



4th
European Conference
on Mental Health

Oct 21-23, 2015

Riga, Latvia



4th European Conference on Mental Health

- Looking for evidence together

In association with:





The Clubhouses

- The Clubhouses are rehabilitative communities formed by persons undergoing mental health rehabilitation, that is, the Clubhouse members, together with the hired staff. In these communities, the members' psychic and social resources are supported and their know-how and skills are utilised.
- The activities are based on human dignity, voluntariness, and equality.
- The Clubhouses provide learning according to the members' needs and work-orientated activities.
- The main principle is peer support and doing things together.
- The aim is to improve the members' self-confidence and quality of life, decrease the need for hospitalisation, prevent social alienation, and support one's chances of returning to working life and of taking independent initiative.
- In addition, the Clubhouses act as their members' overseer of interests and support their social rights.

THANK YOU MENTAL HEALTH PROFESSIONALS



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

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RiSLO

Riian Suomalaiset Lääketieteen Opiskelijat ry
Finnish Medical Students' Association in Riga



The Finnish Medical Students' Association in Riga (RiSLO) was founded in 2012 for the Finnish medicine and dentistry students in Riga. Today there are more than 120 Finns studying full time for a medical degree in Latvia with the number of enrolling students increasing year by year. RiSLO belongs to the same umbrella association, FIMSA (SML – Suomen medisiinariliitto ry), as the Finnish medical students' associations, which operate domestically in Finland.

Our student association provides information and support for its members from the start of their studies up till graduation, organizing a variety of different events and get-togethers from semester kick-off parties to professional seminars. In order to help our members to stay informed about past and upcoming events, current topics, as well as internship and exchange opportunities, RiSLO releases a monthly newsletter and a magazine twice a year.

RiSLO has the honor of being an official partner of the 4th European Conference on Mental Health.



Workshop at the ECMH on Friday 23rd at 12.30-13.15

Dreams come true: Becoming a Medical Doctor by studying in Latvia - from theory to practice in the field of psychiatry.

Anne Aho, Hanna Auramo, Laura Mustonen, Jenni Salenius, Eva Tuuppa.

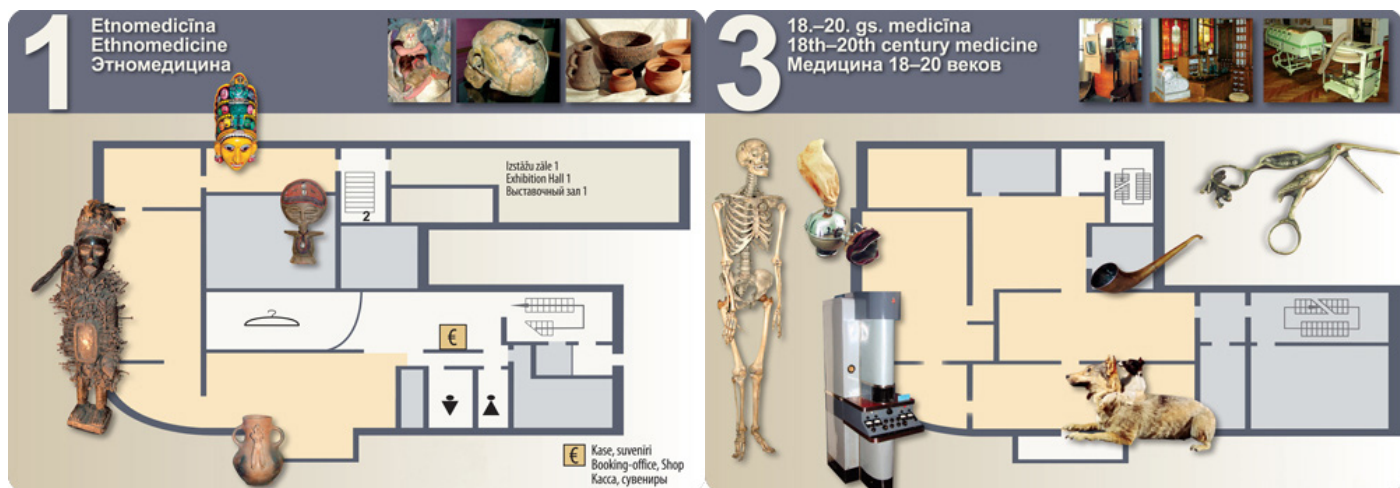


Contact us to find out more: info@rislo.fi, www.rislo.fi

Pauls Stradins Museum of History of Medicine



The participants of the
4th European Conference on Mental Health
are welcome to visit
the Pauls Stradins Museum of History of Medicine!
Antonijas street 1, Riga
www.mvm.lv





Conference Program

Wed 21 st October							
15.00 – 18.00	Registration and poster presentations						
16.15-17.45	Guided City Walks in Riga						
18.00 – 19.00	Keynote: Professor Elmars Rancans, Latvia: <i>Mental Health and Psychiatry in Latvia – past, present and future</i> . Room: Omega 1						
19.00 –	Get Together Party, Speech and a Toast to Good Mental Health: Dr. Liam MacGabhann, Dublin City University, Ireland.						
	Twitter Clinic, Red Carpet Photo Backdrop						
Thu 22 nd October							
8.00	Registration and poster presentations						
9.00-9.30	Opening Ceremony. Room: Omega 1.						
9.30-10.15	Keynote: CEO, Former Football Professional Aki Riihilahti, Finland: <i>DNA of a good team</i> . Room: Omega 1.						
10.15-11.00	Keynote: Senior Policy Analyst Hedinn Unnsteinsson, Iceland: <i>Mental health and psychiatric paradigms – talk on macro/meso/micro level</i> . Room: Omega 1.						
11.00-11.30	Coffee break and poster speed dates						
11.30-13.05	Oral Sessions						
	Session 1	Session 2	Session 3	Session 4	Session 5	Session 6	Session 7
Room	Gamma 1+2	Omega 1	Ksi	Epsilon	Lambda	Sigma 1	Tau
Theme	Research	Coercive Care	Forensic	Adolescents	Service User Involvement	Families	Independent Papers
11.30-11.50	A mixed methods evaluation of the impact of a new team of mental health research nurses. <i>Fiona Nolan, UK</i>	Seclusion and restraint - pros and cons: Systematic literature review on the effects of seclusion and restraint on patients. <i>Mikko Ketola, Finland</i>	Core competencies of forensic nursing in Finland. <i>Osmo Vuorio, Finland</i>	Trying to demystify the caring of Anorexia Nervosa - through knowledge and structure from inpatient to outpatient care. <i>Katja Tenhoviirta, Finland</i>	The Therapeutic Engagement Questionnaire (TEQ): a tool to measure therapeutic engagement (TE) in adult acute inpatient mental healthcare settings from the perspective of service users (SUs) and registered mental health nurses (RMHns). <i>Mary Chambers, UK</i>	Hope and families in mental health care. <i>Moirá o'Donovan, Ireland</i>	The nursing model - Child neuropsychiatric unit in Tampere University Hospital, Finland. <i>Tuula Olkinuora, Finland</i>
11.55-12.15	A quasi-experimental study into the efficacy of early screening by nurses on medication-induced movement disorders. <i>Marlinde van Veenendaal, Netherlands</i>	The acht•SAM©-Concept. <i>Lars Petersen, Germany</i>	Co-production in Secure Forensic Settings. <i>Frank Reilly, Scotland</i>	Exploration of mental health nursing identity and intervention within an adolescent psychiatric intensive care unit. <i>Celeste Foster, UK</i>	Personal recovery in dual diagnoses. <i>Linda Kronenberg, Netherlands</i>	The Family Involvement and Alienation Questionnaire (FIAQ): a tool for multiple purposes? <i>Mats Ewertzon, Sweden</i>	"Drugs make you the man you are". <i>Chris Wagstaff, UK</i>
12.20-12.40	Establishing the psychometric properties of IROC for use across Europe: a tool to measure personal recovery outcomes. <i>Bridey Rudd, Scotland</i>	An evaluation of the use of the Broset Violence Checklist on violence and burnout in an adult mental health inpatient unit. <i>Norman Young, UK</i>	The forensic mental health nursing perspectives and view: Front and back door. <i>Rik Koopman, Netherlands</i>	Punk Rock, mental health and recovery. <i>Craig Lewis, USA</i>	The experience of discrimination and poverty for people experiencing mental illness. <i>Cheryl Forchuk, Canada</i>	The art and science of need-adapted-approach – Finnish model of family therapy. <i>Jukka Piippo, Finland</i>	Reablement in mental health care - how can occupational therapists contribute? <i>Bengt Eriksson, Norway</i>
12.45 - 13.05	Results from a research programme evaluating protected engagement time in acute and older adult inpatient wards in England. <i>Fiona Nolan, UK</i>	Seclusion experienced by mental health professionals. <i>Pekka Makkonen, Finland</i>	Body awareness group in psychiatric hospital for prisoners. <i>Tanja Balk, Finland</i>	The meaning of group intervention from the perspective of adolescents with severe neuropsychiatric disorders. <i>Mari Sammalkorpi, Finland</i>	We can do it together – how to increase patient participation and develop care! <i>Irina Lehmann, Finland</i>	From despair to understanding – turning the experience of having a family member with a mental illness into a resource. <i>Jussi Ranta, Finland</i>	Methods for exploring social relationships among adolescents attending adolescent psychiatric outpatient clinic. <i>Katriina Anttila, Finland</i>
13.05-14.00	Lunch						
14.00-14.45	Keynote: Professor Christina Salmivalli, Finland: <i>School bullying, its developmental consequences and its evidence-based prevention</i> . Room: Omega 1.						
15.00-16.10	Oral Sessions						
	Session 8	Session 9	Session 10	Session 11	Session 12	Session 13	Session 14
Room	Omega 1	Gamma 1+2	Ksi	Epsilon	Lambda	Sigma 1	Tau
Theme	Psychosis	Cultural Care	Physical Health	Families	Service User Involvement	Independent Papers	Recovery
15.00-15.20	Encounter with people affected by recent onset psychosis. <i>Åsa Stevenson, Sweden</i>	Immigrant women's mental health and coping. <i>Melanie Straiton, Norway</i>	Short snapshot of mental health problems and stigma among deaf mute people in Kosovo. <i>Sevim Mustafa, Kosovo</i>	Who cares? Adolescent self- determination in voluntary psychiatric care, a literature review. <i>Kiki Metsaranta, Finland</i>	Exploring a bio-energetic approach to healing mental disorders. <i>Sean Blackwell, Brazil</i>	A comparative study on socio-demographic and clinical profile of patients undergoing admission and readmission in a mental health institute in Asia. <i>Sumit Mehta, India</i>	This is my care! <i>Femke Dirix, Netherlands</i>
15.25-15.45	Minor physical abnormalities in early onset schizophrenia and other adolescent psychiatric disorders as an indicator of neurodevelopmental etiological component. <i>Barbara Remberk, Poland</i>	A sociocultural overview of society response to mental health: the case of Albania and Kosovo. <i>Naim Fanaj, Kosovo</i>	An action research study to addresses the physical health and wellness of patients in receipt of long-acting antipsychotic (LAIs) medication. <i>Angela Cocoman, Ireland</i>	Implementing Multidimensional Family Therapy targeting delinquent behaviour and alcohol abuse among high-risk children and youth aged 12-18 in Estonia. <i>Aija Kala, Estonia</i>	Expertise by experience: Active involvement of service users in the education of the mental health workforce in Ireland. <i>Liam Mac Gabhann, Ireland</i>	Mental health promotion in school environment: evaluation of interventions. <i>Päivi Vuokila-Oikonen, Finland</i>	Better Days - A mental health recovery workshop. <i>Graig Lewis, USA</i>
15.50-16.10	The role of insight in the process of recovery from first episode-psychosis. A social identity perspective. <i>Hannah Klaas, Switzerland</i>	The implementation of the Cultural Formulation Interview (CFI) in psychiatric nursing practice in Finland. <i>Nina Marttinen, Finland</i>	Physical health and severe mental illness: an uncontrolled evaluation of staff education and personalised care plans. <i>Mark Haddad, UK</i>	Correlation between professional identity and clinical competency of nurses working at psychiatric wards of hospitals affiliated to Tehran universities of medical sciences. <i>Jamileh Mohtashami, Iran</i>	Healing the impossible. <i>Kerstin Ögård, Finland</i>	Risk factors of patient aggression against nurses – the perspective of Slovak mental health nurses. <i>Ivana Borikova, Slovakia</i>	Dynamics of emotion regulation strategies in patients with depressive and anxiety disorders. <i>Anna Pastuszak, Poland</i>

16.10-16.40
16.40-17.50

Coffee break and poster speed dates
Oral Sessions

	Session 15	Session 16	Session 17	Session 18	Session 19	Session 20	Session 21
Room	Gamma 1+2	Ksi	Epsilon	Omega 1	Sigma 1	Lambda	Tau
Theme	<i>Services</i>	<i>Caregivers</i>	<i>Physical Health</i>	<i>Suicidality</i>	<i>Children and Families</i>	<i>Services</i>	<i>Service User Involvement</i>
16.40-17.00	Aspects that influence nurses' leadership who are working in psychiatric care. <i>Pia Schörling, Sweden</i>	Family caregivers' support on medication adherence. A mixed method study on the role of family caregivers on medication adherence of elderly outpatients with mood disorders. <i>Marlijn Warmink, Netherlands</i>	Implementation of a Pain Symptom Management Course in a Psychiatric Context. <i>Jyrki Nikanne, Finland</i>	Stigma: personality disorder and homicide in popular U.K. press, 2001-2012. <i>Matt Bowen, England</i>	Growing Together- using horticulture as therapy in schools with children and young people. <i>Carl Dutton, UK</i>	Co-operative inquiry as a model for professional development of mental health services in Indonesia: Indonesia - Nordic cooperation. <i>Arild Granerud, Norway</i>	Service user (student nurses) and lecturer research collaboration: teaching age and discrimination. <i>Elisabeth Collier, UK</i>
17.05-17.25	Meaningful Life - Mental health strategy 2013-2016. <i>Juha Ahonen, Finland</i>	The social functionality of schizophrenic patients and the burden experienced by their caregivers: sample of Turkey. <i>Yunus Kaya, Turkey</i>	Associations of sexual violence, alcohol use, contraception, psychological distress and body mass index among adolescent women engaged in high-risk sexual behavior. <i>Jane Champion, USA</i>	Lived expertise transforming suicide prevention. <i>Eduardo Vega, USA</i>	Customership profiles and participation of and support and effectiveness of support for young people receiving aftercare provided in social work. <i>Arja Haggman-Laitila, Finland</i>	Diversity of mental health and addiction services and community service personnel resources - associations to population needs? <i>Taina Ala-Nikkola, Finland</i>	Improving the evidence base for peer support in mental health services: development of the intervention manual and trial protocol for the ENRICH randomised controlled trial of peer support for psychiatric discharge. <i>Steve Gillard, UK</i>
17.30-17.50	Transformation of mental health policy. <i>Ana Petek, Croatia</i>	The Outreaching -tool to use among elderly clients: How to recognize and support elderly clients who are caregivers of individuals who have psychiatric disabilities / and intoxicant disturbance. <i>Mari Helin-Tuominen, Finland</i>	A before and after study comparing outcomes for staff and patients across inpatient wards following the implementation of a total smoking ban across a UK mental health Trust. <i>Simon Bristow, UK</i>	Mental pain among female suicide attempt survivors in Israel: An exploratory qualitative study. <i>Noa Kfir-Levin, Israel</i>	Relative counseling as a part of mental health and substance abuse work. <i>Silja Lampinen, Finland</i>	Helpful approaches to older people experiencing mental health problem – a review of pragmatic perspectives and stipulation of models of mental health care. <i>Páll Biering, Iceland</i>	Engaging undergraduate mental health nursing students in recovery orientated practice through service user involvement. <i>Russell Siobhann, Ireland</i>

16.15-19.00
17.00-18.30 and 18.00-19.30
20.00-
22.00-

Hospital Visits (Parallell Program), Bus transportation at front of the Hotel, arrival depending on the traffic
Guided City Walks in Riga
Conference Banquet. Room: Omega 2.
ECMH Party, Skyline Bar

Fri 23th October

9.00-9.45
10.00-11.35

Keynote: Professor Solja Niemelä, Finland: *Why do people get hooked?* Room: Omega 1.
Oral Sessions

	Session 22	Session 23	Session 24	Session 25	Session 26	Session 27	Session 28
Room	Omega 1	Lambda	Tau	Sigma 1	Gamma 1+2	Ksi	Epsilon
Theme	<i>Technology</i>	<i>Depression</i>	<i>Service User Involvement</i>	<i>Education</i>	<i>Recovery</i>	<i>Children</i>	<i>Services</i>
10.00-10.20	Is rehabilitation effective in schizophrenia spectrum disorder patients? A case control study to measure the effectiveness of rehabilitation for schizophrenia spectrum disorder patients and compare it in acute care setting & community based setting. <i>Jagath Bandara, Sri Lanka</i>	Living with a demented parent: A family resilience study. <i>Abraham Greeff, South Africa</i>	Consumer participation in mental health nursing education: finding the reality amongst the rhetoric. <i>Brenda Happell, Australia</i>	Students' experiences of collaboration in a state funded mental health and substance abuse development project. <i>Carita Saarikivi, Finland</i>	Just Look at me. Recovery in images. <i>Jan Siltvest, Netherlands</i>	Improving accessibility and efficiency of children's mental health services in Estonia. <i>Elis Haan, Estonia</i>	The model of organization of psychiatric, psychotherapeutic and psychological assistance to the population, on the example of the psycho-neurological dispensary of the Primorsky district of St. Petersburg, Russian Federation. <i>Teimur Abdullaev, Russian Federation</i>
10.25-10.45	'Back of the net' – the role sport has to play in promoting mental wellbeing. <i>Declan Patton, Ireland</i>	Depressive symptoms in College Students: Prevalence and Correlates. <i>Aine Horgan, Ireland</i>	Effective nursing attitude aspects and interventions in reducing patients' aggression from a patients' perspective. <i>Tobias Kalverdijk, Netherlands</i>	Special support possibilities to social and health care students in University of Applied Sciences. <i>Armi Jyrkkio, Finland</i>	The Ostrobothnian Recovery College – lessons learned from the first year. <i>Susanna Ahola, Finland</i>	A model of networking in the child mental health services. <i>Anne-Mari Borg, Finland</i>	The wounded storyteller as a developer of mental health services. <i>Paivi Kirjavainen, Finland.</i>
10.50-11.10	Using games as a teaching tool to improve care planning. <i>Rebecca Rylance, UK</i>	Going back to work after depression in Suriname and the Netherlands from a multicultural perspective. <i>Herman Jintie, Suriname</i>	Patients with intellectual disabilities: do they know what kind of medication they use? <i>Cora Knecht, Netherlands</i>	Psychiatric nursing: an unpopular choice. <i>Ronell Jansen, South Africa</i>	Black African service users (BASUS) experience of the recovery approach in mental health provision in England. <i>Isaac Tuffour, UK</i>	Child psychiatric consultation team in Pirkanmaa Hospital District. <i>Sari Miettinen, Finland</i>	Current model of providing psychological care for people megapolis (on the example of the center of medico-social and psychological help (CMSPH). <i>Daniil Chugunov, Russia</i>
11.15-11.35	Smart technologies for mental health management. <i>Cheryl Forchuk, Canada</i>	"Taking me seriously": research evaluation of Suicide Crisis Assessment Nurse (SCAN) - a service that links into primary care when clients are in suicide crisis. <i>Stephen Bradley, Ireland</i>	All rhetoric or some reality? Consumer participation in mental health nursing education in Australia. <i>Brenda Happell, Australia</i>	Innovate example of developing eLearning material for Master level mental health nursing – eMenthe project. <i>Mari Lahti, Finland</i>	Empowering both user and provider: Making treatment contracts in mental health care. <i>Jan Boogaarts, Netherlands</i>	ReAttach a new schematherapy for adults and children? <i>Paula Weerkamp-Bartholomeus, Netherlands</i>	Meanings attributed to drug consumption by people diagnosed with psychiatric disorders: perspectives from mental health professionals and service users. <i>Fernanda de Sousa Vieira, Brasil.</i>

11.35-12.30
12.30-13.15

Lunch
Invited Workshops and Poster Speed dates

	Workshop 1	Workshop 2	Workshop 3	Workshop 4	Workshop 5	Workshop 6
Room	Omega 1	Gamma 1+2	Lambda	Epsilon	Sigma 1	Tau
	Safewards - making psychiatric wards more peaceful places. <i>Len Bowers, UK; Rajja Kontio, Finland; Paivi Soininen, Finland; Assi Sainio, Finland; Lauri Kuosmanen, Finland.</i>	Social media and mental health professionals. <i>Jan Holmberg, Finland</i>	Promoting community-based mental health policy by using the psychosocial clubhouse rehabilitation model. <i>Esko Hanninen, Paivi Lepisto, Tony Hautanen, Anton Rantalainen, Susanna Valtanen, Finland.</i>	Dream come true: Becoming a Medical Doctor by studying in Latvia - from theory to practice in the field of psychiatry. <i>Anne Aho, Hanna Auramo, Laura Mustonen, Jenni Salenius, Eva Tuuppa, Finland.</i>	Alcoholics Anonymous: Experience of an AA meeting. <i>AA Members from Norway, Spain and The Netherlands</i>	The Re-engineering / Kaikaku of Integrated Mental and Addiction Care in Finland. <i>Juha Kempainen, Finland</i>

13.30-14.15
14.15-14.45
15.00-17.30
15.00-16.30

Keynote: Professor Graham Thornicroft, UK: *Stigma, Discrimination and Mental Health: Evidence for Change.* Room: Omega 1.
Closing Ceremony. Room: Omega 1.
Hospital Visits (arrival depending on the traffic)
Guided City Walks in Riga



Welcome to the 4th European Conference on Mental Health 2015

Dear Participants

This year we continue our Baltic tour, now in Latvia, which hosts the fourth conference on Mental Health with the intention of providing 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 in Riga will give the almost 400 participants worldwide the most wonderful setting for our meeting and an excellent opportunity of sharing their knowledge and best practices in mental health. Our Scientific program includes six high level keynote speeches, 98 oral presentations, over 60 poster presentations plus six invited interactive workshops.

Mental health issues concern all of us, everywhere in the world, when we meet friends and colleagues from all over the world. We have a lot of challenges in Europe especially related to human rights of migrants and the social and economic structures in the countries receiving migrants. Today's refugee crisis is being described as the worst since World War II. How can we help those people who are wandering in Europe today? As mental health experts and professionals we want to highlight tolerance, i.e. willingness to accept feelings, habits, or beliefs that are different from your own in this conference. This year we have chosen as our charity target in Riga the Youth house /orphanage "Ezermala", for which we want to collect money and provide something special for the young people there.

We trust that you will find our conference city Riga an attractive and interesting site. Riga is called deservedly the pearl of the Baltics! In Riga you can find places, in which each century has left its mark in the city's features. They can be seen in the architecture of the Old Town and the City Centre. You can experience all of this by participating in our arranged city walks. We would also recommend you visit in Skyline Bar on the 26th floor of Radisson Blue Hotel Latvija where you have an amazing view over the city. Our social program is versatile and relaxing and we are sure there is something for everybody.

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 Latvian partners and RiSLO (Riga Finnish Medical Students) who have shared their knowledge and networks with us. The conference is organized by the Evipro Company that has taken the responsibility and made all of this possible. Finally, we want to thank all the volunteers who are working as hosts and co-chairs. Also this year your input has been priceless.

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

We also discuss and communicate in Twitter – so remember #4ECMH2015

It is our great pleasure to welcome you to Riga, Latvia!

Ms. Marjo Kurki

Chair of Organizing Committee

Dear friends and colleagues,

I wish you all warmly welcome to this year's ECMH meeting in Riga. Regarding the abstracts and the program, it has been a pleasure to recognize the apparent activity on the field, and the richness and diversity of mental health research at the moment. Treatment and caring processes, services related issues and advocacy are among the themes that are well covered in our program this year. It is especially delightful to see the increased understanding of the importance of service use orientation among the presentations. Strategic and societal views, including early intervention, and the role of social determinants of mental health, are also clearly in the agendas of our attendees, which is a good reason for a toast with you all. I am sure we will have a most exciting and active congress with a program that will definitely call us to a continuous learning process. Let us be inspired by the ECMH 2015 and enjoy discussing all the fascinating topics that the mental health field is offering today.

Professor Sami Pirkola

Chair of the Scientific Committee

SCIENTIFIC COMMITTEE

Sami Pirkola, MD, PhD, Professor of Social Psychiatry, Finland (Chair)

Hülya Bilgin, Associate Professor, PhD, Turkey

Andre Sourander, MD, PhD, Professor in Child Psychiatry, Finland

Mari Lahti, PhD, Finland

Elmars Rancans, Professor of Psychiatry, Latvia

Raija Kontio, PhD, Finland

Christopher Wagstaff, Clinical Nurse Specialist & Senior Lecturer in Mental Health Nursing, UK

Päivi Rissanen, Lic. Pol. Sc., Service User Researcher, Finland

Fiona Nolan, Dr, Nursing Research Fellow, UK

Patrick Callaghan, Professor of Mental Health Nursing, UK

Lauri Kuosmanen, Adjunct Professor, Finland (secretary)

ORGANIZING COMMITTEE

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Heikki Ellilä, PhD, Finland

Lauri Kuosmanen, PhD, Adjunct Professor, Finland

Pekka Makkonen, MNSc, Finland

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Len Bowers, Professor, UK

Heikki Ellilä, PhD, Finland

Cheryl Forchuk, Dr, Canada

Brenda Happel, Professor, Australia

Jan Holmberg, RN, MHC, Finland

Herman Jintie, Master in mental health policy and services, Suriname

Kaisa Kauppi, MNSc, PhD-student, Finland

Raija Kontio, PhD, Finland

Rik Koopman, BHSc, The Netherlands

Lauri Kuosmanen, PhD, Adjunct Professor, Finland

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Mari Lahti, PhD, Finland

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Laura Mustonen, MS, Finland

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Jenni Salenius, MS, Finland

Päivi Soininen, PhD, Finland

Eva Tuuppa, MS, Finland

Chris Wagstaff, Lecturer, UK

CO-CHAIRS AND HOSTS OF THE CONFERENCE

Anne Aho, MS

Hanna Auramo, MS

Jan Holmberg, RN, MHC

Kaisa Kauppi, MNSc, PhD-student

Mari Lahti, PhD

Tella Lantta, MNSc, PhD-student

Heikki Lehtilä, Mental health nurse

Kiki Metsäranta, RN, MNSc-student

Laura Mustonen, MS

Mikko Nieminen, RN, Master of Healthcare

Virve Pekurinen, MNSc, PhD-student

Jyri Pulkkinen, Stara Consulting

Virve Repo, MA, Registration coordinator

Jenni Salenius, MS

Mikael Söderström, Project Planner

Aaro Tiensuu, Business College-student

Eva Tuuppa, MS

GENERAL INFORMATION

INFORMATION DESK

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

Wed 21 October, 2015 15.00 – 18.00

Thu 22 October, 2015 08.00 – 18.30

Fri 23 October, 2015 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 and e-mail info@evipro.fi.

CERTIFICATE OF ATTENDANCE AND EVALUATION

All participants will receive a certificate of attendance.

LANGUAGE

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

SPEAKERS' PRESENTATION SERVICE

Speakers' service is located in Sigma 2 room on the second floor.

LUNCH AND REFRESHMENT

Lunch is served in Restaurant Esplanade on the first 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 22nd and Friday 23rd afternoon. You can sign up for the visits at the information desk. Walking tours around the old town of Riga will be organized every conference day. More details are available on the conference website and you can sign up at the information desk. Informal conference activities are free of charge.

CONFERENCE BANQUETTE

Conference banquet is arranged on Thursday 22nd October at 8 pm. Radisson Blu Hotel Latvija. The banquet is only for participants who have paid a fee in advance.

KEYNOTE SPEAKERS

Mental Health and psychiatry in Latvia – past, present and future

Elmārs Rancāns

Elmārs Rancāns is Professor of Psychiatry and Chair of the Department of Psychiatry and Narcology, Riga Stradins University, Riga, Latvia. Having graduated from the Faculty of General Medicine, Latvian Academy of Medicine, he completed postgraduate training in psychiatry at the Riga Psychoneurological hospital, Latvia. Dr. Rancans has defended his PhD at the Department of Psychiatry, Umea University, Sweden on the topic of suicide research. Dr. Rancans is currently involved in the teaching of students and he is also a Head of Residency training programme at the Riga Stradins University. He is actively lecturing nationally and internationally at different CME events for GPs and specialists. The current clinical and research interests of Dr. Rancans are epidemiology and psychopharmacological treatment of affective and psychotic disorders. He has participated in numerous international and local trials. Dr. Rancans has published many articles and presented posters at international congresses.

