), Attitudes towards Seeking Professional Psychological Help Scales-Short Form (ATSPPHS-SF), Multidimensional Scale for Perceived Social Support (MSPSS), and Duke Religion Index (DRI). Regression analyses were used for the analysis of predictors of psychological distress and help-seeking attitude, and data were analysed using SPSS 20.

Results
Findings indicated that being female, reporting lower level of physical health, having negative attitudes towards seeking help, reporting lower level of perceived social support, and decreased level of religious involvement and spirituality were associated with high-to-very high level of psychological distress in participants. The logistic regression model, including the aforementioned variables, was significant predictor of the level of distress in this study sample while accounted for 56.9% of the total variance in high-to-very high psychological distress. When exploring the predictors of participants' attitudes towards seeking professional psychological help, higher scores on the environment domain WHOQOL-BREF and having previous counselling experience were associated with positive attitudes towards seeking professional psychological help in this study sample. The final linear regression model, including the aforementioned predictors, appeared as being significant predictor of professional psychological help-seeking attitudes in Iranian international students at UNSW, and accounted for 16% of the total variance in ATSPPH-SF scores.

Conclusions
These findings are discussed in the context of international literature. Implications and recommendations for mental health service providers, for the Iranian student community and for future researchers are outlined.

Outcome monitoring and performance assessment of mental health services

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Background

A transparent, effective and efficient mental healthcare system requires insight into the outcomes of treatment, support and rehabilitation. Measuring outcomes is critical to determine cost-effectiveness of investments in mental healthcare and thus make governments invest.

Objectives

Outcome monitoring facilitates:

- shared decision making in treatment and support on the level of clients and professionals;
- professional reflection in teams, departments and/or providers;
- (scientific) research;
- transparency on relevance and effectiveness of treatments and guidelines,
- Transparency on effectiveness of mental health service providers.

Methods

The national associations for clients and family, psychologists, psychiatrists and service providers first developed a shared vision on outcome monitoring. Then a joint project started to “collect sufficient numbers of comparable outcome measurements on a national level”. More than 80 experts developed a national standard for outcome questionnaires, providers and insurers negotiated about the design, build and implementation of a national database for outcome measurements and providers and patients were facilitated to overcome implementation barriers.

Results

A national standard for ROM for nine major client groups, covering between 80 to 90 % of the client population. Client organisations, professional associations and the sector organisations adopted this standard and recommended to all practitioners to use it. A Trusted Third Party to collect and analyse outcome data nationally and to present reliable benchmarks to facilitate the purchasing process of insurers in the future. The client organisation is part of the board of the Mental Health Benchmark Institute, both professional associations participate in the scientific council. All service providers are able to distribute and collect outcome questionnaires digitally and send these anonymously to Benchmark Institute. The response rates at the start of treatment ranges between 50 – 90 % of all clients. The final questionnaires at the end of treatment are more difficult to obtain, the yield is still under the desired 40% in 2013 but improving. To support implementation, the project organized 60 expert meetings, 13 networking sessions, 7 national surveys and one national conference on ROM. Amongst its publications was a book with contributions of 50 different authors and 8 short movies for clients and professionals.

Conclusions

Though there is an on-going discussion about the use of aggregated outcome date for other purposes than treatment or support, the project has accomplished all required results; outcome monitoring is now a key instrument in Dutch mental health policies.

Change drivers for mental health systems

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Background

Mental disorders are among the main causes for the global burden of disease, the costs are conservatively estimated to be 3-4% of the GNP of the European Union. Therefore, the European Commission and WHO Europe have recently published strategies to strengthen mental healthcare systems.

Objectives

The Netherlands work towards a sustainable mental healthcare sector. In 2006, the Dutch government introduced a regulated competition for healthcare, in which health insurers and service providers have to negotiate on costs as well as quality of care. Ideally, health providers that deliver cost-effective services will have a competitive advantage, which will stimulate innovation.

Methods

Competition in health care is only possible if reliable and comparable information is available on both costs and quality of care (outcomes, client opinions, patient safety). For each of these, data are collected individually, and analysed and reported nationally.

Results

An activity-based payment system makes costs transparent. There are 140 DRG's for treatment and 7 for accommodation. Because these DRG's do not measure quality, other measures are necessary. Patient reported outcome measurements not only facilitate shared decision making during treatment or contribute to professional reflection. A national benchmark institute also collects the pseudonymised data and publishes reports for all stakeholders. Health insurers use these in their purchasing process. The Consumer Quality Index (CQ-index) assesses client experiences. As of 2013, this system will be integrated into the outcome measurement system. For patient safety, the Dutch Health Inspectorate decided to focus data-collection on the priorities set in the national patient safety programme: medication safety; the perceived client-safety and coercion (restraint, seclusion and forced medication).

Conclusions

Now that the change drivers are in place, Dutch mental health care is ready to redesign service delivery. The National Agreement on the Future of Mental Healthcare 2013 – 2014 lists no less than 19 actions, which reflect a major and necessary shift in the provision of mental healthcare. These are

- Strengthening primary mental healthcare for common mental disorders, including a new financing system for general practitioners, to reduce the number of patients in specialist mental healthcare with 20%.
- A shift from institution based to community based mental healthcare for severe mental illnesses, reducing the number of beds by 30% in 2020.
- A destigmatization program facilitates social inclusion of people with mental disorders.
- A further reduction of coercive measures.

Understanding Aggression from Patient and Provider Perspectives

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Background
Aggression prevention in the psychiatric inpatient department is a well-recognized challenge for service providers and administration. Its successful execution can contribute greatly to an environment that is safer for both staff and inpatients, but effective prevention necessitates an understanding of the reasons for aggression. Prior research into the reasons for aggression has focused on staff perspectives or administrative data, but often neglected the insights of patients with aggressive incidents.

Objectives
This exploratory study contributes to the current body of knowledge on aggression amongst psychiatric inpatients, with a focus on better understanding factors that contribute to aggression.

Methods
To allow inpatients and staff sufficient scope to articulate their experiences, qualitative methods were employed. Semi-structured interviews were completed with ten mental health clinicians (nurses and physicians) and fourteen psychiatric inpatients with documented incidents of verbal or physical aggression, when saturation was reached with each sample. Data were systematically examined through inductive thematic analysis, with quality of analysis upheld by both independent coding of a subset of transcripts and a review of the codes.

Results
This exploratory study critically integrates varied factors contributing to aggression, offering a cohesive portrait for consideration. Five major themes are identified as causally connected to aggression amongst psychiatric inpatients: (a) Major life stressors, (b) Physical confinement and related departmental policies, (c) The experience of illness, (d) Insufficient opportunities to be active participants in health services, and (e) Insufficient interpersonal connections with staff. Overlaps and discordances between factors identified by inpatients and staff, respectively, elucidate the limitations of sampling only one group.

Conclusions
The current study presents clinical implications for nurses in frontline and administration positions. These study findings suggest the importance of introducing a more personalized and engaging clinical approach early in admission. Opportunities to engage patients include jointly developing health goals and hospitalization-specific crisis plans. The provision of varied health service and recreational activities during evenings and weekends may also be helpful in preventing the negative emotions that can lead to aggression. Additionally, departments may explore the possibility of holding mediated discussion groups for nursing staff to share experiences in defining and responding to aggression.

A pilot evaluation of the impact of the introduction of a new type of mental health worker on patient and staff outcomes

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Background
A new programme of training was developed by Middlesex University in partnership with two North London Mental Health providers in 2010. The training is a one year course for graduates, and prepares them for working within mental health services at Band 3 or 4 level. The educational funders also supported this evaluation as the impact of the introduction of this new type of worker was of great interest not only locally but nationally.

Objectives
a) To conduct a national mapping of similar types of programmes in England
b) To evaluate the impact of these new mental health workers on staff and papient outcomes
c) To map the career pathway of the workers following graduation, including retention into NHS posts, in particular with the two provider organisations
Methods: The study was conducted between May 2012 and August 2013 and contained 3 modules:
Module 1: A national survey of all mental health trusts in England and their educational providers to ascertain where and in what way similar programmes of education and workforce strategy were implemented.
Module 2: A quantitative investigation of the impact of introducing Mental Health Workers (MHWs) in the 2 participating London NHS Trusts. The primary outcome was service user satisfaction (using the 8-item Client Satisfaction Questionnaire; Larsen, Attkisson et al. 1979). Secondary outcomes were patient and worker therapeutic alliance; patient's perception of their recovery; staff team cohesion and burnout; staff levels of knowledge, attitude and skill; patient and staff health and wellbeing.
Module 3: A mapping of the career pathway of all graduates from the first three years of the programme, including whether they remained in NHS employment, for how long, and in what capacity.

