



6th
European Conference
on Mental Health

October 4-6, 2017
Berlin, Germany

6th European Conference on Mental Health

-Looking for evidence together



Sinä mielenterveys- ja päihdetyön ammattilainen, kokemusasiantuntija, järjestötoimija...

Promieli -tapahtuma, Helsinki 1.-2.2.2018
Sokos Hotelli Presidentti

SOSTER kentän kaksipäiväinen seminaari, joka rakentuu asiantuntijaluennoista, osallistujien rakentamista miniseminaareista ja kokemuksellisista menetelmätyöpajoista. Varaudu myös viihdyttävään iltaohjelmaan!



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

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

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

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7th
European Conference
on Mental Health

7th European Conference on Mental Health



September 19-21, 2018

Split, Croatia

www.ecmh.eu

IN ASSOCIATION WITH



CONFERENCE PROGRAM

Wed October 4

13:00 – 18:00 Registration and poster presentation area open

18:00 – 18:45 Keynote, Andreas Heinz, Germany: *A new understanding of mental disorders*

18:45 – 19:30 Keynote, Bernd Greiner, Germany: *Coping with the Cold War: Fear, Risk, and Insecurity in Perspective*

19:30 – Get Together Party starting at conference venue lobby and continuing at Oktoberfest in Alexanderplatz

Thu October 5

7:00-7:30 Mental Health Walk

8:00 – Registration

8:45-9:15 Opening ceremony

9:15-10:00 Keynote, Nigel Henderson, Scotland: *The three R's: Rights, Recovery and Relationships*

10:00-10:30 Coffee break and poster viewing

10:30-12:05 Oral sessions (7 parallel sessions each with 4 oral presentations)

12:05-13:30 Lunch and poster viewing

13:30-15:05 Oral sessions (7 parallel sessions each with 4 oral presentations)

15:05-15:40 Coffee break and poster viewing

Parallel program 15:15 – 17:00 visit to St. Hedwig Hospital

15:40-16:55 Oral sessions (7 parallel sessions each with 3 oral presentations)

16:55-17:15 Poster viewing

17:15-18:00 Keynote, Niina Junntila, Finland: *Does it hurt to be lonely?*

18:15-18:45 Mental Health Walk

18:15-19:30 Workshop, European AA

20:00 Festive Evening

ECMH Mingle Party at Roadrunner's Paradise Club: Gourmet street food grill catering, music, dance and networking in relaxed and Berlin-style atmosphere (separate registration and fee)

Fri October 6

8:00-8:30 Mental Health Walk

9:15-10:15 Keynote, Pim Cuijpers, The Netherlands: *Preventing the onset of new cases of depressive disorders: Possibilities and challenges*

10:15-10:45 Coffee break and poster viewing

10:45-12:00 Oral sessions (7 parallel sessions each with 3 oral presentations)

12:00-13:00 Lunch and poster viewing

13:00-14:10 Oral sessions (6 parallel sessions each with 3 oral presentations); Open Dialogue Forum, Dr Liam MacGabhann, Ireland: *Embracing a Dialogical Space*

14:10-14:30 Coffee break and poster viewing

14:30-15:15 Keynote, Peter Lehmann, Germany: *Combatting psychiatric patients' catastrophic reduction in life expectancy: User-orientated approaches*

15:15-15:45 Closing Ceremony; Best Poster Award; Social Media Photo Contest Award; Invitation to 7th European Conference on Mental Health

Hospital visits to St. Hedwig Hospital are taking place on Thursday at 15.15.-17.00. The registration for hospital visits starts on Wednesday at 17.00 at the info desk. There are 60 places (15/unit) for visits.

Mental Health Walks are guided by Mr. Lauri Pyykkönen, CEO, Golden Rainbow



ECMH 2017 PHOTO CONTEST

Capture your favorite moments during the conference and post them to Instagram, Twitter or Facebook with hashtag #ECMH2017.

From these photos, our jury selects ten, which are shown in the closing ceremony. The best photo will be awarded. Be creative, but remember that the pictures should relate somehow to the conference. You can post as many photos as you like, just remember not to publish pictures of people in social media without their permission.

GENERAL INFORMATION

INFORMATION DESK

Participants can register for the conference at information desk at H4 hotel Berlin Alexanderplatz.

Information desk will be open as follows:

Wed October 4: 13:00 – 18:00

Thu October 5: 08:00 – 17:00

Fri October 6: 09:00 – 14:30

The hosts of the conference will be available to assist you at the information desk. The hosts are wearing red badge ribbons.

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 - ask for advice on registration / info desk.

LUNCH AND REFRESHMENT

Lunch and coffee are included in conference fee and are served in the conference area in several spots.

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 October 5 afternoon. More details are available on the conference website and you can sign up for the visits at the information desk starting from Wednesday October 4 at 17.00.

Get together -party starts with "a toast for good mental health" On Wednesday October 4 at 19:30 at conference venue lobby and continuing without arranged program at Octoberfest in Alexanderplatz. Use your badge (found in conference bag) to get together with other conference participants.

Guided Mental Health walks nearby start in front of the hotel (Thu 7.00, Thu 18.15 and Fri 8.00)

ECMH 2017 photo contest - Capture your favorite moments during the conference and post them to Instagram, Twitter or Facebook with hashtag #ECMH2017. The best photo will be awarded.

Informal conference activities are free of charge.

FESTIVE EVENING

Festive evening is arranged on Thursday October 5 at 20.00 in Roadrunner's Paradise Club. The

Festive evening is only for participants who have paid a fee in advance. Some tickets are available at the information desk.

Welcome to the 6th European Conference on Mental Health 2017

Dear Participants

This year we continue our conference journey in Berlin which is one of the most interesting cities in Europe. Contrasts between historical buildings and modern architecture, between the traditional and the modern are what this city represents you during the next few days. The conference takes place next to Alexanderplatz, the heart of East Berlin, where you can find the famous TV tower, known as the Fernsehturm, and World Clock – walking there gives you an amazing feeling of the urban atmosphere of the old East Berlin! As you probably know, beer and Germany belong together and this time you can visit the Oktoberfest beer garden cottage and “Biergarten” at Alexanderplatz. Hopefully you will also have time to walk and see the Berlin Wall which is one of the most powerful and enduring symbols of the Cold War.

The European Conference on Mental Health focuses on multidisciplinary discussions and collaboration between experts, researchers and service users in the field of mental health. The Conference in Berlin will give the participants from all over the world the most excellent setting for our meeting and a wonderful opportunity to share knowledge and best practices in the field of mental health. Our Scientific program includes seven high level keynote speeches, 120 oral presentations and 70 poster presentations.

Currently, we are facing many challenges in Europe which are all connected to the mental health issues. We need to ponder how to maintain our sense of security. We need to ask what are my values and the values of our community. How could we as mental health experts and professionals facilitate the discussion which highlights humanity and equality? I hope that we all could share here through our discussions the Mental Health Europe’s mission to uphold the mental health and well-being of all citizens, from all minority groups and from the whole of Europe. I am extremely delighted as especially this year we have here extensive multidisciplinary representation which provides a unique opportunity for this kind of discussion.

We would like to express our deep gratitude to the Scientific Committee for their work and support for this conference. We want to thank all Keynote speakers, who will share their comprehensive expertise and extensive knowledge with us in their keynote speeches. We want to express our humble thanks to our local partners Charite University and St. Hedwig Krankenhaus in Germany as well as Scottish Recovery Network, European AA, and all Finnish partners. We are very grateful to have a new partner Mental Health Europe who networks with us. The conference is organized by the Evipro Company that has taken the responsibility and made all of this possible. Finally, special thanks to all the volunteers whose input is priceless year after year – you really form the ECMH family with your committed work.

Herzlich Willkommen in Berlin!

We also discuss and communicate in Twitter – so remember #ECMH2017

It is our great pleasure to welcome you to Berlin, Germany!

Ms. Marjo Kurki

Chair of Organizing Committee

Program for Oral Presentations



Thursday Oct 5, 10:30-12:05

	Session 1	Session 2	Session 3	Session 4	Session 5	Session 6	Session 7
Theme	Holistic approaches	Understanding vulnerable populations	Families	Multi-cultural approaches	Community care	Competence and professionalism	Multi-cultural approaches
Room	Friedrich Wilhelm	Grenander I	Grenander II	Grenander III	Grenander IV	Alexander II	Alexander III
10:30-10:50	Polianychko Olena, Ukraine. The Complementarity Principle in the Deep Cognition of the Psyche	Mooney Roisin, United Kingdom. How do people from South Asian backgrounds understand and experience depression?	Taskinen Sara, Finland. Don't forget yourself - experimental learning for young immediate family members of those with mental health issues or substance abuse	Çırakoğlu Okan Cem, Türkiye. A General Picture of Psychological Services of NGO's for Syrian Asylum Seekers in Turkey	Marastuti Ariana, Indonesia. Development of Mental Health Care Strengthening Model in Primary Health Care Setting	Melheim Astri, Norway. "Not just talk" - Personal reflections as a source of professionalism	Malik Fauzia, Pakistan. Understanding Hoarding Behavior in Pakistani Context
10:55-11:15	Mittermaier Susanna, Austria/Sweden. Pragmatism - Sources for the change you desire for your patients	Boostr Nynke, Netherlands. Early intervention in psychosis	Stanley Selwyn, United Kingdom. Family caregiving in schizophrenia: mental health, burden and coping	McAndrew Sue, England. SOS: Saving Our Sisters by providing emotional support for women exposed to FGM	Nolan Fiona, UK. Evaluating the impact of new type of mental health support worker in inpatient and community services in North London	Jenssen Martin Oeien, Norway. Managers' attitudes towards, and knowledge about employees with mental health challenges	To be confirmed
11:20-11:40	Karacic Jasna, Croatia. Rights and Responsibilities in Psychotherapy	Kennedy Conor, Ireland. Exploring the Stigma of Depression in Rural Ireland	Tenhovirta Katja, Finland. Using Family Therapy Methods in the Treatment of Dual Diagnosis	Kukkonen Sanna, Finland. Hundred days in Finland. Experiences from asylum seekers about their coping during their first months in Finland	Niemimaa Noora, Finland. Mental health walk-in clinic: How can I help you?	Mäntynen Jenni, Finland. Nurse manager's perceptions of nurses unprofessional behavior	To be confirmed
11:45-12:05	Brattland Heidi, Norway. Effects of Routine Outcome Monitoring (ROM) on therapy outcomes in the course of an implementation process: A randomized clinical trial	Rita Shackel, Australia. The ethics of involving victims of serious crimes with histories of complex trauma in research	Blake-Holmes Kathryn, UK. Growing up with a parent with a severe and enduring mental illness: Living on the edge of multiple services yet belonging to none	Wright Karen, UK. Turning the Tables - The Vulnerability of Nurses Treating Anorexia Nervosa Patients	Keeling Joanne, United Kingdom. Evaluation of the use of a model to promote Mental Health and Well-being in community settings	Brummelhuis Ingrid, The Netherlands. The invisible parenting role	To be confirmed

Thursday Oct 5, 13:30-15:05

	Session 8	Session 9	Session 10	Session 11	Session 12	Session 13	Session 14
Theme	Professionalism	Old age studies	Community care	From hospital to outpatient care	Service user involvement	Bipolar disorder studies	Co-produced mental health
Room	Friedrich Wilhelm	Grenander I	Grenander II	Grenander III	Grenander IV	Alexander II	Alexander III
13:30-13:50	Aho Jukka, Finland. Professional working in one-to-one psychiatric nursing situations: course for nurses	Casey Brieger, Ireland. "I wouldn't let my mind wander at this thing." The effects of community choir participation among people with dementia and carers	Kfir-Levin Noa, Israel. The Therapeutic Community as experienced by rehabilitants: The Hiram case	Mannila Risto, Finland. We Do Not Give Up: Psychiatric Outpatient Care in the ACT Unit of Helsinki	Warne Tony, England. I was only trying to help came the plaintive cry: where are the missing service users?	Daggenvoorde Thea, The Netherlands. Emergency care in case of acute psychotic and/or manic symptoms: Lived experiences of patients and their families with the first interventions of a mobile crisis team. A phenomenological study	Lahti Mari, Finland. A co-produced mental health nursing study module by the experts by experience and the nurse academics – An overview on EU funded COMMUNE project
13:55-14:15	Fothergill Rick, England. Counsellors and outcome measures – what do they really think? – a review of the literature	Maeck Peter, USA. Remembrance of Things Present: Making Peace with Dementia	Pihlaja Katri, Finland. Mental health group rehabilitation for bullied young adults	Forchuk Cheryl, Canada. Preventing Hospital Discharge into Homelessness: No Fixed Address Version 2	Johnston Gordon, Scotland. Public life Matters	Brouwer Arjan, The Netherlands. Bipolar and substance abuse: the experiences with a new group therapy	MacGabhan Liam, Ireland. What difference: An expert by experience or a well-intentioned well informed nurse academic?
14:20-14:40	Berg Johanna, Finland. Violence experienced by nurses in psychiatric seclusion room: An integrative literature review	Granerud Arild, Norway. Everyday life and wellbeing among older-older in Norway – a qualitative study	Paul Claire, UK. Are we getting it right? Engaging staff in community mental health teams in research	Jaakkola Virpi, Finland. Fluently home	Wagstaff Chris, UK. Experiences of involvement with a mental health peer mentoring service: an interpretative study	Goossens Peter J.J., The Netherlands. "Show Yourself": The development of an intervention to show professionals at an admission ward the patients' 'euthymic being' during severe mania or depression	Horgan Aine, Ireland. Co-production in Research: from Ideology to Practical Application
14:45-15:05	Rylance Rebecca, United Kingdom. Preparing the nursing curriculum for the millennials in UK Higher Education Universities	Biering Páll, Iceland. Psychiatric Diagnoses and Medication among Icelandic Nursing Home Residents	Tolchard Barry, UK. Mosaic- Clubhouse member journeys to recovery: Evaluation of recovery oriented outcomes	Løvsletten Maria, Norway. Prevalence and management of patients with outpatient commitment in the mental health services	Scholz Brett, Australia. Names will never hurt me?: A discursive analysis of terms used to refer to service users	Groot Lipman Melanie, Netherlands. "Show Yourself": First experiences of patients with bipolar disorder with recording a film to show their 'euthymic being': a qualitative study	Happell Brenda, Australia. "Equality or equity?": Exploring the issue of power in co-production

Thursday Oct 5, 15:40-16.55

	Session 15	Session 16	Session 17	Session 18	Session 19	Session 20	Session 21
Theme	Substance abuse and recovery	Self-harm and help-seeking	Institutions	Physical health issues	E-health innovations	Innovative methods in mental health	
Room	Friedrich Wilhelm	Grenander I	Grenander II	Grenander III	Grenander IV	Alexander III	Alexander II
15:40-16:00	Smith Stephen, Scotland. A Service Model of Rehabilitation and Recovery for people with Alcohol-Related Brain Damage	Morrissey Jean, Ireland. From risk-management to relational and recovery care: Mental health nurses' responses to people who self-harm	Repo Virve, Finland. Spaces of Confinement in the Institutions of care and control in Finland	Hughes Elizabeth, UK. "Give a little RESPECT": feasibility study of an intervention to promote sexual health in serious mental illness	Faiola Anthony, USA. eMental Health for Family Members of ICU Patients: Findings that Support a Mobile Family-Centered Approach to Wellness	Benkwitz Adam, England. Mental Health and Sport: Reflecting on an Ethnographic Study of 'Football Therapy' Sessions in the National Health Service (NHS) in Birmingham, UK	To be confirmed
16:05-16:25	Tuokko Saila, Finland. "This is not a scary place" Substance abuse, too much gaming or psychological problem - Combined help for adolescents	Rayner Gillian, United Kingdom. Interpersonal processes and self-injury: a qualitative study using Bricolage	Keogh Brian, Ireland. Accessing Recovery within the Prison Environment: An Evaluation of a Peer Mentorship Programme	Kuipers Sonja, Netherlands. Oral health experiences and needs amongst adolescents after a first episode psychosis	Forchuk Cheryl, Canada. TELEPROM-G: A Study Evaluating Access and Care Delivery of Telehealth Services among Community-Based Seniors	Roddy Chantal, Australia. Hear my song: An evaluation of identity-focused therapeutic songwriting to promote identity rehabilitation and mood after neurological injury	To be confirmed
16:30-16:50	Kehoe Michael, UK. Clinical and cost effective recovery in an Alcohol Related Brain Damage Unit	McDermott Elizabeth, United Kingdom. Suicide, help-seeking and LGBT youth: A mixed methods study	Chaplin Edward, United Kingdom. Screening and diagnostic assessment of neurodevelopmental disorders and mental health comorbidity in a male prison	Happell Brenda, Australia. If you listen you will learn: consumers of mental health services perceptions of accessing physical health care	Bakker David, Australia. MoodMission: Development and validation of a new evidence-based smartphone app for low moods and anxiety	Baklien Børge, Norway. Family experience of positive mental health when hiking in nature	To be confirmed

Friday Oct 6, 10:45-12:00

	Session 22	Session 23	Session 24	Session 25	Session 26	Session 27	Session 28
Theme	Improving depression care	Service evaluation	E-health innovations	Physical health issues	Nurse education	Multiprofessionalism - a German perspective	Recovery and wellbeing
Room	Friedrich Wilhelm	Grenander I	Grenander II	Grenander III	Alexander II	Alexander III	Grenander IV
10:45-11:05	Sharma Shivani, UK. Towards Ethnically Tailored Depression Screening within Renal Health Services in the UK	Zonp Ozaslan Zeynep, Turkey. Evaluation of Metacognitive Training (MCT) Efficacy for Schizophrenia Patients	Carrier Sébastien, Canada. Users' Participation in Services to People Dealing with Mental Health Issues: Experimenting the Digital Tool Called the Barometer Project	Nikanne Jyrki, Finland. The Pain and Gain of Developing Pain Management Courses and Evaluating Their Effectivity	Alakulppi Juha, Finland. Ask and listen – simulation as teaching method in mental health care learning	Mahler Lieselotte, Germany. Introducing the "Weddinger Modell" - A multiprofessional and recovery oriented mindset to psychiatry	Lewis Craig, USA. Better Day Recovery Workbook (Introduction to Translations in French, German, Spanish, Finnish, Norwegian, Dutch and more)
11:10-11:30	Faninger-Lund Heidrun, Finland. Improving care of depression patients through better cooperation between psychiatric outpatient clinic and primary health care	Lau Chloe, Canada. Development and Psychometric Validation of the Internalizing and Externalizing Subscales on the InterRAI ChYMH	Heinilä Timo, Finland. Digital services for mental health rehabilitees	Driessens Corine, England. Disparity in health care utilization for participants of General Household/Lifestyle Survey reporting physical versus mental health problems	Furnes Merete, Norway. Nursing students' perspective on implementation of digital learning methods in mental health nursing course	Jarchov-Jadi Ina, Germany. Development and implementation of the "Weddinger Modell" – a multi professional approach to psychiatry	Kampelmann Ewa, Belgium. Mental Health and Wellbeing of people with complex disabilities, and of their families
11:35-11:55	Seabrook Elizabeth, Australia. Negative affect instability in Facebook status updates is an indicator of depression severity	Aardema Hettie, Netherlands. Validation of the Individual Recovery Outcomes Counter (I.ROC), preliminary results	Kurki Marjo, Finland. Digitally-Assisted Parent Training Intervention in Primary Care in Finland from Public Health Nurses' Perspective	Bilgin Hulya, Turkey. People with Mental Illness and Physical Health: Their views	Boardman Gayelene, Australia. Evaluating the preceptor perspectives of an Integrated Clinical Learning Model in a mental health environment	Vandamme Angelika, Germany. How to prevent coercion methods in psychiatric settings? Introducing and discussing a standardized interview guideline for debriefing	Reilly Frank, Scotland. Identity, coproduction and recovery

Friday Oct 6, 13:00-14:10

	Session 29	Session 30	Session 31	Session 32	Session 33	Session 34	Open Dialogue Forum
Theme	Self-harm and service development	Education and staff competence	Clinical issues in in-patient services	Best practices through the lifespan	Mental health development and policies	Service evaluation	
Room	Grenander I	Grenander II	Grenander III	Grenander IV	Alexander II	Alexander III	Friedrich Wilhelm
13:00-13:20	Solin Pia, Finland. Suicide prevention -training for health care professionals	Rylance Rebecca, United Kingdom. Preparing the nursing curriculum for the millennials in UK Higher Education Universities	Ninkovic Danijela, Canada. Urgent Care Program: Minding the gap in ambulatory care	Puhakka Minna, Finland. Strengthening Family-oriented approach - Long-term developing process towards best practices	Stomski Norman, Australia. Understanding advocacy practice in mental health: a multidimensional scalogram analysis of case records	Vogt Carsten, United Kingdom. Quantitative differences in activity levels between inattentive and impulsive children during a continuous performance test. Implications for the clinical assessment of ADHD	MacGabhann Liam, Ireland. Embracing a Dialogical Space
13:25-13:45	Mortimer-Jones Sheila, Australia. Staff perspectives of the Innovative Open Borders Program	Ciydem Emre, Turkey. Risky behaviors, peer pressure and resilience in nursing students	Hipp Kirsi, Finland. Patient participation in pro re nata (PRN) medication in psychiatric inpatient settings: an integrative review	Lähdepuro Anna, Finland. The impact of early life stress on anxiety symptoms in late adulthood	Nolan Fiona, UK. Collaborating with a lower middle income country (Mongolia) to identify priorities for mental health service development	Elizabeth Hughes, UK. The prevalence of novel psychoactive substances (NPS) use in non-clinical populations: a systematic review	
13:50-14:10	Paiman Mohammad Akbar, Afghanistan. Psychosocial Factors Associated with Deliberate Self-Harm in Adult Patients Presenting to Tertiary Care Hospitals in Afghanistan: A Matched Case-Control Study	Bergmans Yvonne, Canada. Moving the Urgent Care Program Forward	Sampson Stephanie, UK. NHS Rapid Tranquillisation (RT) policies in England: a content analysis	Sendmaa Delgermaa, Mongolia. Mental health problems experienced during pregnancy: results from a Mongolian cohort	Kinn Liv Grethe, Norway. "Pushing the Boat Out": A Metasynthesis of How Members, Staff and Family Experience the Clubhouse Model	Voogt Amar, Netherlands. Providing Structure: a complex psychiatric nursing intervention	

Program for Poster Presentations

Number	Last name	First name	Country	Poster title
1	Alanko	Tuula	Finland	Child psychiatric Intensive outpatient care in the Hospital District of South Ostrobothnia
2	Andersson	Maarit	Finland	How to rehabilitate the substance-abusing pregnant woman and families with infants? - Mother's rehabilitation stories in the Holding Tight® - treatment system
3	Annion	Marianne	Estonia	Children's psychosomatic disorders, diagnosis and interventions according to the NANDA taxonomy
4	Annion	Marianne	Estonia	Alcohol misuse risk factors among youth
5	Asikainen	Jaana	Finland	Patient safety views in psychiatric inpatient care
6	Berends	Inge	Netherlands	Recovery-oriented care in the forensic psychiatry; a qualitative research to care needs of social recovery
7	Berg	Johanna	Finland	Nurse's occupational safety and nurse- patient interaction in seclusion room in psychiatric inpatient units
8	Bilgin	Hulya	Turkey	Incivility in workplaces
9	Boonstra	Nynke	Netherlands	Early intervention in psychosis
10	Buzlu	Sevim	Turkey	The Effect of Psychodrama on Emotional Awareness and Communication Skills of Nurses
11	Bye	Marit	Norway	The TIUR program: Nudging young people who have debuted with cannabis to make more informed decisions about using illegal drugs
12	de Kwaasteniet	Marlies	Netherlands	Double trouble
13	Dooijewaard	Joke	Netherlands	Helping in the recovery process
14	Elzinga	Paul	Netherlands	The difference in therapeutic relationships between patients with a voluntary status and patients who have been admitted against their will
15	Espinosa	Perry Payul	Philippines	Correlation Between Specific Component of Mental Health Condition and Psychological Well-Being of Filipino Older People
16	Forchuk	Callista	Canada	Do You "Like" Me? Facebook Reassurance Seeking and Depression
17	Geerling	Bart	Netherlands	The feasibility of a newly developed blended psycho education course for adolescents with bipolar disorder and their parents, a pilot study
18	Graham	Peter	United Kingdom	Safewards discharge messages. Messages of Hope: What do they tell us?
19	Hemmi	Anna	Finland	Creating a Safety Placard – Preventing and managing threatening and violent situations together
20	Hengeveld-Slötjes	Janneke	Netherlands	Existential Issues in Treatment
21	Husum	Tonje Lossius	Norway	Normative attitudes toward use of coercion in mental health care - staff and user perspectives
22	Hyvärinen	Kari	Finland	Promoting organisational transformation towards recovery oriented practice through continuing education
23	Jongenelen	Suzan	Netherlands	Lonely I am!?

24	Jongma	Maaïke	Netherlands	Qualitative research into experiences of mental health treatment to women with a depression during pregnancy
25	Jukkala	Liisa	Finland	Katajapuu rehabilitation unit for young people and Raitapuu supportive housing
26	Kanerva	Anne	Finland	Creation of mental health practice development model: Case patient safety
27	Kim	Namhee	South Korea	The Relationship among Marital Dissatisfaction, Loneliness and SNS Addiction: The Moderated Mediating Effect of Gender
28	Kirsilä	Aija	Finland	Time and Caring - Psychiatric Nurse on Call
29	Kloosterman	Rianne	Netherlands	"LIFELONG" You can't cure me, but you can discover with me what's needed to function in everyday life. A quantitative study of care needs of adults with autism spectrum disorder
30	Knight	Paul	Australia	A Comparison of the Nature and Extent of Psychological Distress arising out of Traumatic and Non-traumatic Pain Events in Hospital Outpatients
31	Knight	Paul	Australia	An Exploratory Study into whether Pain Event Characteristics (Traumatic, Work, Disease) has an effect on Completion of a Pain Management Program, Distress and Functional Outcomes and the Post-Intervention Identification of Preferred Pain Management Strategies
32	Kuipers	Sonja	Netherlands	Oral health experiences and needs amongst adolescents after a first episode psychosis
33	Lahti	Mari	Finland	Mental health care actions in child welfare: Systematic review of evidence-based literature
34	Laukkanen	Emilia	Finland	Nurses' attitudes toward coercive measures in in-patient psychiatric care: a literature review
35	Lee	HeeJung	Republic of Korea	Factors Influencing Depression among One-person Households
36	Leino	Hanna	Finland	Adolescent's physical health assessment and health related risk taking behaviour in an psychiatric unit for adolescent with substance use problems
37	Lim	Natasha	Singapore	Beneath the Scars- Understanding Self-Harm Among Female Offenders in a Psychiatric Housing Unit
38	Maddock	Alan	Ireland	Mindfulness Training as a Clinical Intervention with Homeless Adults: A Pilot Study
39	Marastuti	Ariana	Indonesia	Use of GIS to Map People at Risk and People with Symptoms of Mental Disorder through Initial Diagnosis by Trained Mental Health Care
40	Mbakile-Mahlanza	Lingani	Botswana	Family caregiving of individuals with traumatic brain injury in Botswana
41	McAllister	Sarah	United Kingdom	Understanding and improving therapeutic engagement between nurses and patients on acute mental health inpatient wards: a feasibility and evaluation study of experience-based co-design
42	Mekers	Marlon	Netherlands	Bipolar disorders and substance use An epidemiologic survey to the prevalence of substance use in patients treated for a bipolar disorder in specific teams at Dimence
43	Mishina	Kaisa	Finland	Digitally Delivered Universal Parenting Program for Positive Parenting Skills for Families with 3-Year-Old Children in Finland
44	Morvillers	Jean-Manuel	France	A qualitative evaluation of patient's perceptions of Therapeutic Alliance on mental health acute inpatient wards
45	Mäki	Seppo	Finland	Physical exercise group at Acute Psychiatry Unit 6
46	Nigus	Beniam	Netherlands	Correlation between the nature of a criminal offense with quality of the therapeutic alliances in the forensic psychiatry
47	Nummelin	Jalmiina	Finland	Service users' views on user involvement in mental health services
48	Overbeek	Karen	Netherlands	Informal caregiver experiences of substance use of patients with comorbid autism spectrum disorder and substance use disorder: a qualitative study
49	Pataki	Caroly	USA	Protecting Youth in Foster Care From Overmedication
50	Pohjonen	Kirsi	Finland	Discharge Messages-One Intervention of Safeward
51	Raittinen	Eeva	Finland	Experiences from school-based child psychiatric consultative intervention in Helsinki

52	Ras	Gerdien	Netherlands	To be seen as a person
53	Reinholm	Mirka	Finland	Because the patient is most important! - Integration of treatment for service users with mental health and substance abuse problems at primary health care
54	Ruonala	Pauliina	Finland	Safewards model, implementation in Oulu University Hospital, Psychiatric Clinic
55	Sahin	Gizem	Turkey	The Relationship of Childhood Trauma and Social Support with Functioning in Women Diagnosed with Bipolar Disorder
56	Schrier	Margo	Netherlands	Informal caregivers and innovation of dementia care. A qualitative study of informal caregivers' perspective on the co-creation development of assistive technology for in the home for dementia sufferers
57	Schulting	Anita	Netherlands	EHealth: Widen the horizons with a display A qualitative study of the significance of the experiences with eHealth in patients with severe mental illness
58	Sendmaa	Delgermaa	Mongolia	Mental problems during pregnancy period
59	Sulley	Riikka	Finland	Nursing staff - the most important resource in health care
60	Szeftel	Roxy	USA	Improving Psychotropic Medications in Patients with Severe Developmental Disabilities through Psychiatric Consultation
61	Tiainen	Irina	Finland	Clinical practice of mental health and substance abuse care as a project study - a work-orientated way of study
62	Walker	Dawn-Marie	United Kingdom	Barriers and facilitators for promoting recovery in mental health: service user's perspectives
63	van der Krift	Eveline	Netherlands	Process for children and adolescent's suicidal behaviour. A project for suicide prevention in Dutch child and adolescent mental healthcare service
64	van Mersbergen	Christel	Netherlands	Personal recovery in the elderly with a depressive disorder
65	Wiarda	Tineke	Netherlands	Back to Balance: A qualitative research to explore the patient experiences with protective and restrictive factors during the psychiatric crisis stabilization
66	Wijnekus	Noortje	Netherlands	Personal attention to lifestyle and health. A phenomenological study into motives of patients with severe mental illness for participating in a metabolic polyclinic
67	Villadsen	Dorte	Denmark	Oral hygiene - a challenge in an everyday life with schizophrenia
68	With de	I. M.	Netherlands	Elderly, personal recovery and happiness. A qualitative phenomenological study on elderly with mental health problems who live in a psychiatric nursing home
69	Zandvliet	Suzanne	Netherlands	Why should you? A phenomenological study about the considerations of pregnant women who consume alcohol
70	Alshahrani	Ali	Saudi Arabia	Psychosocial determinants to glycemic control among diabetic adults attending armed forces hospital southern region
71	Viro	Ursula	Finland	Psychosocial rehabilitation and participation unit
72	Behm	Jaana	Finland	Rehabilitative day activities - Group activities
73	Naci	Eleana	Albania	Gender and age differences in perceptions of female beauty in the Albanian context
74	Melheim	Astri	Norway	Giving the little extra is a necessity in Mental Health Care
75	Eronen	Seppo	Finland	Course on digital services
76	Eschner	Heidi	Finland	How to help patients suffering from eating disorders to eat - Creating a treatment manual
77	Aci	Özgür Sema	Turkey	What is the coverage of people having mental illness in the printed media in Turkey?

KEYNOTE SPEAKERS

Pim Cuijpers is Professor of Clinical Psychology at the Vrije Universiteit Amsterdam (The Netherlands), and Head of the Department of Clinical, Neuro and Developmental Psychology. Pim Cuijpers is specialised in conducting randomised controlled trials and meta-analyses on prevention and psychological treatments of common mental disorders. Much of his work is aimed at prevention of mental disorders, psychological treatments of depression and anxiety disorders, and Internet-delivered treatments. He has also published on a broad range of subjects in the field of clinical psychology, including psychoeducational treatment and early interventions, psychotic disorders, caregivers of dementia patients and bibliotherapy. Pim Cuijpers has published more than 700 peer-reviewed papers, chapters, reports and professional publications, including almost 500 papers in international peer-reviewed scientific journals (more than 130 as first author). According to Thompson Reuters, he is one of the "most influential scientific minds" and was listed in 2014, 2015 and 2016 in "top 1% cited scientists in the area of psychiatry and psychology" (<http://highlycited.com>).

Title of his speech is "Preventing the onset of new cases of depressive disorders: Possibilities and challenges". The public health significance of mental disorders is high. Especially depressive disorders are highly prevalent, and are associated with considerable loss of quality of life and huge economic costs. Treatments can only reduce the burden of disease of depressive disorders with about one third. A growing number of studies has examined the possibilities to prevent the onset of depressive disorders. In this presentation, an overview of this research field will be given. What exactly is prevention, why is it important, and how can we identify the most optimal target groups for preventive interventions? Furthermore, an overview of the research on preventive interventions will be given. Research in this field suggest that it may be possible to reduce the incidence with about 25%. Finally, a description will be given of the possibilities to apply preventive interventions in routine care, of stepped-care models for prevention, as well as the possibilities of Internet-interventions and psychoeducational prevention in primary care. Finally, limitations of the research that has been conducted, as well as the challenges for future research will be discussed.

PhD Niina Junttila is an Associate Professor of Educational Psychology, working at the Department of Teacher Education, University of Turku, Finland. She is the leader of the Well-being, participation and avoiding of marginalization specialization program aiming to enhance children's and adolescents' psychosocial well-being in Finnish school contexts and affiliated with several on-going research projects on loneliness e.g. at the Centre for Learning Research, the Research Centre for Child Psychiatry, the Social Insurance Institution of Finland and the Universities of Helsinki, Tampere and Eastern Finland.

Title of her speech is "Does it hurt to be lonely?". Loneliness is the subjective feeling of being without the type of relationships one desires; that is, loneliness lies upon the perception that there is a discrepancy between one's real and desired relationships. Even though the correlation between the objective state of being alone and the subjective feeling of loneliness is strong, the latter has more negative consequences on person's mental and physical health.

For individuals who lack a social environment that fosters opportunities for connecting with others, loneliness can become an inescapable condition. People's coping strategies and resilience with regard to loneliness are contingent on the social context and culture, since coping options depend on the possibilities that the surroundings avail. Lonely individuals are more sensitive to negative signs from their social interactions, such as focusing more on negative aspects of social situations, holding more negative social

expectations and being more likely to behave in ways that confirm their negative expectations. This negative loop might temporarily function self-protectively, but when prolonged, it results in cognitive overload and adverse physical and mental health, even further deteriorating social functioning.

Lonely people experience feelings of isolation, disconnectedness from others and not belonging, and they are more likely to suffer from social phobia, fears, fear of future, depression anxiety, personality disorders (avoidant, borderline), and schizophrenia. Additionally, poor sleep quality, comfort shopping, incurring of debt, gambling, delinquency, self-injury, suicide attempts and suicides have been linked to loneliness. Threats to social connection are processed by same neural regions that process basic threats to survival and consequently trigger physiological threat responses that have negative health implications. Thus, loneliness is a risk factor for many serious physical health issues such as cognitive decline, increased hypothalamic pituitary adrenocortical activity, diminished immunity, cardiovascular health risks, high systolic blood pressure, progression of Alzheimer's disease, dementia, and obesity. Alone or together with related factors, loneliness has been associated with the increase of morbidity and mortality.

Since 2002 Andreas Heinz is Professor of Psychiatry and Director of the Department of Psychiatry and Psychotherapy of the Charité - Universitätsmedizin Berlin, Germany. He studied medicine, philosophy and anthropology at the Ruhr-Universität Bochum, Freie University Berlin and at Howard University, Washington DC. He worked with Markku Linnoila and Daniel Weineberger as a special volunteer at the Clinical Brain Disorders Branch, NIH. His research focuses on dopaminergic and serotonergic neurotransmission and their respective effects on reward-dependent learning, positive and negative mood states and impulsivity. A second research focus is on social exclusion stress and transcultural psychiatry. Since 2012, he has been the vice chair of an organization for Psychiatric Reform and Humanization, the Aktion für Psychisch Kranke. From 2010 to 2014, he was the president of the German Society for Biological Psychiatry (DGBP). From 2008 to 2011, he was the speaker of the Conference of University Chairs of Psychiatry in Germany. Since 2009, he has been a member of the board of the German Association for Psychiatry, Psychotherapy and Neurology. He is the leader of several research projects including the international research project "Mental Health and Migration". He is a proponent of a person centered approach and open wards in psychiatry. In 2011 he was elected as a Leibnitz chair at the Leibnitz-Institute for Neurobiology in Magdeburg, in recognition of outstanding research in Neuroscience. For fall semester 2014/2015 he was nominated as Karl-Jaspers guest professor at the University of Oldenburg. Since 2015 he is an honored member of the Leopoldina - German National Academy of Sciences.

Title of his speech is "A new understanding of mental disorders". Revision of DSM sparked a vivid debate on how to understand and classify mental disorders. Patient organizations and professionals worried that the border between mental disorders and common human suffering (e.g. following the death of a loved one) will be blurred and resources can be directed away from patients with severe mental disorders. An alternative and more "narrow" definition of a clinically relevant mental disorder suggests that 1) a limited number of key mental functions (including orientation, memory or the self-ascription of one's own thoughts and actions) has to be impaired, and 2) that this impairment has to cause individual suffering or severely limits social participation. This rather narrow definition of mental disorders focuses on subjects who suffer from personal harm due to their mental disorder. While such definitions describe the field of clinically relevant mental disorders, the traditional classification of single disorders has also been criticized, because it does not reflect neurobiological correlates. Alternative classifications rely on key mental mechanisms including reinforcement learning and various memory functions and their respective neurobiological correlates. An advantage of such classifications is that they focus on the malleability of human behavior in lifelong learning processes and emphasize the "normality" rather than the exclusiveness of human experiences in key mental disorders.

Prof. Dr. Bernd Greiner is Director of the Berlin Center for Cold War Studies and is also a research fellow at the Hamburg Institute for Social Research. He has published numerous books on the Cold War, the war in Vietnam and the impact of 9/11.

Title of his speech is "Coping with the Cold War: Fear, Risk, and Insecurity in Perspective". The speech will frame the story of Berlin during the Cold War in a global perspective. Since the communication of fear and the manipulation of risk and insecurity were at the heart of Cold War strategies in both East and West, the political impact and social ramifications of these strategies will be dealt with in detail. By the same token, the ways and means to overcome fear and distrust will be reflected, with special emphasis on the final years of the Cold War.

Peter Lehmann, Born in 1950 in Calw (Black Forest), Germany. Education in social pedagogy. Living as independent publisher, author and freelance activist of humanistic antipsychiatry in Berlin. In 1986, foundation of Peter Lehmann Publishing and Mail-order Bookstore. In 1987, co-founder of PSYCHEX (alliance of lawyers, doctors and survivors of psychiatry to support people who are incarcerated in psychiatric institutions in Switzerland; since then, board member. In 1989, co-founder of the Organisation for the Protection from Psychiatric Violence (running the Runaway House Berlin: house for people seeking shelter from psychiatric violence, opened in 1996). Since 1990, co-editor of the Journal of Critical Psychology, Counselling and Psychotherapy. In 1991, co-founder of the European Network of (ex-) Users and Survivors of Psychiatry (ENUSP); from 1997 to 1999, Chair of ENUSP, board-member until 2010. From 1994 to 2000, board member of the German organisation of Users and Survivors of Psychiatry (BPE). From 1997 to 2000, member of the Executive Committee of Mental Health Europe, the European section of the World Federation for Mental Health. In 2010, awarded an Honorary Doctorate in acknowledgement of "exceptional scientific and humanitarian contribution to the rights of the people with psychiatric experience" by the Aristotle University of Thessaloniki, Greece. In 2011, awarded the Order of Merit of the Federal Republic of Germany in acknowledgement of service to the community by the President of Germany. Since 2013, Patron for the Berlin Organisation of Users and Survivors of Psychiatry, and blogger at Mad in America. Book publications include, Coming off Psychiatric Drugs: Successful withdrawal from neuroleptics, antidepressants, mood stabilizers, Ritalin and tranquilizers (edited 2004, ebook 2013); Alternatives Beyond Psychiatry (edited 2007 together with Peter Stastny, ebook 2014). More at www.peter-lehmann.de/inter.

Title of his speech is "Combatting psychiatric patients' catastrophic reduction in life expectancy: User-orientated approaches".

Nigel Henderson, Chief Executive, Penumbra and President of Mental Health Europe. Nigel has worked in mental health since 1979. He is qualified as both a mental health nurse (RMN) and general nurse (RGN). After working in the National Health Service and for other NGO's, Nigel joined Penumbra (www.penumbra.org.uk) in 1991. In 1999 Nigel was appointed Chief Executive of Penumbra, which is one of Scotland's most innovative mental health organisations. Throughout his career Nigel has focused on developing services that are person centred and that offer choice, dignity and respect to people who use these services. From developing one of Scotland's first drop in/day centres to supporting the development of supported housing, peer support services and new community inclusion services as alternatives to day centres, Nigel has always sought to find ways to ensure that people's rights are protected and that they have the possibility of a fulfilling and contributing life. Other significant achievements include working with the Romanian League for Mental Health to establish Estuar in 1993 as one of the leading NGO's delivering community mental health services in Romania. Nigel was also one of the original creators of 'see me'

(Scotland's award winning anti stigma campaign www.seemescotland.org) and the Scottish Recovery Network (www.scottishrecovery.net). Nigel and colleagues at Penumbra have also developed I.ROC (Individual Recovery Outcomes Counter) which is a validated measure of personal recovery. I.ROC (www.irocwellbeing.com) is now being used by many organisations across the world and is available in three languages (English, Dutch, Spanish). It is currently in use in Netherlands, Spain, USA, Australia and UK. Translated versions are being developed in Finland, Czech Republic and China. Nigel has contributed to and been a member of many governmental working groups on mental health and wellbeing and continues as a member of the Scottish Parliament Cross Party Group on mental health. Nigel is currently President of Mental Health Europe (www.mhe-sme.org), and has just completed his second term as a Board member of the Mental Welfare Commission for Scotland (www.mwcscot.org.uk).

Title of his speech is: "The three R's: Rights, Recovery and Relationships". In the UK we used to talk about the three R's as being the basic building blocks for all education; reading, (w)riting and (a)rithmetic. I will use the concept of the three R's to argue that rights, recovery and relationships are the fundamental principles and building blocks for modern 21st century mental health.

Most discussion on mental health takes place through the narrow prism of mental illness services. Delivery and availability of services and support varies widely across Europe. Human rights are not universally upheld, treatment can be non existent or of poor quality, often ignoring the expressed wishes or consent of the person. How do we ensure people's rights drive change and transformation in mental health services?

Recovery is talked about and prioritised in policy documents but often misrepresented or misunderstood. What is recovery, how can it transform the way we design, develop and deliver mental health services?

Relationships are a fundamental part of the human experience. We often take them for granted. In mental health services relationships between practitioners and those experiencing mental ill health can often be seen as a power imbalance. How do we ensure person centred practice, where relationships are equal and trusting, where responsibility is shared and acknowledged?

In addressing these issues I will describe the barriers we have created, the challenges we have to face and the tasks and transformations in thinking, practice and action we must all undertake to ensure transformation to a rights based, recovery focused future for mental health.