The history of psychiatry in Latvia spans over more than 200 years. There are many pages of our history we have not had opportunity to share with the rest of the World. The aim of this talk is to highlight the most important facts from the past, describe current state in the field of mental health and to illuminate our vision for future developments. Development of psychiatric services in Latvia started with the building of asylum type establishment at the end of the 18th century. To address the increasing needs, psychiatric hospitals of various size and quality were gradually opened all over the country. Psychiatry as a field of science emerged in Latvia after the declaration of Independence in 1918. Active and progressive development of services and academic environment took place between the World Wars. During Soviet regime psychiatric services were rebuilt within the frames and guidelines of existing system. Following restoration of Independence in 1991 a number of rapid and positive changes took place. There was a gradual decrease in the number of hospital beds, outpatient services were developed and modern treatment methods were established. Policy documents in the field of mental health were developed and legislation improved. Active collaboration with other countries was developed. Academic education continued and specialist training was provided according to European standards. The role of psychiatric professional organisation was strengthened. Future challenges ahead of us are to develop and strengthen collaboration with General Physicians in the recognising and treatment of mental disorders in the community, development of more community based treatment facilities in psychiatry, further develop collaboration with patient/relatives organisations and address high stigma issues in the society.

DNA of a good team

Aki Riihilahti

Managing Director HJK Helsinki.

It is a speech about why you should and how you can. Through real life stories and business cases speaker encourages you to take responsibility to act for your own better future. Main themes of the speech are around leadership, team work and self management. Change is quick and thousands of choices affect us every day, there has never been so many grey and uncomfortable areas. Various studies show that energy and wellbeing are at worrying levels. In addition our bad habit of never letting anything go while still trying to do more has created a bad cycle. Speech goes through different philosophies and practical tools how to tackle challenges and navigate onwards. Are you doing the right thing or doing a wrong thing excellent? Rechecking your own perspective on what you do and also about what feedback you get is important. Only through organizing the work and having the right roles in a team we are able to do enough and early enough the most important things. Speech challenges you to be odd, determined and playing the long and short game at the same time. How do we get and give others the feeling of importance? Our communication and ability to listen are directly related how easy it will be for us to succeed. One of the leading themes is that you can't outsource or push forward responsibility about yourself.

Mental health and paradigms of psychiatry– talk on macro/meso/micro level

Hedinn Unnsteinsson

Hedinn Unnsteinsson is currently working as senior policy analyst in the Prime Minister's (PM) office in Iceland focusing on macro policy analysis and coordination of governmental policies and plans. Hedinn is a part time lecturer at the University of Iceland in the departments of politics and social science. Hedinn has a M.Sc in International Policy Analysis from the University of Bath (2003). Hedinn started work within mental health in 1994. Hedinn was an entrepreneur in mental health promotion and user's and careers empowerment and social inclusion in Iceland from '94-'01. Hedinn received a commendation and recognition on behalf of the WHO and WFMH for a best practice in mental health promotion with the project "Gedrækt" in September 2004. Hedinn worked as a technical officer for the mental health programme of the World Health Organization in the European office in Copenhagen from 2003-2006, before entering the Icelandic ministry of health in 2007-2010. Hedinn has written numerous articles and served in committees on governance, coordination of policies and plans, mental health etc, as well as ministerial committees, f.exp. on public health. Over the last 20 years Hedinn has given over 700 talks on mental and public health worldwide. In March 2015 Hedinn published the book "Vertu úlfur – wargus esto".

Lunacy – madness – insanity - mental illness – mental health problem. These are few words that have through the years been incorporated into our thoughts and language as hypothetical constructs to describe those who have sensed, experienced and acted "differently". Been considered "outside" the normal human variation. "Different" "beyond" the line that our contemporary societies, through the practice of healing and medicine, have drawn at any given time. One could argue that these constructs and our knowledge of them express, among other things, our relentless, "bi-polar", "need" as societies to have "control", understand and define. A "need" that many argue have been enhanced with our later day "enlightened" and informed societies. These constructs are debated in the field of mental health, where a subjected evaluation of a subjected criteria is used as a base of so called diagnosis. An evaluation that has shaped our approach to our soul and spirit since Emil's Kraepelin's first diagnostic system defined "psychosis"

subjectively into three main categories in the latter part of the 18th century. In my talk, I will make a short attempt to analyse some of the attempts to define mental illness, and humbly try to shed a certain light on how we have systematically tried to treat and “heal” our “mad”, and our “different” through the years. I will conclude with recent “evidence” that our approaches and grounds for a core understanding of mental health, dis-ease and ease might be shifting (again) towards a more compassionate and understanding approaches. That, to quote a recent report published by the British Psychological Society: “Understanding Psychosis and Schizophrenia”, there might not be a strict line between psychosis and “normal” experiences. That we might all be on the same spectrum of sanity/insanity – spectrum of ease/dis-ease.

School bullying, its developmental consequences and its evidence-based prevention

Christina Salmivalli

Christina Salmivalli, PhD, is a Professor of psychology at the University of Turku, Finland. She has done school based research on children's and adolescents' peer relations and their contributions to development – including mental health – for over 20 years. School bullying, its developmental consequences and its evidence-based prevention have been Salmivalli's main research interests. She has been leading the development and evaluation of KiVa antibullying program, now widely used in schools across Finland and in various other countries. She has been in charge for numerous large-scale projects funded by the Academy of Finland and other funding organizations in Finland and at the European level.

The relationships and experiences children have with their immediate environment influence their later development, including mental health. Peer group in school is an important social context that might be crucial in shaping a variety of social-emotional outcomes. Being bullied, i.e. repeatedly targeted by aggressive attacks of a more powerful peer, is one of the most traumatic experiences a child may encounter in the school context. A key feature differentiating bullying from conflicts, quarrels, or fights, is the imbalance of physical strength or social power between the perpetrator/s and the victim. Thus, the targeted child finds it difficult to defend him- or herself. Another typical feature is the group nature of bullying: despite their anti-bullying attitudes, many children witnessing bullying do not express such attitudes in public, but instead behave in ways that are socially rewarding for the bullies. Children who are bullied by peers at school experience a multitude of social adjustment problems. For a number of bullied children and youth, their experiences continue to affect their lives in adulthood. Isaacs, Hodges and Salmivalli (2008) found that being bullied at the age of 14 was predictive of a low self-esteem, distrust in other people, and depression almost a decade later, especially among youth who lacked support within the family context. A recent meta-analysis by Ttofi, Farrington, Lösel, and Loeber (2011) indicated that being bullied at school was a unique risk factor contributing to later depression, even after controlling for several other childhood risk factors. There is a pressing need for effective prevention of bullying. The presentation provides an overview of an evidence-based KiVa antibullying program, www.kivaprogram.net, developed at the University of Turku and currently widely implemented in Finland but also in several other countries. The effects of the program on bullying and victimization, as well as on mental health outcomes of children are presented and discussed.

Why do people get hooked?

Solja Niemelä

Solja Niemelä is working as a Professor at the Department of Neurosciences, University of Oulu and Lapland Hospital District. She is one of the leading experts on addiction medicine and addiction psychiatry in Finland. She has clinical experience in the field of addiction psychiatry, especially dual diagnosis patients and treatment of adolescent substance use problems. She is the chair of the Finnish board for special competence in addiction medicine and a member of the Finnish Current Care Guidelines work group for Alcohol and Drug use problems. Her area of research includes risk factors and consequences of substance use, especially in a life-course perspective. Dr. Niemelä has also has an extensive experience as an educator for medical students, residents, and clinicians in the field of addiction psychiatry. She currently lives and works in Finnish Lapland, Rovaniemi.

Addictions have a wide range of negative consequences for individuals and for society. In addition to disadvantages to public health and economy, addictions may cause a lot of suffering - not only for the addicts themselves, but also to their close ones. Mental health problems, family disintegration, loss of employment, failure in school, and domestic violence very often co-exist with addictions. But why do people use substances or engage to actions, e.g. pathological gambling, if they do no good for them? Why do people get hooked? Addictions have existed as long as there have been humans. In the history, addictions have been viewed as a lack of moral or willpower, and these beliefs still exist to some extent. In the field of medicine, diagnosis for alcohol dependence was introduced not until the 1970's. The current paradigm shift has occurred since the 1990's, as our knowledge on brain and particularly neurobiology of addiction has increased. Today, addiction is viewed as a chronic, relapsing brain disease that causes compulsive drug seeking and use. What first starts as a voluntary, hedonic or reward seeking behavior, changes eventually so that an addict cannot resist intense impulses to take drugs. In that addicted state, drug taking is no longer rewarding; rather, it is compulsive. The concepts of addiction, diagnostic issues, neurobiology and etiology of addictions, as well as future directions are discussed.

Stigma, Discrimination and Mental Health: Evidence for Change

Graham Thornicroft

Graham Thornicroft is Professor of Community Psychiatry at the Institute of Psychiatry, King's College London. He is a Consultant Psychiatrist working in an Early Intervention community mental health team in South London, and is Director of King's Improvement Science. His areas of expertise include: mental health needs assessment, the development of new outcome scales, cost-effectiveness evaluation of mental health treatments, stigma and discrimination, the development of community-based mental health services, and global mental health. He has published 30 books and 410 peer-reviewed scientific papers.

Stigma and discrimination against people with mental illness are common and severe wherever they have been studied. One surprising aspect of this is that many consumers report that they feel discriminated against by health and social care staff, even though these are precisely the staff who are trained and experienced in offer assistance to people with mental illnesses. Furthermore, the 'social contact' hypothesis suggests that those with more contact with people with a diagnosis of mental illness will have more favourable and less stigmatising views. This paper will review evidence about discrimination and evidence of what is effective (at the local and national levels) to reduce stigma and discrimination.

WORKSHOPS

Social Media and Mental Health Professionals

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Background

The social media includes forums, message boards, review and opinion sites, social networks, (micro) blogging, bookmarking and media sharing. It is a rather new dimension to health care as it provides online communication tools to be used by patients and health care professionals interacting with words, pictures, videos and audio material based on shared interest.

Methods

There is some research evidence to indicate that social media (e.g. blogs, Facebook, YouTube and Twitter) can create a space to discuss, learn, create, comment and share health information by the general public, patients and professionals such as mental health professionals.

Objectives

The purpose of this workshop is to discuss about current published literature and some user experiences to identify the uses of social media for health communication.

Results

Use of social media has its benefits and limitations. Some of the several benefits are related to 1) online interaction, expressed emotions and social support of patients, professionals and the general public, 2) available, accessible and shared health information, 3) awareness of public health issues and 4) open discussion of health policy and health services. However, concerns of using social media are lack of 1) confidentiality, ethics and user's or information privacy on social media, 2) reliable sources or quality of health information and 3) understanding the use of different types of social media in mental health care.

Conclusions

There is a great need for mental health professionals to openly participate, share and even monitor information to improve mental health outcomes through social media. However, confidentiality and ethics must be maintained all times according to professional guidelines for using social media.

Alcoholics Anonymous: Experience of an AA meeting

AA Members from Norway, Spain and The Netherlands

Alcoholics Anonymous (AA) is one of the oldest self-help organizations. The primary purpose of AA is to help other alcoholics to achieve sobriety. AA's view on alcoholism is that it is an illness. An alcoholic drinks because he or she is unable to stop. In AA meetings members help each other by sharing their experience strength and hope. Most professionals in the Mental Health field have experience with alcohol and substance abusers. Mutual cooperation between Mental Health Services and AA has proven to strengthen both parties' effectiveness in helping people to recover from alcoholism. The aim of this workshop is to allow the attendees to experience an AA meeting from within. Following the demonstration meeting there will be an opportunity for questions. The members of Alcoholics Anonymous will be present throughout the Conference and are also available on an individual basis to answer questions and to share experience.

Promoting community-based mental health policy by using the psychosocial clubhouse rehabilitation model

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Lepistö, Päivi, MSc, Project Manager, Finnish Clubhouse Coalition

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Valtanen, Susanna, Expert of Experience, Finnish Clubhouse Coalition

Background

Psychosocial rehabilitation (PSR) innovations include e.g. peer groups, experts of experience, case management for users' education, training, employment or housing and advocacy needs, organised separately or integrated way. One integration example is the Clubhouse (CH) model (also known as Fountain House). Evidence supports a new MH policy where these PSR innovations are included. They are fitting in international MH policy recommendations by UN, WHO, ILO, CE, OECD and EU.

Objectives

Awareness-raising on Clubhouse rehabilitation model, that supports the realisation of global MH Action Plan 2013-2020, and the implementation of the UN 2008 convention on Rights of Persons with Disabilities that covers all mental disorders, too.

Methods

First presenter (Hänninen) shares the knowledge, the analysed common contents of around 30 international MH policy recommendations since 1990s. Concepts of PSR and research evidence of the CH model are clarified. The existing reality as compared with MH policy recommendations is included. The dissemination of CH model is described, and how international NGOs are promoting the PSR innovations. Second (Lepistö) concentrates in the use of CH model in Finland and how the model was included in the national MH policy program, as well as, what kind of development project to support all CHs is going on. Also a program for training Experts of Experience in Finland is included. Last presentation (Hautanen, Rantalainen & Valtanen) is prepared by a trio of users – members in the Clubhouses – who are summarising their experiences on participating in the CH activities, their personal illness history and how CHs have supported their functional and social recovery.

Results

The innovative PSR methods strengthen the community based mental health policy and services that are the MH policy goals worldwide. In addition, research indicates that psychiatric services can help people medically, but they do not meet users' education, employment, housing and advocacy needs or other social needs. These unmet needs can be satisfied by using innovative PSR - methods, like community-based rehabilitation, education for self-care and coping skills, supported education and employment, that can be integrated by CHs as "hubs" for coordination of needs-based support services.

Conclusions

If properly organised, based on international quality standards, the CH model is providing benefits both to users, CH members, families, policy-makers, and to funding agencies. All stakeholders will get societal, health related or economic benefits.

Dream come true: Becoming a Medical Doctor by studying in Latvia - from theory to practice in the field of psychiatry

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Background

In Finnish universities there are only five medical faculties with a growing number of applicants each year. The number of accepted students is app. 100, that being under 20% of all applicants. Number of accepted students in Finnish medical faculties being relatively stable, there is a growing phenomenon of Finnish medical students starting their studies in Latvia. Numerous recent reports imply that the number of new physicians in Finland is not sufficient to cover the number of retirements. Psychiatry as a field is suffering from these structural changes the most. At the same time psychiatry is a relatively popular field of interest and internships among Finnish students in Riga.

Objective

The aim of the study is to describe the growing phenomenon of medical students studying in Latvia and their first steps in their career as medical doctors, especially in the field of psychiatry.

Methods

Literature review provides the background of given problem of diminishing numbers of psychiatrists. The knowledge of experiences about studies in Latvia and working in psychiatric hospitals as a student is gathered by interviews and structured questionnaire sent to all registered Finnish medical students in Riga.

Results

In 2011-2015 the number of registered Finnish medical students in Riga has grown from app.20 to being six times more in 2015 (n=120). It is estimated that the number of psychiatrists in Finland will diminish by 25 % by year 2020, retirement being the number one reason as well as lack of interest to psychiatry among newly graduated MDs. Among Finnish students in Riga work experiences in the field of psychiatry are mostly positive and there is an impression of psychiatry being a good field to do practical training also in the first study years.

The re-engineering / kaikaku of integrated mental and addiction care in Finland

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Background

Eksote has a tax-funded overall budget of about 370 million euros. Eksote is responsible for delivering patient-oriented care to the approximately 130 000 citizens of South Karelia. It employs 4 100 people of which about 350 are working in the integrated mental health and addiction care unit. Eksote operates in a geographical area of over 5 600 square kilometers, 200 kilometers long and 100 kilometers wide.

Objectives

Long patient waiting lists are typical to most mental health and addiction care units around Finland and Europe. To abolish the waiting lists. To develop a lean, efficient, productive and maybe effective process organization.

Methods

By re-engineering/kaikaku the processes, establishing a new organization model and creating an extensive decision support system to enforce the implementation of the new processes, the mental health and addiction care service units achieved a significant increase in productivity and decrease in patient lead time, saved costs and lifted the quality of the diagnostics processes to a new level.

Results

The mental health and addiction care services unit at Eksote has transformed to a best-of-breed organization with high productivity in Finland. The reengineering of the psychiatric care delivery value chain abolished the waiting lists altogether. Patients could come to 'the walk-in polyclinic' without referrals and could get an instant consultation on a 24/7 basis. Productivity of employees rose from 2.5 direct patient appointment times to 4.2 in three years. Reengineering old and inefficient structures of delivering care, we liberalized resources, which were accountable in real savings. In 2012 achieved about 5 % budget saves in net costs 2010-2012 (over three m€, 4.08 % of 60 m€, 81.8 %). The existing resources allocated in a proper way. Released resources from the past inefficient company have been used to develop a new efficient organization, without extra resources from the budget. Productivity increased without any extra budget or workforce resources. The work environment became invigorating and proactive. There were no increases in sick leaves of employees 2012-2013. The new philosophy of treating patients has lowered coercions and seclusions about 80 % in two years. The mental and addiction care unit in Eksote became the forerunner in health and social care services development in Finland in three years. A national customer organization nominated Eksote in 2013 for the best two mental health organizations in Finland.

Conclusions

The Eksote model has an unused applicability in Europe

Safewards – making psychiatric wards more peaceful places

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Safewards is a new model and set of interventions designed and proven to reduce conflict and containment use in inpatient psychiatry, making wards safer places for staff and patients. Safewards translation into Finnish and implementation to Finnish psychiatric services has started in the beginning of 2015. In this workshop the basic ten Safewards interventions will be described and implementation issues explored, with the goal of eliciting creative new implementation ideas and responses from those attending. Translation process, plans for implementation and evaluation are described. In addition, implementation of one Safewards intervention, Clear Mutual Expectations, is described in more detail.

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

The model of organization of psychiatric, psychotherapeutic and psychological assistance to the population, on the example of the psycho-neurological dispensary of the Primorsky district of St. Petersburg, Russian Federation

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Background

As a result of complex changing political and socio-economic conditions of the past decade, a growing number of people in a state of stress, mental distress and chronic fatigue, which is a strong base for the growth of mental illness. Increases the importance of accessibility of medical care for all social groups of the population. The provision of mental health care in the Russia is carried out on a territorial basis, at several levels: hospital, half-hospital and out-of-hospital. Only in Russia under the supervision of psychiatrists is 1 670 000 people. Registered as seeking help 2 160 000 people. In St. Petersburg under the supervision of psychiatrists is 100 000 people (out of a population of 5 132 000 people). Thus, it is noted that for the last 5 years the number of Russians made up on the psychiatric account increased by 5%, this number could be much higher, in the absence of stigmatizing fears and doubts.

Methods

Primorsky (Seaside) psychoneurological dispensary, which will be discussed in the report, serves the territory of Primorsky district of St. Petersburg (population 534 646 people, an area of 110 sq km). In the main building of the dispensary are dispensary office, outpatient involuntary treatment office, organizational-methodical department, day hospital for 115 persons, the intensive psychiatric treatment office for 15 persons, medical-rehabilitation office for 50 persons. Separately, in 2013, hosted the opening of a health centre in the area with a predominance of social housing (large families, poor, needy, disabled). In 2015 it is planned to open regional psychotherapy center. Such separation facilitates the availability of professional assistance and solution to the problem of stigma.

Results

As a result of reorganization in the period from 2012 to 2014 have been improved following indicators: a 33% decrease in the duration of treatment of patients in the branches compared to the average indicators; 5% decrease in the number of admissions to hospitals in the city and 38% decreased the number of readmissions.

Conclusions

This working model of organization providing outpatient psychiatric and psychological care, from our point of view is the best, and can be used to enhance the effectiveness of institutions of a similar profile.

The Ostrobothnian Recovery College – lessons learned from the first year

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Rintamäki, Tiina, Project assistant, Hospital District of South Ostrobothnia

Laitila, Minna, RN, Nursing Director, PhD, M.Soc. Sc, Hospital District of South Ostrobothnia

Background

The Recovery College project started in South Ostrobothnia Hospital District, Finland, in 2014. Within the project, different types of courses directed to service users, carers, students and professionals are organized. The purpose is to support service users' and carers' empowerment, to reduce stigma connected to mental health and substance abuse problems, and to offer a joint learning opportunity for different target groups. On each course, one of the lecturers is an expert by experience and the other is a professional. The project has two full-time workers: a professional coordinator (a psychiatric nurse) and an assistant (an expert by experience).

Objectives

To evaluate the first year of the Recovery College project.

Methods

Feedback was collected from the persons participated the courses. Project workers also gave feedback in order to identify critical points and improve courses provided.

Results

Totally, 1190 persons participated the Recovery College courses during the first year. 44.7 % of them were service users, 26.7 % carers, 14.4 % students and 14.1 % professionals. The feedback was very positive. On the scale 1-10, the mean was from 8.6 to 8.9. Carers gave the most positive evaluations and students were most critical. According to experiences of the project workers, in general, the courses and arrangements worked fine. However, there were difficulties in recruiting experts by experience and lectures to some of the courses. The project workers also reported that marketing the courses was sometimes challenging. Especially, marketing the courses to participants outside the central town and to professionals was seen difficult. Positive experiences were related to the content of the courses. Especially, courses of different therapeutic and psycho-educational models were popular. The lectures given by experts by experience got excellent feedback. Coordination is essential for the project to succeed, and the role of the assistant was important.

Conclusions

The Recovery College project has proven to be necessary in South Ostrobothnia. The feedback from the participants and the project workers has been mainly good but there are still things to improve. Special attention should be paid on marketing, and especially, new ways to inspire professionals to participate should be found. Another challenge is to recruit experts by experience to lecturers. Different ways to involve and activate more experts of experience to the project should be discovered.

Meaningful Life - Mental Health Strategy 2013-2016

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Background

The Pirkanmaa Hospital District is a joint municipal authority of 23 municipalities with a total of approximately 521 694 residents. The Mental Health Strategy in Pirkanmaa area for time period 2005-2012 was updated through the municipal visits during which the wishes for the future of local development areas were gathered. The preparation of the strategy responded to regionally assembled multidisciplinary working group. The expert comments on the draft were asked from the municipalities as well as from mental health and substance abuse organizations. In addition, all the people in the area had a chance to comment on the strategy via a web survey. Altogether 85 people responded to the survey. The strategy was accepted by the boards of the municipalities and the hospital district in the spring of 2013. The values of strategy are respecting people, equality, customer orientation and inclusion.

Objectives

The strategy's objective is to strengthen opportunities for individuals and families a meaningful life and inclusion, support the residents' health and functional capacity, as well as a sense of community and to ensure access to adequate support, assistance and care.

Methods

Objectives are achieved by strengthening the resources of basic services, expertise and structures, for example, by adding preventative work and early identification of problems, the establishment of low-threshold mental health and substance abuse health centers, as well as strengthening the expertise of the staff of mental health and substance abuse services. Co-ordination of services also is improved in the way that services form a functional entity for the customer. In addition, involvement of customers, patients and their relatives in the development of services is added.

Results

Municipalities implement the strategy by selecting the objectives for future development on the basis of the current needs of the residents. The municipalities of the Pirkanmaa update their mental health and substance abuse action plans in order to continue a consistent development according to the local Mental Health Strategy.

Conclusions

Mental Health Development Unit of the Pirkanmaa Hospital District was established in 2005 to coordinate the development of the mental health and substance abuse work in Pirkanmaa area. In 2015 there is significant plans for reducing patients beds in psychiatric hospitals. Due to the Meaningful Life -strategy the basic services in communes are well prepared in advance for this challenge.

Diversity of mental health and addiction services and community service personnel resources - associations to population needs?

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Background

Structure, governance and content of mental health services are being reformed across countries. There is a need for key performance data to support those changes. A core issue is the conformity of mental health services to needs of the local community.

Objectives

To explore the association between estimated local population's mental health needs and indicators of quantity and quality of mental health and addiction services provision.

Methods

The European Service Mapping Schedule – Revised (ESMS-R) was used to classify mental health and substance abuse services into types of care in nine hospital areas in southern Finland. Full time equivalent personnel numbers were used to indicate quantity of available services. Service diversity, i.e. number of different main types of care, and proportion of personnel per 1000 adult inhabitants allocated to community-based services, were taken as indicators of quality. Aggregate-level data on unemployment, education, age of retirement, proportion of single households, alcohol sales and a composite mental health index, were used as indicators of population needs for services.

Results

The size of catchment area population was the only factor that associated with the diversity of services, explaining 84% of the variance. The mental health index did not associate significantly with either quantity or quality of available services. Total allocated personnel resources per 1000 adult inhabitants did not associate with either diversity or community based ratio of the services. A relative lack of accessibility, assistance and information for care services was observed.

Conclusions

Catchment area's population size is associated with diversity of mental health services and community orientation. In maximizing value for patient, larger integrated practice units with large population bases and sufficient assistance and information for care, are of importance. This also seems to offer the best outcomes at the lowest costs, and more diverse services.

Methods for Exploring Social Relationships among Adolescents Attending Adolescent Psychiatric Outpatient Clinic

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Background

Adolescents with mental health problems face several challenges connected to their social relationships. Approximately 10% of adolescents suffer from serious mental disorders, which have an impact on their daily lives. However, the social relationships' significance becomes obvious when seeking help, receiving support and recovering. New ways are needed for gathering information and supporting adolescents with mental health problems 'associated with their social relationships. This presentation is related to the Depis.Net -project that aims to develop an Internet-based program for adolescents with depression.

Objectives

To describe research methods for getting an understanding about the quantity and quality of adolescents' social relationships via Internet while attending adolescent psychiatric outpatient clinics.

Methods

Participants were 15 to 17 years old adolescents ($n = 29$), who were referred to the adolescent psychiatric outpatient clinic because of symptoms of depression or anxiety. They worked with an Internet-based Depis.Net-program for the duration of six weeks. The program consisted of five themes, including information and exercises. In one exercise the adolescents described their social relationships from the point of quantity and quality.

Results

The mixed methods approach was used for attaining an understanding about the adolescents' social relationships with regard to quantity and quality. Data on exercising social relationships were collected by means of the Depis.Net-program. First, the adolescents registered their important people, such as family members or schoolmates, to the network map in an Excel format. Smileys were used to demonstrate relationship quality. Second, the adolescents reflected in writing on their satisfaction with the relationships. The quantitative data were analyzed by counting frequencies. The qualitative data were analyzed by inductive thematic analysis. Information on identification, size and quality of adolescents' relationships became accessible by using mixed methods.

Conclusions

Internet-based programs might be usable for gathering information about adolescents' social relationships. It is possible to exploit Internet-based programs in adolescents' mental health services, and Internet can be an accessible tool to help adolescents with mental disorders. It is important to notice the diversity of adolescents' relationships, thus the mixed methods approach proved to be a good way to collect information on adolescent relationships' quantity and quality.

Body awareness group in psychiatric hospital for prisoners

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Background and Objectives

The purpose of this paper is to establish whether body awareness therapy can be beneficial for male inmates in a psychiatric hospital for prisoners. The main reason for this project was to develop physiotherapy and rehabilitation of the inmates.

Methods

Two small groups of prisoners (n=9) were practicing body awareness therapy for five weeks including nine sessions of physiotherapy. Based on the feedback of the inmates I gather information how useful the body awareness therapy is regarded as from the prisoners' point of view. The staff of the prison hospital evaluates the contents and usefulness of the physiotherapy group in the form of the written feedback. The information is gathered by interviewing, in writing and by observing and reported as qualitative data.

Results

The prisoners who have participated in the group and the members of the staff who had followed the group evaluated used physiotherapy methods. They experienced the body awareness therapy as useful method. Especially out rose Progressive Relaxation, Tension Releasing Exercises and ball massage.

Conclusions

Body awareness therapy can be a useful method as a part of the prisoners' rehabilitation. Physiotherapy group can be useful and cost-effective rehabilitation method. The used physiotherapy methods were effective and appropriate for use in a psychiatric hospital for prisoners. A large-scale randomized controlled trial should be conducted to further test effectiveness. Further recommendations for future developments are discussed.