Results
The study received ethical approval in September 2012, and data collection continued up to June 2013.
a) National survey: 39/61 Mental health trusts and 31/49 Higher Education Institutions responded. The programme appeared almost unique in England.
b) Module 2: Data were gathered from 12 teams, 6 in each Trust site.
76 service users and 114 staff participated in total. Outcomes were equivocal between intervention and control groups. Qualitative data from the participants indicated that the workers were well received.
c) 143 people graduated from the programme in the first three years. 140 of these were employed by the NHS, but most on short term contracts. Only 49 (36%) remained in employment at the time of the study.

Study limitations and suggestion for further evaluation will be discussed.

Evaluation of a pan-London training programme in mental health for GP practice nurses

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Background
The safe discharge of some mental health patients from secondary to primary care is recognised as a clinical and financial priority for in the UK. This project provided investment in practice nurse education and training, delivered by psychiatric nursing colleagues in secondary care.

Objectives
The project aimed to transfer skills and knowledge between primary and secondary care nurses to promote safe discharge of patients with psychosis particularly to primary care, while increasing opportunities to address the physical health needs of people with severe mental illness, and start to reduce their 15-25 year premature mortality gap. It also aimed to establish an interface between these groups of nurses with a view to continued exchange of knowledge and support locally once the project had ended.

Methods
Funding was allocated from the central London educational provider, NHS London, to one of the ten London mental health trusts (Camden and Islington NHS Foundation Trust) to coordinate and manage the training programme. Educational materials were developed by Dr Sheila Hardy in conjunction with an expert reference panel. Staff from 9 mental health providers in London participated in 'train the trainer' sessions, and then delivered the training in their local area. The project ran from September 2012 to September 2013, in three separate stages but using the same materials. The project was advertised via email to 1350 practice nurses in London and attendance was free. Attendees at the training were requested to complete a pre and post eveluation of their skills, knowledge and confidence in dealing with people with mental illnesses.

Results
Forty five mental health nurses attended the preparatory sessions. They then delivered the training throughout seventy one training sessions to a total of 639 nurses throughout London, of whom 574 completed evaluations. The pre and post questionnaires indicated significant improvements in the perceived skills, confidence and knowledge of the attendees in all areas assessed. They also evaluated the training positively in terms of usefulness and most requested that further be provided.

Conclusions
The programme was a simple and cost effective way of delivering training in mental health to practice nurses with apparent positive results. Further evaluation of impact of the training on nurses practice and patient outcomes would be useful.

Nurses view`s on promoting dually diagnosed patient´s treatment compliancy

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Background
Treatment compliancy in long-term illnesses like schizophrenia and substance use disorder (SUD) is a major factor influencing patient´s individual wellbeing and it also contributes to patient's ability to act as a member of the society.

Objectives
The aim of the study was to describe mental health nurses´ views on the treatment compliancy in dually diagnosed psychiatric patients. Dual Diagnosis was defined as a combination of schizophrenia and SUD diagnoses. In this abstract, the focus is on the ways of promoting treatment compliancy in these patients.

Methods
The data were collected by interviewing 17 nurses from one Finnish hospital district in 2013. All the nurses had a long experience in psychiatric care. The data were analyzed using inductive content analysis.

Results
Three main categories emerged: development of nurses´ resources, development of nursing system and strengthening of patient´s participation. Current resources should be developed so that they could be used in a more efficient way and there should be opportunities for nurses to learn new ways of treating dually diagnosed patients. Working conditions also needs improvements. In nursing, there is a need for more individualized care. Outpatient services should be developed. To strengthen patients` participation there should be opportunities for more individualized care and patient´s expertise should be in the leading role in making decisions on nursing care. There is also a need for activities which contribute to patient´s performance.

Conclusions
Treatment compliance is a changing triangle between patient, nurse and the nursing system. A change in one angle has a direct effect on other angles. Improvements are needed in all angles. Patient´s participation is important factor that turns the patient from an object to a subject in health care. Existing nursing resources should be used more efficiently.

Implications
Treatment compliance should be taken into consideration in every patient's care. Better treatment compliance means a shorter care time, less relapses and better performance ability for patients. For the society, it means better functioning people and less cost for the health care. More research is needed to examine treatment compliance from patients´ point of view as well as from the relatives' and other close ones' perspective.

Mentors experiential supplementary strategy

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Background

It is widely recognized that assessment of students in practice settings has been of serious concern to mental health nursing as it has been to other practice based professions. We became increasingly aware that a number of third year pre-registration nursing students were failing practice in their final placement. This made us consider what and how our mentors were teaching students in practice and the consistency of assessment decisions? Our question was how can we improve the inter-rata reliability of assessment in practice and improve the quality of mentoring along with the student experience, whilst reinforcing the standards specified by the Nursing and Midwifery Council (2008).

Objectives

We gained a small amount of funding to run a pilot workshop exploring mentoring in practice. The specified outcomes of which were; to increase confidence with teaching and facilitation of learning and subsequent decision making; enable a full appreciation of the assessment process, including fitness to practice issues and consistency of assessment. We also wanted to give mentors the opportunity for peer support.

Methods

The one day workshop then developed from the initial pilot. We used Kolb's experiential learning cycle to underpin the approach to learning as well as taking account of differentiation. The sessions were planned in order to allow mentors to work through their approach to teaching and decision making as well as discussing and defending their assessments, in order, to improve the consistency of decision making in practice assessments overall.

Results

The workshop remains on-going, however to date results suggest mentors have gained increasing confidence in applying their mentoring skills to teaching and facilitating. Observational evidence suggests that prior to the workshop some mentors were struggling to assist a student in setting objectives and giving clear direction to failing students, with this suggesting mentors relied heavily on norm referencing and intuition. Following the workshop however mentors demonstrated their ability to apply criterion referenced assessment and provide an evidence base for their mentoring actions.

Conclusion

The development of an experiential workshop for mentors in practice has reinforced the evidence suggesting that mentors at times struggle with assessment in practice due to the competing demands in the workplace. This has offered mentors space in which to explore their decision making, reflect on the underlying culture that effects student learning, re-evaluate skills of mentorship and demonstrate the ability to defend and be accountable practitioners for their decisions in practice.

Self Awareness as a Therapeutic Tool for Nurse/ Client Relationship and care

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Background
Self awareness is one of the important components in nurse client relationship. Nurses spend most of the time with the patients than of any other health care professionals, so self awareness is considered as an important tool to develop a therapeutic relationship with the client in mental health setting.

Objective
The purpose of this scientific paper was to review the literature to explore an in-depth understanding of the concept self awareness and how it is influencing nurse client relationship and interaction.

Method
Literature was reviewed using these keywords “Self awareness and nurses, Therapeutic Relationship, Communication, Johari window and self awareness, self reflection”

Results
The paper emphasized on the importance of self awareness in professional life and also developed an in-depth analysis on how self-awareness can be developed. The Johari Window model of self awareness was integrated in the paper for better understanding.

Conclusion
In conclusion, self awareness is considered as the therapeutic tool for nurse client relationship. The more the nurse will be self aware the more the therapeutic environment for caring will be enhanced. Therefore, it is recommended that nursing curricula should include some aspects on development of self awareness which for instance could be some exercises throughout the program. Also, in practice setup as this exercise is not of a one day job but it takes time and continuous effort. Therefore, there should also be some opportunity for professional nurses whereby they can get help and guidance to learn about self as continues learning process.

The relationship between resilience, coping strategies, perceived stress, demographic variables and mental health among army ranger at southern unrest

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Background
Unrest in southern Thailand is a small wars between Thai soldiers and Muslim separatist. The insurgency have escalated since 2004 and by 2014 up to 10000 people are killed. So far there are many studies on stress or mental health of widowers, children whose parents are death victims, teachers, while few are on soldiers and police officers since they are armed. In fact, they are the prime target of the attacks, thus, their stress would not be lesser than the innocent people. For this reason, we chose the army rangers as the subjects for exploring their mental health and factors.

Objectives
To compare the relationship between mental health and predictors of resilience, coping strategies, perceived stress, and demographic variables (ages, and education) among 3 groups of Thai army rangers from different regions.

