



7th
European Conference
on Mental Health

September 19-21, 2018
Split, Croatia

7th European Conference on Mental Health





8th
European Conference
on Mental Health

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Belfast, Northern Ireland



#ECMH2019



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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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CONFERENCE PARTNERS:



IN ASSOCIATION WITH:



CONFERENCE PROGRAMME

Wed September 19

13:00-18:00 Registration

13:00-15:00 Poster presentation area open – presenters can bring their posters

15:00-17:00 Poster exhibition

17:00-18:00 Poster session – you can meet the poster presenters!

18:00-18:30 Opening ceremony

18:30-19:15 Keynote speech Goran Kardum

19:30-20:30 Get together party at Grand Dalmacija Terrace

Thu September 20

7:30-8:00 Instructed exercise on the beach and morning swim

8:30- Registration

9:15-10:00 Keynote Speech Akiko Hart

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

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 Speech Susanna Mittermaier

18:15-18:45 Evening Swim

19:30 Banquet dinner in Hotel Le Meridien Lav. Banquet dinner will be served by the pool and seashore of the Conference hotel and the menu will include for example seafood, barbecue and beautiful vegetables of highest quality.

23:00-01:30 ECMH2018 Party in Hotel Le Meridien Lav, Grand Dalmacija II

CONFERENCE PROGRAM

Fri September 21

8:45–Registration

9:00-9:45 Round Table Discussion

9:45-10:30 Keynote Speech Jasna Karacic

10:30-11:00 Coffee break and poster viewing

11:00-12:10 Oral sessions (7 parallel sessions each with 3 oral presentations)

12:10-13:15 Lunch and poster viewing

13:15-14:25 Oral sessions (7 parallel sessions each with 3 oral presentations)

14:30-14:50 Coffee break and poster viewing

14:50-15:30 Keynote Speech Roger Almvik

15:30-16:00 Closing Ceremony; Best Poster Award; Social Media Photo Contest Award;

Invitation to 8th European Conference on Mental Health



ECMH 2018 SOCIAL MEDIA PHOTO CONTEST

The social media photo contest is back! Capture your favorite moments during the conference and post them to Instagram, Twitter or Facebook with hashtag #ECMH2018.

From these photos, our jury selects ten, which are shown in the closing ceremony. The best photos 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 without their permission.

GENERAL INFORMATION

Information desk

Participants can register for the conference at the information desk at hotel Le Meridien Lav. The information desk will be open at the conference floor as follows:

Wed September 19: 13:00 – 18:00

Thu September 20: 08:30 – 17:00

Fri September 21: 08:45 – 14:30

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

Poster session

The poster session is held on Wed September 19 at 17:00-18:00. Poster presenters are strongly encouraged to be present and be by their poster during that time.

Lunch and refreshment

Lunch and coffee are included in the conference fee. Lunch is served at the Spalatum restaurant.

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 conference activities

Hospital visits take place on Thursday September 20 afternoon. The places for the visit must have been booked before the conference through our web site. You can ask cancellations from the information desk.

Get together -party starts with “a toast for good mental health” On Wednesday September 19 at 19:30 at Grand Dalmacija terrace.

Morning exercise on Thursday September 20 at 7:30 at the beach of Le Meridien Lav. Easy exercise and morning swim to give a refreshing start for your day!

ECMH 2018 photo contest - Capture your favorite moments during the conference and post them to Instagram, Twitter or Facebook with hashtag #ECMH2018. The best photos will be shown at the closing ceremony and the best photo will be awarded.

Informal conference activities are free of charge.

Banquet dinner

Banquet dinner is arranged on Thursday September 20 at 19.30 in Hotel Le Meridien Lav and will be served by the pool and seashore of the Conference hotel. The banquet dinner is only for participants who have paid a fee in advance. You can ask tickets from the information desk.

ECMH2018 Party is open for all participants in Hotel Le Meridien Lav, Grand Dalmacija II on Thursday September 20 at 23:00-01:30.

WELCOME TO THE 7TH EUROPEAN CONFERENCE ON MENTAL HEALTH 2018

Dear Participants

I am truly delighted to welcome you to the 7th European Conference on Mental Health in Croatia. This year our conference city is Split which is well known for a wonderful dichotomy of old and new. Split is the largest city on the Adriatic coast with the ancient columns, temples, walls and underground cellars that once made up the Roman emperor's retirement home, and where you can find dozens of hidden bars, restaurants and shops. The remains of Diocletian's Palace in Split, is now the buzzing heart of the city. Split's Old Town has received its UNESCO World Heritage classification in 1979. This wonderful environment hopefully serves us for networking between colleagues!

We will focus on multidisciplinary discussions and collaboration between professionals, researchers and service users in the field of mental health. Thankfully, the program is a result of extraordinary work of all the authors from all over the world and from various disciplines. Our scientific program includes five interesting keynote speeches, Round Table Discussion, 120 oral presentations and 75 poster presentations. On behalf of the Organizing Committee I am proud to say that we really value this outcome very highly!

We would like to express our profound gratitude to the Scientific Committee for their work and support for this conference. We also want to thank all the Keynote speakers, who will share their comprehensive expertise and extensive knowledge with us in their keynote speeches. We are very grateful to our Croatian partners, University of Split and Croatian Association for the Promotion of Patients' Rights who have shared their knowledge and networks with us. Special thanks to our European partners Mental Health Europe, Penumbra, Scottish Recovery Network, South Karelia Social and Health Care District (Eksote), City of Helsinki, Turku University of Applied Sciences and Hospital District of Southwest Finland! The conference is organized by Evipro Company that has taken the responsibility and made all of this possible. Finally, we want to thank all the volunteers who are working as hosts and co-chairs. Also this year your input is priceless.

We also suggest to communicate on Twitter – kindly use the hashtag #ECMH2018

It is our great pleasure to welcome you to Split, Croatia!

Ms. Marjo Kurki

Chair of the Organizing Committee

ORAL PRESENTATIONS - THURSDAY SEP 20, 10:30-12:05

	SESSION 1	SESSION 2	SESSION 3	SESSION 4	SESSION 5	SESSION 6	SESSION 7
THEME	Families	Recovery	Gender and mental health	Service-user involvement	Physical health	Human rights	Mental health through the life-span
ROOM	Vis	Hvar	Korcula	Lastovo	Brac I	Brac II	Brac III
10:30-10:50	Hanna Karmak-ka-Asare, Finland. Family Club of Titti – first Scandinavian peer support group for problem gamblers and their close ones.	Bridey Rudd, Scotland. Measuring recovery outcomes for children & young adults.	Sue McAndrew, UK. Disappearing in a female world: Men having eating disorder and the impact on their lives.	Timo Kallioaho, Finland. European Network of Users, Ex-Users and Survivors of Psychiatry (ENUSP) – What is it?	SérAPHINE Charlotte Clarke, UK. Cognitive bias modification: An exercise focused in-terpretation training technique for reducing anxiety.	Barbara Herceg Pakšić, Croatia. Criminal Law and Mental Health: Enemies or Allies?	Andreja Bubic, Croatia. Predictors of beliefs about psychological services among future teachers and educators.
10:55-11:15	Mick McKeown, UK. The support and involvement of informal carers in secure settings in England	Nina Petersen Reed, Norway. Unique, but not individual processes - a narrative study of mental health recovery.	Marie Lintsen, Netherlands. What are important factors in the perceived satisfaction with sexuality by people with severe mental illness?	Gordon Johnston, UK. Public Life Matters – A peer research project.	Dorte Buxbom Villadsen, Denmark. Serious mental illness – a barrier to oral health	Petra Koprivnik, Slovenia. The impact of diverse European mental health legislations on dignity and human rights.	Shobhit Rastogi, India. A comparative study about stress and depression in senior school students of Mumbai: coping mechanisms and parental support.
11:20-11:40	Øyfrid Larsen Moen, Norway. Mental health professionals' attitudes and perceptions regarding the importance of families in psychiatric care and of quality in a community healthcare setting.	Markus Raivio, Finland. How to combine design thinking and recovery orientation to create social innovations for mental health services.	Joanne Keeling, UK. Boys don't cry but men should try?	Ewa Tarvasaho, Finland. From user to service provider working alongside with the health care professionals.	Elizabeth Hughes, UK. Feasibility and acceptability of sexual health promotion in mental health - outcome of a feasibility RCT.	Emilia Laukkanen, Finland. Use of coercive measures on Finnish psychiatric wards: A pilot study with 28 in-patient units.	Eman Alharbi, UK. Studying away and well-being among international students in the UK.
11:45-12:05	Lotta Uusitalo-Malmivaara, Finland. Parental Box: A "mental maternity box" from Finland.	Craig Lewis, USA. Spirituality - How I healed from a lifetime of trauma.	Marianne Nilsen Kvande, Norway. Psychological adjustment in long-term breast cancer survivorship – the role of meaning-making processes in quality of life.	"Brett Scholz, Australia. When being equal isn't enough: Collaborating with service users in mental health research."	Eveline van der Warf, The Netherlands. Oral health-related quality of life of patients with severe mental illness within the forensic assertive community treatment model.	Virve Repo, Finland. Carceral spaces in the psychiatric ward in Finland.	Soim Lee, Korea. The effects of self-esteem and life satisfaction among university students majoring in social welfare on practice performance.