Is rehabilitation effective in schizophrenia spectrum disorder patients? A case control study to measure the effectiveness of rehabilitation for schizophrenia spectrum disorder patients and compare it in acute care setting & community based setting

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Background

Rehabilitation is an expensive element of care for schizophrenia spectrum disorder patients. This study is aimed to look at the effectiveness of it in two different settings.

Methodology

72 patients with Schizophrenia Spectrum Disorder were randomly allocated to Community Based Residential Rehabilitation Program (Community Care Unit, CCU), (24,) control 24 and Acute Care Rehabilitation (ACR) (12), and control (12) and were followed up for six months. They were assessed monthly with PANSS and WHO interviewer administered disability scale.

Results

At the end of the six months there was no statistically significant difference in any of the parameters measured, between the test and the control groups and between the community based residential program and the Acute Care Rehabilitation program.

Conclusions

There is no significant outcome in the rehabilitation of SSD patients in the community based rehabilitation program or in the acute care rehabilitation program, and either one of them is not superior to each other in their effectiveness.

Helpful approaches to older people experiencing mental health problem – a review of pragmatic perspectives and stipulation of models of mental health care

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Background

Because of increasing life expectancies and risk factors associated with aging mental health problems among older people have escalated in recent years. Antipsychotic medication has become epidemic especially in nursing homes. The most significant risk factors are declining physical health and changes in social functioning often due to loss of loved ones. Also, with older age comes more restricted life-style that one needs to adjust to, not only physically but also mentally. Until now most studies have focused on the outcome of mental health care for younger people and there is a lack of knowledge about what treatment approaches and models of care are most useful for old people.

Objectives

The purpose of this study was to answer the question what treatment and health care approaches are most helpful for older people experiencing mental health problems.

Methods

Electronic searches of databases from 200 to 2015 were carried out with the main focus on outcome studies and expert opinions. Critical interpretive synthesis was used to analyse and interpret the findings. The criteria used to assess the usefulness of mental health care is that it promotes successful aging by assisting older people maintaining their level of independence and mental capacity; performing daily activities; and adapting to age-associated changes.

Results

Three main approaches were found: (1) The Medical-Psychiatric Model that is mostly concerned with symptoms and ignores psychosocial risk factors. This model mostly uses antipsychotic medication for the treatment of symptoms (2) The Psychosocial Models of Care take into consideration the psychosocial perspectives mental health problems but few research have been done on its lasting effect for old people. Research indicate that Psychological treatments need to be adapted to the special needs of old people and few old people have access psychosocial treatment which limits its usefulness. (3) Holistic or Integrated Models of healthcare for elderly have emerged in recent years. These models are aimed both at physical and psychosocial wellbeing and have shown promising outcomes.

Conclusions

Antipsychotic medication needs to be diminished by giving old people better access to psychosocial treatment and by training staff providing health care and social support in such treatment methods. The Holistic Models need to be developed and studied further and given high priority in health care policy making for old people.

Exploring a bio-energetic approach to healing mental disorders

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Background

Since 2007, Sean Blackwell has been working on creating a healing program to help people heal from psychotic disorders. This program is based both on research into alternative psychiatric healing models, particularly that of Czech psychiatrist, Dr. Stanislav Grof, as well as first-hand experience working with people struggling with disorders such as bipolar-disorder and schizophrenia.

Objectives

The underlying idea behind this program is that "psychosis" is a natural response to overwhelmingly difficult life circumstances or trauma. It is assumed that the roots of the disorder are in found in a bio-energetic system, which has not yet been detected by materialist science, but which has been identified as valid by mystics from many cultures around the world. If enough of the trauma embedded in this bio-energetic system is released, healing starts to take place, possibly leading to the eventual resolution of the disorder.

Methods

The primary technique used to access the suppressed unconscious material is Bipolar Breathwork, a form of voluntary over-breathing with music, derived from Dr. Stanislav Grof's Holotropic Breathwork. Vipassana meditation, mandala drawing and counseling also play a role. The role of the facilitator largely involves providing emotional support to the client, as they access what can be very difficult trauma related bio-energetic material.

Results

As work with this program is still in its infancy, no quantifiable research paper has yet to take place. However, the program has created great enthusiasm among its clients - people such as Kerstin Oegard, who asked me to accompany her to this conference so that we could share her personal story of healing.

Conclusions

There is no doubt that the assumptions of this work are very different than those of the traditional psychiatric model. However, the approach appears to have a great deal of promise, as it could help many people heal fully and regain their balance.

A model of networking in the child mental health services

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Background

This model was developed after long-term collaboration between primary and specialist levels of child mental health care at Pirkanmaa Hospital District in Finland. After Statutory Care Guarantee Law and developing national criteria for specialised child psychiatric care there was an obvious need for better coordination of children's mental health services. The model, "Children's Mental Health Services Network" was published in 2015.

Objectives

The networking model is targeted at 4-12-year-old children. The objective was to improve the collaboration between the families, front-line mental health workers, child psychiatric services and services in the third sector. The model aims to improve detecting children's mental health problems with standardized assessment methods, implementing early preventive interventions, and clarifying the pathways and stages of assessment and treatment of children's mental health problems. It is also emphasised that the strengths and stress on the family are important to be taken account when evaluating the child's need for support.

Methods

Developing project was organised by the departments of Child Psychiatry and Centre of General Practice in Tampere University Hospital. The team was regionally and multiprofessionally representative (public health nurses and GPs, psychologists, social workers, teachers in preschools and at schools, professionals in family counseling etc.). Families were interviewed during the process. This model of networking is available in the internet: http://www.terveysportti.fi/dtk/ltk/koti?p_artikkeli=shp00964

Results

The networking model consists of three parts: 1) The practices and methods of promotion of children's mental health, early detection and preventive interventions of children's mental health problems, the process of referral and treatment are both described and suggested for the multiprofessional networking. 2) How strategies of collaboration in the networking are influenced by both the severity of the child's mental health problems and the strengths and stress of the child's family is described. 3) A checklist for evaluating how the practises and principles of collaboration between the child, family and professionals come true is represented in order to further the implementation of the networking model.

Conclusions

In the wide net of multiprofessionals in the children's mental health services, it is helpful for the professionals to share and agree on the central strategies and principles of collaboration with each other and with the families.

Risk factors of patient aggression against nurses – the perspective of Slovak mental health nurses

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Background

While obtaining empirical data on the prevalence of aggressive incidents against a group of respondents it is recommended also to focus on understanding this phenomenon by this group with the use of attitude scales. Patient aggression against nurses is multifactorial as for its causes and factors it is conditioned by. These factors are variously categorized, reflected and interpreted in literary sources. It is important to gain understanding of how nurses perceive the risk level of various factors contributing to patient aggression. FAPAS (Factors Affecting Patient Aggression Scale) is the attitude scale that can be used to measure it.

Objectives

The highest prevalence of patient aggression in broad research study on patient aggression against nurses in Slovak hospitals ($n = 1043$) was confirmed by mental health nurses ($n = 220$). Thus the aim of presented study was to identify how various groups of patient aggression contributing factors are viewed by them in terms of their potential to increase the risk of aggression.

Methods

For data collection, the scale of own construction FAPAS was used. In 2011 it was tested on the sample of 270 Slovak nurses with confirmed reliability and construct validity. Its items are evaluated by 5-point scale from 1-the least impact on the risk of aggression to 5-the greatest impact on the risk of aggression. Higher score indicates rating the factor/the group of factors as more risky for patient aggression against nurses.

Results

Mental health nurses of our sample had assigned the highest risk of patient aggression to patient's factors (subscale sF4; 3.85 ± 1.15), then specific factors of workplace (sF6; 3.24 ± 1.21), situations of patient's emotional burden (sF2; 3.11 ± 1.17), nurse's factors (sF3; 2.99 ± 1.29), factors of work shift organization (sF7; 2.86 ± 1.35), factors of physical environment (sF1; 2.61 ± 1.23), and factors related to the issue of gender were reflected as the least risky (sF5; 2.18 ± 1.13).

Conclusions

Apart from internal factors (sF4) that are viewed to be dominant in causation of patient aggression, the mental health nurses reflected the importance of situational and external factors (sF6, sF2, sF7, sF1, sF5), to which, in some cases, they attributed truly high level of the risk of patient aggression against nurses. They reflected also the likelihood of their own contribution to increased risk of aggression (sF3).

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Empowering both user and provider: Making treatment contracts in Mental Health Care

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Background

Mental health service becoming more standardised and programmed increases the risk for treatments not tailored to the needs of the service-user. The Dutch Council for Health and Care (RVZ) (ref) states Shared Decision Making will bring back tailor fit treatment and also contribute to reducing healthcare cost.

A contract between healthcare provider and service-user provides opportunities to define key areas of treatment: the treatment goal, the operation, division of tasks and responsibilities, how to deal with non-deliverance or non-adoption, time, cost, etc.

Objectives

It is key to make serious contractors of both service provider and the service-user.

"That is not always easy because of the traditionally unequal relationship between professional and patient," states the RVZ. Other aspects also play a role, for example the pressure the professional feels to give the service-user what he wants, the effort it takes for the doctor to say 'no', but also positive and negative countertransference. In the presentation we demonstrate contracting with service-users.

The presentation addresses the following questions: What is a contract in the context of mental health treatment?, How can you make sure that responsibilities get where they belong?, How can you keep an effective working relationship in order to cooperate on the contract?, What skills are needed by the service provider to conclude a contract?, How can cooperation or lack of cooperation be recognized and dealt with?, How to deal with a breach of contract?

Methods

The participant will learn the basic principles of the 'contract making' using 'the Mat'. The Mat is a (accredited) learning method that can help service providers to recognise the limits within which a contract can be worked on, to keep it in focus and to address it at the earliest possible moment.

The participant will receive - in exercises - view on own possibilities and pitfalls to perform the contract.

Conclusion

At the end of the workshop the participant knows - at the beginner level - how to make a contract with a service-user in mental health treatment. He knows how a contract is formed and how it can be monitored and closed.

Stigma: personality disorder and homicide in popular U.K. press, 2001-2012

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Background

People with personality disorder have often been regarded as the most stigmatised group among those who use mental health services (National Institute of Mental Health, 2003). The press is considered to be a source of structural stigma (Corrigan et al., 2005) as their output impacts on the beliefs, attitudes and desire for social distancing behaviour of the general public (McGinty et al., 2013). In the U.K. there is evidence that the representation of mental illness in the press has improved (Thornicroft et al. 2013), however, there is little evidence of whether this has been the case in the representation of personality disorder. The popular tabloid press in the U.K. have a large readership (National Readership Survey, 2013), however, they tend to be under-represented in research in the area (Foster, 2008).

Objectives

Explore whether the representation in the popular press in the UK of people with personality disorder who have committed homicide has contributed to the processes of stigmatisation.

Methods

Content analysis of all articles in the popular press during the period 2001-2012 that make reference to personality disorder to determine the proportion of articles that link personality disorder with homicide, and analysis of the trend in reporting during the time period.

Linguistic analysis, supported by corpus linguistic software, to examine whether articles about personality disorder and homicide are characterised by the use of stigmatising language, and identify trends in the use of stigmatising language over the time period.

Results

Over the 12 year period 234 of the 552 articles in the data set linked personality disorder with homicide, representing 42.4% of the articles. Contrasting the time periods 2001-2006 and 2007-2012 indicated a significant reduction in the proportion of homicide articles ($p = 0.007$). Moving averages analysis, however, indicated that latterly there was a return to a higher proportion of homicide articles. Linguistic analysis identified the use of 22 stigmatising descriptors, and comparison between the two time periods indicated a non-significant increase in the proportional use of stigmatising descriptors ($p = 0.239$).

Conclusions

The high proportion of articles that link personality disorder and homicide, and repetitive use of stigmatising language, in this group of newspapers is understood as contributing to the processes of stigmatisation. This suggests that anti-stigma campaigns should actively engage with this group of newspaper.

"Taking me seriously": research evaluation of Suicide Crisis Assessment Nurse (SCAN) - a service that links into primary care when clients are in suicide crisis

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Background

Suicide is a major cause of death in the EU with about 58,000 suicides per year. In Ireland, suicide accounts for 1.7% of all deaths each year. The total cost of suicide in Ireland is estimated at around 800-900 million Euro per annum. In line with international developments, Ireland's National Strategy for Action on Suicide Prevention advocates a broad based approach. One specific aim is "to support the development of mental health care within primary care services". SCAN was developed as one response.

Objectives

To investigate: Experience of the SCAN service from service users, GPs and community mental health teams (CMHTs); Whether SCAN assessment is preferable to key stakeholders compared with traditional emergency psychiatric assessment; Whether SCAN enhanced working relationships between primary care and CMHTs; cost effectiveness/VFM aspects of SCAN.

Methods

Mixed method, exploratory sequential design: Interviews: former SCAN clients (face-to-face; n=12); current and former SCAN staff (face-to-face; n=6); GPs with experience of utilising the SCAN service (telephone; n=14); Focus Groups: SCAN CMHTs (face-to-face; n=5); one further face-to-face focus group with a CMHT from an area with no experience of a SCAN service, so as to explore 'usual care'; On-line Questionnaire (46 Items): Of the 257 GPs invited, 127 completed the questionnaire (response rate of 49.4%); Economic Analysis utilising decision-analytical modelling.

Results

Plausible evidence that the decline in inpatient admissions is related, at least in part, to the introduction of the SCAN service. Without SCAN, all professionals recognised that referral and/or admission to mental health services was often a 'default' position; necessitated more by lack of appropriate community based facilities than by clinical need. Clinicians were frustrated by the delays and uncertainty that regularly accompanied the process of referral/admission. Navigating a cumbersome process and the de facto development of a possibly inappropriate psychiatric history could be the outcome for clients. GPs interviewed described the support provided by SCAN as 'empowering'.

Conclusions

Collaborative working across primary care and mental health was clearly enhanced. GPs say that the SCAN service leads to better treatment adherence than 'usual care'; rating the service significantly higher on impact on identified patient outcomes. Although developed within the Irish context, lessons from SCAN and this research evaluation should be of interest across national boundaries.

A before and after study comparing outcomes for staff and patients across inpatient wards following the implementation of a total smoking ban across a UK mental health Trust

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Background

Tobacco is the biggest cause premature death in the world. 40 – 80% of people with mental health problems are tobacco dependent, which is the primary cause of the unacceptable 10-25 year mortality gap for this population. Within psychiatric inpatient units tobacco has long acted as a form of economic, social and political currency. Since the introduction of legislation in the UK that banned smoking in internal spaces from 2008, most units have provided nurse facilitated 'smoking breaks', resulting in continued social incentivisation around tobacco use. Evidence suggests that facilitated smoking undermines smoking cessation rates and is more practically difficult to implement than a total ban on tobacco.

Objectives

Camden and Islington NHS Foundation Trust have become one of the first fully smokefree mental health Trusts in the UK, after removing all facilitated smoking arrangements. This review examines the staff and patient outcomes at 6 months, using a before and after methodology. Outcomes will include cost-effectiveness, prevalence of smoking in staff and patients, attitude changes within healthcare professionals, adverse incidents and prescribing of nicotine replacement therapies.

Methods

In April 2014 Camden and Islington NHS Foundation Trust employed a matron for smoking cessation for 12 months, seeking to pilot implementation of a single smokefree unit. Following feedback from staff and service users, the scope of the project was reviewed to include all Trust sites. In March 2015 the Trust implemented a total smoking ban, supported by a care pathway to support smoking cessation and support. Prior to implementation, the matron conducted a cross section survey of staff attitudes towards smoking, and additional analyses of time costs facilitating smoking, spending on nicotine replacement therapies, and patient safety incidents related to smoking. These measures will be repeated 6 months post implementation.

Results and conclusions

This study will report on challenges faced during implementation, lessons learned, and compare before and after data for:

- Staff attitudes to smoking
- Prevalence of smoking behaviour in staff and patients
- Analysis of patient safety incidents relating to smoking,
- Prescribing of nicotine replacement therapy
- Medications used to treat chronic respiratory and cardiac conditions.

Cost effectiveness of the programme will be estimated through evaluating staff time in facilitating smoking from baseline observations, compared to costs incurred since policy implementation.

The Therapeutic Engagement Questionnaire (TEQ): a tool to measure therapeutic engagement (TE) in adult acute inpatient mental healthcare settings from the perspective of service users (SUs) and registered mental health nurses (RMHNs)

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Background

Therapeutic engagement (TE) within mental healthcare is of significant clinical importance and current evidence suggests that it does have benefits yet to date no tool exists that specifically assesses and quantifies it in acute inpatient mental healthcare settings. The lack of such a tool has resulted in the impact of nurses' TE not being fully known; this may result in RMHNs skills being overlooked with the impact of the care they provide being lost altogether. If no attempt is made to capture the contribution of mental health nursing to the quality care agenda we run the risk of doing a disservice to the profession and SUs.

Objectives

To develop and validate a tool that measures TE in adult acute inpatient mental healthcare settings from the perspectives of RMHNs and SUs

Methods

The development process included 3 phases: (1) items were generated from 3 data sets - a literature review, an analysis of outcome data from the 'Lived Experience of Detained Patients' project, and a TE workshop involving SUs, RMHNs and mental health nurse academics (n=70). The items in each version are scored in relation to both the general ward/unit environment and atmosphere and therapeutic 1-1 sessions on a 4-point Likert scale. Following review of the tool, a purposive sample of RMHNs and SUs from 4 English Mental Health Trusts completed the tool; (2) the data underwent item reduction analysis, (3) RMHNs and SUs from the Trusts completed the TEQ and 2 other questionnaires, the Helping Alliance Scale (HAS) and the Scale To Assess the Therapeutic Relationship (STAR), to authenticate the tool.

Results

Item Reduction: Data were collected from 68 RMHNs and 86 SUs. The 20 items appeared to form 2 groups/factors: care interactions and care delivery. The loadings for the items retained were all adequate. Similar patterns were observed between the general environment and atmosphere and 1-1 sessions for both versions. Cronbach α for both versions was high for general environment and atmosphere and 1-1 sessions. Validation: Data were collected from 83 RMHNs and 80 SUs. The inter-scale correlations were high; sound sub-scale and overall internal consistency and adequate score variability. Concurrent validity was supported by significant correlations with the other measures i.e. HAS and STAR.

Conclusions The TEQ demonstrates a sound research partnership between SUs and RMHNs. The TEQ breaks new ground in that it identifies and quantifies TE between nurse and SU therefore making more explicit and visible the skills and value of RMHNs.

Associations of sexual violence, alcohol use, contraception, psychological distress and body mass index among adolescent women engaged in high-risk sexual behavior

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Background

Primary care-based interventions for sexual health promotion and reduction of sexual risk behavior, substance use, psychological distress, unintended pregnancy, violence, sexually transmitted infection/human immunodeficiency virus (STI) and obesity may reduce health disparities among adolescent women, a particularly vulnerable, at-risk population.

Objectives

Describe association of sexual risk behavior, violence, substance use, psychological distress, sexually transmitted infection and obesity among adolescent women for modification of community sexual health interventions.

Methods

African-American (n=94, 16.8%) and Mexican-American (n=465, 83.2%) women (14-18 years) with sexual risk behavior, STI or violence histories, recruited from metropolitan sexual health clinics for participation in a clinical trial for cognitive behavioral interventions, completed semi-structured interviews to assess psychosocial and situational factors associated with high sexual risk behavior, substance use, STI acquisition, body mass index (BMI) and violence occurrence at study entry with follow-up assessments at 6 and 12 months.

Results

Overweight/obesity status did not vary by ethnicity (38.1% Mexican-American, 37.2% African-American). Reports at study entry of ever using alcohol or experiencing sexual violence were associated with and predicted significantly lower BMI at 6 month follow-up. Reports at study entry of ever using alcohol, ever experiencing sexual violence and recent or current use of hormonal contraception was associated with and predicted significantly lower BMI at 6 month follow-up. Higher psychological distress measured via the CES-D and SCLR-90 identified significantly lower (normal) BMI at 6 and 12 months follow-ups.

Conclusions

Normal BMI was associated with experiences of sexual violence, alcohol use, hormonal contraception and psychological distress. Findings have implications for modification of evidence-based sexual health promotion interventions to enhance efficacy for prevention of violence, substance use, unintended pregnancy, obesity and STI among these and other at-risk adolescent women experiencing many risk behaviors and few protective behaviors.

Current model of providing psychological care for people megapolis (on the example of the center of medico-social and psychological help (CMSPH)

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Background

The report will be presented to the substantive aspects of the work clinical psychologists, psychotherapists, social workers and nurses in the example of the center of medical and psychosocial care, "Mother and baby" (CMSPH). CMSPH is one of the branches of the mental dispensary №4 of Primorsky district of St. Petersburg. Currently, steadily increasing level of stress in all relevant areas of modern life in the metropolis.

Methods

Specificity of the center is to organize a comprehensive system support and professional assistance to all family members at all stages of their lives. The paper is structured in such a way that mother can come with her child from 2 years to an individual consultation with a psychologist at the same time child-psychologist will work with her baby. Conducts classes for fathers and grandparents. In addition to solving problems related to the immediate demands of psychotherapeutic, all the staff offices are involved in organizing and conducting of thematic events for patients CMSPH (New Year, Mother's Day, Children's Day, and etc.), which generally contributes to the relaxed atmosphere of psychological increases the level of confidence in obtaining a professional psychotherapeutic help reduce the overall level of mental stress, creates sustainable resource psycho-emotional state. This is especially true for the social maladjustment of patients, families on the brink of divorce, patients with marked accentuation nature and psychopathy, psychosomatic disorders. Work CMSPH model is effective provision of affordable professional psychological and social support of the population, which is due to social, economic, and psychological or other stigmatizing features not usually come to the attention of relevant specialists.

Results and conclusions

The report will provide an analysis of queries seeking patients, as well as features of targeted psychological care as the substantive and organizational side. It will be presented the option "psychotherapeutic response" urgent challenges of our time in the form of ready-made individual and group lessons ("healing lullaby", "art therapy for adults and children," a group for pregnant women ", lessons on family therapy," the removal of emotional stress "and etc).

An action research study to addresses the physical health and wellness of patients in receipt of long-acting antipsychotic (LAIs) medication

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Background

Patients with severe mental illness loose approximately 20 years (males) to 15 years (females), less than the general population. In the 30 years, since I qualified as a psychiatric nurse, the life expectancy of patients with schizophrenia (severe mental illness) has lessened by 10 to 20 years. Gray calls this "the silent scandal" that patients with schizophrenia can expect to die 20 years sooner than you or I. The multifunctional nature of psychiatric patient's excess mortality, led me to believe that multifaceted solutions needed to be devised and implemented in practice, in order to improve the physical and mental health and well-being of patients.

Objectives

To develop an action plans to specifically address the physical health and well-being of patients with severe mental illness (SMI) who are in receipt of long-acting anti psychotic medications. The study objectives set out to: adopt an evidenced based metabolic monitoring tool for use in clinical practice, implement the monitoring tool to assist in detecting the presence of metabolic syndrome, and to incorporate a recovery model of care to improve the physical health and well-being of patents.

Methods

A metabolic monitoring tool that could be used in clinical practice was adopted (De Hert et al. 2009) paper on cardiovascular disease and diabetes in people with severe mental illness; position statement from the European Psychiatric Association supported by the European Association for the Study of Diabetes and the European Society of Cardiology. This metabolic monitoring tool was used to assist in determining the presence of metabolic syndrome.

Results

Baseline screening for metabolic syndrome was gathered from 45 patients who were in receipt of LAIs in late 2013. Fifteen (15) out of forty five (45) patients, met the criteria for metabolic syndrome. Nursing staff then incorporated a recovery model of care based on diet and exercise advice to improve the physical health and well-being of patents. In 2014, these forty five (45) patients who had participated in the baseline screening had repeat screening. Of the second round of metabolic screening revealed that nine (9) out of the forty five (45) patients participated in the 2nd round of metabolic monitoring met the criteria for metabolic syndrome.

Conclusions

This study is currently (2015) evaluating the introduction of and effectiveness of metabolic monitoring of patients with SMI.

Service user (student nurses) and lecturer research collaboration: teaching age and discrimination

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Background

The aim of this paper is to critically discuss methods and preliminary findings of an ongoing project investigating attitudes and perceptions of student mental health nurses to working with younger people and older people. Age discrimination research traditionally focuses on older people rather than young people but an innovative life course approach to examining age discrimination could inform nurses internationally in meeting their commitments to anti-discriminatory practice (International Council for Nurses, 2012).

Methods

The availability of tools to investigate attitudes and perceptions is surprisingly limited for both age cohorts. The study is investigating the effect of a teaching session designed to elicit reflection on attitudes and perceptions towards younger and older people based on a life course vignette. The project is being developed with service users, that is, student nurses as users of university educational services. Pre and post session attitude measures will be critically discussed and reflections will be made regarding inclusion of student nurse researchers as peers and the design of the student when researching student nurses.

Results

Preliminary findings will be outlined. Discussion: Evaluation of teaching methods are often conducted post-session with little baseline assessment, and as such capture evaluations of participant perceived quality, rather than longitudinal contribution to thinking and perception. In a professional education programme designed as much to develop underpinning values and attitudes as to develop knowledge, development of appropriate methods for investigating the impact of teaching in this way is an important component of curriculum/ teaching and learning quality improvement.

Conclusions

1. This paper will contribute to the scholarly debate on research methods through critical discussion on the availability of appropriate research tools for an under researched area of practice and education as well as provide critical reflection from student nurses and lecturers on the collaborative approach to educational research for pre-registration student mental health nurses.

Meanings attributed to drug consumption by people diagnosed with psychiatric disorders: perspectives from mental health professionals and service users

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The drug consumption has been related as a prevalent issue onto people diagnosed with mental disorders. Into mental health care services this kind of demand has been quite challenging for the professionals involved. This study aims to explore meanings related to drug consumption by people descript as having psychiatric disorders through reports of this kind of patients and mental health professional involved with them. For this purpose a qualitative research procedure was chosen, using for this semi-structured interviews with 16 professionals and 20 psychiatric service users. Interviews were then analyzed using a thematic analysis. The drug consumption was descript in different ways depending on the types of drugs used, the social and cultural environment where they were consumed, not having a unique meaning for the interviewees. Among the professionals, some of them related to perceive increase in drug consumption due to the easy access for the patients. Therefore this drug consumption was perceived as having an important role in these patients life. Professionals reported also that there were apparently drug consumption motivated by biological and chemical reasons but also for social and circumstantial as well as psychic reasons. Patients, on the other hand, related a perceived reason for drug consumption due to socialization attempts to peers and as well as coping strategy to deal with psychic suffering and daily distress. The consumption was descript as having self-medication function for some patients and sometimes reported as an assist in the effects of prescribed psychiatric medication. The multiple drugs use was associated to a counterbalancing between search for desired effects and reducing undesired effects, varying according to the type of drug and context. These meanings also bond to their understandings of macro-dimensions as capitalism, social class and situations encountered in daily life. The meanings attributed to drug use by people described as having psychiatric disorders can be seen from different points of view in the daily service routine. It is considered important to establish an open dialogue between staff and patients, So that in this way be acceptable to build helpful relationships arising from senses shared by both regarding the use of drugs.

This is my care!

Dirkx, Femke, GGz Breburg, Netherlands
van Zaanen, JOs, MANP, GGz Breburg

Background

In the Netherlands we, more often than before, try to treat people in their normal social society. However there still are patients who can't be treated at home because of their Severe Mental Illness (SMI) and the problems they are giving to the society. In a long stay inpatient facility for people with SMI within GGz Breburg (a mental health organisation in Breda / Tilburg area / Netherlands) there were a lot off conflicts with violence in the year 2014. 126 patients with SMI stay here and 49 nurses work here. Patients suffer from Schizophrenia, drug abuse, personality disorders, behavioral problems, legal problems, poor physical conditions (and comorbid interactions between them). They are not (yet) able to stay in the normal society.

Objectives

20 patients with SMI and 20 Nurses who work in this long stay facility in GGz Breburg were included in the research (informed consent). To get knowledge in agreements and disagreements in needs from patients and nurses perspective, we measure: Which needs and unmet needs patients have, which needs and unmet needs nurses think patients have and which agreements and disagreements are there in needs and unmet needs between patients and nurses. With this knowledge we can make long term adjustments in care supply to obtain more mutual satisfaction and less conflicts.

Methods

A quantitative study in Needs of patients with SMI in long stay inpatient facilities, from patient and nurse perspective. Researchers used the valid care and needs questionnaire (Kroon 2003) to obtain information. Experienced experts gave support to the patients in how to understand and fill in the questionnaire. Nurses were provided with writing instructions how to fill in the questionnaire.