ORAL PRESENTATIONS (in alphabetical order based on the presenter's last name)

Validation of the Individual Recovery Outcomes Counter (I.ROC), preliminary results

Aardema Hettie, MANP, PhD-Student, GGZ Drenthe, The Netherlands

Pijnenborg Marieke, Prof, Dr, Dept of Clinical Psychology and Experimental Psychopathology, Faculty of Behavioural Sciences, GGZ Drenthe, Dept of Psychotic Disorders, the Netherlands; Castelein Stynke, Prof dr, Professor of Recovery from Severe Mental Illness, Lentis Psychiatric Institute, University of Groningen, the Netherlands; Sportel B.E. (Esther), Dr, Dep. of Psychotic Disorders, GGZ Drenthe, The Netherlands; Boonstra Nynke, Prof, Dr, Professor, Care and Innovation at NHL University of Applied Science and Master Advanced Nursing Practice at Friesland Mental Health Care Service

Background: Recovery has become a key concept in mental health care for people with severe mental illness (SMI). A validated instrument to assess recovery is not yet available in the Netherlands. The Individual Recovery Outcomes Counter (I.ROC) is a twelve-item facilitated questionnaire which, unlike other recovery measurements, can not only be used to gain insight into the recovery process of the client for routine outcome monitoring but also as a care model, because it provides information to determine where specific assistance or treatment is needed in the future. The I.ROC is thought to be sensitive to change. The aim in developing I.ROC was to make a tool that facilitates personalized care instead of a "one size fits all", and improve the wellbeing in clients. Main aim of current study is the validation of I.ROC in assertive community treatment (ACT) teams of four mental health care facilities in the Netherlands: GGZ Drenthe, Lentis, GGZ Friesland and GGz Breburg.

Objectives:

- to provide a validated tool to measure recovery for people with severe mental illness
- to increase well-being in clients by connecting to individual needs
- to promote a recovery focused, person-centered care

Method: In addition to the usual routine outcome measurement (ROM), 300 clients with a severe mental illness will be asked to fill out two extra questionnaires, the I.ROC and the Recovery Assessment Scale (RAS). For the validation we will compare the I.ROC with several other instruments; positive and negative syndrome scale (PANSS), Functional Remission Scale (FR), the Health of Nation Outcome Scale (HoNOS), Manchester Short Assessment of Quality of Life (Mansa) and a question about physical exercise.

Results: The preliminary results are presented, about 300 participants are included. Discussed are the test-retest reliability, internal consistency and concurrent validity, as well as the opinion of clients on the usability of the I.ROC. The results after 231 inclusions are: Cronbachs alpha I.ROC; .878. Correlation with the PANSS: Spearman's $r = -.50$. Correlation with RAS; $r = .611$.

Conclusions: The I.ROC seems to be a promising instrument to measure recovery and can be used in clinical practice for care planning and provides insight into individual recovery processes

What is the coverage of people having mental illness in the printed media in Turkey?

Aci Özgür Sema, RN, Department of Psychiatric and Mental Health Nursing, Turkey

Özaslan Zeynep; Bilgin Hülya; Tek Seda, Department of Psychiatric and Mental Health Nursing, Istanbul University, Florence Nightingale Nursing Faculty, Turkey

Background: The contents of the news on the media are mostly filled with topics that are more likely to be watched and non-news subjects, which may be of interest to the individuals in society. There is mostly news of violence that will affect the society negatively and this leads to an increase in unwanted / violent behavior in the society. In this context, the news presented in the media needs to be planned considering the existence of the individuals who can be considered as vulnerable. News content does not just increase violent behavior in society, it can also increase the stigmatization of groups that are classified as 'vulnerable'. The visual and print media are filled with news that stigmatize mental illnesses. In the series and films, aggression and the role of the bad guy seem to be used synonymous with having mental illness. In the guideline on Community Mental Health Centers that published in National Mental Health Action Plan in 2011, raising public awareness through written and visual media and anti-stigmatization movements have been identified as duties of these Centers.

Objectives: This study aims to systematically review the news about psychiatric patients in national newspapers in Turkey.

Methods: There are 41 national newspapers in Turkey. The average daily circulation of these newspapers is approximately 3.2 million. The circulation will not be evaluated for newspapers that are less than 1 percent of total circulation (32 thousand or less). Since publication of the Mental Health Action Plan (2011), the existing news will be analyzed in terms of key words (neutral and labeling prone), and content analysis will be done by gathering news according to the criteria of inclusion and acceptance.

Results: As a pilot study, national circulation in Turkey is highest in three newspapers. Screened with the keyword "schizophrenia". In this survey made on the first stage; According to circulation order, 52 of the 585 news in the first newspaper with the highest circulation, 43 of the 517 news in the second newspaper, and 31 newspapers in the third newspaper according to the circulation order, the schizophrenia patients were classified as "aggressive", "savage", "when it is unknown what to do" and "horrified".

Conclusions: It appears that the printed media is also effective in stigmatizing mental illnesses in the information transmitted to the collection. Given the fact that the media is a powerful channel for the information being transmitted to society, this power can have a negative effect on the stigmatization of mental illnesses.

Professional working in one-to-one psychiatric nursing situations: course for nurses

Aho Jukka, Senior lecturer, Savonia University of Applied Sciences, School of Health Care, Finland

Background: One-to-one nursing is used in psychiatric nursing for instance to manage patients' aggression, self-harming and confusion and to avoid seclusion in inpatients' care. Terms and practices vary but the effective, professional presence of the nurse is often emphasized. Nursing students hired as staff members still are the ones who often carry out this intervention in Finland. However, courses to enhance nurse's knowledge and skills about the topic is rarely provided. Therefore, the course was developed for nurses who conduct one-to-one nursing.

Objectives: This course called "Genuinely present – professional working in one-to-one nursing situations" enables participant to reflect and enhance their competence to practice as a nurse in these situations. Raised

awareness and improved skills related to the subject may lead to promote safety in work, to avoid the use of coercive measures and to offer overall higher quality of care.

Methods: The course was developed through the literature review, variety of interviews and use of expertise of experienced nurses. Also pilot courses including evaluation questionnaires were implemented. These actions formed the framework, content and learning methods for the course.

Results: The course consists of the six themes, discussed in the presentation:

- forming the connection with the patient
- mastering the basic nursing practice
- nurse's self-knowledge
- speciality about interaction in one-to-one nursing
- communality in one-to-one nursing
- reporting, reflecting and debriefing

To form the connection between a nurse and a patient requires that patient may experience safety, trustfulness, continuity, equality and similarity. One-to-one nursing in psychiatric settings demands resources from psychological to financial efforts easily raising stressful thoughts for a nurse which may contribute to the practice: broader understanding about emotions and their purposes is one of the learning goals. Also variety of communication methods are trained as well as the theme of communality. Professional understanding of ethical matters such as patients' experiences of lack of interaction with nurse or nurse's unprofessional use of power, is addressed.

Conclusions: One-to-one nursing can be realized as a more structured intervention. Structurizing helps nurses to conceive the phenomenon as a whole and enables to detect competence areas in which they can promote their skills. Experiential learning approach tends to be suitable for this topic.

Ask and listen – simulation as teaching method in mental health care learning

Alakulppi Juha, Senior Lecturer, Oulu University of Applied Sciences, Finland

Suua Pirkko, MNSc, RN, Senior Lecturer, Oulu University of Applied Sciences

Background and objectives: According to previous research the nursing students are anxious before the mental health practical learning periods. They are afraid of encountering people who have severe mental health care problems and feel helpless how to make contact with them. As mental health teachers we also have recognized that phenomenon. Oulu University of Applied Sciences has offered modern settings more than ten years for teaching nursing clinical skills in simulation learning environment. Four years ago we began to use simulation learning environment and simulation pedagogics also in mental health courses to learn interactive communication skills. Asking, listening and discussing are the essential skills in mental health care and in simulations students practice those skills. The learning subjects are how to encounter clients with severe mental health problems as human beings. For example students practice interview clients with suicidal, psychotic or depressive thoughts and experiences.

Methods: In mental health care simulations we point out the good and trustworthy atmosphere where it is safe to practice. There is 15-20 students and two teachers in a simulation group and one group practices eight hours during the mental health course. We use standardized clients in our scenarios and focus especially on the debriefing.

Results and conclusions: According to feedback we have collected (270 students) they consider simulations as very interesting, motivating and reality based learning method. Students get tools in getting contact, interviewing and getting better understanding of the client's life world. Simulations give the students readiness to encounter clients. Students feel that the simulations are much more effective than ordinary lessons. They get more realistic view of the reality of mental health care and the simulations diminish the prejudices and fears towards clinical training. Students get positive feedback from teachers and co-students. In near future there is need to develop multiprofessional simulations with medical students and students from social, rehabilitation and occupational therapy.

Novel response patterns to everyday stressor events identified using smartphone Mobile Experience Sampling Method (m-ESM)

Arjmand Hussain-Abdulah, Mr, Monash University, Australia

Rickard Nikki, Dr, Monash University & University of Melbourne

Background: Contemporary resilience research studies often reveal heterogeneous trajectories of responding following adverse events. Such studies explore resilience in response to a traumatic event, and monitor responses over extended durations. However, everyday stressor events are known to have unique, negative contributions to mental functioning and trajectories of responding following these events are yet to be explored. Previous methodologies have also been limited by the use of retrospective questionnaires or real time sampling using unfamiliar devices or inconvenient phone interviews.

Objectives: The aim of the current study was to explore short term responses to everyday stressor events on measures of mental health. A novel mobile experience sampling methodology (m-ESM) was utilized to monitor responses to stressors in real time. A smartphone mental health app ('Moodprism') which prompts users daily to report depressive symptoms, and occurrences of noteworthy stressor events in the past 24 hours, was developed for this purpose.

Methods: A sample of 135 participants was recruited as part of the promotion of this app. Participants' daily reported experience of stressor events and depressive symptoms were collected across a 30 day period as they used the app. For each participant, a single stressor event was identified, according to specific criteria, and depressive symptom scores were extracted for the stressor day and 3 days following the event. Responses were scaled relative to their general reactivity across the remainder of the 30 day period. Participants were clustered into groups based on initial reactivity and subsequent recovery following a stressor event.

Results: This revealed distinct patterns of responding and a highly individualised nature in which participants respond to stressor events. Three primary patterns of responding were observed: (1) non-reactive; minimal reactivity to the stressor event, followed by maintenance of typical functioning thereafter, (2) reactive; large initial reactivity to the stressor event, followed by a gradual return to typical functioning thereafter, (3) irregular; unstable patterns of responding characterized by unpredictable fluctuations across days following the stressor event.

Conclusions: These findings suggest that real time measurement of psychological functioning to stressors yields a more complex set of responses than previously observed with retrospective reporting. The use of smartphone technology to measure individualized responding also proved to shed significant insight.

MoodMission: Development and validation of a new evidence-based smartphone app for low moods and anxiety

Bakker David, Doctor of Clinical Psychology Candidate, Australia, Monash Institute of Cognitive and Clinical Neurosciences, Monash University, Australia

Rickard Nikki, Assoc Prof, Monash Institute of Cognitive and Clinical Neurosciences, Monash University, and Centre for Positive Psychology, Melbourne Graduate School of Education, University of Melbourne, Australia

Background: The number of mental health apps (MHapps) developed and now available to smartphone users has increased in recent years. MHapps and other technology-based solutions have the potential to play an important part in the future of mental health care. However, many currently available MHapps lack evidence-based features and trial-based experimental validation.

Objectives: We aimed to build and validate a new cognitive behavioural therapy (CBT) based MHapp called MoodMission that can a) prevent psychological disorders, b) treat subclinical anxiety and low mood, and c) serve as an adjunct to professional support.

Methods: A literature review established sixteen recommendations for MHapp design, which were incorporated into MoodMission's design. Users download MoodMission from the Android or iTunes app stores and complete a series of onboarding surveys including measures of depression, anxiety, mental well-being, emotional self-awareness, mental health literacy, and coping self-efficacy. When users are feeling low or anxious, they report their distress via a series of simple and quick selections and MoodMission provides them with 5 possible CBT-based activities they can do to reduce their distress. After completing their "Mission", users report their new levels of lowered distress. Using these data, MoodMission uses machine learning to tailor improved mission suggestions in the future. After 30 days of use, users complete the same surveys that were completed at onboarding to measure change over time. To date, MoodMission has had over 25,000 downloads and complete data from 194 users have been analyzed. A randomized controlled trial is currently being conducted comparing MoodMission to two other MHapps and a waitlist control.

Results: Regression analyses have yielded a significant relationship between greater app engagement and reduced depression, reduced anxiety, and increased well-being after 30 days of app use. These relationships were mediated by increases in coping self-efficacy, but not by emotional self-awareness or mental health literacy. RCT results will also be presented.

Conclusions: Engaging with MoodMission increases coping self-efficacy, which in turn reduces anxious and depressive symptomatology and enhances well-being. Effective MHapps, like MoodMission, are required to help prevent mental health problems and to ease the burden on health systems. MoodMission can also be used by psychologists with their clients as a way to encourage between-session work.

Family experience of positive mental health when hiking in nature

Baklien Børge, PhD, Inland Norway University of Applied Sciences, Norway

Røseth Idun, Telemark Hospital, Skien, Norway; Bongaardt Rob, Faculty of Health and Social Science, University College of Southeast Norway

Background: The background for this presentation is our research on positive mental health as experienced by Norwegian families on a hiking trip in the countryside. In Norway nature is considered as an important arena in public health strategies. It is argued that more people should enjoy 'the cost-free, side effect-free

and easily accessible means that nature offers, as a way to mobilizing new energy for everyday life and for coping in crises' (Norwegian Ministry of the Environment 2009).

Objectives: The purpose is to contribute knowledge about how families experience positive mental health in everyday situations as hiking in the countryside. A research question was formulated: How is positive mental health lived, learned and communicated in family's everyday life?

Methods: The data for this particular study were selected from a previous set of data collected in Norway in 2012 to explore the relationship between hiking in nature and wellbeing. To ensure collection of rich data we constituted a research situation close to the life world situation, where we conducted descriptive phenomenological interviews in situ by interviewed families in the countryside. That is, while the phenomenon of interest unfolds in the actual situation and in real time.

Results: The results show that the general meaning structure of the families' experiences comprises three constituents: (1) in a quiet outdoor gathering point, family members synchronize the pace of time, (2) a bodily awareness of the absence of strain and stress that were still present at the onset of the trip and (3) exchange of short stories and reflections about concrete events, which converge into a larger narrative that conveys a shared meaningful world.

Conclusions: Our descriptive phenomenological analyses suggest that the generic structure of family's first person view on positive mental health concerns a passionately and positively experienced effort to transform one's life situation to the better. In nature the families experience a breathing space when they are geographically distant from patterns of work and domestic routines. They are effortlessly present in situations that do not demand their full attention. In the breathing space, when they experience time, world and others in a different manner, their attention is here and now. When their world is disconnected from a complex network, they experience the bodily awareness of letting go of strains and stresses. The family consciously choose to hike in nature to experience the breathing space, which they know is different from the complex life.

Mental health and sport: Reflecting on an ethnographic study of 'football therapy' sessions in the National Health Service (NHS) in Birmingham, UK.

Benkwitz Adam, Dr, Newman University, England

Background: Over recent years there has been an increasing interest in forms of physical activity, exercise and sport for the benefit of individuals with mental health related issues. A volume of literature now exists that highlights the many ways that participation in various forms of physical activity can contribute to 'good mental health'. However, within the literature there remains limited appreciation of those actually involved in these activities. Instead, to a large extent, there remains a 'clinical gaze'; with numerous studies that, broadly speaking, take a 'pre-' and 'post-' assessment of individuals involved in physical activity or exercise interventions, and then focus on judging the effectiveness of the intervention based on outcome measures.

Objectives: The 'pre-' and 'post-' approach continues to neglect the culturally specific nature of sport (which is differentiated from physical activity and exercise), as well as the lived experiences and social interaction of those involved and lacks appreciation of what actually goes on during such an intervention, and also which elements of the intervention are actually important to the health and experiences of the participants. This study aimed to address these methodological issues in order to provide a voice for those involved in the intervention, in order to inform future practice, whilst contributing to the limited, but growing, evidence base in this area.

Methods: An ethnographic study was undertaken, which aimed to explore the lived experiences of, and provide a voice for, individuals involved in 'football therapy' sessions in Birmingham, UK, utilising participant observation and semi-structured interviews for data collection. The participants included current and former service users from National Health Service (NHS) medium-secure units, as well as non-secure service users and staff/volunteers.

Results: Key themes identified included the role of sport in their perceived recovery; the importance of autonomy and empowerment involved in attending the sessions; the culturally specific nature of their involvement in sport and what that meant for their identity, and subsequently their health; and, the power dynamics between staff and service-users within the sessions.

Conclusions: This paper reflects on the benefits and also the tensions involved in a project in this context, together with an insight into this analysis of sport being used in the context of mental health and recovery.

Violence experienced by nurses in psychiatric seclusion room: An integrative literature review

Berg Johanna, RN, Turku University of Applied Sciences, Finland

Lahti Mari, PhD, Turku University of Applied Sciences; Mishina Kaisa, PhD, University of Turku; Varpula Jaakko, BHLthSC, University of Turku; Välimäki Maritta, professor, University of Turku and The Hong Kong Polytechnic University

Background: Previous research on patient aggression show that nurses encounter patient aggressive behavior frequently in psychiatric inpatient units. Research tend to focus to varieties of patient aggressive behavior, consequences of aggressive behavior and assessment and management of aggressive situations. However, little is known about patient aggression towards nurses in seclusion room.

Objectives: The objective of this literature review was to report relevant evidence of the violent or aggressive behavior displayed by patients towards nurses in seclusion room in psychiatric in-patient care.

Methods: An integrative review of literatureMethods: An integrative review of literature was carried out following the PICO method. Databases CINAHL, PubMed, PsycINFO and Medline were searched for relevant publications according to the search terms. Inclusion criteria were: 1) Population were nurses, 2) Study was conducted in psychiatric ward, or in forensic ward or on geriatric psychiatric ward, 3) Study described violent or aggressive behaviour displayed by patients towards nurses in seclusion room in psychiatric hospital, and 4) Study was empirical (qualitative or quantitative). Exclusion criteria were: 1) Population was patient or other than nurse, 2) Study was conducted in medical ward i.e. infection disease ward, 3) Study did not describe nurses experienced aggression or violence during seclusion or restraint in psychiatric ward, and 4) Study was abstract, conference proceeding, dissertation, report or review article.

Results: 556 records were identified through database search and finally 5 records were included to the review. Included studies show that patients displayed minor and major aggression towards nurses in seclusion. Female nurses were more often injured than male nurses.

Conclusions: Based on this review, there is need for more robust knowledge on patient behavior and aggressive incidents during seclusion. It seems that nurses do experience some aggressive incidents while patients are secluded and therefore more research is needed to understand how this could be prevented in future.

Moving the urgent care program forward

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Background: The Urgent Care Program (UCP) at St. Michael's Hospital (SMH) in Toronto, Canada aims to provide individuals with mental health and/or addictions timely access to ambulatory psychiatric assessment and interprofessional team-based care for up to 3 months. The absence of systematically collected information on clients' experiences is a notable gap, and we wished to explore the experiences of service users for program improvement. The main goal of this study was to involve service users as the main informants in creating a platform for the future growth and sustainability of ambulatory mental health services, specifically urgent care programs.

Objectives: The research study explored clients' perceived needs, experiences of, and recommendations for their care of urgent mental health care. Perceptions of benefits and limitations of the service, met and unmet needs and perspectives regarding improvements that could be made to the program were explored. This knowledge is vital to quality improvement, program development and evaluation of the SMH UCP, and addresses an important gap in the literature on urgent mental health care.

Methods: Purposeful sampling of service users who completed the UCP program enabled a thematic analysis of information rich cases to identify key emerging themes. This qualitative analysis was carried out from a theoretical framework of essentialist/realism which allows for the reporting of experiences, meanings and the reality of participants.

Results: Participants identified overall satisfaction with the UCP. Preliminary findings identified the key themes included communication, flexibility, support from an interdisciplinary team and lack of ongoing resources. Additionally, participants were invited to participate in a focus group with a goal of an ongoing consumer engagement in program development.

Conclusions: Interprofessional team-based care for urgent mental health clients can support healing and transitioning to supports in the community. The results of this study will assist in the further development of the program. It provides evidence derived from consumer experiences for organizations considering the utility of an urgent short term ambulatory follow up. Engaging with service users is essential in designing client-centered care for mental health and addictions services, particularly in ambulatory mental health services.

Psychiatric diagnoses and medication among Icelandic nursing home residents

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Background: There are growing concerns about the mental health of older people. Anxiety and depression are common among them and 8% - 16% suffer from clinically significant depression. Also, there is increase in subscription of psychiatric medicine which is the most common intervention. Depression and anxiety are more prevalent among older people living in institutions. For example, 26% of nursing home residents in USA take antipsychotic medication and from 1982 to 2000 the use of antidepressants increased from 6.3% to 39.9% in Swedish nursing homes. This high prevalence of mental health problems and psychiatric drug use among older people in institutional care is of great concern. Little is known about this situation in Icelandic and a clear picture of it, and its development, is needed.

Objectives: The research aimed at answering the question: What is the prevalence of psychiatric diagnoses and medication among residence of Icelandic nursing homes and how has it developed from 2000 to 2014?

Methods: Data was collected from an interRAI database which is kept by the Directorate of Health and includes all nursing homes in Iceland. It is cross-sectional ranging from N=1606 in 2000 to N=2596 in 2014.

Results: Half of the residents (49.9%) had some psychiatric diagnosis in 2000 compared with 61.4% in 2014. Depression is most common; 43.3% in 2014 compared with 33.1% in 2000. Anxiety is second; 39.4% in 2014 compared with 26% in 2000. The prevalence of bipolar disease and schizophrenia did not change significantly over the period; bipolar disease 4% to 5% and schizophrenia 2% to 3%. Half of those who had any diagnoses had two or more. The prevalence of psychiatric medication did not change significantly during the period; 77.6% in 2014 and 75.0 in 2000. Antidepressants are most common; 59.4% in 2014 and 47.9% in 2000. Anxiolytics came second but the use of them has decreased since 2000; from 37.1% to 30.6%. In 2014, 29.7% used antipsychotics and the use had not changed through the period. More than half (60%) of those who used any psychiatric medicine use two or more of them. The prevalence of medication was higher than the prevalence of psychiatric diagnoses; 50%-60% of those who did not have diagnoses took medication and 10% who had a diagnoses did not.

Conclusions: The findings indicate that residents of Icelandic nursing homes do not get the psychosocial care they need and the psychiatric medication is alarming. New ways to treat mental health problems is needed and initiative should be taken to train staff in giving psychosocial support.

People with mental illness and physical health: Their views

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Background: Physical health is neglected area for people having mental illness universally. Both mental illness and medication side effects, patients have many physical problems such as obesity, heart diseases, respiratory problems based on smoking etc. This is in contradiction in terms of mind and body integrity. Mentally ill people needs to been assessed and take appropriate interventions to be healthy in body.

Objectives: To examine the views related physical health of people with mental illness

Methods: Descriptive qualitative interviews were conducted with fifteen female patients using semi-structured interview form. Patients were treated in acute wards in psychiatric hospital. An ethical review board of hospital gave a permission for study.

Results: Themes were extracted from interview records such as The importance of Physical Health, Unimportance of Physical Health, Present Physical Health Services in Hospital.

Conclusions: To improve body-mind integration and protect physical health, physical health issues should be acknowledged by mental health professionals and administrators. For this, patients are paid attention to learn about their needs based on physical health objectively. Patients need to be strengthen both in mentally and physically to have productive life for themselves and the society.

Growing up with a parent with a severe and enduring mental illness: Living on the edge of multiple services yet belonging to none.

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Background: This paper presents findings from PhD research exploring how adults, who grew up with a parent with a severe and enduring mental illness, make sense of their childhood and parents illness. Significant numbers of children grow up with a parent with a mental illness which impacts on their experience of childhood, formation of identity and own mental health. While there is literature that examines the risks and psychiatric outcomes for children growing up in this way, an exploration of the child's experiential processes is largely unattended.

Methods: 20 participants were interviewed across the UK. Both narrative and thematic methodology were applied to the analysis. This study was not restricted to any specific illness, however the parents would have reached thresholds for secondary care.

Results: A key finding was the difficulty professionals face in addressing the needs of children who grow up with a parent with a mental illness. Many participants spoke of sitting on the edge of services such as education, health and social care and falling through the gaps between distinct service boundaries. This is exacerbated by the separation between children's and adult mental health services and the policy drive towards a more patient led experience, which places barriers preventing professionals from engaging with families in a holistic manner. Participants not only felt isolated and vulnerable without access to support for their own needs, but also excluded from the considerations of their parent's needs. Often intrinsically involved in caring for their parents both physically and emotionally, they were rarely included in the information sharing or decision making. The rationale for this appeared to be grounded within the service focus on patient led care and theoretical understandings of child development. However these children were regularly performing tasks beyond developmental expectations and felt strongly that their own resilience and relationships could have been enhanced with a better understanding of their experience and acknowledgment its impact. Finally the stigma experienced by families affected by mental illness reinforces the hidden nature of children's experiences and care roles.

Conclusions: This raises implications for mental health research in examining the experiences and vulnerabilities of these children, which in turn could inform a more inclusive and collaborative approach between social policy, service provision, professionals, families and crucially the children themselves.

Evaluating the preceptor perspectives of an Integrated Clinical Learning Model in a mental health environment

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Background: Traditionally, undergraduate nursing students attend a block clinical placement that can be two to four weeks in duration. With the deregulation of universities and the increasing number of Bachelor of Nursing students, the availability of appropriate and quality mental health clinical placements are in demand. In responding to this demand Victoria University trailed a new Integrated Clinical Learning Model (ICLM) in 2008 for acute care placements. Students attended this placement over a sixteen week period during semester time. The model was well received by students, academic staff and placement coordinators. An evaluation additionally found it was cost efficient and student reported a greater sense of learning satisfaction. This model was then adapted for mental health placements in 2010 and this is the first time the model has been evaluated in a mental health setting.

Objectives: To evaluate preceptors' perspectives of the Integrated Clinical Learning Model

Methods: A qualitative descriptive method. At the completion of the clinical placement focus group interviews were conducted by an independent research assistant and were audio-recorded.

Results: Four main themes were identified. Building rapport, continuity, preparedness and flexibility

Conclusions: The findings from this study will assist nurse educators, academics and clinical staff to gain an understanding of the preceptor's experience of the model and whether it is an effective model for undergraduate clinical placement in mental health.

"Equality or equity?": Exploring the issue of power in co-production

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Happell Brenda, Professor, University of Canberra

Background: Coproduction of services or other initiatives by mental health professionals and service users is rapidly gaining momentum. While the principles are laudable there is a long and unglamorous history of professionals (albeit often well intentioned), taking control and including service users somewhat tokenistically. The COMMUNE project has sought to involve Experts by Experience as partners in the production and implementation of a learning module for students of mental health nursing. While all efforts have been made to respect equality, issues of equity require further exploration.

Objectives: To explore the issue of power in co-production.

Methods: Discursive analysis.

Results and conclusions: Frequent conversations throughout the COMMUNE project related to equality. Equality essentially refers to sharing, providing or distributing equally. This is a perfectly reasonable approach to co-production when the two groups come from backgrounds of similar advantage, influence and familiarity. In the case of Experts by Experience and academics, the starting position is not the same. The emphasis should therefore be on equity, where resources are distributed on the basis of need. As such equity acknowledges disadvantage and power differentials and aims to actively address these via fairness, justice and respect. In this presentation we will consider these issues within the context of coproduction, acknowledging the limitations and effective ways to address them.

Effects of Routine Outcome Monitoring (ROM) on therapy outcomes in the course of an implementation process: A randomized clinical trial

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Background: Routine Outcome Management (ROM) or patient feedback systems refers to a family of client self-report measures that are used to monitor treatment responses throughout therapy and alert therapists to problematic aspects of treatment as it evolves. As a tool to improve treatment results and prevent failures, the potential impact of ROM in mental health care is considerable. However, the effectiveness of ROM has not been firmly established; the existing body of evidence was found insufficient in a recent Cochrane review (Kendrick et al., 2016) and research results have varied across treatment settings, therapists, and clients.

Objectives: To investigate the effects of the Partners for Change Outcomes Management System (PCOMS; Miller et al., 2005) on therapy outcomes at a hospital mental health clinic, and explore if the effect depended on the time in which clients were treated during a four-year implementation period as well as other possible moderators.

Methods: Adult clients (N = 170) referred for outpatient psychotherapy at a hospital mental health clinic were randomized to treatment as usual (TAU) or Routine Outcome Monitoring (ROM), and 20 therapists provided therapy to clients under both conditions. The main outcome, post-treatment symptoms and functioning, was measured by the Behavior and Symptoms Identification Scale (BASIS-32). Data was analyzed in a series of multi-level models (MLMs).

Results: Clients in the ROM condition were 2.5 times more likely to demonstrate improvement than those in the TAU condition and the overall effect size for ROM was .26 ($p = .037$). Effects in the ROM condition differed according to clients' time of treatment in the implementation period; the estimated pre-to-post-treatment effect size d for clients in the ROM condition increased by .47 throughout this study. The clients' initial distress levels did not moderate ROM effects. Differences between therapists accounted for 7 – 8% of the variability in outcomes and there were no significant differences in ROM effects between therapists.

Conclusions: ROM was associated with better treatment outcomes independent of clients' initial distress levels. Clients who were treated later in the study benefitted more from ROM than those treated earlier, suggesting that effects of ROM may require some time and effort to develop. We recommend that implementation efforts such as training and supervision of therapists are sustained over time.

Bipolar and substance abuse: the experiences with a new group therapy

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van Zaanen Jos, MANP, GGz Breburg

Background: Bipolar disorder is associated with a high level of comorbidity with substance abuse problems (50% of the patients). Drugs and alcohol have a negative impact on the bipolar disorder and the other way around. In the Dutch mental health system, there's no treatment available yet that does justice to this specific comorbidity problem. Group therapies are the most effective interventions for patients with a dual diagnosis. 'Integrated Group Therapy for Bipolar Disorder and Substance Abuse' (IGT) (Weiss & Connery, 2011) seems to be the only treatment program in the world that focusses specifically on both bipolar disorder and substance abuse. Quantitative research has showed promising results in the USA, but IGT has never been practiced outside the USA and never has a qualitative research been executed. Therefore, this is a unique research. The author has implemented a Dutch, slightly adjusted version of IGT at the bipolar disorder policlinics of GGz Breburg and he has executed a qualitative research focussed on the experiences of patients.

Objectives: The results from this research will contribute to the further development of IGT in the Netherlands.

Methods: Phenomenological research, in-depth interviews, convenience sample. N=5-7. The sample is small, due to the few participants that have followed the Dutch version of IGT yet. Participants were interviewed approximately six months after the conclusion of the group therapy.

Results: There are no available results yet. Interviews are in a final stage and results can be expected before June 2017. By that time, we'll probably have a good understanding of the experiences of patients who participated in the Dutch version of IGT. Main themes at this stage of the research appear to be peer support, the big impact of recognition in other people's experiences, more control on substance use and changes in the relations with family and friends.

Conclusions: Conclusions can't be drawn yet, but at this stage, we expect interesting results. We can certainly present them in Berlin.

The invisible parenting role

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Background: From daily practice and several studies can be learned that there is insufficient attention for the parenting role of the inpatient in psychiatric hospitals. In addition, the inpatients also experience hindrance in contact with their children and they need help from nurses to establish contact when their children visit. The importance for both inpatient and medical staff of supporting and maintaining the parenting role lies in the fact that it gives inpatients a purpose in life. Furthermore, it helps inpatients to focus on their treatment and it is a preventive factor for their children, whom often find the admission of the parent very stressful. Early attention in this matter can reduce problems in the future. Up-to-date scientific literature describes no interventions specifically referring to the need of inpatients for help with the continuation of their parenting role during admission. In daily practice we see that nurses do not know enough about the needs of inpatients on this matter.

Objectives: Clarifying what inpatients need from nurses to establish, continue and optimize their parenting role during admission.

Methods: Qualitative research based on phenomenological methods with depth interviews, a convenience sample of (former) inpatients related to experiences with the parenting role during admission and the help of professionals during admission. N = 10-12.

Results: Interviews are being conducted. Results can be expected before June 2017. On the he European Congress on Mental Health we should be able to inform you about the conclusions on what inpatients need to establish, continue and optimize their parenting role during admission. At this stage of the research, items that seem to be important for the inpatients are: initiative from nurses in conversing about the parenting role, normalizing the feelings the parent has about worries, failure and grief and a room where parent and children can meet each other in private.

Conclusions: Although the interviews look promising we cannot provide any conclusions yet. We will certainly provide them in Berlin, in October 2017.

Users' participation in services to people dealing with mental health issues: Experimenting the digital tool called the Barometer Project

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Bossé Pierre-Luc, Student, University of Sherbrooke; Morin Paul, Ph.D., Professor, University of Sherbrooke

Background: In Quebec, social services intended for people dealing with mental health issues are responding to an approach focusing on existing service offerings, without considering people's aspirations in determining their needs and ways to fulfill them. Inspired by the effect-oriented approach experimented in the United Kingdom, Quebec researchers from the Primary Health Care and Social Services University Institute have developed, experimented and validated an intervention digital tool called the Barometer Project (BP). This tool is aiming at offering more choices and control to users and their family through the assessment of effects produced by services, co-production and promotion of experiential knowledge.

Objectives: The purpose of this research was to study the users' participation in the contexts of experimenting the BP. There were three sub-objectives: 1. Document the co-production process (users, stakeholders, relatives) brought by the BP. 2. Assess how the BP is promoting the experiential knowledge of users in the intervention process. 3. Assess the effects produced by services in the users' life.

Methods: We conducted a qualitative research proposal whose strategy consisted of a multiple case study. This study was conducted in organizations providing social services to users dealing with mental health issues and having experimented the BP. We used three types of data collections with 32 users and their respective stakeholder: 1. The BP was filled in twice by the user in order to see the progress. 2. We conducted semi-guided individual interviews of about an hour with 32 users and their respective stakeholder, but at different times. The semi-guided interview was prepared from preliminary analyses of BP sessions which were completed by the participants. 3. We conducted three focus groups, with users and stakeholders, who participated in the study to discuss about the preliminary results of the study. We performed the analysis with a data thematic analysis method.

Results: There are several findings, including: 1. BP acts as a mediator between the user and the service systems; 2. The BP enables the user to feel a greater sense of power in determining needs and implementing services to respond to them; 3. The BP allows a continuing assessment of the effect of services.

Conclusions: Although the study shows the benefits of the BP experimentation for the users' participation, several issues remain. We particularly note the ones related to the persistent service led culture, the literacy and the medicalization of mental health.

"I wouldn't let my mind wander at this thing." The effects of community choir participation among people with dementia and carers

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Background: Dementia is one of the most common diseases affecting the elderly population with prevalence approximately doubling every five years between the ages of 65 and 80 years. There is increasing interest in the use of arts-based therapeutic interventions among people with dementia as these approaches have been found to produce positive effects with minimal adverse consequences. Engaging with music through singing and choir activity has emerged in recent years as a positive intervention for people with dementia. Additionally, research has found that carers achieved benefits in terms of relaxation and socialisation and also perceived the choir as a normalising activity in which they could encounter the strengths and abilities of their loved one late into the illness.

Objectives: This presentation describes a research investigation among people with dementia (n18) and carers (n10) participating in a community choir based in Dublin, Ireland.

Methods: The research examined the effects (social, psychological, cognitive, and physical) of choir engagement among people with dementia and carers using mixed qualitative and quantitative methodology.

Results: There was strong evidence that choir participation had positive social, psychological, cognitive benefits for people with dementia and carers.

Conclusions: Community choir participation worked, among these participants, as a supportive and creative intervention. Specific findings and implications will be presented and discussed.

Screening and diagnostic assessment of neurodevelopmental disorders and mental health comorbidity in a male prison

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Background: Neurodevelopmental Disorders have an onset in early life and commonly occur together. For example, reports of individuals with ASD show rates of 28-44% for ADHD (Lai et al., 2014) and 20-30% of those with ID have ASD (Underwood et al., 2012). In addition to individuals with ADHD, ASD and ID, there are those with significant traits of these conditions who do not quite meet diagnostic criteria. This group, with broader 'sub-threshold' neurodevelopmental difficulties, may have similar vulnerabilities and needs, particularly within specific environments such as the prison system (Talbot, 2008). A recent review reported limited research on prisoners with NDD, however what evidence there is suggests that this group are not receiving services to meet their needs (Underwood et al., 2013). **Objectives:** The aim of the study was to identify neurodevelopmental disorders and difficulties (NDD) and comorbidity of mental health diagnoses in a male prison. The study used standardised tools to carry out screening and diagnostic assessment of the attention deficit hyperactivity disorder (ADHD), autism spectrum disorder (ASD) and intellectual disability (ID).

Methods: The adult ADHD self-report scale (ASRS), 20-item Autism Quotient (AQ-20) and the Learning Disability Screening Questionnaire (LDSQ) were used to screen 240 male prisoners. Prisoners who screened positive on one or more of these scales or self-reported a diagnosis of ADHD, ASD or ID were further assessed using the Diagnostic Interview for ADHD in Adults (DIVA), adapted Autism Diagnostic Observation Schedule (ADOS) and the Quick Test. The Mini-International Neuropsychiatric Interview (MINI) was used to establish mental health diagnoses.

Results: Of the 87 prisoners who screened positive for NDD and were further assessed, 70 met the study's diagnostic criteria for ADHD, ASD or ID. Most of those with NDD (51%) had previously gone unrecognized with a high proportion (51%) identified through staff- or self-referral to the study. In all groups high rates of mental health comorbidity was also found which will be presented.

Conclusions: The study demonstrated that improving awareness and providing access to skilled, standardised assessment within a male prison can result in increased recognition and identification of NDD.

A general picture of psychological services of NGO's for Syrian asylum seekers in Turkey

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Background: Turkey, due to its geographical location, has become one of the main significant host country for Syrian refugees since 2012. According to Ministry of Interior Directorate General of Migration Management records the number of Syrian asylum seekers has reached to 3.013.278 by May 17, 2017; and 2.973.980 according to UNHCR. The Cabinet of the Republic of Turkey issued a regulation on temporary protection on October 22, 2014 which applies to Syrian nationals, as well as stateless persons and refugees from Syria. Although Ministry of Interior Directorate General of Migration Management is responsible to regulate all the migration movements in Turkey, it is not surprising that governmental agencies are hardly capable of providing services in various areas of need such as psychological and medical health, education, disadvantaged groups, financial support. As well as governmental agencies, both local and international NGO's have started to take active roles.

Objectives: The aim of this presentation is to provide a general picture of psychological services provided to Syrian asylum seekers by NGO's, and to review the overlaps in activities of NGO's that may potentially decrease cost-efficiency of services in Turkey.

Methods: The content of the presentation is based on personal experiences and information obtained from NGO representatives who provide psychological services for asylum seekers, traditional media and social media coverages.

Results: It was identified that only a few of approximately 140 local and international NGO's that have been taking active role in providing psychological services such as individual/group psychotherapy/counseling, and preventive and interventional psycho-educational programs to asylum seekers in Turkey. The most frequently observed problems of NGO activities regarding asylum seekers are (1) uninformed implementation of programs and services, (2) lack of cooperation and coordination among NGO's and governmental agencies, (3) lack of programs targeting to disadvantaged groups and people with special needs, (4) reluctance of secular and non-secular organization to cooperate.

Conclusions: It is obvious that, in order to provide services more efficiently, more cooperation and coordination is needed among NGO's. The foundation of Refugee Council of Turkey is one of the valuable step which was taken forward to re-organize the NGO's and their activities under a unified and well-informed manner.

Risky behaviors, peer pressure and resilience in nursing students

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Background: Risky behaviors in young people are often specified as cigarette smoking, alcohol/substance use, physical activity, nutrition, sexuality and disruptive behaviors (such as violence against oneself/others etc.). In a young person's exhibiting risky behaviors, as well as core structures like age, sex, intrafamilial conflict and negative experiences, characteristics that concern immediate social surroundings, such as friend relationships and peer pressure are also influential. "Peer pressure is insistence or encouragement by one's peers in his/her age group to do something in their various activities". There is a lot of research that show that peer pressure and the behavior of taking risks are related. While incompetence in interpersonal relations is being stated as a risk factor for one's adaptation in face of negativity and resilience in coping, peer support

is a protective factor. Research on resilience has gradually adopted an ecological model in which a child's functioning and behavior is examined within the context of two-way relations that contain family, school, peers, neighborhood and more extensive community. In this ecological model, the concepts of risky behavior, peer pressure and resilience are stated as interrelated.

Objectives: This study has been carried out to analyze the risky behavior, peer pressure and resilience in undergraduate nursing students. **Method:** The research is planned as a descriptive study with volunteer nursing students. Data were collected using the "Information Form", "Risky Behaviors Scale", "Peer Pressure Scale" and "Resilience Scale for Adults".

Results: As the research application process continues, the results will be presented during the event. **Conclusions:** Nursing students, who receive their university education on a profession that require vital tendencies for meeting healthcare needs of sick/healthy individuals and improving health, and altruistic tendencies that are vital and for enhancing the quality of human life, are not granted immunity from their own youth problems. This means that they may be exposed to peer pressure and risky behavior, and their resilience will then be tested by these factors. It will be beneficial to research the interrelation of these three concepts by basing it upon the ecological system, and to add the applications that will improve student's resilience within the scope of strength theory to the educational curriculum.

Emergency care in case of acute psychotic and/or manic symptoms: Lived experiences of patients and their families with the first interventions of a mobile crisis team. A phenomenological study

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Background: In case of acute mental health care problems, such as acute psychotic and/or manic symptoms, patients are typically referred to some sort of mobile mental health crisis team. These patients often are in a confused and disorganized state, what can hamper the communication. Guidelines for treatment recommend availability of mental health crisis services 24 hours a day and assessments at home. Nevertheless evidence based standard procedures are not available yet. A mental health crisis often has a great and long-lasting emotional impact for both patients and their families. Little is known about the lived experiences of these patients and their family members, during the first contact with the mobile crisisteam.

Objectives: In this study the lived experiences of patients with a psychotic or bipolar disorder and their families during the first contact with a mobile crisis team were explored.

Methods: A qualitative, phenomenological study design was used. Open individual interviews with ten patients and ten family members were held. Content data-analysis was conducted.

Results: A number of the patients missed communication about their condition and decisions being made. They had the feeling that they had no influence whatsoever on what the crisis team decided. Other patients, however, reported feeling understood and could easily accept the advice of the crisis team. Several patients reported not being able to remember much about the crisis. Most of the patients who were already in treatment had a personal crisis plan, but often they did not know if the crisis team had used the plan. Some

reported that using the plan was helpful for them, so they knew what to do. Patients often felt stigmatized when the mobile crisis team was called in to help and especially when the police had to get involved. In general, family members felt heard by the crisis team. Both patients and family members described calmness, empathy, and understanding on the part of the professional as essential.

Conclusions: Focus explicitly on communication with the patient, despite the acute condition, enhances the chance of cooperation. Taking time for contact with both patients and family members could contribute to less stigmatization and escalation. The use of a personal crisis plan is helpful.

Disparity in health care utilization for participants of General Household/Lifestyle Survey reporting physical versus mental health problems

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Background: Prior investigations of the equality of health care use across the population have only rarely focused on the relationship between variations in health care use and morbidity. The present study capitalized on the information included in the General Household/Lifestyle Survey (1973 to 2011) to determine the disparity of health care utilization in England.

Objectives: This study aimed to compare health care utilization of participants reporting long standing physical versus mental health problems.

Methods: The sample analysed was restricted to data from the surveys administered from 2000 to 2010 because:

(i) Secure version of the data containing detailed information on health care problems reported were limited to surveys from 1974 to 2010

(ii) The free text describing the participants' health care problems had not been archived. Over the 40 years different coding systems had been used to record the participants' health care problems. From 1996 onwards the health care problems had been recoded into 40 broad categories corresponding to the classification used in the International Classification of Diseases (ICD).

(iii) Each year a new household sample was selected to participate in the survey. In order to make a meaningful comparison between the years weights were applied. Annual weights to make the sample more representative of the English population were available from 2000 onwards.

Further data restrictions with regard to age and health care problems were also necessary.

Time trends focusing on the percentage of individuals within the different health groups receiving health care services were compared using Mantel-Haenszel statistics and logistic regression. Comparison of the groups on average number of primary and secondary health care services received was calculated using Kruskal-Wallis statistics and negative binomial regression.