ORAL PRESENTATIONS - THURSDAY SEP 20, 13:30-15:05

	SESSION 8	SESSION 9	SESSION 10	SESSION 11	SESSION 12	SESSION 13	SESSION 14
THEME	Multi-cultural approaches	Service user involvement	Mental health through the life-span	Health in a global Context	Mental health through the life-span	Issues in different clinical settings	INTERACTIVE WORKSHOP. PRE-BOOKINGS NEEDED.
ROOM	Vis	Hyar	Korcula	Lastovo	Brac I	Brac III	Brac II
13:30-13:50	Rik Koopman, The Netherlands. Mental Health on 13 square kilometres in the Carib-bean.	Mikko Ketola, Finland. Experts' by experience involvement in improving psychiatric care – Case M-house.	Laura Varis, Finland. Rehabilitation of executive functioning in patients with different diagnosis: A psycho-educational group combined with cognitive and mindfulness training.	Birthe Loa Knizek, Norway. Psychological health.	Timo Säämänen, Finland. Frequent users of psychiatric and somatic emergency services.	Sonja Kuipers, The Netherlands. There is no mental health without oral health.	Camilla Ekegren, Katja Tenhoviirta, Leena Olla, Taina Ala-Nikkola, Finland. An investigation on roles in psychiatric settings – are you a driver or a passenger?
13:55-14:15	Barbara Mitats, Spain. Towards empowerment of people with mental health problems and families, an integrated approach: The experience of the Catalan project Get Active for Mental Health.	Remco Korving, The Netherlands. Development of the care and safety house for complex cases in community.	Vinh Lu, Australia. Strangers in their own homes: Well-being of international students undertaking work experience in their home country.	Toril Rannestad, Norway. Social health and user participation.	Sari Miettinen, Finland. Programme to address child and family services at the Pirkanmaa County.	Evelien Haakma, The Netherlands. The effect of oral care interventions on the oral health and quality of life of young patients with a psychiatric disorder.	
14:20-14:40	Ana Petek, Croatia. Expertise and development of Croatian mental health policy.	Ariana Marastuti, Indonesia. Comparing two model of training for mental health care: An action research to scale up the program.	Minna Sorsa, Finland. Help-seeking as an important step in mental health and substance services.	Joseph Osafo, Ghana. Spirituality, patient care and the health system in Ghana.	Liis Turu, Estonia. Nursing care for patients with somatic symptom disorder.	Bouwina Esther Sporetel, The Netherlands. Measuring experienced discrimination and stigma using DISCUS in people with severe mental illness in the Netherlands.	
14:45-15:05	Nolundi Radana, South-Africa. Prevalence of psychological distress amongst undergraduate nursing students in South Africa.	Kirsi Hipp, Finland. Patient participation in PRN events in a forensic psychiatric hospital: A document analysis.	Jamileh Mohlashami, Iran. Effectiveness of social skills education on self-efficacy of children with hearing impairment.	Sylvia Söderström, Norway. The body and health. A walk on the tightrope of the biopsychosocial model.	Neil Brimblecombe, UK. A survey of health-care workers' attitudes to smoking.	Hettie Aardema, The Netherlands. The ICF: An instrument to contribute to personalized mental health care.	

ORAL PRESENTATIONS - THURSDAY SEP 20, 15:40-16:50

	SESSION 15	SESSION 16	SESSION 17	SESSION 18	SESSION 19	SESSION 20	SESSION 21
THEME	eHealth	Mental health through the life-span	Issues in different clinical settings	Multi-cultural approaches	Issues in different clinical settings	Issues in different clinical settings	Multi-cultural approaches
ROOM	Vis	Hvar	Korcula	Lastovo	Brac I	Brac II	Brac III
15:40-16:00	Cheryl Forchuk, Canada. Smart Technology to Assist Recovery for Inpatients with Severe Mental Illness.	Kaisa Mishina, Finland. Changes in adolescents' mental health, alcohol use and smoking from 1998 to 2014.	Maja Hamilton, Croatia. Inclusion of trained dogs (AAT and AAI) according to the human approach in educational and rehabilitative process with the objective of dismissing and disposal of emotionally unwanted behaviour of children, youth and adults.	China Ify M, USA. On the plausibility of addressing low self concept of Nigerian handicapped students through cognitive behavior therapy.	Mojca Zvezdana Der-novsek, Slovenia. With raised mental health literacy to better managing of mood disorders (acr. OMRA).	Natasha Tyler, UK. Care transitions: Patient distress and knowledge sharing.	Eunhye Jung, Korea. The impact of health-related variables on suicidal ideation among middle-aged women with disabilities : A comparison with women without disabilities
16:05-16:25	Julie Cwikel, Israel. E-therapy and mental health: a best-practice model and diffusion of innovation.	Miranda Novak, Croatia. Family characteristics and family resilience of adolescents with mental health problem.	Pirjo Rantanen, Finland. The deliberative organizational jury HealthDynamo – developing services together with service users and professionals.	Alejandra Caqueo-Urizar, Chile. Relation between Life Satisfaction, Ethnic Identity and Perceived Discrimination in Students in the North of Chile.	Nina Tamminen, Finland. Mental health promotion competencies in the health sector based on a Delphi study.	Camilla Werkkala, Finland. Use of a real-time electric patient feedback system - A pilot study of patient's experiences.	Saebom Kim, Korea. The study on the effects of income structure of the middle and old aged people with disabilities in the single-person households on the mental health - A focus on the comparison between single-person and multi-person households.
16:30-16:50	Adam Kulhanek, Czech Republic. An adaptation of eHealth intervention for smoking cessation in the Czech Republic.	Hege Skundberg-Kjetthagen, Norway. Mental health professionals' experiences of family-centred care when meeting young adults living with mental illness and their families.	Jukka Nevala, Finland. RO-DBT treatment exercise in Finland.	Fiona Nolan, UK. Evaluating attitudes to mental health care in Mongolia.	Elisa Rissanen, Finland. Making Cost-effective-ness analysis – Case: preventive children's mental health services.	Risto Mannila, Finland. No more revolving door: The effectiveness of outpatient care in the ACT unit of Helsinki.	Israel Fisseha, Ethiopia. Mental health problems of asylum seekers and refugees in South Korea.



ORAL PRESENTATIONS - FRIDAY SEP 21, 11:00-12:10

	SESSION 22	SESSION 23	SESSION 24	SESSION 25	SESSION 26	SESSION 27	SESSION 28
THEME	Self-harm	Community care	Issues in different clinical settings	Mood disorders	Recovery	Adolescents	Mental health through the life-span
ROOM	Vis	Hvar	Korcula	Lastovo	Brac I	Brac II	Brac III
11:00-11:20	Gillian Rayner, UK. A Compassionate Cognitive Behavioural Psychotherapy group for people who self-harm.	Virpi Kuvaaja-Köllner, Finland. Economic evidence for interventions to prevent or treat anxiety disorders in children – a systematic review.	Miia Ruohonen, Finland. Applying cognitive adaptation training in Finland: how it has affected schizophrenia care.	Nadia El Mrayyan, Sweden. Occurrence of affective and anxiety disorders and comorbidities in older people with intellectual disability compared with general population.	Ina Boerema, The Netherlands. Working together on community care around people with a mental vulnerability.	Eleni Petkari, Cyprus. Like yourself for a good night's sleep: The meditative role of depressive and anxiety symptoms in male university students.	Callista Forchuk, Canada. Exploring different Facebook uses on depression and the moderating roles of attachment style and gender.
11:25-11:45	Heidi Hjelmeland, Norway. Time for a paradigm shift in suicide research and prevention.	Cheryl Forchuk, Canada. Evaluation of the community homes for opportunity project.	Bruno Ćurko, Croatia. Can philosophical counseling lead to a happier life?	Iris Verkerk, The Netherlands. Major depressive disorder - care provision and the perspectives of older patients and caregivers on met care needs: Outline of a study proposal.	Katri Keskinen, Finland. Experts by experience enhancing recovery.	Unni Karin Moksnes, Norway. Stressor experience, self-esteem and mental health in adolescents in upper secondary high school.	Mirjana Subotic-Kerry, Australia. Smooth Sailing: A web-based mental healthcare service for secondary school students.
11:50-12:10		Karen Wright, UK. "Skills without spills" a study of the experience of a CBT group intervention for young people.	Tony Warne, UK. Mental Health Nurses and qualitative research: Exploring the landscape of therapeutic research and the parallel processes of qualitative research and therapeutic engagement.		Outi Hietala, Finland. Co-development of services promotes recovery.	Leona Cilar, Slovenia. Mental health first aid training in the field of adolescents' mental health: a literature review.	Mari Lahti, Finland. MEGA - Building capacity by developing and implementing mobile application for youths mental health assessment.

ORAL PRESENTATIONS - FRIDAY SEP 21, 13:15-14:25

	SESSION 29	SESSION 30	SESSION 31	SESSION 32	SESSION 33	SESSION 34	SESSION 35
THEME	Trauma and recovery	Mental health through the life-span	Mental health services	Addictions	Education		INTERACTIVE WORKSHOP: COMMUNE PROJECT
ROOM	Vis	Hvar	Korcula	Lastovo	Brac I	Brac II	Brac III
13:15-13:35	Anssi Leikola, Finland. Trauma informed mental care: The sustainable psychiatry.	Laura Simola, Finland. Reproductive health of women with schizophrenia: a national follow-up study among Finnish women born 1965 -1980.	Kaisa Vuorinen, Finland. Positive CV: an innovative tool for assessment and documentation of versatile skills.	Amrit Mann, UK. A systematic review of psychosocial treatment for methamphetamine use and the associated mental health symptoms.	Briege Casey, Ireland. "Let down your hair": Serious games in mental health education.		"Heikki Ellilä, Finland. A co-produced mental health nursing study module created by the experts by experience and the nurse academics – EU funded COMMUNE project. Pekka Hedman, Finland. Exploring mental health expert by experience's views of participating in nursing education: COMMUNE project. Aine Horgan, Ireland. Using co-production to explore expert by experience involvement in mental health nursing education: findings from the COMMUNE project. Brenda Happell, Australia. Making them think differently: The impact of mental health service users involved in mental health nursing education."
13:40-14:00	Carita Kilpinen, Finland. Trauma can be healed.	Aleandra Caqueo-Urizar, Chile. Medication Non-adherence among South American patients with schizophrenia.	Sini Kylmäki, Finland. Towards quality mentoring.	Arlene Kent-Wilkinson, Canada. Need for Mental Health and Addiction in Curriculum.			
14:05-14:25	Mai Peltoniemi, Finland. As though I would not exist. An autobiography of emotional trauma and recovery.	Pall Biering, Iceland. The attributes of successful de-escalation and restraint teams.	Noa Kfir, Israel. Crossing perspectives: Research and practice in mental health.	Arlene Kent-Wilkinson, Canada. The de-stigmatization of mental health and addiction related stigma globally.			