Results and conclusions

There are no conclusions yet, but the interview results look very promising. We expect that we can provide information about the results and actions that will be taken (in accordance to the goals) during the European Conference in Riga.

Growing Together- Using Horticulture as Therapy in schools with children and young people

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Background

Over the past five years The Haven of Greenspace Project has been delivering horticulture as therapy within a number of inner city Liverpool schools for those children and young people who had been identified as having some emotional and behavioral issues affecting social and learning aspects of school life. The project has been working to explore ways to gather evidence of the effectiveness of the intervention which includes the use of the following: 1. Draw and write journals, 2. Using the 5 Ways to well being as a way to explore changes, 3. Taking and using digital photographs to mark changes in perception. 4. Use of questionnaires, 5. Semi-structured interviews with children and teachers to explore change.

Objectives

To highlight the use of horticulture as therapy and show how it can be used from being therapeutic (being and doing) to therapy (the garden space as blank canvas). To show what young people think of the intervention from comments from diaries, drawings, and semi-structured interviews. To highlight the use of the 5 Ways to well being as a potential framework to explore how change takes place.

Methods

The presentation will show how to set up such a project within schools and issues to think about as an outside agency coming into schools. What other things can be done alongside the horticulture e.g. cooking food grown, recycling material discovered to make plant holders and 'bug hotels' Capturing meaningful data

Results

The presentation will show through young people, parents, and teacher comments on change:

- Use of draw and write method to monitor change.
- Unexpected outcomes- improved attendance and literacy improved.
- Limitations on using questionnaires.

Conclusions

Highlight the positive contribution horticulture as therapy can have on children and young people as an early intervention that promotes mental, physical, social, and spiritual aspects of health and well being.

Reablement in mental health care - how can occupational therapists contribute?

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Seberg, Merethe, Occupational therapist, Lovisenberg Diakonale Sykehus, Oslo

Background

There is an increasing interest in developing mental health care practices, often coupled to concepts like recovery, empowerment and the importance of everyday life. Reablement is a way of using everyday activities as a tool for strengthening people with mental health problems that lately has been actualized by occupational therapists. In reablement, different professions work together in teams, to support the users to develop their own resources towards improved mental health.

Objectives

To deepen the knowledge of reablement in mental health care and the potential contribution from occupational therapists in using reablement as a tool for recovery and empowerment.

Methods

Data was collected by qualitative, semi-structured interviews with 10 informants, all educated occupational therapists with long, however diversified experience from reablement in mental health care. Data was analysed by means of qualitative content analysis, resulting in three main categories and eight sub-categories.

Results

Reablement in mental health care is a multidimensional concept, focusing mastery of activities of everyday life, from the individual's own perspective. It is not a matter of exercise of abilities, but to strengthen the individual's motivation and will, by encouraging hope for change and experiencing a gradual increase in mastery. Social contacts and social network often play a crucial role in mastering everyday life in the local community, therefore activities strengthening the social network often are of utmost importance. Occupational therapists, working in multi-professional teams, use everyday activities as vehicles for recovery and empowerment, by scrutinizing the individual's resources, planning, demonstrating and encouraging these resources to be used, stepwise and over a longer period of time.

Conclusions

There ought to be a greater emphasis on reablement in mental health care. Occupational therapists can, in co-operation with other professionals, play an important role in supporting the individual's resources for mastering everyday life activities, taking the individual's own perspective as a point of departure.

The Family Involvement and Alienation Questionnaire (FIAQ): a tool for multiple purposes?

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Background

Health politics underscore the need for inclusion of relatives in mental health services. However, research shows that family members often experience exclusion from care. The FIAQ was constructed in order to measure family member's experiences of their encounter with mental health services. FIAQ has been used with a variety of contexts and purposes.

Objectives

The aim of our presentation is to present such a variety of usefulness.

Methods and results

I: A study of family members' experience of the healthcare professionals approach, feeling of alienation from the provision of professional care, the level of association between these variables and aspects that family member's ascribe as important in the professionals' approach toward them.

70 family members from different parts of Sweden participated in the study by completing the FIAQ.

The participants experienced lack of confirmation and cooperation, they partly felt powerless and social isolation from care, an association was found between their experiences of approach and feelings of alienation, and an approach appreciated by relatives were Openness, Confirmation, Cooperation and Continuity. II: A study of parents' of adult children suffering from long-term mental disorders in Sweden and their: Health-Related Quality of Life (HRQOL) compared to Swedish normative data, experiences with the psychiatric services and associations between the above variables. 151 parents in different areas of Sweden filled in The Short Form Health Survey (SF-36) and the FIAQ. The parents' HRQOL was lower than the Swedish age related norms, the parents had negative experiences with the psychiatric services, and negative associations between FIAQ and SF-36 were reported by mothers. No differences were found between mothers and fathers with regard to SF-36 and FIAQ. III: A study of relatives' experiences with Assertive Community Treatment (ACT) in Norway. 38 relatives of patients in ACT teams filled in a questionnaire that included the FIAQ, and comparisons of FIAQ-domains between ACT, and ordinary mental health services. The relatives reported to be included in a much greater extent by ACT team than the ordinary mental health services. More in depth analyses will be presented at the session.

Conclusions

FIAQ is useful independently as well as in relation to other instruments to obtain knowledge about the family's situation when someone is affected by mental illness. Furthermore, the instrument is useful for various groups of family members and psychiatric services.

A sociocultural overview of society response to mental health: the case of Albania and Kosovo

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Background

Social and cultural influences shape the responses to mental health problems.

Objectives

To understand and strengthen the importance of sociological approach to mental health; we analysed society responses (socio-cultural context especially) to mental health in two countries with the different transition flow - Albania and Kosovo.

Methods

Our analysis was based on the socio-cultural framework for mental health of the researches published in journals, presented at scientific conferences, reports of official bodies (international and local levels) and civil society.

Results

We have found very few studies on this topic. Mostly is found reports / presentations of local and international organizations. Albania and Kosovo are building mental health services in the community in a period of dramatic political, economic and social changes. Their development streams have differences. They are now in the phase of consolidation and constant improvement despite the many difficulties/weaknesses. There was a lack of socio-cultural framework in the design, planning and implementation stages of these services. Topics of the degree of social integration, inequality, poverty, social bonds, social support, the primary group relations, language, religiosity, ethnicity / minority and collective belief systems occupy very little space in these studies / analyses. This review reflects the current state of the literature on the socio-cultural responses to mental health.

Conclusions

Just touching the surface of the socio-cultural elements in mental health issues does not guarantee the proper use of these services.

The Experience of Discrimination and Poverty for People Experiencing Mental Illness

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Edwards, Betty, M.Ed., Acting Executive Director of Can-Voice.

Background

About one in five Canadians have suffered from a mental condition at some point in their lives¹. The stigma of mental illness is a multifaceted phenomenon with several contributing factors and associated consequences that not only affect the individual but extend to the family and broader community.

Objectives

The overall purpose of this project was to better understand the inter-relationships between poverty and social inclusion for mental health consumers and engender community-based initiatives to promote their effects.

Methods

This Project was based on Participatory Action Research principles for the active participation of key stakeholders. We used a triangulation of mixed methods research design. Annual survey interviews with mental health consumers in the community-based sample will allow for additional analyses. Individual and group interviews were conducted concurrently with stakeholders to gather qualitative data of how individuals experience and respond to poverty.

Results

Among the 380 participants who took part in the Stigma Scale survey, the total stigma score was 56 (possible range was 0-112). Qualitative findings revealed that the main contributing factors of perceived stigma were participants' low income, unemployment status, lack of education, and their mental illness. Participants see stigma affecting their lives by causing unstable relationships with family members, social networks, and/or professional supports.

Conclusions

Congruent to previous research, participants of the study expressed feeling discriminated against in education, employment, and other aspects of life because of having mental problems. People with mental health problems felt misjudged, poorly understood, and treated differently, commonly referenced as "they", by general society, familial systems, and professional services. There is need for more campaigns to eradicate stigma within the community/society. In addition there is a need to be aware of the groups of people who are more susceptible to feelings of social exclusion and try to enhance their social inclusion.

Smart Technologies for Mental Health Management

Forchuk, Cheryl, RN, PhD Lawson Health Research Institute Canada

Background

A team of researchers at Western University and Lawson Health Research Institute has developed, implemented, and evaluated several mental health smart technologies. Funding from the Canada Foundation for Innovation supported the development of the Lawson Integrated DataBase (LIDB), which securely integrates data from multiple community care agencies to reduce redundancies in record keeping and to help streamline care. This database has been leveraged to support a text message-based mental health intervention (the Mental Health Smart Technologies), a personal health record accessible using mobile technologies (the Mental Health Engagement Network; MHEN), and alternative methods of identification, such as iris scanning.

Objectives

The broad purpose of these initiatives is to enhance the efficiency and effectiveness of the mental health care system in Canada. Specifically, this research aims to improve health outcomes and community integration for mental health clients, connect clients with their health teams, and facilitate the integration of data between service providers.

Methods

These innovative research initiatives are evaluated using a comprehensive framework. The research evaluation framework includes four types of analyses: 1) effectiveness analysis, 2) economic analysis, 3) ethical analysis, and 4) policy analysis. Approaching the study of smart mental health technologies from these four perspectives, with both quantitative and qualitative data sources, will ensure that the implementation of evidence-based technology interventions is feasible and will facilitate the uptake of improved systems and services into usual mental health care.

Results

Extensive study of the MHEN technologies (i.e., a personal health record and a smartphone (iPhone 4S)) in a group of 394 participants diagnosed with a mood or psychotic disorder, demonstrated significant reductions in psychiatric hospitalizations, outpatient visits, and arrests. Future projects will implement and evaluate a simpler and more cost-effective text message-based intervention, implement alternative identification strategies such as iris scanners in community care agencies, and enhance the capacity for data integration across community care agencies through the LIDB.

Conclusions

Mental health technology research to date has evidenced the importance of integrating cutting-edge technologies into service provision for those experiencing mental illness. Continued development and research in this area has the capacity to revolutionize mental health care globally.

Exploration of mental health nursing identity and intervention within an adolescent psychiatric intensive care unit

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Background

Adolescent psychiatric intensive care units (PICU) are a small and highly specialised component of the portfolio of child and adolescent mental health service delivery in the UK. Although numbers of units are small, they play an important part in the recovery journey of a significant cohort of children, due to the model of care being time-limited admission, resulting in high patient turnover. The outcome of a PICU admission can be pivotal in deciding whether an adolescent's trajectory is toward a return to community care or longer term secure mental health care. Despite this, research examination of the nature of mental health nursing in these environments is nascent (Gwinner & Ward, 2013).

Objectives

Using a psychoanalytically informed work discussion model, specifically adapted to meet the needs of a mental health nursing team within an adolescent PICU (The Nursing Development Group); to examine the nature of mental health nursing team identity and intervention, and their contribution to the recovery journey of young people

Methods

Data was collected from written minutes of the Nursing Development Group over a period of 6 months and subjected to a qualitative inductive content analysis method (Elo and Kyngas, 2007). The findings were analysed from psychoanalytic, developmental and attachment perspectives, and in relation to previously published research relating to nursing in adult PICU environments.

Results

Seven main nursing identity-related content categories were identified: presenting difficulties of adolescents, challenges & complexity, clinical tensions, nursing interventions, staff experience and points of learning that support intervention. The constituent concepts within the categories and the relationship between them will be discussed and a model of the genesis and nature of nursing intervention within adolescent PICU settings, including the factors that enhance or impede these interventions, will be presented.

Conclusions

Whilst there are points of consensus with the findings of nursing research undertaken in adult PICU settings, it is argued that the nature of nursing interventions within adolescent PICU is unique: given birth to by the manifest tensions of the primary nursing task of enabling developmental growth and reparation for young people who are experiencing acute psychiatric disturbance during a critical phase of their maturation, often against a back drop of chronic adversity and complex trauma. Implications for practice and provision of effective staff support will be discussed.

Improving the evidence base for peer support in mental health services: development of the intervention manual and trial protocol for the ENRICH randomised controlled trial of peer support for psychiatric discharge

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Background

Peer support is being introduced into mental health services internationally to improve individual recovery outcomes and service productivity (Mahlke 2014). The formal evidence base suggests that peer support interventions are no better or worse than similar interventions undertaken by other mental health workers (Pitt 2013). However trials to date fail to adequately specify what is distinctive about peer support and how that is associated with change. A UK National Institute for Health Research Programme Grant (ENRICH) has been funded to manualise, pilot and trial a peer worker intervention to enhance discharge from inpatient to community mental health care.

Objectives

This paper reports a systematic process of modelling intervention mechanisms so that the ENRICH intervention manual and trial protocol address specified change processes to improve trial quality and the existing evidence base for peer support.

Methods

91 peer workers, service users and mental health professionals undertook in-depth qualitative interviews (Gillard 2014a), analysed using a framework approach, to build a change model for peer support. Systematic narrative synthesis of existing evidence was used to identify active components of peer support and associated change mechanisms. Iterative rounds of engagement with Expert Panels were used to finalise the ENRICH intervention manual and protocol fidelity tool.

Results

Three primary change mechanisms were identified and theorised - building relationships based on shared lived experience; role-modelling living and working well with mental health problems; bridging and engaging with mental health services and the wider community (Gillard 2014b) - informing manual development (including role description, training programme and specification of intervention activities). A range of process outcomes were identified – including hope, experience of stigma, therapeutic relationship and strength of social networks – that in turn relate to clinical and service use outcomes, informing trial protocol development. The fidelity tool identified and operationalised a range of principles that characterise the distinctiveness of peer support.

Conclusions

The ENRICH programme has the potential to improve substantially on the existing evidence base for peer support in mental health services through the development of an intervention manual and trial protocol that is empirically and theoretically grounded in a model that specifies how peer workers – as distinct from other mental health workers - bring about change in outcome.

Co-operative inquiry as a model for professional development of mental health services in Indonesia: Indonesia - Nordic cooperation

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Background

Aceh province in Indonesia, with approximately 5 million inhabitants, was ravaged by civil war from 1976 to 2004, and in December 2004 by the tsunami, in which about 126,000 people died and about 517,000 families became homeless. This has caused great psychological strain. Aceh province has one psychiatric hospital (RSJ), with 320 beds (approximately 450 patients by now) and few other resources in the area of mental health care. Hedmark University College has been cooperating with RSJ several years in order to develop mental health care in Aceh

Objectives

The purpose of the project was to contribute to the development of mental health services in Aceh province. In this presentation, we are focusing how co-operative inquiry can be used to promote professional development in mental health care, in a different culture than where this research model was originally developed.

Methods

The project was designed as an action research model: co-operative inquiry, with learning, development of knowledge, changes in practice and evaluation as basic elements. Co-operative research allows participants to contribute by means of creative thinking, such as deciding which themes to explore and how the study should be implemented as well as by making the results both comprehensible and relevant. Co-operative inquiry were used to change practice in a more individualized, milieu-therapeutic, open and recovery-oriented direction, with less focus on medicalization and institutionalization.

Results

To implement a project with such large cultural differences presented some challenges. Norway is an individualistic culture, while Aceh has a distinctly collective culture. The research method co-operative inquiry must therefore be adapted to historical and cultural conditions. Changes in practice were undertaken in some areas, e.g. in the contact with the patients' relatives and by developing a psycho-educative approach. The project has started a process of change in the view on mental illness, the possibility of recovery and on milieu therapeutic treatment. From collaboration on academic and professional level, the project has been extended to the organizational and the political (the province parliament in Aceh) level.

Conclusions

The research method co-operative inquiry is appropriate in different cultural settings, assuming historical and cultural distinctive characters are safeguarded. Ideas and interventions can be provided and developed locally, contributing to knowledge transfer value and central /global relevance as well.

Living with a demented parent: A family resilience study

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Background

In 2013, an estimated 44.35 million people were living with dementia worldwide and due to population ageing, it is expected that this number will triple by 2050.

South Africa's health care system is burdened with over-crowded hospitals and a shortage of health professionals in the public sector. Patient care for individuals with long-term or terminal illnesses, like dementia, thus falls upon family members. These families often face considerable physical, psychological, emotional, social, and financial burdens. However, despite the difficulties of dementia care, most families are able to cope with their situation and continue to function well as a family unit.

Objectives

The objective of this study was to identify factors associated with family resilience in families where adult children care for a demented parent.

Methods

A mixed-methods approach was followed to collect data from a convenience sample drawn from the Cape Metropolitan area in the Western Cape, South Africa. The study sample comprised of 47 families in which adult children were caring for a parent with dementia. The quantitative data analysis was conducted using analyses of variance (ANOVA), Pearson's product-moment correlation coefficients, and a best-subset multiple regression analysis. Qualitative data were analysed using thematic content analysis.

Results

It was found that acceptance, optimism, positive communication patterns, family connectedness, spirituality, social support, economic resources, and the effective management of symptoms helped these families adapt to the burdens of dementia care.

Conclusions

In addition to expanding the literature regarding family resilience, the findings could be used to develop interventions tailored to the needs of these families caring for demented parents to create a family environment that enhances adjustment and adaptation.

Improving accessibility and efficiency of children's mental health services in Estonia

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Background

According to the Estonian Psychiatric Association 12–20% of children in Estonia have psychiatric problems and less than half of them are diagnosed at first contact and only some of them are referred to a mental health specialist. In terms of mental health problems awareness, early detection, integration of services between health, social and education sector and relevant information and care are of utmost importance. Objective: The aim is to describe a model how children mental health services are reorganized and mental health awareness is improved in Estonia.

Methods

The proposed model is a descriptive analysis of reorganization of children's mental health services and mental health literacy in Estonia. Under the Norwegian Financial Mechanism, Estonia is establishing four regional children mental health centres and developing web-based mental health services and information sources. These four regional children mental health centers are based on hospitals' psychiatry units and are improving accessibility of the inpatient and outpatient psychiatric services. Moreover web-based mental health services are providing information on mental health and first counselling and therefore are increasing awareness and decreasing stigmatization of mental health problems.

Results

By developing regional children mental health centres and web-based mental health services shortages of the service delivery will be improved. For example in 2014 185 professionals from the centres and other relevant sectors have been involved to the case discussions and 919 boys and 554 girls benefited from the integrated mental health services in the children's mental health centres. Besides services offered in the centres approx 442 children and youngsters got help through e-counselling services.

Conclusions

Considering the small area of Estonia and the number of children and youngsters not all specific services must be made available in every region. However, it is essential to provide correct information on mental health, ensure capability of first contact care and the educational and social system to detect relevant risk groups and also observe the condition of patients with chronic mental disorders. Therefore regional children's mental health centres and web-based mental health services are improving quality and efficiency of the health services.

Physical health and severe mental illness: an uncontrolled evaluation of staff education and personalised care plans

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Background

The physical health of people with severe mental illnesses (SMI) is a topic of clear health importance. All-cause mortality is approximately doubled among people with these illnesses, and life expectancy is substantially reduced: recent evaluations indicate by between 8 and 17.5 years depending upon diagnosis and gender; additionally it appears that the mortality differential between people with SMI and the general population is increasing. In-patient admission presents a window of opportunity for assessing the physical health of this vulnerable client group and engaging patients in the prevention and improved management of health problems. This funded project has used a purpose designed personalised care plan together with a programme of nurse education in physical health assessment and management.

Objectives

To develop a personalised care plan approach for the physical health of patients on a 75-bed low secure forensic mental health unit, to assess the feasibility and acceptability of delivering individualised physical healthcare using personalised physical health care plans, and to examine changes in process measures – staff knowledge, attitude, satisfaction - relevant to individualised physical health care, associated with a brief education package and use of personalised physical health plans.

Methods

A personal physical health plan, incorporating clearly presented and easily understood values and targets for health status in different domains, has been developed and used in tandem with staff training. Effects on staff knowledge and attitudes were measured at baseline and 3 month follow-up using the PHASe measure and a brief knowledge inventory devised by City University staff.

Results

Baseline (April-May 2014) and 3-month follow-up (July-August 2014) measures were collected from staff on five inpatient wards. Baseline measures indicate similar values to other nurse samples from London and Australia. Matched paired analysis of changes in staff knowledge and attitudes provide indication of a positive effect of this intervention.

Conclusions

Using newly formatted patient-held personal health plans together with staff training appears to provide a focus and impetus for more effective collaborative working on physical health issues and risks, and is associated positive changes in attitudes and knowledge. Preliminary findings indicate that this approach has potential for effectiveness.

All rhetoric or some reality? Consumer participation in mental health nursing education in Australia

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Background

People with lived experience of significant mental health challenges can make an important contribution in the education of health professionals including nurses. This involvement can facilitate understanding the lived experience of mental health challenges and promote consumer participation in mental health care. However, the extent to which the push for increased consumer participation in nursing programs has translated into practice in Australia is not known.

Objectives

To provide an overview of the depth and breadth of consumer participation in Australian nursing programs

Methods

This paper presents the findings of cross-sectional study involving an on-line survey of nurse academics responsible for coordinating mental health nursing subjects. Thirty universities were represented including 32 pre-registration and 20 post-registration programs.

Results

The majority of programs (78% pre-registration; 75% post-registration programs) included consumer educators in some capacity. Programs most commonly (25%) included a guest lecturer for one or two hours. Face-to-face teaching, curriculum development and membership to program committees were the most regular activities. Content was usually co-developed by consumer educators and nurse academics (67.5%).

Conclusions

The inclusion of consumers in mental health nursing education appears to be increasing. However, the implementation is ad hoc, minimal and generally reflects the degree of commitment of mental health nurse academics.

Consumer participation in mental health nursing education: finding the reality amongst the rhetoric

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Background

Involving consumers in the education of health professionals is becoming more common and frequently viewed as an important strategy in influencing the attitudes of health professionals towards consumer participation in mental health services. Understanding of the scope and breadth of these roles is limited.

Objectives

To explore the current scope of academic and educator roles from the perspectives of mental health nurse academics and consumer educators/academics.

Methods

A qualitative, exploratory inquiry involving indepth interviews with mental health nurse academics and consumer educators about these roles

Results

A significant variation in roles from guest speaker to substantive academic positions was evident with most involvement brief and specifically teaching focused. Consumer participation in education was generally valued but noted to be limited in breadth and scope. Some concern was raised about the relevance of consumer academic roles.

Conclusions

A clear conceptualisation of the consumer academic role is necessary for effective contribution to the education of health professionals.

The Outreaching -tool to use among elderly clients: How to recognize and support elderly clients who are caregivers of individuals who have psychiatric disabilities / and intoxicant disturbance

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Background

It is not always easy for elderly (60+) caregivers to talk about anxiety about their loved ones (mainly adult children and spouses) who have psychiatric disabilities / or intoxicant disturbance. They may try to hide that kind of situation. They may often be much stressed and feel lonely. They may feel that they are kind of forced to overpass their own life and have very constricted roles with several duties for their loved ones. As they say, they often hope professionals to recognize their situation, and talk with them about it and offer support they need. On the other hand, professionals maybe feel that it is not easy to do.

Objectives

The Outreaching work among the Elderly Caregivers -project (2012 - 2015) actualized In The Family Association Promoting Mental Health in Tampere was the aim to develop a tool that professionals can use to recognize and talk about these kinds of situations with their elderly clients, and also give for elderly caregivers' support they need. The elderly caregivers were supposed to feel confronted, heard and understood. This tool has been developed in Finland in Pirkanmaa region. We have developed this cooperation with professionals and elderly caregivers.

Methods

This tool has five steps: 1) screening 2) recognition of caregiver situation, 3) how stressing this taking care of situation is for client, 4) which resources a client and his / her loved ones have, 5) creating wellness plan and follow up plan. Key points are to find out how client sees his / her own situation, which kind of support he / she needs and to find informal way to empowerment client.

Results

Professionals have used this tool as part of their work. We have collected feedback from them and their client. According to this feedback this model seems to be a workable tool to recognize and talk about these kind of situations with elderly caregivers and to offer for them support they need. It also seems to be important that professionals have courage to use this tool.

Conclusions

The findings demonstrate the importance and possibilities to recognize and talk about these situations with elderly caregivers and also the offer for them support they need.

Depressive symptoms in College Students: Prevalence and Correlates

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Background

The mental health of college students has been a public health concern for some time, with high incidences of depression and anxiety reported. It is recognised that the transition to higher level education as well as the transition to young adulthood is a stressful experience and can lead to many interpersonal and academic problems.

Objective

This study aimed to examine the relationship between adjustment to college and depressive symptoms among students. Methods: Data were collected from 417 health care students from one University in Ireland using the Student Adaptation to College Questionnaire and the Centre for Epidemiological Studies Depression Scale.

Results

Findings indicated that 36% of college students experienced depressive symptoms, with it being most prevalent amongst females and those in the second year of their studies. The transitional period in young people's lives proved difficult for many, with 9.1% experiencing difficulties with social adjustment and 20.1% experiencing difficulties with personal adjustment. A strong correlation was found between both variables. Significant relationships were also found between alcohol use, financial stress, relationships with fathers and depressive symptoms.

Conclusions

Healthcare students experience high rates of depressive symptoms and difficulties adjusting to college. The impact of which can include on-going mental health problems, low self-esteem, social isolation and dropping out of college. The social aspects of college life may have a significant impact on student mental health particularly alcohol use. Support during this transitional period is essential and interventions to promote the emotional wellbeing of students need to be developed and evaluated.

Customership profiles and participation of and support and effectiveness of support for young people receiving aftercare provided in social work

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Background

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

Objectives

The purpose of this study is to describe and explain the customership profiles and needs for support of young people receiving aftercare and the effectiveness of the services. A further objective is to describe the participation of young people in the services and the methods for implementing and managing participation and multiprofessional work.

Methods

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

Results

The results from the first phase of the study are presented in the conference.

Conclusions

The results will be utilised in a further study in which a new kind of an action model will be produced in the customer work for young people in aftercare. The model will enable crossing the borders of workers' professions, the use of young people receiving aftercare as experts by experience and developing of the competence of workers. By using the model, it is possible to recognise different customership profiles of young people, to examine different alternatives for implementing aftercare and predict the outcomes of choices, and to tailor and personalise support by integrating social and health care service processes and networks, which have previously been considered fragmented by young people.

Psychiatric nursing: an unpopular choice

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Background

Research studies in the United States, the United Kingdom, New Zealand and Australia suggest that students do not consider psychiatric nursing as a popular career option. According to this research there is a widespread concern about the nursing shortages in psychiatry. The demand for psychiatric services continues to grow and there is a need for strategies to recruit nurses in this specialization.

Objectives

The purpose of this study was to identify the factors that prevent nursing students to choose psychiatric nursing as a career.

Methods

A qualitative research design that aimed to explore and describe, was used. Data was collected through the Nominal Group Technique. A sample of convenience of 27 final year nursing students from the School of Nursing from the University of the Free State as well as the Free State School of Nursing voluntarily participated in this research. This unit of analysis comprised of four nominal groups.

Results

The following main causal categories emerged from the content analysis of the data, presented in the order that they were prioritized: Personal factors, working environment, unprofessional behaviour, learning environment and an unclassified category.

Conclusions

The findings in this study highlighted the nursing students' reasons for not choosing psychiatric nursing as a future career. Students' actual descriptions were used to identify these reasons and it is therefore imperative for nursing schools in SA to address these concerns. Addressing their concerns might pave the way for them to take up psychiatric nursing as a career. Every nursing school needs to be dedicated and creative in improving their recruitment strategies to ensure adequate numbers. Otherwise, psychiatric nursing as a profession will remain in dire straits.

Going back to work after depression in suriname and the netherlands from a multicultural perspective

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Background

Are there cultural differences in what is effective for clients in going back to work after a depression? What does this mean for the therapy, for the work situation and for the client that it concerns? About 15% of workers at the Dutch working floor currently has a non-Dutch background. Employees with a non-Dutch background, immigrants, have a higher absenteeism (CBS 2007) and have a higher WIA/WAO risk than natives. Mental health problems are a major cause of absence. Depression is a big factor when it comes to inflow in the WAO/WIA.

Objectives

To show what Surinamese people (employees, managers and company doctors) see as promoting for going back to work after a depression in Suriname?, 2. To show the difference between these findings with what Dutch people see as promoting for going back to work after a depression in Netherlands?, 3. To make recommendations on the basis of this research for the care for and support of immigrants in general and clients with a Surinamese background in particular.

Methods

Suriname was chosen to explore resuming work after loss by depression and to compare the results of this research with a same research done in the Netherlands (De Vries, 2011). The method of research in both countries is concept mapping, with the same question and with the same group of participants. The Netherlands is seen as a country with a native culture, an I-culture and Suriname as a country with an immigrant culture, a we-culture.