Results: Temporary differences in self-reported primary care utilization were observed. Structural difference in secondary care utilization were reported, especially when comparing the physically ill to the mentally ill based on the limitations caused to daily activity. Differences were robust as they persisted even when controlling for relevant demographic and socio-economic characteristics.

Conclusions: This study confirms general belief that people with mental health problems receive less health care services than people with physical health care problems. Future research should investigate if disparity in health care utilization is caused by disparity of health care availability o

eMental health for family members of ICU patients: Findings that support a mobile family-centered approach to wellness

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Background: Of 4M ICU admissions annually, families play a central role in patient recovery. However, compelling evidence, in multiple studies, suggest that families who are not meaningfully engaged throughout a patient's care, report depression, isolation, anxiety, fear, and panic, with symptoms of acute post-traumatic stress disorder—largely due to delayed patient reports on health status and required decision-making based on old/confusing information. Emerging family-centered care literature argues that family mental health is correlated with patient healing. When families are well-equipped with patient knowledge, there's a significant reduction in stress. Many families are committed to visiting the ICU 24/7, while others are limited by time, geography, or other obligations—all of which generate more anxiety and burden. Positive outcomes have resulted from videoconferencing as a means to reduce family anxiety, with the benefit of early patient discharge. Although these findings validate the efficacy of remote family engagement, greater technology innovation is needed that can support family mental health.

Objectives: The empirical findings of this study were intended to inform the design of an eMental health mobile app (FAMcare) that provides families a significant increase in patient bedside information and communication with clinical staff and mental health counselors.

Methods: An ethnographic study was conducted at the University of Illinois—Chicago Hospital ICU, including observation and ad-hoc semi-structured interviews with nurses, physicians, pastors, and family members, to identify workflow/communication patterns and practices and interface design preferences for a new mobile health app.

Results: A thematic analysis of the findings revealed that patient families are privy to and take an active part in decision-making around a variety of emotionally charged issues, such as treatment plans, palliative care, and removal of life support. Also, insight into mobile design came largely from clinician interviews and existing ICU support services, such as patient updates, spiritual services, and private spaces for sensitive conversations—all of which are reflected in the primary tools of FAMcare: Vital signs data, Counseling via chat/phone, and Messaging to clinical staff.

Conclusions: The psychological impact of the proposed eMental health product, FAMcare, will re-define the meaning of empowering families through knowledge and consultation—with the goal to produce wellness and well-informed caregivers who are better equipped to help the patient in need.

Improving care of depression patients through better cooperation between psychiatric outpatient clinic and primary health care

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Background: Depression is the most common mental health problem. In Finland, most of the mental health patients are taken care of in primary health care, where medication is in practice the main treatment for chronic depression patients. These patients rarely benefit from new treatment periods in psychiatric special care.

Objectives: The aim was to intensify the treatment process of prolonged and recurrent depression. Ensuring appropriate follow-up treatment of psychiatric patients after the special health care phase and increasing the health benefit were important goals.

Methods: A 1-year pilot project was realized in Southern Helsinki. This area has 180,000 people, 1 psychiatric outpatient clinic and 5 health centers. Firstly, current issues in the treatment of the chosen patient group were surveyed, followed by new solutions, which then were tested. An integrative approach was applied based on strengthening cooperation and coordination between the psychiatric outpatient clinic (special health care) and health centers (primary health care). Tools employed included multi-professional cooperation, flexible consultations, and mobilizing psychiatric special health care to the health centers. Linking various consultative measures from the psychiatric outpatient clinic to the health centers was essential in this context. In addition, the availability of the psychiatric nurses at health centers for early and low threshold intervention was increased.

Results: Monthly consultative visits of psychiatrists at health centers focusing on training of doctors and case studies were effective. Other consultation means such as joint practices, telephone/written consultations, consulting, and short cognitive therapeutic interventions were also useful. In a follow-up pilot, we allocated a psychologist to local health centres to improve functioning of chronic depressive patients. Short and focused interventions, which sometimes included family therapy, proved to be effective. Approaches based on open groups with better multi-professional cooperation could also be a viable option for follow-up of chronic depression at health care centers after the special care.

Conclusions: The treatment of psychiatric patients can be improved through better cooperation between psychiatric special and primary health care. Integrative comprehensive treatment crossing the traditional organizational boundaries and employing different consultative measures proved to be effective.

Preventing hospital discharge into homelessness: No Fixed Address version 2

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Background: Discharge from hospital can result in living in shelters or on the streets. Research illustrates the impact of homelessness and financial crisis on recovery and long-term outcomes, including health issues of greater complexity, preventable use of costly healthcare services, and readmission (Mikkonen & Raphael, 2010; Munn-Rivard, 2014). Hospitals must expend an additional \$2,559 to care for an individual who is homeless (Hwang et al., 2011).

Objectives: The “No Fixed Address” version 2 (NFA v.2) project tests the effectiveness of a potential best practice for preventing discharge into homelessness. This strategy streamlines housing and social support by using on-site hospital access to these resources.

Methods: The strategy brings Housing Stability Workers and Ontario Works directly into the hospital, allowing inpatients to access the NFA v.2 program during drop-in hours or by appointment. Through this program, Housing Stability Workers from the Canadian Mental Health Association are given direct access to a database detailing available rental units, and Ontario Works staff are given direct access to the social assistance database. A one group, four time-point (discharge, 1 month, 6, month, 12 month), repeated measures design will be conducted to capture data related to the main study outcome (i.e., housing status). Descriptive analysis and other related statistical inference (ANOVA) will be sought where meaningful. Data will be collected from multiple administrative sources through the Institute of Clinical Evaluative Sciences, local hospitals, and shelters. Qualitative data will be obtained from participants and staff using interviews and focus groups to explore their experiences and obtain feedback.

Results: Preliminary findings of the NFA v.2 project will be discussed. Previous projects testing the NFA strategy yielded promising results. The pilot (Forchuk et al., 2006) found all 7 participants randomly assigned to the intervention were housed at 3 and 6 months’ follow-up, while all individuals in usual care remained unhoused or had entered the sex trade. In the following scaled-up phase of the project (Forchuk et. al, 2013), 92.5% of those who accessed the service were discharged to affordable permanent or temporary accommodation.

Conclusions: The NFA v.2 strategy could be more widely implemented to address the provincial priority of preventing discharge into homelessness. The findings of this project may offer policy alternatives for the prevention of homelessness in individuals with mental health and housing challenges.

TELEPROM-G: a study evaluating access and care delivery of telehealth services among community-based seniors

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Background: The Canadian population aged 65 or older has grown dramatically in the last 30 years. Depression is prevalent within this population and is strongly associated with poor health outcomes. Recent literature suggests mobile technology offers an opportunity to meet the healthcare needs of older adults living within the community but research addressing the use of technology in older adults with depressive symptoms is limited.

Objectives: This pilot study evaluated TELEPROM-G, an eHealth mobile based Telemedicine and Patient-Reported Outcomes Measurement platform designed to enhance delivery of health services among community-based older adults. The primary objectives of the study were to examine the feasibility of implementing TELEPROM-G in the older adult population and determine if further modifications to the platform or its features were necessary.

Methods: Thirty community dwelling adults aged 65 or older with depressive symptoms were recruited from the caseloads of eight interdisciplinary healthcare providers (HCP). Those with significant cognitive deficits were excluded from participating. Clients received tablet devices equipped with the TELEPROM-G eHealth mobile software platform, with the ability to track patient-reported health outcomes and facilitate clinical evaluation. HCPs received training on how to use the technology, send questionnaires and conduct virtual visits. The study used a mixed methods design; individual client interviews and separate focus groups with clients and HCPs.

Results: Findings indicate benefits and challenges associated with the implementation of TELEPROM-G. Both clients and HCPs reported that using TELEPROM-G improved their communication with each other and could reduce or eliminate the amount of travel needed for appointments. HCPs also reported that the technology led to greater awareness of their client's current mental health status. Some clients reported challenges with the implementation of TELEPROM-G; difficulty interpreting and answering questionnaires, a preference for using their own computer, and would have liked more material sent by HCP to improve their comfort with the technology. HCPs expressed concerns with organizational and time constraints, client difficulty using the touch screen, and personal challenges with the use of technology.

Conclusions: This study revealed possible benefits, some issues with the implementation, and possible modifications that could be made to TELEPROM-G. This information will be used to improve the technology and implementation strategy for larger studies.

Counsellors and outcome measures – what do they really think? – a review of the literature

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Background: Counselling in the UK is provided under the Improving Access to Psychological programme. Recovery is assessed via nationally recognised patient outcome measures. However, these have been criticised for not being sufficiently appropriate or sensitive for the measurement of counselling and failing to account for the experience of the counsellor's perception of outcome and reducing the client to a set of aggregated scores.

Objectives: This presentation will report on the findings from a literature review as part of a Doctorate to explore counsellors' experiences of using outcome measures.

Methods: An integrative literature review was undertaken to summarise past empirical and theoretical literature to understand how outcome measures are used within therapeutic encounters by counsellors. Rigour was ensured by using an Evidence Leveling Hierarchy which has been previously used effectively as a grading tool in integrative literature reviews. During the evaluation of studies, data relevance was ensured using predetermined questions to consider information that was relevant to the current study and then rated as either high, medium or low.

Results: Electronic databases were searched using an inclusion and exclusion criteria. Initially 400 studies were identified which was reduced to 15 studies which included a range of qualitative and quantitative studies, systematic reviews and theory based evidence. The literature was predominantly UK based but does include studies from USA and Australia. The themes that emerged were: workforce attitude and engagement; training needs; suitability of outcome measures; client feedback; and worth of outcome measures.

Conclusions: Overall findings were mixed regarding the use of outcome measures in with regard to their overall worth. Importantly, it was noted that few studies have actually involved direct exploration of counsellors' views of using outcome measures despite their widespread use.

Nursing students' perspective on implementation of digital learning methods in mental health nursing course

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Background: In Norway 89% of academic teaching is conducted as campus lectures in auditoriums and classrooms. With increasing classes and decreasing student attendance at the lectures, there was a need to change teaching methods. Nursing students at the bachelor level at Inland Norway University of Applied Sciences were studying mental health nursing during the last academic year. The course consisted of theoretical and practical teaching. A professional development project focused on one part of the programme, where the theoretical teaching was planned as a purely digital facility, while the practical part consisted of role-plays in groups. The digital materials were available only on Learning Management System (LMS) and consisted of video lectures and video examples. The material should prepare the students for practical training in therapeutic communication before meeting patients in mental health care. One of the classes was without teachers in the practical training, while the other class had teachers with them.

Objectives: To explore the students' experiences with the digital material, and how the students perceived the importance of the teacher's presence in the practical training of the course.

Methods: A questionnaire with closed (ordinal items at five levels) and open-ended questions was developed to evaluate students' perception of the different parts of the teaching programme. The student answered anonymously. Quantitative data were analysed by Kruskal Wallis test, and for the qualitative data content analysis were used.

Results: The response rate was 59.9% (N=169). Overall, the students reached the learning outcomes through the theoretical and practical arrangements. The students were satisfied in medium to a large extent with the digital lectures in LMS. The video examples were rated by the majority of the students to have great and very high benefit. There was a minor demand for traditional campus based auditorium lectures. The class without teachers expressed the importance of teachers' presence. The class where the teachers were present considered this as an important contribution towards learning outcomes. The teacher supported the students in

understanding mental health nursing through participation in the practical training programme. Results in details will be presented at the conference.

Conclusions: Digital methods were appreciated by the students. The teacher's presence was important for the students' learning. Digitalization did not make the teacher redundant.

'Show Yourself': The development of an intervention to show professionals at an admission ward the patients' 'euthymic being' during severe mania or depression.

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Background: The progress and recovery of a patient with bipolar disorder during hospitalization is differently objectified by professionals working at an admission ward than by relatives of the patient. Professionals often indicate that the patients' condition is improving while relatives notice little improvement. This can be caused by a difference in perspective. The relatives' perspective is the euthymic patient, where the professionals' perspective is the patient during an acute episode.

Objectives: To develop an intervention where patients record a film to show their 'being' in a euthymic mood state. When the patient is hospitalized, this film can be shown to the professionals so they can see the patient when he/she is in a euthymic mood state.

Methods: Early 2016 a panel of patients, relatives and professionals was formed to discuss the preferable content of the film and the way to use this material.

Results: All participants stated that it was important to record the film at the patients' home. The professionals mentioned that this could give them information about how the patient (inter)acts in his/her own environment. Patients told us that their home was the best place to make the film because they feel at ease and they hope the professional can get a good impression about them. All participants agreed that the patient is in charge about what will be filmed. The film would take about 10 minutes. Before the film is recorded, the patient is supported by his/her therapist to write a script. Patients want to show their daily structure, routines, hobbies, work, and leisure time. Furthermore, they want to talk about the things that are important to them and tell what is important to them in case they are admitted. Professionals want to see how the patient interacts with others and want to see a glimpse of the patients' personal life and character. They want the patient to talk about their hobbies, their daily routines and important values. With regard to the use of the film, the patient gets a USB stick with the film. Most patients prefer the film be stored in their electronic patient record too, so that it is available for the professional. In the crisis plan of the patient it needs to be mentioned that a film, about their 'being in a euthymic state, is available. Some patients want their family member to hand over the USB stick to the professional in case of admission.

Conclusions: A draft of the intervention 'Show Yourself' is developed. A first qualitative study is carried out to explore the experiences of patients with recording the film.

Everyday life and wellbeing among older-older in Norway – a qualitative study

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Background: Demographic changes in Norway, as in other European countries, are resulting in an increase in the proportion of elderly. The life condition and mental health of older people is a field with insufficient knowledge. Demographical changes, socioeconomic factors, as well as urban-rural dimensions affect their situation and demand multifactorial developmental approaches. This is also in line with the emerging gerontological theory of gerotranscendence. However, to the extent that it brings infirmity and need of assistance, ageing can make it difficult to live up to individualistic values, and for some this may result in depression and passivity. There has been a tendency to see the elderly as a homogeneous group, an idea that is challenged by recent research on the 'third' and 'fourth' age. The everyday life and health of older people – particularly in relation to their mental health – is thus affected by many different circumstances and developments in society, which also interact with each other in complex patterns.

Objectives: To develop deep knowledge of how older people experience, regard and describe their life situation and mental health in urban and rural life environments.

Methods: This is a descriptive and exploratory qualitative study, where elderly over 80 years in rural and urban area in Norway was interviewed. The municipalities Tolga and Os in North Østerdalen in central Norway, and Sagene which is a district of Oslo. It was completed 23 interviews in total (7 men, 16 woman). The informants were between 83 and 94 years old. The data was analyzed by means of a qualitative content analysis, inspired by Graneheim and Lundman.

Results: The analysis is showing differing patterns between the two geographical areas, and gerotranscendence can be recognized. The main findings are: To be content with life and in a good mood, A well-structured everyday life with sufficient activity, To manage on your own, Trust in the welfare society and The indispensable social network

Conclusions: People in the 'fourth age', interviewed in this study have developed strategies to handle their everyday life and experience wellbeing. The empirical findings seem to be well in line with the theory of gerotranscendence. Urban – rural differences are found to be limited and related to the individual's life stories.

The prevalence of novel psychoactive substances (NPS) use in non-clinical populations: a systematic review

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Background: Novel psychoactive substances (NPS) are new narcotic or psychotropic drugs that are not controlled by the United Nations drug convention that may pose a serious public health threat due to their wide availability for purchase on the internet and in so called "head shops." Yet, the extent of their global use remains largely unknown.

Objectives: a systematic review of the prevalence of NPS use in non-clinical populations.

Methods: A systematic review of observational studies. Embase, MEDLINE, PubMed, Cumulative Index to Nursing and Allied Health (CINAHL), Cochrane Library, Lilacs, Scopus, Global Health, PsychINFO, Web of Science, and the World Health Organization (WHO) regional databases were searched for eligible prevalence studies published between 2010 and 2016. Data from cross-sectional studies that report the prevalence of

NPS use (one or more types) in participants (of any age) from censuses or probabilistic or convenience samples were included. Data was extracted from eligible publications, using a data extraction tool developed for this study. Visual and statistical approaches were adopted instead of traditional meta-analytic approaches.

Discussion: This review describes the distributions of various types of prevalence estimates of NPS use and explores the impact of different population groups and study-related and tempo-geographical variables on characteristics of these distributions over the period of 2010 to 2016.

'Show Yourself': First experiences of patients with bipolar disorder with recording a film to show their 'euthymic being': a qualitative study

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Background: In practice it is noticed that the progress and recovery of the patient with bipolar disorder (BD) during hospitalization is differently objectified by professionals working at an admission ward and relatives of the patient. Professionals often indicate that the situation of the patient is improving while relatives notice little improvement. This can be caused by a difference in perspective. For this reason, a research project was started regarding the development of a film intervention. Outpatients record a ten-minute film to show their 'euthymic being'. Professionals' awareness of the healthy person can possibly be raised.

Objectives: To examine the experiences of outpatients with BD with recording a ten-minute film. The results can contribute to the assessment of the feasibility of the film intervention.

Methods: An explorative, descriptive qualitative research was performed in the context of a feasibility study. Individual, open interviews were conducted. The Stevick-Colaizzi-Keen method is used to analyse the interviews.

Results: Four major themes emerged from the data: Patient in charge: The data show that the patient was in charge during the recording process. Different perspectives emerged regarding the involvement of others in the film. Only a few involved others. Most of them record the film at home and mentioned this was pleasant. Personal expectations: The data show different expectations regarding the recording of the film. Performance anxiety seemed to be present in five patients. Creating a comfort zone: The preparatory conversation, contact with the ambulatory nurse who supported the patient in recording the film and/or the ambiance seemed to be helpful in making themselves feel more comfortable. Different perspectives appeared about the (un)familiarity with the nurse. In addition to this, all patients stated that the contact with the nurse was pleasant. Reflections on the experiences: All but one patient stated it was a positive experience. Most patients were satisfied with the result that shows a real image of their euthymic being. Some also said that they find it important that their appearance is visible. Finally, some patients had ideas about other ways of using the film, for example as their own reference framework or using the film before or after admission.

Conclusions: Most patients had positive experiences with recording the film and stated they showed a real image of their 'euthymic being'. A recommendation for future use is considering multiple ways of using the film.

If you listen you will learn: consumers of mental health services perceptions of accessing physical health care

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Background: People with mental illness have higher rates of physical health problems and consequently live significantly shorter lives. Despite growing recognition of this inequity, physical health of people with mental illness is not regarded as a national health priority and there is limited research on the issue from the perspective of consumers themselves.

Objectives: To explore the experience of mental health consumers in utilising health services for physical health needs.

Methods: Qualitative exploratory design. Semi-structured focus groups were held with 31 consumer participants.

Results: Thematic analysis revealed three main themes: i) scarcity of physical health care, with problems accessing diagnosis, advice or treatment for physical health problems; ii) disempowerment due to scarcity of physical health care, and iii) tenuous empowerment describing survival resistance strategies utilised.

Conclusions: Contrary to a common misconception, mental health consumers were concerned about their physical health and frequently frustrated by a non-responsive health system. This is a serious health inequity that needs to be addressed as a matter of urgency. A specialist physical health nurse consultant within mental health services could be one strategy employed to improve physical health care within mental health services.

Digital services for mental health rehabilitees

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Background: Digitalisation in society is constantly increasing. Today, many services are available online and this trend is becoming more widespread. As a result, it is necessary to have at least the basic skills on using the computer or other digital gadgets, such as tablets or smartphones. Especially people suffering from mental health problems are easily socially excluded, and this phenomenon is exacerbated if you do not have the skills for using digital services. The Mieli Töihin training unit of the Niemikoti Foundation has focused on the use of information technology with mental health rehabilitees since 1999. The Mieli Töihin training unit carried out a survey among its mental health rehabilitees in 2016 with regard to their digital skills. Sixty rehabilitees took part in the survey. Twelve of the participants did not have a computer at home, and 57% answered that their computer skills are poor or moderate.

Objectives: The aim of this project is to provide a picture of the computer skills learning model for the mental health rehabilitees and of the experiences of that process in the Mieli Töihin training unit of the Niemikoti Foundation.

Methods: The contents of the presentation are based on the personal experiences of the training unit's working group, as well as on the documentation obtained from mental health rehabilitees and the statistics of the training unit.

Results: In this project, we started offering tailored computer courses for mental health rehabilitees at the beginning of 2016. The main emphasis of the courses was on learning to use digital online services. The first step is to learn the basic computer skills. After that, the rehabilitees will learn, for example, how to send emails, use the online bank or search information on public or official websites. A total of 13 courses were held in 2016, with 72 mental health rehabilitees participating in the courses. A total of 97.2% of the participants stated that the course was useful and that they would use the skills in everyday life; 54.2% were able to perform the course independently, 36.1% managed it quite independently and 9.7% needed some support.

Conclusions: The feedback from participants showed that it is possible to learn basic computer skills and how to use digital services efficiently in a small group by receiving as much individual support as is needed. The positive change in individual rehabilitation is also considerable.

Patient participation in pro re nata (prn) medication in psychiatric inpatient settings: an integrative review

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Background: Pro re nata (PRN, i.e., "as needed") medication is widely used and studied in psychiatric care, but knowledge of patient participation in PRN administration is fragmental. Based on previous studies, professionals lead PRN practices and patients' views may not be considered.

Objectives: The aim of this integrative review was to describe and synthesize the previous knowledge of patient participation in PRN in psychiatric inpatient settings.

Methods: We conducted both electronic and manual searches, using databases CINAHL, Scopus, PsycINFO and PubMed, and eight scientific journals. We limited searches to English language and to years 2006-2016, and selected papers on phases using inclusion, exclusion, and quality criteria.

Results: As a result, we identified 16 papers. Most common quantitative studies (n = 8) were analysis of patient medical records. Semi-structured interviews were used in the qualitative studies (n = 8). We found that patient participation includes patients' role in PRN medication planning as well as their participation in determining the need for medication, which requires patients' knowledge of PRN. However, the studies reviewed identified a lack of information sharing. Our results determine both patient-centered and professional-driven interaction in PRN medication treatment. Possibility to request PRN and refuse offered PRN demonstrate patient participation in PRN practices. Nonetheless, patients have noted that the administration of PRN may be unnecessary or against their will.

Conclusions: Based on previous studies, challenges exist in patient participation in PRN medication in psychiatric inpatient settings. Thus, PRN practices can be inconsistent with international recommendations that emphasize service users' participation in achieving medicinal care and more widely in all processes of mental health care. To ensure patient participation, patient-centered cooperation among patient, nurses, and physicians is essential. Patients' needs and their consent should be considered in PRN administration. Patient participation requires that patients have an adequate knowledge of their medication as well as non-medical alternatives. Further research into patient participation in PRN medication, especially focusing on patients' experiences, is urgently needed.

Co-production in research: From ideology to practical application

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Background: Co-production in health care is not a new phenomenon, but it is one that is gaining considerable traction in health care research. Often embedded within formal documentation on Patient and Public Involvement (PPI) in research, it is now seen as an essential component of research grant applications across Europe.

Objectives: This presentation firstly aims to provide a theoretical understanding of the principles associated with co-production in research, from grant application through to data collection, analysis and writing of publications. Secondly, the presentation will outline the challenges and opportunities for using this approach in research from both the perspective of people with lived experience of distress and those working as nurse academics.

Methods: A case study example from staff at University College Cork, Ireland, who are working as part of the European funded COMMUNE (co-production of mental health nursing education) project will be presented.

Results and Conclusions: Opportunities such as developing mutual understanding, partnership and shared decision making, along with challenges such as equity, power differentials, accessibility and remuneration will be discussed.

"Give a little RESPECT": feasibility study of an intervention to promote sexual health in serious mental illness

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Background: Whilst there has been a great deal of attention on improving physical health for people with serious mental illness, sexual health has been omitted from this agenda. People have a right to a safe, supportive and satisfying sex life, however, evidence suggests that people with mental illness have significant un-met needs in this area. Research with staff has also identified significant barriers to discussing sex and sexuality in mental health.

Objectives: This presentation will discuss the development of a manualised intervention to promote sexual health in people with serious mental illness. This is a government funded study in the UK and is the first of its kind outside of the Americas.

Methods: A feasibility randomised controlled trial using four NHS sites in England. People are randomised to intervention (3 x 1 hour sessions) or "treatment as usual".

Results: Baseline data on knowledge, drugs and alcohol, attitudes to condoms, use of sexual health services, and unprotected sex is collected at baseline then at 3 and 6 months post-intervention. The data on screening and recruitment will be presented, as well as emerging findings from the baseline data.

Conclusions: Sexual health is an important yet neglected area of mental health care. We argue that people with serious mental illness are interested in sexual health and want to be empowered to take control of their sexual health and that this type of intervention can be implemented in mental health care settings.

Fluently home - Developing a tool to help cooperation between psychiatric hospital and outpatient clinics in a patient-oriented way

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Background: The management team of the Psychiatric and substance abuse services in the city of Helsinki decided in 2016 to set up a working group that plans discharging and outpatient care coordination of challenging patients with psychotic disorder diagnosis. There are over 635 000 inhabitants in the city of Helsinki. About 1000 patients with psychotic disorder diagnosis were admitted in Aurora hospital in 2016 and about 4000 patients were treated in outpatient clinics. As a part of the working group's work were decided to develop a patient-centered tool for discharging. 2016 the city of Helsinki together with the University of Eastern Finland arranged continuing education of evidence-based action. Two members of the working group participated this education. The process of discharging is a multiprofessional co-operation which begins at admission and ends when patient is discharged. The patient is an active member of this process.

Objectives: The aim of this presentation is to describe the evidence based development project to produce a tool to support and promote involvement and commitment of patients with psychotic disorder diagnosis to their own treatment and to streamline co-operation between hospital and outpatient care and the process of discharging.

Methods: As a part of continuing education was to seek evidence based research data dealing with participation and engagement of patients with psychotic disorder diagnosis in their own care. Working group sent a questionnaire that was regarding care planning and discharging to the staff. Based on the collected material the working group developed the tool and made the implementation plan. Deployment of the tool is monitored by survey.

Results: The management team approved this tool for implementation for all patient that are admitted in Aurora hospital. The tool was introduced in hospital and in outpatient clinics in 1.5.2017 to support and promote involvement and commitment of patients with all psychiatric diagnosis to their own treatment and to streamline co-operation between hospital and outpatient care and the process of discharging. Staff was educated to use it. The first report will be ready after 6 months. Some results of this process will be presented at the conference in Berlin.

Conclusions: The superiors and management are positive about the tool and consider it important to use it. The challenge is to use the tool thoroughly and the change of new working methods to established practice. Also the implementation of the tool for all patient that are admitted in hospital is challenging.

Managers' attitudes towards, and knowledge about employees with mental health challenges.

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Background: During the course of our lifetime, about half of us will experience symptoms qualifying the diagnostic criteria of a mental illness (Mykletun, Knutsen, & Mathiesen, 2009). Depression has already surpassed cardiovascular disease as the primary reason for disability, and the WHO estimates that depression alone will constitute the greatest burden of disease worldwide by 2030 (WHO, 2011). A recent OECD report (Organisation for Economic Co-operation and Development) (OECD, 2015) suggests that member countries of OECD should focus their efforts regarding mental health around working life. A shift in focus as proposed by OECD will make managers key players in dealing with mental health issues as they are in the frontline with regards to discovering illness, promoting help-seeking behaviour and implementing and monitoring special needs considerations at the workplace. We know little however, about how managers think about these issues and what kinds of tools they need to better deal with them. For most people, work is a key factor in their assessment of self-worth, identity and role in society. For the individual, the benefit of work will be increased wellbeing, better health and increased satisfaction. For the organisation, healthier employees and decreased absence and turnover. For society it is critically important to maintain a healthy working population.

Objectives: The aim of the project is to explore managers' knowledge of and attitudes towards employees with mental health problems. We aim to uncover the level of stigma managers have, and what tools they themselves feel they need to handle these issues in the future. The results of the project will be used to make recommendations with regards to the content and design of training programs aimed at managers.

Methods: An 143 item questionnaire were constructed and administered to 188 managers in public and 1900 managers in the private sector in Norway. The number of participants are expected to rise throughout the the month of May and June. The total number of participants are expected to reach 1000. The standardised instruments used in the questionnaire were the Depression Stigma Scale (Calear, Griffiths, & Christensen, 2011), and the Generalised Anxiety Stigma Scale (Griffiths, Batterham, Barney, & Parsons, 2011). Remaining items were constructed based on 15 in-depth interviews with managers in the North of Norway.

Results: Data will be gathered throughout the month of May and June, and a first look at the results will be presented at the conference with preliminary conclusions.

Public life Matters

Johnston Gordon, Lived Experience Researcher, Lived Experience Research Consortium, Scotland

Syrett Michel; McElwee Benjamin; Tweedie Heidi (Lived Experience Research Consortium); McAuslan Wendy (Voices of Experience); White Chris (Mental Health Foundation); Curtice Lisa (Strathclyde University)

Background: Public Lives Matters follows previous work highlighting people with a lived experience of mental ill health (PWLI) may experience exclusion from civic and public life. We aim to investigate the level of involvement of PWLI in civic and public life and possible reasons as to causes of any exclusion. This may include stigma and discrimination, perceived lack of skills and opportunities, financial barriers or other reasons yet unknown. We will use the results to promote solutions for more active citizenship within mental health communities

Objectives: We have four key research questions:

Would PWLI like to increase their engagement with civic and public life?

If so, what roles do they aspire to?

What barriers prevent them from playing more active roles, and what potential solutions could help them?

What policy initiatives could overcome these barriers?

Methods: Research will be carried out by trained researchers, all of whom will themselves be PWLI's supported by the research expertise of the Mental Health Foundation and the University of Strathclyde's Centre for Health Policy. The project has ethical approval from the University of Strathclyde. In order to access research participants, we will work with community led partner organisations throughout Scotland. They will identify members who do not play an active role in their affairs. This approach helps to solve the quandary that we really want to identify people who have no involvement in civic and public life – but how do you identify people who have no contacts? A questionnaire has been developed and tested. This will be sent to those identified above in electronic and paper formats. We anticipate 300 returns. Data will be tabulated and analysed on a thematic basis with broad conclusions developed. Themes from the data will be tested in more detail in a series of six focus groups across the country. This will allow in depth discussion of identified barriers and potential solutions to take place.

Results: We aim to identify key barriers preventing PWLI from playing as full a part in civic and public life as they wish to. We also hope to identify potential solutions to overcoming these barriers.

Conclusions: We believe the project will develop new insights into citizenship & mental health. We will develop a greater understanding of barriers to participation, work with our research participants to co-produce potential solutions and use our final report to influence policy and decision makers at all levels, ie those who have the power to make change and to put our potential solutions into practice.

Rights and responsibilities in psychotherapy

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Background: The privacy rule gives rights to health professionals, as well as to their patients. Under the new law, psychologists and doctors can decide whether to release their psychotherapy notes to patients. Though the privacy rule does afford patients the right to access and inspect their health records, psychotherapy notes are treated differently. There is a legal privilege in protecting the confidentiality of the information that we shared with the patient and exceptions to that protection.

Objectives: To assure that the basic rights of human beings for independence of expression, decision and action, concern for personal dignity and human relationships are preserved for all patients, and to define the responsibilities of patients in psychotherapy; To provide patients with psychotherapy, we strive to provide quality medical care in the treatment of medical condition, promote wellbeing, and respect the rights to appropriate and management of psychotherapy.

Methods and results: We explored the rights and obligations of patients in Croatia and Italy in psychotherapy. There are many missed things without law to protect patients from psychotherapist without or requiring special skill or training. Also, there is no law to protect psychotherapist from complaints of patients.

Conclusions: The therapeutic contract should be a written document, which includes the responsibilities of the therapist and the client participating in a particular psychotherapy. These include: Responsibilities to the client: Therapy should be undertaken only with professional intent and not casually and/or in extra professional relationships, Contracts involving the client should be realistic and clear, Therapists take all reasonable steps to avoid harm to their clients as a result of the therapy., Therapist should seek supervision or refer the

client in situations which are beyond their competence, Therapist should promote client autonomy and encourage clients to make responsible decisions on their own behalf, Therapist should maintain the professional boundaries., Therapist should avoid any other relationship with their clients which can be detrimental to the therapeutic process, Therapist should maintain confidentiality. In exceptional circumstances when confidentiality has to be broken, attempts must be made to seek client's permission, Agreements about confidentiality continue after the client's death unless there are overriding legal considerations. Any publicity material and all written and oral information should reflect accurately the nature of the service offered.

Evaluation of the use of a model to promote Mental Health and Well-being in community settings.

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McQuarrie Catherine, Lecturer in Mental Health Nursing, University of Salford

Background: A Promoting Mental Health and Well-Being Working Model (subsequently referred to as "the model") was developed in response to the authors' recognition through teaching undergraduate mental health nursing students, that interventions aimed at enhancing mental health and wellbeing are often hidden (Owens et al, 2010) or cloaked in traditional, professional specific working interventions. The model was developed with the purpose of making the elements of mental health and well-being promotion visible and structuring them into a framework to aid working practice and personal development (Keeling and McQuarrie, 2014).

Objectives: The purpose of the study was to evaluate the utility of the model in a practice setting by eliciting the views of "Being Well Coaches" using the model in working with people in community practice settings throughout Salford in the UK. The Being Well Coaches were part of a unique project, the aim of which was "to work with people in their own communities who want to tackle areas of their life they are unhappy with – weight, smoking, mental health and inactivity" (The BigLife Group 2014). The Coaches were placed within various community settings throughout the Salford area and accepted referrals from a range of professionals in addition to self-referrals through a dedicated Project website. All Coaches had undergone a training Programme and had been working in the community for 12 months. None of the coaches had pre-existing professional affiliations although some did have experience working in health or social care.

Methods: Two focus groups were held in order to elicit the views of the Being Well Coaches who had engaged in using the model. The use of focus groups are well established in the public health arena (Wilkinson, 2003; O'Toole et al, 2004; Hemingway et al, 2012) and are suited to collecting rich qualitative data from small groups who have engaged with a service or intervention (Breakwell and Millward, 1995). Results and Conclusions: Coaches identified an initial challenge of working with the model as being the reconciliation of a non-traditional approach. Coaches further identified using the model in a collaborative and meaningful way both as a self-development tool and as a guide to the way they worked with individuals. Increasing self-efficacy, enhancing communication and developing creative approaches to meeting mental health and well-being needs were seen as benefits of using the model.

Clinical and cost effective recovery in an Alcohol Related Brain Damage Unit

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Forbes Lesley, Service Manager, Penumbra Milestone; Gordon Claire, Dr, Consultant Physician, NHS Lothian; Smith Stephen, Dr, Clinical Psychologist, NHS Lothian; Hume Fiona, Assistant Programme Manager, NHS Lothian; Simpson Mairi, Public Health Co-ordinator

Background: Alcohol Related Brain Damage (ARBD) is a term referring to cognitive impairment resulting from chronic alcohol consumption. The damage ranges from mild to severe. The clinical consequences and resulting co-morbidities of ARBD often results in hospitalisation; many of these are prolonged stays. In 2014 NHS Lothian, Penumbra and the City of Edinburgh Council formed a partnership and opened a 10 bedded service with the aim of releasing acute hospital in-patient beds and improving outcomes for patients and their families with a specialist unit for ARBD.

Objectives: We report on the first 96 patients through the unit to assess whether the aims of improving outcomes and releasing acute beds were achieved.

Methods: Data analysis on the residents of Penumbra Milestone's 10 bedded Care Home for ARBD. In-patient duration and admissions to acute hospitals after ARBD stay were looked at.

Results: Since the unit opened the initial hospital stay has reduced by 25 days. An average stay in the unit is 74 days. There is evidence that outcomes are improved and maintained after discharge from the ARBD unit: patients used on average only 8 inpatient acute bed days compared to an average of 54 inpatient days in previous years. Indeed 68% had no or far less admissions/ presentations to acute hospitals after discharge from the unit in the following year. The overall bed days saved is 71 per patient.

Conclusions: Costs of hospital care from prolonged stays for patients with ARBD are reduced by specialist ARBD unit provision. The finding of saved acute hospital bed days and improved outcomes through providing a specialist ARBD unit has important clinical and cost effectiveness implications. This patient group often have other serious physical health conditions, and they have impaired cognition and experience problems with decision making capacity. The good prognosis for this group when treated in a specialist service should point the way for treatment providers looking at ways to deliver services with improved clinical and cost effectiveness.

Exploring the stigma of depression in rural Ireland

Kennedy Conor, PhD, Ireland

Background: Social environment configuration influences the course and experience of depression. Experiencing depression is associated with stigmatisation and the concomitant experiencing of discrimination across many facets of social life. This outcome is identified as a particularly important factor in rural communities. Contemporary work is absent in relation to understanding the stigma towards depression in Ireland, and its manifestations in rural Ireland specifically.

Objectives: This qualitatively focused mixed methods study aimed to uncover the extent to which experiencing depression is a source of stigmatisation in rural Ireland, the driving factors behind this stigmatisation, and the impact this is having upon the opportunity for the gaining of social support for those experiencing the condition in this setting.

Methods: A mixed methods study, the qualitative interview sample (n=27) was drawn from a cohort of purposively sampled adults resident in rural Ireland who had been respondents to an online questionnaire survey (n=175). Based upon their use in the quantitative aspect of the study, an interview topic guide was compiled based upon a selection of questions held within the Depression Stigma Scale and the Social Distance Scale with the aim of eliciting further detail in relation to views expressed in the initial survey.

Results: Evidence is presented to suggest that depression is a significant source of stigmatisation in this setting, and that entrenched views centring upon themes of disability and fear are prevalent. Study participants detailed their understanding of depression as being viewed as a condition which elicited a response in which both the condition and the feelings of the person experiencing it were liable to be dismissed as illusory. Depression was noted to be associated with personal and/or familial weakness, alongside sentiments of feebleness akin to the discriminatory attributes applied to those with a disability. Such views of depression were noted to produce and maintain barriers to progression in social life, most notably in professional advancement. Social distance from those experiencing depression was accepted as a reality with strategies undertaken to avoid contact with, and contagion from the stigmatized individual. This distancing may be seen to have led to an absence of understanding and the proliferation of fear as perceptions of physical and emotional threat were noted as pervasive.

Conclusions: The experience of depression is a source of significant stigmatization in rural Ireland.

Accessing recovery within the prison environment: An evaluation of a peer mentorship programme

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Background: There is a large volume of research that describes the negative effects that prison can have on a person's mental health. Stressors such as separation from family and friends, lack of privacy, boredom, lack of stimulation and loneliness all contribute to prisoners' heightened vulnerability to experiencing mental distress and suicidal behaviour. In addition, many prisoners come from disadvantaged backgrounds and issues such as drug and alcohol misuse, poverty and unemployment are known to negatively influence mental health. While there is strong evidence to support the need to promote mental health among prisoners, many prisons do not have adequate mental health services to meet the identified needs. It is against this backdrop that a pilot peer mentorship programme was introduced to one medium secure male prison in Ireland by an organisation called Suicide or Survive. The peer prisoner mentoring programme aims to train mentors to provide prisoners with support in managing their mental health using recovery orientated strategies. The authors were commissioned to evaluate this initiative. **Objectives:** The aim of this presentation is to discuss the mentors' perceptions and experiences of the peer mentorship programme.

Methods: A longitudinal descriptive qualitative approach using face to face interviews and focus groups were used to explore the mentors experiences. The mentors were recruited through the prison Governor and were interviewed four times throughout the programme which lasted two years. Data were transcribed and analysed using thematic analysis. The research received ethical form the appropriate institutions.

Results: Nine mentors commenced the mentorship programme but this reduced to three by the end of the two years. The mentors valued the programme and were confident in providing peer mentorship to other prisoners. However, other prisoners did not wish to engage with the mentors within a formal mentorship relationship and preferred informal, ad hoc supports instead. The mentors were able to use their experiences

of prison life to adapt the formal mentorship programme to one that was preferred by prisoners. The mentors also reported increased levels of confidence, hope and personal responsibility following the training and talked positively about their futures both within and outside the prison environment.

Conclusions: Peer to peer mentorship is an effective way to promote mental health in prisons but only within an informal relationship. Consideration also needs to be given as to how to reduce mentor attrition.

The Therapeutic Community as experienced by rehabilitants: The Hiram case

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Segal-Engelchin Dorit, Associate Professor, Chair, the Spitzer Department of Social Work, Ben-Gurion University of the Negev

Background: The therapeutic community in the field of mental health stems from the notion that a person's social environment is a crucial factor impacting their development, and is therefore a potential key contributor to their rehabilitation. The community detaches its members from society and replaces it with a close and carefully planned community life in an effort to facilitate changes in thinking and behavior patterns.

Objectives: The present study seeks to expand the knowledge on rehabilitation processes in therapeutic communities among members with mental health issues. It focuses on the Hiram community in Israel as a test case, exposing the rehabilitation experience in a therapeutic community from the rehabilitants' perspective. It further examines how Anthroposophy, as the spiritual-philosophical foundation for the establishment of Hiram, is manifested in its members' rehabilitation process.

Methods: A qualitative - phenomenological approach was selected for this study. The first phase was a pilot study based on open in-depth interviews conducted with three rehabilitants at various stages of their rehabilitation process. Findings were analyzed using a six-phase thematic analysis.

Results: Four themes emerged from the initial interviews' analysis: Selecting the Community – the set of reasons that led to selecting a therapeutic community; Rehabilitation Factors in the Community – a description of the unique blend of components comprising the process shed light on the importance of relationships established within the community, the various aspects of therapy, and the significance of a framework and boundaries; Rehabilitation Process Achievements – the manner in which rehabilitants describe the products of the process they had undergone; and Difficulties – understanding the difficulties that accompany the rehabilitation process in the community.

Conclusions: The pilot study findings revealed the complexity of undergoing rehabilitation in a therapeutic community, and attested to the importance of listening to rehabilitants, and understanding the challenges they face. A learning that is based on the 'experiential knowledge' of rehabilitants as they undergo the process may help caregivers and policymakers design and form intervention and rehabilitation programs that are better suited to the rehabilitants' needs, thereby enhancing the rehabilitation process. Implications for future research will be discussed.

“Pushing the boat out”: A metasynthesis of how members, staff and family experience the clubhouse model

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Background: Clubhouses are psychosocial rehabilitation programs where members/ persons with severe mental illness (SMI) can engage in meaningful activities, build relationships and gain access to support network that may lead to vocational recovery. Much of the empirical research within clubhouse literature are qualitative but this knowledge needs to be synthesized.

Objectives: The objective of this systematic review was to explore how members, staff, and family experience the contributions of the clubhouse model to outcomes for persons with SMI.

Methods: We conducted a metasynthesis of 11 qualitative research papers published between 2000 and 2015 about this topic.

Results: Four themes and an overarching metaphor were revealed: (1) stepping out of limiting realities; (2) anchoring; (3) creating ways of flourishing; and (4) prospects of a life outside the clubhouse. "Pushing out the boat" as a metaphor can facilitate discussions about the subjective outcomes of the clubhouse model.

Conclusions: this meta-synthesis has shown that for clubhouse members, there are primarily two courses involved in the clubhouse model: "anchoring" and "pushing their boat out." First, to anchor, a clubhouse member needs to identify the clubhouse as a protecting, nurturing, respectful, and welcoming place to connected to. Second, the clubhouse community must prepare and empower their members for the opportunities to search for work and a social life outside of the clubhouse. When considering the implications of this meta-synthesis, our findings have shown that clubhouses are valuable communities for meaningful doings for individuals to build self-confidence, relations, and perspective—all aspects crucial for processes of recovery.