Methods
The samples were 371 rangers derived by cluster random sampling of 7,000 rangers recruited from all regions in the country. They were arranged into three groups according to their identification cards of residency. These are those from the three southernmost provinces (N=131), the upper south provinces (N=141), and the other provinces from central, northern and north-eastern of the country (N=99). The measurement were 1) Perceived Stress Scale developed by researchers to measure the degree to which various situations pertinent to the unrest are appraised as stressful (ex, the explosion of bombing, the patrolling), 2) Resilience Scale modified from Connor-Davidson Resilience Scale , 3) Coping Strategies Indicators by Amirkhan 4) Thai Mental Health Indicators (THMI-54). Multiple regressions were performed.

Results
Findings indicated that resilience and coping skills emerged as strong variables between mental health differently by regions. Both resilience and coping strategies were found to have an impact on mental health among rangers from other parts of the country and those from three southernmost. However, only coping style was found to have impact on mental health in rangers from the upper south. Age was only demographic variable found for prediction in rangers from three southernmost, while education had impact in mental health for rangers from other parts of the country. Perceived stress was related to mental health in rangers from upper south.

Conclusion
All variables of resilience, coping skills, perceived stress and demographic variables (ages, education) predicted the variation in mental health of Thai army rangers. However, when they were grouped by regions, the power of prediction were different. When planning intervention for rangers, heath promoters should take this into consideration.

Forensic psychiatric patients in general mental health care

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Background

In the Netherlands in the last decade a growing number of patients with serious mental illness (SMI) entered the forensic system. In the meantime there was hardly a reduction of number of mental health beds in the Netherlands. The mental health institution GGZ NHN reduced the number of beds significantly and organized the transition from forensic mental health to community mental health. To reduce the number of beds, GGZ NHN started in 2009 with Flexible ACT (FACT) teams for persons with SMI, including people who are hard to engage and in frequent contact with police. To support transition from forensic wards to the FACT teams GGZ NHN started a Forensic ACT team. Cooperation between those teams needs specific attention in order to succeed. So the last four years forensic psychiatric patients received increasingly more outpatient treatment and risk management, and risk management became more common for patients in general mental health care. Nowadays in the Netherland the upcoming changing law will demand a bigger integration of forensic and general mental health care.

Objectives

Main goals were to reduce the amount of outpatients in forensic mental health care, and to prevent SMI outpatients to enter the forensic system.

Methods

The cooperation between the teams started in 2012, followed by a year of data collection. We collected data about SMI patients with offensive behavior. During this period a nurse practitioner from the Forensic ACT team, was consulted by the FACT teams every two weeks. Also risk assessments and specific forensic expertise were provided.

Results

The project has ended. Nowadays the Forensic ACT team and the FACT teams work firmly together. During the project year 2400 SMI patients received treatment by FACT teams. Of those patients 128 were discussed every two weeks. Only 10 patients were referred to the Forensic ACT team. The other 118 patients stayed in the FACT teams. Without the cooperation those patients were likely to be referred to the forensic system due to offensive behavior. We think that the integration of forensic expertise in the general mental health care was successful.

Conclusion

We will present the organisation of community care, the Flexible ACT teams and Forensic ACT team. We show the results and will also discuss the collaboration between the teams to support the recovery of the patients and minimize the risk of relapse and offences. This collaboration requires implications for practice.

Implementation of eHealth: transforming resistance

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Background

The implementation of eHealth is a challenge, one of which is to transform resistance to innovations within mental healthcare centres. In the Netherlands, eHealth is rising, but implementation fails. Within Dimence, a large mental healthcare centre in the Netherlands, implementation of eHealth started in 2010 at a percentage of 4.6% at it's height, meaning that almost 5% of all psychological treatments were (partly) online. One and a half year after the kick-off, this percentage was almost zero. All stakeholders, such as the government, mental healthcare centres, insurance companies, patients, healthcare-professionals and professional organisations, belief that eHealth is a tool to transform healthcare and empowers patients. But reality hits us when implementation fails and gets stuck on adaptation by the early majority. Also, mental healthcare has become clouded for patients as to what is best practice or evidence based. Research into the preferences of patients tells us that they are keen to use eHealth, but that not everyone gets eHealth. A theory that focuses on transforming resistance is Diffusions of innovations by Rogers, that seeks to explain how, why, and to what rate new ideas and technology spread through cultures. Diffusions of innovations explains that there are four main elements that influence the spread of new ideas: innovation, communication channels, time, and social system. The innovation must be widely adopted in order to self-sustain. Diffusion of innovation is dependent on the category of adopters: innovators, early adopters, early majority, late majority, laggards.

Objectives

Dimence started an implementation project in January 2013:
- to transform resistance to eHealth and implement online treatments as a regular part of all available treatments
- to increase the percentage of eHealth to 5% for adults with depressive and anxiety disorders.

Methods

- development of an implementation strategy that is adopted by mental healthcare professionals, using i.e. Brown Paper sessions.
- mental healthcare professionals were nurses and counselling psychologists
- the project group will, following the outcomes, implement eHealth at the organizational level.

Results

- adoptation of eHealth by the early majority
- increase of eHealth percentage up to 10%
- transition to implementation at the organizational level

Conclusions

Innovations tend to be successful implemented in early stages, but the challenge is to overcome resistance to change. A further challenge is to overcome the chiasm for successful adoption by the early and late majority. Discussion focuses on ideas to overcome these challenges.

Improving communication and inclusion for families in complex cases

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Background
There is minimal research in the uk for support for families of people with complex needs. family members are perhaps the most affected and, in turn, are most likely to affect the individual with a diagnosis of personality disorder, as personality disorder occurs in the context of relationships.

Aim
This paper reports on the development of a family and friends of service users group in a complex needs service. It considers the challenges of setting up a family and friends group in a personality disorder treatment service and highlights the lack of support for family and friends of service users with complex needs. Inclusion of families in recovery is well argued. Providing support and psychoeducation for family members can improve communication and reduce burden in families. In the treatment of service users with complex needs, the focus remains upon meeting service users' needs and not those who informally support them. This paper focuses on the development of a family and friends group that seeks to value, promote and sustain family inclusion in a complex needs service.

Methods
Literature review. Lessons learnt regarding the challenges of implementing change in a secondary service.

Results
Findings suggests a lack of support for carers of service users with complex needs and a need for further research and evaluation of family inclusion. This paper describes the need for family inclusion in complex needs services, to promote carer inclusion and improve communication in families and the challenges faced in setting up the group.

Person-related risk factors of forensic psychiatric patients withdrawn from conditional release

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Background

There are small but considerable numbers of forensic psychiatric patients who do not manage to comply with the legal requirements of conditional release from forensic psychiatric hospitals. These patients are usually referred back to inpatient treatment, with little chances of another timely release, especially if the have re-offended. As a matter of fact, all patients discharged from forensic psychiatric hospitals had, at the time, been considered fit for conditional release. From a risk assessment point of view, those who did not do well may be considered false negatives.

Objectives

1. to investigate two sub-groups of patients released from German forensic psychiatric hospitals; a) patients who have been doing well under the legal requirements of conditional release and
b) those who did not, i.e. the patients whose conditional release was legally withdrawn within a relatively short time at risk.
2. to investigate the reasons for withdrawal of conditional release in group 1.b)
3. to identify a set of legal and psychosocial person-related variables associated with the odds of withdrawal of conditional release from German forensic psychiatric hospitals

Methods

Several German forensic psychiatric hospitals were asked to provide data on legal and psychosocial person-related variables that might distinguish between the subgroups described above. The cut-off for group assignment was the legal status at thirty months at risk, i.e. the patients whose conditional release were not withdrawn within thirty months from discharge were considered “to do well”. Assessments of over 800 patients discharged from 2009 to 2012 were analysed and compared with respect to their legal background, type of offence, psychiatric diagnoses, prior psychiatric treatments, and some variables tapping psychosocial adaptation prior to admission.

Results and Conclusions

Withdrawal of conditional release seems to be associated with the degree of criminal responsibility at the time of admission. The type of index offence and institutionalized care before admission also predict withdrawal of conditional release. Work activity before onset of the first psychiatric disorder is a consistent predictor of long term adjustment after psychiatric treatment. The most important finding relates to the total length of inpatient treatment. Long inpatient treatment periods (five years and over) appear to be linked to higher likelihood of withdrawals. Implications of these findings will be discussed.