Results

Employees explain the accent to himself, having inner strength, confidence in yourself, a strong will and see life as a gift and there do something with it. Support is needed by praying, a safe and enjoyable working environment and talk to a trusted person. Executives explain the accent at the atmosphere in the workplace, "welcome and feel accepted at work" and "a conversation between Manager and employee. Occupational physicians are the most problem-oriented and function-oriented.

Conclusions

The prevailing impression is that there are cultural differences between the Netherlands and Suriname. Main difference between Netherlands and Suriname on the basis of the Hofstede model, is that Dutch employees explicitly like to discuss their problems, that they want to learn of these problems and control about the solution of these problems. Surinamese workers will implicitly indicate more problems, they want the problems solved for them, that their position in the Group would not be prejudiced and they want clarity of an authority how to solve the problems.

Special support possibilities to social and health care students in University of Applied Sciences

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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 those students receive support it is one form of developing their own professionalism.

Objectives

To produce information on :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? and 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 second 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 analyzed. 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.

Results

Some of students had mental health problems and problems with managing their everyday lives. Some students had problems making their personal study timetables and problems with their studies and their life situation at the same time. Problems at school with teachers or the other students were expressed. Teachers expressed their concerns about students` stress, anxiety and depression, which had influence to very late graduations or the possibility to interrupt the whole study program. The students received individual discussions with special teacher. Some of them used only this personal support. Some were in the same group with other students who had same kind of problems. Two teachers were training the group. Some students used both kinds of support models. The students found these support models successful. Some of them got concrete help for instance to make their personal time tables. Also student`s personal difficult situation was evaluated during individual discussions. Those students received extra information how to take contact to those mental health professionals in official public or private health sectors. In the group sessions students recognized the possibility of the support from the other students with same kinds of problems.

Conclusions

Supporting students with mental health problems during their studies can have many positive affects to their later professional development.

Implementing Multidimensional Family Therapy targeting delinquent behaviour and alcohol abuse among high-risk children and youth aged 12-18 in Estonia

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Background

It is important to have a sufficiently complex, multivariate framework to comprehend and act on what could be called the core clinical phenomena of adolescent delinquency and substance abuse – the situations and processes that determine poor developmental outcomes and thus need to be changed. Multidimensional Family Therapy is a family-based intensive outpatient treatment developed for high-risk, delinquent and drug using adolescents. The intervention methods are guided by research-based knowledge about dysfunctional and normal adolescent and family development, targeting the ecological factors and processes known to produce and/or maintain adolescent problem behaviors. MDFT is applied to four treatment domains: the individual adolescent, parents and parenting, the family's interaction patterns and the interactions with extrafamilial systems.

Objectives

The main objective of the current study is the process and outcomes of the implementation of Multidimensional Family Therapy in Estonia.

Methods

21 adolescents with their families were included in the first phase of the study. The subjects' age ranged from 12 to 18 and the main criterion for referral was juvenile delinquency, in some cases combined with substance abuse and/or some mental health problem. Five key-therapists were trained and supervised by the international trainers and supervisors from the MDFT Academy (Netherlands). The therapy outcomes were compared to control groups receiving other treatment (social programme) used up to present day.

Results

The results indicate higher efficiency compared to the social programs used until present.

Conclusions

With the implementation of MDFT in Estonia the qualitative step of replacing programmes of none or not proved efficiency for high-risk delinquent youth with evidence-based family therapy has been taken and the preliminary results are encouraging to continue this process in a wider and more systematic way.

Effective nursing attitude aspects and interventions on reducing patients' aggression from a patients' perspective

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Background

No scientific research has been done into patients' experiences regarding the interventions by nurses and the attitude aspects aimed at the reduction of aggression.

Objectives

A description of interventions and aspects in attitude which patients find to be helpful in (dealing with) aggression.

Methods

The interpretative hermeneutic (phenomenological) research method was used. The data was analysed using Colaizzi's method.

Results

The results were obtained from five different interviews. From these data five different themes were derived which are key in the reduction of aggression. The five central themes are 1) connecting, 2) shared decision making, 3) detection, 4) normalising, 5) distance and proximity. In the five themes the importance of a good working relationship between nurse and patient is emphasised.

Conclusions

The results show an overlap with existing research from a nursing point-of-view. (Assisting) nurses' interventions and (assisting) attitude aspects are determined by the working relationship and interaction between nurse and patient.

Recommendations: More research needs to be done into the characteristics of a good working relationship between nurses and patients. A (micro) theory on the background of the absence of adequate application of written interventions by nurses in cases of aggression needs to be developed.

The social functionality of schizophrenic patients and the burden experienced by their caregivers: sample of Turkey

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Background

Schizophrenia, not only individual patients, it is also a disease that affects the family and society. In this study, the burden perceived by caregivers of patients with schizophrenia and was conducted to evaluate the association between patients' social functioning and two.

Objectives

This descriptive study was carried out to determine the social functionality levels of the schizophrenic patients, the burden experienced by their caregivers.

Methods

The universe comprised of 130 caregivers selected from the Ankara, Gazi, Hacettepe University Hospitals, Atatürk and Dışkapı Yıldırım Beyazıt Training and Research Hospitals, Yenimahalle State Hospital, and the Schizophrenic Patients and Relatives Solidarity Society. For data collection "Patient and Caregiver Identification Form", "Zarit Caregiver Burden Scale" and "Schizophrenic Patients Functional Recovery Scale" were used. For the normality assumption in data evaluation, the Shapiro-Wilks test, for the significance difference between two means, and one way variance analysis, and for correlation Pearson Correlation Coefficient Test were used.

Results

The study results revealed that caregivers' burden level was medium relatives (55.80 ± 15.90), and the patients' social functionality was also medium (49.96 ± 16.34), and there was a negative medium level correlation between the social functionality average points of the patients and the average burden points of the caregiver patient relatives. It was determined that there was statistically important difference between points according to age, education and employment status of the patients, job of working patients, regular drug use and medical visits, caregiver age, civil status, relation with the patient, employment and income level, number of family members, time spent with the patient, knowledge about disease, existence of other mentally ill patients in the family, society membership and regular attendance to family education sessions. Education and employment of patients, regular drug use and medical visits, substance addiction and substance type caused statistically important difference between social functionality levels of patients.

Conclusions

In light of these results, psychiatric nurses one suggested to plan necessary psychosocial interventions to diminish burden levels of caregivers and psychosocial skill training sessions to improve social functionality level of patients.

Seclusion and restraint - pros and cons; Systematic literature review on the effects of seclusion and restraint on patients

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Background

Ward T12 is an acute psychiatric ward in the Hospital District of South Ostrobothnia Finland. The ward treats patients who suffer from life crises, depression, psychosis and other mental health problems. The ward also has capacity to handle patients who need challenging psychiatric care. Patient-centered and Individualized care are central elements of nursing in the ward. Preventing conflicts and reducing coercion are part of daily nursing.

Objectives

1. To strengthen evidence-based nursing in ward T12, 2. To find out how seclusion or restraint affect patients, and 3. To strengthen individualized and patient-centered care in seclusion and restraint. Research questions: 1. How the patients experience seclusion or restraint?, 2. What are the short- and long-term effects?, and 3. What is patient-centered and individualized care in seclusion and restraint?

Methods

Research data was collected with systematic literature review. Data was searched from Psychiatry online - database. 871 references were found and 25 articles were chosen by titles and abstracts. Four articles were chosen by titles from references. From these 29 articles, two articles were excluded because the information wasn't essential for the literature review. Totally 27 articles were used in the systematic literature review.

Results

Preliminary results suggest that seclusion and restraint were mainly experienced negatively but also positive experiences were described. Negative experiences were most common during the coercive measure. Long term negative effects such as trauma and loss of trust to nursing staff were also described. Positive effects were often limited to time after coercion when patients usually understood the necessity of seclusion or restraint. Calming down and feeling safe were described as immediate positive effects. In general, restraint was described more negatively than seclusion but plenty of individual differences were also described.

Conclusions

Seclusion and restraint should be avoided as long as possible. However, these interventions can protect the patient from more serious damages such as self-desecration and patient injury. Preventing these coercive measures and not denying them should be in the centre of development. In conflicts, we must take into account which coercive measure is the least harmful for the patient. If possible, we must let the patient decide between seclusion and restraint. Qualitative research for patients' experiences on seclusion and restraint is necessary to improve patient-centred and individualized care.

Mental Pain among Female Suicide Attempt Survivors in Israel: An exploratory qualitative study

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Background

The experience of mental pain among female suicide attempt survivors is an under-represented topic in suicide research. The present exploratory study sought to contribute to a deeper understanding of the role of mental pain in female suicidal behavior by giving voice to their subjective experiences and perspectives.

Objectives

The study objectives were to examine the mental pain experience of female suicide attempt survivors and the meanings they attribute to this experience.

Methods

In-depth narrative interviews were conducted with a culturally diverse sample of four female suicide attempt survivors.

Results

The results reveal several characteristic of the mental pain experience including despair, hopelessness, and emptiness. Although the participants came from multi-cultural backgrounds and suffered from different psychiatric disorders, similarities were found in the manner in which they described their pain. Data from the interviews suggest that mental pain begins during the participants' childhood as a result of being exposed to difficult life events. All participants described how stressful events experienced throughout their lives had intensified their mental pain leading to the point of pain culminating in the suicidal act. Support and containment were presented by the participants as factors that may moderate the intensity of pain and protect against its devastating consequences.

Conclusions

Results suggest that unique characteristics of mental pain are shared across cultures and that mental pain may be distinguished from psychiatric symptoms of mental disorders. Results also highlight the importance of listening to life stories and subjective experiences as part of the diagnostic process. Listening to life stories of women who attempted suicide may help identify the source of their pain as well as the link between the difficult events in their lives and their mental pain and suicidal behavior. Such understandings will be at the disposal of professionals when helping women cope with the emotional scars left by the difficult events they experience. Listening to the life story may also provide insights regarding resilience factors present in these women's lives. These insights may encourage professionals to establish interventions aimed at further promoting their strength and ability to overcome challenging situations.

The Wounded Storyteller as a Developer of Mental Health Services

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Background

The presentation is about my forthcoming dissertation in University of Vaasa. The background of the research is in deliberative welfare policy as a system where the citizens have an active role developing and maintaining the welfare system. Through participation it is possible to become an active member of the society, its services and systems.

Objectives

The objective of the research is to understand how people with mental health problems experience the services. The aim is to review their position as consumers and how people experience their possibilities to participate in developing services.

Also the research is trying to find out how can stories told by service users help to improve mental health services

Methods

The research material consists of 150 videotaped stories told by people with mental health problems. The stories were analyzed by using narrative holistic-content approach. The special foci of content and themes were expressions of client, customer or service user and participation.

The service users' stories are seen as broken stories and the tellers as wounded storytellers. By studying and interpreting narratives, the researcher can access not only the individual identity and its systems of meaning but also the teller's culture and social world.

Results

In this point of the research the results are just preliminary. The informants are most frequently portrayed themselves as patients or survivors. They rarely see themselves as consumers, clients or even service users. Falling ill means a narrative challenge to examine once again the continuity and meanings of their life stories. Service users expect from mental health officials' equality and an understanding about the larger view of one's situation. Service users' involvement means accepting, noticing and using the service users' expertise. Some service users expressed conceptions that client-orientation didn't exist in mental health work or that it was only rhetoric.

Conclusions

It is important to make services more responsible to service users' needs so that services are stressing more partnership or participation rather than consumerism. Different forms of involvement are needed for different kinds of service users to be participating. The stories told by service users show professionals a clear picture of the individual service user's entire experience of the mental health services. At the same time they offer an opportunity to find both; the best practices and the areas that need developing.

The role of insight in the process of recovery from first-episode-psychosis. A social identity perspective

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Background

Awareness of illness (insight) has been found to have contradictory effects for recovery in first episode psychosis (FEP). Whereas it is related to psychotic symptom reduction and medication adherence, it is also associated with an increase in depressive symptoms. In this line, the specific effects of insight on recovery over time have not been identified yet, and social indicators of recovery, such as socio-occupational functioning have barely been considered.

Objectives

Drawing from social identity theory we aimed at filling existing research gaps by examining the impact of insight on psychosocial recovery over time. We were specifically interested in the interactions and causal relationships between insight and psychosocial recovery, as well as in the role of depressive symptoms.

Methods

240 patients with FEP were followed at 8 time points over 3 years. Patients took part in the Treatment and Early Intervention in Psychosis Program (TIPP) of the University Hospital of Lausanne, Switzerland. Cross-lagged panel analyses and multilevel analyses were conducted on socio-occupational and general functioning (SOFAS and GAF) with insight, time and depressive symptoms as independent variables.

Results

Results from multilevel analyses point to an overall positive impact of insight on psychosocial recovery, which increases over time. Yet the cross-lagged panel analysis did not reveal a systematic positive and causal effect of insight on SOFAS and GAF scores. Depressive symptoms seem only to be relevant in the beginning of the recovery process.

Conclusions

Our results point to a complex process in which the positive impact of insight on psychosocial functioning increases over time, even when considering depressive symptoms. The procedural aspect of insight should be taken into account in future studies and treatment approaches.

Patients with intellectual disabilities; do they know what kind of medication they use?

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Background

Any psychiatrist or nurse specialist that prescribes medication for a patient wants to know what the patients perspective is on their prescribed medication. This requires special care towards people with intellectual disabilities (IQ between 50 and 80). Especially when presumably about 10 to 40% of the patient population within the Mental Health Care have an intellectual disability (ID). There are no lists available to interview these patients about their experiences with medication. It is unknown what the views of patients perspective is towards the prescribed medications. It is also unknown what kind of questions need to be asked

Objectives

The aim of this study is in two fold. On the one hand, to develop a questionnaire for patients with ID which can be used to measure the patients perspectives. On the other hand to gather information about the instrument, to test if the new instrument works.

Methods

Using a mixed method design the validated BMQ (Beliefs about Medicines Q) is translated to an easier/more simple questionnaire with accessible language for patients with intellectual disabilities: The BMQ- Intellectual Disabilities. Quantitative part: The BMQ- Intellectual Disabilities is an 11-item questionnaire comprising two scales: a 5-item Necessity scale that assesses perceived personal need for the medication and a 6-item Concerns scale that assesses concerns about potential adverse effects such as dependence or side effects. Participants indicate on a five point Likert scale their agreement with a series of statements. Each individual was categorized into one of four subgroups which represent different attitudes towards medication, namely Skeptical (low Necessity, high Concerns), Ambivalent (high Necessity, high Concerns), Indifferent (low Necessity, low Concerns) and Accepting (high Necessity, low Concerns). Qualitative part: After each item, we measured with control questions if the BMQ-ID met the right point Likert scale. In that way we could test if the patient understood the question.

Results and Conclusions

The data collection is just completed so no results or conclusions can be revealed yet. The data analyzing process is ongoing and will be completed approximately in July this year. Preliminary conclusions state that all participants were scored in all quadrants of the BMQ-ID; ambivalence, skeptical, acceptance and indifference. Other points of interest in interviewing people with ID is the range of the Total IQ, using control questions and to use of right constructed phrases.

The Forensic Mental Health Nursing Perspectives and View: Front and Back Door

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Background

Within the domain of Mental Health, nurses are the largest professional group, therefore in continuous need of education and leadership. The development of the Nurse Practitioner education and role in the Netherlands started in 1997. In Forensic Mental Health, there has been an increased need to define and recognize possible role boundaries and the subsequent delivery of care for the Nurse Practitioner in two care programs. Despite the increased interest in the Nurse Practitioner role and service delivery within mental health nursing, the practical implementation that deals and supports this issue is still fairly limited. The current roles can be described as the primary treating professional, coach and innovator. The Nurse Practitioner fulfills an important role in motivating the multi-disciplinary teams to be a leading professional in competence development.

Objectives

This initiative aims to develop two distinct roles for the Nurse Practitioner in Forensic Mental Health, specifically for the "front and back door" situation. Sub-goals are: The role definition and enhancement of the Nurse Practitioner within the organizational structure and designing a blueprint of professional ownership in order to become critical and active equal participants in care programs in particular the admissions and resocialisation programs.

Furthermore to promote educational activities in regard to the front and back door care programs and intensify professional performance and analytical abilities for these care programs in regard to work.

Methods

As members of a multi-disciplinary team these professionals will be actively involved in analyzing data, initiating treatment, treatment management, policy development and networking. As team coaches they will aim at the interaction processes. Patient related topics in the Front and Back Door Care Program will be the responsibility of these Nurse Practitioners. The Nurse Practitioners pay special attention in communicating on the how-what behavior and in what way. Feedback plays an essential role. Furthermore they will be involved in ongoing research

Results

Due to recent positive moves by management to change and expand the role of the Forensic Mental Health Nurse Practitioner, results will be generated and will be evaluated with regular intervals and may be presented at future conferences. Further scientific research will support the ongoing development of the role of Nurse Practitioner

Conclusions

The Nurse Practitioner's role plays an important part in moving multi-disciplines.

Personal recovery in dual diagnoses

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Background

Personal recovery is the newly described goal of mental health policy in many countries, including the Netherlands.

Objectives

The process of personal recovery in people diagnosed with substance use disorder and comorbid attention deficit/hyperactivity disorder (ADHD) or autism spectrum disorder (ASD) was mapped.

Methods

A qualitative approach, drawing upon the principles of grounded theory was chosen for data collection, data analysis and theory development regarding the process of personal recovery

Results

Four general themes representing four consecutive stages in the recovery process were identified in both client groups: (1) crisis and diagnosis; (2) dealing with agitation, symptoms, and burden; (3) reorganization of life; and (4) meaningful life. However, the personal recovery outcomes and the need for support was different for the two clients groups. Based on these findings, mental health nurses can offer recovery supporting care tailored to the challenging needs of these clients.

Conclusions

For the SUD+ADHD group, overall, a coaching attitude is preferred. For the SUD+ASD group, overall, instructional, supportive and directive attitude is needed.

Innovate example of developing eLearning material for Master level mental health nursing – eMenthe project

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Background

There are wide differences in the quality of mental health nurse education at Bachelor and Master's level throughout Europe. In addition, the programs and the contents of the study modules does differ largely from country to country inside EU. However the concerns, challenges and developmental needs of mental health practice are shared. These commonly shared challenges formed the basis for this EU-funded eMenthe-project (2013-2016) which aims to enhance Master's level education in mental health practice by developing eLearning materials through European co-operation between seven European universities in Finland (3), Ireland (1), Sweden (1), United Kingdom (1) and the Netherlands (1).

Objectives

Aim of this paper is to describe an innovative example of developing eLearning materials for higher education in mental health promotion.

Methods

eLearning materials for the master level mental health nursing were developed in collaboration with a successful Finnish mental health promotion program. This program was used as an example and it was combined with general international research material concerning mental health promotion with the program. The leader of the mental health promotion program was interviewed and interview was edited and showed as video clips.

Results

Altogether eight short video clips related to mental health promotion were developed as an element of eLearning materials. The whole material is available as an Interactive Prezi presentation with additional research bases information on mental health promotion. The video clips will be available in eMenthe webpages for use of nursing students and all the project stakeholders.

Conclusions

Developing new eLearning materials in field of higher education in mental health nursing has never been more urgent as now. We can conclude that by developing new materials and using new technologies can ensure the highest quality education and practice.

We can do it together – how to increase patient participation and develop care!

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Background

The treatment focus for psychiatric patients in Finland has shifted towards outpatient care, but the inpatient care is still based on institutions and it might involve coercive methods. National health guidelines emphasize patient participation in planning, implementing and evaluating care. The patient's relatives are seen as a resource. It is challenging to create a caring environment and implement values that aim towards an outpatient care paradigm in an inpatient ward culture. Two psychiatric wards in Helsinki University Hospital have participated in a project, which started in 2014, focusing on these themes.

Objectives

1. To increase patient participation in caring, 2. To shape a caring environment that enables and encourages a sense of community, 3. To involve the patient's relatives into the caring process, and 4. To decrease the use of coercive methods.

Methods

When the project started information was given to patients, relatives and to staff. Feedback, from different viewpoints, was gathered about what patient participation and a sense of community means and on how care was perceived on the wards. Changes, based on this information, were made on the wards. These changes were continuously evaluated and the process is ongoing.

Results

Changes have been made in the caring environment, patient participation has increased, persons close to the patients are more involved in the care and the use of coercive methods has decreased. The environment on the ward has improved and patient feedback informs us that the wards feel calmer. A computer with internet access is available for the patients, as well as, their own computers and telephones. The patients' right to daily outings is emphasized. Meetings only for staff have decreased; instead we have joint communal meetings a few times monthly. At these meetings the caring environment is discussed, and decisions about caring and atmosphere are made together. Through the initiative of patients new groups have started. Shift handover is given together with the patient. Experts of experience are involved in the care. Since the project started less coercive methods (restrain and seclusion) have been used.

Conclusions

The expected outcome of the project is to make sure that the patient and his or her relatives are involved in the care, and consequently, through this transparency in the caring process, the threat of violence and coercive measures has decreased.

Better Days - A Mental Health Recovery Workshop

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Background

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

Objectives

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

Methods

Craig will share some of his story of what he experienced throughout his life and how he got to where is today. This workshop includes an introduction to perspectives that can help one live more peacefully and with less disruption to their lives; Breakout groups using sample Better Days worksheets; Group discussion; Q&A; All workshop attendees will be treated with the utmost dignity and respect; Validation, hopefulness, personal responsibility, empowerment and the belief that life can improve, will be the strongest messages conveyed; This workshop requires a minimum of 2 hours to successfully facilitate.

Results

I can provide via email recent workshop evaluations from the Department of Mental Health here in Massachusetts.

Conclusions

Better Days is an ongoing project with endless potential to improve the lives of people in recovery and to enhance the skill set of providers, which results in Better Days for all involved.

Expertise by Experience: Active Involvement of Service Users in the Education of the Mental Health Workforce in Ireland

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Background

In 2006 there was radical shift in the mental health policy direction and vision for how mental health services would evolve in Ireland. In particular, there was an aspiration to involve service users and family members in the design, development and delivery of mental health services.

Objectives

In the School of Nursing and Human Sciences at Dublin City University a specific position was taken; that we would respond to policy by building service user capacity nationally in the areas of research, practice and education.

Methods

Following initial grant funding an Expert by Experience was employed as part of the mission to advance this position. From an educational perspective the post holder has been an equal partner in the development of numerous educational modules; curriculum development; and co-delivery of modules on mental health nursing and health care practice programmes.

Results

The role was evaluated in 2011 and to date has continued to impact on education and practice for nurses and other mental health care practitioners. The author is principal investigator for the overall project incorporating the Expert by Experience role. This presentation will outline the framework applied to the project and illustrate the impact to date that this service user involvement has had on mental health nursing education and practice at a local and national level in Ireland.

Conclusions

The inclusion of Expert by Experience in the development and delivery of nursing curricula and other mental health practitioner programmes; as part of an overarching influence on mental health services development is crucial to contemporary aspirations in mental health policy. The 'survivor' slogan "nothing about us without us" comes to mind. This national project has taken us another step in preparing a contemporary mental health workforce that can shift traditional outdated cultural approaches to mental illness towards a vision where recovery is a tangible reality rather than simply an amusing discourse.

Seclusion experienced by mental health professionals

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Background

Seclusion in psychiatric hospital care refers to isolating a service user from other service users and staff, most often in a locked and unfurnished room. Service users' experiences of seclusion are mostly negative, and although some have seen a rationale for its use, mental health nurses should be encouraged to evaluate current seclusion practices from the service user's perspective.

Objectives

To explore the experience of being secluded, to understand and evaluate the impact of seclusion in greater detail, and to encourage discussion on one of the controversies in mental health nursing.

Methods

In this small-scale experiment two mental health nurses were voluntarily secluded for 24 hours. To the best of our knowledge, this is the first attempt to evaluate the impact of seclusion based on mental health nurses' first hand experiences. Results are reported as professional narrative.

Results

The nurses received usual seclusion treatment and described their experiences of this every six hours. Based on the nurses' experiences, seclusion, even in voluntary, safe and planned circumstances may increase anxiety and frustration. Seclusion was viewed negatively and the physical environment was considered inhumane. The nurses offered some practical suggestions for updating seclusion practices and re-designing seclusion facilities.

Conclusions

Mental health nurses, who frequently decide on and invariably implement seclusion, are key to improving seclusion practices.

The implementation of the Cultural Formulation Interview (CFI) in psychiatric nursing practice in Finland

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Background

As Finnish society becomes increasingly multicultural, there is a need for better cultural understanding of patients suffering from psychiatric disorders. The CFI is a qualitative, brief, semi-structured interview for assessing cultural factors. The CFI, included in the DSM-5, was developed by the American Psychiatric Association. Both the person-centered process of conducting the CFI and the information it elicits are aimed to enhance the cultural validity of diagnostic assessment, facilitate treatment planning and promote the individual's engagement and satisfaction in their treatment.

Objectives

The objective is to describe the use of CFI among immigrant patients at the Cultural Psychiatric Unit at the Helsinki University Hospital and to share the experiences of the professionals working at the unit as well as the patients who have been interviewed.

Methods

The psychiatric nurse of the unit was trained in performing the CFI and it was translated to Finnish by a multi-professional team. Most patients referred to the Cultural Psychiatric Unit were interviewed by the psychiatric nurse using the CFI. After the implementation phase feedback was collected from the personnel and the patients.

Results

The CFI became a standard part of patient assessment at the unit. It was performed during one of the first appointments. It was found that it helped in establishing a good working relationship with patients. Most patients experienced that they could express their own view of their problems and they felt that the personnel listened to them. Both the psychiatric nurse and other members of the unit were mostly satisfied with the information gained by the CFI and used it when evaluating the information collected by other methods.

Conclusions

The CFI is an instrument which has been found to be useful to immigrant patients and to professionals who are involved in their assessment and treatment. Its implementation is straightforward and can be recommended for any psychiatric unit. The use of CFI could also be included in the training programs of psychiatric nurses.

A comparative study on socio-demographic and clinical profile of patients undergoing admission and readmission in a mental health institute in Asia

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Background

Psychiatric patients have a high rate of readmission. Readmission rates indicate the efficacy of healthcare services in the region. This study allows us to understand what kind of patients are more likely to be readmitted, to predict the clinical and social factors that place them at risk and to identify potential limitations in existing health care delivery systems.

Objectives

To find out and compare socio-demographic and clinical profiles of patients getting first admission and readmission in the tertiary Mental Health Institute.

Methods

A retrospective, record based observational study from the computerized database of the institute and the case record files of the patients admitted for indoor facilities of the institute within a period of 1 year. Variables like age, sex, religion, marital status, locality, education, occupation, and diagnosis were studied and compared.

Results

Total numbers of patients with new admissions were 876, and 463 patients had a history of previous admission in the institute, and 60 admissions were those of patients undergoing admission more than once in the time period. Among new admissions and readmissions, majority were unemployed, unmarried, hindu males, (16-30yrs of age) and had schizophrenia and related spectrum diagnosis (F20-F29).

Conclusions

No significant difference in readmission rates found for sex, marital status, religion, educational status or locality. Readmission rates are significantly different among professions.

Who cares? Adolescent self- determination in voluntary psychiatric care, a literature review.

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Background

Patients' rights to self-determination are the major ethical topic in adolescent psychiatry care. The development tasks for adolescents are separation from their parents and becoming independent, another essential developmental task is self-acquired autonomy, self-determination. Adolescents' capacity and competence to make decisions on their own care may cause challenges in psychiatric care. Adolescents' self-determination is usually discussed and studied in relation to involuntary care. However, voluntary care provided in outpatient clinics is increasing in Finland and there is a need to understand the meaning of self-determination in voluntary psychiatric care.

Objectives

To describe what is already known about the meaning of adolescents' self-determination in voluntary psychiatric care.

Methods

An electronic search was made from the CINAHL, Pubmed and PsycINFO databases in September 2014. The search was made using variants of the search terms "mental health", "psychiatry", "adolescent", "self-determination" and "autonomy" In addition manual search strategies were used. Inclusion and exclusion criteria were set. The literature was analysed by inductive content analysis.

Results

Altogether 571 papers were identified and eight of them were included according to the inclusion criteria. The papers were divided into four categories describing self-determination in adolescent psychiatric care; help seeking, decision making about treatment, confidentiality and mental health. In each category, self-determination was mainly related to the adolescent's internal independence.