Risk factors in lifestyle as predictors of oral health-related quality of life among adolescents after a first episode psychosis

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Background: To our knowledge, this is the first study in oral health-related quality of life and its risk factors among adolescents after a first episode psychosis. Oral health related quality of life has an impact on welfare of individuals. Oral health is described as an holistic socio-environmental model. The risk factors on oral health were related on life style and were studied among patients with a severe mental illness. An increase in oral health means also a decrease in the risk to develop problems with other diseases (e.g. blood pressure, Diabetes Type 2, cardiac and respiratory problems). That is why it is important to gain insight into the risk factors and the oral health-related quality of life among adolescents after a first episode psychosis. Based on this, oral health education focused on good oral health can be developed.

Objectives: This study aims to evaluate the risk factors in lifestyle on oral health-related quality of life (OHRQoL).

Methods: 81 patients after a first episode psychosis were included in a cross-sectional quantitative study using a survey. This self-administered questionnaire assessed demographics (age, gender, education, daily activities), as well as risk factors (dental attendance, smoking, sugary drinks and nutrition, drugs, alcohol, medication, dental insurances) and the Oral Health Impact Profile (OHIP)-49. The seven domains (subscales) of the OHIP were questioned on a 3-points ordinal scale and were validated using Cronbach's alpha. The seven domains were used as an outcome variable in additional analysis.

Results: 54.3% of the patients had dental routine checks twice a year (or more often) conform the Dutch standard, 34.6% of the patients had once a year a routine check-up. 11.1% of the patients had less than once a year or no routine-check-ups. 31 patients (38.3%) brushed their teeth once a day, most frequently for 60 seconds (28.4%). Toothbrush mostly used is a hand-brush (54.3%). 33.3% of the patients administered their oral health with moderate. A lot of patients used drugs/alcohol earlier in life (55.6%/66.7%). 82.7% did not receive oral health education from care-givers of the early intervention team. Patients experienced lower OHRQoL on almost all the OHIP domains.

Conclusions: Patients who experienced a first episode psychosis don't often take care of their oral health like they should. Education on preventing oral health related risk factors should be given by nurse-, and caregivers. A guided dental attention, by nurses and care-givers, can increase the routine checks.

Hundred days in Finland. Experiences from asylum seekers about their coping during their first months in Finland

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Background: Finland received 32 478 asylum seekers during 2015 whereas 2014 the number was 3651. As the number of asylum seekers has grown so rapidly, it is important to get to know this new group of people that nurses are going to face at their work. In Finland, we have The Law about receiving a person in need of international help, binds countries to arrange asylum seekers necessary health care services.

Objectives: The purpose of this study is to describe experiences of asylum seekers during their first months in Finland. The aim is to produce new information about the coping of asylum seekers in their new surroundings. The information can help in finding right ways to take care and help them. The research results can also be used when planning and developing services for the asylum seekers.

Methods: The data of this qualitative research was collected by interviewing six asylum seekers in the Suonenjoki Reception Centre. Inductive content analysis was used when analyzing the data. The interviewees had been in Finland for about three months i.e. hundred days.

Results: The participants seemed to be living in a crisis state of mind when living in the reception centre. They had no ways to affect their life or future. After three months their adaptation process was at the very beginning. There are several factors affecting the survival of the asylum seekers in Finland. Factors that seem to support the survival are, possibility for social encounters with other people, trust in the future, feeling of being safe and religion. Factors that are a threat for the survival are, lack of own place in the new culture, language issues, lack of activities, losing of self-control and experiencing stress.

Conclusions: Based on the results one can conclude, that factors affecting the survival of the asylum seekers can be split to internal, depending on the each individual himself, and external like the surroundings where they are living. In practical work, we must strive to establish asylum seekers external conditions that support their survival. We can also help their survival by supporting their own personal features. Ways to support this in practice are taking care of the basic needs, supporting social activity and giving strengthening psychological support.

Autonomy as vulnerability for anxiety: Results from two laboratory-based studies

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Background: Autonomous individuals have achieved an intricate balance between self-governance, satisfying one's wishes and needs, on one hand; and being connected with and sensitive towards others on the other hand. Problems in autonomous functioning appear to contribute to psychological distress (e.g. depression, anxiety). According to the stress-vulnerability hypothesis, existing autonomy problems may render one vulnerable to experience significant distress when confronted with acute stressors. Yet, this has not been examined directly in laboratory settings.

Objectives: The current studies aimed to examine stress (anxiety) reactivity in individuals with varying levels of autonomy, using two different stressors.

Methods: In study 1, participants (N = 177) viewed an anxiety inducing film fragment and reported their state anxiety before and after viewing the clip. In study 2, participants (N = 100) were randomly allocated to one of two conditions: giving a short presentation (impromptu speech task) or watching another person's presentation. State anxiety was measured at baseline, after a preparation period and directly after the presentation. Prior to the lab sessions, participants' autonomy was measured using the Autonomy-Connectedness Scale (ACS-30). The ACS-30 comprises the subscales 'self-awareness', 'sensitivity towards others' and 'capacity for managing new situations'.

Results: Some, but not all components of pre-existing autonomy-connectedness predicted anxious responses in study 1 and 2. In study 1 (film fragment) a positive association was found between 'sensitivity towards others' and increased anxiety after the film fragment. In study 2 (impromptu speech task) a negative association was found between 'self-awareness' and increased anxiety after preparation of the presentation.

Conclusions: Pre-existing autonomy patterns appear to predict one's stress (anxiety) reactivity in a laboratory setting, but these effects vary according to the specific component and stressor investigated. Individuals who are highly sensitive towards others may be more vulnerable for stressful situations that involve other's well-being; individuals with low self-awareness may show enhanced distress when having to express their personal views. Follow-up studies are needed to elucidate how specific autonomy components relate to stress reactivity and under which circumstances.

Digitally-assisted parent training intervention in primary care in Finland from public health nurses' perspective

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Background: Parent training is the most effective approach to the psychosocial treatment of disruptive behavioral problems in childhood. In Finland, child health clinics with annual checkups provide a unique environment in primary care for preventive mental health interventions. Therefore, it's important that public health nurses have competence to use these preventive interventions. Since 2015, Research Center for Child Psychiatry at the University of Turku, Finland, has implemented a strong evidence-based and digitally-assisted parent training program (the Finnish Strongest Families intervention) in primary care. Public health nurses' role and acceptance are essential in the successful implementation process. This study is part of the APEX project (Awareness, Prevention and Early interventions) funded by the Strategic Research of the Academy of Finland for the years 2016-2019.

Objectives: To describe the influence of Digitally-Assisted Parent Training Intervention on the professional competence of public health nurses.

Methods: Based on the national professional competence areas of public health nurses, the five-point Likert-scale survey was developed. All public health nurses (N=277) using the Finnish Strongest Families intervention formed the study population. Of those 51% (n=140) participated. The data was collected in early 2017 by Webropol.

Results: Most of the public health nurses (n=93%) described that the Finnish Strongest Families intervention promotes preventive framework and increases identification of psychosocial risk factors (n=96%). Most of them (n=90%) reported that the intervention helps nurses to encourage parenting and life skills of families. More than half (n=61%) thought that this digitally delivered intervention can strengthen evidence-based nursing in their work and is a suitable and user-friendly model in child health clinics (n=85%).

Conclusions: Based on the study results, the Finnish Strongest Families intervention may promote the professional competence of public health nurses in primary care. This digitally delivered intervention is a promising and acceptable method to increase the mental health knowledge of public health nurses.

A co-produced mental health nursing study module by the experts by experience and the nurse academics – An overview on EU funded COMMUNE project.

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Background: Since 2000 the involvement of service users in mental health nursing education has been growing. Also, in the last years the academic literature has increased its focus on this issue. (Terry 2012, Perry et al. 2013.) The participation of service user in the design, delivery and evaluation of mental services and education is now deeply embedded into European policy (European Union 2005). Mental health nursing is not a

popular career choice (Happell, 2008; Hoekstra et al., 2010, Happell & Gaskin 2012). Those who do pursue a career in mental health have also been found to hold negative attitudes, in particular towards service user participation in health care delivery (Happell et al. 2008).

Objectives: Commune project is a project aiming to improve and strengthen the role of mental health services users as experts by experience in mental health nursing teaching of nurses. In Commune project a co-produced (experts by experience and nurse academics) 1 cr. module for mental health nursing studies is established. The module shall be implemented and evaluated in four European countries (Finland, Ireland, Nederland and Norway) and in Australia. Content of the module is developed on the bases of focus groups interviews of mental health service users in all participating countries and formulated in co-operation of experts by experience and nurse academics. This paper shall give an overview on Commune project.

Methods: Developmental project, focus groups interviews, and intervention research. Similar data shall be collected in all the participating countries

Results: The co-produced module shall deepen the understanding of mental health nursing from the services user point of view and lessen the stigma and discrimination of the people with mental health problems. It shall give the students a realistic picture about the field of mental health nursing and make this field more popular career choice for newly graduated nurses.

Development and psychometric validation of the internalizing and externalizing subscales on the InterRAI ChYMH

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Background: InterRAI systems were developed by an international committee of clinicians and researchers across thirty countries committed to providing standardized and seamless care across service sectors. The interRAI Child and Youth Mental Health (ChYMH) is a pediatric measure consisting of items assessing psychiatric, functional, medical, and social issues with information collected from the child/youth, family, teachers, and other service providers.

Objectives: To develop and validate two broadband measures drawing from the interRAI ChYMH for screening internalizing and externalizing mental health indicators.

Methods: Community-based and residential data were collected from children/youths 4 to 18 years of age (N=3464) across 39 mental health agencies. First, items relevant to internalizing and externalizing disturbances underwent expert content validation. Second, unrestricted factor analyses and multidimensional item response theory (MIRT) parameterizations were conducted to test the validity of the measurement model. Finally, concurrent validity of these two measures were confirmed based on relationships with DSM-IV diagnoses of internalizing and externalizing disorders as well as other established subscales from criterion measures (e.g., Child Behaviour Checklist, Social Skills Improvement System).

Results: First, items were screened for latent construct representativeness (i.e., S-CVI/UA>0.80) using expert content validation. Second, two, separate 12-item scales were developed based on unrestricted factor analyses, which demonstrated excellent fit of a three-factor model for the internalizing scale (i.e., anhedonia, depression, anxiety; RMSEA = 0.054) and two-factor model for the externalizing scale (e.g., proactive aggression, reactive aggression; RMSEA = 0.052). MIRT parameterizations further validated this measurement model. Finally, the internalizing and externalizing subscales showed high internal consistency and correlated

strongly with the appropriate subscales from criterion measures. Discriminant validity was established as the scales effectively differentiated children/youth with and without internalizing and externalizing disorders.

Conclusions: While traditional diagnostic interviews neglect sub-threshold symptoms, these two broadband measures identify features of disorders utilizing a dimensional approach to understanding mental health needs. Implications on triaging, prioritizing referrals, and service utilization when utilizing these two psychometrically sound measures to match children's mental health needs are discussed.

Better Day Recovery Workbook (Introduction to translations in French, German, Spanish, Finnish, Norwegian, Dutch and more)

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Craig Sherry, Director of Global Recovery Transformation-Better Days International; Karinthe Alain, Better Days International Representative in France and French Speaking Lands; Vaabenø Jannicke, Better Days International Representative in Norway

Background: This workshop is intended to introduce the Better Days Recovery Workbook (in printed book form) to German, French, Spanish, Finnish, Dutch, Norwegian as well as English speakers plus likely additional languages. The Better Days Workbook 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. 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. We are living proof!!!

Objectives: 1) Participants will be introduced to a curriculum that helps 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 introduced to a curriculum that helps 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, 3) Participants will be introduced to a curriculum that helps people develop a realistic perspective on how to handle the many challenges that arise in life and to do so while being less impacted by the disruption that those challenges may bring.

Methods: Craig + Sherry and their partners will share briefly of their experiences with Better Days and why they are invested in sharing it with their communities and the world. We share sample pages with all present. We will follow up this introductory session with as of yet to be scheduled; casual, sit down meetings, to further dive into the curriculum, in the many languages available in printed book form.

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

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

The impact of early life stress on anxiety symptoms in late adulthood

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Background: Early life stress may increase the risk of anxiety throughout life course. Whether this effect extends to late adulthood is poorly known. The association between early life stress and anxiety has been widely studied, but few studies have examined this association particularly in late adulthood and these studies have mainly concentrated on emotional and physical trauma as forms of early life stress. **Objectives:** Our aim was to investigate the association of various different forms potentially stressful experiences in childhood, namely emotionally traumatic experiences, physically traumatic experiences, low SES, separation from parents, death of a family member, and parental divorce, and their accumulation with self-reported anxiety symptoms at the age of 65–77 years.

Methods: Our study comprised 1872 participants of the Helsinki Birth Cohort Study born in 1934–1944. Data on childhood socioeconomic status and separation from parents were based on national registers for all participants. Information on self-reported emotional and physical trauma, parental divorce, and death of a family member in childhood was collected from 1266 participants.

Results: We found that experiencing emotional trauma, physical trauma, parental divorce and low socioeconomic status in childhood were associated with more pronounced anxiety symptoms in late adulthood [$B=0.45$ (95%CI=0.32–0.59), $p<.001$; $B=0.32$ (95%CI=0.19–0.46), $p<.001$; $B=0.23$ (95%CI=0.03–0.44), $p=.03$; $B=0.11$ (95%CI=0.02–0.20), $p=.01$, respectively]. Of these, physical trauma was no longer associated with later anxiety symptoms when controlling for emotional trauma [$B=0.15$ (95%CI=–0.01–0.30), $p=.06$]. Accumulation of early life stress also increased the levels of late-adulthood anxiety symptoms.

Conclusions: The association between early life stress and a heightened risk for anxiety symptoms seems to be evident still in late adulthood. Screening for potentially stressful childhood experiences in elderly populations may thus help in identifying individuals with increased anxiety symptoms in late adulthood and in planning preventive and therapeutic interventions.

Prevalence and management of patients with outpatient commitment in the mental health services

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Background: People with mental health problems is mostly treated in the community. The law allows the use of compulsory mental health care both in hospital and in the community. Various forms of outpatient commitment (OC) has been adopted in many European legislation. To be subject to OC is a serious intervention in the person's lives.

Objectives: The purpose of this study is to gain knowledge about patients who receive OC. The study explores the incidence and prevalence of OC in a geographical area, central characteristics of the sample and how the framework for follow-up treatment for patients with OC resolution works.

Methods: The data is collected, by review of electronic patient records. The statistical methods used in this study were descriptive analysis with frequency analysis and cross-tabulation analysis.

Results: The main findings in the present study are that the use of OC has increased. An important finding is that the majority of the patients have a decision of OC which is justified by the treatment criterion. The present study shows that there is insufficient documentation on statutory responsibilities for follow-up treatment of OC patients.

Conclusions: This study shows that the use of OC increases. It should be considered whether the implemented measures to reduce the use of coercion have the desired effect.

Enhancing autonomy-connectedness in anxiety-disordered patients: A randomized pilot controlled trial

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Background: Autonomy-connectedness is the ability for self-governance under the condition of connectedness to others: to function independently and concurrently engage in satisfactory relationships. Research has shown consistent associations between impaired autonomy-connectedness and anxiety disorders as well as other types of psychopathology. Earlier small-scaled and uncontrolled pilot studies indicated beneficial effects of autonomy-enhancing treatment (AET) on autonomy-connectedness, anxiety, comorbid depressive symptoms, and quality of life.

Objectives: The present randomized pilot waitlist-controlled study aimed to investigate the effectiveness of group-based AET comparing a 15-session group AET (N = 43) to a waitlist group (N = 40).

Methods: Autonomy-connectedness, anxiety, comorbid depressive symptoms, and quality of life were assessed and analysed with intention-to-treat as well as completers analyses.

Results: Both the intention-to-treat and completers analyses suggested a larger decrease of agoraphobic symptoms in the experimental treatment than in the waitlist condition. The completers analyses showed additional beneficial effects, but effects were small and disappeared after correcting for multiple testing. **Conclusions:** AET may alleviate agoraphobic symptoms in a severely anxiety-disordered patient sample. Future research, including more stringent inclusion criteria and follow-up assessment, is needed to further examine effective components of AET.

What difference: An expert by experience or a well-intentioned well informed nurse academic?

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Background: It is becoming increasingly clearer that the involvement of people who have experienced mental health problems, in undergraduate nursing education has a significant potential to improve the educational and to some extent the practice experience of nursing students (Wood et al. 1999; Happell & Roper 2003; Russell 2014). Depending on the jurisdiction it can be argued that that nursing educational programmes are quite responsive to contemporary discourses that accommodates pluralistic and in particular service user views and experiences into educational programmes (Cusack & Killoury 2012). However beneficial services user/consumer/expert by experience involvement in nurse education is, there are difficulties with embedding this expertise into educational curricula. Such challenges include training, support, funding, acknowledgement (Prior 2003) and logistics (Happell et al. 2014).

Objectives: The COMMUNE Erasmus Plus project is attempting to embed expertise by experience contribution to mental health education for undergraduate nurses across seven educational institutions in six countries.

Methods: A collaborative of academics and experts by experience from participating institutions developed a teaching unit based on international literature review and focus group of interviews with experts by experience/ service users/consumers in six countries.

Results: An interesting challenge is that 'good' nurse academics and 'good' expert by experience educators might be offering the same content, aspire in principal to similar values, and consider the same approaches beneficial to nurse education, yet have very different class room impact.

Conclusions: This interactive presentation will attempt to illustrate that even if the above is true; that by virtue of both groups coming from very different experiences and place of understanding of similar content/values/approaches etc. that the impact on students will be very different. A number of relevant topics from contemporary discourse and evidence emerging from COMMUNE project will be presented to delegate participants by nurse and expert by experience presenters sequentially, to mimic the potential impact on student nurses. The finale will analyse if there is any difference in how delegates internalise the messages from either set of presenters.

Remembrance of things present: Making peace with dementia

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Background: When my father died of Alzheimer's complications I memorialized him in a poem "Remembrance of Things Present," now published and available on Amazon.com. I've now given my live "Remembrance" presentation at TEDx and Alzheimer's Association events, and at conferences such as the recent Southeastern Symposium on Mental Health in Greenville, SC, USA. (YouTube TEDx link: <https://www.youtube.com/watch?v=BXBNNQqE2jw>)

Objectives: Alzheimer's caregivers, familial and professional, are susceptible to frustration, regret, despair, and even rage against cruel fate, as I was. Caregivers deserve caregiving themselves. I aim to comfort, console, and inspire dementia patients, their loved ones, clinicians, researchers, and all whose lives dementia

touches. If art can offer no more than symptomatic and palliative relief from the effects of Alzheimer's Disease, that is no less than modern medicine has done to date. Ideally, art and science can work together to reduce dementia's effects and ultimately to reach a cure.

Methods: In prose, rhyming poetry, and photographs I celebrate my father's brave, good-humored struggle with dementia, while recounting my journey from angry denial to peaceful acceptance as his condition progressed. The verbal "music" of my rhyming couplets and the visual colorations of my photographs convey a challenging experience with a lyrical and often humorous touch.

Results: My own feelings of depression yield ultimately to a realization that dementia's grip is loosened by the power of poetry, pictures, music, and love. Instead of fighting dementia, my father and I embrace the changes it provokes. Accompanying me through the Kübler-Ross stages of Alzheimer's grief, my audience journeys from resistance to acceptance of dementia, and perceives how the disease can draw patients and caregivers closer together instead of driving them apart.

Conclusions: Viewed as a biological deterioration of the brain, Alzheimer's is terrifying. But seen as fermentation which is not spoilage but transformation – e.g. grapes into wine; milk into cheese – it can enhance the caregiver-patient relationship. Indeed, my father and I moved from a prose relationship into one of poetry which was no better or worse, just different, where we engaged more in rhyme than in reason, freezing time then melting it and joining in a lyrical realm between past and future where we shared a blessed present tense. For me it was grief's fifth stage of acceptance, and I think for him also, as he lived his last days and died in a state of peace.

Understanding hoarding behavior in Pakistani context

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Background: Hoarding is a complex phenomenon and has received extensive attention in recent years and much about the phenomenon has been known. However, most of the studies have been conducted in Western culture with few supplementary reports from various other regions like India, Iran, China, and Japan. That suggest the presence of some evidence about the existence and similar presentation of the condition across globe, at the same time advocates the need to explore the phenomenon in different cultural contexts.

Objectives: The present study was designed to discern the phenomenon of hoarding in indigenous context as there are no earlier studies done in Pakistan to refer to. Given that the phenomenon of hoarding is under studied even with most associated disorders like OCD and OCPD in Pakistan, it is considered necessary to explore the phenomenon both in general public as well as a clinical concern.

Methods: A qualitative research methodology was employed in this study to develop a theoretical understanding of the phenomenon. Focus group discussions were held with adult population to gain understanding of the phenomenon among general public. Besides that semi structured interviews were conducted with the clinical experts to assess their understanding and knowledge regarding nature and perceived prevalence of the condition as a comorbid concern in different disorders in reference to Pakistani settings.

Results: Analysis of focus group discussions suggested that the construct of hoarding behavior can be made implicit against the background of cognitive, affective, personality and socio-cultural aspects. Besides supporting extant literature concerning different aspects of hoarding, the study involves the account of socio-

cultural aspects like status transformation with resulting sense of competition, gender role, impact of material deprivation, and religious construction for the explanation of phenomenon as more of context specific elements in the indigenous settings of Pakistan. Findings of the study also supports the prevalence of hoarding behavior as an associated symptom in number of psychopathologies and suspects its existence as a comorbid condition in different mental disorders. However, as a separate disorder it's not well recognized in clinical settings of Pakistan.

Conclusions: The study addresses the factors that underpin major themes in relation to form and prevalence of hoarding behavior as a mental health concern. Results of the investigation in reference to the similarities and differences with extant literature are discussed.

We do not give up: Psychiatric outpatient care in the ACT Unit of Helsinki

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Background: The ACT Unit of Helsinki provides psychiatric outpatient care based on the ACT (Assertive Community Treatment) -model. The current trend in psychiatric care has led to a reduced amount of hospital beds, resulting in an increased need of resources in outpatient care. The reductions have caused a public concern of neglect regarding some patients. The unit was found in 2014 to respond to this need considering challenging psychiatric patients residing in Helsinki, who require intensive support in order to achieve effective outpatient care. This unit treats patients with a psychotic disorder diagnosis who have required hospitalization several times in the past, as the outpatient care has not been sufficient.

Objectives: The primary objective of the unit is to enhance the patients' adherence to psychiatric outpatient care. The aim is to prevent the recurrence of psychosis, to avoid hospitalization, to ensure the implementation of regular medication, and to provide holistic support for the patient.

Methods: The unit holds responsibility of the psychiatric care of the patients, providing all possible mental health services at the patients' home environment. The patients have an access to services of a multi-professional team including nurses, doctors, a social worker, a psychologist and an occupational therapist. Every patient has two appointed nurses, and the content of care is individually planned. The unit can be reached every day of the year at all times. This kind of intensive outpatient care enables early interventions and rapid, timely actions if a concern of the patient's mental health status arises. Resilience is the unit's key concept among patient-oriented care and cooperation with the patient. The length of care is unrestricted, as well as the number of appointments per patient. This model of intensive outpatient care can also be described as "a hospital without walls".

Results: Approximately 35% of the patients have needed psychiatric hospital care during their contact to the unit. However, in most of the cases the duration of hospital care has been relatively short. The amount of days of hospitalization has decreased by up to 80% in total, which is presumably favorable also from an economic point of view. Most important, the quality of life has been maintained or improved with most of the patients. Long-term nurse-patient relationships based on trust and adherence have been achieved.

Conclusions: Based on the results, this form of outpatient care appears to be suitable for a certain group of psychosis patients.

Development of mental health cadre strengthening model in primary health care setting

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Background: Indonesian primary health care (Puskemas) currently provides mental health services. Nurses, GP, and psychologist are prepared to be trained as a mental health staff in Puskemas. Beside the involvement of professional mental health staffs, Community involvement is one of the strategic approach in primary care level. Therefore, a capacity building is urgently needed for mental health care. Integrative training is designed in accordance with the conditions and needs of the cadre. Educational level, mental health literacy and limited time of the cadre are considered into structure of the training that have to be effective, flexible, interactive and easy to be delivered.

Objectives: Therefore this research will be directed to map mental health cadre' need in their effort to increase their capacity as well as in the formulation of operational procedures in the field.

Methods: The Training Module and all the materials have been tested through professional judgment forum, involving mental health professionals (mental health nurses, psychologists, Puskemas staffs, and mental health programmers) and canalized by Aiken's V test. The results provided data that the range of Aikens' V on the range 0,61- 094, therefore the materials with the score below 0.7 has been reviewed. Tested measurement showed reliability with the coefficient Cronbach's Alpha 0.702 and it is supported by professional judgment. Kalasan District has been chosen as a site location of the program. A total 41 mental health cadre from one district- 4 villages participated in the 5 days training, 4 days in class and one day site visit. The quantitative data were collected from the pre, post and follow up data after 4 months training.

Results: The quantitative data showed that there was a significant knowledge improvement of the participants after training ($t = -3.087$; $df = 36$; $p < 0.05$). The follow up data also indicated that there was a significant knowledge improvement after training and after 4 months training. The qualitative data provided an evidence that there was knowledge and skills improvement, Cadres reported that they were able to transfer the knowledge to the community and they actively provided support for family with Schizophrenia and also help them to be referred to mental health professional staffs.

Conclusions: The integrative training model developed by researchers proved able to increase the knowledge and skills of mental health cadres.

Family caregiving of individuals with traumatic brain injury in Botswana

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Background: Traumatic brain injury (TBI) is associated with a range of impairments of physical, cognitive, behavioral and emotional functioning. These impairments impact the affected person's independence and ability to reintegrate into social and vocational pursuits. Family members frequently have to fulfill the role of caregiver, providing long term support and tending to the injured person's needs. These demands may create stress for caregivers.

Objectives: This study examined the experience of care-giving for individuals with TBI in Botswana and its impact on psychological distress in caregivers.

Methods: Using a mixed methods study design, qualitative data from semi-structured interviews was thematically analysed and triangulated with data regarding functional status from the Structured Head Injury Outcome Questionnaire and the Hospital Anxiety and Depression Scale (HADS).

Results: The study included 26 participants with moderate to severe TBI, and a total of 18 caregivers were recruited. Caregivers commonly reported receiving limited information regarding their relatives' injuries and management methods. Heavy care-giving demands were placed on them, with little support from the healthcare system. A significant proportion of caregivers experienced anxiety and depression, which was associated with lower functional independence in their injured relative. Somewhat more spouses than parents reported clinically significant anxiety levels. Other consequences of care-giving included social isolation and limited support from the wider community as well as financial difficulties. Despite these stresses caregivers tended to accept their care-giving role. Cultural factors such as devotion to their families and faith and belief in God moderated burden and distress.

Conclusions: Carers of individuals with TBI in Botswana face significant challenges. Rehabilitation efforts need to take these into account. Specifically, more information and support needs to be provided to survivors and their families. Psychological, economic and health needs of the care providers also should be addressed in the planning of rehabilitation interventions.

SOS: Saving Our Sisters by providing emotional support for women exposed to FGM

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Background: Female genital mutilation (FGM) is a global problem, with estimates suggesting over 130 million girls and women have undergone FGM. While FGM is practiced in Africa, Asia and the Middle East, because of immigration trends it is now prominent in Western society. In western society FGM is considered a breach of human rights, being outlawed in a number of countries. While the majority of studies have focused on physical health consequences, a small, post-2000 has seen a small but growing number of studies reporting on the psychological impact of FGM. This paper reports on a research project exploring the mental health consequences of FGM, the effectiveness of therapeutic support and the mental health nurse's role in addressing the needs of this group of women.

Objectives: 1. To establish and evaluate 3 drop-in clinics, offering emotional support to women who have or are likely to have FGM. 2. Build capacity through training peer mentors to continue the work of supporting women.

Methods: This three year project adopted a community-based participatory research (CBPR) approach. CBPR requires equity between traditionally trained "experts" (university) and those who hold expertise within a given community (New Steps for African Communities (NESTAC)). 160 women accessed the service, with 30

agreeing to participate in the study and 12 peer mentors being trained to help sustain the service. Data was collected via the Warwick-Edinburgh Mental Wellbeing Scale (WEMWS) and follow-up interviews, and analysed using descriptive statistics and thematic analysis.

Results: Statistical data indicates an improvement in the women's mental wellbeing following their six, 1:1 counselling sessions. Qualitative data (interviews) reaffirms this, with themes of (1) Speaking the unspoken (2) Emancipation of emotion (3) Harnessing hope, being identified.

Conclusions: FGM is an abusive practice that has the potential to traumatise. In clinical practice mental health nurses are best placed to enable women to address such traumas and improve their mental wellbeing. Additionally, within education they can raise public and professional awareness and through further research they can help develop more appropriate and sensitive services for migrant women from FGM practicing communities.

Suicide, help-seeking and LGBT youth: A mixed methods study

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Background: Globally, suicide is the second leading cause of death among 15–29 year-olds. Young people who identify as lesbian, gay, bisexual and transgender (LGBT) have elevated rates of suicide and self-harm. Despite the increased risk, there is a paucity of research on LGBT youth help-seeking and suicidality.

Objectives: To generate baseline evidence on LGBT young people's help-seeking behaviour in relation to suicidal feelings and self-harm in England.

Methods: We report on a sequential exploratory mixed method study that employed face-to-face and online methods in two stages. Stage one involved 29 online (n=15) and face-to-face (n=14) semi-structured interviews with LGBT youth aged under 25 years old. Stage two utilized an online LGBT youth questionnaire employing a community-based sampling strategy (n=789).

Results: We found across the sample that LGBT youth who self-harmed or felt suicidal were reluctant to seek help. Results indicated that participants were normalising their emotional distress and only asked for help when they reached crisis point and were no longer coping. Those who self-harmed ($p<0.001$, $OR=2.82$), had attempted or planned suicide ($p<0.05$, $OR=1.48$), or had experience of abuse related to their sexuality or gender ($p<0.01$, $OR=1.80$), were most likely to seek help. There were a number of interconnecting reasons that contributed to participants' problems accessing help. The most prominent of these were: negotiating norms in relation to sexuality, gender, mental health and age; being unable to talk about emotions; and coping and self-reliance.

Conclusions: It is crucial that policies and services that aim to prevent LGBT youth suicide recognise that norms and normalising processes connected to sexual orientation and gender identity are additional difficulties that LGBT youth have accessing mental health support.

"Not just talk" - Personal reflections as a source of professionalism

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Background: The mental health workers professional caregiving role requires personal maturation. One's own experiences and values are intertwined with professional competence. The Advanced Programme in Mental Health Care at Oslo and Akershus University College of Applied Sciences has provided personal-professional supervision in groups for all students. This has been part of the programme for the last three years. The programme is a 60 ECTS education and the students attend for full-time or part-time.

Objectives: Our objective for the study was to explore if and how personal-professional supervision can contribute to a better understanding of the connection between theoretical knowledge and each student's personal experiences.

Methods: The study is based on focus groups with students from both full-time and part-time classes. Subjects among the student in the groups were:

- Characteristics of a good mental health worker
- What is personal-professional maturing
- Connections between personal history and professional maturation
- How can supervision in groups contribute to maturation

Results: There are two main findings.

- The meaning of the hyphen space in personal-professional supervision. The students experience the difficulty in distinguishing 'personal supervision' from 'professional supervision'. They find that the two concepts are intertwined, and cannot be separated.
- The conflict between being book smart and being able to stay in the unpredictable process of supervision. The students meet and recognise the expectations of being book smart. On the other hand the personal-professional supervision requires to sometime to let oneself go; to go into the unknown.

Conclusions: The students experienced that activities in the hyphen space created themselves as unique mental health workers.

Pragmatism - Sources for the change you desire for your patients

Mittermaier Susanna, Susanna Mittermaier, Austria/Sweden

Background: Pragmatism is an approach found in different disciplines that focuses on practical application and the question what truly works and brings the desired result. Working with patients in mental health for years with neuropsychological testing and psychotherapy, the question rose what truly works with these patients with ADHD, autism, OCD, depression, anxiety, PTSD, substance addiction, psychosis and personality disorder. The filter that I was taught to look through was the fact that there is a problem that has to be solved, a disorder to be ordered. What if our job as therapists and psychologists is not to make our patients fit into reality but allow them to fit out of reality. Not ordering into a right behavior allows patients to find out in which way they function differently and what truly works for them. Is there a gift in what is seen as disabilities that we have not yet acknowledged nor used? A new world opened up. Pragmatic Psychology was born.

Objectives: The target with Pragmatic Psychology is to empower clients to access their abilities rather than focusing on their problems. This approach is about what can be created when life is no longer about controlling behavior. Every problem becomes a possibility to change your life. Therapy becomes about discovering what truly works for every individual to change their lives and create what they desire. It is no longer about control to achieve the right result but the change that can be created.

Methods: Tools and questions to empower the client to know what they know and to discover the abilities behind the limitations. Empowering patients to create their own pragmatic way beyond the problem and to find out how they can utilize their so called “wrongness” as a “strongness”.

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

Conclusions: Being pragmatic means doing what works. When our paradigm no longer is the wrongness but the resources that can be accessed once difference becomes a possibility, we could empower our patients to truly create the lives they desire.

How do people from South Asian backgrounds understand and experience depression?

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Background: Individuals from Black and Asian Minority Ethnic (BAME) groups are less likely to receive a diagnosis and to engage with treatment for depression across their lifetime. Facilitating access to mental health provision is therefore a challenge in multi-ethnic contexts.

Objectives: This study was interested in uncovering how people of South Asian origin understand and experience symptoms of depression in order to inform strategies to improve mental health service engagement for one of the most dominant BAME groups in the UK.

Methods: A systematic review of qualitative literature was undertaken, including searches across 11 databases. Qualitative studies were selected owing to the depth of lived experience that was of interest. Titles and abstracts of relevant papers were screened for eligibility, and subsequently full texts obtained and assessed for inclusion. The Critical Appraisal Skills Programme (CASP) for qualitative literature was used to assess study quality.

Results: 16,758 potential studies were identified once duplicates had been removed, of these 252 full texts were examined for eligibility. 27 articles were included rendered from 25 separate studies, including a total of 869 participants. The majority (n=19) of these studies were generated from multi-ethnic contexts. The thematic synthesis rendered 3 overarching themes concerning the experience, perception and treatment of depression.

Conclusions: Whilst the experience of low mood is common across people from different ethnic backgrounds, there are elements of experience that are shaped by culture and warrant carefully tailored initiatives to enhance understanding of depression and help seeking behaviour in people from South Asian backgrounds.

From risk-management to relational and recovery care: Mental health nurses' responses to people who self-harm.

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Background: Self-harm is a relatively common experience for a cohort of people who present to mental health services. However, attitudes towards those who self-harm can be problematic particularly when those who hurt themselves are perceived to be attention-seeking and beyond help. This in turn has a negative impact on treatment outcomes and future help-seeking intentions. This paper is an aspect of a larger study informed by the principles of Grounded Theory as described by Glaser.

Objectives: This paper presents how mental health nurses in the Republic of Ireland, respond to people who self-harm.

Methods: Data were gathered from thirty-three mental health nurses who worked in a variety of adult in-patient and community-based clinical areas. Data were collected through interviews and analyzed using the concurrent processes of constant comparative analysis, theoretical sampling, theoretical sensitivity and memo writing. Ethical approval was granted by the university ethics committee.

Results: Working with clients who self-harm was framed predominantly by a risk adverse and biomedical discourse, which led to the development of unhelpful strategies to eliminate self-harm and often in the absence of real therapeutic engagement. The participants used the strategies; 'Profiling believability', 'Engaging conditionally' and 'Sharing responsibility' as a means of assessing and managing risk when working with people who self-harm.

Conclusions: Mental health nurses and services have an important role to play in self-harm reduction and harm minimisation and. need to establish and promote strategies for working with people who self-harm within a relational and recovery-orientated manner. By moving the focus of practice from the dominant defensive risk adverse strategies, there is the potential for nurses to move beyond the clinical meaning of recovery which involves 'fixing' and constraining people, to a way of being that embraces relationality and openness. It also offers the potential to create a culture in which self-harm is anticipated as a possible outcome even with excellent standards of care, and wherein staff are supported and encouraged to discuss and reflect on their anxieties while 'taking therapeutic risk' and working with people who self-harm as opposed to working for them.

Staff perspectives of the Innovative Open Borders Program

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Background: People diagnosed with borderline personality disorder (BPD) frequently present in crisis to emergency departments (ED) following an episode of self-harm, often resulting in hospital admission. In 2013, a public state-wide residential facility commenced the Open Borders programme for people with BPD who have been identified as heavy users of the system. This innovative programme is a recovery-oriented model that offers consumers an alternative to hospitalisation. The programme provides consumers with the opportunity to self-refer. This ability for consumers to arrange their own admission reduces the risk of escalating self-harm behaviours. The Open Borders programme provides a welcoming environment for consumers with BPD in a residential setting. For those consumers who do not wish to arrange an admission, a 24 hour supportive telephone service is also available.

Objectives: The aim of this project was to evaluate the Open Borders programme by recording a snapshot of the consumers' view on their perspective of the programme. In addition, the effect of the working environment on the rostered staff and their perspective of the programme was also assessed.

Methods: Semi-structured interviews of the staff (N=9) and consumers (N=8) were recorded and transcribed. Thematic analysis of the transcriptions was conducted using computer software.

Results: Emergent themes were identified and will be presented.

Conclusions: The research findings from this project are significant as they enhance our understanding of alternative models of care and clinical effectiveness. This project therefore has national significance and may have demonstrable application for health policy and services.

Perceptions of nurse managers of nurses' unprofessional behavior

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Background: Nurses have an ethical obligation to work together and provide good care for patients. Most nurses work with professional responsibility and ethical codes of behavior. Unprofessional behavior is often seen as lack of skills and competence, inadequate care, safety neglect and unethical behavior towards patients. Nurse managers are obliged to intervene in nurses' unprofessional behavior, but little is known of what the process entails from the nurse manager's point of view.

Objectives: The aim of this study was to describe nurse managers' perceptions and experiences of nurses' unprofessional behavior and to explore nurse managers' experiences of the prevention of unprofessional conduct. A further aim was to describe nurse managers' actions to intervene in unprofessional conduct.

Methods: We used the descriptive qualitative method to describe nurse managers' perceptions and experiences. Participants (n=17) were interviewed in focus group interviews and the results were analyzed using inductive content analyses. The data were collected in January-February 2017 in Southern Finland.

Results: Based on our results, nurse managers found that nurses' unprofessional behavior was directed at patients and the working community. Unprofessional behavior towards patients was more likely to be hidden than direct violence. As a preventive measure, nurse managers described the importance of intervening in unprofessional behavior. However, they found it easier to intervene in intentional than non-intentional behavior. The nurse managers felt that they can be supported by clear organizational guidance, open atmosphere in the work community, and support from colleagues and the nursing director.

Conclusions: It is important to invest in training on ethical nursing for nursing staff in order to support their ability to take more responsibility for their own professional competence. An open atmosphere in the work community helps intervening in the unprofessional behavior of an employee at the nurse manager level. Updated codes of conduct with formal intervention procedures help nurse managers manage unprofessional behavior.

Perceptions of female beauty in the Albanian context: gender and age differences between 18-25 and 36-45 age groups.

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Background: Beauty is a concept as old as life itself is, especially when it comes to female beauty. It influences people's life, the way they think, feel, behave, and perceptions, attitudes of oneself and others. The discrepancy between the current and the ideal perception of female beauty has a great impact on self-esteem and can be a source for different upcoming situations (eating disorders, anxiety, depressive symptoms, alcohol or substance abuse etc).

Objectives: This study explores perceptions of female beauty of 303 Albanian male and female participants. The hypothesis is that males, females, and participants from the 18-25 and 36-45 age groups have different perceptions about female beauty. Social media influence, self-evaluation of beauty, importance of external appearance, self-esteem, and plastic surgery are issues explored in the study. Our expectations are that men should have different ideal beauty image and beliefs than women. Age would be a factor that can differentiate beauty perceptions.

Methods: The perceived ideal female image was given by filling out a questionnaire. It was designed specifically for the purpose of the current study. There were three age groups: 18-25, 26-35, 36-45. Participants were mostly mix students of all majors from the University of New York in Tirana and their professors, they filled out the questionnaire mostly in their classrooms. Data analysis was performed to 303 valid questionnaires using SPSS version 20.

Results: The results of the survey indicate that there are many gender and age differences. Social media plays a significant role in the way both genders and age groups perceive female beauty in the Albanian context (69.0% and 11.0% of participants responded a lot and completely). External physical appearance is very important for women, mostly to the age group between 36-45 years old. This group is interested more in considering doing something like diet, exercise and beauty treatments. Male participants think that a woman should undergo plastic surgery in order to improve her appearance.

Conclusions: Our expectations were confirmed and indicated that gender and age are factors differentiating perceptions of female beauty. Further research should be done with a more representative sample of rural areas. Given that self-perception of beauty is very important for the psychological well-being, this study is important for the Albanian society. Further research should be done in order to understand how Westernization has influenced people's life and the new born compensatory behaviors

Mental health walk-in clinic: How can I help you?

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Background: In Finland, the National plan for mental health and substance abuse recommends easy and non-stigmatised access to services. There is a need for low threshold services and possibility for appointments without referral. In City of Vantaa, Finland, two public health centers were chosen for the walk-in pilot for a six month pilot. Service is open and free for all adult inhabitants.

Objectives: The purpose of this pilot is to provide easy access to services and reach new clients who need help but has not yet attended services. The aim is to make it easier to get early stage help and support for person's mental health and substance abuse problems. Purpose is also to develop permanent service after pilot ends and to strengthen co-operation between health and social services, primary and special health care.

Methods: Walk-in service is co-operation pilot between Vantaa city health and social service and the hospital district of Helsinki and Uusimaa. Service has been provided by psychiatric nurse or substance abuse worker. They provide therapeutic discussions, give information and advice, provide emotional support and help finding other services when needed. Staff interviews clients on their worries and service needs. The main assessment tools are Beck depression inventory (BDI), Beck anxiety inventory (BAI) and the alcohol use disorders identification (AUDIT). Meetings are documented and the following information is collected: reason for attending service, anamnesis about previous care and medication, current condition and issues, conversation, consultation and care plan. Clients may be referred to further care like GP, depression nurse, alcohol or substance abuse clinic and voluntary organizations. Service is available for 1-3 visits. In acute cases client might be referred to psychiatric emergency or detoxification treatment.

Results: In February 2017 there was an authority board meeting and evaluation of the pilot outcomes and it was decided that the service will continue till the end of 2017 in one health center because of the resource availability. Most of the staff members wanted to continue working in the service. Verbal feedback from clients has been mainly positive.

Conclusions: Walk in service has met the expectations and has provided easier access to services. In the future health and social services will be combined in Finland, and both mental health and substance abuse problems need to be handled simultaneously. We find it important to collect formal feedback from clients and staff to develop the service further.

The pain and gain of developing pain management courses and evaluating their effectivity

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Background: Our multi-professional team has carried out courses for patients with severe chronic pain accompanied with psychiatric symptoms. To measure the effect of the intervention we have given the patients BDI-II questionnaires to evaluate the patients' mood and 15D forms to measure their experienced quality of life. We have also continuously gathered qualitative information on the patients' clinical improvement and their experience of the course as a possible part of it.

Objectives: The main goals of the pain management courses are to improve the patients' quality of life and thus enable them to better manage their pain using the tools learned during the course. We have tried to find out relevant ways to measure how well these goals have been met. The results are used to further develop the intervention.

Methods: Due to the poor return percentage of the BDI-II and 15D forms we decided to focus this survey on our qualitative data. At the end of the course the patients have filled out anonymously feedback inquiries

consisting of both scaled and open questions. About 5 months after each course we have met the participants in a follow up session. The patients have also given oral feedback directly to us and for our co-professionals about their patient experience. We have put continuous effort on productizing the intervention as a means of quality development. The ongoing process of further conceptualizing our RELIEF -model has been a valuable tool in developing the interactional aspect of the intervention.

Results: There is some incoherence between the questionnaire data and the qualitative data. The patients' answers in the feedback forms confirm that they experience their pain management having been improved during the course week. The information gathered from the follow up meetings indicates that the improvement has sustained; several patients have reported significant positive life changes after the course. The qualitative analysis confirms our hypotheses that the interactional aspects are essential to enable the positive patient experience leading to therapeutic change.