Who are the persons living in supported housing?

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Background

Reorganization of psychiatric care has involved deinstitutionalization with declining numbers of psychiatric beds and increased use of supported psychiatric housing facilities. The staff-ing in the facilities differ from some with 24 h staffing to some with staff present only a few hours. Mostly staff members have shorter education than those in inpatient facilities, and compared to hospitals, fewer mental health professionals are employed. Usually inhabitants stay for many years. Little is known about the persons living in these institutions and whether they are satisfied with their living conditions.

Objective

We wanted to study how the persons living in supported housing and personnel treating them experienced the habitation arrangements and what was the residents' ability to function in everyday living.

Methods

The study was done in Nurmijärvi community (41 200 inhabitants, 1.1% of the total population entitled to special refunds on medicines for psychosis). Each person living in supported housing was interviewed (approx. 2-3 hours) and assessed with structured psychiatric inter-views (e.g. SOFI, BPRS-SANS), they were asked to fill in self-evaluation forms and to give opinions about the quality and suitability of their living conditions. Staff in the facilities, the community worker and nurse from the mental health services made their own evaluations. The data is presented both in qualitative and statistical (SPSS 19) form.

Results

In all, 34 persons lived in supported housing and of them 32 (94%) consented to take part in the study. The average age of the residents was 42.6 (+11.3) years and all except three had a diagnosis of schizophrenia. 12 persons (44.4%) reported that they enjoyed living in supported housing and they were also the ones with the lowest everyday functional capacity. 9 persons (33.3%) were neutral and 6 persons (22.2%) were dissatisfied or very dissatisfied with their housing arrangements, the rest did not have an opinion. The 6 discontented respondents didn't have marked decline in everyday functioning, but had significantly higher AUDIT scores compared to the others. Detailed results will be presented in September.

Conclusions

The persons living in supported housing are a very heterogenic group and the reasons for the placement in supported housing vary. Schizophrenia patients with a low everyday functioning and little plans for the future feel comfortable in this type of housing. On the other hand, a significant minority expresses unhappiness with it.

Competency-based curriculum education in mental health nursing

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Introduction

The essential problems in providing quality and safety services to patients, rapid changes in health care settings as well as information technology require educational revision. Competency-based curriculum focuses on set of skills that students should achieve. This study reviewed characteristics of competency -based curriculum in psychiatric nursing.

Methods

A literature review about a competency- based curriculum in psychiatric mental health nursing was carried out by searching databases including Iran Medex, Iran Doc, and Pub Med with key words such as competency-based education, competency- based curriculum, and competency-based curriculum in psychiatric mental health nursing. No time limitation was considered.

Results

Results revealed that over 30 litterateurs have been done about nursing curriculum, but just several studies were done regarding competency-based curriculum and just a few about competency-based curriculum in psychiatric mental health nursing.

Conclusion

Competency- based curriculum development is one of the essential steps to facilitate teaching-learning process. The revision of curriculum may decrease theory-practice gap and pave the way for graduates to have essential competences for their roles.

Changes in stress factors among Estonian young physicians – A seventeen year follow-up

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Background
The physician's professional work is very stressful and characterized by high time pressure.

Methods
The web questionnaire was used to study time pressure, psychological well-being and work-related stress. What are the differences between physicians working in hospitals or in family practice and what changes have taken place during the period of seventeen years? Altogether 1802 physicians were questioned in 1995, 2563 physicians in 2000, 1025 physicians in 2005 and 891 physicians in 2011. The response rates were 64%, 68%, 64% and 64,5%, respectively. The answers were analysed as longitudinal study and quantitative research methodology demands. We measured work-related stress and psychological well-being. Factor-analysis was used for age, gender and employment sector.

Results
During the study period of seventeen years the work-related stress had increased and psychological well-being had decreased. Doctors working in family practices and hospitals felt the highest levels of time pressure and work-related stress. Female physicians felt work-related stress more frequently than male doctors. Among physicians graduated recently the proportion whose psychological well-being had decreased was bigger than among older physicians.

Conclusions
According to our results hospitals and primary health care practices should pay more attention to decreasing work-related stress and increasing psychological well-being. Family practices especially should focus on diminishing high time pressure and work-related stress and hospitals should improve the stress management skills of physicians with organizing them special courses.

A developmental approach to intimate partner violence prevention

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The theoretical framework for intimate battering has been focused mostly on societal dimensions (socio-demographic variables, gender roles and power). Intimate partner homicide, which has deserved less attention from researchers, also has been explained considering socio-demographic and situational variables. Even authors who inscribe their models on a developmental approach explore variables of early childhood, since childhood abuse or witnessing of inter-parental violence, in a merely descriptive way.

This presentation purposes to explore: 1) how early childhood experiences are intertwined to promote psychological organizations which are damaging to the establishment of intimate partner relationships, and 2) how, for those who have those psychological organizations, violence may occurs, under several conditions, in the context of intimate relationships.

This study has a quantitative and qualitative methodology applying several self-reporting instruments to assess personality [16PF-5 – Sixteen factors Personality Questionnaire, attachment to parents (RQ - Relationship Questionnaire) and to romantic partner (EREP – Experiences in Close Relationship Scale), and psychopathy (PCL-R), and a semi-structured interview specially conceived for this research.

Our participants are adults inmates arrested for violence or homicide against partner: 18 men and 8 women arrested for murderer the partner and 6 men arrested for violence against partner.

We analyse differences between batterers and murderers and men and women. We explore results about attachment dimensions (anxiety and avoidance), childhood emotional neglect and anti-social behaviour confronting them with personality factors on adulthood to explain battering and homicide.

The discussion will stress the relevance of emotional neglect and insecure attachment prevention to prevent intimate partner violence.

Patients need to be listened even in restrictions

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Background
Coercive measures are ethically challenging and controversial. The aim is to reduce the use of coercion as seclusion and restraint (later S/R). Patients' preferences in treatment decisions and how decisions affect to the patients' quality of life should be taken into account in every level in psychiatric care.

Objectives
To find out how secluded/restraint patients' perceive their care and does seclusion/restraint affect to patients' quality of life.

Methods
Two instruments were used in data collection. First data were collected from patients' after the seclusion or restraint (n=90) over the one-year using instrument SR-PPT. Secondly data were collected from hospitalized patients' just before discharge and results were compared between during hospitalization secluded/restraint patients to those non-secluded patients. The instrument used in this was Q-Les-Q SF.

Results
Secluded/restraint patients perceived that they received nurses time, but co-operation was poor; their opinions were not taken into account, treatment targets was seen differently and their concerns were not enough understood. S/R was seen as unnecessary but some benefit was received. However S/R patients' quality of life was significantly better than those counterparts in the end of hospitalization.

Conclusions
Patients' involvement in decision-making and treatment planning is important. Using patients' advanced directives (the will) is one way to take into account patients' wishes in situations when they cannot express their opinions. Although patients perceived S/R unnecessary S/R affected in some level to the patients' quality of life. This is a challenge to personnel. How to reduce the use of S/R but same time find methods that are safe and helpful in difficult treatment situations? More co-operation with patients' and relatives are needed.

Spiritual assault as a challenge for human rights

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Background

Though religion often supports mental health, in some cases it can also be a threat to the people's wellbeing. Some mental heath service users have faced spiritual assault or attend to such religious activity which might violate their mental health. Spiritual assault is, however, conceptually difficult matter. First, it is unclear, how spiritual assault should be defined. Second, how spiritual assault should be understood from a viewpoint of human rights, since freedom of religion and a right to mental health are both human rights?

Objectives

The purpose of my presentation is to discuss spiritual assault as a challenge for human rights by analyzing the relationship between freedom of religion and a right to mental health.

Methods

Discussions concerning human rights, political philosophy and spiritual assault are analysed by philosophical conceptual analysis.

Results

There are three views of freedom of religion. First, freedom of religion can be understood in the negative sense, which means that other people do not interfere technically or physically with an individual holding and manifesting his or her beliefs. In cases concerning spritual assault there is a conflict between the person's right to freedom of religion and his or her right to mental health. Second, freedom of religion can be understood in terms of authenticity, which means the right to hold such beliefs which are really one’s own and the right to manifest them in a way that is in harmony with them. From this point of view, spiritual assault can be discussed as manipulation or even brainwash, which violates, not only a right to mental health, but also the victim's freedom of religion. Third, freedom of religion can be understood in terms of capability, which signifies that the individual is capable of choosing a way of life which he or she considers valuable and which is worthy of human dignity. When looked from this point of view it is difficult to say, where the freedom of religion ends and a right to mental health begins since both rights are deeply connected to basic capabilities.