Conclusions

Self-determination in adolescent psychiatric care is a complex phenomenon as is noted in adolescent in psychiatric care. Self-determination seems to affect even the risk of suicidal thoughts in difficult life situations. Supporting adolescents' self-determination in voluntary care could help to promote recovery and service user involvement.

Child Psychiatric consultation team in Pirkanmaa Hospital District

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Background

The child psychiatric consultation team in Tampere University Hospital was founded in 2011. The need for this team was discovered when developing a model of networking in the child mental health services, in collaboration between specialist and primary levels. The Finnish Health Care Law, established in 2011, integrated children's psychosocial health and well-being assessment as requisite part of traditional health checks. New practices of co-operation between primary and specialist levels were needed.

Objectives

The objective of consultation team is to help children and their families in collaboration between primary and specialist levels, at the right time and right place, to get well or to cope with their psychosocial problems, stress and disorders. Another aim is to develop children's mental health services at primary level by promoting the implementation of networking method.

Methods

The team is consulted by professionals in primary health care, day care, schools, child welfare, and family counselling. Consultations start usually by a phone call and referrals are not needed. Consultation team comprises two child psychiatrists, six nurses, one psychologist and one social worker.

Dialogic networking between families and front-line workers aims to find a common understanding on the child's and the family's unique situation. At every consultation meeting, a treatment plan is written containing the ways and methods to evaluate or assess the situation further, the needed care and rehabilitation in the child's everyday life. It is also agreed on who are the responsible professionals to put into practice the plan and to evaluate the fulfilment of the plan.

Feedback evaluations on the usefulness of the consultation method were collected from the participants; children (n=45), their parents (n=105) and professionals (n=213).

Results

Preliminary results: Consultations were found useful by 91% and hopeful by 84% of parents. Of the 5-13-year-old children 76% thought that conversation was about right things; 64% thought that good decisions were made, and 58% thought it was important to participate on consultation. Of the professionals 94% evaluated the consultation method as useful and 82% thought that common understanding was found. Of the professional 87% found the written plans useful and well allocated.

Conclusions

Consultation team seems to be an useful and welcomed practice in children's mental health networking. Children and families experienced hope and feelings of getting help.

Correlation between professional identity and clinical competency of nurses working at psychiatric wards of hospitals affiliated to Tehran universities of medical sciences

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Background

Clinical competency and factors influencing it, are very important in nursing profession. Competency, self-esteem and self-value come existence through professional identity. Participation and ownership of people in their professional role depends heavily on their professional identity and psychiatric nurses need competency and skills to play their professional roles.

Objectives

Researchers studied correlation between clinical competency and professional identity of the nurses working at psychiatric departments of hospitals affiliated to universities of medical sciences in Tehran.

Methods

This study is a correlational descriptive study. Census method was used for sampling. The sample consisted of 125 nurses working at psychiatric wards of hospitals affiliated to universities of medical sciences in Tehran. Data gathering tool in this study was demographic, clinical competency and professional identity questionnaires. Data analyzed using SPSS software version eighteenth.

Results

91.2 percent of nurses reported their situation of professional identity as good and excellent (47.2 percent good and 44 percent excellent). 78.4 percent of them reported their clinical competency as excellent. The results showed that a correlation exists between professional identity and clinical competency. The correlation coefficient and significance level were 0.32 and 0.00. Professional identity and clinical competency had no relationship with none of the demographic variables.

Conclusion

The results showed that the professional identity and clinical competency of psychiatric nurses had positive correlation. Accordingly, by developing and strengthening professional identity, we can expect the psychiatric nurses to be more efficient in field of clinical competency. The results of this study showed the importance and role of professional identity in increasing levels of clinical competency and it is necessary for the hospitals administrators to consider it.

Short snapshot of mental health problems and stigma among deaf mute people in Kosovo

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Background

Deaf mute person can deal with mental health problems and also with a sense of rejection by society.

Objectives

To estimate level of anxiety, depression, self-esteem among deaf mute people as indicator of mental health and levels of stigma perception regarding psychological help-seeking and being deaf mute.

Methods

Deaf mute persons (N=28) of one special school in Prizren filled out questionnaires (with help of professional sign language interpreter) Zung anxiety scale, CESD-A scale, Rosenberg Self-esteem scale and one adapted questionnaire for stigma perception. In terms of gender 14 were males and 14 females. Regarding age from 20-53 years (Mean=29.25, SD=8.00).

Results

35.7 % of persons resulted with depression, 28.6 % with anxiety, 39.3 % with low self-esteem. All persons admitted to have received psychological / psychiatric care. 46.4 % are satisfied with life. 89.3% feel that they are not understood by the country, 67.9% agree that they are not accepted as friends, 71.4% agree that they are less accepted than other people. Significant negative correlation is found between self-esteem and perceived stigma for acceptance from other people ($r=-.592$, $p=.001$), for employment ($r=-.708$, $p=.000$) and general stigma of being deaf mute person ($r=-.536$, $p=.003$).

Conclusions

High levels of depression and anxiety were found to deaf mute persons. Despite the fact that we have not found significant correlations between mental health problems of deaf mute people and stigma we think that their relationship is more complex and as such should be addressed. Low self-esteem seems to be associated with higher levels of stigma.

Implementation of a Pain Symptom Management Course in a Psychiatric Context

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Background

The mind plays an important role in the onset of the experience of pain and how a person copes with chronic pain. A majority of pain patients also have symptoms of depression or other psychiatric symptoms. Chronic pain combined with psychiatric often creates a stigma, which complicates both offering and receiving treatment. We wanted to find new ways to help this very challenging patient group. We designed a course in multi-professional co-operation in the treatment of patients with psychiatric and chronic pain diagnoses.

Objectives

The aim of the course was to provide the patients tools for their pain management. The main goals were to widen and improve the patients' quality of life and to enable them to live with their pain.

Methods

The enrollment criteria are a psychiatric diagnosis and a pain that challenges or inhibits the patient's daily living. The course lasts for five days and is offered to six patients at a time. Since 2012 until today we have carried out five courses involving a total of 30 participants. During the course the patients are given basic information on chronic pain and how it can be treated and managed. The work methods consist of group activities, lectures and peer support. The core content of each day consists of psycho-educational symptom management discussion groups. The framework used is cognitive psychology. The effectiveness of the course is measured through feedback questionnaires to patients after each course.

Results

Providing valid information in a peer support setting enabled the patients to build confidence in their abilities and opportunities and improved their mood. To facilitate this process and to get through the patients' often strong defences we found it necessary for the tutors to make every effort to enhance the attitude of human to human co-operation as opposed to formal lecturing. We crystallized this into the RELIEF-model, its components being Reflection, (true) Encountering, Listening, Inspiring, Equality and Flexibility.

Conclusions

In the implementation of a course for patients with psychiatric and chronic pain diagnoses it is important that the tutors facilitate a strong bonding from the beginning of the course to enable peer support. The multi-professional approach is essential for each professionals own particular expertise to combine into holistic enough content to catalyze a true change in the way the way that the patient experiences his/her life with pain.

Results from a research programme evaluating protected engagement time in acute and older adult inpatient wards in England

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Background

Protected Engagement Time (PET) places high quality interpersonal relationships between staff and patients at the centre of ward practice by re-organising ward routines so that, during fixed periods, staff focus solely on patient contact and interaction. This approach has been increasingly used in inpatient wards with positive anecdotal feedback. However, to date, there is a very limited body of evidence to support its effectiveness or how it should be implemented in order to achieve the best results. The results of two linked studies will be presented here, which were funded by the National Institute for Health Research (NIHR) in England.

Objectives

The programme of research aimed to identify whether allocating specific times for staff and patient interactions, with boundaries to protect this time from interruptions, had an impact on staff and patient outcomes. The studies also aimed to elicit any need for a specific model for PET to guide implementation, and identify its potential components.

Methods

The studies consisted of four distinct modules: 1) The development of a fidelity scale for PET using concept mapping, 2) Comparison of wards with PET (12 acute and 5 older people) with similar wards where PET is not used (12 acute and 5 older people), 3) In depth case study evaluations of three acute and three older people's PET wards using open-ended interviews with patients, staff and service managers, 4) Two national telephone surveys - one of all acute wards and one of wards for older people in England to map the provision of PET.

Results and conclusions

The findings from the first phase of the research in acute wards were equivocal. We are currently analysing the results from the second phase in older people's wards. Telephone interviews were conducted on 192 acute and 201 older people's wards for the national surveys. 627 staff, 346 patients and 104 relatives participated in the quantitative comparison modules, and 75 qualitative interviews were conducted. The findings from both studies will be presented, focusing on the prevalence of the intervention throughout the country, and the effectiveness in terms of patient satisfaction with treatment, levels of agitation, carer experience and staff burnout. The total time spent with patients on each ward will also be considered when interpreting the results.

A mixed methods evaluation of the impact of a new team of mental health research nurses

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Background

The Clinical Research Network (CRN) is a public body in the UK which provides proportional funding to support recruitment to large scale research studies. The funding is allocated to health care provider organisations and in mental health is generally used to employ research assistants. Whilst research nurses are common in acute care, they are not in mental health. This programme aims to establish a model of practice in mental health research with clear benefits to the host organisation, clinicians, researchers and users of services.

Objectives

Since 2013 Camden and Islington has taken an innovative approach to recruitment to studies in mental health, and has used the CRN funding to employ established clinicians as researchers on secondments or short term contracts. This programme was initiated by the Associate Director for Research and Development in conjunction with the Deputy Director for Nursing and Research. Both believed that it would bring benefits to the organisation and to staff in several areas including provision of robust support to studies, enabling clinical staff to develop research ability and awareness to enrich their practice and improve retention of a skilled workforce. The success of the programme for the group of participant research nurses will be evaluated in terms of academic achievements, grant funding submissions and successes, career decisions, and perceptions of research. A small grant has recently been obtained to carry out an evaluation of the introduction of this new team. This will enable employment of an independent research assistant to conduct interviews with staff, and collect quantitative data in terms of recruitment to studies- before and after implementation of the programme.

Methods

Between 12 and 15 semi-structured interviews will be conducted with a range of stakeholders, including the research nurses, nursing directorate, clinical academics and service users. The interviews will explore the perceived skills, confidence and knowledge of the nurses in a range of research areas, using questionnaires designed for the study. The impact of the programme on the career aspirations, morale, and perceived wellbeing of the nurses who have participated will be explored, as well as their effectiveness in the roles through analysis of recruitment data. The research nurses themselves have been involved in the design of the evaluation, and in developing the interview schedules.

Results

Data will be collected up to August 2015, and results available for presentation by October.

Hope and families in mental health care

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Background

Hope is central to recovery and is a universal phenomenon that is integral to quality of life and health. Research and individual first person accounts of recovery in mental health identify that hope and hope-inspiring relationships are key components of the recovery process. There is however, a multiplicity of conceptual frameworks regarding hope with little agreement about its meaning. Given this and the centrality of hope to mental health recovery it is necessary to clarify the state of knowledge regarding hope in mental health. Additionally up to 70% of people experiencing a mental health problem live with family and are holders of hope for the person experiencing a mental health problem. The focus of this integrative review will be on research regarding hope where families have a member experiencing mental ill health. This exploration is necessary as a recovery approach involving a greater focus on strengths based partnership working with families and supporting them in their own self-care needs to be adopted. To date much of the research on families has primarily focused on caregiver burden and psychosocial interventions. There has been little focus on a recovery and strengths perspective. Moreover, families voices remain largely unheard within the recovery literature.

Objectives

The aim of this integrative review is to describe the current status of research on hope in families within the mental health context. The question that directed the review process was: what studies have explored hope in family members from a mental health perspective?

Methods

Cooper's (1982) guidelines for conducting an integrative review is the framework for this review. 16 studies were reviewed.

Results

Three major themes emerged. These included the process of hope, families' hopes, facilitators of and challenges to hope. conclusions overall the current research regarding hope in family members is in its infancy and is primarily based in a positivist approach which does not fully represent families' voices.

Conclusions

Given the requirement to adopt a recovery oriented, family-centered, partnership, strengths based model of mental health nursing it is now necessary to explore the experience of hope with family members using a more inclusive research approach.

The Nursing Model - Child Neuropsychiatric Unit in Tampere University Hospital, Finland

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Background

The Child Neuropsychiatric Unit provides both out-patient and in-patient services for children with neuropsychiatric problems combined with difficult behavioural problems such as dangerous aggressiveness, self-destruction, eating problems, sexualized and disturbing behaviour. The children in the unit have normal cognitive level. It is important to keep in mind the psychosocial well-being of children who are being treated for neuropsychiatric conditions. In order to treat a neuropsychiatric disorder, the care and rehabilitation has to start from understanding child's different way of thinking.

Objectives

Our objective for this development project was to create more positive and more child perspective nursing skills to our nursing staff. In this project we created our top 10 nursing principles which will be presented at the conference.

Methods

An important mission is to help the children's parents, daycare, school, and network to see the world through the eyes of a child with a neuropsychiatric condition. The better the understanding of the child's situation and their manners, the easier it is to find new problem-solving models for the child. These increase the coping of the child in day-to-day life, at home and school. According to our experience, positive feedback works better than critique with adults as well!

Our aim is to create healthy every day routines, self-control and -knowledge for the children. The care and rehabilitation of children with autism spectrum disorder (ASD) has to be taken to and it should continue where the child lives. Giving out information as a theory alone is not enough. Practically, it has to be adapted in the child's environment. Self-motivation is also needed to change the child's way of acting and it develops best through positive experiences.

Results

Our philosophy is that if you want children to change their behavior, the staff members must first understand what circumstances caused/induced the child's behavior. In a Neuropsychiatric Unit this means also that we need to develop our understanding of the neurocognitive complexities that form children's behavior. Every child wants to succeed if they are able to. Our task is to help children succeed in their everyday life. The goal setting must be realistic and within the reach of children in order to create feelings of accomplishments.

Conclusions

With these 10 nursing principles it is possible to help the child and his/her family in their unique life situation.

Dynamics of emotion regulation strategies in patients with depressive and anxiety disorders

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Background

Depending on the functioning level of emotional regulation mechanisms, their impact on human activity can be helpful to achieve individual goals (adaptive and functional emotion regulation). However, maladaptive emotion regulation can be destructive for the same. The difficulties associated with adaptive and functional regulation of emotions are characteristic for most mental disorders. Emotional acceptance on the one hand (adaptive emotion regulation strategy) and emotional suppression (maladaptive emotion regulation strategy) on the other hand, have been the most frequently investigated emotion regulation strategies in recent years. The presented work demonstrates the dynamics of the emotion regulation, separately for negative and positive emotions.

Objectives

The aim was to investigate the emotion regulation dynamics (change of acceptance and suppression of negative and positive emotions) during the course of illness in the group of patients with depressive and anxiety disorders.

Methods

The research was conducted as a longitudinal, clinical study in the German Clinic for Psychiatry and Psychotherapy Bethel in Bielefeld. The subjects were 76 patients with psychiatric disorders (depressive disorders: n=56, and anxiety disorders: n=20; ICD-10) and 29 healthy controls. The Beck-Depression-Inventory (BDI II) and the State-Trait-Anxiety-Inventory (STAI) were used to assess the depressive-anxiety symptoms of the subjects. Emotion regulation of negative and positive emotions were assessed by means of Emotion Acceptance Questionnaire (EAQ). The level of symptoms and emotion regulation were measured at the begin (T1) and at the end (T2) of the inpatient treatment in both clinical groups and after about eight weeks in the control group.

Results

For the clinical groups there were significant differences in both, level of symptoms and the emotion regulation strategies at the beginning (T1) and at the end (T2) of treatment. Patients reported more depressive-anxiety symptoms and reduced acceptance of positive and negative emotions than controls. They also suppressed emotions more intensively than controls. In addition, there were some significant differences in the emotion regulation between both clinical groups.

Conclusions

The higher suppression and the lower acceptance of positive and negative emotions is related to the psychopathology of patients. Emotion regulation appears to be less adaptive in patients than in controls. However, the analysis of the emotion regulation dynamics showed a significant improvement over the course of treatment.

'Back of the net' – the role sport has to play in promoting mental wellbeing

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Background

The need for resilience in combating mental health is well recognised. How to promote this within communities is more difficult to determine. Sporting activities are central to most communities and are accessed by most people along their life continuum. Although sport and mental health and illness has been written about, this presentation will address what the literature as a whole has to say about how sport can improve the mental wellbeing of people of all ages.

Objectives

The objective of this presentation is to draw comparisons between participation in sport and mental wellbeing.

Methods

A literature review of peer reviewed papers written about sport and mental health/illness from 2005/2015 were analysed. Key findings were reduced and categorised within themes that emerged as the review progressed.

Results

Findings centre on three main areas. First, the important role sports coaches have in promoting mental health and wellbeing and in identifying early signs of mental distress. However, despite being well placed to make an impact on people's mental wellbeing not all sports coaches are informed enough or feel confident enough dealing with this area. Second, sport at school can be a protective barrier for young people. Although most school sports programmes exist in isolation more could be done to make them part of an overall public health programme. Third, sport and exercise has a role to play in helping people recover from mental distress.

Conclusions

Taking part in sporting activities is something people are exposed to somewhere along the life span. Engaging with sport at school has the potential to protect young people by opening them to interacting and participating with others. For this to happen coaches who are attuned to the mental wellbeing needs of younger people are needed. For this to happen there is a need for coaches to be trained in this area. Finally, sport has the potential to positively effect a person suffering mental distress be that a recognised mental illness or non clinical forms of distress.

Transformation of mental health policy

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Background

Mental health issues become more and more important on European and global level. European Union and World Health Organization are advocating for more political attention and state action efforts to be put into mental health. Topic of mental health is broadening. A shift in thinking about mental health is happening, moving away from preoccupation only with illness and toward discovery of the potential found in promoting positive mental health and preventing illness. Accordingly, mental health policy also goes through transformation. It is widening in scope to respond to new needs and to achieve new aims connected to mental health.

Objectives

Goal of the paper is to map the content and the scope of this new, broader mental health policy.

Methods

To achieve this goal we use document analysis – coding of international documents that proscribe what contemporary, modern mental health policy with this holistic view of mental health should contain. We detect what societal problems, what policy goals and what sectors constitute new mental health policy.

Results

Our main finding is that mental health policy becomes a multisectoral policy. That means that it spreads throughout more classical governmental sectors. It is combining dealing with positive mental health for all, mental disorders prevention, mental disorder treatment, its social consequences, and human rights issues, through health policy, public health policy, child and youth policy, mental health promotion policy, several social policies and human rights policies. All parts are interconnected and interdependent.

Conclusions

As causes of mental health conditions are so complex, as mental and somatic health are so intervened, and as social determinants of mental health are crucial, multisectoral approach today seems unavoidable. Therefore we conclude that this holistic approach should guide reforms of mental health policy on national level in European countries.

The acht•SAM©-Concept

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Background

Aggression and violence is a major problem in psychiatric mental health workplaces. Consequences include injury, post-traumatic stress disorder and decreased morale and motivation. It generates a need for effective intervention programs.

Methods

The „acht•SAM©“-Concept is separated in two units. Each unit takes two days. The courses include experience-orientated and cost-optimized training-modules. The model of the “AggressionsAcht©” is an understandable illustration and a practical solution to recognize, understand, describe and cope with processes of aggression. It bundles classical psychological theories for aggression and violence, is a unique interface between theory and practice and is suitable for a wide audience. SAM© (Systemic Aggression-Management) includes simple and sustainable tools of motivation- and conflict resolution rudiments for individual and social health- and potential development. It is working relationship-orientated, attending and resource-orientated.

Results

The „acht•SAM©-Concept“ qualifies professionals to distinguish constructive from destructive aggression. The examination with challenging behavior contains the learning and realignment of the own attitude. Attitude matters.

The art and science of Need-Adapted-Approach – Finnish model of family therapy

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Background

The Need-Adapted Approach is a development of psychiatric treatment and care where the patients' family members and members of the patients' social network participate in the treatment process, and has been developed in Finland over several decades for psychiatric public health settings

Objectives

The Need-Adapted Approach emphasises early family-centred intervention, the planning of treatment to meet the changing and case-specific needs of each patient and family, the adoption of a therapeutic attitude in both examination and treatment, and horizontal expertise, which emphasises the expertise of all participants in the treatment process

Methods

This presentation is based on theoretical aspects and research done during several years. During the workshop, the model and its principles shall be presented and discussed. The main aim with the workshop is to find out how this model can be a model for psychiatric and mental health nurses in their work with serious mental health and social problems.

Results

Recent research has shown that the model has several more aspects which increase experience of trust among patients and their family members than traditional treatment and care.

Conclusions

Nurses within psychiatric treatment and care should always have an orientation that makes the patients' human environment a natural part for co-operation. Nurse personnel should be aware of their own thoughts during the treatment process, and be willing to change them. Nurses should pay attention to the routines and rituals in their work. If routines and rituals begin to guide them in their work, innovative and creative treatment and care become difficult. It is recommended that in the treatment and care of patients with psychosis or schizophrenia the relations between patients and their relatives should be considered as forming the base for further treatment and care.

From despair to understanding – turning the experience of having a family member with a mental illness into a resource

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Background

The family members of persons with mental illness, according to research, do not receive enough support or information on mental disorders from the public health care. When measured with a DEPS-test, 48 % of family members of persons with mental illness are at risk of falling into depression. The family members are often puzzled by the changes in the patient and do not know how to support them. The National Family Association promoting Mental Health in Finland (FINFAMI) supports persons when their family member comes down with mental illness. The collaboration project, "Peer supporter – help and support in mental health and substance abuse services", continues up to the end of 2016. The project provides support and help for family members at psychiatric hospitals, and as a new expansion at public health care and social services. The main goal of the project is to instill peer support into the structures of health care and social work. The Project is funded by Finland's Slot Machine Association (RAY).

Objectives

The aim of this presentation is 1) to describe the process of the peer supporter from care recipient to care giver 2) to argue for the benefits of using peer support alongside professional help in the therapeutic intervention.

Methods

Advice and discussion was provided by the peer supporter–professional team in psychiatric hospitals. During these encounters project workers observed and collected feedback from both the family members as well as peer supporters.

Results

During the years 2012–2014 a total of 100 peer–professional team discussions took place. Peer supporter had a crucial role in helping family members to regain hope despite their difficult situation. Peer supporter could reflect on the experiences of the family member based on similar experience. Project worker was responsible for professional help and guidance.

Conclusions

To conclude, we believe that it is essential to increase the cooperation between professionals, peer supporters and family members within the health and social care system. The professionals need to recognize family members as independent needers of support, not only as a care provider for the patient. The experiential knowledge and experience of the family members should be acknowledged and utilized in the psychiatric care. Based on this collaborative project, the peer–professional team discussions can empower family members and lower the threshold of interaction with professionals in psychiatric care. The challenge is to further develop peer supporter–professional teamwork methods

Co-production in Secure Forensic Settings

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Background

Secure facilities – hospitals and clinics that provide treatment to patients with severe mental illness and a degree of 'dangerousness' to themselves or others- balance therapy with the duty to maintain the safety of patients, staff and the general public. This requires staff to maintain the various types of security in that environment. In these circumstances this level of control, including restricting a patients access to information about their risk and therefore the rationale for limiting freedoms, contributes to 'people pleasing'/strategic accommodation. Co-production, in contrast, may be a means to develop qualified trust between professionals and patients, support autonomy and to transfer power- in the form of knowledge and understanding- to and from both parties. The establishment of 'talking groups' -a one hour per week open forum that is attended by staff and patients on an equalised- but not equal- basis; with no compulsion to attend, no assessment of behaviour and no tariff for not attending; suggests that the coproduced nature of the group has enabled treatment resistant patients to engage in a humanized relationship with the staff who attend. An evaluation of the impact of the talking groups on the wider hospital, particularly the levels of violence, is ongoing.

Objectives

To describe the output from a literature review looking at the contradictions between generating a positive therapeutic relationship with patients with the need to protect the safety of other patients, staff and the public. This paper examines the potential to use co-production- specifically an exchange of knowledge, conditional power and trust- to enhance the therapeutic alliance between staff and patients and to provide a concrete structure upon which to base relational security approaches.

Methods

Literature review and qualitative interviews (ongoing).

Results

There appears to be qualitative benefits in using co-productive approaches with patients in secure settings, supported by anecdotal evidence that it results in better treatment engagement and a reduction in violence.

Conclusions

Co-production could be used effectively in these environments.

Minor physical abnormalities in early onset schizophrenia and other adolescent psychiatric disorders as an indicator of neurodevelopmental etiological component

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Background

Minor physical abnormalities (MPA) are discrete dysmorphic features associated with no or little functional consequences. As most MPA develop during the first gestational trimester and are associated with ectodermal structures (skin) it is suggested that MPA are valuable indices of disturbances of early brain development. Early onset schizophrenia is often considered a more severe form of the disorder with strong neurodevelopmental component.

Objectives

Assessment of frequency of MPA and their association with clinical parameters in adolescent patients with EOS and other psychiatric disorders.

Method

One hundred seven patients hospitalized in the child and adolescent unit (mean age 16.5 ± 2.1 years) were recruited. Twenty two had schizophrenia spectrum diagnosis (SSD, F20-F29) while 13 the core early onset schizophrenia diagnosis (EOS, F20). MPA were assessed with the Waldrop Scale, mental state with Brief Psychiatric Rating Scale (BPRS), Eating Attitude Test (EAT-26) and Clinical Global Impression Scale (CGI) and Child Global Assessment Scale (CGAS). Twenty five age-matched healthy controls were also recruited.

Results

In the patient group more MPA were observed than in controls. Significant differences were observed when the schizophrenia spectrum and the core schizophrenia patients were compared to other patients. In the patient group the number of MPA correlated with severity of psychopathology and lower level of functioning.

Conclusion

The results suggest that MPA may be a psychiatric disorders risk indicator not only in EOS, but also in other adolescent onset psychiatric conditions. However, the specific significance of MPA in schizophrenia spectrum was confirmed.

Establishing the psychometric properties of I.ROC for use across Europe: a tool to measure personal recovery outcomes

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Background

The Individual Recovery Outcomes Counter (I.ROC) is a 12-item individual level recovery questionnaire designed by mental health providers in consultation with people using community mental health services in Scotland. Initial psychometric testing demonstrates I.ROC has good validity, reliability, and usability.

Objectives

I.ROC is now used within a number of organisations across Europe, and the expanding use of the tool highlights the need for further validity testing. Two studies investigated the convergent validity of I.ROC with measures of key elements of recovery, and assessed the test-retest reliability of the measure.

Methods

A total of 405 individuals participated in two studies to assess the concurrent validity and the test-retest reliability of I.ROC. In study one, participants completed I.ROC alongside six measures of recovery-related components (e.g. hope; empowerment). In study two, participants completed I.ROC at two time points approximately one week apart, alongside the General Health Questionnaire. Results at the two time points were compared. Both studies used I.ROC alongside the General Health Questionnaire and scores on these two measures were collapsed across studies to explore threshold values of GHQ and their relationship to I.ROC total scores.

Results

Study one showed that I.ROC total scores correlated significantly with scores on measures of hope, empowerment, community living skills, wellbeing and self-esteem. The I.ROC question entitled Exercise & Activity correlated significantly with a measure of physical activity. Study two demonstrated that I.ROC scores do not differ significantly over a short period of time (mean time 8 days). I.ROC total scores and scores for individual questions at both Time 1 and Time 2 was significantly correlated, with zero variation in total means and equal distribution of scores at both time points. I.ROC scores for the combined sample were significantly lower for people scoring above the GHQ-28 threshold for current psychiatric ailment.

Conclusions

These studies provide further support for the use of I.ROC as a valid and reliable measure of recovery. More testing is needed to establish validity for specific populations. Studies are now underway to validate Dutch and Spanish versions of I.ROC, and these will be discussed.

Engaging Undergraduate Mental Health Nursing Students in Recovery Orientated Practice through Service User Involvement

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Background

In Ireland evidence of a discursive shift towards greater service user involvement is apparent. In line with international trends, Irish mental health policy directives called for the involvement of service users in professional education programmes.

Objectives

The aim of the current study was to establish the extent, and examine the perceived effect of service user involvement in undergraduate mental health nurse education in the Republic of Ireland. The objectives were to: (1) establish the national extent of service user involvement in the education of undergraduate mental health nurses; (2) examine students' experiences of service user involvement in their education; and (3) examine service users' experiences of being involved in undergraduate mental health nurse education

Methods

The current study adopted a two phased sequential mixed methods design. In phase one a national survey was conducted with all 12 Departments of Nursing in all educational institutions in the Republic of Ireland to establish the national extent of service user involvement. In phase two semi-structured interviews were conducted with 18 students and four service users to explore their experiences of service user involvement.