POSTER PRESENTATION PROGRAM

	Title	Presenter
1	A quantitative study on the effect of the NIC intervention sleep enhancement.	P.E. van de Beld
2	A quantitative study to map out the effects of integrated dual diagnosis treatment with "Community Reinforcement Approach" and "Integrated guideline treatment" on the reduction of risk factors and relapse as well for dual-diagnosed inpatients	Laura Reimert
3	Acute effects of continuous positive airway pressure therapy on heart rate variability of SAS patients in consecutive nights	Chikao Nakayama
4	Adherence team as a bride to better treatment alliance	Tapani Santala
5	Anxiety management coping cards in adolescence psychiatric outpatient treatment	Jenni Enckell
6	Association of lower level of cardiorespiratory fitness with incident of depression: HUNT Study	Rajesh Shigdel
7	Bipolar disorder or depression patients' perspectives on the peer support group of the expertise by experience	Jani Turunen
8	Can multifactorial lifestyle intervention reduce depression symptoms? Results from a systematic review	Alina Rigabert
9	Care for recovery: A quantitative study to gain insight into which recovery aspects, in the long-term clinical care, need more attention.	Astra Veerman
10	Chronic disease following loneliness and social isolation. Exploring disease outcomes and possible pathways.	Julie Christiansen
11	Clinical experiences in using long term atypical antipsychotics	Silvana Krnic
12	Comorbidity of Outpatient addiction treatment center patients	Lenka Richterova
13	Comparative study of international students from China and native Japanese students using biomarkers in hair	Masako Ohira
14	Developing a recovery oriented mental health practice using a Living Lab method	Carita Saarikivi
15	Developing Acute Child Psychiatric inpatient care: A description of a pilot project	Anna Hemmi
16	Developing the role and work of expert by experience in Hospital District of Southwest Finland on the field of psychiatric care	Jaana Viitanen
17	Developing uniform primary nursing practices in adult psychiatric wards at Turku University Hospital District by establishing professional educational E-learning course for new employees	Johanna Karlsson
18	Dialectical behavior therapy based skills training group for 3-6-year-old children with emotional regulation problems	Janne Pöyhtäri
19	Distress is a predictor	Lucie Manden
20	Effectiveness of online interventions in preventing depression: A systematic review and meta-analysis of randomized controlled trials	Alina Rigabert
21	Electronic CORE-OM implementation to gather patient-reported outcome measures from patients with severe mental illness. A pilot study	Timo Säämänen

POSTER PRESENTATION PROGRAM

22	Extra support to psychiatric outpatients in crisis - a look into the operation of TEHO	Matti Mitronen
23	Family and the Other	Francesca Ditifeci
24	Fluently home: Developing a tool to help co-operation between psychiatric hospital and outpatient clinics in a patient-oriented way - second part, first results	Netta Luoto
25	Home treatment team - support and survival after hospitalization	Esa Kokko
26	Hope Is the Driving Force of Forensic Patients	Saija Turpeinen
27	How do the attitudes and prejudices influence how we face to the substance-abusing pregnant woman and families with infants in various social and health services?	Maarit Andersson
28	Insomnia and depression in two sleep out-patient units in Japan	Hiroshi Kadotani
29	Intensive outpatient care in child psychiatry of Helsinki University Hospital in Finland	Milja George
30	Journey to social participation- recovery-oriented model for people in risk for marginalization	Aino-Maija Maisonlahti
31	Kungsängsliljan - family intervention to support children living with parents with psychotic disorder	Annika Åkvist
32	Living alone and positive mental health: a systematic literature review	Nina Tamminen
33	Mental health assessment form for 4-15 -year old children	Anne-Mari Borg
34	Mental Health Online	Merja Ålander
35	Mental Illness and Violence: A Case Study	Shamala Gopalakrishnan
36	Mindfulness training increases well-being in patients with anxiety and depression.	Judith Bos
37	Multidisciplinary teams in the field of mental health care in the Czech Republic	Monika Dudova
38	Mutual help meeting: Safewards intervention at Acute Psychiatry Unit 6	Seppo Mäki
39	"My practitioner: the computer": A qualitative study of experiences with internet treatment by outpatients with anxiety disorders and the role of the practitioner in primary mental health care	Agnes Hendriks
40	Nursing care for patients with acute mania who are admitted to a psychiatric ward. Consensus on a standard of good care: Results of a Delphi study	Velde Harsenhorst
41	Patients' perception of changes in their working ability during the treatment period	Minna Lahelma
42	Patients' experience about caregivers in emergency care: A phenomenological study	Teatske Zijlstra-Hof
43	Patterns of Victimization - A Person-Centered Approach to Physical and Sexual Violence in a Representative Sample of Danish Youth	Mathias Lasgaard
44	Prevalence and detection of a mild or borderline intellectual disability in inpatients with a severe mental illness	Natasja Kuipers
45	Promoting psychotic patients' physical health at outpatient clinic	Sanna Kostamo

POSTER PRESENTATION PROGRAM

46	Protective Factors Against Hazardous Drinking Among Family Members of Patients Who Were Hazardous-Drinker in Chinese General Hospitals	Yun-Fang Tsai
47	Psychiatric outpatient treatment unit	Miia Eskonniemi
48	Safewards	Tiina Hakala
49	Safewards model, implementation in Oulu University Hospital, Psychiatric Clinic 2016-2018	Matti Sorvoja
50	Self-management and Self-efficacy of patients with chronic Anxiety Disorders	Leon Berkenbosch
51	"Some say that we are plugging a gap..."	TNA collective @ UCLan
52	The care of family caregivers on an inpatients psychiatric ward for patients with mood disorders	Mari Tuomisalo
53	The care-givers path to the empowerment	Minna Kurttila
54	The Effect of Cognitive Behavioral Therapy Based Psycho-Education Program Towards Social Anxiety Level of University Students	Omer Ozer
55	The experiences of patients with schizophrenia and nurses with clinical shared decision making	Ilse Wesseldijk
56	The exploration of supportive care needs and life experiences, the quality of life and its predictors in Taiwanese breast cancer survivors	Mei-Nan Liao
57	The impact of cognitive-behavior therapy for adolescents and adults with autism disorder	Natascha Brands
58	The impact of the environment on service user engagement in therapeutic activities in an inner London acute mental health unit	Fiona Nolan
59	The implementation of light therapy as treatment for seasonal affective disorder	Netty Bergsma
60	The potential influence of maternal stress in pregnancy on vulnerability for mood disorders and aggressive behaviour in offspring	Lilijana Sprah
61	The Pregnancy plan: Experiences of pregnant women with a psychiatric disorder with the development and use of a relapse pre prevention plan	Hanneke Verboom
62	The Quiet Room	Anniina Ahopelto
63	There is no mental health without oral health	Sonja Kuipers
64	Treatment of eating disorders at child psychiatric outpatient clinic at Helsinki University Hospital	Katja Hänninen
65	Validation of the Individual Recovery Outcomes Counter (I.ROC), preliminary results	Hettie Aardema
66	Violence and patient safety views in psychiatric care	Jaana Asikainen
67	Weirdos, wallflowers and attention-seekers: An Exploratory Study of Adolescents' Perceptions of Peers with Social Anxiety Disorder	Lorraine Swords
68	What occupational stress causes mental difficulties for the dentist?	Chul-Hyun Cho
69	When others can't, FACT does! - A case study	N.H. Hack

KEYNOTE SPEAKERS

Akiko Hart is the Chair of ISPS UK (International Society for Psychological and Social Approaches to Psychosis), a Committee Member of the English Hearing Voices Network and the Hearing Voices Project Manager at Mind in Camden. As part of her work at Mind in Camden, she helps set up, facilitate and sustain Hearing Voices peer support groups and networks in a variety of settings, including the community, in-patient units, children and adolescent mental health services, prisons, secure units and Immigration Removal Centres. She has previously worked as the Director of Mental Health Europe and has a keen interest in the differences and overlaps in mental health provision in different national and regional settings. She has written about and spoken on a number of topics at conferences across Europe, including promoting alternatives to the medical model, de-institutionalization and legal capacity. Her research interests include critical suicidology, psychosis and dissociation. The title of her talk is 'Peer support: the challenges of mainstreaming a critical & disruptive movement?'

Peer support is gaining in popularity in mental health services across Europe. Provided by people with similar life experiences, peer support is founded on respect, mutuality & equality, with 'being with' & 'connecting with' at its core.

Many trusts and teams in the UK have been very welcoming and enthusiastic about peer support, as there is a growing awareness of its benefits. It can also be seen as part of a wider movement towards change in our mental health systems.

But how, in practice, does peer support work within statutory settings? How do we integrate peer support workers within the mental health system- and what kind of challenges does this bring up? Many argue that it is not possible to fully adopt peer support within mental health services. I will reflect on some of these tensions, and explore how it might be possible to hold on to the values and principles of peer support.

Roger Almvik, Dr. Philos, research director at the Brøset Centre for Research and Education in Forensic Psychiatry, St. Olavs University Hospital in Trondheim, Norway. He also holds a post as associate professor at Norwegian University of Science and Technology, Institute of Mental Health. Dr. Almvik has a background as a Mental Health Nurse and his research interests are mainly in (violence) risk assessment in various settings in clinical psychiatry. Dr. Almvik has published and presented widely internationally. He is also a board member and former chair of the EViPRG – European Violence in Clinical Psychiatry Research Group and advisory board director for the International Association of Forensic Mental Health Services. Dr. Almvik has also an affiliation to the University of Split, Institute of Health Sciences. Title of his speech is "Risk assessment made easy – The Broset Violence Checklist".

Violence and aggressive behaviour within psychiatric facilities are serious work environment problems, which have negative consequences for both patients and staff. It is therefore of great importance to reduce both the number and the severity of these violent incidents to improve quality of care.

Risk assessment in general and the risk of violence in particular have received more and more attention in mental health care during the last couple of decades. This is clearly illustrated by the media attention every time a mentally ill person is involved in serious crime. Despite both awareness of and competence on the topic, it remains a complex issue, influenced to some degree by who defines the risk.

The Brøset Violence Checklist (BVC) is a short term checklist for assessing the risk for imminent violence. It was developed on the basis of the empirical work of Linaker and Busch-Iversen (1995). It has later been developed and researched by staff at Brøset hospital in Norway and through extensive collaboration with international partners the tool has gone through numerous international studies and is now one of few if not the only checklist of its kind undergoing RCT studies. Since 2015 it has been recommended by the NICE Guidelines in UK as one of two risk assessment tools. BVC is in clinical use worldwide, translated to a number of languages and is used in a variety of settings, also outside mental health services.