Conclusions

The view of freedom in terms of capability could be developed so that spiritual assault as a human rights issue could be discussed in more detail. One of the main challenges to be resolved is what problems are juridical and what problems are not, though they still might be important ethical challenges.

Forced treatment diagnosis - through the wall

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Background

A common observation among mental health activists and user-controlled organizations in Finland has been that the quality of mental health care in psychiatric hospitals and the public health sector is generally high, but there are serious problems with the availability of adequate care. A further standard complaint has been that the medical personnel in the public sector tend to be too busy and that they resort to prescribing psychiatric drugs instead of face-to-face therapy. We are discussing the case of forced treatment of a 55-year philosophy student-artist, H.P., how she was detained and transported by the police to a mental hospital and examined for alleged psychosis (F29) in June 2012. The immediate cause was that one of H.P.'s neighbors had overheard through the wall loud sounds of quarrelling on the phone by H.P. for a period of time and finally decided to call the police to intervene.

Methods

We have obtained all the clinical documents related to this case in order to find out in detail how the official psychiatric side viewed and defined this case.

Objectives

Our objective was to analyze whether the claims in H.P.'s clinical files, (depression, psychosis) stand up to closer scrutiny and to find out whether inappropriate diagnoses and suspicions thereof can be totally deleted from H.P.'s files to prevent their stigmatizing effect.

Results

The indications for forced treatment and drugging dissipated one after the other. H.P. was held in psychiatric examination for the maximum time allowed by the Mental Heath Act and in the final examination the treating medical personnel had to admit that "psychosis could not be detected", supporting H.P.´s claim that she does not need anti-psychosis medication. The Audit and BDI tests indicated no drug dependence or depression, thus corroborating H.P.'s claim that she does not need anti-depression medication.

Conclusions

The actual causes of her forced hospitalization turned out to be certain serious problems of living, housing, human relationships, mainly related to a woman's role and position in a conservative religious background. These have caused quarrels and pain, but they are not mental disorders. All medical files conclude that, after thorough examination, H.P. does not have "psychosis" or "depression". H.P. will lodge a formal complaint of her mistreatment and we will demand legal steps to enable a psychiatric patient to declare her/his medical files secret.

Mental health patient and psychiatric hospital environment

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Ihalainen, Marianne, Exercise Instructor
Kanerva, Mia, MAS RN
Mutila, Leena, Occupational Therapist
Nordling, Nina, Master of Health Care, RN, Ward Manager
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Rytkönen, Sinikka, MNSc, RN, Ward Manager
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Backround

The psychiatric hospital environment plays a significant role in patient functioning. The lack of privacy in psychiatric wards may increase patients' risk of being overstimulated. Important topics on the ward are atmosphere, reception, continuity, support, activity and participation.

Purpose and methods

The purpose of Evidence-based work in Tampere University Hospital's psychiatric clinic was to:
1. collect evidence-based information of mental health patients' environment
2. examine the purpose of built and unbuilt environment to mental health patents' treatment on a basis of evidence-based work.
3. to gather feedback on the hospital environment from patients and their family members
4. produce an information pack of mental health patients' environment for the healthcare professionals
5. take advantage of the information received for new construction and interior decoration of old wards.

The literature review was performed by searching electronic databases and hand-checking reference lists. It included 230 articles. On a basis of critical examination, 66 articles were selected. Patients' and their family members' views were examined using surveys, written feedback and ward-groups.

Results

Patients and their family members hoped that ward is spacious and home-like. There should be opportunities to activity. Private space is needed. The colors should be restful. No white walls, but more colors. There should be more light, paintings and green plants on the ward.
Patient rooms should be single rooms and there should be a peaceful place for guests on the ward. It is very important that a patient maintains the sense of control even during the involuntary treatment. According the patients' views there is not enough activities during hospital treatment.

Conclusions

Patients' sense of control can be supported also using different solutions of environment, for example offering enough personal space, good views at the ward and the possibility of outdoor life (inner ward). Home-like and comfort are important things to patients. There is a strong need to different activity-possibilities in hospitals. On a basis of these results, an information pack of mental health patients' environment for the healthcare professionals was produced.

Using Family Based Therapy in the treatment of adolescent patients with Anorexia Nervosa

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Background

In Family-Based Therapy (FBT) family is viewed as a resource offering attachment and love. FBT, which was initially developed at the Maudsley Hospital in London, is now manualized for Anorexia Nervosa (AN). The National Institute for health and excellence (NICE) guidelines indicates that this kind of treatment should be offered to young Anorexia patients. FBT is the most effective treatment for young AN patients.

Aim

To describe different ways of using the FBT model at the Eating Disorders Clinic.

Method

Our work is based on knowledge of both Family Therapy and Eating Disorders. FBT emphasizes that family factors do not lead to AN, but the family becomes reorganised around AN. Using the FBT manual in outpa-tient 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 were en-couraged to work out for them-selves how best to help restore the adolescent weight. 2) Parents were helped to transit eating and weight con-trol back to the adolescents in an age- appropriate manner. 3) Focus on establishing a healthy parent- child relationship. The treatment is about a year in duration and includes ca. 22 sessions including eating with the family. Each session lasts 60-90 minutes.

Findings

We have modified FBT for nurses to use, helping families in out- and inpatient settings. Families are always included in the treatment. Nurses will eat with the family during the inpatient treatment and we have outreach treatment (mobile unit) with nurses supporting family-meals at home. All treatment at the clinic includes weighing the patient before each session. The overall goal of treatment is to achieve a healthy weight and to maintain healthy eating habits. The focus of FBT is the role that AN plays within the family.

Conclusions

FBT has proven useful at the Eating Disorders Clinic University Central Hospital and we shall continue working and training with FBT.

From hospitalization to intensive outpatient care

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Sailas, Eila, MD
Korkeila, Heikki, Nurse Manager, RN, MSc
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Background
In psychiatric care there is an international trend for deinstitutionalization. In Finland, the aim has been set to 4 patient beds per 10 000 inhabitants. To reach this goal Hyvinkää hospital district (5 communities, 186000 inhabitants) reduced the number of psychiatric hospital beds in Kellokoski hospital from 72 to 36 and relocated 17 nurses from hospital wards to intensive outpatient work in January 2014. Additionally, a resident, a psychologist, a social worker, an occupational guide and an occupational therapist work in the intensive outpatient care unit. The unit operates 24/7 and collaborates with the hospital emergency room and also other psychiatric outpatient units. Nurses from the unit perform psychiatric evaluations of patients in the hospital emergency room, the community health centers or in the patients´ homes. The nurses make treatment recommendations and can consult a psychiatrist when needed.

Objective
The aim of our study is to show how this organizational shift affects the use of hospital beds.

Methods
We compared the use of hospital beds during 1.1-30.4.2013 to 1.1-30.4.2014 (in September 2014 results for seven months will be presented). Furthermore, we evaluated the function of the psychiatric intensive outpatient care unit and collected information on consultations made by the unit during 1.1-30.4.2014.

Results
The number of treatment periods in Kellokoski hospital was reduced by 15% from 418 during 1.1-30.4.2013 to 356 during 1.1-30.4.2014. The treatment periods lasting less than 30 days de-creased from 310 to 248, respectively. The intensive outpatient care unit evaluated 185 pa-tients during the first four months of 2014 of which 56 (30.3%) patients were admitted to the psychiatric hospital. Fifty-eight patients (31.4%) returned home with the support of the unit and another 50 patients (27.0%) were discharged without need of further support. The rest (n = 21; 11.4%) of the patients were admitted to other care units, for example health center wards or welfare for drug abusers.

Conclusions
The intensive outpatient care unit increased the support offered to outpatients, leading to a smaller need for hospitalization. Due to the limited follow-up time, shortening of the treatment periods could not be shown.