Conclusions: Measuring the essential effects of the complex therapeutic intervention with standard questionnaires is very challenging. Our self- developed feedback form has produced relevant information about the patient experience. The additional advantage of continuously evaluating our pain management intervention has enabled us to develop our professional skills and opened various opportunities to promote the care and treatment of chronic pain patients.

Urgent Care Program: Minding the gap in ambulatory care

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Background: The Urgent Care Program (UCP) at St. Michael's Hospital (SMH) in Toronto, Canada is an intermediate care program for clients transitioning from acute care to community settings. It was designed to meet the need of readmission rates within 30 days, particularly of vulnerable clients who had no follow-up. Clients served have been recently discharged from the hospital or psychiatric emergency services. The population, diagnostically diverse and with frequent co-morbidities, have vulnerabilities that include high risk of harm to themselves and/or others, housing and socioeconomic challenges. The intent of the program is to provide crisis stabilization, ongoing assessment and linkages to the most appropriate form of ongoing care in the community.

Objectives: The presentation will provide an overview of the program structure and creation of an UCP to address the multilayered needs of a diverse and vulnerable population. It will address challenges including legal, financial and human resources obstacles, and strategies related to creating more timely access to ambulatory care through building alliances with community partners. The combining of individual and group therapy will be emphasized in the context of equality and access to service.

Methods: Since April 2012 the UCP in partnership with Sound Times and the Centre for Addictions and Mental Health (CAMH), Toronto provides up to three months of integrated mental health care with: psychiatrists, senior and junior residents, a registered nurse, case managers, and a social worker with expertise in suicide intervention. The team meets weekly to discuss the clinical care, as well as to support ongoing Quality Improvement.

Results: From April 2015 to April 2017 the UCP team received 900 referrals which is indicative of a dire need for this type of ambulatory program. The average length of stay is 130.4 days which indicates the multitude of challenges with managing a high needs population with limited long-term community resources. In 2016

the UCP discharged an average of 21 clients per month. 44 % of the clients have more than one clinician actively involved in their care. To date, there have been close to 3000 referrals since the start of the program in 2012.

Conclusions: The UCP has filled an important gap in psychiatric care for client in crisis and still, there is ample room for growth and redesign. The presentation will bring forward the knowledge gained from creating a program based on clients' needs and clinical expertise of interdisciplinary team.

Collaborating with a lower middle income country (Mongolia) to identify priorities for mental health service development

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Background: Mongolia is a lower middle income country (LMIC), with a population of 2.1 million, over half of which lives in the capital city of Ulaanbaatar. Healthcare is provided through a public insurance based system, centred on hospitals, with very limited community care. Mental health care is provided through one large institution, the National Centre for Mental Health (NCMH). There has been one programme over the past 10 years to train GPs in mental health awareness but there is virtually no community mental health care, and clinical staff have limited skills in dealing with mental illness.

Objectives: To describe engagement between UK clinical academics and Mongolian stakeholders within a long term programme of mental health service and training development.

Methods: A programme of work commenced in 2013 with reciprocal visits between Mongolia and the UK to observe clinical practice in both countries. Liaison has continued since between one of the authors (FN) and Mongolian stakeholders to identify areas for joint work to develop mental health services and training. In 2017 a grant from the European Social Research Council (ESRC) was awarded to facilitate a workshop event in Ulaan Baatar with the aim of identifying priority areas for mental health service developments and establishing a network of agencies interested in working together on specific issues. The authors facilitated the event and developed a questionnaire for attendees which explored views on priorities for mental health care in Mongolia. The questionnaire was revised following comments, and subsequently distributed to staff and patients in the NCMH.

Results: Fifty people attended the workshop from a range of stakeholder groups, including central and local government, NGOs, healthcare, higher education institutions and the public. Over 100 completed questionnaires have been returned to date with 4 main areas for development identified- community services, services for children and adolescents, services for substance misuse, and training for staff. The Mongolian political and economic situation was taken into account by many respondents.

Conclusions: Further funding will be sought from ESRC to continue this engagement process. A full account of all responses will be presented at this conference in addition to any recent developments particularly in the context of research funding opportunities. Benefits and challenges to working with LMICs will be explored using the Mongolian experience as an example.

Evaluating the impact of new type of mental health support worker in inpatient and community services in North London

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Background: A new programme of training was developed by Middlesex University in partnership with two North London Mental Health provider organisations. It has been funded for 6 years by Health Educational England, which supports educational requirements within the English National Health Service. The training is a one year course for graduates, and prepares them for working within mental health services as support staff, without professional qualifications. This evaluation was funded by the NHS to determine the feasibility of conducting a larger scale study to address a dearth of evidence around introducing these new workers, and to inform decisions as to continuation of the programme.

Objectives: To examine

- a) Whether similar training of support workers took place elsewhere in England
- b) differences in patient experience between those who worked closely with these workers and those who worked closely with other staff?
- c) differences in experience for these workers and other staff in the same teams
- d) The career paths of the workers once they graduated from the programme

Methods: Module 1: A national survey of all mental health provider Trusts in England and of their linked universities to ascertain where and in what way similar programmes of education and workforce strategy may have been implemented. Module 2: An investigation of the impact of introducing the new workers in the 2 participating London sites. Patient satisfaction was the primary outcome. Established measures were used to evaluate secondary outcomes of patient and staff therapeutic alliance; patient's perception of their recovery; staff team cohesion and burnout; staff levels of knowledge, attitude and skill; patient and staff health and wellbeing. Module 3: Employment was mapped for graduates of the first 3 cohorts of the programme

Results: 39 mental health trusts and 31 universities responded to the national survey, of which 43 offered training for support workers. Only 7 provided graduate training programmes, of which 2 were in mental health. 12 mental health teams were included in the study, with responses from 76 patients and 114 staff in total. The questionnaire design was acceptable and some differences in staff experiences were found. 143 graduated from the first 3 cohorts, with 95 (66%) employed within the NHS at the time of the evaluation.

Conclusions: The methods can be feasibly employed in a larger scale evaluation which will be particularly pertinent given a recent increase in new roles for support staff within the NHS.

Psychosocial factors associated with deliberate self-harm in adult patients presenting to tertiary care hospitals in Afghanistan: A matched case-control study

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Background: Deliberate Self-Harm indicates both life distresses and future suicides. There have been limited studies on deliberate self-harm in Afghanistan.

Objectives: To determine psycho-social factors associated with deliberate self-harm in adults in tertiary care hospitals in Kabul

Methods: A total of 185 cases along with 555 age and gender matched controls were recruited in four tertiary care hospitals in Kabul. Deliberate self-harm patients aged 16 and above were taken as cases and patients with general medical conditions were taken as controls. Conditional logistic regression was used for determination of psycho-social factors of deliberate self-harm.

Results: Our statistical analysis resulted in matched odds ratios with 95% CI of 6.2 (2.56, 15.24) for family conflict, 6.4 (2.71, 17.30) for domestic violence, 3.0 (1.22, 7.52) for fighting with someone and 2.5(1.34, 5.22) for living in extended families.

Conclusions: Family conflict, domestic violence, fighting with someone and living in extended families were risk factors for deliberate self-harm in our study. Deliberate self-harm in Afghanistan appears to be related to interpersonal and family conflicts. These findings could be used in primary and secondary prevention of deliberate self-harm in Afghanistan. There is also need for further research regarding deliberate self-harm in this country.

Are we getting it right? Engaging staff in community mental health teams in research

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Background: Recruiting to research studies in a mental health setting can be particularly challenging. Potential participants are often living with complex mental health issues; balancing the priority of personal recovery and other demands may make it less likely for this population to take up research opportunities. This can be compounded by case managers taking a paternalistic approach when acting as gatekeepers for research studies. The perception of the value of the research to patient care is a strong indicator of engagement in the recruitment process. However, this may be overridden if case managers feel they need to protect the patients they work with from the perceived added pressure of participation in research. It is challenging for researchers to find ways to support clinical teams to prioritise research in the context of competing demands. Although barriers to involvement in research are widely cited, very little attention has been paid to how case managers perceive the specific strategies research teams use to engage them in the research process. This work was supported by CLAHRC-YH (Collaboration for leadership in applied health research and care)

Objectives: To explore the awareness, attitude towards and perception of the strategies used to engage case managers in community mental health in a feasibility study (RESPECT) to improve the sexual health of people with severe mental illness.

Methods: Face to face interviews were conducted with a convenience sample of case managers from community mental health teams based in 3 NHS trusts in England. All participants were registered professionals (nursing, social work or AHP). The qualitative data were analysed using deductive thematic analysis to generate categories and themes.

Results:

- Sexual health was reported as relevant to participants' clinical work but not routinely enquired about in clinical practice.

- Although awareness of the RESPECT study was high, there was evidence that some case managers were not comfortable promoting the study to all patients meeting the inclusion criteria.
- Participants preferred face to face meetings with research teams.
- Perceived patient benefit and a strong evidence base were the factors most likely to encourage participants to promote a research study in the future.

Conclusions: These findings provide fresh insights into the perspective of case managers working in a gate-keeping role. The implications of these findings will be discussed and recommendations for more effective engagement in research within community mental health teams will be

Mental health group rehabilitation for bullied young adults

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Background: Bullying is violence and a very toxic stressor that can lead to serious mental health problems and social pain. Bullying is an aggressive behavior in which individuals in a dominant position intend to cause mental and/or psychical suffering to others. 1 in 10 children experience bullying at school in Finland. Children who are victimized are reported to have myriad of clinical problems such as sleep difficulties, anxiety, depression, feelings of insecurity and unhappiness at school. They may also suffer from low self-esteem, loneliness and psychosomatic symptoms. Bullying prevention programs are well adjusted in the societal level, but very little treatment, guidance or care is provided for the individuals who are already experienced bullying. We have no national guidelines for bullying treatment and aftercare for people who are no longer part of the educational system. The city of Tampere Mental Health and Substance Abuse Services provides a psychoeducational closed group treatment (6 x 90 min) and rehabilitation for individuals with a history of bullying. These supportive groups have been a part of our praxis since 2014.

Objectives: Our goal is to reduce social pain and mental health problems and to provide the patients with tools that enables them to improve their life qualities. We need to break the chain of violence related trauma and empower patients and their families.

Methods: The participants of group treatment are interviewed and a bullying victimization scale is used by psychiatric professionals to scan suitable patients. The group is led by psychiatric professionals. Various psych educational materials are used: videos, questionnaires, self-reflection by written and verbal forms, also an internet based self-help program for social anxiety is a part of the program. Peer support is a key factor.

Results: Patients with a history bullying are often neglected within the psychiatric care process. Emphasizing these events needs more attention in order to maintain a holistic approach while treating other mental health illnesses. Patients who have participated in the group treatment have experienced positive outcomes such as improved knowledge, understanding the nature of violence and the experience of being heard.

Conclusions: The group intervention model has proven to be an essential part of mental health treatment helping patients with a history of severe bullying. Addressing bullying related problems, tearing down stigma and building hope and courage leads to better quality of life and helps the recovery process.

The complementarity principle in the deep cognition of the psyche

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Background: This abstract presents a deep cognition approach to understanding the psyche in its entirety (the conscious and unconscious). The incompatibility of these two parts of the psyche creates a need to find a means of integral representation of the subject in a visualized and objectified manner.

Objectives: This abstract aims at raising the issue of understanding the psyche as a whole. The key idea is to demonstrate that the laws of the psyche are flexible and synthesized with the findings of quantum physics.

Methods: The complementarity principle was introduced by N. Bohr, the founder of quantum physics, in order to overcome the gap in understanding the universal physical reality in Newtonian and quantum perceptions. In psychology, this principle was best defined by the Georgian psychologist A. Sheroziya. He notes that, "the psychic is different from the physical, that is why it should be separated from physical laws, as long as science in general is composed of physics and psychology as well as all things are either psychic or transpsychic (physical)". From the perspective of psychodynamic theory, the complementarity principle can be implemented in psychology by means of applying two principles oriented at the specifics of the subjective reality of the psychic – the inherence principle and the principle based on the unconscious.

Results: Deep cognition, on one hand is based on the inherency of consciousness from the unconscious, and on the other hand on a functional difference, independence (autonomy), and therefore the impossibility of the direct cognition of the unconscious, which is related to consciousness homomorphically. The complementarity principle refocuses the practitioner's attention on the inherence of each part of the psyche (consciousness/the unconscious), so that he/she cannot ignore their mutual involvement in a certain behavioral action of an individual. The latter predetermines the specific character of the means of perception that takes into account the absence of direct access to the unconscious.

Conclusions: We believe that psychology should employ the complementarity principle as a method of drawing a complex picture of the psyche. The complementarity principle refers to realities that are different in functional contrariety and incompatibility, and at the same time they are promising in terms of investigating their integrity. It is certain that specifying the complementarity principle in psychology is essential for discovering new perspectives in a proper understanding of the psychic in its integrity.

Strengthening family-oriented approach, long-term developing process towards best practices

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Background: The family focused approach has many benefits when treating someone struggling with psychiatric problems. Paloniemi hospital has a long tradition working with families. Supported by hospital management, we have ten registered family therapists in our psychiatric department, who meet patients and their families in the wards and at the out-patient clinics. Over the years we have noticed that some staff members are used to meeting with families and some do not feel comfortable doing so. Quite often when team members change, the family-oriented way of working seems to be forgotten. The new members of the nursing staff often hesitate to start working with the families. Our family therapists got the idea to train the staff and they devised a training program. The idea was supported by the management.

Objectives: The main goal is to provide high-quality evidence-based treatment for all patients by encouraging staff to work together with families and providing them with tools for the family meetings.

Methods: "Basics of working with the families" training program includes seven afternoons about once a month. There are 8-10 participants in a training group, with different professional groups: nurses, psychologists, social workers and occupational therapists. During the training process, the group members are asked to take part in as many family meetings as possible. The training program has been planned to be a process. Each training afternoon has its own subject and between training sessions there are some tasks to do for the next meeting. Also, participants' own experiences and interactivity between the trainers and training group play important roles.

Results: Over the past four years we have trained eight different groups, 70 persons. We have received positive feedback during these years. In April 2017 we conducted a survey to all those participants who were still working at Lohja Hospital Area.

Conclusions: Quite many workers feel insecure about new ways of working. Adopting a new approach requires support and tools. Utilizing the expertise of the organization's own personnel in strengthening the competence of other personnel is useful. In addition to the training sessions, it is possible to work together and put the theory into practice.

Interpersonal processes and self-injury: a qualitative study using Bricolage

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Background: Literature on self-injury and self-harm has recognised initial impact on the relationship between clients and staff, but not explored this in any detail. Previous publications have separated client and staff experiences in different papers or chapters. There has been an absence of a detailed account of interpersonal processes surrounding self-injury (Rayner & Warne, 2016). This research challenges previous publications by emphasising the importance of viewing client and staff perspectives together. This is the first published research to explore the interconnection between the client and a professional helper in their lived experiences of self-injury.

Objectives: A Bricolage qualitative research approach was carried out in the United Kingdom that explored the interpersonal processes surrounding self-injury.

Methods: Three pairs of clients and staff were interviewed about a specific incident of self-injury. The interviews were thematically analysed and then synthesized producing a deeper exploration of the relationship between the client and staff.

Results: Interpersonal triggers followed by anger and shame, resulted in self-injury to 'numb' these experiences. This relieved but also exacerbated the clients experiences.

Conclusions: Self-injury is conceptualised in this study as a safety behaviour to avoid shame and anger and then as a maintenance cycle that traps the client in a reinforcing and rejecting relationship. Staff interviewed were able to reflect with the clients and help them reframe these experiences.

Identity, coproduction and recovery

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Background: Human identity is a result of complex histories of interactions: an interplay of acquired and ascribed characteristics. The interaction of place, people and stressors may have a significant role to play in situational identity.

Objectives: This paper explores the challenges to concepts of identity within forensic secure environments for both those detained behind walls and fences and those who 'choose' to work there. The paper will describe the opportunities for 'coproduction' in such environments and will explore the abstract concept of situational identity that may enable and prevent genuine and effective therapeutic relationships from being established.

Methods: Rapid literature review.

Conclusions: The paper will conclude with a series of recommendations to support coproductive and recovery oriented relationships in challenging circumstances.

Spaces of confinement in the institutions of care and control in Finland

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Background: The reports of mistreatment in both the psychiatric hospital and retirement homes indicate a need for more diverse study on the institutions of care. These institutions have mainly been studied from social sciences, health sciences and nursing perspectives, for instance. The background of this study is in geography, the spatial thinking and in the idea that space and people are related to each other and spatial aspects have significance for well-being. Spatial approaches to care and control have been less frequent, although it is essential for both residents and workers how care and control are performed spatially, and what kinds of everyday spaces are thus produced.

Objectives: Our research project seeks to initiate a new contribution to the dialogue on spaces of confinement both theoretically and empirically. Theoretically, we take a pioneering step by uniting the discussions on carceral spaces more closely to critical legal geographies. Our approach introduces new lenses to analyzing institutions of care and control. Empirically, the research project contributes as it concentrates on the types of institutions of care that have not been studied earlier in Finland from a spatial perspective. The studied institutions include a psychiatric hospital for prisoners, other psychiatric hospitals, retirement homes and retirement villages. Conducting empirical work in these is expected to produce unique results that are useful in both the theoretical work and in the concrete development of the institutions themselves.

Methods: The methods and material are mostly qualitative, and quantitative data will be used mainly as background information. The research materials and methods consist of: Official documents and laws, semi-structured interviews, walk-talk interviews and participant observation.

Results and conclusions: The project has been just started 1.9.2017. The expected theoretical results are to widen the discussions of confinement beyond the Anglophone world and to find new conceptual tools for understanding processes of care and control in institutions. The empirical objectives are, to analyze the laws, restrictions, norms and discourses that guide institutions of care and control as both homes and workplaces, to identify mechanisms of control and confinement, and the processes through which spaces of confinement are formed, and to follow and analyze the process of creating alternatives for the spaces of confinement in institutions.

Hear my song: An evaluation of identity-focused therapeutic songwriting to promote identity rehabilitation and mood after neurological injury

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Background: Neurological injuries such as Acquired Brain Injury (ABI) or Spinal Cord Injury (SCI) pose a significant threat to wellbeing and identity. Elevated depressive or anxious symptoms, and reductions in subjective wellbeing and quality of life (QoL) are also common post-injury. There remains a need to better understand how identity, mood, and QoL change in the early stages after neurological injury. Therapeutic songwriting is a music therapy technique which provides a novel and increasingly promising means of promoting identity rehabilitation and studying early identity and mood changes post-injury.

Objectives: The current study examined changes in self-reported identity, wellbeing and distress indices for 29 participants (mean age = 46.62 years, SD 18.57) in a subacute rehabilitation centre in Victoria, Australia, 14 of whom undertook a 12-week therapeutic songwriting program.

Methods: Songwriting participants undertook 12 music therapy sessions across a 6-week period, and created three songs focusing on past, current, and future self. Both intervention and control participants completed a range of self-reported identity and subjective wellbeing and distress questionnaires prior to, mid- and after the 6-week period. Control participants received treatment as usual and did not complete the songwriting program.

Results: Significant interaction effects between experimental and control participants over time were found on the Identity, Behaviour, Physical, Personal and Conflict dimensions of the Tennessee Self-Concept Scale (TSCS-2), with experimental participants demonstrating significantly greater shifts from mid- to post-intervention in comparison to controls. A subsequent analysis by injury type also found that an interaction effect was sustained for ABI participants on the Conflict subscale. No significant differences were however identified between control and experimental participants over time for measures of subjective wellbeing, QoL or distress.

Conclusions: While the current study is limited by small sample size, and some baseline differences between groups, results show differential changes in aspects of identity for songwriters that may suggest a more positive shift in identity perceptions for this group. The current study contributes to the literature highlighting the need for awareness of early changes in identity, wellbeing and distress for those with neurological injuries. It also highlights the promising role of therapeutic songwriting within this context.

Preparing the nursing curriculum for the millennials in UK Higher Education Universities

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Background: Who are the millennials? According to the New York Times, the millennials are those individuals who were born between 1981 and 1997. The literature suggest that millennials have distinctive personal characteristics that set them apart from previous generations, they are noticeably self-confident and a generation who are connected 24/7. In fact, some say that millennials are the most lateral thinking generation ever to hit the planet. The millennials have started to enter UK Higher Education Institutions. The question

is: are we ready to educate them in a way that is aligned to their unique characteristics and in a way that shapes them to be compassionate and competent mental health nurses? Arguably, nurse education in the UK has been at the forefront of innovative pedagogies; flipped classroom, high fidelity simulation, virtual learning environments, immersive technologies and augmented reality are now accepted as standard approaches to teaching across the UK nursing curriculum. However, are we to assume that the students who grew up being digitally connected necessarily wants to be taught a digital curriculum when they enter High Education? If this is the case, how can we ensure that this type of teaching is translatable to a reality where the patient is the ultimate benefactor? Arguably, it is the very 'real' human interactions that promote therapeutic relationships that build trust and help patients to recover. Must we tread with caution as the virtual classroom threatens to replace reality?

Objectives: Examination of contemporary literature in order to discover the learning characteristics of millennial nursing students.

Methods: Literature review.

Results: The literature revealed a number of studies suggesting that millennials are fluent in digital language; conversant with the application of technologies. They exhibit distinct learning characteristics, preferring to engage in activities which involve teamwork, structure and the use of technologies. It is also suggested that they are students who have a lot and expect a lot both in terms of technologies and in their expectations of their lecturers. Studies also propose that the millennial learner expects to be challenged and wants to be developed. However, there was an absence of any studies relating specifically to nurse education and most studies came from the business literature.

Conclusions: In order to prepare the nurse curriculum for the millennial learner further studies are required. This literature review has led to the development of a qualitative research proposal.

NHS Rapid Tranquillisation (RT) policies in England: a content analysis

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Background: There is a dearth of research evidence for the effects of rapid tranquillisation (RT), or 'chemical restraint', in the emergency treatment of psychiatric inpatients who are acutely agitated or aggressive. Treatment policy and choice of interventions are stated to rely on guidance from national clinical guidelines (relevant in the UK is NICE clinical guidelines, NG10 'Violence and aggression: short-term management in mental health, health and community settings' (2015)) consisting of a hierarchy of research evidence to guide practice.

Objectives: Individual trust policies on the administration of RT have not previously been reviewed for their content and adherence to NICE guidelines or other sources of evidence. The objective was to establish how many NHS Trusts in England have a formal, written rapid tranquillisation policy. Where policies were available, a content analysis sought to establish how far these are consistent with current NICE guidelines, Mental Health Act 1983 Code of Practice recommendations, stated 'aims' of RT, and whether these are consistent between trusts.

Methods: Freedom of Information requests were sent to all 243 NHS Foundation Trusts in England, requesting a copy of their policy on RT or chemical restraint. A descriptive content analysis was undertaken to extract information including: definition and stated aims of RT; target patients; procedures for administration, pre- and post- intervention; Mental Health Act/ Mental Capacity Act code of practice compliance; and parties involved in policy development.

Results: Out of the 243 NHS FT Trusts in England, 120 replied to the FOI request with a copy of their RT policy, 81 Trusts stated that they had no policy, 14 Trusts confirmed receipt of the FOI request but did not respond further, and 28 Trusts did not respond to the FOI request.

Conclusions: Although this analysis does not investigate the outcomes of RT prescribing practices within Trusts, nor the nuanced processes by which local policies are devised and implemented by individual NHS Trusts, this research contributes to investigating local differences in policy recommendations between Trusts, and can also be read in-line with findings of the Royal College of Psychiatrists' POMH-UK audit of RT use in NHS Trusts (expected July 2017).

Names will never hurt me?: A discursive analysis of terms used to refer to service users

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Background: Existing research has traced the development of terms used to refer to service users, but has yet to comprehensively consider the implications of particular terms. Given that language can disempower or empower marginalised groups, a more nuanced understanding of these terms is needed.

Objectives: This analysis aims to provide a critical overview of language currently used to label those who receive mental health services. To achieve this aim, the specific objectives are to: 1) Collect examples of the range of terms that refer to service users within academic literature, policy documents, advocacy materials, and from service users themselves, 2) Examine how each term is used and what each term achieves, and 3) To critique how each term reproduces or challenges power imbalances between service users and providers.

Methods: Drawing on discursive psychological principles, the current analysis explores the use of labels for service users on 2 levels. Specifically, at the micro-level of interpretation, analysis focuses on how particular words define identities, roles, and understandings. At the macro-level of interpretation, analysis focuses on social meanings of words, power relations implied through particular words, and negotiations of identities and roles.

Results: Many of the words that label service users both reproduce and challenge power and stigma associated with the identity that they construct. These labels also often establish an identity contingent on a relationship of power imbalance with mental health service providers. Despite the dependence on mental health services that terms like 'service user' or 'consumer' might imply, these terms can be used as an empowering force by service users through the construction of a group identity. Further, particular terms may be preferred (or dispreferred) by individual service users or within geographic regions. Conclusions: The findings of the analysis provide an overview of the ways in which particular labels for mental health service users are deployed within academia, practice, policy, and by service users. While many of the terms might reproduce norms of power and stigma, they can also be used by service users to reclaim power and identity. A better understanding of the nuances of these terms, as provided by this analysis, is likely to help mental health professionals, researchers, service providers, and service users choose terms that challenge but also acknowledge the stigma and power imbalances that service users experience.

Negative affect instability in Facebook status updates is an indicator of depression severity

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Background: Big data approaches have been used to unobtrusively monitor public health. They have shown that depression severity is visible on Facebook via the frequency of negative words used in status updates. While accurate predictive models have been developed, they have not yet considered the dynamic temporal features of emotion that may be more sensitive to symptom change. Negative affect instability (frequent and large changes in negative affect) is linked to depression and may be used as an early indicator of depression onset.

Objectives: This proof of concept study aimed to demonstrate the feasibility of examining negative word instability across status updates as an indicator of depression symptom severity. To this end, negative word instability, measured by an adjusted mean squared successive differences (MSSD) statistic was applied to Facebook data for the first time.

Methods: Using a data collection app MoodPrism, 23 participants provided access to their last 50 Facebook status updates and completed the Patient Health Questionnaire-9 indicating their self-reported depression severity. Negative word instability was calculated for each participant from the changes in the proportion of negative words used between pairs of consecutive status updates (MSSD).

Results: Negative word instability was significantly and positively associated with depression severity ($r_s = .61$, $n = 23$, $p = .001$). This indicates that greater shifts in the proportion of negative words used from post to post is a strong predictor of higher self-reported depression severity.

Conclusions: Incorporating the temporal features of Facebook language use will provide critical and complementary insights into the mental health of Facebook users. Negative word use instability may be a more sensitive indicator of depression symptom severity than the frequency of negative word use alone.

Mental health problems experienced during pregnancy: results from a Mongolian cohort

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Background: Pregnancy in Mongolia, as elsewhere, is often viewed as a time of happiness and expectancy in women's lives, with the welcoming of the next generation. Simultaneously, it can also be a stressful and anxiety-provoking life event resulting in women experiencing prenatal mental health problems. Research into the mental health needs of pregnant women is of importance particularly in Mongolia where there is an increasing birth rate.

Objectives: The purpose of our study was to detect mental health problems and potential contributory factors in a sample of pregnant women in Mongolia.

Methods: We randomly sampled 100 women from GP records in Ulaanbaatar and in rural areas. Information about the study was given and consent to participate was obtained by volunteers who were not involved in providing clinical care. Participants were interviewed. A 25-item questionnaire was developed by the study team and completed through face to face interviews with participants. Data were analysed using SPSS version 21.0

Results: Eighty participants were recruited from Ulaanbaatar and twenty from rural areas. Most had planned their pregnancy (69) and had given birth previously (66). Eighty one participants reports experiencing psychological changes during their pregnancy, of which most common were tearfulness (25), anger (24), insomnia (17), depression (8) and loneliness (6). Financial problems were identified by 31, and 60 were anxious about potential birth defects in their baby. The main source of support was husband/partner (45). A proportion of participants (40) received some advice around management and prevention of psychological changes during pregnancy, but most (60) did not.

Conclusions: Our findings suggest that a majority of pregnant women in Mongolia may be anxious about potential birth defects and financial problems. Husbands perform a major role in supporting their partners during this period, although most women who experience psychological distress in pregnancy might not seek help from others.

The ethics of involving victims of serious crimes with histories of complex trauma in research

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Background: Countless guidelines exist around the globe – nationally and internationally – for ethical conduct of human research. These guidelines articulate general principles that should shape human research design and implementation, as well as the values that should underpin and guide conduct of particular types of human research, or research involving specific groups of research participants. Increasingly, researchers are interested in the experiences of survivors of complex trauma as research subjects – one such group in particular is victims of serious crime, particularly survivors of violence and sexual crimes (Conte, 2005). However, the impact of the lived experiences of victims of such crimes and their history of trauma may not be adequately or appropriately considered in research design and implementation (e.g. Fontes, 2004). Understanding the nature of complex trauma for victims of serious and violent crimes is an essential prerequisite for any researcher involved in conducting research with this group of research participants. Researchers must understand how experiences of complex trauma may shape the experiences of victims of crime as research participants, and the possible implications of their experiences for the research process, including potential coercion, informed consent, revictimisation, and the researcher-participant relationship. Few guidelines for the ethical conduct of human research specifically address research conducted with this group of participants (Sullivan & Cain, 2004; Btoush & Campbell, 2005; Downes, Kelly & Westermarland, 2013).

Objectives: The objectives of this paper are twofold: (i) to identify how experiences of complex trauma may impact victims of crime as research participants, and impact on the research process; and (ii) interrogate the duties and responsibilities of researchers who work with victim research participants. Accordingly, the paper seeks to distil guiding principles and best practices in the conduct of ethical research involving victims of serious crimes with a history of complex trauma.

Methods: This paper is based on a desk review of relevant literature and human research ethics guidelines and statements internationally.

Results: N/A

Conclusions: The paper concludes that more specific guidelines must be developed, that recognise the special needs of victims of serious and violent crimes and the impacts of complex trauma for conduct of research. The paper makes some recommendations for what the key pillars should be in formulating and development of such guidelines.

Towards ethnically tailored depression screening within Renal Health Services in the UK

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Background: Depression is common in hemodialysis (HD) patients and interferes with quality of life. It is important to identify and manage associated symptoms but this is challenging for those with limited English language skills who cannot engage with current screening and diagnostic practices. More evidence is required to help unearth best practice in scenarios where language is a barrier.

Objectives: In this research, based within the UK National Health Service (NHS), we translated 4 depression screening tools into 4 South Asian languages and tested whether the advanced translations accurately identified low mood amongst patients undergoing HD, as compared to a researcher led diagnostic interview. We selected South Asian languages since a significant proportion of UK renal patients are of Indian, Pakistani and Bangladeshi origin.

Methods: Professional translation of each the Whooley Questions, the Patient Health Questionnaire- 9 (PHQ-9), Centre for Epidemiological Studies Depression Scale Revised (CESD-R) and the Beck Depression Inventory-II (BDI-II) was undertaken in Gujarati, Punjabi, Urdu and Bengali. The translated questionnaires were completed by 237 patients, with 60 patients also taking part in a follow-up interview. Structural validity was assessed by separate factor analyses of the item polychoric correlations for each scale. Concurrent validity was assessed by examining spearman correlations between each scale total score. Reliability for each scale was computed using Chronbach's alpha. ROC curve analysis was used to explore diagnostic accuracy.

Results: Structural validity for each of the scales was good with each matching the intended factor structure in the overall sample. With respect to the total scores of each of the scales, the between scale correlations were all strong within each language subgroup. Reliability of all scales was high in the overall sample. However, reliabilities within each language version were unacceptable for the Whooley questions in Gujarati and Bengali. There was low positive predictive value across all depression scales.

Conclusions: Patients are keen to participate in culturally tailored depression screening. This may facilitate access to treatment. Although translated screening measures appear structurally sound, there remain nuances around ensuring that the classification of patient symptoms as mild, moderate and severe identifies those at risk of significant depressive symptomatology. There is much transferability of this research to improve engagement with mental health in multi-ethnic settings.

A service model of rehabilitation and recovery for people with alcohol-related brain damage

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Background: Alcohol-Related Brain Damage (ARBD) refers to the effects of changes to the structure and function of the brain resulting from chronic and excessive alcohol use. People experiencing ARBD are often stigmatised as being the cause of their own problems, and appropriate services are scarce. Nonetheless there is evidence that the number of people diagnosed with ARBD is increasing, with consequent impacts on individuals, their families, communities and health and social services. An integrated approach to recovery and rehabilitation offers the best chance of improving outcomes. Penumbra Milestone in Edinburgh, Scotland, is a collaborative project between Health, Social Services and the Voluntary Sector (Penumbra) which presents a new model of working with people with ARBD.

Objectives: To create a service to improve outcomes for individuals with a diagnosis of ARBD across a range of domains, including cognitive and social functioning and personal recovery. We also aimed to reduce the financial burden on health services by reducing the number of visits to Accident & Emergency units and reduce inpatient stays for people with ARBD.

Methods: We have developed a model of cognitive and social rehabilitation which is uniquely collaborative. Upon admission each resident is assessed and their immediate health needs addressed by GP's, Psychiatry and Physiotherapy. They will have further assessment from Occupational Therapy, Social Work and Clinical Psychology to identify strengths, deficits and needs. In conjunction with this a team of Penumbra Recovery Staff with a varied skill mix formulate and deliver bespoke cognitive and recovery programmes involving group and individual work. Discharge is planned and transitions to the community are an integral part of the programme. Cognitive and personal recovery is assessed routinely, as is data regarding hospital visits for those discharged from the service.

Results: Significant improvement in cognitive functioning and personal recovery are demonstrated, family bonding and social integration has occurred as well as significant reductions in inpatient and A&E visits with a resultant cost saving to health and social care services.

Conclusions: Penumbra Milestone offers a unique model of recovery and rehabilitation for people with ARBD, which significantly improves outcomes across a number of domains. This model may be used as a template for other locations.

Suicide prevention -training for health care professionals

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Background: Screening for suicidal patient is one of the robust tasks of health care personnel. There is also a challenge to treat those patients with suicidal risk that are not willing to accept any help or have substance abuse problem. Studies show that 20–75 % of those died by suicide have been in contact in primary health care one month prior to the act. Several reasons have been suggested why it was not been able to prevent the suicide. The patient may be unwilling to reveal the suicidal ideation or is afraid of stigma. Health care personnel may also suffer from the lack of information or readiness to act. Mental health literacy (eg recognition of coping skills or hopelessness), short clinical experience or weak interactional skills with the patient may also have an effect on the situation.

Objectives: The aim of "Suicide prevention training" –project (2017-2018) is to add knowledge and tools of the health care professionals. The main focus groups are primary care professionals, such as GP's and public health nurses. However, the professionals in the other areas, such as social care or education, can also benefit the training.

Methods: The training is provided in small groups of 15-20 persons and it includes modules of screening the suicidal patients, bringing up the concern and interacting with patient and planning the care. The training includes a testimonial of lived experience trainer.

Information from the participants of the training is collected in three parts. Data of participants' knowledge and skills is collected immediately before and after the training. After six months of the training data is collected whether the participants have used the learned skills and how.

Results: The presentation will share the results of the participants' self-evaluation of their knowledge and preliminary results of the six month evaluation.

Conclusions: Our preliminary estimation is that the knowledge of the participants has been increased and tools have been used in practice. The amount of the increase and use are presented.

Family caregiving in schizophrenia: mental health, burden and coping.

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Background: Schizophrenia is a severe mental disorder that affects more than 21 million people worldwide. It is characterized by profound disruptions in thinking, affecting language, perception, and the sense of self and often includes psychotic experiences, such as hallucinations and delusions (World Health Organization). The disruptive nature of the disorder, its chronic nature, associated unpredictable behaviour and other symptoms can be a source of stress for family caregivers, heightening the burden experienced by them. Understanding coping strategies used in this context thus assumes significance.

Objectives:

1. To assess the nature of symptoms, manifest in people with schizophrenia.
2. To compare mental health status, nature of coping, and burden perceived by family caregivers of people with schizophrenia (study group) and those with general medical conditions (reference group).
3. To compare both groups on the key variables based on select sociodemographic factors.
4. To determine the nature of correlation between the various variables of the study in caregivers of people with schizophrenia.
5. To identify factors which contribute to coping in the caregivers.

Methods: A descriptive correlational design has been used for the study which is comparative in nature. Survey methodology was used to collect quantitative data that involved the administration of standardised instruments. The PANSS (Positive and Negative Syndrome Scale,1987), DASS (Depression, Anxiety and Stress Scales,1995), ZBI (Zarit Burden Interview,1980) and the F-COPES (Family Crisis Oriented Personal Scales, 1991) were administered to respondents. SPSS ver. 20 was used for data analysis using basic and advanced statistical procedures.

Results: A highly significant statistical difference for caregivers of both groups was seen on their burden and coping scores. Majority of study group caregivers experienced "moderate" levels of stress, but in terms of depression and anxiety, were classified as "severe" and "extremely severe". Study group caregivers showed poorer coping than the other group. Spouses experienced greater burden than parents but kinship status did

not differentiate caregivers in terms of their mental health status. The age or gender of caregivers did not differentiate them in terms of the burden experienced or extent of coping.

Conclusions: The findings of the study indicate that caregivers of people with schizophrenia also merit psychosocial intervention in the light of greater burden, poor mental health and coping deficits manifested in them.

Understanding advocacy practice in mental health: a multidimensional scalogram analysis of case records

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Background: Advocacy plays a vital role in ensuring that mental health service users' rights are maintained. However, the primary factors that underpin service users adoption and ongoing use of advocacy support remain unknown.

Objectives: To identify factors that influenced mental health service users' use of advocacy services.

Methods: The analysis was based on 60 case records that were sourced from a community advocacy service. Each record was dichotomously coded across 11 variables to generate a series of categorical data profiles. The data set was then analysed using multidimensional scalogram analysis to reveal key relationships between subsets of variables.

Results: Mental health service users commonly reported a sense of fear, which motivated them to contact the advocacy service in the hope that advocates could intervene on their behalf through effective communication with health professionals. Advocates often undertook such intervention either through attending meetings between the service user and health professionals or communication with health professionals outside of meetings, which was typically successful in terms of achieving mental health service users' desired outcome.

Conclusions: Advocates intervened effectively on behalf of mental health service users in the majority of cases, which protected the rights of individuals who are often vulnerable, marginalised, and may lack personal agency. The successful resolution of most service user concerns demonstrates that they were often legitimate and not the result of a lack of insight or illness symptoms. Given this, health professionals could be more mindful in considering how they respond when service users raise concerns or challenge the views of the health care team when decisions about their care and treatment are reviewed.

Don't forget yourself - experimental learning for young immediate family members of those with mental health issues or substance abuse

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Background: According to studies, 25% of children live in a family with mental issues or substance abuse. Studies also show that 60% of those children are likely to have problems in later life. FinFami – Finnish Associations of Families of People with mental illness supports families of people with a mental illness. Project

workers develop "Moip!"-project during the years 2016 - 2018, and it is funded by the Ministry of Social Affairs and Health. Moip! is the first process based on peer support in Finland aimed for the 16–29 year-old immediate family of those with mental disorders or substance abuse. The word "Moip!" can be translated to "From experiences into human capital".

Objectives: The main objective is to create opportunities for experimental learning and to develop suitable peer-to-peer practices to strengthen their sense of community and inclusion. The project also aims to raise awareness of mental health and substance abuse issues and remove the stigma. This presentation aims 1) to describe a voluntary peer support model for young adults 2) to describe the experiences of participants

Methods: Moip! offers a unique opportunity to participate in a nine-month group process, get individual support from project workers, participate in open-ended activities and, if desired, train and volunteer as a "Moip Mentor". Young adults in the peer group process can choose from a variety of activities from the "Moip! action tray" that is compiled for the project. Moip mentors provide peer support for new participants in Moip! and share their experiences in different contexts. **Results:** In the spring 2017 a total of 76 young adults had participated to Moip, and 22 of them attended to the nine-month group process. We also have 5 trained and active Moip mentors. Participants have benefitted from peer support. It was described as a relief to realize that others have similar experiences and that one is not alone. Sharing helped to cope better and to get a clearer view of the demanding situation. Being able to influence to the process has proven to be important on the empowerment perspective.

Conclusions: The situation of young adults has proven to be challenging. When coming to the project, many of them had experienced challenges with their own mental health and the concern for the diagnosed family member has been substantial. It is extremely important to continue to develop peer-to-peer activities for young adults and especially from immediate family's point of view so the prevention of these problems continuing for generations can be successful.

Using family therapy methods in the treatment of dual diagnosis

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Background: Family therapy of patients with a dual diagnosis has been found useful in many studies, and several manualized family interventions have been developed to be used in therapy. However, for some reason these treatment methods are not often utilized in public health care when it comes to psychiatric treatment of substance abuse.

Objectives: The goal is to organize information and assess how the methods of family therapy can be applied to a public health care treatment unit. Another goal is to increase knowledge regarding the use of family therapy methods.

Methods: The study has a qualitative descriptive design and the data was collected with focused group interview. Four experts were interviewed for the study. The data was analysed using inductive content analysis.

Results: A main section was formed based on the research results; functional family therapy and applying it in practice in a public health care unit for psychiatric treatment of substance abuse. Four related sub-sections were also formed: clear leadership and family therapy, enthusiastic and capable staff, leading the process of change from individually-centred thinking towards family-centred thinking, and treatment based on a collaborative relationship. Transferring family therapy work into practice requires competence, leadership, enthusiastic staff, and tolerating resistance to change. The results also showed that most of the resistance to using

family therapy methods came from the staff. Usually, excluding the family is not due to the family's unwillingness to participate. Performing the work with clear leadership, and in a way that can be monitored and measured, guarantees that the patient and the family receive successful treatment that enables them to work towards a change that is suitable for their needs in collaboration with the staff. The family can discover sources of strength amidst the difficult life situation when one family member has a substance abuse problem.

Conclusions: Family therapy methods are suitable for public health care and they are effective. Using these methods in psychiatric treatment of substance abuse is desirable. The staff's competence in family therapy methods and application of the methods is beneficial to the patient, their family and close ones.

Mosaic-Clubhouse member journeys to recovery: Evaluation of recovery oriented outcomes

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Background: Mosaic-Clubhouse is a service providing help and support to people experiencing mental health conditions in a London inner city borough. The service utilises co-production through members and support workers collaborating on health and social care recovery. The service helps people with the lived experience of a mental health condition into sustainable services, employment, better understanding of mental health and the evening sanctuary for an alternative approach to crisis management. Members complete a number of routine wellness outcome measures that help them track their road to recovery.

Objectives: Determine the benefits and outcomes of the recovery oriented services offered by staff and members.

Methods: This naturalistic non-randomised longitudinal evaluation examines changes over time of member's self-esteem, social networks, personal development, aspirations and wellbeing outcomes. All measures are presented to reflect positive experiences, rather than a focus on pathology. All members work toward individualised goals. Descriptive and initial exploratory analyses were conducted on all members. Process measures of attendance, service utilisation, support and outreach are also collected routinely.

Results: To date over 2500 members have attended the service with a further 2300 people accessing the service for support. While the mixture of people is representative of the local population, a number of differences were found across different demographic groups. Overall, there were significant improvements on most all measures. The majority of members were able to achieve their goals successfully.

Conclusions: The Mosaic-Clubhouse model is an innovative and proven approach to generating positive wellbeing and recovery through mental health co-production. Members show sustained improvement in terms of wellbeing goals, employment, volunteering and social-personal development. This evaluation helps the service identify areas of improvement while building on best-practices.

"This is not a scary place" Substance abuse, too much gaming or psychological problem - Combined help for adolescents

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psychotherapist, Vantaa, Finland; Pösö Hanna, MaSc., social psychology, social worker, Manager of psycho-social services of Vantaa, Finland

Background: During adolescence the challenges of psychological problems, gaming and substance abuse are usually interwoven and youngsters do not make difference between these challenges, but they simply seek for support. In City of Vantaa, Finland a decision was made in 2015 to combine services focused on these challenges. With this new model the goal was to develop a service that is easy to access, multi-professional team work and flexible.