Results

The findings from the national survey showed that the extent of service user involvement in Irish undergraduate mental health nursing programmes varies to a large degree. The key qualitative findings indicated that the experience of service user involvement shifted the students' focus away from the constraints imposed by a diagnosis, instead recognising the service user as a person with a wealth of experiential knowledge. The integration of both data sets indicated that the experience of service user involvement influenced the students to adopt a more recovery orientated approach to practice.

Conclusions

This study highlights that service user involvement in undergraduate mental health nurse education has the potential to be an influential factor in student's ability to adopt a recovery orientated approach to clinical practice. The current study indicates how the vision for recovery orientated practices could potentially be achieved through the involvement of service users in professional education.

Using games as a teaching tool to improve care planning

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Background

Our initial study; a qualitative descriptive study, informed by a phenomenological approach was designed to examine the perceptions of a group of mental health student nurses (from a range of community and ward clinical mental health placements) and their observations and perceptions of practice in relation to care planning. Our study revealed key themes around service user care plans being 'problem focused' and not 'solution or Recovery focused'. A follow up analysis of the data revealed a subsequent theme cluster around the 'professional language' that exists amongst mental health professionals that consists largely of jargon, clichés and generic terminology. The students acknowledged that a collaborative care plan should use service user language. However, they commented that by doing so, it would look unprofessional to other agencies. The findings from the study suggests a dichotomy between the service users own expression of their mental health issues and how that is then translated by the health professionals. The use of clinical clichés and what the authors describe as 'professional snobbery' seemed commonplace in the practice areas.

Methods

To understand this phenomenon further, a series of educational events on care planning took place, during which health professionals were invited to catalogue their own professional terminologies. The sessions took place in a variety of practice areas with a range of health professionals. We subsequently examined the 'clinical clichés' and developed a teaching and learning resource that hopes to raise awareness of the previously mentioned 'professional translation service' that dominates the clinical care plans and one which serves to engage the learner in practice-reflection. By utilising a model such as Kolb's (1984) reflective cycle, it is envisaged that the resource will promote the aims of the CPA and ultimately embed the service user Recovery Approach and person centred care.

Results

The resource is essentially a gridded board game that can be utilised with teams of health professionals, students and or service users. Adult learners prefer education that is relevant and practical and reflects real life practice and the utility of games as a valuable teaching and learning resource is well accepted within the wider educational literature. The game 'health cliché bingo' (CLINGO) developed by the authors can be facilitated by a person skilled in reflective practice.

Students' experiences of collaboration in a state funded mental health and substance abuse development project

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Background

Learning by Developing (LbD) model is based on studying in real working life projects. These projects form an integral part of the students' competence development at Laurea University of Applied Sciences. Learning is related to development projects that are genuinely rooted in the world of work. In the autumn of 2013, 16 students of the Bachelor Degree Programmes in Nursing and Social Services took part in a mental health and substance abuse development project called "Key to the mind" as a part of their studies

Objectives

The aim of this study is to describe the students' experiences of multi-professional collaboration in the project work.

Methods

The students (N=16) were involved in the project as a part of their study units called "Welfare Services in Mental Health Care" and "Social Influence and Social Ethics". The students' experiences of the project work were collected using a feedback questionnaire. Thematic analysis was used as a method in interpreting the results.

Results

The results are based on the students' experiences of the multi-professional project work. The chance to act as developers in this genuine development project supported the students' professional competence development. By working in a project environment, the students improved their interaction and cooperation skills and were able to benefit from the knowledge of various professional groups. Multi-professional collaboration gave the students more knowledge and experience of mental health services in the city of Vantaa and provided a way to achieve concrete development skills.

Conclusions

All students benefitted from the multi-professional collaboration in the project. The LbD model helped to develop the students' abilities to respond to future challenges in developing customer oriented mental health services. Integration of multi-professional project work into the study units produced new expertise, skills and innovations for all participants.

The meaning of group intervention from the perspective of adolescents with severe neuropsychiatric disorders

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Background

There is a lack of knowledge about how adolescents experience interventions provided in adolescent psychiatry. According to the national guidelines service user involvement should be increased in adolescent mental health services. It is especially important that a vulnerable patient group, such as adolescents with neuropsychiatric disorders, is given a voice.

In developing the practice of group intervention in the adolescent psychiatry rehabilitation unit with a multi-professional team was necessary also to hear adolescents' views on the issues they found meaningful in the group practice without interfering with their individual rehabilitation processes or the content of the group in any way.

Objectives

The purpose of the study was to ascertain the meaningful factors of a group intervention in adolescent psychiatric rehabilitation from the adolescents' point of view.

Methods

First, the data were gathered from adolescents with severe neuropsychiatric disorders (N=5) by a group interview in the rehabilitation unit. The adolescents in the rehabilitation unit groups were about 17 years old and participated in the interview on a voluntary basis. Second, the multi-professional group of six persons from the rehabilitation unit assembled twice on a voluntary basis. In cooperation they prepared a description of the current state of group practice and a new description of the group practice that was meaningful from the adolescent's perspectives. The data were recorded, transcribed and analyzed by inductive content analysis.

Results

Adolescents with neuropsychiatric disorders reported that the meaningful factors in the group practice were: 1) versatile information dissemination, 2) better awareness and 3) cooperation with family or significant others, 4) client centredness including good opportunities to influence the group activities and 5) the need for security in the group.

Conclusions

Interestingly, adolescents highlighted meaningful factors quite similar to those to be found in the literature. Strengthening service users' involvement is very useful when developing practices and planning new interventions in adolescent psychiatry. There is a need to more research on what adolescents' experiences can contribute to the development of adolescent psychiatric care and rehabilitation.

Aspects that influence nurses' leadership who are working in psychiatric care

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Background

In psychiatric care different kind of team interacts where nurses' leadership affected / affects various group processes. Advanced nurses, targeting mental health services have a responsibility while nurses at undergraduate level performing leadership based on their willingness and ability. Lack of knowledge is what aspects affecting nurses' leadership in psychiatric care.

Objectives

The purpose of this structured literature review is to describe aspects that influence nurses' leadership working in psychiatric care.

Method

The method systematic literature review with a qualitative design was used and the analysis process consisted of thematic analysis. The result from the articles was based on qualitative and quantitative methods.

Results

Six theme and six category emerged; Organizational structure and its influence of the implementation process and communication. Caring culture where supportive leadership and managers of importance for nursing leadership. Clarification of the own Health careers roles, stated mandate impact. Cooperative relationships became visible through different roles in the team. Experience, emerged in the form of interpretation of the care situations and moral stress and its importance for leadership. Education influenced further development and inter alia of the influence of various training and educational levels.

Conclusions

The theoretical point Caritative leadership made it visible se nursing leadership in the importance of the five theses. Caritative leadership was used in relation to the five theses, human, caritas motive, dignity, measurement and meaning in health care, and relationship to the caring culture which clarified how the leadership of psychiatric nurses in psychiatric care can be supported within caring organizations. The results indicate an unexplored field regarding nurses' leadership and where several aspects may be of importance for future research in leadership for nurses working in mental health care regardless of their education level.

Just Look at me. Recovery in Images.

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Bogert, Guido, photographer

Background

We asked a professional photographer to portray people with a mental health disorder who are dependent on care and support. The photographs show us images of how they engage in recovery.

Methods

We developed a method that has been based on the inventory of strengths. However, we did not depart from first making an inventory of strengths, but considered this as an outcome of our efforts. First we intend to create an experience that proceeds from a meeting between the caregiver and the client in their shared search for sources of strengths. When the journey is undertaken and the travelling companions are on the road then there may be a moment that they feel the need for making a stop and reflect on what we they have experienced so far and see if the experience inspires the client to wish for follow up activities and may-be even formulate goals to realize them. The client takes direction here and the caregiver follows. His role is to create conditions. One of the conditions is to make visible what happens. On crucial moments photographs are made. In the project the photographs are made by a professional photographer. However, this may also be done by the caregiver himself or by an amateur-photographer who works as a volunteer or by the client himself. Together the photographs make a story that shows where someone comes from, what journey was undertaken (activities) and where the journey led the client. This is a report with images that may function as a baken for the client and that reminds him of his journey and will stimulate further reflection on the things that are important in life.

Objectives

Visualising an activity in the context of recovery will promote expression and ownership. Some of the more expressive images- those invested with pride for instance- may become mental icons that linger on in the mind. In this way they function as reminders that invite clients to follow up the intention associated with the photographed action. They then may become scripts for further recovery.

Results

Did the recovery activity effect a change with the client? Did the contact with caregivers or relatives improve? Not necessarily the gain is increased activity or a larger participation in social roles. May-be the most important benefit is that some client develop a larger self-esteem or found renewed strength to face life. The project also aims at making caregivers more sensitive to an agenda of recovery and provide them with a method to realize recovery oriented care.

Encounter with people affected by recent onset psychosis

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Background

A psychosis brings a lost sense of reality and generates a high risk of impaired quality of life with great suffering. Research shows that early intervention can prevent a disadvantageous health course whilst seldom generates knowledge regarding nursing as such. The nurse patient relationship is essential but often complicated by lack of trust due to symptoms such as strong delusions and anxiety.

Objectives

To describe how staff can create a care process promoting relationship with persons affected by recent-onset psychosis at an inpatient ward.

Methods

Systematic literature review based on fifteen articles with a qualitative perspective. A qualitative meta-summary was chosen as method for synthesizing and analyzing the findings.

Results

The results show that the focus of the caring relationship may be on gaining trust at an early stage. As the patient gains trust in the surrounding environment the need for support from staff increases. Problem solving, together with staff, becomes more appreciated as symptoms fade away. Staff who are accessible, friendly, knowledgeable, clear, empathetic, flexible with a positive attitude are beneficial in creating a healthy process of promoting nursing.

Conclusions

Optimal nurse patient relationships interacts around goals and health process promotion interventions where staff supports the patients' choices with the use of knowledge, encouragement and positive feedback. Getting the patient to accept their situation, making them realize that life may never be the same, leading them onto new realistic paths inspiring courage and hope, can be one of the staff's greatest challenges.

Immigrant women's mental health and coping

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Background

Immigrant women are less likely to use primary health care services for mental health problems than non-immigrant women. It is not clear if this is due to different needs or to particular challenges associated with using the health system.

Objectives

The aim of the study is to consider immigrant Filipina women's understanding and experiences of mental health problems, coping strategies and the circumstances under which they might seek professional help.

Methods

Semi-structured qualitative interviews were conducted with 15 immigrant women from the Philippines. Women were asked about health care experiences in Norway, cultural ideas about mental health problems and the experience of stress / depression. Interpretative phenomenological analyses are used to analyse the data.

Results

Initial impressions of the data suggest that many of the women do not see a GP as a relevant source of help, even among those who report having experienced depression or anxiety. They report that mental health services are not widely available in their home country. Strong family support networks, friend groups and religion are considered important sources of support.

Conclusions

The analyses have not yet been completed so no formal conclusions can be drawn. This will be available at the conference.

Trying to demystify the caring of Anorexia Nervosa - through knowledge and structure from inpatient to outpatient care

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Background

Current evidence based treatment for Eating Disorders show that staying in touch with the patient's family members, social network and normal daily activities are foundations for good patient care. This was done in Helsinki University Hospital between the years 2007 and 2015 by orientating treatments from inpatient towards outpatient care. Simultaneously, change of old structures to new modern ways of treating Eating Disorders, was implemented.

Objectives

To describe the process of change in the treatment of Eating Disorders from inpatient focused care to outpatient care and how this process affected the treatment of eating Disorders in Helsinki University Hospital.

Methods

Focus was on increasing knowledge on evidence based care in the multiprofessional team. Lots of knowledge through lectures and workshops and international conferences was offered to the whole staff. Education concentrated both on family based treatments, and cognitive behavioral therapy used in individual and group treatments. A crucial point was that the treatment was streamlined, transparent and patient centered. Concentration was on providing help for the patient's symptoms immediately, and focusing on one identified treatment at time. If this did not work, a substitute treatment was found quickly. Central points of focus were on eating, on weight and on nutritional wellbeing. Focus was as well on offering alternative methods of coping with anxiety, both for the patient and for the whole family. Attention was given to leadership in form of transformative and knowledge based leadership.

Results

Today the care in the Eating Disorder Clinic is structured and based on knowledge. When the patient or his or her family comes to treatment they are offered different evidence based treatment, i.e. individual cognitive behavioral therapy or family based treatment. If this care is not sufficient patients will be able to receive care in a daycare ward or in an inpatient ward. If treatment is prolonged, patients will be offered a stay up to one year in an inpatient ward. Another result was that inpatient ward beds were unused and moreover 10 vacancies were used for other purpose.

Conclusions

Providing education and knowledge combined with a clear structure made the foundation for good and effective patient centered care.

Black African Service Users (BASUs) Experience of the Recovery Approach in Mental Health Provision in England

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Background

Broadly speaking, the literature on mental health recovery describes the concept as a complex and idiosyncratic process that is difficult to conceptualise. In spite of its intrinsic individualised meanings, recovery has been adopted and operationalised by many national mental health service providers. There is also increased recognition about the importance of giving voice and developing an equal partnership with service users. Consequently, individuals in many developed countries who are personally affected by mental health problems have become increasingly vocal about their recovery. However, far too little attention has been paid to the voices of people from Africa who are living in England and experiencing mental health problems.

Objectives

This study focuses on the experiences of Black African Service Users (BASUs) utilising mental health services in England, with particular attention to their experiences of recovery from mental health problems.

Methods

This qualitative inquiry draws from Interpretative Phenomenological Analysis in its methodological approach to explore the lived experiences of 12 BASUs living in England. Semi-structured interviews were used to collect the participants' accounts of their experiences. Interviews were recorded, transcribed, and analysed using an idiographic approach.

Results

The analysis provides rich and captivating insights into the complexity of BASUs subjective experiences of recovery from mental health problems in England. Though the participants described shared unpleasant emotional, psychological, functional, and socio-cultural distresses as representing significant challenges to their mental health and recovery, most also expressed positive experiences with the English mental health care system. This generally contradicts what is reported in the literature. Furthermore, most BASUs contextualised the main impetus of their recovery to spirituality and their socio-cultural backgrounds.

Conclusions

Culture overwhelmingly intermediated BASUs recovery from mental health problems, but their experiences are not unique from other service users who come from different cultural backgrounds.

An evaluation of the use of the Brøset Violence Checklist on violence and burnout in an adult mental health inpatient unit

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Haddad, Mark, Dr, Senior Lecturer, City University, London, UK

Background

Acute inpatient mental health services are demanding environments: recipients of care have complex needs and challenging behaviours. Violence and its threat are particularly prevalent in mental health settings, and have serious damaging effects on staff morale and performance as well as patients' experiences of care. One important way that containment and conflict can be reduced is by systematic use of evidence-based assessment and management procedures. The Brøset Violence Checklist (BVC) (Woods and Almvik 2002) is structured risk assessment which has demonstrated good reliability and predictive validity as a short-term predictor of violence.

Objectives

To evaluate the acceptability, feasibility and effects of a novel adaptation of the BVC on violence and staff burnout through a pilot within a mental health unit in South Wales, UK.

Methods

The project sought to robustly evaluate this intervention using a stepped wedge design which provided a balance of feasibility and experimental rigour. Three wards were randomly allocated to sequentially receive the intervention over a 9 month period. The intervention centred on coaching and monitoring the ward teams in systematically reviewing newly admitted patients using a novel adaptation of the Brøset checklist. Patients were assessed twice a day for the first three days of their stay. The tool guided staff to assess for the presence of 6 behaviours strongly associated with impending violence. Nursing staff then determined the level of risk and appropriate action from a list provided on the risk assessment tool. Routine service data was collated and compared across wards to evaluate the change; additionally a self-report measure of staff burnout and staff interviews of acceptability and understanding of the clinical practice development were collected.

Results

The clinical intervention proved to be feasible, acceptable, and sustainable in each setting. Positive changes in burnout were observed in particular significant changes in professional efficacy however meaningful clinical changes in violence were not seen. We were able to identify changes in a range of process variables that appear to have an important relationship to the key outcome.

Conclusions

This project has addressed an area of key importance for mental health practice, and extended understanding about addressing the problem of risk in inpatient settings. The intervention tested appears acceptable and feasible and its use was associated with improvements in practice and burnout.

A quasi-experimental study into the efficacy of early screening by nurses on medication-induced movement disorders

van Veenendaal, Marlinde, Master advanced nurse practice, in training GGZ Drenthe, Netherlands

Background

Since 2000 there has been a steep increase in the use of antipsychotics. One of the most common side effects of antipsychotics are movement disorders. Early studies showed that inadequate screening could lead to missed or incorrect diagnoses.

Objectives

Examining the efficacy of early screening by nurses for medication induced movement disorders.

Methods

In 2013 and 2014, 181 psychiatric patients were divided into an experimental group and a control group. Medication induced movement disorders were diagnosed by a psychiatrist in both groups. In the experimental group, patients were first screened by nurses. A retrospective file study compared the numbers of medication induced movement disorders diagnosed in the experimental group and the control group.

Results

A trend was found indicating a slightly larger number of medication induced movement disorders diagnosed in the experimental group. The difference was not statistically significant, presumably because of the low prevalence of medication induced movement disorders,

Conclusions

Although the efficacy of the instrument could not be demonstrated, nurses found the use of the instrument useful because their clinical judgement was more supported. Given the low prevalence of medication induced movement disorders, further research on screening methods is necessary.

Lived Expertise Transforming Suicide Prevention

Vega, Eduardo, CEO/Principal Investigator, Center for Dignity, Recovery and Empowerment, USA

Lezine, DeQuince, PhD, Director, INHOPES Institute, Center for Dignity, Recovery and Empowerment

Draper, John, Ph.D., Director, National Suicide Prevention Lifeline

Background

Suicide is the most devastating outcome of psychological stress, mental illness and social isolation. Suicide is avoided as a topic or reacted to with extremely coercive approaches in mental health and social contexts as well. Suicide prevention is only recently beginning to actively include the experience of people who have lived through suicidal experiences. Yet there is great potential to reduce suicide by providing innovative supports to people who have lived through a suicidal crisis, and also engaging those individuals as messengers of hope for prevention in local communities. New programs and practices driven by this lived expertise are promising in their ability to bridge recovery, self-help and peer support while supporting mental health in destigmatized contexts. The US National Action Alliance for Suicide Prevention (Action Alliance) Suicide Attempt Survivors Task Force brought together leaders from across the US to consider suicide prevention efforts and initiatives from the perspective who lived through a suicidal experience, including suicide prevention research and policy experts with such experience.

Objectives

The goal of the Task Force was to engage participatory research in the development of a guidance for multiple system stakeholders in suicide prevention to: Reduce suicidal intensity, attempts and deaths; Employ those with lived experience of suicide in messaging, systems and social change (stigma reduction) around the topic of suicide and crisis, and Advance the integration of lived experience at organizational and structural levels in the suicide prevention and mental health.

Methods

A structural public health framework based on the US National Strategy on Suicide Prevention was employed, along with a user (lived experience) values framework based in the mental health recovery model. Over 26 months, participatory research methods were employed to develop original resource materials. In addition content was reviewed by internal task force and external experts for quality, accuracy and utility.

Results

The Way Forward: Pathways to hope, recovery, and wellness with insights from lived experience includes in-depth recommendations for suicide prevention from the perspective of persons who survived a suicidal crisis in seven (7) areas and (3) domains (policy, programs, practices).

Conclusions

This coalescence of knowledge from personal and professional spheres can be described as lived expertise. If implemented, TWF recommendations will substantively reduce risk factors for suicide and enhance hope and recovery.

Mental health promotion in school environment: evaluation of interventions

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Onnela, Anna, MnSc, RN, City of Oulu Social and health services; University of Oulu, department of clinical medicine (child psychiatry).

Background

Mental health promotion is about enhancing positive emotion and optimal functioning. Health is not only the absence of illness but rather means to harness resources of individuals and societies and the factors that make life good. Mental health promotion enhances personal abilities to achieve good self-esteem, wellbeing and social inclusion.

Objectives and methods

A mental health promotion intervention model was developed by multiprofessional cooperation in Oulu, Finland during 2011-2013. Participatory action research was used in the development process. All interventions are delivered within the school setting, which is a universal setting for all school-aged children. All interventions share the common goal of promoting mental health. One intervention chosen for the study was "Fiilisralli", which is designed for 7-12 year-old students. It includes eight checkpoints, each featuring a different theme. Students complete the checkpoints in small groups. The themes of the checkpoints are: friendship, feelings, tolerance, bullying, my strengths, sleep, activity and nutrition. Another intervention was a classroom intervention with the goal of improving classroom atmosphere. Data consisted of questionnaire and essays.

Results

Conclusions

"Fiilisralli" had positive effects on mental health promotion. It increased knowledge on mental health and effects of mental health in the lives of school children. According to the essays, the impacts of change are shared rules, positive school atmosphere and communality, peace for studying and good team spirit and taking others into consideration. However there are challenges to be met before mental health promotion is consistently practiced in schools. Development of shared understanding in professional working life in mental health promotion is needed.

Core competencies of forensic nursing in Finland

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Tenkanen, Helena, RN, MSc. Department of Forensic Psychiatry, University of East Finland

Tiihonen, Jari, MD, PhD. Department of Forensic Psychiatry, University of East Finland

Repo-Tiihonen, Eila, MD, PhD. Department of Forensic Psychiatry, University of East Finland

Kinnunen, Juha, PhD, Department of Health Policy and Management, University of East Finland

Background

The importance of core competencies (CC) and their relationship to core interventions in clinical practice guidelines on schizophrenia (CPGS), and the abilities to master these competencies were studied.

Objectives

The research was made among registered nurses (RN) and practical mental nurses (PMN) in a forensic psychiatric setting.

Methods

Data were collected from RNs, PMNs, and managers of all five forensic psychiatric facilities in Finland. The research material was obtained by using a 360-degree feedback method.

Results

The response rate was 68% (N = 428). The differences between the nurse groups were statistically significant ($p \leq 0.05$) regarding the importance of and ability to master the following CCs: (1) pharmacotherapy, (2) knowledge in forensic psychiatry and violent behavior, (3) the treatment of violent patients, (4) processing patient's and own emotion, and (5) need adapted treatment of the patient. Overall, RNs exceeded PMNs in mastering the CCs, however the principles of the CPGS were not achieved within the current resources in Finland.

Conclusions

The RNs, rather than PMNs, should be recruited for work in forensic psychiatric nursing, although a considerable amount of specific training would still be required to achieve competence. Implications of our research indicate that all nurses working in this area need to receive further education in forensic psychiatry and in forensic psychiatric nursing.

ReAttach a new schematherapy for adults and children?

Weerkamp-Bartholomeus, Paula, ReAttach, The Netherlands

Background

Young's Schema Therapy (ST) has become widespread among practitioners that work with adults with maladaptive functioning such as patients with personality disorders or post-traumatic stress. This therapy focuses on identifying and adapting early maladaptive schemas that form the base of personality pathology. In a budget-constrained society the costs and benefits of a new treatment form are important. 'ReAttach' claims to be a short, accessible and in terms of cost effectiveness attractive new intervention for adults and children with maladaptive patterns based on the principles of attachment, social cognitive training and play.

Objectives

The objective of these two studies was to examine the effect of 5 sessions ReAttach on early maladaptive schemas in adults with a variety of psychological complaints that could be objectively verified by clinical scores on the Young Schema Questionnaire. A second objective was to measure the transferability of the method and perform treatment integrity check for the professionals in training.

Methods

Study 1: a group of 44 therapists was trained to perform ReAttach with a group of participants (N=240). Comparison of the means of the total scores on the YSQ3 before and after 5 therapy sessions was conducted with a paired samples T-test. Study 2: a group of 22 therapists was trained to perform ReAttach with a group of participants (N=82). Comparison of the means of all the scores on the YSQ3 before and after 5 therapy sessions was conducted with paired samples T-tests.

Results and conclusions

The data reported here appear to support the hypothesis that ReAttach might be an attractive experimental treatment for adults with maladaptive schemas. It is interesting that although these therapists were newly trained, these data show a significant reduction of maladaptive schema scores on the YSQ3 in such a short period of time.

“Drugs make you the man you are”

Wagstaff, Chris, Senior Lecturer in mental health nursing, University of Birmingham, UK

Background & Objectives

This paper reports on a finding from an innovative IPA study. Disengagement from mental health services is an issue which is of on-going interest and concern for academics, clinicians, managers, commissioners and also service users. Overall aim of the study was to examine the experiences of people with severe mental health problems, who have a history of disengagement from mental health services. After ethical approval, in-depth, semi-structured interviews were used to explore and analyse the experiences of seven participants.

Methods

The participants were recruited with the assistance of local Assertive Outreach teams, in a West Midlands city, UK. All participants were interviewed on one occasion and six of the seven participants participated in a second clarifying interview. Both the individual transcripts and the combined transcripts were subjected to qualitative analysis consistent with IPA principles. The researcher was reflexive about his fore-knowledge of the material being investigated and was assisted in the analysis by academic supervisors and two academic service users to gain a broader perspective on the emergent themes.

Results

The primary diagnosis of the participants, who described their racial identity as ‘Black’, was schizophrenia. They had all been identified as having a history of disengagement from mental health services by health professionals and the findings indicate they had limited connections to social structures (including mental health services). As a consequence of these limited connections the participants lived on the margins of society with a prevailing sense of sadness. Interpretative findings suggest that the participants had developed multiple strategies to reinforce their personal resilience and to re-assert their personal identity, enabling them to live more comfortably with their experiences. One of these strategies, the use of cannabis, is reported on here. This finding is discussed with reference to previous literature on the subject.

Conclusions

The interpretative findings from 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 particular client group. All the participants in this study believed cannabis to be beneficial in promoting their resilience and also their social identity.

Family caregivers' support on medication adherence. A mixed method study on the role of family caregivers on medication adherence of elderly outpatients with mood disorders

Warmink, Marijn, Nurse practitioner in training, Dimence, Netherlands

Background

There is no accordance on influencing factors of medication adherence in psychiatric treated elderly outpatients. There's an increasing call on family caregivers from the principles of recovery psychiatry. Various studies show the influencing role of family caregivers on medication adherence, but there is no research found on the family caregivers part.

Objectives

Goal is to determine the medication adherence of elderly outpatients with stable mood disorders and the role of the family caregiver in the patients' medication adherence, according to the family caregiver.

Methods

The research design was a mixed method. The Medication Adherence Rating Scale was used to determine the medication adherence (n=31), within range of 5-25 points. Cut-off for good adherence was ≥ 21 points. Afterwards, family caregivers were asked with a topic interview (n=5), about their role in medication adherence of elderly outpatients with mood disorders.

Results

In the quantitative study, all patients were considered adherent in taking medication. Maximum range scored 22-25, mean 24,38. Patients indicated to forget their medication, but it wasn't considered poor medication adherence. In the qualitative study, family caregivers were asked about commentary on the reported good medication adherence. Preliminary results in the qualitative study show family caregivers (n=5), who report an important supporting role in use of medication. Family caregivers support was summarized in three theme's. Creating a routine in use of medication, considered an influencing factor on good medication adherence. Knowledge on use of medication, there for knowledge on use of medication is limited for the family caregiver. Practical support by the family caregiver, also an influencing factor on good medication adherence.

Conclusions

In this study, patients were considered adherent in use of medication, within range of the MARS. Family caregivers have an important supporting role. The qualitative study shows family caregivers support is considered valuable and a contributing factor on good medication adherence, which can be summarized in the theme's creating routine, knowledge and practical support.

Healing the impossible

Ögård, Kerstin, Life coach, Vaasan Mielenterveystoiminnan Tuki r.y., Finland

Background

Six years ago, after having had a post-partum psychosis, I embarked on a healing journey. I had had 4 psychoses in my youth, but been symptom-and medication free for 10 years, until my son was born. Starting with the postpartum psychosis, I experienced 8 psychoses or psychotic crises over the next six years.

Objectives

I opted out of traditional psychiatric care and medication, since I felt that it wasn't helping me, but rather, making my psychoses chronic. Staying on medication and accepting a chronic illness didn't seem like an option. I wanted to heal, to find my minds natural balance, and I knew it was possible.