This presentation aims to:

- Reflect on the basic underlying principles of violence risk assessment
- Develop awareness of Brøset Violence Checklist (BVC) in the assessment of imminent violence
- Consider the evidence to support its validity

Susanna Mittermaier is a licensed psychologist, psychotherapist and author of the #1 international bestselling book, *Pragmatic Psychology: Practical Tools for Being Crazy Happy*. As a global speaker, Susanna offers a new paradigm on psychology and therapy called Pragmatic Psychology. Susanna is known for her revolutionary perspective on mental illness and for inspiring people all over the world to access the greatness they are beyond abuse and disease. She offers a different, healing perspective on pain and suffering, unveils people's brilliance, and guides others to see problems and difficulties instead as possibilities and potent choices. Growing up in Vienna, Austria, Susanna learned she had an enormous capacity to facilitate lightness, joy and ease in a unique and profoundly healing way. She studied to become a psychologist at the university of Lund in Sweden and worked as a psychologist, therapist and counselor at the university clinic in Sweden both in children oncology and in the mental health department. She also conducted numerous neuropsychological testings. Her curiosity to find new ways of facilitating change, Susanna developed a new psychology, Pragmatic Psychology. Now she travels the world, letting people know that depression, anxiety, ADHD, autism and every other mental illness is a capacity that has not been acknowledged, and that can easily be used to create one's life greater than can be imagined. Susanna has been featured in publications such as TV Soap, Maria Shriver, Women's Weekly, Empowerment Channel Voice America, Om Times, Motherpedia, Newstalk New Zealand and Holistic Bliss. She has hosted her own radio show and often appears on TV for expert comment. Title of her speech is "Mental health a moment of possibility or the beginning of sanity"

What if mental health could be a place of possibility and the beginning of sanity rather than an exile for those who do not fit? According to the World Health Organization, mental health includes "subjective well-being, perceived self-efficacy, autonomy, competence, inter-generational dependence, and self-actualization of one's intellectual and emotional potential, among others." Where do we start? By celebrating diversity and finding out what abilities are hiding behind so-called disabilities. Labeling difference as wrongness and disability is the old paradigm. It is time for a new pragmatic approach. "Pragmatic" means doing what works. What works is asking for the possibilities in the seemingly impossible. The target with Pragmatic Psychology is to empower clients to access their abilities rather than focusing on their problems. Pragmatic Psychology is about what can be created when life is no longer about controlling behavior. Every problem becomes a possibility to change your life. How? Questions and tools to empower the client to know what they know and to discover the abilities behind the limitations. Questions empower the client to look for new ways out of their situation; An answer only confirms the rightness of the limitation. Pragmatic Psychology empowers the client to create their own pragmatic way beyond the problem. It focuses on new possibilities. We do have an influence on our patients with the points of view we have... our points

of you are the projections that invite them to separate from what is true for them... us not having a point of view and asking them what they know invites them to a treasure box of knowledge that they did not think they had.... They get to surprise themselves about what they know. Us inviting them to that makes mental health a place where people are being acknowledged for what they know that none has ever said. – the beginning of sanity. 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. Problems and diagnoses being possibilities and abilities rather than limitations. Empowering people to know what they know. What if having to have problems was no longer the paradigm to live by in our society but the creation of possibilities was? What if our past no longer determines our future but can be created and chosen as desired in every moment? Time to create a different point of view on all standard diagnoses and to focus on abilities and diversity? Would mental health become the beginning of sanity?

Jasna Karačić is president of the Croatian Association for the Promotion of the of Patients Rights and PhD researcher in the Department of Medicine, a postgraduate study in evidence-based medicine. She is a member of the Croatian Cochrane. She graduated in Forensic Sciences, with the theme of Forensic Psychiatry. She is specialist in psychoanalytic and integrative psychotherapy. In international collaboration with the Human Rights Center in Italy, where she is a member of the organization for the safety of patients at the clinic, she defended title on Master in science “Relationship between doctor-patient and informed consent to clinical risk”. She is a member of the Ministry of Health and member of the Health Council of the City of Zagreb. She is a associate professor and guest lecturer at the postgraduate specialist study Medical Law. From 2017 she became part of the Council of the Croatian Government for Croats outside the Republic of Croatia. At the request of the Ombudsman for the purpose of preparing the Ombudsman’s report on the work submitted to the Croatian Parliament, she submits relevant statistics, research and conclusions, important for the evaluation of human rights and the suppression of discrimination.

Goran Kardum, associate professor at Department of Psychology, Faculty of Humanities and Social Sciences, University of Split, Croatia. He is also the head of Student Counselling Center and a member of Senate of University of Split. He has previously worked in Laboratory for clinical neuroscience at Medical School University of Split, primarily focusing on states of consciousness and sleep. Today at the Department of Psychology he works as a lecturer for the courses Scientific methodology and statistics, Developmental psychology, Psychology of religion, Psychology and consciousness. Up to date, he has successfully mentored undergraduate and graduate students, as well as PhD candidates. His current research interests are focused on fundamental dimensions of religion and spirituality and their application in the context of mental health, as well as implicit models of mental health and its relationship with consciousness. He is also dedicated to applying his research findings in practice, serving as a psychological counsellor and working as a member of network and consortium Health in Context (HEIKO) at NTNU, Trondheim, Norway. Title of his speech is “The fundamental question and the issues of mental health in the contemporary context”.

The concept of mental health is a fundamental issue for theory, science and practice. Throughout history, philosophers, psychologists and psychiatrists, theologians, and other scientists as well as other mental health professionals have developed various theories and practices about the relationships between the

body, self, soul, and other hypothetical constructs, which people have adopted, rejected, or changed over time. The concept of mental health is traced throughout the 20th and 21st century by the evolution of the concepts of the soul from person to brainhood. How is it possible that we are personhood or brainhood or maybe genomehood? The core of these questions and dilemmas as well as the answers lies in our beliefs. Mental health professionals have implicit models and beliefs that are significantly different from those who seek help and those people came from the general population and most importantly from the unique context. Belief systems are more important than religious practices and behaviors in research on religion as well as in concept of mental health. For instance, some of the researchers found the inverse relationship between belief in life after death and symptom severity (i.e., anxiety, depression, obsession-compulsion, phobia) that are known to influence mental health. One of the issues is in the silence that overcomes language, culture, science and practice. We have lost the contact with ourselves because we have not time to be in silence. Is it possible that we are not aware of the noise pollution, the excessive stimulation, the multiplication of thoughts and the influence of the media that one of the well-known psychologists warned about 100 years ago. How far away are we today from the ourselves and transcendent? The overwhelming motivation for stimulation, control and anticipation of future as well as trying to master one's own life are the processes that are opposite of silence, freedom, creativity and faith. Mental health needs to be considered in the context of prehistory, history, present and transcendent of the unique structure of the individual in his environment.

ORAL PRESENTATIONS

**ABSTRACTS FOR ORAL PRESENTATIONS
(IN ALPHABETICAL ORDER BASED ON THE TITLE)**



7th
European Conference
on Mental Health

A comparative study about stress and depression in Senior School Students of Mumbai, coping mechanisms and parental support

by Dr Shobhit Rastogi | Dr Shankar Das | Dr Neha Singhal | Tata Institute of Social Sciences, Mumbai | Tata Institute of Social Sciences, Mumbai | Tata Institute of Social Sciences, Mumbai

Among the school going students, academic stress has been identified as an acute stress factor that leads to mental distress and in extreme cases to suicide. This study was performed as an effort to understand the mental conditions of adolescents studying in schools of metropolitan city of Mumbai, especially to assess the gender specific differences in stress levels and difference between the mental conditions of government and private school students. The study also covers different coping mechanism adapted by these students to relieve stress and the role played by parents during these stress episodes. 4 schools (2 government and 2 private) were selected in Mumbai for total sample size of 120 students. 30 students were selected from each school with equal number of boys and girls. A Semi Structured Questionnaire was used for data collection. While the student questionnaire had only close ended quantitative responses including 3 pre-tested scales (PHQ-9, Students Life Satisfaction Scale and COPE Scale) the parents' questionnaire had both closed and open-ended questions. More than half of the students were found to be suffering from some form of the depressive illness. Students of government schools were more stressed (61.40%) in comparison to private schools (47.46%). Among the coping strategies acceptance was the most used strategy followed by planning, positive reinterpretation and mental disengagement. There was a significant difference in the coping patterns of private and government school students with latter having more tendency for negative mechanisms. Parents were mostly aware of increasing stress levels in students and it's causes. Many of them advocated large scale educational reforms while many regretted that they do not share a very casual relationship with their child. Most parents tend to play the role of mental and emotional support system during stress episodes experienced by their children.

A Compassionate Cognitive Behavioural Psychotherapy group for people who self-harm

by Dr Gillian Rayner | Psychotherapist, Counsellor, Nurse

In the UK, CBT based group interventions for people who self-harm have been offered with some success but have not been replicated. Based on the NICE guidelines for people who self-harm, the author has created a new 12 session group treatment approach integrating Compassion Focused Therapy and Cognitive Behavioural Therapy. This was a pilot innovation funded project from the local clinical commissioning group and was provided and evaluated by staff and student psychotherapists at a University in the North of England. This presentation will outline the content of the group and two phases of the multi-method study. The group content included; functional analysis and maintenance cycles of self-harm, recognition of the role of interpersonal processes, coping strategy enhancement, compassion focused interventions and the production of a personal compassionate soothe box. The focus was initially a psycho-educational approach using research case studies from the authors prior qualitative research, this encouraged participants to make sense of other peoples' self-harm. This then progressed into a formulation and individual based therapy as the participants began trusting each other. The first phase of the research was evaluated using four pre and post intervention questionnaires; GAD-7, PHQ-9, Self-compassion scale and Self-injury cognitions scale. The second phase of the study was a thematic analysis of the self-harm urges diary (created for the group).