Functional outcome and rehabilitation of patients with schizophrenia

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Background
In Finland, mental health service resources have to a large extent been invested in hospital and non-hospital residential services. Currently, the aim is to find alternatives to residential services and to allocate resources to outpatient settings. Especially non-hospital residential services should be replaced with more independent living support. The MATTI rehabilitation pilot has been carried out in southern Finland. MATTI is based on Cognitive Adaptation Training (CAT) which is home-based, manual-driven treatment to improve functional outcomes in patients with schizophrenia. The aim is to support the patients to live more independently.

Objectives
The purpose of this study was to assess and describe functional outcomes of patients with schizophrenia and changes in functional outcomes during the MATTI rehabilitation.

Methods
The functional outcomes of nine patients with schizophrenia were assessed before the initiation of the MATTI rehabilitation and four months after it. Assessments were made on the basis of the Schizophrenia Outcomes Functioning Interview (SOFI). The interview was conducted with patients and other informants who knew about the patients' functional ability. The interview consisted of four domains and one of them, instrumental activities of daily living (IADL), was included in this study. The data were analysed by statistical and qualitative content analysis methods.

Results
In a global rating for IADLs, there were a lot of difficulties based on both patients' and informants' interviews. Functional outcomes remained nearly unchanged during the MATTI rehabilitation. In addition to the global rating, IADLs were assessed in smaller parts and some changes in outcomes came up in the assessment. Qualitative content analysis revealed that for some patients, changes or improvement in functional outcomes had taken place in areas where rehabilitation had been targeted. Patients' self-reports about their functional outcomes were better than the informants' reports, but the descriptions converged in several areas four months after the initiation of the MATTI rehabilitation.

Conclusions
Patients with schizophrenia had substantial impairments in functional outcomes. Impairments cause difficulties in the ability to perform activities of daily living and living independently. It looks promising that MATTI rehabilitation could be utilized in moving patients with schizophrenia towards more independence in daily living in the Finnish conditions. It also seems that patients' perceptions of their functional ability are realized during rehabilitation.

The attachment mode of the university students

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Background
The attachment theory has demonstrated to be crucial to the lifetime socio emotional cognitive and behavioral development of people dealing mainly with the formation, organization and development of emotional bands, from birth to adulthood on this respect Bowlby stated that the need to establish stable bonds with the progenitors is a basic need, not learned, intrinsic to the humans.

Objectives
This research has been conducted to determine the mode of attachment of the university students.

Methods
The students of University Health College constitute the samples for this descriptive research. The research was conducted between January 03 – 14, 2011 with 383 students among 491 who agreed to participate the research. For gathering the data, demographic data collection form and the relationships scale inventory which was developed by Griffin and Bartholomew (1994) and of which the reliability of validity was conducted by Sumer & Gungor (1994) were used.

Results
It is determined that the students with indifferent mode of attachment have high alcohol-cigarette consumption; that to have a social security affects the mode of attachment of students in a safe manner; that there are differences in the mode of attachment depending on the sex. It is established that women have anxious mode of attachment while men have an indifferent mode of attachment. It was identified that paternal education and age range does not have any effects on the student's mode of attachment.

Conclusion
It was determined that the mode of attachment affects the habits like alcohol consumption and smoking; that the presence of a social security and the level of maternal education has a role in identifying the modes of attachment; that there are differences in modes of attachment depending on the sex.

Voluntary peer support of family members in adult psychiatry

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Background

According to the studies a family member's risk of becoming depressed is 2-3 times greater than the rest of the population. In Finland The Family Associations Promoting mental health goal is to support families when a family member is mentally ill. Family members experience that the public healthcare system often ignores them and they strive to cope. Carers need more information, possibilities to discuss their concerns with professionals and peers. In this project for the first time in Finland association organized peer support is offered at psychiatric hospitals. Project workers develop "The Peer Carer"-project during the years 2012-2014,and it is funded by Finland's Slot Machine association.

Objectives

The aim of this presentation is 1) to describe education model of voluntary peer support of family members 2) to describe volunteers and family member's experiences on offered support.

Methods

Education model was training, motivation and encouragement. It was constructed in three parts. 1) Voluntary work concepts 2) First aid in crises 3) Peer carers tools. Support, work guidance and social gatherings were provided to peer carers. Advice and discussion was provided by peer carer- project worker team. Discussions took place in psychiatric hospitals. During these encounters project workers observed and collected feedback from family members and peer carers.

Results

During the years 2012-2013 there were 57 peer- professional team discussions with family members. Team work between peer carer and project worker was successful. Peer carer had a crucial role in helping family members to see the brighter future and to believe that one's actions can make a difference. Project worker was responsible of professional help and guidance. Family members found support useful: sharing worries with peers helped carers to cope better and to get a clearer view to the demanding situation. Discussion topics varied but all carers were actively trying to find solutions to cope. They needed to analyze the situation and related emotions. They were puzzled by the changes what illness brought to patients behavior and how they should scaffold the patient.

Conclusions

Conclusion is that increased cooperation with professionals and family members is crucial. Family members need more opportunities to bring their experiential knowledge to the interaction with patient and professionals. Based on this collaborative project, we can conclude that discussion given by the peer carers and professionals can empower family members and lower threshold to interaction with professionals in psychiatric care. Challenge is to develop peer carer- professional teamwork methods at hospitals.

Why do we need special education in forensic nursing?

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Repo-Tiihonen, Eila, medical director, Niuvanniemi hospital

Background

Despite the exceptional challenges of forensic nursing, there is currently no national educational standard for the competences of forensic nurses in Finland. Forensic nurses in Finland work mainly in the two state mental forensic hospitals. The main function of these hospitals is to perform forensic psychiatric evaluations for the courts and provide treatment for two groups of patients: criminal (violent) offenders found not guilty by reason of insanity and those whose treatment is dangerous or difficult in the municipal hospitals. Psychiatric care is known to be demanding for the care givers. Work in forensic psychiatry is, however, even more demanding than in the general psychiatry because of the special nature of the patients. Most patients have a history of violent behaviour and substance abuse/dependence. They have been previously treated in psychiatric hospital several times. The mean duration of their stay in hospital is about 8 years. More than 80% suffer from schizophrenia, mostly the paranoid form. Aggressive and suicidal acts often take place during hospitalization unpredictable. 90% of patients are male. They all are admitted to involuntarily treatment. Although the forensic nurses work with the most challenging psychiatric patients, they are not provided with any special education for the work.

Objectives

The aim of the study was to describe the professional competence profile of the registered forensic nurses in Finland for the educational program. Tenkanen and colleagues (2011) found that the most critical competence areas, in terms of further education, among the Finnish forensic nurses were pharmacotherapy; knowledge of forensic psychiatry/violent behavior; treatment of violent patients; processing patients' own emotions and need-adapted treatment of patients. The forensic nursing role is compounded by such issues as custodial concerns, compulsory detention, forced treatment and the risk to others and, that it is comprehended differently by forensic nurses and those outside the profession.

Methods

In co-operation with the specialists of the hospital and the teachers of the University of Applied Science we made one year education program tailored to the hospital. Nurses assisted their nurse competence using the Finnish version of the NSC before and after the education programme. Comparison was done using measures of summative scores. Correlations between the items of the scale and some background variables were calculated. In the analysis, the non-parametric Spearman`s coefficient of correlation, p, was used.

Results

The nurses experienced that the one-year education had a significant impact on their overall competence level. They found that their skills for observing, helping, teaching and caring for their patients had increased during the education. The nurses felt that their overall competence level had increased during the education program. The less frequent competence items included utilization of research and involvement of family in care.

Discussion

In this project, we were able to describe the special features of forensic patient care, the challenges of forensic nursing and the qualifications needed in forensic nursing. It can be stated that the one-year further education program was effective in developing the nurses' competence profile and, in particular, added their professional self-confidence. However, there still remains an enormous challenge to strengthen their skills for working with families and their awareness of evidence-based forensic nursing.

Methodological issues and implications in analysing national mental health strategies

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Välimäki, Maritta, PhD, RN, Professor, Nurse manager (part time), University of Turku, Hospital District of Southwest Finland,

Background

Governments carry responsibility for developing and implementing health policy and plans. Municipalities should include a mental health and substance abuse work strategy in their health and wellbeing promotion plan as part of the municipal strategy. Mental health policies and plans are seen to be essential tools for setting strategic priorities, coordinating action and reducing fragmentation of services and resources.

Objectives

The aim of this presentation is to describe how to find out if there are mental health strategies in municipalities and how to analyses those.