Methods

I learned a lot about alternative healing techniques over the next years, but it seemed to be impossible to resolve my problems on my own: when I tried, I would end up back in hospital. In November 2014 I had the opportunity to do Sean Blackwells healing program: Sean stayed at my home for 10 days and we were working intensely on trauma-release. The methods included holotropic breathwork, meditation, art work and counselling.

Results

During the work with Sean I managed to uncover a deeply traumatising event that had happened to me during my first psychosis. The trauma had been completely suppressed for 25 years, only "visible" to me when I was psychotic. Now I was able, for the first time, to work through my trauma without going psychotic, but instead I was able to stay in a state of normal consciousness while working through very distressing memories and emotions. I also learned to connect with my feelings, instead of blocking them. My fears, disturbing thoughts and crippling paranoia disappeared along with this. Today I feel safe in myself and balanced.

Conclusion

It seems that this healing method can help people to heal from psychotic conditions that are quite severe, and that have already become chronic. The healing program is based on a deep understanding of the complexity of the human mind and body, knowledge which hasn't yet found its way into mainstream psychiatry. Applying this healing method on a larger scale could help many suffering people regain their lives.

POSTER PRESENTATIONS

2. Reducing coercion in the pirkanmaa hospital district psychiatric unit – survey of the experiences of nursing students
Tammentie-Sarén, Tarja, PhD, Pirkanmaa Hospital District, Finland
Salhoja, Anu, clinical training coordinator, Pirkanmaa Hospital District, Finland
3. My solution
Stals, Roos, RN, GGzE, Netherlands
4. There is no such thing as old age
Collier, Elizabeth, Dr, University of Salford, UK
5. POSADEM: The development of a Pan-European Master's degree in Dementia
Collier, Elizabeth, Dr, University of Salford, UK
Heaslip, Vanessa, Bournemouth University Dementia Institute, UK
Martinz Carinthia, Hannes Christian, University of Applied Sciences, Austria
6. A story of tragedy. The life of young people- ended through suicide. As told by the parents
Kiuru, Hanna, M.Soc.Sc, Senior Lecturer, social services, Laurea University of Applied Sciences, Finland
7. The Nursing Care of Adolescents with Depression in School Health Care based on NANDA taxonomy
Annion, Marianne, RN, Bsc, Tallinn Health Care College, Estonia
Peterson, Helle, RN, Foundation Ida-Viru Central Hospital
Tupits, Mare, RN, MA, Tallinn Health Care College
8. The Nursing Diagnose Anxiety according to the NANDA- I(II) taxonomy and nursing interventions
Annion, Marianne, RN, Bsc, Tallinn Health Care College, Estonia
Vihul, Kärt, Nursing student of third year, Tallinn Health Care College
Tamm, Kaja, Nursing student of third year, Tallinn Health Care College
9. Early psychosis clinic, HUCH, Finland
Pyökeri, Kristiina, RN, HUS/HYKS/Psychiatry, Finland
Lindroos, Maiju, RN
Pirinen, Marja, RN,MNSc
10. Description of a psychotherapy effectiveness study: The Lohja depression study 2004-2009
Saloheimo, Hannu, MD, Psychiatrist, Hospital District of Helsinki and Uusimaa, Lohja, Finland
Saloheimo, Tuija, MD, Psychiatrist, Hospital District of Helsinki and Uusimaa, Lohja, Finland
Laitinen, Jarmo, MD, Psychiatrist, Hospital District of Helsinki and Uusimaa, Lohja, Finland
Räty, Sirpa, Research Nurse, Hospital District of Helsinki and Uusimaa, Lohja, Finland
Katila, Heikki, MD, PhD, Docent, Helsinki University Hospital, Finland
11. Nurse Staffing and Coercive Measures on Finnish Psychiatric Wards. A Register Study
Laukkanen, Emilia, Master of Health Sciences, University of Eastern Finland, Finland
Pitkäaho, Taina, post-doctoral researcher, PhD, University of Eastern Finland
Partanen, Pirjo, senior lecturer, PhD, University of Eastern Finland

12. Reducing coercion in acute psychiatric care
 Latonummi, Katja, RN, Psychiatric Nurse, Helsinki University Hospital, Peijas Hospital, Hospital District of Helsinki and Uusimaa, Finland
 Kantinkoski, Camilla, RN, Psychiatric Nurse
 Kostamo, Päivi, RN, Nurse Manager, MNSc
 Rajala, Tuula, RN, MNSc, Director of Nursing
 Helsinki University Hospital, Psychiatry, Acute and Consultation Psychiatry, Peijas Hospital, Hospital District of Helsinki and Uusimaa, Finland

13. Users and staffs experiences with humiliations and violations towards users in the mental health setting
 Husum, Tonje Lossius, PhD, post doctor reserarcher, University of Oslo, Norway
 Aasland, Olaf, Professor, University of Oslo

14. Multifamily group in early psychosis outpatient clinic – Helsinki University Hospital model
 Pirinen, Marja, RN, Msn, Helsinki University Hospital, Finland
 Putkonen, Teija, Mental Health Nurse
 Kämppä, Anne-Mari, RN
 Antto, Jukka, OT, Psychotherapist
 Helsinki University Hospital, Finland

15. Structured Assessment of Mental Health Services Design, Human Resource Allocation and Care Pathways: FIN-REFINEMENT project
 Vastamäki, Marjut, RN, Hospital District of Helsinki and Uusimaa (HUS), Finland
 Kontio, Raija, RN, PhD (HUS)
 Joffe, Grigori, MD, PhD (HUS)
 Ala-Nikkola, Taina, RN, MNS (HUS)
 Sadeniemi, Minna, MD (HUS)
 Riala, Kaisa, MD, PhD (HUS)
 Wahlbeck, Kristian, MD, PhD, Prof. (National Institute for Health and Welfare, THL)

16. Observing the effects of Mindfulness Based Meditation on Anxiety and Depression in Chronic Pain patients
 Rod, Kim, B.Sc in Life Science and Psychology, McMaster University, Canada

17. Quality of Life after Lifestyle Interventions in Breast Cancer Patients
 Ghavami, Haleh, PhD, Urmiya Medical Sciences University , Nursing and Midwifery Faculty, Iran
 Akyolcu, Neriman, Prof, Istanbul University ,Florence Nightingale Nursing Faculty

18. Forensic Psychiatric Patients' Narratives of Their Offence
 Askola, Riitta, MNSc, Doctoral Student, Nurse Manager, University of Tampere, School of Health Sciences, Nursing Science; Hospital District of Helsinki and Uusimaa, Finland
 Louheranta, Olavi, ThM, PhD, Counsellor/Supervisor, Niuvanniemi Hospital
 Paavilainen, Eija, Professor, PhD, University of Tampere, School of Health Sciences, Nursing Science; Hospital District of Southern Ostrobothnia
 Nikkonen, Merja, D.H.Sc., Adjunct Professor, University of Tampere, School of Health Sciences, Nursing Science

19. The experiences of patients with the dual diagnoses depression and addiction after taking the mindfulness based cognitive therapy: a qualitative study
 van de Kolk, Hilde, Nurse Practitioner in training, Dimence, The Netherlands

20. Implementing the Safewards model into a new acute psychiatric ward
Turunen, Jani, RN, Helsinki University Hospital, Finland
Tiusanen, Johanna, RN, MNsc, HUH Psychiatry Center
Askola, Riitta, RN, MNsc, HUH Psychiatry Center
21. Ripples across the pond-On –line International learning
Bell, Raymond, Senior Lecturer, Coventry University, UK
22. Implementation of a Pain Symptom Management Course in a Psychiatric Context
Nikanne, Jyrki MA, Psychologist, Hospital District of Helsinki and Uusimaa, Finland
Malmi, Piia, MA, Physiotherapist, Hospital District of Helsinki and Uusimaa, Lohja, Finland
Laitinen, Jarmo, MD, Psychiatrist, Hospital District of Helsinki and Uusimaa, Lohja, Finland
23. The patients' view of acute psychiatric care
Tammentie-Sarén, Tarja, PhD, Nurse Director, Pirkanmaa Hospital District, Finland
24. Psychological aspects of depression among the Romanian adults
Zoltan, Abram, Dr, University of Medicine and Pharmacy from Tirgu Mures, Romania
25. The Psychiatric Nurse in the Emergency Clinic
Tauriainen, Pia, RN, BHSc, Deputy Nurse Manager Helsinki University Hospital, Psychiatry, Acute and Consultation Psychiatry, Hospital District of Helsinki and Uusimaa, Finland
Kostamo, Päivi, MNsc, RN, Nurse Manager, Peijas Hospital, Vantaa
Aholainen, Tarja, RN, Deputy Nurse Manager, Jorvi Hospital, Espoo
Lindqvist, Pekka, RN, Nurse Manager, Jorvi Hospital, Espoo
Rajala, Tuula, RN, MNsc, Director of Nursing HUCH
Helsinki University Hospital, Psychiatry, Acute and Consultation Psychiatry, Hospital District of Helsinki and Uusimaa, Finland
26. Relief Box at Acute Psychiatry Unit 6
Rajala-Koenkytö, Hanna, RN, M.Sc, Ward Manager, Tampere University Hospital, Pitkaniemi Hospital, Finland
Mäkelä, Jaana, RN, Pitkaniemi Hospital
Selin, Maarit, RN, Pitkaniemi Hospital
Varis, Anne, RN, Pitkaniemi Hospital
27. Mental health and substance abuse services coordination, building bridges and filling empty spaces
Pihlaja, Katri, Mc. Soc.Sci, RN, City of Tampere, Mental health and substance abuse services, Finland
Väänänen, Eija, Coordinator, The City of Tampere
28. Shared referral- and evaluation model in the Acute and Consultations Psychiatry in HUH -a description of a development project
Ikonen, Katariina, RN, Nurse Manager, Helsinki University Hospital, Finland
Röksä, Pauli, RN, Nurse Manager, Helsinki University Hospital, Acute and Consultations Psychiatry
Rajala, Tuula, RN, MNsc, Director of Nursing, Helsinki University Hospital, Acute and Consultations Psychiatry
Laine, Sanna-Mari, RN, Helsinki University Hospital, Acute- and Consultations Psychiatry
Haatanen, Ulla, RN, Helsinki University Hospital, Acute- and Consultations Psychiatry
Hottinen, Anja, RN, PhD, Director of Nursing, Quality Control Manager, Helsinki University Hospital

29. How Implement Limitation According to Mental Health Act
Lepistö, Sari, PhD, Nurse Manager, Pirkanmaa Hospital District, Finland
Marcell, Mathier, Nurse, Pirkanmaa Hospital District, Psychiatry Department
30. Nature walks as a part of treatment intervention for depression
Stengård, Eija, PhD, Adjunct professor, Chief psychologist, Mental health and substance abuse services, Tampere, Finland
Korpela, Kalevi, Dr. Psychol., Professor of Psychology, School of Social Sciences & Humanities / Psychology, University of Tampere, Finland
Jussila, Pia, MA student, School of Social Sciences & Humanities / Psychology, University of Tampere, Finland
31. Polycystic Ovary Syndrome and Psychiatric Disorders:
Månsson, Mattias, MD, Department of Clinical Neuroscience, Karolinska Institutet, Sweden
Carolyn E. Cesta, Camilla Palm, Paul Lichtenstein, Department of Medical Epidemiology and Biostatistics, Karolinska Institutet
Mikael Landén, Department of Medical Epidemiology and Biostatistics, Karolinska Institutet, Stockholm, Sweden; Institute of Neuroscience and Physiology, University of Gothenburg, Gothenburg, Sweden
32. Aspects on leadership in geropsychiatry
Lassus, Nina, RN, Nurse Manager, Hospital District of Helsinki and Uusimaa, Department of Psychiatry, Finland
Ekegren, Camilla, RN, MNS.Sc., PhD-student, Nursing Director
Karvinen, Merja, RN, Nursing Manager
Kinnunen, Asko, RN, MHS.Sc. Nursing Manager
Loijas, Jyrki, RN, MPol.Sc. Nursing Manager
Hospital District of Helsinki and Uusimaa, Department of Psychiatry, Finland
33. The impact of individual differences on internalized stigma in mental illness: preliminary results
Szcześniak, Dorota, MA, Division of Consultation Psychiatry and Neuroscience, Department of Psychiatry, Wrocław Medical University, Poland
Irena Wojciechowska, MD, Department of Psychiatry, Wrocław Medical University
Michał Kłapciński, MD, Division of Consultation Psychiatry and Neuroscience, Department of Psychiatry, Wrocław Medical University
Edyta Zwyrtek, MD, Division of Consultation Psychiatry and Neuroscience, Department of Psychiatry, Wrocław Medical University
Joanna Rymaszewska, Prof., MD, Division of Consultation Psychiatry and Neuroscience, Department of Psychiatry, Wrocław Medical University
34. Manual restraining and child psychiatric inpatient care – Experiences of children
Kauppila, Kirsi, RN, MNSc, Doctoral student, University of Eastern Finland, Finland
Nikkonen, Merja, PhD, University of Eastern Finland
Kumpulainen, Kirsti, MD, University of Eastern Finland / University Hospital
Vehviläinen-Julkunen, Katri, PhD, University of Eastern Finland / University Hospital
35. Service user involvement in mental health and substance abuse services in city of Tampere
Stengård, Eija, PhD, Adjunct Professor, Chief Psychologist, City of Tampere mental health and substance abuse services, Finland
Nordling, Marja, RN, Head nurse, City of Tampere mental health and substance abuse services
Pihlaja, Katri, M.Soc.Sci, RN, Coordinator, City of Tampere mental health and substance abuse services

36. Sleep group; the treatment of insomnia in the psychiatric intensive outpatient unit
Heikkonen, Matti, RN, Psychotherapist, The unit of intensive outpatient care, the psychiatric division of Satakunta Hospital District, Finland
Tähtinen, Marko, RN, Psychotherapist, The unit of intensive outpatient care, the psychiatric division of Satakunta Hospital District
Puolakka, Kristiina, RN, PhD, Nurse Director, The psychiatric division of Satakunta Hospital District
37. Safewards -model in adolescent psychiatry of HUH – a description of a development project
Herrala, Jenny, RN, Helsinki University Hospital, Adolescent Psychiatry, Finland
Hottinen, Anja, RN, PhD, Director of nursing, Quality control manager, Helsinki University Hospital, Department of Psychiatry, Finland
Autio, Silva, RN, Helsinki University Hospital, Adolescent Psychiatry
38. Tandem Project 2011-2015 - Voice of Experience in Developing Work
Eronen, Ritva, Master of Art, Project worker of Tandem Project, Aspa Foundation, Finland
Kaasinen, Jaana, Project worker of Tandem Project
Kirjavainen, Päivi, Project Manager of Tandem Project
39. Mental Health of Social and Education Officers Working in Tallinn Kristiine District
Tamm, Kristel, MA, Kristiine District Administration, Estonia
Alas, Maie, MA, Health Promotion Consults
Sepp, Alar, MD, MA, Tallinn Health Care College
40. Psychiatric home care nursing: supporting patients after discharge
Raatikainen, Tiina, RMN, Hospital District of Helsinki and Uusimaa, Department of Psychiatry, Jorvi Hospital, Outpatient Clinic, Espoo, Finland
Kosonen, Teresa, RMN
Rahkonen, Tuula, RMN
Forssen, Heini, RMN
Kallakorpi, Susanna RMN, MNSc
41. Social determinants of the depressiveness among Lithuanian employees
Stanislavoviene, Jelena, Dr, Vilnius University, Faculty of Medicine, Public Health Institute, Lithuania
42. Reporting of mental illness as an indicator for psychosocial recovery? – Evidence from Swiss Household PhD student
Klaas, Hannah, PhD Student, University of Lausanne (UNIL), Switzerland
Morselli, Davide, University of Lausanne (UNIL)
Spini, Dario, University of Lausanne (UNIL)
43. Let loose, get peace - Reduction of coercive measures in acute psychiatry unit
Mattanen, Petri, Assistant Ward Manager, psychiatric nurse, Pirkanmaa Hospital District, Pitkaniemi hospital, Finland
Suhonen, Sanna, Nurse, Pirkanmaa Hospital District, Pitkaniemi hospital
Liikanen, Pekka, Nurse, Pirkanmaa Hospital District, Pitkaniemi hospital
Kulmala, Mervi, Nurse, Pirkanmaa Hospital District, Pitkaniemi hospital

44. "Ninja" - Dialectical Behavior Therapy based skills training group for 7-12 year old boys with emotional regulation problems
Pöyhtäri, Janne RN, Psychotherapist, Tampere University Hospital, Department of Child Psychiatry, Finland
Mäkelä, Mika, RN, Psychotherapist
Mäkelä, Marko, RN, MSc, Head Nurse
Puura, Kaija, MD, PhD, Department Chief
Department of Child Psychiatry, Tampere University Hospital, Finland
45. Dialectical Behavior Therapy based parenting skills training group for families with emotional regulation problems
Pöyhtäri, Janne, RN, Psychotherapist, Tampere University Hospital, Department of Child Psychiatry, Finland
Repo, Susanna, RN, MSc
Mäkelä, Marko, RN, MSc, Head Nurse
Puura, Kaija, MD, PhD, Department Chief
Department of Child Psychiatry, Tampere University Hospital, Finland
46. Patient aggression against nurses in clinical practice – identification of Slovak nurses experience
Lepiešová, Martina MN, RN, PhD, Comenius University in Bratislava, Jessenius Faculty of Medicine in Martin, Institute of Nursing, Slovakia
Ovšonková, Anna MN, RN, PhD, Comenius University in Bratislava, Jessenius Faculty of Medicine in Martin, Institute of Nursing
Zanovitová, Mária MA, RN, PhD, Comenius University in Bratislava, Jessenius Faculty of Medicine in Martin, Institute of Nursing
47. The HOPE group: a pilot model for peer support of suicide attempt survivors
Vega, Eduardo, CEO/Principal Investigator, Center for Dignity, Recovery and Empowerment, USA
Lezine, DeQuincy, PhD, Center for Dignity, Recovery and Empowerment
Marks, Stephen, PhD, Mental Health Association of San Francisco
48. Pro-cognitive activity of colostrum-derived preparation, Coloco-PRP® in an animal model of aging
Stanczykiewicz, Bartłomiej, PhD, Division of Consultation Psychiatry and Neuroscience, Department of Psychiatry, Wrocław Medical University, Poland
Lemieszewska M. *, Stańczykiewicz B. *, Jakubik-Witkowska M. *, Zambrowicz A. **, Polanowski A. **, J. Rymaszewska*
* Division of Consultation Psychiatry and Neuroscience, Department of Psychiatry, Wrocław Medical University, Poland
** Wrocław University of Environmental and Life Sciences, Wrocław, Poland
49. Relapse prevention program anorexia nervosa: rate and timing of relapse
Berends, Tamara, Nurse Practitioner, Altrecht Mental Health Care, Netherlands
Berno van Meijel, RN / PhD, Professor of mental health nursing, Research Group Mental Health Nursing, Inholland University of Applied Sciences, Department of Health, Sports & Welfare, Cluster Nursing, Amsterdam / VU University Medical Center, Department of Psychiatry, Amsterdam / Parnassia Psychiatric Institute, Parnassia Academy, The Hague, the Netherlands
Willem Nugteren, RN, MSc, Parnassia Psychiatric Institute, Clinical Centre for Acute Psychiatry / Altrecht Eating Disorders Rintveld, the Netherlands
Mathijs Deen, MSc, Parnassia Psychiatric Institute, Parnassia Academy, The Hague, The Netherlands. Institute of Psychology, Methodology and Statistics Unit, Leiden University, Leiden, the Netherlands.
Unna N. Danner, PhD, Altrecht Eating Disorders Rintveld, Zeist, The Netherlands. Utrecht Research Group Eating Disorders, Utrecht, the Netherlands

Hans W. Hoek, MD / PhD, Department of Psychiatry, University Medical Center Groningen, University of Groningen, Groningen, The Netherlands. Department of Epidemiology, Columbia University, Mailman School of Public Health, New York, United States. Utrecht Research Group Eating Disorders, Utrecht, The Netherlands. Parnassia Psychiatric Institute, Parnassia Academy, The Hague, the Netherlands

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50. Dynamic changes of Acute and transient psychotic disorder

Rusaka, Marija, MD, PhD, Riga Stradins University, Department of psychiatry and narcology, Latvia
Rancans, Elmars, Professor, MD, PhD, Chair of the Department of psychiatry and narcology, Riga Stradins University, Latvia

51. Developing Evidence-based Care Bundle for Patients in Acute Psychiatric Care

Kantinkoski, Camilla, RN, Psychiatric nurse, HUS Peijas hospital, Finland
Kostamo, Päivi, RN, Nurse Manager, MNsc
Rajala, Tuula, RN, MNsc, Director of Nursing
Helsinki University Hospital, Psychiatry, Acute and Consultation Psychiatry, Peijas Hospital, Hospital District of Helsinki and Uusimaa, Finland

52. Focus group interviews – widely used but poorly reported research method in mental health research?

Lantta, Tella, RN, MNsc, Doctoral Candidate, University of Turku, Department of Nursing Science, Finland
Kauppi, Kaisa, RN, MNsc, Doctoral Candidate, University of Turku, Department of Nursing Science, Finland

53. Self-determination is best done together: A qualitative study of the experiences of mental health disorder patients related to self-management

Beekman, Michiel, Student Clinical Nurse Specialist in Mental Healthcare, GGZ Friesland, the Netherlands
Boonstra, N., PhD

54. A multiple case study of the experiences of adolescents with a major depressive disorder in remission on phasing out selective serotonin reuptake inhibitors (SSRI's)

Nieuwkerk, Marianne, RN and Clinical nurse specialist in training, Altrecht and GGZ-VS Institute for the education of Clinical Nurse Specialists in Mental Health, The Netherlands
van den Heuvel, Silvio, MA, BN, Lecturer, Researcher, Saxion University of Applied Sciences, School of Health, Deventer

55. Developing eLearning material for Master level mental health nursing – eMenthe project

Lahti, Mari, Dr, Turku University of Applied Science, Finland
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Doyle, L., PhD, MSc, BNS, RPN, RNT, Associate Professor, Trinity College Dublin, Dublin, Ireland
Higgins, A., PhD, MSc, BNS, RPN, RGN, RNT, Professor, Trinity College Dublin, Dublin, Ireland
Jormfeldt, H., PhD, Senior Lecturer, Halmstad University, Halmstad, Sweden
Sitvast, J., RN, MSc., PhD, Senior Lecturer, Utrecht University of Applied Sciences, Utrecht, the Netherlands
Stickley, T., PhD, Associate Professor, University of Nottingham, Nottingham, United Kingdom
Skärsäter, I., PhD, Professor, Halmstad University, Halmstad, Sweden
Vuokila-Oikkonen P., RN, PhD, Principal Lecturer, Diaconia University of Applied Sciences, Oulu, Finland

Läksy, M-L., RN, PhD, Senior Lecturer, Diaconia University of Applied Sciences, Oulu Finland
Kilkku, N., RN, PhD, Principal Lecturer, Tampere University of Applied Sciences, Tampere, Finland

56. eMenthe - A European co-operation to develop eLearning materials for Master level education and clinical practice

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Läksy, M-L., RN, PhD, Senior Lecturer, Diaconia University of Applied Sciences, Oulu Finland
Kilkku, N., RN, PhD, Principal Lecturer, Tampere University of Applied Sciences, Tampere, Finland

57. Prevention and management of violence (AVEKKI):

Kauppila, Kirsi, RN, AVEKKI-trainer, MNsc, PhD-student, Tampere University Hospital, Finland
Siren, Pirjo, RN, AVEKKI-trainer
Hemmi, Anna, RN, Head Nurse
Rantanen, Pirjo, RN, Head Nurse
Virtanen, Mika, RN, MNsc, PhD-student, Nursing director
Department of Child Psychiatry, Tampere University Hospital, Finland

58. The context and consequences of alcohol consumption among children in poor contexts in Malawi

Hoel, Erik, Assistant Professor, RN, Hedmark University College, Norway
Stine Hellum Braathen (SINTEF Technology and Society), Gloria Azalde (SINTEF Technology and Society),
Henrik Natvig (University of Oslo), Arne Henning Eide (SINTEF Technology and Society) & Alister C.
Munthali (University of Malawi)

59. Global study launched in Finland aiming to untangle the heritability of psychotic disorders

Palotie, Aarno, Head of study, FIMM
Joutsenniemi, Kaisla, National coordinator, FIMM
Lähtenvuo, Markku National coordinator, FIMM

60. Book online – easy access to mental health services in primary health care

Kuosmanen, Lauri, RN, PhD, Adjunct Professor, FEANS
Sundman, Merja, RN, psychotherapist
Savolainen, Kati, RN
Kjellberg, Liisa, RN
Sinkkonen, Niina, RN
City of Vantaa, Social and Health Care Services, Finland

61. PAD _ Positive Attitude Development

Piippo, Jukka, Principal Lecturer, PhD Arcada University of Applied Sciences, Finland
Bugarzski, Zsolt, Lecturer, PhD, Tallinn Univeristy, Estonia

62. Experiencing an acute psychosis and understanding the meaning of natural light in healing process

Pulli, Jarmo, Mental Health Service User, Finland
Veijalainen, Inka, Practical Nurse, Finland

62. Seclusion experienced by mental health professionals

Kuosmanen, Lauri, RN, PhD, Adjunct Professor, FEANS, University of Turku, Department of Nursing Science, Finland; City of Vantaa, Social and Healthcare Department, Finland; Nordic Network for Reducing Coercion in Care, National Institute for Health and Welfare, Helsinki, Finland;

Makkonen, Pekka, RN, MNsc, Nursing Planner, PhD-student, University of Turku, Department of Nursing Science, Finland; Hospital District of Southwest Finland, Finland

Lehtilä, Heikki, MHN, Hospital District of Southwest Finland, Finland

Salminen, Hannu, Mental Health Service User, ITU ry, Mental Health Service User Association, Turku, Finland

63. Dynamics of emotion regulation strategies in patients with depressive and anxiety disorders

Pastuszek, Anna, Dr, Institute for Medical Psychology, Chair of Psychiatry, Medical College of Jagiellonian University, Cracow, Poland

Driessen, Martin, Prof, Department of Research, Clinic of Psychiatry and Psychotherapy Bethel, Bielefeld, Germany

Krzysztof Gierowski, Józef, Prof, Chair of Psychiatry, Medical College of Jagiellonian University, Cracow, Poland

Bętkowska-Korpała, Barbara, Dr hab, Chair of Psychiatry, Medical College of Jagiellonian University, Cracow, Poland)

64. Meanings attributed to drug consumption by people diagnosed with psychiatric disorders: perspectives from mental health professionals and service users

de Sousa Vieira, Fernanda, PhD student, University of São Paulo Faculty of Philosophy, Sciences and Letters at Ribeirão Preto Department of Psychology Collaborator of LePsis – Laboratory of Teaching and Research in Psychopathology, Drugs and Society, Brasil

Leão, Eduardo Augusto, Masters student, University of São Paulo, Faculty of Philosophy, Sciences and Letters at Ribeirão Preto, Department of Psychology, Collaborator of LePsis – Laboratory of Teaching and Research in Psychopathology, Drugs and Society

Mendonça Corradi-Webster, Clarissa, PhD, Professor, University of São Paulo, Faculty of Philosophy, Sciences and Letters at Ribeirão Preto, Department of Psychology, Coordinator of LePsis – Laboratory of Teaching and Research in Psychopathology, Drugs and Society

65. Team-related factors exposing nurses to violent assaults in health care

Pekurinen, Virve, MNsc, University of Turku, Finland

Välimäki, Maritta, RN, PhD, Professor and Nursing Director, Department of Nursing Science, University of Turku and Hospital District of Southwest Finland, Turku, Finland

66. Impact on psychiatric symptom decrease from patient's perspective because of admission to inpatients wards: a quantitative research

Selies, Henri, MANP i.o., Dimence, Netherlands

67. Designing new Child Psychiatric ward – focusing on social aesthetics

Rantanen, Pirjo, Nurse Manager, Pirkanmaa Hospital District, Tampere University Hospital, Finland

68. AppsTerv – Web-based applications for mental health

Mark, Lauraliisa, Estonian-Swedish Mental Health and Suicidology Institute (ERSI)

Sisask, Merike, Estonian-Swedish Mental Health and Suicidology Institute (ERSI)

Värnik Peeter, Estonian-Swedish Mental Health and Suicidology Institute (ERSI)

Vaikma, Joosep, Estonian-Swedish Mental Health and Suicidology Institute (ERSI)

Värnik, Airi, Estonian-Swedish Mental Health and Suicidology Institute (ERSI)



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