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

by Mari Lahti | Heikki Ellila | Annaliina Vatula | Jarmo Pulli | Aine Horgan | Fionnuala Manning | Julia Bocking | Brenda Happell | Rory Doody | Martha Griffin | Stephen Bradley | Siobhan Russell | Einar Bjornsson | Moira O'Donovan | Liam MacGabhann | Eileen Savage | John Goodwin | Kornelis Jan van der Vaart | Hazel O'Sullivan | Claire Dorrity | Jerry Allon | Elisabeth Hals | Jan Sitvast | Arild Granerud | Pall Biering |
Turku University of Applied Sciences, Turku, Finland | Turku University of Applied Sciences, Turku, Finland |
Turku University of Applied Sciences, Turku, Finland | Turku University of Applied Sciences, Turku, Finland |
University College Cork, Ireland | University College Cork, Ireland | SYNERGY: Nursing and Midwifery
Research Centre, University of Canberra and ACT Health, Australia | SYNERGY: Nursing and Midwifery
Research Centre, University of Canberra and ACT Health, Australia | University College Cork, Ireland | Dub-
lin City University, Dublin, Ireland | University College Cork, Ireland | Dublin City University, Dublin, Ireland
| University of Iceland, Reykjavik, Iceland | University College Cork, Ireland | Dublin City University, Dublin,
Ireland | University College Cork, Ireland | University College Cork, Ireland | University of Applied Sciences
Utrecht, the Netherlands | University College Cork, Ireland | University College Cork, Ireland | University of
Applied Sciences Utrecht, the Netherlands | Inland Norway University of Applied Sciences, Hedmark, Nor-
way | University of Applied Sciences Utrecht, the Netherlands | Inland Norway University of Applied Sciences,
Hedmark, Norway | University of Iceland, Reykjavik, Iceland

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. The participation of experts by experience (EE) in the design, delivery and evaluation of mental services and education is now deeply embedded into European policy. Mental health nursing is not a popular career choice. 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. 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 and in Australia. Content of the module is developed on the bases of focus groups interviews of mental health service users and formulated in international co-operational process between the experience and nurse academics. International developmental project, focus groups interviews, individual interviews and questionnaire surveys. Similar data is collected in all participating countries. In this paper, an overview on Commune project shall be given. This study module shall deepen the understanding of nursing students in mental health nursing and highlights the experiences of mental health services users. It shall lessen the stigma targeted on the people with mental health distress and moreover it shall give a realistic picture about mental health nursing and make this field more popular career choice for newly graduated nurses.

A survey of healthcare workers' attitudes to smoking

by Neil Brimblecombe | Fiona Nolan | Mary Yates | Simon Bristow | London Southbank University | University of Essex | South London and Maudsley NHS Foundation Trust | Hertfordshire Partnership University Foundation NHS Trust

The authors will describe the rationale for, and development of an online survey of health workers' attitudes to smoking and report early findings from UK cohorts. High rates of smoking amongst people with severe mental health problems persist even where other populations have seen significant reductions.

Healthcare professionals play a key role in aiding smoking cessation as advisers, prescribers and behavioural models for service users. It is important to have information on their attitudes to, and understandings of, smoking and how these may affect the provision of help to smokers. Some evidence already exists that significant numbers of mental health professionals hold attitudes and misconceptions that may undermine the delivery of smoking cessation. The aims are:

1. To develop and test a measure of healthcare workers' attitudes to smoking
2. To understand attitudes to, and understandings of, smoking held by trainee and qualified healthcare workers
3. To ascertain whether workers' attitudes may be linked to demographic factors, profession, clinical specialty or country of practice.

A 14-item measure was developed and subjected to factor analysis. At 1st May 2018 responses had been compiled from 4 groups: in the UK senior mental health professionals, assistant practitioners and trainee psychiatrists and over 100 nurses from Mongolia. Further participants from a wide range of professional backgrounds will be recruited from universities and healthcare provider organisations in the UK and other countries over the next 12 months. In addition to demographic questions, the survey comprises 2 scales

1. The (Modified) Smoking Attitudes Survey (MSAS), an established tool with four sub factor scores
2. Healthcare Workers' Smoking Opinions Survey (HeWSOS), a 14-item tool developed and piloted within this project

We will describe development of the HeWSOS, present the results from the UK cohort and describe progress in expanding the study within the UK and internationally.

A systematic review of psychosocial treatment for methamphetamine use and the associated mental Health symptoms

by Amrit Mann | Chris Wagstaff | University of Birmingham

Methamphetamine can negatively affect cerebral neurotransmission, lead to neurodegeneration in chronic users and induce methamphetamine associated psychosis. Currently, psychosocial treatment is implemented to reduce use, as pharmacological treatment has not been approved. To date, the effectiveness of psychosocial treatment in reducing mental health symptoms stimulated by methamphetamine use has not been reviewed. Aim- To identify whether psychosocial interventions are effective at reducing methamphetamine use and the associated mental health symptoms. A systematic literature review was performed by searching databases and following clear inclusion and exclusion criteria. A total of eleven studies were quality assessed and evaluated for bias before undergoing data extraction. Studies tested adaptive and fixed integrated cognitive behavioural therapy and motivational interviewing, text-messaging interventions, adaptive outpatient counselling, exercise programmes, working memory training, acceptance and commitment therapy and contingency management. Mental health outcomes were measured across all eleven studies, although these differed between them. Improvement was seen for some outcomes. Decreased methamphetamine use was observed in all five studies in which this was recorded. The findings do suggest that psychosocial interventions could be effective at reducing methamphetamine use and the associated mental health symptoms. However, the evidence is largely preliminary and there is heterogeneity between interventions and outcomes tested. Future investigation could focus on providing more data to support the interventions, identify which is most effective at improving each mental health outcome and determine the optimal duration, intensity and approach.

An adaptation of eHealth intervention for smoking cessation in the Czech Republic

by Adam Kulháněk | Roman Gabrhelík | Department of Addictology 1st Faculty of Medicine Charles University and General University Hospital Apolinarska 4 128 00 Prague 2, Czech Republic | Department of Addictology 1st Faculty of Medicine Charles University and General University Hospital Apolinarska 4 128 00 Prague 2, Czech Republic

Development of information and communication technologies brings new therapeutic options, including behavioral changes in the area of health prevention. The eHealth interventions offer new options also in the field of smoking cessation. Prevalence of tobacco use among adult population in the Czech Republic is one of the highest in EU. The response to this drawback consisted in adapting the eHealth intervention to the Czech environment. We aim to introduce the process of adaptation of the fully automated eHealth intervention for smoking cessation in the Czech Republic. Results of a pilot study regarding user acceptance will be presented as well. Language adaptation, national localization and technological transformation of the eHealth intervention has been carried out. Mixed method design was used for pilot testing and assessment of user acceptance. Sample of 34 tobacco users was involved. Multidisciplinary team of experts in IT, health informatics, addiction treatment and psychology has been collaborating in the process of adaptation of the eHealth intervention. Three quarters of the pilot study sample would prefer quitting with the support of the eHealth intervention over seeking conservative professional service. Nearly 60% of the respondents would seriously consider a purchase, and nearly a half of them would use it for their next attempt to quit smoking. Continuous everyday support, partnership approach, authentic dialogue simulation and motivation strengthening were the most reported benefits from respondents' perspective. This novel eHealth solution may increase availability and efficacy of smoking cessation efforts in the Czech Republic. Grant support: This project was supported by the Charles University grant no. 764217, Government Council for Drug Policy Coordination grant no. A-71-16, and by the institutional support programme Progres No. Qo6/LF1.

Applying cognitive adaptation training in Finland: How it has affected schizophrenia care

by Eila Sailas | HUS | Miia Ruohonen | Riitta Puustinen | Tuukka Mehtälä | Satu Viertiö | Päivi Soininen | Department of Psychiatry, Hyvinkää Area, Helsinki and Uusimaa Hospital District

With deinstitutionalization, there is a tendency to place schizophrenia patients in different types of sheltered housing instead of supporting them to live independently in the community. This system may increase chronic need for support, is expensive and marginalizes a large section of people from the community. Cognitive adaptation training (CAT) is a home-based, manual-driven treatment that utilizes environmental supports and compensatory strategies to bypass cognitive deficits and improve target behaviors and functional outcomes in individuals with schizophrenia. In Hyvinkää Area CAT has been implemented in a large MATTI-study that started in March 2014. For the study, we have selected patients that were in risk of moving to a more supported housing environment due to the presence of cognitive deficits that threatened their ability to live independently. We report here some preliminary interim results for the patients who have completed the study so far. Altogether 48 patients were selected for the intervention, which was found to be well received, with 7 patients dropping out. We describe how CAT has been implemented in the care system, how it has improved schizophrenia care in the community and changed caregivers' attitudes. Cognitive Adaptation Training can be used to help patients with a wide range of living situations and with severe psychiatric symptoms and functional impairment to maintain their ability to

live independently. It is well received by the patients as the treatment goals are always set together with the patients and aim to increase patients' independence from the care system.

An investigation on roles in psychiatric settings – are you a driver or a passenger?

by Camilla Ekegren | Katja Tenhovirta | Leena Oila | Taina Ala- Nikkola | Helsinki University Hospital

The global ongoing reforms in mental health services are defined in terms of balancing and integrating institutional and community care. The balance of services is being moved from hospitals so that most services are provided in community settings close to the populations, and hospital stays are reduced as far as possible. The challenge is how to implement this reform into real life, i.e. into outpatient clinics and into hospitals so that this valuable service is used on patient's care-episodes. That calls for an integrated strategy, knowledge of service construction, and for collaboration skills, and structures for decision making. Leaders play a central role in the process of managing this integration. Leaders provide vision, motivation, systems and structures at all levels of the organization that facilitate the conversion of knowledge of this integrative process into competitive advantages. Our endeavor is to understand how managing knowledge requires a conscious effort on the part of leaders at all levels of the organization. The process of balancing adequate services for service users is highly dependent on dedicated leadership and equally on a motivated and proactive workforce. When the staff is competent and they use methods, which are evidence based it will probably lead to a higher level of wellbeing. The construction of care should benefit the patient and thus have an impact on the overall cost of the care of an individual and reduce readmission. The workshop is inclusive and different methods will be used, i. e. group discussions, roleplaying and lectures. The foundation for the workshop is that participants learn to listen by doing together and by sharing experiences.

As though I would not exist. An autoethnography of emotional trauma and recovery

by Mai Peltoniemi | Master of Social Services | Diaconia University of Applied Sciences, Helsinki Finland.