Methods

In this study it is using data collection by written search protocol from the website according to the list of all municipalities (N= 320). An online search was conducted using search protocol specific keywords and different combinations to locate the documents. Search terms included 'mental health' or 'well-being' combined with 'strategy', 'plan', 'program' or 'development program' in the title. A specific time limit was set for the length of time each website. If information was found, the document was saved on a file for analysis. If no published policy was found on the website, the municipality offices were called or contacted by email and they were asked to provide. A reminder e-mail was sent in two weeks' time when required. The data was analysed with the checklist for mental health plans by SPSS.

Results

The documents of strategies were found in 129 municipalities (N= 320). 65% of them found from the websites and 35% following contact with the local authorities. The document that found (n = 63) titles outlining mental health services and plans varied. Time for searching varied from one minute to ten minute, mean was 2,85 minutes. Pages in documents were
between four to 127, mean was 47,16. WHO`s checklist consists of 31 indicators under three main categories: process (seven indicators), operations (10 indicators), and content (14 indicators). Each indicator has between one to seven questions.

Conclusions

The mental health strategies were such easy to find out of municipalities websites as professional if they exist but how about the citizens. The titles, length and content of documents varied very much, the website paths were not simple and they varied between municipalities. In conclusions can be asked that to whom are the strategies written for and how it should be noticed in informing.

An interpretative study into the experience of disengagement from mental health services

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Background

Many people who experience severe mental health problems (SMHP) need a supportive mental health service to enable them to function in the community. Buckley (2006) demonstrated that the problems, experienced by this client group, include poor medication compliance, poor physical health, poor self-care, increased suicide risk or aggression, higher rates of illicit substance use and possible incarceration. Whilst there are a range of effective treatments available for this client group, engagement with services is often poor.

Objectives

- Have a broad overview of the study and the atypical IPA research methodology employed;
- Have an understanding of both the emergent super-ordinate themes and the component themes within the findings.
- Participate in a discussion about the clinical and academic significance of the themes.

Method

After ethical approval, in-depth, semi-structured interviews were used to explore and analyse the experiences of people who experience SMHP and who also have a history of disengagement from mental health services. Seven participants were recruited with the assistance of local Assertive Outreach teams, teams specialising in providing care for people who experience SMHPs and have a history of disengagement. All participants were interviewed on one occasion and six of the seven participated in a second clarifying interview. The individual transcripts and the transcripts as a whole were subjected to interpretative analysis, consistent with IPA principles. The researcher was reflexive about his foreknowledge of the material being investigated and was assisted in data analysis by three academic supervisors and two academic service users to gain a broader perspective on the emergent themes. The interviews with the service users were supported by focus group interviews of staff from Assertive Outreach teams. The research questions in the focus groups were informed by both the research questions from the service user interviews and the themes derived from that study. The focus groups were also subjected to interpretative phenomenological analysis.

Results

Through interpretative phenomenological analysis of the data, themes were developed first for individual service users and then across the service users. The analysis of the service users' experience of highlighted that disengagement is part of a wider experience of a limited connection to social structures. Given the phenomenon under investigation, the study explored the service users' ambivalent and complex relationship with mental health services. There was a sense of sadness in all the aspects of the limited connection to social structures. The service users had, however, developed multiple strategies to reinforce their personal resilience and to re-assert their personal identity.

The themes developed in this study can be employed to better understand the context of disengagement from mental health services and also to better inform future engagement with this client group.

Using technology to tell a life story: Can technology play a role in mental health nurse education?

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Background

Within the United Kingdom, there is growing demand to incorporate technology within nurse education, as the increasing research base demonstrates improvements in comprehension, competency and retention of learning. However, for these methods to be effective, it must be delivered in a meaningful and authentic way. Placed in the context of nursing being perceived as uncaring and resulting in the publication of `Compassionate in Practice' (2012), there has been a concerted campaign to ensure healthcare staff are educated in core values, not just on technical skills.

Objectives

One way of attempting to make learning meaningful in mental health nurse education, is to use case-based learning, which can provide a structured, systematic approach to learning. However the challenge for mental health educators, is to overcome the common perception from students that case-based learning is "not real" or "it's only pretend", which potentially compromises meaningful engagement. Therefore `cases' need to have a sense of `real life', with a strong narrative, so students `believe' in `the case' and are immersed in the experience.

Methods

In order to achieve this heightened potential for experiencing simulated reality, we have designed `cases' with a strong narrative approach, supported by technology, so students can collaboratively share ideas and their interpretations as to "uncertainties and complexities of patients' lived experiences". To support this approach, we have used technology to authenticate the cases and increase student immersion in the learning experience. We describe a variety of approaches including; an online timeline to deliver an evolving narrative, Facebook and a virtual patient decision making software platform.

Results and Conclusions

Our hypothesis is, if students have a better understanding of a person's life story, before they consider disease and diagnosis, this may allow students to see the `person' in their entirety and not just in relation to their diagnosis.

Support of relatives in mental health care – a source of moral distress: need for a change in approaches?

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Background
Relatives in mental health care face burdens and deterioration of own health, and need support in order to handle their demanding situation as relatives. Mental health personnel face complex situations when caring for people who directly or indirectly are affected by severe mental illness. Relatives' situation, their burdens and health risks potentially poses challenges to the personnel.

Objectives
The aim of this study was to describe conceptions of nurses in mental health care about supporting relatives of persons with severe mental illness.

Methods
A qualitative, descriptive study was performed with a phenomenography approach . Data was collected by means of focus-group interviews with nurses from all parts of mental health services in Norway. Four focus groups were each interviewed three times, transcribed verbatim, and analysed with phenomenography. Phenomenography was chosen in order to describe various perceptions of the phenomenon under study.

Results
The findings showed that a priority for the nurses was to develop and keep a trusting alliance with the patient. The main category, ''Our responsibility is first and foremost the patient'', was composed of three descriptive categories: ''the context framing the nursing care'', ''aspects of the actors'', and ''relational concerns''. Competing or contradictory demands were found within these premises. The emphasis on the alliance with the patient, together with contextual, relational, and personal concerns of those involved, made it difficult for the nurses to support relatives, although acknowledging relatives' overall demanding situation. The nurses faced practical problems and ethical dilemmas, and consequently experienced a double-bind situation which might lead to moral distress. There were two ways of handling this for the nurses: To see the relatives in the shadow of the patient, which often meant to overlook the relatives, or to see them as individual persons and support them to some degree.

Conclusions
Seeing the relative as an individual person seemed demanding and depended on system aspects such as patient-directed or family-directed view and resources such as time, space, and personnel. There is a need for a family focus in mental health care and nursing education. Guidelines for inclusion of relatives should be implemented at a system level, and support must be adapted to the individual relative. Further research should aim at tailoring and evaluating interventions for collaboration between relatives and health professionals.

Mechanisms of healing in psychotic disorders - a patients view

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Background

I'm a psychiatric patient who has been given the following diagnoses: reactive psychosis, bipolar disorder, schizoaffective disorder and brief psychotic reaction. I have had 9 psychoses/crises with psychotic features. I had my first psychosis at 17, and I am now 42.

Objectives

I embarked on a healing journey 5 years ago after my son was born to try to heal the root causes of my psychoses. Prior to that I had had a fairly normal life; I was working, travelling a lot, I had good relations with friends and family. Despite this I did have traumas in my past that hampered me, and I wanted to work on, and heal, those. My main objective is to heal myself and to be able to live a really good life, not just a normal one.

Methods

I got in touch with other people who have healed from bipolar disorder and schizophrenia, and I got good support from many of them. I read a lot of healing stories and explored research on alternatives in psychiatry. I started to use yoga and meditation regularly and "rewired" my brain to change negative thought patterns. I also tried to understand the deeper meaning and symbolism of my psychotic experiences.

Results

The past 5 years have been a time for deep processes in my psyche. Meditation has taught me to quiet my noisy mind and helped me to reduce stress. Yoga has put me into contact with previously blocked emotions linked to trauma in my past, and has helped me to open up these traumas for healing. My life at present is much more easy and balanced than it was 5 years ago, and I do not take any regular medication.

Conclusion

In my own healing process, I have been greatly helped by alternative methods and theories, those which view mental problems not as illness, but as a chance for mental growth and development. I feel that psychiatry, which mostly concentrates on medicating problems away, is currently not offering patients ways to deeply heal, but rather contributes to making patients chronically ill. I believe that the human organism always strives to heal itself, both physically and mentally if only given the chance, and I wish that psychiatry would start to recognize this and better support people on their road to recovery.