Objectives: The new service model aims to help adolescents with large scale problems including a widespread working method, which incorporates operating with networks of adolescents. The service is based on the needs of young people. The problems are treated altogether and all the problems can be approached at the same place. The service works with "here and now"-principle and no referral is needed to access the service.

Methods: The development of the working model started in 2014 by familiarizing with other municipals' youth services. A survey (N135) was conducted with young people and their families as well as with other municipal's cooperation partners. The results were utilized to develop the practices. In addition, a theoretical model that was developed in England called "Four tier", was utilized. After this in 1 January 2015 a youth center Nuppi was founded. It consisted of a multi-professional team with social workers, social instructors, psychologists, nurses and a part-time psychiatrist. Many of the workers have therapy training from various differing disciplines. Methods used are variable according to professional background but eg. Interpersonal therapy –approach is common. Easy access practices were developed by creating a walk-in reception and phone advice-services. Besides the face-to-face contact, a variety of different channels were utilized in making the service more accessible. The services includes therapeutic conversations, individual discussions, family meetings, group activity, sexual counselling, nurse, and doctor appointments as well as consultation with other services or schools as needed.

Results: Nuppi service has increased the number of clients by double in the field of adolescent services. It has been cost efficient, effective, and exceptionally humane practice. Nuppi has received positive feedback from the clients and associates.

Conclusions: Services for adolescence should be arranged so, that young people will have multi-professional support inside one service. Services for youngster should be easily accessed and utilize flexible practices.

Moral, stress and demographic characteristics of nursing staff in relation to the ward atmosphere in psychiatric in-patient care

Turesson Hanna, RPN, MHN, Blekinge Institute of Technology, Sweden

Background: Although much of today's mental health care have moved from hospital care to care and treatment in the community, psychiatric in-patient care still has an important role. The importance of the ward atmosphere in psychiatric care contexts has been demonstrated in numerous studies, primarily from the perspectives of patients. Fewer studies have focused on the staff, and little is known regarding how their stress, moral and demographic characteristics are related to the ward atmosphere.

Objectives: The overall objective of the study was to investigate how stress, moral and demographic characteristics of the nursing staff were related to their perceptions of the ward atmosphere in psychiatric in-patient care.

Methods: In this cross-sectional study, 93 nursing staff (registered nurses and nurse assistants) completed a questionnaire comprising questions about the ward atmosphere, general stress, stress of conscience, moral

sensitivity, mastery and demographic information (age, sex, occupation, form of employment, length of experience).

Results: Multivariate analysis showed that the nursing staff's moral characteristics were of importance for the ward atmosphere. The analysis showed, for example, that staff with high levels of troubled conscience and moral burden and low levels of moral strength perceived the ward atmosphere to be more aggressive and unclear regarding treatment structure and care activities. The analysis also revealed that older nursing staff and those with high levels of general stress were more likely to perceive a lack of order and organization in the ward and low levels of patient activities and involvement.

Conclusions: Nursing staff's stress, moral characteristics and age are related to several factors of the ward atmosphere in psychiatric in-patient care. Efforts should be made to create an ethical climate on the wards that facilitates ethical discussions and help nursing staff to maintain their professional ideals. Efforts should also be given to prevent high levels of both general and moral stress levels. Such efforts could be favourable for the ward atmosphere and by so possible improve the situation for both staff and patients.

Experiences of involvement with a mental health peer mentoring service: an interpretative study

Wagstaff Chris, Dr, University of Birmingham, UK

Background: From the work of Pinel and the moral treatment movement in France in the 18th century onwards there have been different forms of mental health peer mentoring. Since the turn of the millennium there have been a number of publications, which have highlighted the benefits of peer mentoring in mental health. Reviews have demonstrated that peer support workers positively influence admissions rate and 'numerous' other positive impacts on the lives of services users; however there is limited literature on the experience of mental health peer mentoring or being mentored. This study examines the experiences of mentors and mentees involved with a peer support network (M.A.S.H) in Birmingham, UK.

Objectives: To develop an interpretative understanding of the experience of peer mentoring amongst mental health service users from the perspective of mentees and mentors.

Methods: The study was an exploratory, qualitative, phenomenological study, using in-depth, semi-structured interviews to gain access to participant's views and experiences regarding the M.A.S.H programme; there were interviews with both mentors and mentees.

Results: Primarily interpretative findings indicate:

- Interesting reasons why the mentors in particular became involved in the project.
- Participants valued to social aspects of the M.A.S.H project and described the project as less stigmatising and judgemental as traditional mental health services (without being able to articulate why);
- Concerns for the financial future of the project;
- M.A.S.H enabled participants to be more independent and feel as if they were able to do things for themselves.

Conclusions: Both groups of participants valued being involved with M.A.S.H, in particular the social aspects of the experience. In spite of the financial environment the mentors believed in the importance and value of the work they were doing.

I was only trying to help came the plaintive cry: where are the missing service users?

Warne Tony, Professor, University of Salford, England

Cusack Frank, University of Salford; McAndrew Sue, Dr, University of Salford

Background: Mental illness affects 1 in 4 people. In the UK 50% of illness diagnosed among working age adults is attributed to mental distress. Third sector mental health services (non-statutory and voluntary organisations) play an important complimentary role in addressing the gaps in statutory provision for those who experience mental distress. For those requiring mental health care, the voluntary sector can provide a place of safety, of acceptance, a place where there is someone to talk to when distressed, help in managing feelings, and support from someone willing to listen. Often such services have a workforce that includes those who are not professionally qualified, but are experts by experience. This paper explores the experiences of service users who provide and/ or use a number of 3rd sector organisation groups. It draws on an evaluation project of Mental Health Drop-in/support groups, a Men's Community Engagement Recovery group and a service user led group all of which are based in the North West of the UK

Objectives:

- To explore, from the perspective of members of the groups, what they feel enhanced their own, and the mental health, of others.

Methods: This qualitative research study used purposive sampling to recruit those attending one of four established groups. Demographic questionnaires and focus groups were used for data collection, with thematic analysis being independently undertaken to establish common and divergent findings from each data set. The analysis was further explored through Bourdieu's notion of habitus to situate both the personal and social processes and interactions in play.

Results: The experiences of the service providers who were, or had been service users are presented here. Three themes emerged from the analysis (1) Hierarchical (dis)satisfaction (2) I was only trying to help (3) Leading, but losing the way. The thematic analysis captured a journey of recovery and expectation that at times was almost evangelically enthusiastic, but often poignantly laced with despair.

Conclusions: Third sector mental health services can play an important part in the provision of comprehensive local mental health care. Importantly the need to ensure the mental health and wellbeing of both service users and service providers needs greater recognition and support.

Let's Talk! about increasing access to psychological therapies

Wilson Christine, Psychotherapist CBT, Hafal, Wales, United Kingdom

Hails Euan, Dr, Consultant Nurse S-CAMHS; Bevan Aneurin, UHB St Cadoc's Hospital; Kitt Frank; Celia Jason; Let's Talk! Project Co-ordinator, Hafal Swansea Wales

Background: Let's Talk! about evidence based Psychological Therapies is a Welsh based, Hafal initiative funded for three years by the Big Lottery People and Places Programme. Hafal (meaning 'equal'), is the principal third sector organisation in Wales working for and managed by people with serious mental illness and their carers. Its purpose is to promote access to evidence based psychological therapies for people within Wales with a serious mental illness. The Let's Talk! Team are working with Welsh Government, the Mental Health Alliance, Members of the BABCP in Wales, and the recently formed 'We Need to Talk Wales Coalition' to campaign for increased access to evidence based talking therapies for people in Wales. 'Let's Talk!' has a number of innovative activities and services; these include to develop: * an 'Advocacy' training programme

designed to up skill Hafal staff and people with a lived experience of mental illness, and their carers. The training aims to support people in Wales to be able to access psychological therapies more swiftly;

Methods: 80 participants with a lived experience of mental illness and/or their carers, aged between 23-75 years, and residing in Wales, took part in one of two consultation events aimed at obtaining participant views on the format and content of the Advocacy Training Programme.

Results: Three key themes emerged from the consultation events:

1- The 'Advocacy' training should provide participants with an understanding of NICE guidance for each of the different psychological conditions including a good understanding of CBT.

2- The 'Advocacy' training should provide participants with the necessary skills to support them in negotiations with their care provider (GP, CPN etc) whilst trying to access 'dual treatment' e.g. medication and 'talking therapies'.

3- The 'Advocacy' training should provide participants with information about accessing evidence based 'talking therapies' from the private and voluntary sectors. It is proposed that similar qualitative research methods will be used to determine the content and structure of the Let's Talk evidence based professional psychological therapies awareness raising training. The BABCP champions CBT and evidence based practice.

Conclusions: Let's Talk are working with a broad range of people, including the Mental Health Alliance, the recently formed 'We Need to Talk Wales Coalition', and members of the Welsh BABCP to campaign for increased access to CBT as an evidence based talking therapy for people in Wales.

Quantitative differences in activity levels between inattentive and impulsive children during a continuous performance test. Implications for the clinical assessment of ADHD.

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Williams Tim, Dr, University of Reading

Background: Infrared motion analysis combined with a continuous performance test (CPT) are commercially available investigations for the clinical assessment of ADHD. These instruments, such as the QbTest, (<https://www.qbtech.com/qbtest.html>) provide measurements in association with the three core signs of ADHD, inattention, hyperactivity and impulsivity. Their utility in clinical practice is gathering widespread interest due to potential improvements in assessment and outcomes (Hall et al. 2016, Hall et al. 2014, D'Amico et al. 2014). However, little is known in relation to the quantitative evaluation of the activity measurements presented in these tests and their clinical value for the assessment of ADHD. This presentation is the first to our knowledge that demonstrates significant differences in activity levels according to neurocognitive profiles.

Objectives: This presentation compares activity levels between two distinct neurocognitive profiles that occur during a continuous performance test (CPT). The inattentive profile is characterised by a slow and variable reaction time together with increased omission errors suggestive of difficulties in vigilance and alerting functions. The impulsive profile typically presents with an increased number of commission errors and a normal or fast reaction time with little reaction time variation suggestive of difficulties in response inhibition.

Methods: Activity measurements during CPT were compared between the inattentive and impulsive group profiles as well as scores from well-established ADHD rating scales (Conners) and the ratio of children that were either diagnosed with ADHD or not.

Results: Activity measurements differed significantly between the inattentive and impulsive group ($p < 0.0001$). The inattentive group demonstrated abnormally high mean activity scores during CPT compared to normal mean activity scores in the impulsive group. This difference was not replicated in the Conners rating subscales for inattention and hyperactivity/impulsivity.

Conclusions: Explanations why contrary to our hypothesis, the predominantly inattentive neurocognitive profiles were more active than anticipated during the test and the predominantly impulsive neurocognitive profiles less active than expected will be discussed. The impact of our findings on the clinician's decision to confirm or reject a diagnosis of ADHD will be addressed. Other contributing factors on activity measures during CPT will also be highlighted.

Providing Structure: a complex psychiatric nursing intervention

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Background: Psychiatric nurses commonly refer to 'providing structure' (PS) as a key intervention, but in daily practice of psychiatric nursing, the results of PS can vary dramatically from an escalation of the situation to restoration of peace under largely similar circumstances. Because of the frequent use of PS as a nursing intervention, PS seems a fundamental intervention in psychiatric nursing, yet without a clear definition and with insufficient evidence base. PS can be understood as a complex intervention. In five studies a definition, activities and context-variables were described.

Objectives: The objective was to describe Providing Structure (PS) as a nursing intervention in mental health care, and to provide for a definition of PS using the guidelines of the Medical Research Council.

Methods: We initiated the development of a definition and an operationalization of providing structure as a psychiatric nursing intervention, by performing a literature review and empirical research. A mainly qualitative approach was chosen for this purpose, which drew upon the principles of Grounded Theory.

Results: In the fifth study, a Delphi-study, experts reached consensus about a definition of PS, its activities and context-variables. We described four general activities mentioned in the previous study, ten specific activities, and another 5 specific activities related to the stopping of behavior. The general activities were: Interacting, observing, monitoring, and reflecting. The ten specific activities were: giving information of what the treatment plan entails, explaining the treatment process, explaining rules and limits, supporting and encouraging, remaining committed, arranging the thinking, analyzing and sub-dividing, finding a balance, confirming, and establishing personal control. The five specific activities of stopping of behavior were: interacting to change, reminding of an agreement, verbalizing behavior, discussing behavior, and prohibiting. The three context-variable were: presence of the nurse; patient-group interaction; and knowledge of the patient's situation.

Conclusions: The final definition of PS became: PS means helping with day rhythm and internal structure, and finding a balance between dealing with agreements and rules - on the one hand - and regaining personal control - on the other hand. To PS, a working alliance between nurse and patient is established, in which the nurse interacts with the patient, observes a patient's reaction, monitors a patient's state of mind, and reflects upon patient behavior.

Turning the tables - The vulnerability of nurses treating Anorexia Nervosa patients

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Shroeder Doris, Professor, University of Central Lancashire

Background: It is widely accepted that individuals with Anorexia Nervosa (AN) are considered to be 'vulnerable' both psychologically and physically. Vulnerability is part of the human condition. We are all born vulnerable to various harms, especially at the beginning and the end of our lives. By contrast, the concept of vulnerability is normally used for a very specific purpose in bioethics, namely the identification and protection of those at risk of being exploited in research. This research uncovered evidence to suggest that those caring for women with AN also felt that they were 'vulnerable'.

Objectives:

1. To discuss one element of a research project that sought to inquire into the therapeutic relationship between women with anorexia and their practitioners. This is the issue of vulnerability which effected both women and practitioners.
2. In applying such a specific definition of vulnerability to nurses caring for anorexia nervosa (AN) sufferers, we want to show that concrete possible harms and ways to mitigate them can be identified.

Methods: An interpretative phenomenological approach was taken using in-depth interviews with both women with anorexia (in a Specialist Eating Disorder Service [SEDU]), and their practitioners.

Results: This presentation is focussed on theme 'vulnerability'. It became apparent that those who are hospitalized with AN due to their extremely low body weight are indeed vulnerable. Instead of focusing on the AN patients' vulnerabilities, we consider whether the nurses caring for AN sufferers might face a significant probability of incurring an identifiable harm, while substantially lacking the ability or means to protect themselves. In addition to the relevant literature, this article is based on a qualitative study undertaken in the UK which explored the lived experience of the relationship between women with AN and their care workers in the context of a specialist Eating Disorder Unit.

Conclusions: Nurses respond to the human condition, they are trained to care for the vulnerable in existential situations. We are all vulnerable. However, vulnerability comes in important degrees. AN sufferers and AN care workers are vulnerable to the possibility of identifiable harms without being able to protect themselves. Some recommendations are offered to protect the patient, the practitioner and the integrity of the therapeutic relationship.

Evaluation of Metacognitive Training (MCT) efficacy for schizophrenia patients

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Bilgin Hülya, Associate Prof, PhD, Msc, Psychiatric Nurse, Istanbul University

Background: Metacognitive Training (MCT) programme for schizophrenia patients addresses cognitive deficits and biases assumed to play a crucial role in the pathogenesis of delusions (e.g. jumping to conclusions, theory of mind deficits, bias against disconfirmatory evidence). Metacognitive Training (MCT) is a psychoeducational method of informing patients about cognition and increasing insight about schizophrenia.

Objectives: The aim of this study is to determine patient experiences and views on the effectiveness of the 10-weeks Metacognitive Training (MCT) program applied to patients.

Methods: 19 outpatients with a schizophrenia spectrum diagnosis were randomly assigned to Metacognitive Training (MCT) group. Training program was carried out over a time period of ten weeks. Cognitive and metacognitive measures were collected at baseline and after completion of the training. Also the participant group experience form has applied to all MCT group members.

Results: All 19 outpatients from MCT group filled the participant group experience form. Highlights from the findings obtained from the participant group experience form are; feeling positive emotionally of group experience, exciting the patients, training programme is effective and useful to understand better of illness, increasing the memorability of the visual content of the training program.

Conclusions: This study is planned to determine patient experiences about Metacognitive Training (MCT) and results show that the training programme is effective and strong for empowerment of cognitive functions, patients' satisfactions and group experiences were positive.

POSTER PRESENTATIONS (in alphabetical order based on the presenter's last name)

Child psychiatric intensive outpatient care in the Hospital District of South Ostrobothnia

Alanko Tuula, psychologist, the Hospital District of South Ostrobothnia, Finland

Mäntymaa, Mirjami, MD, PhD, Chief Doctor in Child Psychiatry, EPSHP; Asikainen, Mika, HN, RN, supervisor, EPSHP; Lahtinen, Kirsi, RN, EPSHP; Laitila, Minna, RN, PhD, Director of Nursing, EPSHP; Latvala, Hilikka, RN, EPSHP; Rintala, Minna, RN, family psychotherapist, EPSHP; Siltala, Jutta, RN, MHC, EPSHP; Ala-aho, Sirkka, RN, NMSc, Director of Nursing, EPSHP

Background: In 2011 the structural changes of child psychiatry department started when the number of child psychiatric hospital beds were reduced from 12 to 6 and the resources were relocated to child psychiatric outpatient care. In 2017 resources to outpatient care were relocated again when hospital beds were diminished to 4. The aim is to develop intensive outpatient and home based care, to focus on preventive services and early support and care in children's daily environment.

Objectives: Child psychiatric intensive outpatient care is defined as an intervention responding to a child's (4 – 12 years) and family's needs of psychiatric help and care in collaboration with the multiprofessional child psychiatry intensive outpatient care team and other public authorities. The purpose is to bring child psychiatric knowledge as a part of services of the child and family. Intensive outpatient care is carried out at homes and in other child and family's everyday environments.

Methods: Visits at homes, in nursery schools and schools, as well as meetings with parents and families are central interventions. In addition, the psychologist and the psychiatrist meet the child in individual appointments. Information on the family and the child situation is also gathered through questionnaires. Multiprofessional work and collaboration with other public authorities is intense.

Results: With the structural changes made, the number of child psychiatric hospital beds, even when decreased, seems to meet the need of inpatient care. Intensive outpatient care has made it possible for the children in need to receive child psychiatric special health care faster, sooner and easier. In line with the objectives set to structural changes, the number of patients in child psychiatric outpatient care and outpatient appointments have increased considerably from 2011 to 2017. More results will be presented in the poster.

Conclusions: Enhancing preventive interventions and early support is the future direction of child and adolescent social and health care services in Finland. These aims are in line with the general goals and amendments of social and health care service reform.

Psychosocial determinants to glycemic control among diabetic adults attending armed forces hospital southern region.

Alshahrani Ali, Dr, Armed Forces Hospital Southern Region, Saudi Arabia

Arfaj Ibrahim; Abu-Alyazeed Ahmed; Hanbali Saeed; Bana Faisal; Muheisen Nidal; Ramahi Mohammed

Background: Although there are some international and regional prevalence studies on psychological issues in diabetic patients, there is a paucity of epidemiological estimates on the prevalence, characterization and risk factors of depression, anxiety and stress among diabetics in Saudi Arabia. Objectives: To find out the magnitude of depression, anxiety, stress symptoms and some social factors among diabetic patients with their predictions and association to glycemic control.

Methods: A case-control study was implemented at AhadRufaidah, Southern Region, Saudi Arabia where the glycemic uncontrolled patients (cases) were compared to those who were controlled (controls) regarding the prevalence of psychological symptoms and other related social and demographic factors. A consecutive sample of adult diabetic patients registered at the diabetic centers in armed forces hospital was chosen. Participants were classified into two groups, i.e., glycemic uncontrolled patients group and controlled glycemic group. A self-administered questionnaire was developed and used for collection of data. It includes personal characteristics diabetes-related variables and the Arabic version of the Depression, Anxiety, and Stress Scale (DASS-21).

Results: The study included 395 patients. Their age ranged between 18 and 90 years with a mean \pm SD of 53.9 \pm 13.1 years. Most of them were males (70.1%). Depression was reported among more than half of the participants (51.9%) whereas anxiety and depression were reported among 70.1% and 37.7% of them, respectively. Glycated hemoglobin level was not significantly associated with depression, anxiety or stress. Among studied demographic and social factors, only marital status and smoking history were significantly associated with glycemic control. Single patients were more likely to have uncontrolled diabetes compared to married patients (95.2% versus 65.3%), $p=0.025$. Smokers were more likely to have uncontrolled diabetes compared to non-smokers (87.5% versus 65.6%), $p=0.007$.

Conclusions: There is evidence of high co-morbidity of diabetes and depression, anxiety and stress symptoms in Saudi Arabia. However, glycemic control according to HBA1c level was not associated with psychological issues in diabetic patients.

How to rehabilitate the substance-abusing pregnant woman and families with infants? - Mother's rehabilitation stories in the Holding Tight® - treatment system.

Andersson Maarit, Development Manager, The Federation of Mother and Child Homes and Shelters, Finland

Background: In Finland around 60 000 babies are born yearly, of which 6% have mothers with alcohol or drug problems. The Federation of Mother and Child Homes and Shelter's Holding Tight® -treatment system is comprised of mother and child homes and open care units specialized in treating substance abuse. It combines child protection and addiction treatment and forms base for child-centered substance abuse work in the Federation.

Objectives and Methods: Pregnancy and infancy provide a special window of opportunity for rehabilitation. Holding Tight® -treatment system includes: support for early interaction, addiction treatment, elements of the therapeutic community and reflective working method. The reflective working method and worker's improved emotional intelligence creates a new kind of culture in addiction treatment. According to studies, when mother and baby pairs undergo treatment together, the mothers reflective functioning improves. Most mothers who were in Holding Tight -treatment, were able to function as their child's primary carer when the child was two years old.

Results and conclusions: The poster presents Holding Tight® -treatment system and mother's rehabilitation stories and other results on the effectiveness of rehabilitation. Recovery from substance abuse is a long process and requires a complete life change. These results strengthen earlier research results according to which the parents' and their babies' simultaneous rehabilitation improves the parents' recovery from serious addiction and is also a meaningful time for the babies. The results tell of rehabilitation and of moving forward in life. In the stories of the rehabilitated mothers, three different rehabilitation story types turned up. These are a survival story, a balancing story and a growth story.

Children's psychosomatic disorders, diagnosis and interventions according to the NANDA taxonomy.

Annion Marianne, RN, BA, Tallinn Health Care College, Estonia

Kelgo Anne, 4th year nursing student

Background: The children's mental health-related issues need a special attention in Estonia, because as nearly 50% of adult problems have begun before the age of 14. In 2014 have registered 2152 new mental disorder cases among the 1–4 years old children and 4854 new cases among 5–9 years old children, and in 2015 have been registered 113 new cases of affective disorder, which is specific to children. In 2015 there were 142 cases. Children's psychosomatic disorders are not only mental health nursing area, the primary care nurses and clinical practice nurses have to face it also. Preventing more serious disorders it is important to give well-timed professional care what can ensure with evidence-based and effective interventions. Appropriate nursing interventions are based on the nursing diagnoses according to NANDA taxonomy.

Objectives: The aim of the research is to describe nursing diagnoses and nursing interventions for the preschooler with psychosomatic disorders according to the NANDA taxonomy.

Methods: Research is theoretical analysis based on literature overview. In the research were used scientific articles on nursing, books and journals, sources of statistical data: Health Statistic and Health Research Database, conception of Social Ministry, annual report of National Audit and Mental Health Strategy 2016 – 2025. The literature overview is compiled according to the aim and tasks of the paper. List of literature comprises 45 reference materials.

Results and conclusions: The nursing diagnoses related to psychosomatic disorders: nursing diagnose in activity/rest domain with sleeping disorder is insomnia, nursing diagnoses in nutrition domain are imbalanced nutrition: less than body requirements and imbalanced nutrition: more than body requirements (overweight and obesity), in elimination domain nursing diagnoses are functional urinary incontinence and maturational enuresis, nursing diagnose in role relationships domain is interrupted family processes and in domain of coping/stress tolerance with dysfunctional family is disabled family coping. Effective nursing interventions formed according to nursing diagnoses: creating reliable relationship with child and family, listening, comprehending, supporting and consulting them. Encouraging parents to find appropriate solutions and fill the child's health diary, raising parents self-esteem and self-confidence. Instruct the family how to cope with conflicts, help along to create togetherness and if necessary, recommending support groups and family therapy.

Alcohol misuse risk factors among youth

Annion Marianne, RN, BA, Tallinn Health Care College, Estonia

Tüür Mirjam, RN, Tallinn Health Care College

Background: Alcohol misuse among youth is high in Estonia. Long-term researches have found that the younger the person who starts drinking alcohol the more likely it is that further in life that person will have substance use disorders. Alcohol misuse is also big factor in youth school problems, learning difficulties, social problems, risky sexual behaviour, accidents and every things that affects their future. In Estonia 50% of 15-year-old boys and 47% of girls have tried alcohol. With that statistics Estonia is in first place in international comparison. It is also shown that early age drinking appears more frequently among boys. WHO is also concerned in youth drinking problems. Alcohol use among youth is a problem in many countries and it increases risky behaviour. Our nurses are dealing every day with alcohol abusing youth and because of that we wanted to find out the cause and risk factors behind it.

Objectives: Aim of our thesis is to find out the risk factors of youth alcohol misuse.

Methods: Methods are literature overview. We have studied over 60 scientific articles and used 14 articles. Used articles are review articles, survey studies, statistical research papers and statistic databases.

Conclusions: There are different kind of risk factors in youth alcohol misuse. First there is influence of the peer group. Adolescence sees risk-taking behaviours such as smoking, drinking, drug-taking and sexual activity, in that age peer are at greater risk of engaging in similar behaviours themselves because they want to belong and care much about what friends are thinking of them. Difference studies have shown that with family there are multiple variables such as: family relations, parental-child relationship and attitude to alcohol in family. If young persons family has alcohol problems, then it may influence drinking, also there is easier access to alcohol and more positive expectations of alcohol.

There is also a study that indicates sociodemographic risk factors. They found that in ethnic/racial background Asian American and African-American adolescents tend to be less likely to drink than white (European American) or Hispanic American adolescents. Mental health disorders and personality are also found to be a big risk factors. For example mood disorders, attention deficit hyperactivity disorder. Alcohol misuse may be caused by young person adaption problems, communication problems and wanting to be more independent or more like adult, also it may be to protest against society. Young persons also tend to use alcohol to hide their insecurity.

Patient safety views in psychiatric inpatient care

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Vehviläinen-Julkunen Katri, PhD, RN, RM, FEANS, Professor and Chair University of Eastern Finland Department of Nursing Science, University of Eastern Finland, Kuopio, Finland, Kuopio University Hospital; Repo-Tiihonen Eila, MD, PhD Medical Director, Niuvanniemi Hospital Assistant Professor in Forensic Psychiatry, University of Eastern Finland, Assistant Professor in Psychiatry, University of Helsinki; Louheranta Olavi, Th.M, PhD, Niuvanniemi Hospital, Department of Forensic Psychiatry, University of Eastern Finland, Kuopio, Finland

Background: The use of seclusion and restraint in psychiatry has been a topic of clinical and ethical debate for years. The most members of psychiatry community want to offer and improve inpatient safety care without coercive action.

Objectives: An aim for this paper is look for patient safety factors; patterns of seclusion and restraint use, and to analyze the factors leading to its use in adult psychiatric inpatient units.

Methods: The method is an integrative literature review. Searches yielded in five databases: Scopus—PubMed—Chinal—Medic—Psycinfo. English -language studies published 2005-2017. From papers that dealt with patient safety and debriefing. Research data yielded through surveys, official reporting system analysis, observations and interviews. The participants were patients, nurses and other experts.

Results: The major findings in inpatient safety culture consists of organization, patient and environment roles. Debriefing after seclusion can increase patient safety and patient oriented care.

Conclusions: We can improve patient safety by means of good interaction and by considering all patient safety- related areas.

Recovery-oriented care in the forensic psychiatry; a qualitative research to care needs of social recovery

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Yntema Martje, MSc Friesland Mental Health Care Services; Kuipers Sonja, MSc MSW RN, NHL University of Applied Science, Leeuwarden; Boostra Nynke, Professor, University of Applied Science, Leeuwarden, MANP Friesland health Care Services

Background: GGZ Friesland mental health care services in the Netherlands are implementing recovery-oriented care. This requires adjustments due to the specific characteristics of the target group. Specifically for groups like forensic patients by whom treatment affects social recovery.

Objectives: This study aims to identify experiences of impeding and promoting factors to achieve social recovery for forensic psychiatric out-patient.

Methods: A qualitative exploratory descriptive research design with a phenomenological hermeneutical approach was used to conduct eight interviews in-depth. Data were collected between July 2016 to December 2016 and verbatim transcripts were analyzed by Atlas Ti.

Results: Four themes distinguished; personal experiences, treatment, support of others and society.

Conclusions: Intrinsic motivation is needed to achieve a turning point. The treatment and support of others is important for social recovery. The judicial framework is encouraging but too much supervision and agreements hinder social integration. In addition to criminogenic factors, the consequences of comorbidity, stigmatization and distrust in the environment are impeding factors for social recovery. It is recommended to use the International Classification of Functioning, Disability and Health (ICF) in addition to the risk-need-responsiveness model. Shared decision making gives rise to autonomy and, in cooperation with the client system and chain partners, is provided with more targeted interventions with potentially less helpers. This integrated collaboration is in line with a phase-oriented and dimensional approach for this forensic psychiatric target group in the development of recovery-oriented-care and helps reduce recidivism, decreasing stigmatization by restoring trust through the society.

Nurse's occupational safety and nurse- patient interaction in seclusion room in psychiatric inpatient units

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Lahti Mari, PhD, Turku University of Applied Sciences; Soininen Päivi, Nurse Administrator, Helsinki University Hospital Psychiatry (HUH Psychiatry), Division of Psychosis and Forensic; Sailas Eila, Head of Division, Chief Psychiatrist, Helsinki University Hospital Psychiatry (HUH Psychiatry); Välimäki Maritta, Professor, University of Turku and The Hong Kong Polytechnic University

Background: Nurses confront patient aggressive behavior frequently in psychiatric units, which may endanger occupational safety of the nurses. In major aggressive situations, seclusion is still used to manage patient aggression. Treating secluded patients is demanding and may pose various risks for the nurse. It is essential to ensure the safety of the nurses in these demanding situations in a way that they are able to work professionally and according high ethical standard, which secures safe and therapeutic seclusion for the patient as well.

Objectives: Main objective of this research project is to promote occupational safety of nurses in psychiatric inpatient units. The project aims to develop a practical guideline for interaction between patients and nurses in seclusion room context.

Methods: In this research project, mixed methods approach is used to explore the phenomenon under study. The research has four phases. In first phase, integrative literature review was conducted. In the second phase, video recordings using seclusion room security cameras will be analyzed. In the third phase, focus group interviews will be conducted with nurses. Finally, in the fourth phase, practical guideline for nurse- patient interaction in seclusion room is developed.

Results: The final project report will be published in Autumn 2018. Project will give several publications in national professional publications and international scientific journals. The research project runs from September 2016 to September 2018. Project partners are Turku University of Applied Sciences; University of Turku, Department of Nursing Science; and the Hospital District of Helsinki and Uusimaa, Kellokoski Hospital. The project is funded by the Finnish Work Environment Fund.

Early intervention in psychosis

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Objectives: In the past years early detection of people at risk for severe mental illness (SMI) has become a main target in the Netherlands. Early detection is of importance to prevent the transition into e.g. first episode psychosis. To identify those at risk for SMI, the focus, based on earlier research, lies on the combination of impaired social functioning and positive symptoms. For those at risk the most widely used approach in intervention is cognitive behavioural therapy Combin3d with psycho-education for ultrahigh risk (CBT-UHR). The Dutch care standard (2017) recommends besides CBT interventions like Individual Placement and Support in order to prevent social failure. In the presented study the aim is to identify, screen, and monitor people at risk for SMI in the north of the Netherlands. At risk people will be followed for three years in order to gain insight in the transition to psychotic disorders or other severe mental illness (SMI).

Methods: Multiple large mental health care facilities in the north of the Netherlands work together on early detection. All adolescents and young adults (age 14-35) that are referred for mental help (other than psychotic complaints) are screened with the Prodromal Questionnaire-16 (PQ-16). Those with a score of 6 or higher are invited for an in-depth interview focusing on mild psychotic symptoms and social functioning using the Comprehensive Assessment of At Risk Mental State (CAARMS). People with high risk are offered CGT-UHR, currently the care-as-usual. Every three months participants are monitored with regard to psychotic symptoms and social functioning; every year they complete an assessment battery.

Results: From the start, late 2014, until the end of 2016, over 1200 participants scored 6 or higher on the PQ-16; 391 of them had an in-depth interview, resulting in the identification of 105 people at risk for SMI.

Conclusions: The aim of this study was to identify, screen, and treat people at risk for SMI. Results of this method will be presented even as challenges in the implementation.

The effect of psychodrama on emotional awareness and communication skills of nurses

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Background: The establishment and maintenance of therapeutic relationship and communication with patients can be improved as long as nurses are aware of their own emotions, thoughts and behaviours. Nurses face the pressure of emotions and stress, and psychodrama may help them to express the underlying emotions relevant to interpersonal situations.

Objectives: The aim of this study was to examine the effect of psychodrama on emotional awareness and communication skills of nurses.

Methods: In this study of pre-test/post-test control group design, 26 nurses were randomly assigned to the experiment (n = 13) and control (n = 13) groups. A psychodrama study of 16 sessions was performed with the experiment group in the presence of a therapist and a co-therapist, and no intervention was made to the control group. The data were collected before and after the intervention, by applying the Personal Data Form, the Levels of Emotional Awareness Scale (LEAS) and Communication Skills Inventory (CSI) to the experiment and control groups.

Results: After the psychodrama intervention; a significant difference was determined between the pre-test/post-test mean scores of emotional awareness of the nurses in the experiment group ($t=-2,435$, $p<0,05$) and the pre-test/post-test mean scores of CSI's emotional communication skills subscale ($t = -2,323$, $p <0,05$). There was no significant difference in the control group.

Conclusions: As a result of the research, it was concluded that psychodrama is a feasible method for improving emotional awareness and emotional communication skills in nurses. This method can be used to strengthen the nurses' ability to establish therapeutic relationships and maintain therapeutic communication. At the same time, psychodrama is also recommended in order to develop students' affective skills in nursing education.

The TIUR program: Nudging young people who have debuted with cannabis to make more informed decisions about using illegal drugs.

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Bakliien Børge, Associate Professor, The Inland Norway University of applied science

Background: The early intervention program TIUR is cooperation between the community services and the police in a medium-sized municipality in Norway. The purpose is to prevent young people who have tried cannabis from continuing their use, in order to prevent them from developing addiction or lasting issues related to drugs and crime. The program consists of detecting the use of illegal drugs; at least 4 dialogue meetings to deliberate the youth about their cannabis use and a weekly urine examination. The intervention includes child welfare services, youth contact and police who have developed skills and methods for cross-professional cooperation.

Objectives: TIUR was a project from 2010-2013 and was continued in 2014 as part of the regular public service. In this context, there was a wish for an external evaluation of the program. The Inland Norway University of Applied Science received the task of carrying out the evaluation. The purpose of the evaluation was to assess whether or not the aims with the intervention have been achieved and possibly in what ways.

Methods: This evaluation is of a descriptive nature using qualitative methodology. In the autumn of 2016, 19 interviews were conducted with young people who participated in TIUR and 10 interviews with employees who have been affiliated with TIUR. The interviews were analyzed with a qualitative content analysis. This presentation will only be the results from the interviews with the youth.

Results: Most of the youth did not use cannabis after participated in the program. There were no important changes in life situation for the youth who experienced a good life before entering TIUR, while the young people who had more psycho-social problems reported to have a more stable life situation. For many, dialog meetings around their psycho-social situation were important, while some of them emphasized changes in social life. Several of the youth still had a liberal attitude towards cannabis, even if most of them didn't use it anymore. Some of the youth had negative experiences of being caught by the police for using drugs and the social stigma related to this.

Conclusions: The evaluation of the TIUR program was that it contributes to prevent more severe drug related problems and a more stable life-situation for most of the youth. We assume that this first and foremost is due to the dialog meetings that nudged the youth to reflect more nuanced around consequences using drugs.

Double trouble - A qualitative research to explore the experience that support recovery of alcohol-dependent patients with a comorbid depressive disorder

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Background: Recovery-oriented care and treatment to clients with an addiction and a comorbid psychiatric disorder in an important issue within the Dutch addiction treatment. However, empirical research on the recovery experiences of this target group is still limited.

Objectives: This study aims to gain insight in the factors that are supportive to the recovery experiences of alcohol-dependent patients with a comorbid depressive disorder.

Methods: A qualitative phenomenological research was used to explore the experiences of patients with an alcohol dependence and a comorbid depressive disorder Eight patients were interviewed in-depth between October and December 2016. Colaizzi 7-steps method was applied to analyze these interviews, using ATLAS.ti.

Results: The participants describe five themes: insight and understanding of their diseases, having a future perspective and hope, learning new skills, having relationships and treatment.

Conclusions: Family and social networks are considered very supportive for recovery. Gaining insight in the coherence and the impact of depressive disorder and alcohol dependence is also essential for the recovery process. In treatment, it is important to apply interventions aimed at psycho education and lifestyle in combination with learning new skills. The expert, non-judgmental attitude of the professional is a supportive treatment intervention.

Helping in the recovery process

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Kronenberg L, Dr

Background: The changes within the GGZ and current trend towards ambulatory care requires much more involvement. Caregivers of the client with a serious psychiatric disorder ("EPA") can play an important role in strengthening the recovery process. As a result of these changes the number of plans to intensify engagement and cooperation between clients, caregivers and mental health workers have increased. Cooperation of this Triad (Client, caregiver and mental health worker) has proven to be very difficult the past few years.

In order to optimize the care offer and to address the issues it is crucial to better understand the experiences of caregivers.

Objectives: In this study, caregivers of clients with a serious psychiatric disorder were asked what they need to be involved in the client's recovery process. The purpose of this study is to explore these experiences and turn them into practical tools for mental health workers, to better involve the people close to them.

Methods: This was a qualitative research, using a phenomenological research design. The data obtained from nine depth interviews were coded and analyzed. This was done following the seven steps for descriptive phenomenology by Colaizzi. This approach focuses on the meaning of the respondents experiences.

Results and conclusions: As the study is still in progress at the time the abstract is handed over, results and conclusions cannot be formulated. At the conference, the results and conclusions are described by means of a poster.

The difference in therapeutic relationships between patients with a voluntary status and patients who have been admitted against their will

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Background: The quality of a therapeutic relationship (TR) between a patient and a caregiver is an important factor for a successful or failing treatment. The hypothesis is that court ordered therapy (COT) has a negative influence on the TR. By researching the advantages and restrictions of the TR, it might be possible to develop interventions to improve the TR in the future.

Methods: This concerns a quantitative survey, in which 16 patients and 16 caregivers participated. A comparison was made between patients who had a voluntary status and patients who had COT. The STAR-method was used to determine the TR. Differences were explored through statistical analysis.

Results: Results show that both groups do not differ significantly and have a great number of similarities.

Conclusions: No difference was found in the TR in both random surveys. It must be taken into account that this was a small random survey (n=16), therefore it is possible that other factors have influenced the survey and we must be careful to generalise other populations. This survey can be seen as an inspiration to conduct a larger survey, which has a similar hypothesis.

Correlation between specific component of mental health condition and psychological well-being of Filipino older people

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Background: Mental health and well-being are as important in older age as at any other time of life. Although, these aspects have been extensively studied, yet, locally, there is paucity of research in this area.

Objectives: This study determined the specific component of mental health and psychological well-being of Filipino older people.

Methods: This is a descriptive-correlational study, conducted in February 2014. The respondents of the study were the 264 older people in eight identified areas in the Province of Iloilo, Philippines. To measure the mental health of the older people, the Scaled General Health Questionnaire (GHQ-28) by David Goldberg and Institute of Psychiatry (1981, Goldberg and Williams, 2006) was used. The Scaled General Health Questionnaire is a 28-item questionnaire, which is divided into four sub-scales, namely: somatic symptoms, anxiety and insomnia, social dysfunction, and depression. Furthermore, the Scale of Psychological Well-Being (Ryff, 1995) is an instrument that specifically focuses on measuring multiple facets of psychological well-being, which was used to measure the psychological well-being of the older people. The dimensions are autonomy, environmental mastery, personal growth, positive relations with others, purpose in life, and self-acceptance.

Results: Mental health of older people is correlated with their psychological well-being. The good mental condition they have, the better is their psychological well-being. **Conclusions:** Mental health has been associated with the psychological well-being of the older people. Those older people who have good mental health are more likely to have a good sense of autonomous well-being, greater personal growth and higher sense of meaning in life, better control of the environment, more confident, and positive attitude toward self. Furthermore, the more they are involved with activities, the more likely they are satisfied with their lives. On the other hand, however, good mental health does not essentially equate better relations with others. Recommendations include strategies to improve promotion of mental health and social relations of the older people.

Do you "like" me? Facebook reassurance seeking and depression

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Background: Interpersonal theories of depression consider how an individual's social context can be both influenced by and influence the development of depressive symptomology. For example, excessive reassurance seeking is posited as an interpersonal depressogenic behaviour. This behaviour refers to the persistent tendency to seek assurances that one is lovable and worthy, and it has been robustly associated with concurrent and prospective depression. Insecure attachment styles refer to maladaptive patterns of relating to significant others, and have also been associated with depression.

Objectives: The objective of this study is to expand interpersonal theories of depression by incorporating online social behaviour. This study assessed the influence of Facebook reassurance seeking on concurrent depressive symptoms, as well as the moderating role of attachment anxiety in this relation.

Methods: A sample of 458 undergraduates (68% female; mean age 18.54) completed self-report computer-based questionnaires of offline reassurance seeking, Facebook reassurance seeking, attachment style, and depression.

Results: Contrary to hypotheses, Facebook reassurance seeking was not associated with depressive symptoms. However, there was an interaction whereby, for those higher in attachment anxiety, more Facebook reassurance seeking was associated with lessened depressive symptoms.

Conclusions: Findings indicate that reassurance seeking in the form of seeking "likes" may not be as harmful as offline reassurance seeking. Future studies may attempt to create online-equivalent measures of interpersonal vulnerabilities, and may include additional risk factors to understand how depressive interpersonal vulnerabilities are manifested online.

The feasibility of a newly developed blended psycho education course for adolescents with bipolar disorder and their parents, a pilot study

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Background and aims: In 2014 a psycho education (PE) course for adolescents with bipolar disorder and their parents was developed at the Dimence Centre for Bipolar Disorder in the Netherlands and carried out in 2015. The course consists of five group meetings with the adolescents and their parents and seven online modules. The online modules contain facts about bipolar disorder, film fragments of professionals and peers and homework assignments. During the face to face meetings, information was given, questions were answered and the participants were stimulated to share their experiences.

Methods: Two separate focus group interviews were organized to evaluate the PE course in a qualitative way, one with the adolescents and one with the parents.

Results: Four adolescents and seven parents were enrolled in the PE course and the focus group meetings. Both adolescents and parents mentioned meeting peers as a very valuable outcome of the course. They did not have the opportunity to meet people in the same situation before. Both recommend that beside the joined meetings separate meetings for adolescent and for parents should be incorporated in the course because they did not feel free to talk about certain subjects. Only one adolescent and her parents valued the online part of the course highly, other participants said they already knew about the content, because they searched the Internet for information once the diagnosis was set.

Conclusions: The course is appreciated by both adolescents and parents. Meeting peers was the most valuable benefit for both. The results of this pilot study give valuable information to improve the content and organization of this PE course from the user perspective

Safewards discharge messages. Messages of Hope: What do they tell us?