This autoethnography (2017) conducted as part of studies for the Master of Social Services degree and is continuation for the thesis A Normal drug addict? A user research of drug addiction, treatment and recovery (2011). The data of the autoethnographic study consisted of the researcher's own life, particularly identity-changing experiences as well as a 14-year recovery process. The aim of the study was to find out how the researcher's irrational life events and choices makes sense when they are understood in the context of theory of structural dissociation of the personality resulting from emotional trauma. The study contains a description of the recovery process and its progress in researcher's case. The objective was to use the researcher's dual role - as an expert and a client - to break up stereotypical stigmas of "healthy and ill people" and question the ownership of the correct information. The method of autoethnography as a framework produces experiential knowledge of the service systems, the culture of care and the experiences of being a client. The recovery process happened in five different therapeutic relationships and illustrates the limitations of different therapeutic approaches, and their potential in supporting recovery from emotional trauma. Understanding structural dissociation and correct information of the impacts of trauma on the person as a psychophysical whole succeeded and significant recovery was possible. Mental health and substance abuse work fail to sufficiently recognise traumatisation and its serious consequences on the individual's life choices. As a conclusion of this work, competence on understanding traumas and how they reveal themselves facilitate ethically sustainable and productive mental health and substance abuse work.

Boys don't cry but men should try?

by Joanne Keeling | Dr Clive Palmer | University of Central Lancashire | University of Central Lancashire

This presentation seeks to share some initial insights from an ethnographic study into the behaviour of spectators within the rugby league community, and how these behaviours affect the mental health and well-being of those involved within the game at grass roots level. With the recent establishment and embedding of initiatives aimed at increasing mental health awareness and the acceptability of help seeking within the sport, it is timely to discuss whether the culture exists at amateur levels to encourage and facilitate open dialogue and expression of feelings. In a sport dominated by men which arguably seeks to construct and maintain masculine identity as “hard men” resistant to being “soft”, it is worthy of exploring whether this doctrine of stoicism is encouraged by those on the touchline. One story from the Yorkshire Post in 1888 provides historical evidence of this phenomena, “The referee had to climb the boards, be ferried across the canal to make good his escape and the bus which he took along East Street was followed by an infuriated and howling mob uttering the most demonical yells”. A historical remark from Reverend Sydney Gedge, later to become a rugby club official could arguably provide much food for thought, “the spectator is an element foreign to sport”. This statement would perhaps seem alien to those fans who turn up every week to support players and consider themselves to be encouraging and supportive. However, research focused on fandom, coaching and parenthood reveals that there is a plethora of emotional and challenging behaviour exhibited by “supporters” that could have a negative effect on those on the field. This behaviour could be counterproductive to mental health awareness initiatives and indeed may perpetuate poor mental health and a reticence to seek help.

Carceral spaces in the psychiatric ward in Finland

by Virve Repo | University of Turku

In February 2016, a journalist revealed severe mistreatment cases in the geriatric ward of the psychiatric hospital in Turku, Finland. The patients were said to be assaulted, over-medicated and secluded illegally, which would be clearly against the Finnish Mental Health Act. In 2016, the police started to investigate the potential mistreatment cases. Four staff members were prosecuted in two different cases and the charges varied from the violation of official duty to grievous bodily harm. The incident gained a lot of attention in media because the victims were not only psychiatric patients but also elderly people. In this paper, I will examine, how carceral spaces are created inside the ward of psychiatric hospital. The study provides new information about how spaces inside psychiatric wards are controlled and used. This is examined firstly by analyzing the Finnish legislation through a spatial lens and secondly, through two cases that proceeded to the District Court. I am also studying different power relations inside the ward. The theoretical approach to the paper leans on the perspectives of psychiatric power by Michel Foucault and carceral geography. In this study the space has a crucial meaning in implementing the laws and actions of confinement. This gives a new perspective for studying the everyday life of the psychiatric ward. The material for the paper contains documents, such as laws, trial documents and materials from the preliminary investigation of the police. In addition, I use inspection reports of other authorities. The material is analyzed with theory-oriented content analysis.

Care transitions: Patient distress and knowledge sharing

by *Natasha Tyler | Justin Waring | Nicola Wright | University of Nottingham | University of Nottingham | University of Nottingham*

Care transitions can refer to both admission and discharge from hospital. These processes can be a critical and distressing time for individuals. For people with mental health problems, who may have been in hospital for a prolonged period of time discharge may be particularly challenging. The National Confidential Inquiry into Homicide and Suicide has highlighted that post-discharge people with mental health problems are at an increased risk of suicide. However, this focus on individual risk to self and others situates the problem with the person and does not necessarily make the transition process from hospital to home safer or less distressing. The organisational and system level patient safety factors widely explored within other healthcare settings, is lacking from the discourse around mental health. This aim of this study was to take a patient safety perspective and explore the emotional consequences of discharge for service users and staff. Fifty-two participants took part in seven focus groups. Participants were grouped according to professional teams (e.g. community staff, consultants, ward staff) in addition to a service user group. Participants were interviewed about their experiences with care transitions. The results were analysed using thematic analysis. Two higher order themes emerged: Distress and Knowledge Sharing. These were prominent throughout the transition process; which we summarised in terms of care planning, transition and continuity. The data also highlighted a number of explanatory factors that are likely to influence the level of distress suffered: inherent distress, recognising emotion, delivering patient-centred care and systems interjection. Care transitions are a critical and distressing time for populations suffering mental health disorders. Patients and staff acknowledge that ineffective knowledge sharing between both professionals and patients and professionals exacerbates this distress, which is characterised by a lack of communication between teams, ineffective communication between staff and patients and ineffective information systems.

Changes in adolescents' mental health, alcohol use and smoking from 1998 to 2014

by *Kaisa Mishina | Elina Tiiri | Lotta Lempinen | Lauri Sillanmäki | Kim Kronström | Andre Sourander | University of Turku | University of Turku | University of Turku | University of Turku | University of Turku*

Changes in adolescents' mental health and substance use have received a considerable interest. This interest has been strongly motivated by the need to understand how changes in society and family life affect adolescent well-being. This area is highly relevant for policy makers and for those who are responsible for planning adolescent health services and early interventions. This study explores time-trends in adolescents' self-reported mental health problems, cigarette smoking and alcohol use from 1998 to 2014 in Finland. Three cross-sectional survey studies (years 1998, 2008, 2014) that used similar designs, methods, and assessment procedure were compared. Altogether, there were 4508 participants with a mean age of 14.4 years. Mental health was measured with the Strengths and Difficulties Questionnaire and substance use with questions related to alcohol use and cigarette smoking habits. Females reported less hyperactivity and conduct problems and males reported fewer peer problems and better prosocial skills. The only mental health problem that showed a significant increase was emotional symptoms among females. Smoking and alcohol use consistently decreased in males and females during the 16-year period. It seems that adolescents' self-reported mental health problems were either stable or falling, indicating increased well-being. The decreased smoking indicates that anti-smoking campaigns have been successfully changing teenagers' attitudes towards smoking. The important finding is that self-reported emotional symptoms had increased in females. This may indicate an increase or earlier onset of affective disorders.

Co-development of services promotes recovery

by Outi Hietala | Evipro Oy, Helsinki, Finland

Mental health services have for long emphasized the importance of peer support, and on the other hand patient/client involvement has been highlighted more generally in social and health care services. Still client's position is strongly defined with attributes of dependency, subordination and lack of reciprocity in relation to professionals, experts and policy-making. This causes challenges to clients' participation and rehabilitation process specially when pursued to promote recovery. In this presentation Hietala will introduce core results of qualitative research, which has been carried out during co-development of social rehabilitation services. The co-development process of social rehabilitation was carried out by combining two virtues – peer support and client involvement. The aim was to recruit clients from mental health services and to train them to become the providers of peer support and experts of experience. Professionals participated in same processes with these clients and thus learned to work as partners. The research was integrated into development processes and carried out by applying qualitative methods, participant observation and loosely structured interviews, which were done during co-development processes. During co-development processes clients learned how to bring their experiences of mental health problems, service use and recovery as one standpoint of discussions and development practices. They reflected their personal experiences with the peers and with professional knowledge of the social workers, nurses and counsellors. Co-development of services thus seem to enable reciprocal roles for clients, whereas professionals seem to develop deeper understanding of their own role as promoters of recovery.

Cognitive bias modification; An exercise focused interpretation training technique for reducing anxiety

by Séraphine Charlotte Clarke | University of Essex

Cognitive Bias Modification is the direct manipulation of a target bias by extended exposure to task contingencies that advocate predetermined patterns of processing selectivity. Cognitive interpretation biases are the tendency to preferentially choose a positive/negatively valenced understanding of an ambiguous situation. There has recently been a surge in interest in research methodologies employing these cognitive bias modification techniques, due to the link between negative interpretation biases and clinical anxiety disorders. There has also been abundant investigation into the ameliorating effects physical exercise has on improving mental health disorders, especially anxiety. Furthermore, physical exercise has also been found to reduce negative interpretation biases. Exercise as management for anxiety and depression has been keenly investigated, arguably even more so for the management of depression than anxiety. Thus, anxiety disorders are reported to be the most common mental health issue in the developing world, furthermore being of higher risk to also developing co-morbid conditions such as, depression, substance use issues, and cardiovascular issues, leading to more frequent healthcare visits, which is an additional strain on health services. This study aimed to investigate whether three sessions of positive cognitive bias modification training which is exercise interpretation orientated (CBM-I) over the course of one week, could alleviate the symptoms of anxiety, depression, and stress related disorders. In comparison to a neutral cognitive bias modification training which is exercise interpretation orientated was used as a robust control group against the Exercise group, Positive CBM-I training group, and Positive CBM-I training + Exercise group. All four groups completed their assigned task three times over the course of one week. Results lend support for a dual-method of exercise and positive exercise valenced CBM-I training for reducing sub-clinical anxiety.