WORKSHOP

Service User Involvement: what it means, what it offers and what challenges it presents

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Gamble, Catherine, South West London and St George's Mental Health NHS Trust
Sin, Jacqueline, King's College, London
Barber, Martin, South West London and St George's Mental Health NHS Trust

There is strong policy emphasis on patient and public involvement (ppi) in decision making within health and social care in the united kingdom (uk) and beyond. Such involvement is aimed at ensuring that all services are fit for purpose in terms of meeting the needs of individuals and communities. In the uk this involvement includes ppi in decision making with regard to the nature and commissioning of clinical services, decisions about the educational preparation of health and social care professional, the focus and nature of research and workforce planning and development. There is general acceptance that this is ‘right and proper’ and most organisations aim to achieve ppi in a meaningful way. Despite the desire for meaningful ppi there are many issues yet to be addressed. Currently the overall position is one of fragmentation together with uncertainty, as well as, in some cases confusion and reluctance. there are many reasons why this situation exists, for example, the difficulty on the part of both professionals and service users with regard to the sift in the balance of power from professionals to service user, service users lack of knowledge and understanding regarding their role and the importance of their voice in decision making with respect to both individual and community services. Other issue remain unclear with respect to personal and financial support that is necessary to make ppi a reality.

This interactive workshop co-facilitated by service users and professionals will focus on service user involvement in the commissioning of clinical services, in education and research as well as the contribution of patients and public to senior nursing staff appointments. Presentations will highlight the key issues that emerge in each of these situations including the facilitating and restraining forces. The workshop environment will aim to encourage the sharing of experiences with those present in order to maximise the learning opportunities and sharing of narratives from a range of perspectives. It will seek to explore in an open, honest and challenging manner the issues that exist both personally and professionally regarding service user involvement and how they might be addressed.

POSTER PRESENTATIONS

Mental health of children and adolescents in Fukushima 18 months after the 2011 earthquake and nuclear disaster
Masatsugu Tsujii, Professor, Chukyo University, Japan
Hiroyuki Ito, Assistant professor, Hamamatsu University of Medicine

The veil of semantics: is CRPD terminology its own worst enemy?
Martin Ferguson, Mental Disability Advocacy Center, Hungary

Single parents' mental health promotion and home care given by nursing students
Anita Pyykkö, Principal Lecturer, Diaconia University of Applied Sciences, Finland

A four-year qualitative evaluation of the learning expectations for different professional groups involved in a collaborative learning initiative
Chris Wagstaff, University of Birmingham, UK
John Rose University of Birmingham, UK

The culture and social centers and their influence on the lives of people with mental disorders
Maria de Fatima Francozo, Professor, University of Campinas, Brazil
Priscila Ferreira, Psychosocial Care Center for Children and Adolescents, Indaiatuba, Brazil

Freedom of thought – a right also for people with psychotic delusions?
Mari Stenlund, University of Helsinki, Finland

Health promotion of forensic psychiatric patients
Tarja Tammentie-Saren, Head Nurse, Pirkanmaa Hospital District, Finland
Jarna Mäkinen, RN, Master of Health care, Pirkanmaa Hospital District, Finland

Knowledge of nurses working in nursing departments and undergraduate students about the symptoms of delirium
Agne Jakavonyte-Akstiniene, PhD Student, Lithuanian University of Health Sciences, Lithuania
Jurate Macijauskiene, MD, Professor, Lithuanian University of Health Sciences, Lithuania

Schizophrenia patients group activities directed at acute psychiatric ward 9
Sinikka Rytkönen, Ward manager, Pirkanmaa Hospital District, Pitkäniemi Hospital

Forensic psychiatric nurses' countertransference feelings while working through the offence in the nurse-patient relationship
Riitta Askola, MNSC, Doctoral Student, Nurse manager, University of Tampere, School of Health Sciences, Nursing Science; Hospital District of Helsinki and Uusimaa
Olavi Louheranta, MNSC, PhD, Counsellor/Supervisor, Niuvanniemi Hospital
Eija Paavilainen, Professor, PhD, University of Tampere, School of Health Sciences, Nursing Science; Researcher, Hospital District of Southern Ostrobothnia
Merja Nikkonen, D.H.Sc., Adjunct Professor, University of Tampere, School of Health Sciences, Nursing Science

Mental health assessment of children at school in India
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Service user as a part of substance abuse services in the primary health care – evaluation of a 15 month pilot
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eMenthe: a European co-operation project to enhance Master's level education in mental health practice with eLearning material
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Treatment model of the first-episode psychosis patients in the acute outpatient unit of Vantaa, Helsinki University Central Hospital, Finland
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On the borders between residential child care and mental health treatment: RESME project
Mari Lahti, RN, PhD, Lecturer, Turku University of Applied Sciences, Finland
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Collaboration among mental health services and child welfare services: a review of literature
Mari Lahti, RN, PhD, Lecturer, Turku University of Applied Sciences, Finland
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The experts of experience: increasing students' understanding of the variety of human life
Anne Vuori, PhD, Senior Lecturer, Lahti University of Applied Sciences, Finland
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Alternatives to use of coercion in a user-, professional- and research perspective – a collaboration project between service users and researchers
Tonje Lossius Husum, Researcher, PhD, Clinical Psychologist, University of Oslo, Norway
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Practice development and wellbeing of psychiatric nurses: research now and in the future
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Designing intervention to reduce adolescents stress in Thai schools
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Maritta Välimäki, Professor and Director of Nursing, Department of Nursing Science, University of Turku and Turku University Hospital, Turku, Finland

Psychiatric nurse consultation in the emergency department
Sari Lepistö, Head Nurse, Pirkanmaa Hospital District, Finland
Niina Ponto, Nurse, Pirkanmaa Hospital District, Finland

Developing a checklist for the implementation of evidence-based care guidelines for patients with acute psychosis
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Let's focus on bulimia!
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Riding therapy as treatment of depression
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Health and wellbeing of the unemployed
Marja Hult, BSc, University of Eastern Finland, Finland

Mental health of Estonian education officers working in schools and kindergartens
Kristel Tamm, MA, Tallinn Health care College, Estonia
Alar Sepp, MD, Tallinn Health care College, Estonia

Educational morning group at acute psychiatry unit 6
Hanna Rajala-Koenkytö, Ward manager, Tampere University Hospital, Pitkäniemi Hospital
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Raija Lehtovaara, Psychiatric Nurse, Tampere University Hospital, Pitkäniemi Hospital
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Day hospital as part of acute treatment pathway – case Peijas Hospital
Pauli Röksä, RN, Nurse Manager, HUCH, Peijas Hospital, Finland
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Psychiatric personnel perspectives on developing occupational therapy services
Piia Immonen, Occupational Therapist, Hospital District of Helsinki and Uusimaa, Hyvinkää Hospital Region; Helsinki Metropolia University of Applied Sciences

Aiming towards “Jackpot” in psychiatric inpatient care: moving from task-oriented to patient-centered nursing, increasing patient participation and nurses’ occupational well-being
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Irina Lehmann, RN, HUS
Arja-Leena Kesälahti, RN, Nurse Manager, HUS
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The changing role of clients – the description of service-user evaluators involvement in the development of mental health services
Kirsi Hipp, MHS Student, University of Eastern Finland, Finland

Reducing coercive measures an an acute adult psychiatric admission ward in Peijas hospital
Petra Utriainen, RN, HUS Peijas hospital, acute psychiatric ward
Katja Latonummi, RN
Päivi Kostamo, RN, Nurse Manager
Tero Laiho, RN, Nurse Manager

Patient restraint and ways for avoiding it in healtcare and residential care services: an integrative literature review
Reet Tohvre, MSc, RN, Psychiatry Clinic of Tartu University Hospital, Estonia
Ilme Aro, MSc, RN, Department of Nursing Science, University of Tartu

Physical intervention methods in Finnish mental health services: an overview
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Experts by experience in psychotic disorders taking part of developing services within specialist psychiatric care in Vantaa, Finland
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Introducing new method in evaluating specialized child psychiatric care
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Master theses as projects in co-operation with working life - students as project managers
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Nurses' views of the ways how to enhance non-smoking support and environments at psychiatric wards
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Particular properties of psychological health in women with infertility
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Sofija Zagidulina, specialist, Saint Petersburg State University, Russia
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