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Background: Priory Healthcare is the largest independent provider of mental health services in Europe; operating nearly 400 sites with 9000 beds supporting people with behavioural care needs. Safewards is a research based intervention comprised of ten core interventions designed to reduce containment and conflict in mental health in-patient wards. In order to implement evidence based practice and to drive quality, Priory Healthcare Division launched its' Safewards initiative in January 2016.

Objectives: Each hospital was asked to choose three interventions initially from the ten. A total of 36 hospitals; comprising 136 wards across secure, acute, CAMHS, PICU rehabilitation and Alcohol Treatment Services implemented the initiative. Central to success was the engagement and involvement of in-patients. The ten interventions were shared with staff and patients by a Safewards 'site champion' and whilst there was a range of preferred interventions, the following were most frequently chosen: (1) Clear mutual expectations (2) Soft words (3) Discharge messages. Post launch, each hospital was supported by the divisional Safewards Lead in terms of staff education, individual staff support, tele-conferences, site inspections, quality and audit reviews of materials.

Results: Anecdotally, the discharge messages have proven to be the intervention that has demonstrated the most engagement across all the different hospitals. The design, drawing and/or making of the 'discharge tree'

has engendered ownership and continuously embedded patient involvement with the initiative. The very ethos of giving oneself a message of hope when first in hospital has resonated and been embraced by the patients. Interestingly, reports of the discharge trees being damaged or messages being removed has been negligible compared to ward posters and other information. Our poster captures photographic evidence of the messages of hope, messages such as: "Always remember you WILL get better," "Rest, sleep, go to groups and be open to feedback," "Gain strength from others"

Conclusions: Such peer-to-peer support is rarely seen and seldom captured formally. It is thought that these messages of hope provide an insight from the patients' perspective into the benefits of the intervention and are as equally powerful for staff. More importantly, such insights should guide care in a way that is truly collaborative. Clearly this is a topic which requires further exploration. It is recommended that a research study would promote greater understanding of this area.

Creating a Safety Placard – Preventing and managing threatening and violent situations together

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Background: Tampere University Hospital is going thru a major developmental program. Centre for Children and Adolescents is being built and by the year 2020 all existing child and adolescent departments from both somatic and psychiatric fields will move in. The staff has raised a concern in both patient and work safety regarding psychiatric patients moving into same center with children with somatic illnesses. Psychiatric patients cause more fear in staff than other patient groups in general.

Objectives: The aim was to provide all staff members, patients and visitors with comprehensive, easy-to-read instructions in how to manage a threatening or violent situation. Creating a mutual understanding provides not only a tool for violent situations but it also supports a sense of community and work satisfaction.

Methods: Evidence-based Practice Team (EPT) set a goal to provide staff with information and tools for preventing and managing threatening and violent situations at work. Based on best information found the team created a placard and sent it for a trial to all units for further comments. Implementation included teaching sessions in all departments. Visually the safety placard utilizes AVEKKI practice model and its color codes. AVEKKI is a practice model for preventing and managing violent situations. Word AVEKKI comes from first letters in Finnish words: aggression, communication, prevention, development, education and training.

Results: Work safety can be improved by regular training, distinct instructions and guidelines. It is important for patients and visitors to be aware of the organization's safety culture. AVEKKI-model approach is a process which proceeds from prevention, through various levels of management to debriefing. Visually these stages are indicated by three colors of traffic lights which are also used in safety placard. Green zone indicates a basic situation, in yellow zone the situation is already threatening and/or challenging and red zone indicates alert in highly challenging situations. Two versions of safety placard were created; one for staff with more detailed information and one for public areas for everyone to get general information regarding safety issues.

Conclusions: Clear protocols are necessary but often neglected. There was no example found of a placard for a hospital setting which would tell in simple few words how to react and what to do in threatening or violent situations. Safety placard when observable to all participants supports utilizing zero tolerance approach.

Existential issues in treatment

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Background: There is considerable evidence that existential issues are important in the life of and care for patients with anxiety or depression (Hengeveld, 2017). These issues are typically related to worldviews and themes like hope, comfort, destination, meaning and suffering.

Objectives: Exploring the meaning of existential issues in treatment relationships between patients with anxiety and/or depression and nurses.

Methods: Qualitative research, through a phenomenological approach, in order to investigate the nature of existential issues that are brought up as relevant in the interactions between nurses and patients with anxiety and depressive disorder. Open in-depth interviews were done with nurses and patients with anxiety or depression about existential issues in their communications and interactions. Data-analysis was done by the seven steps of Colaizzi (1978).

Results: Existential issues appear to be embedded in and associated with specific, relevant contexts. These issues are embedded in the context of daily life, the context of treatment, the context of the society, and there is an association with available time, knowledge, and language. Existential issues are intrinsic to the treatment relationship and are conceived as an expression of holistic care. During the interviews the issues of hope and powerlessness were mostly brought up. Nurses suggest that they feel responsibility for the patient and for having an attitude of hope, trust, comfort and strength. Patients receive that attitude and suggest gratefulness. Both nurses and patients suggest that explicitly addressing existential issues might be beneficial for the quality of the professional relationship and could increase trust in the treatment process. Participants see a focus on existential issues as specifically belonging to the role of the nurse, more than to the role of psychiatrists, physicians, or psychologists.

Conclusions: Existential issues are so often and intrinsically interwoven with the interactions between nurses and patients with anxiety and depression, that it is no exaggeration to call nursing an existential practice. Further research could contribute to developing a body of knowledge, a broader vocabulary and integration of the existential dimension in treatment methods.

Normative attitudes toward use of coercion in mental health care - staff and user perspectives

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Background: There is a general understanding that use of coercive interventions in mental health care is morally problematic. In spite of this, the actual moral justification or condemnation of the use of coercion in a

particular situation remains difficult due to epistemological uncertainty. Studies on professionals' normative attitudes toward use of coercion in care give us insight in how they reflect morally on the use of coercion.

Objectives: This study investigates differences in normative attitudes among different groups of professionals and users regarding coercion.

Methods: An online questionnaire about ethics, coercion and violation in mental health care was sent to professionals in mental health care and users of the services in collaboration with the professionals' and users organizations. 1160 professionals and 332 users responded. Data on normative attitudes was collected with the validated "Staff attitudes toward coercion (SACS) questionnaire".

Results: As in previous studies both professionals and users agree most with the normative attitudes favouring the need for use of coercion for security and care reasons (mean 4.15, 95% CI 4.11 – 4.18). Users were however less in favour of this stand than the professionals (mean 3.88 (3.80 - 3.96)). Users were also more concerned with the potential harm caused by the use of coercion (3.61 – (3.53 – 3.69)) vs. 3.25 (3.21 – 3.29) for professionals. Neither the professionals (2.67 (2.62 – 2.72)) nor the users (2.79 (2.70 – 2.88)) considered use of coercion to be necessary for a successful treatment. Users are however more in favour of coercion as treatment than psychiatrists/MD (2.66 (2.55 – 2.77)) and psychologist (2.38 (2.29 – 2.46)).

Conclusions: Reducing the use of coercion in contemporary mental health is necessary but morally challenging. Gaining more insight in the both involved parties (users and professionals) normative attitudes toward coercion in care is an important step towards a better understanding of the dynamics around coercive practices. The questions of evidence are closely related to moral issues. Due to epistemological uncertainty regarding the moral status of using coercion in care, this needs further investigation. This study provides new knowledge in the field.

Promoting organisational transformation towards recovery oriented practice through continuing education

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Background: Recovery oriented practice (ROP) has become an increasingly prominent way of conducting mental health nursing internationally. The definition of the term "recovery" is still discussed, however it is strongly related to the individual understanding, personal recovery, hope, identity and personal responsibility (Slade 2010). ROP also raises several concerns related to the responsibility of recovery process and misunderstanding of the nature of the process. Discussions on various meanings of recovery and the roles of patients and mental health professionals is shown to be beneficial for promoting the adaptation of recovery oriented practice (Davidson et al. 2006). ROP requires the contribution and common understanding of the mental health professionals as well as the patients. In Finland, mental health organisations have recently started promoting ROP, however there is a lack of guidance regarding organisational transformation towards a ROP.

Objectives: The objective of this paper is to describe a workshop based continuing education for promoting ROP in rehabilitative mental health nursing in Finland. Objective of the educational intervention was to help the participants (mental health professionals) to encourage patients in interaction concerning the elements of recovery oriented practice.

Methods: The education was conducted during three educational sessions of four hours. A total of 15 mental health professionals participated in the education. Education sessions included several interactive teaching

and learning methods promoting discussion between the participants. The used methods were chosen to be applied later between the professionals and patients. After each session/workshop a different topic concerning ROP was brought up in the units by the participants.

Results: According to the feedback, the participants were satisfied with the education, and assessed that they had learned new methods for the discussions for promoting the implementation of ROP in their own units.

Conclusions: Interactive methods promoting discussions between mental health professionals and patients may help promoting the recovery oriented practice in mental health rehabilitation. The results can be utilised when planning the in-house development in the Units / in residential, sheltered and supported accommodation for people experiencing severe and enduring mental illness.

Lonely I am!?

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van Zaanen Jos, MANP, Trainer, GGz Breburg

Background: Several researches illustrate that schizophrenia causes a lower self-image. Cognitive processing of clients suffering from schizophrenia decreases which constraints the ability in expressing social skills. Schizophrenic people also have a higher probability of experiencing feelings related to loneliness due to social fear, self-stigma and their admission. These factors drive schizophrenic people to avoid relationships unconsciously, which in return result in a support system which solely consist of health professionals. Limit research has been done regarding the feelings of loneliness that schizophrenic people, admitted in a specific age group, experience. Current research assumes that the population of schizophrenic people indeed experience feelings of loneliness and that it reduces the chance of a sufficient personal rehabilitation and re-integration. In the Netherlands, we are nowadays more focused to treat a client in the social context in comparison to the past. This means that clients with a long-term admission are going to participate in society. Considering how these feelings of loneliness limit the client's rehabilitation process it is crucial to extent research regarding the effects of loneliness in this population.

Objectives: Schizophrenic clients and a long-term admission, placed in specific age groups.

Methods: Qualitative research, depth-interviews related to experienced feelings of loneliness and in which way those feelings can be reduced. N= 7-10. Obtaining insights in the experienced feelings of loneliness of schizophrenic clients with a long-term admission, in groups, in the context of rehabilitation.

Results: There are no available results yet, interviews are in final stage and results can be expected before June 2017. After the research is conducted we should be able to establish conclusions about loneliness in the target population, drivers that causes the feelings of loneliness and how we can overcome/reduce them. Other items that appear to be essential are: contacts, value determination, personal characteristics, support, achieving success, difficulties and setbacks, the willingness to participate in society, competences.

Conclusions: Conclusions can't be drawn yet although the interviews look very promising. We can certainly provide them in Berlin.

Qualitative research into experiences of mental health treatment to women with a depression during pregnancy

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Background: Due to the complexity of pregnancy and depression, mental health treatment is desired which besides depression also focuses on pregnancy. Little is known about which form of mental health treatment is the most effective to women with a depression during pregnancy.

Objectives: The purpose of this study is to explore the experience of women with a depression during pregnancy with the mental health treatment they receive.

Methods: Qualitative research with a phenomenological design was used and seven open, in-depth interviews were held. The analysis has been conducted by the Colaizzi method.

Results: Most respondents reported that during the referral phase taboo around pregnancy and depression was a prevalent problem, which caused a delayed start of mental health treatment. Women were content with the treatment although the contact frequency was high. The availability of therapists and the collaboration with other involved caregivers were desirable. Within the mental health treatment for depression attention to pregnancy-themes as an integrated treatment was mentioned as important. Women expressed the need for education about various maternity subjects. For the prevention of postpartum depression, postpartum consultation was essential. Alert plans provided tools to signal and/or reduce symptoms.

Conclusions: Results suggest that accessibility of mental health care, integrated treatment of mental healthcare and pregnancy issues, education and prevention of postpartum depression are important themes in the mental health treatments of women with a depression during pregnancy. We recommend to investigate the effect of online interventions as part of the treatment and whether alert plans can be effective in the prevention of postpartum depression.

Katajapuu rehabilitation unit for young people and Raitapuu supportive housing

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Katajapuu rehabilitation unit for young people and Raitapuu supportive housing are part of the Social participation services and Psychosocial rehabilitation and participation unit of the Social and Health Care District of South Karelia (Eksote). We offer rehabilitative housing for young adults aged 18-29 who are in need of rehabilitation, support, and practice in order to be able to live independently. These young adults may be dealing with e.g. mental health or substance abuse problems, neuropsychological disturbances, or other psychosocial problems. We produce rehabilitative housing services for young adults in all nine municipalities of South Karelia. Purchased services are only needed for rehabilitants who require specialized institutional rehabilitation. For effective production of Eksote's own services, it was necessary to develop all the social participation services. The successful shift was facilitated by the reduced number of institutional beds and consequent strengthening of outpatient and mobile care provided in the home, as well as by cooperation with the third sector. 24/7 stand-by urgent care that does not require a referral is an important part of the service selection, as it offers immediate care when it is most needed. This makes it possible to tackle problems at an earlier stage, helping to prevent them from accumulating and worsening. Our unit offers intensified service housing, service housing, and supportive housing. Together these form a gradual rehabilitation path for the rehabilitants, starting from the individual needs of each person. The multidisciplinary team of the unit consists of nurses, mental health and practical nurses, an occupational therapist, and a social counsellor. Intensified service housing and service housing have a total of 17 beds, in addition to which there are 17 supportive

housing apartments. Cooperation partners in the rehabilitation of young people can include Eksote's other social participation service providers (e.g. occupational rehabilitation, outpatient care, mobile work, social services, services supporting involvement in working life), the third sector, employment services, educational institutions, outreach youth work, and the like, based on the individual needs of each rehabilitant.

Creation of mental health practice development model, case patient safety

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Background: Health care is a complex system, having many interrelated and interdependent parts which affect to the care results and safety of the care. Patient safety can be defined as the prevention of harm to the patients. Essential for good care and patient safety is a health care practice that learns from the errors, but also does proactive development of the care. Due to the importance of maintaining safety, health care organizations can also be seen as high reliability organizations (HRO). Key elements of HRO's are organization structures, practices, understanding of safety, leadership and culture which are noted in all actions taken. However, in health care practice development all the elements are not always noted, and thus development may not reach the desired outcomes.

Objectives: To create a system perspective and HRO based model of practice development for mental health practices.

Methods: The model development was implemented as participative action research. Focus of the process was chosen to be patient safety. A literature review and mental health nursing staff (n=26) interviews of the elements which form patient safety in mental health care were executed. Based on these a multidisciplinary mental health development intervention (n=34) was planned to create a shared understanding and participate staff to the development. The intervention implemented together with the staff emphasized the importance of leadership in the development process. Thus a second intervention was implemented together with the mental health nursing leaders (n=13).

Results: Based on the theoretical background and empirical results of the research a model of continuous development of patient safety in mental health care was created. Model can be utilized in the development of practices in general. Development proceeds from planning phase to implementation and evaluation phases. During each phase system perspective and all the aspects of high reliability organization are considered and evaluated. Also mental health care professionals and patients actions as part of the system are noted.

Conclusions: Key issue in continuous development of mental health care is to regularly evaluate the operability of the system through the feedback of different feedback channels and utilize this information in the development. Critical factors in the development are commitment, time, attitude, participation and leadership.

The relationship among marital dissatisfaction, loneliness and SNS addiction: The moderated mediating effect of gender

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Background: As social network service (SNS) has rapidly spread into the society, it has become part of everyday life. The popularization of SNS promotes positive changes such as formation and expansion of social

relationship and the knowledge and information sharing. In recent years, many researchers have reported a variety of side effects and problems of SNS such as SNS addiction.

Objectives: This study was carried out to examine whether the moderated mediating effect of SNS addiction resulting from marital dissatisfaction and loneliness is influenced by gender.

Methods: 714 Korean married men and women in their 20's to 40's were participated in this study. The data were collected by online research center with quota sampling based on demographical proportion. To analyze this research model, the moderated mediating structural equation modeling in Amos 22.0 was used. The mediating effect of loneliness between marital dissatisfaction and SNS addiction was examined and, successively, the moderated mediating effect was analyzed in order to inquire what differences this model contains according to gender.

Results: The results of this study were summarized as follows. First, as the marital dissatisfaction increased, the degree of SNS addiction showed decrease, but this result was not significant. Second, as the marital dissatisfaction increased, so did the loneliness. Third, as the loneliness increased, so did SNS addiction. Fourth, it is verified that the loneliness mediated between marital dissatisfaction and SNS addiction. That is, the loneliness acted as a full mediated variable between marital dissatisfaction and SNS addiction. Fifth, the moderated effect with respect to gender was verified as a factor of mediating SNS addiction from marital dissatisfaction through loneliness. The marital dissatisfaction was directly impact on loneliness and the loneliness was directly impact on SNS addiction in male group. However, because, statistically, the level of route of SNS addiction from the marital dissatisfaction was presented insignificantly, the study presented that the loneliness between marital dissatisfaction and SNS addiction was a factor in full mediated variable. Different result was presented in Female group. The marital dissatisfaction had directly impact on the loneliness, and the loneliness had significant impact on SNS addiction. Also the direct route of SNS addiction in the marital dissatisfaction was statistically meaningful.

Conclusions: Based on these findings, we discussed how to intervene effectively in SNS addiction in married adults.

Time and caring - Psychiatric nurse on call

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Background: Behind the organization and development of operations there is a national regulation on on-call work. Benchmarking and parallel evaluation between similar units were conducted before the operation was started.

Objectives: The primary objective is development of the psychiatric low-threshold services. We want to ease the receiving and providing of mental health services, do quick and proper assessment of an acute situation and round-the-clock operations. We have special psychiatric knowledge which includes patient-oriented and customized approach and tailored care for the patient.

Methods: The operation rests upon evidence based nursing. A thesis has been made (Kosti Hyvärinen VAMK 2013 Experiences of the Work of Psychiatric Nurses on Call – Mid-term Evaluation of Introducing of a New Work Method). The primary method is the psychiatric nurse's evaluation and survey of an acute situation in the emergency unit of Vaasa Central Hospital. The service includes crisis support: supportive encounter, spending enough time with the patient and correct assessment and strategy. The method is based on multi-

professional co-operation with the doctor and co-operation with the social services. There is also a possibility for Assip-intervention for those who have attempted suicide.

Results: Adequate help and early support can be given without the means of "heavy" psychiatry. The focus is on sufficient outpatient care instead of inpatient care. There is an opportunity to consult and receive psychiatric service quickly on every unit in Vaasa Central Hospital. We have received positive feedback from co-workers and patients.

Conclusions: A new thesis will be made in 2017 focusing on evaluating the service. Our main conclusion is that this operation assures high-quality services: a functional and customer-oriented, round-the-clock low-threshold service.

"LIFELONG" You can't cure me, but you can discover with me what's needed to function in everyday life. A quantitative study of care needs of adults with autism spectrum disorder.

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Background: In recent years, the prevalence of adults with ASD has increased, which also increased the need for effective interventions for this group. Based on experiences in practice, a general professional consensus is formulated about which care and interventions adults with ASD should receive, in the Netherlands. However, there is still a lack of scientific evidence. Research should be focused primarily on those areas that affect the daily life of the adults with ASD. Mapping of care needs provides a full description of the daily functioning of an adult with ASD and also provides the indication for (nurse) care and intervention. It is also an important first step in developing evidence-based interventions. This has led to the following research question: which care needs do adults with ASD have in the different areas of life?

Objectives: The purpose of this research is to get a greater insight in the care needs of adults with ASD. In addition, the results can be used as input for the development of evidence-based nursing interventions.

Methods: It is a quantitative, non-experimental univariate descriptive study with a cross-sectional design. Participants were adults with the main diagnoses autism spectrum disorder, between the age of 18 and 65 years old. The participants were asked by their therapist to participate in this study and to complete the Camberwell Assessment of Needs, Short Appraisal Schedule-Patient (CANSAS-P) questionnaire. The CANSAS-P is a self-administered questionnaire that measures the patients care needs. SPSS was used to study the frequency of the scored items: no need; met need; unmet need.

Results and Conclusions: The data collection will be completed in June. The results and discussion will be presented to the poster during the congress.

A comparison of the nature and extent of psychological distress arising out of traumatic and non-traumatic pain events in hospital outpatients.

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Background: Prior theory of pain and posttraumatic stress disorder indicates that the two conditions are mutually maintaining or even aggravating.

Objectives: To better inform clinical understanding and treatment of chronic pain by exploring whether (i) chronic traumatic pain is associated with higher posttraumatic stress levels, (ii) there are higher anxiety and depression levels in the chronic traumatic pain group, and (iii) client characteristics (age and gender) or client experience (pain extent and memory of event), are predictive of psychological distress.

Methods: A chronic pain group whose pain was precipitated by a traumatic event (N = 64) was directly compared with a chronic non-traumatic pain group (N =88). Participants were outpatients drawn from hospital-based chronic pain management groups. The Impact of Event Scale- Revised (IES-R) was used to assess post-traumatic stress symptoms, and the Hospital Anxiety and Depression Scale (HADS) to assess anxiety and depression.

Results: Psychological distress is clearly a significant issue for patients with chronic pain – the majority of both groups had clinically elevated scores on all measures. However, no significant difference was found in psychological distress including posttraumatic stress between the chronic groups. Similarly, there was no significant difference in distress associated with the predictors between the groups.

Conclusions: The clinical focus on a single traumatic pain event is over-emphasised although a significantly greater number of participants in the chronic trauma group reported partial (rather than complete) memory of the precipitating pain event which supports theories involving memory disruption after trauma. Chronic non-traumatic pain may in itself give rise to “complex” PTSD.

An exploratory study into whether pain event characteristics (traumatic, work, disease) has an effect on completion of a pain management program, distress and functional outcomes and the post-intervention identification of preferred pain management strategies

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Background: Previous research indicates modest improvements for pain patients attending group CBT programs, particularly for those with pain precipitated by a traumatic event.

Objectives: This study investigated: (i) whether precipitating pain event (traumatic, work, disease) was associated with completion on non-completion of a four-week program; (ii) whether pain event influenced psychological distress pre-, post-program or follow-up.

Methods: Self-report measures of distress (anxiety, depression, post-traumatic stress) were undertaken. Two functional tests measures of outcomes were also utilised: perceived disability, and a six-minute walk test.

Results: Seventy-five of 92 initial participants (82%) attended on the last day (“attenders”, although only about 70% completed all the questionnaires). There were high rates of self-reported posttraumatic stress (40.5%); anxiety (57.6%); depression (52.2%). Participant non-attendance and pre-intervention distress was not associated with pain event. Post-group intervention, there was significant decrease in depression rates, perception of self-as-disabled, and a significant increase in metres walked on the six minute walk test but non-significant improvements in anxiety and post-traumatic stress. Gains were maintained at six-month follow-up. Post-intervention, participants (N =73) identified functional components (51%; exercise, 20% pacing) as most useful components of the program (cf. psychological strategies, 18%). Participants (30%) identified

de-stressing techniques as the most useful psychological strategy. No significant association was found between pain event characteristic and preferred strategy.

Conclusions: The results indicate that precipitating pain event is of limited assistance in predicting program outcomes. Future research would usefully consider the effect of social contexts on behavioural patterns maintaining chronic distress and limiting use of pain strategies.

Oral health experiences and needs amongst adolescents after a first episode psychosis

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Background: Oral health care is important for all people, especially for those who are exposed to risk factors on oral health. By the use of medication which are often associated with side effects as a change in oral hygiene and bad eating habits make young people with a first episode psychosis one of those risk groups. Guidelines on lifestyle for patients with a psychic disorder indicate to intervene on this risk, but in general practice there are few interventions on this topic. There are no studies available on the needs of these young people according to oral healthcare interventions.

Objectives: To gain insight in the lived experiences and needs for care on the oral health behaviour among adolescents between 18-35 years after a first episode psychosis.

Methods: An interpretative qualitative phenomenological research design was used to explore and explain phenomena and gain deeper understanding of meanings and experiences. Thirty patients were interviewed between November 2015 and June 2016 (N=30, mean 24 years). Analysis followed the steps provided by Colaizzi.

Results: All participants reported to be unsatisfied about their oral health care. Most important problems participants met were dental care in general, risk factors, financial problems, experiences with dentist or dental hygienist and interventions or needs.

Conclusions: Participants indicated that they experienced inadequate oral health care on several levels. Participants were confronted with a lot of risk factors and have no ability to solve the problems themselves. The deficits participants reported after a first episode psychosis, might refer to a decrease in executive function and negative symptoms. Further research is needed to gain more insight in the mechanisms that are causing poor oral health care in adolescents with a first episode psychosis in order to develop interventions to improve oral health.

Mental health care actions in child welfare: Systematic review of evidence-based literature

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Background: Many of the children and adolescents living in vulnerable living environments in child welfare settings tend to be in need of psychiatric treatment as well as child protection services. There is an urgent demand for closer collaboration between mental health and social sector in order to ensure more effective work in child welfare settings regarding to mental health care actions provided. However, it is widely known that collaboration between child protection services and mental health services is not working well and the outcomes for vulnerable children are poor.

Objectives: Aim was to describe the evidence-based literature related to mental health care actions provided in child welfare.

Methods: A systematic integrative review were undertaken to describe the mental health care actions provided in child welfare settings. Seven databases (PubMed, EbscoHost, Ovid MEDLINE, Eric, CINAHL, Elsevier Science Direct, Cochrane database) were searched, while search parameters included English-only manuscripts published prior to May 20, 2016. Study appraisals were made independently by 3 reviewers, and qualitative syntheses of data were conducted.

Results: Out of 152 identified records, only eight studies met the inclusion criteria. Participants were children and adolescent between 0-18 years of age. Mental health care actions described varied and were listed as follows: crisis assessment, respite child care, counselling, therapeutic interviews, cognitive and educational screening, different therapies, psychoeducational support, psychological testing, behavioral assessment, individual work and brief interval care.

Conclusions: Despite using comprehensive searches from seven databases, we found only eight studies related to acute psychiatric services targeted to looked-after children. However, different actions were found to use with looked-after children. Nonetheless, there is not enough evidence to arrive at a definite conclusion on effects of mental health care actions in child welfare.

Nurses' attitudes toward coercive measures in in-patient psychiatric care: a literature review

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Background: In Finland, 14 % of patients in specialized psychiatric care were subjected to coercive measures, such as seclusion and restraint, in 2014. There is a national goal to decrease the use of coercion by 40 %, but based on current statistics, this goal is not likely to realize. This study is based on the basic assumption that human behavior is determined by attitudes. Previous studies in nursing show that health care providers' perceptions of coercion has an impact on the use of interventions such as seclusion. According to a schematic representation of the three-component view of attitude, all human responses to stimulus object are interceded by attitude, but different responses are classified into cognitive, affective and conative categories.

Objectives: The aim of this integrative review was to investigate nurses' attitudes toward coercive measures in psychiatric in-patient care.

Methods: This integrative literature review was conducted in December 2016 using the databases of CINAHL, SCOPUS and PsycInfo. 1538 papers were reviewed by title and 109 papers were reviewed by abstract. 3 papers were found by manual search. In all, 36 studies published in 2000-2016 were included in this review. The significant findings of the reviewed studies were analyzed deductively by the schematic conception of attitudes.

Results: Most of the studies (n=29) had a descriptive design and quantitative methods were used in more than half (n=21) of the studies. Out of different methods, attitudes to restraint and seclusion were most commonly investigated. There were differences in the approval of coercive measures. Nurses had variable thoughts and beliefs about them. Nurses were aware of the negative influences, but they also identified positive outcomes. The use of coercive measures was an ethical and decision making dilemma. Nurses described mostly negative feelings attached to the use of these interventions and had several ways to cope with the feelings. Nurses also recognized patients' negative feelings during the use of coercion. Nurses mentioned several different reasons for coercion, such as injury or harm prevention, shortage of staff, safety and violence. It was difficult for nurses to identify effective alternative methods, but they were motivated to use them if there were some available.

Conclusions: Nursing staff's attitudes toward coercive measures has been examined from multiple point of views and the attitudes toward coercion vary. More research is needed, especially about the associations between attitudes and the actual use of coercive measures.

Factors influencing depression among one-person households

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Background: A single household is defined as a household that does not combine with other family members but maintains independent living and livelihoods. The number of one-person households is continuously increasing. In addition to economic and health problems, mental health problems such as loneliness, increase in non-burning, depression, and loneliness are emerging.

Objectives: This study attempted to examine environmental, relational, and health factors influencing one-person households depression. The hypothesis of this study were as follows:

Hypothesis 1. Depending on the gender, generation, education level, income of a one-person household, there will be differences in residential satisfaction, relationship satisfaction, drinking, and depression.

Hypothesis 2. The residential satisfaction of a one-person household will have a negative(-) effect on the depression.

Hypothesis 3. The relationship satisfaction of a one-person household will have a negative(-) effect on the depression.

Hypothesis 4. The drinking of a one-person household will have a positive(+) effect on the depression.

Methods: The raw data of 542 respondents, was gathered from the 10th wave of Korea Welfare Panel Study(KoWePS). Collected data were analyzed by frequency, t-test, Correlation, multiple regression.

Results and Conclusions: First, one-person households showed a significant difference according to gender, generational, religion, educational level, marital status. Second, 3.9% of subjects showed alcohol use disorder group and depression group. Third, satisfaction of social relationships, drinking behavior were significantly related to the depression. These findings supported the importance of one-person household' and mental health program in work settings. Suggestions of mental health social work were discussed and proposed future research.

Adolescent's physical health assessment and health related risk taking behaviour in an psychiatric unit for adolescent with substance use problems

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Background: Mental health problems increase the risk of communicable and non-communicable diseases and thus contributes to unintentional and intentional injuries. Mental health is connected to physical health and vice versa. However, in the case of adolescents, the discussion of the physical health of persons with co-occurring mental health and substance abuse disorders is rare. Adolescent's seasonal allergies, skin diseases and asthma are the physical diseases that most frequently co-occur with any mental health disorder. And the other way around, an affective disorder, an anxiety disorder or a conduct disorder are mental disorders that are most of the in the context of a physical disease. Adolescents who are suffering from mental health symptoms are experiencing a poor physical health more often than adolescents without mental health problems.

Objectives: The aim of the study, conducted as development project, was to increase knowledge of the physical health and health related risk taking behavior of adolescents in a psychiatric unit for adolescent with substance use problems. The purpose of the project was to create a scientific poster that describes the physical health and health related risk behavior of the adolescents' of the clinic.

Methods: The study was performed by using the methods from the qualitative and quantitative research tradition, complementing each other. The data (n = 27) was collected from patient record (EuroADAD interviews and background information) and analyzed by statistical methods as well as using the content analysis.

Results: The majority of adolescents rated their physical health to be good and no one experienced their physical health to be poor. Adolescents didn't combine the substance abuse, non-suicidal self-injury, involvement into physical fight or assault, unprotected sex or driving while intoxicated would affect to the physical health as debilitating factor.

Conclusions: The most (85%) of the adolescents were not worried about their physical health. Although the adolescents do not have or do not recognize the health problems or risks, the attention to physical health and health related behavior should be attached systematically as a part of mental health care. The psychiatric treatment can be supplemented by focusing attention on physical health and health behavior as early stage as possible.

Beneath the scars- Understanding self-harm among female offenders in a psychiatric housing unit

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Background: Empirical evidence has consistently demonstrated that female inmates have a greater risk for self-harm as compared to male inmates. For example, in one study, it was found that 32% to 51% of female inmates have a history of self-harm behaviour, compared to 17% for male inmates.

Objectives: Therefore, this study aimed to shed light on the triggers, nature, and function of self-harm behaviours for female inmates with psychiatric illness in a local prison context.

Methods: Employing an exploratory qualitative approach, participants underwent a structured interview based on an interview protocol adapted from existing self-harm questionnaires. Data collection ceased at 10 participants and the interview transcripts were analysed using thematic analysis. Given the vulnerable nature of this population, each participant was provided with psycho-education on self-harm and adaptive emotion-focused coping strategies after the interview. In addition, all participants were monitored for adverse effects resulting from study participation, and psychological intervention would be provided if required.

Results and Conclusions: The key findings of the study indicated that self-harm in Changi Women Prison's psychiatric housing unit (CWP PHU) were triggered mainly by adjustment difficulties in prison (i.e., perceived lack of freedom), and interpersonal conflicts (i.e., with cellmates). Cutting (or scratching) and head banging were identified as the most common methods of self-harm. With emotion regulation deficits, self-harm was a means to provide emotional relief. It was also found that self-harm functioned as an instrumental means of obtaining attention or care, as well as to alter their environment. The results obtained would inform management and treatment decisions, such as prison protocols, training modules for officers, and interventions for these profile of inmates.

Mindfulness training as a clinical intervention with homeless adults: A pilot study

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Background: Living as a homeless person can be a challenging and traumatic experience (O'Reilly et al. 2015). Between 30 and 50% of homeless people in Ireland have a mental health problem. With approximately 50% having a mental health and addiction problem (Amnesty International, 2003; O'Reilly et al. 2015). A growing body of research supports the efficacy of mindfulness-based interventions in producing positive changes in psychological well-being across age and patient/client groups (Chiesa and Serretti 2009). However, there has been a significant lack of research examining the effects of mindfulness on homeless populations.

Objectives: This exploratory pilot study aimed to: (a) investigate if homeless service users in a standardised 8 week Mindfulness Based Stress Reduction (MBSR) group could develop enhanced coping skills and accrue mental health benefits through the learning of mindfulness skills; (b) understand the experiences of these service users in order to identify factors that support or hinder the development of these coping skills; (c) investigate if clinically significant changes in depression, anxiety, impulsivity and emotional reactivity could be achieved by the group's participant's.

Methods: A mixed methods design was chosen for this study in order to generate a detailed and in-depth understanding of a group of homeless participants who completed an MBSR programme (Gerring 2007).

Results: All participants showed statistically significant reductions in anxiety, depression, emotional reactivity and impulsivity immediately following the intervention, with these scores being based on a number of factors including: increased self-awareness of thoughts, emotions and body sensations, increased attention span, reduced reactivity, learning and using approach coping strategies instead of avoidance and maladaptive coping strategies, increased mindful and compassionate mindsets which reduced rumination and worry along with emotional and psychological distress.

Conclusions: This study has shown that mindfulness skills can be taught to a range of homeless service users and that these enhanced coping skills developed by these service users may enhance their mental health and allow them to deal positively with their addiction issues. Increased access to interventions of this nature

are likely to increase the mental health capacity of homeless service users, by empowering them to deal with their mental health and addiction issues and allow them to cope in more pro-social ways than they may have previously move towards independent living.

Use of GIS to map people at risk and people with symptoms of mental disorder through initial diagnosis by trained mental health cadre

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Background: This research is an advanced research on mental health cadres' participation in assessing and finding the mental disorder cases in order to get the treatment as soon as possible. Mental health cadres have a strategic role in the system of mental health services at the primary level. Their role is certainly not only to support nurses in performing early identification of mental health disorders, but also during the process of empowerment at the basic level. To carry out the duties and functions of cadres, they need the knowledge, skills and equipment or operational standards. Therefore this research is an extending research from previous research which studied the development of integrative training for mental health cadres. The trained cadres have a strategic role in conducting initial assessment. The use of GIS (Geographical Information System) in presenting and analysing data will help policy makers in formulating their program and policy.

Objectives: This research aimed to analyse the social – economic factors related to the mental health disease through spatial pattern which divided into two categories (people with mental disorders and people at risk).

Methods: One primary health care facility (Puskesmas) was randomly chosen to portray each district (Kalasan, Keraton, Wonosari and Kasihan). Two villages were also randomly selected for each Puskesmas and mental health cadres from selected villages were trained by professional mental health staffs. The integrative two days training was conducted for mental health cadres before they collected the data. The serial workshop has been conducted with cadre and professional mental health staffs to verify the reports and to locate the position at map. Verified data is used as the basic input of the study.

Results: The results indicated that trained mental health cadre were able to conduct such initial assessment which verified by the mental health staffs. The overlay between each factors which predicted as having influence to the mental health condition are created using Geographical Information System (GIS). The pattern of cases are analysed to identify the influential locations and related factors of incidence of mental disorders and high risk population.

Conclusions: Trained mental health cadres were strategic resources in conducting the initial assessment of mental disorder. The spatial data displays the interacting relationship between social-economic factors and the pattern of disease.

Family caregiving of individuals with traumatic brain injury in Botswana

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Background: The impairments that affect survivors of traumatic brain injury (TBI) impact the person's independence, and family members frequently have to take on a caregiver role. This study examined the experience of caregiving for individuals with TBI in Botswana and its impact on psychological distress in caregivers.

Objectives: The objectives of this study were to describe post-injury changes and explore the difficulties experienced by caregivers of people with traumatic brain injury. The experiences of family caregivers of people with TBI and their psychological functioning were explored.

Methods: Using a mixed methods study design, qualitative data from semi-structured interviews was thematically analysed and triangulated with data regarding functional status from the Structured Head Injury Outcome Questionnaire and the Hospital Anxiety and Depression Scale (HADS).

Results: Caregivers commonly reported receiving limited information regarding the injury and management methods. Heavy caregiving demands were placed on them, with little support from the healthcare system. A significant proportion of caregivers experienced anxiety and depression, which was associated with lower functional independence in their injured relative. Spouses were more stressed than parents. Other consequences of caregiving included social isolation and limited support from the wider community as well as financial difficulties. Despite these stresses caregivers tended to accept their caregiving role. Cultural factors such as devotion to their families and faith and belief in God moderated burden and distress.

Conclusions: These findings suggest that caregivers of individuals with TBI in Botswana face significant challenges. Rehabilitation efforts need to take these into account. Specifically, more information and support needs to be provided to survivors and their families. Psychological, economic, and health needs also need to be addressed in the planning of rehabilitation interventions.

Understanding and improving therapeutic engagement between nurses and patients on acute mental health inpatient wards: a feasibility and evaluation study of experience-based co-design

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Background: Therapeutic engagement has long been regarded as the essence of mental health nursing. Its benefits are well documented. Despite this, research spanning 35 years shows just 4-12% of nurses' time was spent on therapeutic activities. While there is consensus that therapeutic engagement should be prioritised, a practical solution is yet to be found. A promising new approach to this is Experience-Based Co-Design (EBCD). EBCD brings patients and staff together in partnership to co-design an intervention to improve therapeutic engagement within an acute inpatient mental health ward.

Objectives: Explore the feasibility of using EBCD to co-design and implement an intervention to improve therapeutic engagement within an acute inpatient mental health ward. Evaluate the impact of implementing the co-designed intervention.

Methods: The study will be conducted in 3 phases. Phase 1 consists of an integrative review exploring the constituents of nurse-patient engagement. Phase 2 includes two components conducted simultaneously. Component 1 uses an adapted form of EBCD. Observations and focus groups gather patient and staff experiences of therapeutic engagement. A series of co-design events led by staff and patient facilitators draw from the experience data and bring patients and staff together to co-design and implement an intervention to improve therapeutic engagement. Component 2 is a mixed-methods evaluation that 1) examines whether patients and staff can co-design and implement an intervention to improve therapeutic engagement 2) using the Behaviour Change Technique Taxonomy and Behaviour Change Wheel to examine the behavioural mechanisms through which EBCD and resulting intervention might work. Phase 3 develops a behavioural mapping tool to evaluate the impact of using the co-designed intervention to improve therapeutic engagement. Observations on an intervention and control ward pre-post intervention implementation will use the tool to measure type and amount of therapeutic engagement.

Results: Phase 1 develops a conceptual framework of nurse-patient engagement. Phase 2 develops an intervention to enhance therapeutic engagement, co-designed by patients and staff, a behaviour change taxonomy for EBCD and an intervention implementation model. Phase 3 evaluates the impact of the intervention for therapeutic engagement

Conclusions: The results will inform a multi-centre feasibility trial that evaluates if the co-designed intervention can be implemented in further mental health wards. This will inform a stepped wedge cluster RCT.

Bipolar disorders and substance use. An epidemiologic survey to the prevalence of substance use in patients treated for a bipolar disorder in specific teams at Dimence

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Background: Bipolar disorders and co-morbid substance abuse can have a negative effect on the course and outcome of the bipolar disorder. Facts show the impact of addiction disorders on patients with a bipolar disorder and it emphasizes the need for examining the presence of an addiction in this population. Currently there is not a structural method to find out if patients with a bipolar disorder in Dimence (institute for mental health care) suffer from an addiction disorder besides their bipolar disorder. Studies by Ostacher et al. (2010) and Guadiano, Uebelacker & Miller (2008) show that patients with a bipolar disorder combined with a substance use disorder have mood episodes which follow one another more rapidly than patients that have a bipolar disorder without a substance abuse disorder. Grant, et al. (2004) performed an observational study on 43.093 respondents in the overall population in the US. In this study, the prevalence of mania and hypomania were examined in persons with substance use in the past and present. This revealed a prevalence of mania in 1,7% and hypomania in 1,2% after correction for drug-related mania and hypomania. In respondents with a history of addiction the prevalence of mania was 4,9% and the prevalence of hypomania was 3,3%. The prevalence of mania was 26,6% among respondents which were presently using drugs and who had a past of (hypo)mania. The prevalence of hypomania in this group was 19,2%. Besides the effects on the progression and treatment of bipolar disorders, comorbid addiction disorders in patients with a bipolar disorder increase the risk of suicide attempts. In patients with a bipolar disorder who are addicted to drugs the prevalence of suicide attempts is 39,5%. In patients with a bipolar disorder without an addiction disorder this number is 23,8% (Sublette, et al., 2009; Dalton, Cate-Carter, Mundo, Parikh, & Kennedy, 2003; Lopez, et al., 2001; Oquendo, Currier, Liu, Hasin, Grant, & Blanco, 2010; Potash, et al., 2000).

Objectives: The aim of this study is to examine the number and types of substance use in patients who are treated by the specific teams for treating patients with bipolar disorders at Dimence.

Methods: Data were derived from patients who were treated by the specific teams treating patients with bipolar disorders at Dimence. All patients age 18 – 65 were invited for participation in the cross-sectional survey. The diagnostic interview was the MATE-S.

Results/ Conclusions: The results and conclusions will be presented at the conference

Digitally delivered universal parenting program for positive parenting skills for families with 3-year-old children in Finland

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Background: Behavioral and emotional problems in early childhood are a public health concern. It can have long-term consequences and severe problems in later life. To prevent these problems in childhood, good parent-child relationship is a proven protective factor. Parenting programs have been found to be effective for building this relationship.

Objectives: This study evaluates digitally delivered universal parenting program and its feasibility among families with 3-year-old children.

Methods: A prospective multicenter pre-post study is being conducted. The program is offered to all families participating in annual checkups with their 3-year-old children at public child health clinics in four provinces in Finland. The outcomes and instrument used are: 1) behavior and psychosocial wellbeing of the child: Strengths and Difficulties Questionnaire, 2) irritability of the child: Affective Reactivity Index, 3) self-efficacy of parents: Self-Efficacy of the Parenting Task Index Toddlers Scale, and 4) feasibility of the program: Client Satisfaction Questionnaire. The outcomes are assessed in baseline, after the intervention and six months after the baseline. In addition, Register of Primary Health Care Visits and The Care Register for Health Care will be used to assess long-term impacts of this program.

Intervention: The intervention is a self-directed, digitally delivered parenting program. It targets to one of the most important protective factors against behavior and emotional problems of child – a good relationship between parent and child. Therefore, the intervention provides positive parenting strategies and advices for parents of 3-year-old children. The program includes 5 themes (1 theme / week), related to reinforcing positive behavior, planning and managing daily situations, playing, reading and being present. Parents are encouraged to complete 5 weekly themes. Each theme includes exercises, instructional videos, and audio clips demonstrating the application of new skills.

Conclusions: Integration and implementation of this universal digital-based parenting program in primary care setting is an innovative possibility to promote positive parenting universally. Therefore, this ongoing study will show whether positive parenting skills can be promoted by using universal methods. Moreover, this study will show how feasible method digitally delivered parenting programs are in Finnish context, especially related to its universality.