Comparing two model of training for mental health care: An action research to scale up the program

by Ariana Marastuti | Byron J. Good | Subandi | Sofia Retnowati | Mary J. Good | Universitas Gadjah Mada | Harvard university | Universitas Gadjah Mada | Universitas Gadjah Mada | Harvard University

The treatment gap due to limited number of professional mental health staff is commonly issues in developing countries, such as In Indonesia, mental health professional should provide services for 250 million population. Improving awareness, mental health literacy and community participation into care need to be addressed because relevant in answering the issues. Involving Community Health Workers (CHW) in mental health care is one possible solution. Community involvement into the mental health care have dual impact, reducing the treatment gap and at the same time improving literacy and the awareness. Therefore this research will be directed to evaluate the two model of capacity building trainings MHC. Comparing the long model (5 day training) and short model (2 day training) was conducted in a way to find the best, effective and less cost model for scaling up the program. Primary Health Care (Puskesmas) as the location for this research were chosen following such criteria. A total 206 mental health cadre participated in the training, 140 are involved in 5 day training and 66 participated in 2 days training. The result indicated a significant knowledge improvement of the participants after training both for the 5 day training ($t = -3.087$; $df = 36$; $p < 0.05$) and 2 day training ($t = 6.75$; $df = 138$; $p < 0.05$). As the regression modelling results performed that Puskesmas and type of training were not a significant predictor of the improvement of knowledge (0.059 ; $p > 0.05$) which suggested that both of training are applicable to be applied in a group of lay people who do not have any formal education and knowledge on mental health issues. Therefore, considering the feasibility to scale up the program of MHW, the short model can be conducted at wider area since it is effective, efficient and less cost.

Criminal law and mental health: Enemies or allies?

by Barbara Herceg Pakšić | Assistant Professor, Faculty of Law in Osijek, Croatia

Psychiatry and criminal law overlap in the area of the perpetrator's guilt. In the beginning of 2013, excusing grounds were introduced in Croatian Criminal Law. These grounds are an overdraft of necessary defense limit in "asthenic" affect and excusing state of necessity. In order of application their legal effect (release of guilt) it is needed to examine the persons mental state. Croatian Criminal Code contains a very specific provision relating to the first excusing ground, that declares that a person has to be in excusing strong fright. This is a legal norm that a judge cannot resolve alone but has to have a medical expert in psychiatry. The main problem is that law and medical terms in this area are not compatible, so that medical experts often carry excessive burden when "translating" legal to medical language. The presentation will cover some of current challenges of mentioned area and try to offer some guidance on how to resolve them.

Crossing perspectives: Research and practice in mental health

by Noa Kfir-Levin | Dorit Segal-Engelchin | "Hiram" rehabilitation center | Ben-Gurion University of the Negev

Researchers who play additional roles in their field of research encounter unique complexities. This lecture describes those complexities, as they are reflected in the qualitative-phenomenological research that I have been conducting as an inside researcher of mental health. This study explores rehabilitation experiences in a rehabilitation community from the perspective of patients and former members of the community.

It also brings together the three roles that I fill - community director, therapist in the community, and researcher. This encounter creates a unique platform for exploring the community rehabilitation experience, while presenting unique challenges at different stages of the study. The interview and data analysis stages were the most vulnerable to bias, due to the different perspectives associated with each of the three roles. As community director I am interested in the components that facilitate or inhibit rehabilitation. As a therapist, I focus on the different therapy stages in community rehabilitation. As a researcher, I strive to understand the experiences of the community members, without any prior assumptions. The lecture will demonstrate how these three perspectives combined shape the style of the interviews with the rehabilitants and my responses to their stories. I will show how each of the three perspectives impact the way interviews are analyzed, and the meaning attributed to their content. The examples presented will emphasize the high level of awareness and sensitivity required of researchers in the mental health sector who research their own professional field (inside researchers). High ethical and academic sensitivity is especially important when management, therapy, and research are combined. Understanding how these roles intersect will enable maintaining the boundaries of each, so that both the therapeutic and managerial perspectives, as well as the research process, will not influence or be influenced by one another.

Development of the care and safety house for complex cases in community

by Amar Voogt | GGD Zaanstreek Waterland

Since 2015 Dutch government has made a transition from hospital based care to community health care as part of public health. Government policy aims at enhanced healthcare self management of civilians with their own networks. The use of health care institutions should not be the first step in healthcare management anymore. For vulnerable people (psychiatric problems, a mental disability, and lack of supportive networks), the government policy fails, as the amount of vulnerable people in society is growing. The burden in society and in public health grows. The existing health care organisations were not able to take the lead in alternative solutions. In this project different health care organisations cooperate with local government in the support of vulnerable people and prevent complex cases becoming a burden in community. The public health care organisation optimize cooperation between different domains in public health (preventive health care and safety) by crossing borders between organisations. In this practice based implementation project chaired by GGD Zaanstreek-Waterland, we first organized a broad support base between parties. The project consisted of three steps: 1. Create one meeting place for all networking partners; 2. Organize a case-table to which relevant partners are invited and find solutions for complex cases (including monitoring), and 3. Organize one entrance and a clear triage-process. It is based on a multi-disciplinary approach, use of a consultation team, and monitored in the regular management system. The organisations involved find each other quickly and the mix of expertise leads to alternative solutions in the prevention of cases to become complex, to clear agreements in monitoring the support process of complex cases, and prevent burden on society.

Disappearing in a female world: Men having eating disorder and the impact on their lives

by Sue McAndrew | Gareth Lyons | Tony Warne | University of Salford | University of Salford | University of Salford

In the United Kingdom (UK) the number of males with Eating Disorders (EDs) admitted to hospital has risen by 70% since 2000. Taking account of under-reporting and misdiagnosis, men are now thought to represent 25% of those diagnosed with anorexia. To date, academic literature has demonstrated a strong

focus on EDs in women, perpetuating and maintaining stereotypical ideas of anorexia and the existent social stigma. Whilst there has been a plethora of quantitative studies regarding anorexia per se, some specifically relating to men, there is a dearth of qualitative studies, with only two examining the experiences of men with EDs accessing services. In addition to such a limited body of knowledge, this study was undertaken with the purpose of exploring the lived experiences of men who had an ED, namely anorexia, and/or an eating disorder not otherwise specified. Qualitative research, adopting a narrative approach was used to promote the hearing of the participants own constructed stories. Data was collected via narrative interviews with seven men aged 23-34 years old. Each individual story was subjected to narrative analysis, with thematic analysis being used to explore commonalities and difference across all seven narratives. Whilst each story was unique, the men shared many background similarities, experiencing a range of negative consequences during their everyday living; from discriminatory health care, to problems with employment and isolation. Four major themes emerged from the thematic analysis: The final John Doe, Masculinity – The beast in me; Not working 9-5; and Help, I need somebody – Bedlam revisited. The narratives highlighted the need for male stories of EDs to be researched and voiced. If men experiencing eating disorders are to receive appropriate and supportive health care, further researcher is needed to ensure better understanding and acceptance on the part of society, service providers and employers

Economic evidence for interventions to prevent or treat anxiety disorders in children – a systematic review

by Virpi Kuvaja-Köllner, MHS | Elisa Rissanen, MHS | Terhi Luntamo, PhD, MD | Marjo Kurki, PhD | Andre Sourander, Professor, MD | Eila Kankaanpää, PhD | University of Eastern Finland | University of Eastern Finland | University of Turku | University of Turku | University of Turku | University of Eastern Finland

The prevalence of anxiety disorders among children and adolescents is estimated to be 6–18%. Multiple interventions are effective preventing or treating childhood anxiety disorders, for example cognitive-behavioral therapy (CBT). However, the applied interventions should also be cost-effective. The aim of this systematic review was to find, summarize and evaluate existing economic evaluations of prevention and treatment interventions for children's anxiety disorders. We searched 16 databases for eligible studies using anxiety related words combined with child and with economic evaluations words. The inclusion criteria were: 1) children under 18 years; 2) aiming to prevent or treat anxiety disorders; 3) both effectiveness and costs evaluated; 4) comparison with usual care, another intervention or waiting list. The exclusion criteria were: post-traumatic stress disorders and specific treatment related phobias. Also the methodological quality of the included studies was assessed. A systematic literature research carried out, in April 2017, yielded 1784 articles. Of 29 full-text articles assessed, only five met the selection criteria. The interventions were based on the CBT treatments targeting children or their parents. Additionally one was universal school-based preventive intervention. The effectiveness measurements were based on Anxiety Disorder Interview Schedule, Quality of adjusted life years and Disability adjusted life-years. The preliminary results show that the range of intervention costs were 2,200-3,600 € per child. The costs of universal school-based intervention was only 75 € per child. The more detailed results will be presented in the conference. One of the results is that there are only few economic evaluations of children's anxiety interventions. However, these included studies were of high quality. The results of this review will support decision-makers in resource allocation related to prevention or treatment children's anxiety disorders.

Effectiveness of social skills education on self-efficacy of children with hearing impairment

by Jamileh Mohtashami | Elaheh Hosseini | ShahidBeheshti | University of Medical Sciences, School of Nursing and Midwifery. Tehran, Iran

Self-efficacy is one of the most important factors in development of healthy social communication that makes people's life pleasurable. The present article aims to survey effectiveness of social skills education on self-efficacy of children with hearing impairment in Shahriar (Tehran-Iran) in 2015. The article is a quasi-experimental single-group study in pretest-posttest type which was carried out on 25 students with hearing impairment, who were selected through purposive sampling. A 12-session social skills training program was carried out for each participants. Each session was one hour (2 sessions in week). Demographic form and Wheeler & Ladd children's Self-efficacy questionnaire were used to gather information. Data analysis was performed by SPSS version 22 using description statistics tests, paired T- test, and ANOVA with repeated measure. A p-value less than 0.05 are considered as a statistically significant level. The findings indicated that social skills education affected on self-efficacy positively. Before the intervention, self-efficacy score was 38.4 ± 5.5 ; this figure immediately, one week, and one month after the intervention was 66.6 ± 6.7 , 70.1 ± 6.3 , and 71.2 ± 6.1 respectively. In other words, there was a significant increase in self-efficacy score ($P \geq 0.01$). In addition, self-efficacy was directly related to education level of fathers ($p=0.01$, $\eta=0.69$), mothers ($p=0.001$, $\eta=0.64$), and intelligence quotient ($P=0.01$ $r=.0.57$). Social skills education led to increase of self-efficacy in children with hearing impairment. Therefore, it is recommended training social skills as an effective method to improve self-efficacy in children with hearing impairment.