A qualitative evaluation of patient's perceptions of Therapeutic Alliance on mental health acute inpatient wards

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Background: Since the research of H. Peplau, the question of relational psychiatry has been defined as the heart of the profession of mental health nursing. The therapeutic relationship has evolved in its design to become Therapeutic Alliance (Zetzel), or Helping Alliance (Luborsky) or Working Alliance (Bordin). Recent articles show that these concepts are still very powerful despite the appearance of computer tools (serious game for example, Fovet et al., 2016) and that they are still today major determinants in the management of people suffering from mental disorders.

Objectives: To gain insights into the construction of TA from the patients' perspective. How do patients see the development of the Therapeutic Alliance with nursing staff? And, for example, does the way patients are admitted to hospital (if detained under the mental health act) impact on the formation of TA?

Methods: Qualitative, semi-structured interviews were carried out with patients on acute wards in four in-patients sites, EPS Maison Blanche Paris, between 2014/07 and 2018/07. All interviews were recorded and transcribed, and data were analysed using Nvivo software

Results: Twenty eight participants were recruited to the study. Reporting of good quality TA did not appear to be linked to whether participants were detained in hospital, nor to their diagnosis. Close proximity is the first value described by patients as a creator of TA and refers to the concept of attachment. We will develop the Proximal Zone of TA (PZTA) concept further in this poster presentation, in addition to our data which indicated that nurses may be sought by inpatients' as attachment figures as recalled by Gwen Adshead (1998) or Kenneth Ma (2007). Three themes were extracted in relation to close proximity: i) during the somatic care ("I am alone with the nurse"); ii) during therapeutic communication face to face ("nurse give me advice"; "they explained me things"; "they listen to me "); iii) the continued presence ("I was accompanied"; "they know how to manage me"; "they are present; reactive; respectful")

Physical exercise group at Acute Psychiatry Unit 6

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Background: The acute psychiatry unit 6 in Pitkänieni hospital has 18 beds for adult psychiatric patients. The unit 6 treats and examines patients with psychotic disorders. The unit also provides treatment for immigrants with mental health disorders. In-patient time at the unit is about 30 days. Patient profile in unit 6 has changed recently towards people with long-term psychotic illness. This created need to start a new functional group along with unit's discussion groups. Many psychotic patients have difficulties to concentrate in discussion because of their symptoms, but they cope much better in physical activities. Patients with long-term psychotic condition can also have various physical illness which can be relieved by taking care of physical health.

Objectives: The Physical exercise group is a part of patients' treatment plan. The purpose of the group is to motivate patients to move more and encourage them to take care of their physical condition after being released from hospital. According to the research physical training has positive influences on both mental health and physical wellbeing. It reduces anxiety and depression and also eases psychosomatic symptoms. Physical exercise has positive effect on functionality, physical health, quality of sleep and circadian rhythm.

Methods: The group gathers for a 45 minutes session twice a week on Tuesdays and Thursdays. Exercise group is open to all patients at the unit. The group is instructed by 2 staff members. On Tuesdays patients

can play different ballgames, use climbing wall or do gymnastics. On Thursdays group is gathered at the gym where patients are advised to use the gym equipment correctly. Patients can also play billiards or workout with the punching bag. In the summertime the group can also be gathered outside where patients can play outdoor games, jog or swim.

Results: Exercise group has been popular among patients. The group increases patients' sense of belonging to the community of the unit and improves adherence to treatment. Psychotic symptoms are reduced during the exercise. Patients' functional abilities are noticed and endorsed in exercise group. The group has calmed down both the patients and the atmosphere of the unit.

Conclusions: Instructed exercise group has been success and our conclusion is that physical exercise should also be noticed in treatment plans of psychotic hospital patients. Exercise in group enables patients to experience success and gives opportunity to help themselves and other to maintain physical health.

Correlation between the nature of a criminal offense with quality of the therapeutic alliances in the forensic psychiatry

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There is ample evidence that the quality of the therapeutic alliance is an important contributing factor to the success of psychiatric treatment. However, due to their criminal history it is not self-evident that forensic patients experience therapeutic alliances that are of the same quality as other patients. Mutual distrust between patient and therapist and the mandatory nature of many forensic treatments can be obvious obstacles. This study is the first of its kind to investigate whether the quality of therapeutic alliances correlates with the nature of the criminal history, differentiating between sex offences and violent offences. It is also the first to include assessment of the therapeutic alliance as experienced by both forensic patients and therapists, measured with standardized and validated questionnaires. The study was carried out at the ambulatory forensic treatment unit of AFPN, Groningen, the Netherlands. Remarkably, no difference was found in the quality of the therapeutic alliance between both groups of offenders. Also, the therapeutic alliances were found to be of the same quality for forensic patients as for other psychiatric patients. Due to the limited number of participants, our results have to be interpreted with some caution. However, further research is warranted to identify best practices within AFPN that defy former opinions that building strong therapeutic alliances is more difficult and less successful in forensic populations.

Service users' views on user involvement in mental health services

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Background: Service user involvement is emphasized in many strategies, plans and declarations globally and also in Finland. There seems to be a general consensus on the importance of service user involvement but there is a lack of research reflecting the views and opinions of service users themselves.

Objectives: This study is part of a multi-centre research project where the aim is to develop service users' and carers' opportunities to be more involved in mental health care and treatment. The aim of this study was to explore the views of service users on their involvement in mental health services in Finland.

Methods: The data were generated through three focus groups interviews in October 2016 and analysed with qualitative content analysis. Participants (n=23) were recruited from one psychiatric hospital and from two service user organizations in western Finland.

Results: Four main themes were identified: service user involvement in practice, promoting service user involvement, preventing service user involvement and developing service user involvement. Involvement is realized when users' views and opinions are taken into account and appreciated, when they have an opportunity to influence on their own treatment, and in co-operation between service users and professionals. Promoting involvement means more patient centered treatment, good co-operation relationship with professionals and care system while preventing involvement means inadequacy in professional's way of caring, inoperative co-operation between service users and professionals, inadequacy in care system and matters concerning service user. Involvement can be developed by strengthening service users' position, by developing the mental health care system and by developing staff's education and training.

Conclusions: Based on this research, service users in Finland, have clear opinion what service user involvement means, how it can be promoting, preventing and developing. Their descriptions included three well known service user involvement's dimensions: the system, people and interaction between service users and professionals. Better service user involvement requires improvement in all these three dimensions.

Informal caregiver experiences of substance use of patients with comorbid autism spectrum disorder and substance use disorder: a qualitative study

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Background: Patients with comorbid autism spectrum disorder (ASD) and substance use disorder (SUD) regularly report that substance use helps them to participate in society. According to literature research, no scientific articles have been published about the experiences of the patient's informal caregivers. Their experiences are important in this issue, since these caregivers form a major source of support for patients with ASD and SUD. Carer's insights could make a significant contribution to the treatment. **Objectives:** The objective of this study is to gather qualitative knowledge about the experiences of the patient's informal caregivers. Do they see that substance use helps the patient to participate in society? The aim is to gain further insight into how informal caregivers experience the substance use of patients with ASD and SUD. Understanding these experiences leads to an increase in knowledge among healthcare providers and offers opportunities to improve treatment and support for patients with ASD/SUD and their caregivers.

Methods: This qualitative study has a phenomenological design, where participants were recruited through purposive sampling. Data was collected through seven open, in-depth interviews and subsequently analysed using the Colaizzi method.

Results/ Conclusions: The study is still in progress. The data will be analysed over the coming months and the results will be presented on the poster at the conference.

Protecting youth in foster care from overmedication

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Background: It is well known that U.S. children removed from their parents and placed in foster care have high rates of emotional and behavioral problems. However, serious concerns by clinicians and foster parents are increasing regarding long-term psychotropic polypharmacy which is prescribed for youth in foster care 3.5 to 5 times more often than those in at-home. (Kreider et al., 2014). Polypharmacy risks to children include weight gain, glucose intolerance and type 2 diabetes. (De Hert et al., 2011). In view of these health risks, it is essential to provide oversight and promote safe and optimal treatments for these youth.

Objectives: To present guidelines for identification and reduction of polypharmacy in foster care youth and provide education to treating physicians on safe and optimal psychotropic treatment.

Methods: Polypharmacy is identified in Los Angeles County through its Juvenile Court Mental Health Service (JCMHS) Psychotropic Parameters* to review medication consent forms from treating psychiatrists. Polypharmacy triggers an in-person JCHMS consultation.

Table 1. Juvenile Court Mental Health Service Psychotropic Parameters* (summary)

AGE PARAMETER

0-5 years

1. 2 or > psychotropic medications
2. Any psychotropic medication other than a stimulant, atomoxetine, guanfacine, clonidine, or risperidone (for Autism Spectrum Disorder with aggression).

6-8 years

1. 3 or > psychotropic medications

9-17 years

1. 4 or > psychotropic medications

All age youth

1. 2 or > antipsychotics (including any combination of typical and atypical)
2. 2 or > mood stabilizers (atypical antipsychotics not included)
3. 2 or > antidepressants (trazodone as hypnotic not included)
4. 2 or > stimulant medications (except combinations of short and long preparations of the same agent)
5. 2 or > hypnotics (including trazodone, diphenhydramine, zolpidem, melatonin and benzodiazepines). Not including clonidine, guanfacine or prazosin.
6. Medication dose exceeds recommended dose (LA County DMH Parameters For Use of Psychotropic Medication for Children and Adolescents)⁴

Results: Approximately 25% of JCMHS annual psychiatric consultations were initiated by JCMHS parameters for polypharmacy. Corresponding consultations included education and recommendations discussed with treating psychiatrists regarding polypharmacy and optimal psychiatric management.

Conclusions: JCMHS Psychotropic Parameters is a useful tool to identify polypharmacy and results in education of treating physicians to provide safe and optimal psychotropic medications to foster youth

Discharge messages-One intervention of Safewards

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Background: Acute psychiatric ward 7, Pirkanmaa Hospital District, is restricted ward for 16 patients, mood and personality disorders. Patients suffer from acute psychotic symptoms, mood and personality disorders. Treatment periods vary from a few days to some weeks. Staff is multi-professional: psychiatrist, psychologist, social worker, psychiatric nurses, mental health nurses, secretary and hospital cleaners.

Objectives: The aim is to make psychiatric wards more peaceful places, increase safety and reduce coercion with the methods of Safewards. This intervention provides a further method to increase hope and transmit messages about purpose and benefit of an admission.

Methods: There are two master nurses chosen from staff to choose the wall paper and the box which includes coloured pencils, cartons, scissors and blue-tack to make a discharge card. The staff will be regularly trained to the Safewards methods. When patients are discharged, they are asked if they would write a card with some positive words to the landscape painting on the ward. New patients can be shown these messages for reassurance and to increase feeling of hope. It should also include what would be their most positive and helpful piece of advice for new patients.

Results: There is challenge when to inform the patient before the discharge day. That should be earlier than the same day. Another challenge is how the staff assimilate this intervention. Big issue is also how to tell to psychotic, disoriented patients not to take discharge cards away from the landscape wall.

Conclusions: This intervention may decrease anger and hopelessness when patient is admitted to the ward. Important is to familiarize this intervention for new nurses on weekly staff meetings and on mutual help meetings for both the patients and the staff once a week.

Experiences from school-based child psychiatric consultative intervention in Helsinki

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Background: 10-15 percent of children have psychiatric disorders, but only half of these use Child and Adolescent Mental Health Services (CAMHS). The number of CAMHS referrals in Helsinki has increased significantly during the past years urging to launch new working methods. Based on Finnish health policy, easily available and early interventions should be used. Furthermore, collaborative initiatives with social services and schools are encouraged. To meet these challenges in Helsinki area, a school based consultative team started in Adolescent Psychiatry in 2012. Based on the obtained promising experiences, similar intervention model was initiated for younger children in 2016.

Objectives: Aim is to describe the use of school-based child psychiatric consultative intervention in Helsinki during the first half year.

Methods: The intervention was targeted at children aged between 6-12 years. It was provided by nurses or an occupational therapist with long experience in child psychiatry. The steps of intervention were as follows: 1. School professionals contact a school-based child psychiatric consultative team; 2. Decision to start the

consultative intervention by a nurse; 3. Network meeting organized at school; 4. Consultative intervention provided in schools; 5. Assessment of needs for further treatment and closing session. Data on patients including reasons for contact, the number of visits, and needs for follow-up treatment was collected and analyzed.

Results: Between September 2016 and February 2017 99 children used the intervention. 77 (78%) were boys, and 22 (22%) were girls. The children were between 6 and 12 years (mean: 8,8 years) during first contact. Externalized symptoms such as problems in attention and/or conduct were the reason to contact in 79 (80%) cases, and internalized symptoms such as anxiety in 20 (20%) cases. Number of visits/patient was in mean 3,7 (variation 1-7). By the end of the time period, 47 children ended the intervention, and out of them 25 (53%) needed further child psychiatric assessment or care, and 22 (47%) did not need child psychiatric follow-up treatment.

Conclusions: The school-based child psychiatric consultative intervention seems to be easily accessible way to offer child psychiatric consultative help for schools. In the future we are interested if this type of early intervention may also be a way reduce the number of referrals.

To be seen as a person

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Background: Little is known about client satisfaction in addiction care. In the Netherlands client satisfaction with addiction care is measured using a general questionnaire, designed for mental health care. Clients of an institution for addiction care in the North of the Netherlands experience the quantitative approach in this questionnaire as limiting.

Objectives: This study aims to gain insight into what elements in the experience of clients contribute to satisfaction with addiction care.

Methods: Data was collected using a phenomenological research design, between September and December of 2016, by in-depth interviews with nine participants (N = 9). Data was analyzed according to the method of Colaizzi, using Atlas-ti.

Results: Participants appointed as key themes a respectful attitude and expertise of caregivers. These themes lead to increased client autonomy and hope of change. The way in which care is organized is a supportive theme.

Conclusions: In client experience a respectful attitude by and expertise of caregivers are essential. They contribute to satisfaction with addiction care, and also increase the autonomy of the client. This allows them to regain control over their lives. Addiction care institutes should work on more personalised treatment based on clients needs. In order to objectify the findings of this study, further research is required.

Because the patient is most important! - Integration of treatment for service users with mental health and substance abuse problems at primary health care

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Background: Psychiatric nurses started to work at the City of Helsinki primary health care in 2005 and substance abuse workers 2010- 2011. Some of the substance abuse workers were social counselors, which is why substance abuse nurse- title could not be used. From time to time, the title caused embarrassment in service users and on the other hand they also raised the fear of being labeled. Psychiatric nurses and substance abuse workers had completely separate process descriptions and service users with mental health and substance abuse problems were treated with different receptions. It was found, that many service users often have duplicated problems of mental health and substance abuse that required the development of activities.

Objectives: The aim was to integrate mental health and substance abuse work at primary health care, harmonize treatment and lower the threshold for treatment with mental health and substance abuse problems.

Methods: Separate process descriptions of psychiatric nurses and substance abuse workers were combined in 2014. In 2015, psychiatric nurse and substance abuse worker- titles were replaced by a new common title: nurse (mental health and substance abuse). Part of the integration was the cognitive short-term therapy training for mental health and substance abuse nurses of primary health care. Training lasted for 1.5 years, during which a new joint care model was also built.

Results: Combining mental health and substance abuse work lowers the threshold of seeking treatment, improves care and has made more sensible the use of resources. In a primary health care service user receives comprehensive treatment of both, mental health and substance abuse problems from the reception of one employee at an early stage. According to employees' experience service users feeling to become labeled has decreased and the feeling of being pumped from reception to another has ended.

Conclusions: There is still a need for change in the use of intoxicants and the identification of the substance abuse problem in Finland, but the situation is improving all the time. With the harmonization of the process descriptions in primary health care as well as the change of titles, the nurse (mental health and substance abuse work) provides comprehensive care in primary health care for service users with mental health and/or substance abuse problems whose situation does not require special medical care.

Safewards model, implementation in Oulu University Hospital, Psychiatric Clinic

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Background: In psychiatric care there occur conflict and collision situations which may lead to restrictions against a patient's own will. These situations can cause insecurity and lack of trust, and they burden patients, their relatives and staff physically and mentally.

Objectives: Our objective is to reduce coercive measures and involuntary treatments against a patient's will, and to find alternative means and procedures for preventing and discharging conflicts. Furthermore, we aim to create safer wards for both patients and staff and to make patients take a more active role. We develop new models of collaboration between patients and staff and among staff itself so that patient care and patient encounter are more ethical.

Methods: The psychiatric remit for adults decided to implement the project in 2016. The development project was first processed on the level of the executives. In spring 2016 Essen-ces atmosphere enquiry was made to the staff and patients. After the enquiry, further information and schooling were provided for staff. In autumn 2016 the model was implemented on six closed wards and in one outpatient care unit. The model was implemented systematically as planned. Patients have taken part in planning and carrying out interventions.

Results: First we introduced three interventions out of ten. In 2017 we introduce three interventions. The last four will be introduced next year. Two persons on every ward are responsible for each intervention. They meet at regular intervals to plan how to implement the intervention. They familiarize the rest of the staff with it and make sure that it comes into use. Each intervention has its main contents, but every ward can modify the intervention with its own requirements.

Conclusions: Practical experiences at the moment: Using calm down method has reduced the need of coercive measures and has given patients alternative choices to control their anxiety without medication. Setting mutual expectations has improved co-operation, respect and understanding between patients and staff. This model has improved commitment and enthusiasm in staff. It has also enriched co-operation and interaction between wards. The Safewards model is an essential part in the development of psychiatric care in our hospital. Furthermore, evaluation is a relevant part of implementation process.

The relationship of childhood trauma and social support with functioning in women diagnosed with bipolar disorder

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Background: Bipolar disorder represents a chronic and recurrent illness that can lead to severe disruptions in autonomy, occupational functioning, cognitive functioning, social functioning and financial issues. It is stated that focusing on social support especially of family and the environment affects the functioning positively.

Objectives: The purpose of this study was to examine the relationship of childhood trauma and social support with functioning in women diagnosed with bipolar disorder in acute psychiatric clinic.

Methods: The sample of this study consisted of cases of 19-62 years of age who had been diagnosed with bipolar disorder and was admitted to the acute female psychiatric clinic of a state hospital between April and July 2016. The research data were collected by the researchers using the Personal Data Form, Childhood Trauma Questionnaire (CTQ), Multidimensional Scale of Perceived Social Support (MSPSS), Functioning Assessment Short Test (FAST) and patient files. Ethics committee approval, institutional work permit and informed consent of the cases were taken in order to conduct the research.

Results: When the relationship between FAST subscales and CTQ subscales was examined, it was found that there was a significant positive correlation between the social functioning subscale and the physical neglect ($r=.227, p<0.05$) and emotional neglect ($r=.257, p<0.05$) subscales, a significant negative correlation between the social functioning subscale and the sexual abuse subscale ($r=-.231, p<0.05$), a significant positive correlation between the cognitive functioning subscale and the emotional neglect subscale ($r=.238, p<0.05$) and between financial issues and physical neglect subscales ($r=.273, p<0.05$). When the relationship between

FAST subscales and MSPSS subscales was examined, a significant negative correlation was found between social functioning ($r=-.404$, $p<0.01$), occupational functioning ($r=-.261$, $p<0.05$), autonomy ($r=-.292$, $p<0.01$) and cognitive functioning ($r=-.321$, $p<0.01$) subscales and friend subscale, and a significant positive correlation was found between occupational functioning subscale and family subscale ($r=.233$, $p<0.05$).

Conclusions: As a result of this research, it was found that physical and emotional neglect especially in childhood, and social support perceived by a friend affect the functioning.

Informal caregivers and innovation of dementia care. A qualitative study of informal caregivers' perspective on the co-creation development of assistive technology for in the home for dementia sufferers

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Background: Co-creation, a creative collaboration between manufacturer and end user, can be helpful in the development of assistive technology that address the needs of people with dementia still living at home. Previous research has shown that developers recognise the importance of user involvement during the development process, however there is little information about the role of informal caregivers.

Objectives: This study looked at how informal caregivers viewed the development of assistive technology for outpatients with dementia based on the co-creation method.

Methods: A qualitative study using an interpretative approach. Unstructured interviews were held with nine informal caregivers who had participated in the Innovate Dementia project, in which co-creation was deployed. The data was analyzed using open, axial and selective coding.

Results: Informal caregivers reported that co-creation had a positive effect on the patient's self-esteem. Informal caregivers themselves play a crucial role in the collaboration between developers and the patient. Contact with fellow-sufferers is an important motivational factor for continuing to participate, most notably for women.

Conclusions: Innovate Dementia informal caregivers consider co-creation useful in the development of assistive technology for dementia sufferers.

EHealth: Widen the horizons with a display. A qualitative study of the significance of the experiences with eHealth in patients with severe mental illness.

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Houtjes W, PhD, dean of GGZ-VS; Sportel E, PhD, research supervisor

Background: In the Netherlands there are around 160.000 adults with severe mental illness. Effective therapies and new developments in care are insufficiently available to this group of patients. EHealth is one of these developments that should be stimulated for patients with severe mental illness, both from the perspective of health gain and social participation. In this research, a social reminiscence is carried out, adapted by the researcher to digital technology. Social reminiscence is an effective evidence-based directive treatment for the elderly, which can be performed by nurses and it is intended to improve patients wellbeing.

Objectives: The objective of this research is to gather qualitative knowledge about experiences of patients with a severe mental illness with the use of eHealth applications

Methods: A qualitative research has been chosen from an interpretative hermeneutical phenomenological approach. Unstructured depth interviews were conducted in patients with severe mental illness in combination with severe addiction and troublesome behavior. They are all admitted with a Judicial Authorization in a Closed Secured Clinic. For the analysis of the research data, the seven-step method of Colaizzi was used.

Results: Respondents were positive about the impact of social reminiscence intervention, the addition of the internet gave an additional dimension. The emotions sometimes gave physical sensations like butterflies in the abdomen, but also feelings of agitation and joy. A number of core themes emerged from the collected data like hope, social connection, empowerment and positive experiences with digital technology.

Conclusions: The results found correspond with the core themes in personal recovery. Patients with severe mental illness can benefit from effective treatment form and new developments in care such as eHealth. The patients rediscover healthy pieces of themselves, which gives them hope and strength, and the caregiver gets to know the person behind the patient.

Mental problems during pregnancy period

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Background: From cultural aspect, the pregnancy is often viewed as a time of happiness and expectancy in women's lives, with the welcoming of the next generation and growing anticipation of the joys, new offspring will bring to the family. Simultaneously, pregnancy can also be a stressful and anxiety-provoking life event where great deal of women experience prenatal mental health problems during this stint. Consequently, studying mental and psychological matters of pregnant women could be the main issue among us. Therefore, the purpose of our study was to detect major mental disorder and affecting factors of them.

Methods: Our research selected sampled study randomly. In our study, a hundred pregnant women were participated and 80 of them were from Ulaanbaatar city and 20 of them were from countryside. A consent form was provided from volunteers. We used questionnaire with 25 items. For statistical analysis, we used SPSS 21.0, stata12, Chi square test and Fisher test.

Results: Result suggests that the vast majority of participants were from Ulaanbaatar while the minority of them was from rural areas whereas 70 percent of subjects planned their birth, and 66 percent of subjects had repeated their birth. During the pregnancy, above the majority of subjects indicated significant psychological changes ($p=0.0001$) while financial obstacles possessed just under half of three quarters ($p=0.003$) of subjects. For preventing mental and psychological changes, just under half of pregnant mothers were taken some advice from psychiatrists and their midwife, husband, peers as well as others.

Conclusions: The research suggests that the majority of pregnant women tend to hold anxiety about possibilities of anomaly to their future offspring and financial burden along with desiring for affection from their husbands while under half of the pregnant mothers approach their husbands, peers, siblings or doctors to prevent possible mental or psychological disorders except for the majority amount who ignores their distress.

Nursing staff - the most important resource in health care

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Background: There're many different substitute systems in health care. This master's thesis' meaning has been to describe permanent substitute nurses work. The idea of the substitute system is to reduce temporary substitute nurses and prepare for staff shortage. Nurses in the substitute system are called "resource team" or "floating nurses".

Objectives: Objective of the study has been to increase the information about working as a substitute nurse and give information to support and develop intramural substitute nurses work. The work abilities that nurses have include skills, knowledge and experiences. Nursing managers are responsible of having enough nurses whose knowledge is in good level and the work environment is safe. Those have to be based on the requirements of patients' safety. Number of nurses must correlate patients' need of treatment and treatability, loading, patient exchange, workload and actions' effectiveness.

Methods: Requirements for floating nurses are broad knowledge of nursing, flexibility and ability to adapt to different environments. Nurses have to be ready to ask guidance and clarification. Floating nurses are seen more open and receptive for changes and new ideas. In the other hand floating from ward to ward raise the stress level. Nurses can professionally take care of the large age range patients. They've good possibility to collaborate with other healthcare providers. Work that they do correspond their knowledge as a worker. It's optimal if they get support in their work and develop professionally.

Results: Increasing professionalism and professional development are the benefits of working as a resource team nurse. Resource team nurses describe their work in a positive way; the benefits of resource team nursing are the autonomous work timetable planning, flexibility of their holidays and learning new things. It brings along certainty and confidence in their own skills and those are also seen reflected to the patients and their relatives. Work allows things to be seen under various aspects and it increases understanding that work can be done in many ways. Floating nurses treat patients per turn which makes it possible to see them comprehensively. Nurses are also free from the conflicts and atmosphere problems. Frustrating in the work is to meet new people and change the placement in short notice.

Conclusions: Nurses in the resource team have strong professional ability but it is important to have more information what kind of substitute system is practically best.

Improving psychotropic medications in patients with severe developmental disabilities through psychiatric consultation

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Background: There is ongoing concern about overmedication in vulnerable populations, including people with developmental disabilities. This occurs because of difficulty with communication, inadequate/ inaccurate diagnosis, lack of specialists especially in rural communications.

Objectives:

1. To decrease medications and improve physical health in patients on many psychiatric meds
2. To follow state mandate for medication reductions in vulnerable populations.
3. To utilize consulting telepsychiatrists

Methods: Ten outpatients living in stable small supportive living homes who have neurodevelopmental disorders including autism and intellectual disorder as well as other psychiatric diagnoses including behavior,

anxiety, substance use, impulse and psychotic disorders. These patients are on multiple medications chronically. Patients were seen monthly by a consulting telepsychiatrist. Primary Care Providers (PCP) were responsible for all ongoing medical care. They are not trained in psychiatry. They made changes based on recommendations of telepsychiatrists. Changes in medications and labs were followed over a 6 month period.

Results: 1. Diagnoses: inaccurate diagnoses were removed and new diagnoses including ADHD, panic, PTSD were added. 2. Medication consolidation: most appropriate single agent replaced multiple medications for the same disorder. 3. New medications: for anxiety and ADHD and psychosis. 4. Changes in delivery: long acting meds replaced short acting to improve efficacy and daytime sedation. 5. Sleep medication discontinuance: with using sedating long acting meds in evening. 6. Physical support recommendations: appropriate shoes, physical therapy, hearing aides, wheelchairs. 7. Collaboration with neurology: to improve diagnosis and treatment of shared symptomatology including stiffness, tremor, motor difficulties which have

Conclusions: Patients taking chronic psychiatric medications treated by PCP show benefits from intermittent psychiatric consultation in the areas of: consolidating same class meds, introducing new meds for untreated disorders or more effective meds. These findings add to previous literature that rural PCPs utilize recommendations and implement new treatment strategies.

Clinical practice of mental health and substance abuse care as a project study - a work-orientated way of study

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Objectives: In the autumn of 2016, Saimaa University of Applied Sciences and South Karelia Social and Health Care District (Eksote) units providing services implemented basic clinical practice (200 hours) as a project study for 16 nursing students. As a result of changes in care on the organizational and ideological level there was a need for implementing the clinical practice in a new way. The aim of the project was to enable students acquire skills that would meet the needs of working life. On the other hand, project studies were an answer to the need of working life to create regular group activities for patients. Methods: Project studies lasted for 10 weeks and consisted of 10 individual and 10 group meetings. A named mentor and the student had assessment conversations related to the learning process after every patient meeting and the process was also assessed through discussions where the student, mentor and teacher were present. Learning objectives and contents were shown for all parties in an e-learning environment. The students completed theoretical studies prior to the beginning of the project studies. The objective of the preliminary exercises was to increase theoretical knowledge of mental health care, psychiatric disorders and group therapy.

Results: According to the feedback of the patients, the meetings responded well to the needs of care and rehabilitation. The aim of the group meetings was to guide patients to different activities. Patients were offered possibilities to take part in sporting events and other social activities. Individual meetings enabled practicing the skills needed in everyday life and practice social communication. The patients valued interaction and communication the most. From a work unit perspective, group activities provided added value to the existing treatment and rehabilitation content. The work units got access to the materials produced by the students for group care.

Conclusions: Project learning is an appropriate way to implement in the basic studies, even though there are issues to improve. Theory and clinical skills taught at universities of applied sciences must follow the changes in the nursing field and be able to provide students skills that are needed.

Process for children and adolescent's suicidal behaviour. A project for suicide prevention in Dutch child and adolescent mental healthcare service.

van der Krift Eveline, MSc, Dimence Groep, The Netherlands

Background: For the improvement of healthcare providers' behaviour toward suicidal children and adolescents, a specific and systematic flowchart and training is needed to assess daily practice and to improve suicide prevention.

Objectives: The objective is to improve the behaviour of healthcare providers toward youth with suicidal behaviour and to improve the suicide prevention in the child and adolescent psychiatry.

Methods: During one year, all (n=20) documented youth with suicidal behaviour that occurred in a Dutch mental healthcare service (Jeugd GGZ Dimence) were evaluated by using a flowchart, a questionnaire which guides the healthcare professionals in assessing the suicidal behaviour. This flowchart is designed according to the principle assumptions of the Dutch multidisciplinary guideline on diagnosis and treatment of youth with suicidal behaviour. After receiving the flowchart, the healthcare providers were trained in this guided treatment and how to use the flowchart.

Results: The likelihood of showing guideline compliant behaviour was stronger among healthcare providers who received the flowchart and training in guideline application. We found a strong positive correlation between guideline compliant behaviour and the possibility of healthcare providers to deal with the suicidal behaviour of the children and adolescents, suggesting that guideline application training results in improved awareness of high suicide risks of the youth.

Conclusions: Guideline-trained healthcare providers in the child and adolescent psychiatry who use the flowchart are more aware of high suicide risks of the patients. The flowchart is shown to be a helpful tool for healthcare providers to handle youth with suicidal behaviour. The flowchart provides specific, ready-made information by which mental healthcare providers in the child and adolescent psychiatry can guide and adjust their suicide prevention policy.

Personal recovery in the elderly with a depressive disorder

van Mersbergen Christel, Nurse, GGZ Friesland, Netherlands

Background: From 55 years of age, a depressive disorder is the most common psychiatric disorder. Having a serious mental illness has a major impact on daily life of these patient. For the elderly, the process of recovery of such a disorder is different from that of adults. Older people focus more on the present, have less need for change and attach greater importance to health and affiliation with others. In the literature, little is known about how elderly people with a depressive disorder experience personal recovery.

Objectives: Understand how older people with a depressive disorder experience personal recovery.

Methods: Qualitative phenomenological research through eight semi-structured interviews.

Results: The results are divided into the following themes: personal factors, medication, activity and support environment.

Conclusions: Personal recovery in elderly people with depression disorder was experienced by reliving self-esteem, restoring meaning to functioning in daily life and finding motivation. These results provide input to the recovery-supportive care in the treatment of elderly people with a depressive disorder.

Oral hygiene - a challenge in an everyday life with schizophrenia

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Background: Having schizophrenia can make it difficult to perform self-care including oral hygiene. It implies an increased risk of poor oral status and even an increased risk of cardio-vascular diseases and diabetes. International studies stress the link between severe mental illnesses and poor oral status from a quantitative point of view but few studies have explored how patients with schizophrenia experience oral hygiene in their everyday living.

Objectives: The aim of the study was to describe the lived experiences of oral hygiene among adults with schizophrenia. This in order to create innovative and collaborative solutions.

Methods: This study explored the phenomenon oral hygiene by interviewing 23 adults with schizophrenia. They were recruited from an outpatient psychiatric clinic and with maximum variation. Reflective life world research as outlined by Dahlberg et al. was used as methodological approach.

Results: Oral hygiene as experienced by adults with schizophrenia emerged with a general structure and 4 constituents. The essentials of the general structure were linked to various levels of energy (can) and various levels of motivation (will). In addition, a quadrant of 4 constituents emerged: 1) I can, but it is demanding 2) I can, but I don't prioritize it 3) I cannot, and I have almost resigned 4) I cannot but I wish I could. The actual energy level determines which activities are done. The decisions taken are linked to what is important to the individual. It is distinctive that the level of energy is low due to the symptomatology of schizophrenia. Some prioritize having a bath over oral hygiene and others do opposite. For many oral hygiene is far down the order of priorities. Important others are either looked upon as supportive or not. They can make a difference by tangible help, reminders or other supportive initiatives. The participants describe the importance of autonomy, otherwise conflicts raises. A non-support can lead to an experience of loneliness. The oral cavity is persistently present either dry, dwelling, with bad breath, with missing teeth or in pain. The participants don't necessarily go to the dentist regularly. Some mention lack of energy as the reason, others lack of money. Most participants are in pain when they finally visit the dentist.

Conclusions: The study shows that there is a need for individual support if persons with schizophrenia are going to be able to improve oral hygiene.

Barriers and facilitators for promoting recovery in mental health: service user's perspectives.

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Background: Over the last half a century mental health service provision has changed dramatically with the move from institution to community care, e.g. primary care treats 90% of all common mental health problems in the UK. However, many people may feel that the support is inadequate and does not promote recovery. Promoting recovery requires a social model of care to include health, social care, housing, employment, education, etc. Therefore the success these models requires Government regulation and funding, also collaboration between service providers and charities. However, although these community-based initiatives are imperative for recovery, funding for mental health services has been cut in recent years, e.g. in the UK, 40% of mental health care trusts have experienced a reduction in funding. This has forced providers to withdraw or change services.

Objectives: To ascertain what works and what doesn't in promoting recovery from a patient perspective.
Methods: A semi-structured interview was conducted with adults (≥ 18), who were accessing mental health care/support in Southampton, UK, and who had been living with a long term (≥ 12 months), mental health condition. They were asked what are the facilitators and barriers to their recovery. Thematic analyses was conducted, after which interviewees were invited to a focus group to verify the themes obtained.

Results: Twelve interviews were conducted (7 women), 6 attended the focus group. Saturation was reached. The main themes obtained were: Care Provision: In general, clinical care was negatively regarded and the participants did not feel empowered to titrate their medication. Social Interaction: Although many drop-in centres had closed, these were well regarded as they provided imperative opportunities for social interaction and also provided structure. Having structure: This was the most important theme. Structure being provided by occupation (e.g. voluntary or paid work). Furthermore, it provided opportunities for social interaction.

Conclusions: Social interaction and structure was seen by participants to be the greatest facilitator to recovery. Opportunities providing this was mainly provided by occupation. However, work is still not regarded as 'vocational rehabilitation', with only 8% of community mental health teams addressing these needs. Therefore, models of care which avoids fragmentation of care and supports people beyond an illness focussed approach should be offered.

Back to Balance: A qualitative research to explore the patient experiences with protective and restrictive factors during the psychiatric crisis stabilization.

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Background: Several environmental factors can bring adults seriously out of balance what can lead to a psychiatric crisis. Treatment is often targeting on the clinical factors and less on the environmental factors. There is a lack of information of these factors and the impact on the crisis stabilization from patient's perspective. Information about these factors may increase the possibilities to adjust the treatment to the recovery process of the patient.

Objectives: This study aims to gain insight into patients perceives and experiences as protective and restrictive factors during the crisis stabilization.

Methods: Elements of the Grounded Theory approach were used to conduct interviews in depth with nine participants, sampled by convenience. The analysis was based on the method of Boeije.

Results: During crisis stabilization two themes were conducted; interpersonal relationships and daily activities, they could be supportive or obstructive during the stabilisation process. An interpersonal relationship means the relationship with family, friends, neighbours, professional care-helpers, colleagues, friends and animals. An important component in this issue was the attitude in these relationships. Work, recreation and sport were important components that created daily activities. These parts offered structure and were major protective factors in stabilizing the crisis. Work was related to the financial situation and was experienced as a protective or restrictive role during the crisis stabilization.

Conclusions: Interpersonal and daily activities appeared to be most important protective or restrictive environmental factors during crisis stabilization. To get insight and identify these the International Classification

of Functioning, Disability and Health (ICF) could be used. The outcomes of this research can be used for further research on the influencing factors during stabilization of the crisis.

Personal attention to lifestyle and health. A phenomenological study into motives of patients with severe mental illness for participating in a metabolic polyclinic

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Background: Patients who suffer from severe mental illness (SMI) are subject to an increased risk of metabolic syndrome. Improvements in lifestyle can prevent the development or reduce the severity of the syndrome. This study looks into the motives of the target group for participating in a metabolic polyclinic, which focuses on individual lifestyle interventions.

Methods: A phenomenological study based on ten in-depth interviews with patients with SMI who participated in a metabolic polyclinic. Data was collected and analyzed using Colaizzi's method.

Results: Five themes were identified that typify the motives of the target group for participating in the polyclinic: direct invitation and follow-up, monitoring need, awareness and desire to learn about health and lifestyle modification, the experience of the personal contact as well as feeling more in control of their lives.

Conclusions: Participation in a metabolic polyclinic by the target group improved as a personal approach could be tailored to the patient's individual needs. Continue using a personal approach. Clear communication about the range and nature of care and meeting the needs of the individual, help to improve treatment engagement. Supplementary, accessible healthcare for groups is desirable. Further qualitative studies of patients who were disinclined to participate in the metabolic polyclinic, could help to gain more insight into factors influencing the choice to participate or not to participate.

Elderly, personal recovery and happiness. A qualitative phenomenological study on elderly with mental health problems who live in a psychiatric nursing home.

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MANP, Friesland mental health care services

Background: Although recovery oriented care made its march in mental health care, there seems to be a lack of knowledge on personal recovery for elderly who suffer from severe mental health problems.

Objectives: The aim of the study is to explore factors that influencing personal recovery by the experience of elderly inpatients who suffer from severe mental health and physical problems in order to support professionals on their job to attend personal recovery in these elderly.

Methods: A phenomenological qualitative design was used. This study took place in two psychiatric nursing homes. Eight open in-depth face-to-face interviews guided by a small topic list were conducted in inpatient elderly, from 55 to 83 years of age. The interviews were digitally recorded and transcribed verbatim. Analysis took place using Atlas.ti 7 confirming a Dutch analyse model as described by H. Boeije.

Results: The key themes were: empowerment, relationships, social interaction, accepting problems and daily activities. Good (family) contacts and positive views of others are important to empower and necessary to do the things the patient wants to do.

Conclusions: Although the range of this study is limited, the outcomes gives cues to use in clinical practice. There is a connection found between this themes and the basic psychological needs as they are prescribed on the self-determination theory by Deci & Ryan. The CHIME factors, used as topics during the interviews, were recognized by the participants and labelled both positive and negative towards personal recovery. Connectedness and empowerment are the most mentioned factors. Identity, hope and meaning in life were lagging behind the themes. A recommendation for further research is to use an instrument as I.ROC to map the CHIME factors systematically on its value in older patients with severe mental illness to get more cues how to fulfill in personal recovery.

Why should you? A phenomenological study about the considerations of pregnant women who consume alcohol.

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Background: The use of alcohol during pregnancy can lead to premature birth and an increased risk of miscarriage. After birth, a child may have stunted growth, neurological, and facial abnormalities which together can be diagnosed as Fetal Alcohol Syndrome (FAS). Because of the harmful effects of alcohol, the Health Council advises not to use alcohol from the moment a women starts trying to get pregnant, during pregnancy, and also during lactation. Even though in 2015 6.9% of Dutch woman used alcohol in the first three months of pregnancy, there are no specific treatment services for this group of women for either substance abuse, or mental health and obstetric practices. In practice the detection of these women still is a problem, and there is a lack of knowledge about the reasons to use alcohol during pregnancy. Effective ways to influence this health risk factor for child and mother are not found yet. Therefore the focus of this study is to explore the considerations of women to consume alcohol during pregnancy.

Objectives: In this study the question was asked what considerations women had to consume alcohol during pregnancy. The goal of this study is to use the results for the further development of interventions to detect and reduce the use of alcohol during pregnancy.

Methods: Qualitative research with a phenomenological design was used in this study. This design describes the personal experience and meaning of experiences from participants who have lived through the phenomenon, and for this reason is appropriate to the research question. The data analysis is done by open, axial and selective encoding where data collection and analysis alternate.

Results and Conclusions: The study is still in progress. The results and conclusions will be presented at the conference.

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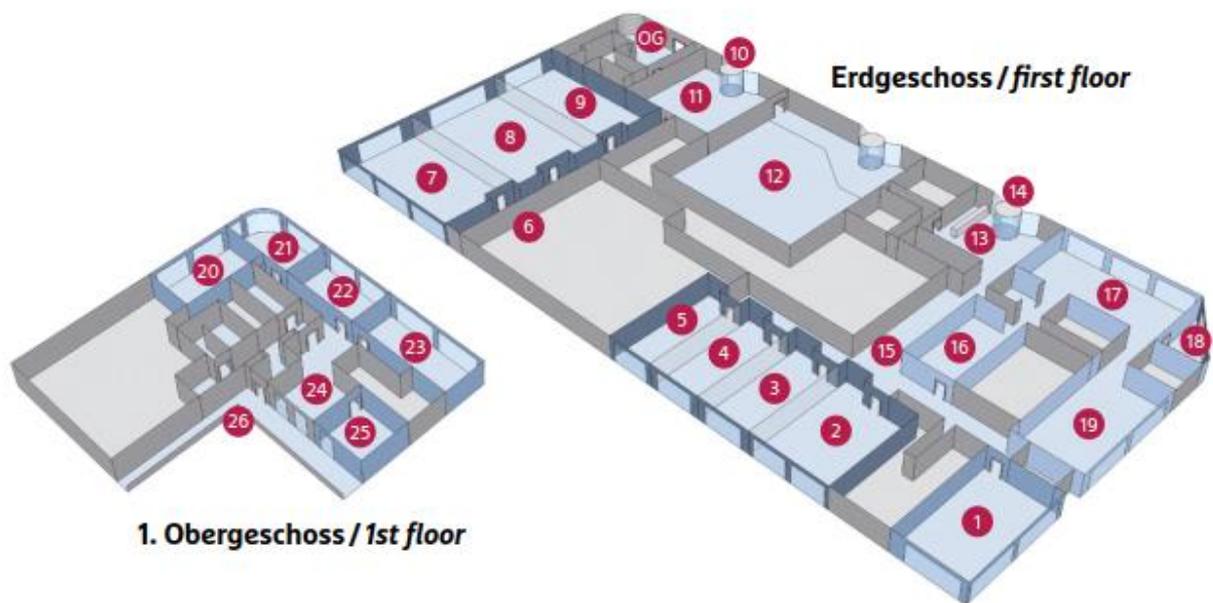


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2	Grenander I	145 m ²	11	Hauptfoyer Alexander main foyer Alexander		20	Hildegard Knef	45 m ²
3	Grenander II	95 m ²	12	H2 Hub Restaurant / H2 Hub restaurant		21	Marlene Dietrich	40 m ²
4	Grenander III	95 m ²	13	Rezeption / reception		22	Harald Juhnke	50 m ²
5	Grenander IV	85 m ²	14	Eingang / entrance		23	Günter Pfitzmann	52 m ²
6	Nebenfoyer Alexander 2nd foyer Alexander		15	Foyer Grenander / foyer Grenander	145 m ²	24	Foyer / foyer	
7	Alexander III	220 m ²	16	Kaminzimmer / fireplace room		25	Berlin	27 m ²
8	Alexander II	275 m ²	17	Restaurant / restaurant		26	Terrasse / terrace	
9	Alexander I	195 m ²	18	Raucherlounge / smokers' lounge		OG	Aufzüge, Treppe zum Obergeschoss / elevators, stairs to 1st floor	