E-therapy and mental health: A best- practice model and diffusion of innovation

by Julie Cwikel | Chaired Professor of Social Work and Director of the Center for Women's Health Studies and Promotion at Ben Gurion University of the Negev

The use of information and communication technologies (ICT) has greatly expanded in the past decades and has far-reaching implications for the delivery of mental health interventions in direct, clinical practice. This study combined two different research designs to investigate how mental health experts conceive how e-therapy can be used to address a clinically demanding population: new mothers coping with symptoms of post- partum depression (PPD). Study one combined a literature review with a focus group of mental health experts on how e-therapy, defined as a therapeutic encounter using ICT, can be used to work with new mothers coping with PPD. Results integrated for the different data sources showed a considered consensus on how e-therapy could be used for interventions with new mothers coping with PPD. Study two surveyed Israeli social workers ($N=123$), revealing that only 4% have actual experience with e-therapy. Respondents judged disabled persons and those with mobility restrictions, caregivers of chronically ill, new parents, chronically ill and teenagers as most appropriate target populations. Families living in poverty were not considered a suitable population for e-therapy. Factor analysis results showed that attitudes toward e-therapy represent three domains (benefits, training and barriers). Benefits and barriers predicted viewing e-therapy as a quality means of communication with clients while all three predicted the perceived convenience of e- therapy. The results are consistent with diffusion of innovation theory and indicate how professional education might develop training to integrate e-therapy into high quality, professional practice.

European Network of Users, Ex-Users and Survivors of Psychiatry (ENUSP) - What is it?

by Timo Kallioaho, MA/Teacher of Swedish and Russian | Mental Health Association in Seinäjoki Region, Finland

ENUSP is the most important European NGO of (ex-)users and survivors of psychiatry launched in 1991. Every 2 years, ENUSP members gather at a conference where the policies for the coming period are discussed. And every 4 years, a general assembly is held with e.g. a voting procedure for electing board members for the following 4 years. All members either are or have been on the receiving end of psychiatric services. To act against any unilateral approach to and stigmatisation of mental and emotional distress and suffering. To support (ex-)users'/survivors' autonomy and responsibility in making their own decisions (self-determination). To act against all discrimination (both inside and outside the mental health system) of people having been subject to the psychiatric system. To support the development of (ex-) user/survivor groups throughout Europe. To create and support alternatives to psychiatry. To collect information on existing alternatives. To influence current treatment in a constructive manner. ENUSP is officially involved in consultations on mental health plans and policies of the EU, the WHO, the UN (e.g. the UN CRPD) etc. And ENUSP is involved in commenting and debating declarations, position papers and policy guidelines of these bodies. Today, ENUSP brings together grassroots national, regional and local user/survivor groups and individuals across 39 countries - from Georgia to Portugal, Finland to Greece. Our organisation is 100%-owned and controlled in a co-operation between users and survivors. And there is no interference e.g. from pharmaceutical and medical industries. ENUSP members have done pioneering work in creating models of community-based support and supported decision making that are slowly gaining recognition.

Evaluating attitudes to mental health care in Mongolia

by Fiona Nolan | Neil Brimblecombe | Nasantsengel Lkhagvasuren | Elena Kazantseva | University of Essex | London South Bank University | Mongolian National Centre for Mental Health | Mongolian National Centre for Mental Health

Mongolia is a lower middle income country (LMIC), with a population of 3.1 million, over half of which lives in the capital city of Ulaanbaatar. Mental health care is provided through one large institution, the National Centre for Mental Health (NCMH). Nurses and medical staff have limited access to undergraduate and postgraduate training in mental health, and there are challenges in practice developments due to lack of resource to translate materials into Mongolian. To describe a programme of collaborative research aimed at informing the development of mental health services in Mongolia. Funding was awarded by the University of Essex internal European Social Research Council (ESRC) with the following aims:

1. To identify and translate research tools for use in evaluating the views of Mongolian service users, staff and other stakeholders around mental health issues and care provision
2. To facilitate 3 workshops with stakeholder groups to identify priority areas for research
3. To evaluate the views and experience of patients and staff in the NCMH, to collate information on attitudes to mental illness and stigma from a range of health care workers and the general public.

2 workshops were held 60 attendees. Their views on mental health issues were identified through use of a nominal group technique which facilitated ranking their priorities. We translated 8 established measures from English to Mongolian using a forward and back translation process supplemented by expert comment. Interim findings will be presented at the conference from the inpatient evaluation and surveys of healthcare professionals outside this setting. Results from the workshops and inpatient evaluation components of this project will be used to inform future national mental health strategy in Mongolia. This project highlights the benefits of establishing strong collaborative relationships in facilitating work between developed countries and LMICs.

Experts by experience enhancing recovery

by Katri Keskinen | Mielen ry

Mielen ry (Mental health NGO) has developed experts by experience model since 2001 as pioneers in Finland. The aims of our model is to enhance recovery, anti-stigmatization, service user involvement and effectiveness of mental health services. We educate people with mental health or/and substance abuse challenges to work as experts by experience in various tasks: participate in mental health services as experts of recovery, as lived experience lecturers in different educational institutions and as representatives of service users in development workgroups. The experts are paid reasonable fees by ordering organisations. The study of our experts by experience model was completed in 2017 by Owl Group. The study indicated that our aims actualize. The model is powerful considering recovery, efficient and cost-effective services. The study pointed out that the model has three main target groups: the experts by experience themselves, their direct target groups (the peers they meet when practicing as experts by experience) and indirect target groups (public opinion and the professionals and students who work with the direct target group). All target groups benefit of this model. Almost 80 % of experts by experience reported that participating this activity has affected their personal recovery significantly. 86 % professionals of ordering organisations in mental health services reported that meeting experts by experience have had positive impact for their customers. This study also pointed out that the activity causes positive financial effects throughout society.

Evaluation of the community homes for opportunity project

by Cheryl Forchuk | Chair, The Beryl and Richard Ivey Research Chair in Aging, Mental Health, Rehabilitation and Recovery, Lawson Health Research Institute

This study will evaluate the initial implementation phase of a plan to modernize the Homes for Special Care (HSC) program which offers housing, meals, and 24-hour staff support. The program has been criticized as being more custodial and not promoting autonomy. The modernized program, Community Homes for Opportunity (CHO), entails changes in the services to enhance the quality of daily living, independence, and personal growth through participation in a variety of activities and programs. This study aims to develop supportive housing best practices to guide and improve updates by evaluating the program for effectiveness, cost savings, ethical implications, and policy implications. Twenty-eight homes serving 368 residents will be included in the evaluation. Individual interviews will be conducted with up to 120 CHO residents to gather feedback of their experiences of the revised program, as well as outcomes related to quality of life, community integration, housing stability, and health and social service use. Focus groups with CHO residents and staff will identify issues, solutions, and recommendations for improvement. A matched cohort comparison group will also be generated from Institutes of Clinical Evaluative Sciences (ICES) database. Preliminary findings of the HSC project will be discussed. Four analyses will take place: an effectiveness analysis which in particular looks at quality of life and community integration, a cost analysis which examines use of health and social services before and after implementation, a policy analysis which will focus on policy issues arising from the focus groups, and an ethical analysis in which findings will be compared to ethical standards. The implications of this study could allow participants to experience greater independence and an opportunity to voice their concerns. It is envisioned that this study will develop supportive housing best practices to guide and improve updates for the HSC program.

Expertise and development of Croatian mental health policy

by Ana Petek | Miranda Novak | University of Zagreb, Faculty of Political Science | University of Zagreb, Faculty of Education and Rehabilitation Sciences

Since 2011 we started the interdisciplinary research of Croatian mental health policy, combining knowledge from the field of mental health promotion, prevention science and public policy. Our previous research shows that holistic approach to mental health in Croatia is still not evident and that mental health is far from being a political priority. We assume that one of the main reasons for this status is the low level of knowledge translation into mental health policy-making. Interdisciplinary knowledge on mental health in Croatia is under-developed and its usage in political decision-making is almost completely absent. To test this hypothesis, we set-up a research on the mental health expertise and mental health policy-making in Croatia, and the inter-relations between the two. Goal of the paper is to present main features of Croatian mental health expertise and to evaluate its (non)influence on decision-making, to inform the debate of the scientific and professional community, encourage additional research on mental health and possibly contribute to the development of the mental health policy. Study was conducted during the spring 2018 and was done in two phases: first phase involved professionals as informants, while second involved decision-makers. 95 professionals have participated in the on-line questionnaire, while 30 decision-makers were contacted intentionally, according to their experience and leadership in the field. Questionnaire was composed of questions on the knowledge usage in policy-making (prevalence of diverse disciplines, way of their involvement, estimation of their impact, etc), and on different stages of policy-making process (agenda-setting, formulation, decision-making, implementation and evaluation). Collected data show domination of psychiatry as central profession in the field; low level of involvement of professionals in the system in policy-making; low level of usage of knowledge in decision-making; low level of interdisciplinarity of used knowledge; and big lack of strategic planning and holistic approach.

Experts' by experience involvement in improving psychiatric care – Case M- house

by Ketola Mikko | Koivumäki Marja | Ala-aho Sirkka | Laitila Minna | BSc, Project worker, RN, The Hospital District of South Ostrobothnia, Finland | MSc, Design Coordinator, RN, The Hospital District of South Ostrobothnia, Finland | MSc, DON, RN, The Hospital District of South Ostrobothnia, Finland | PhD, DON, RN, The Hospital District of South Ostrobothnia, Finland

Involving service users in mental health services is essential. In Finland, the Ministry of Social Affairs and Health has highlighted service user involvement and initiated several programs. In the Hospital District of South Ostrobothnia, experts by experience are involved in the development of psychiatric care, e.g. in different working groups and in the management group of psychiatric department. In 2015, the administration of the Hospital District of South Ostrobothnia approved the planning of new psychiatric care facilities (M-house). In order to ensure service user involvement in the process, a council of experts by experience was founded in 2017. Objective is to describe experts' by experience participation in developing psychiatric care and in the planning of M-house. Method is tracing experts by experience involvement in development of psychiatric care and in the M- house-project. In 2014, pre-occupancy evaluation was executed. Experts by experience evaluated current facilities. In 2015, a meeting was arranged for experts by experience to discuss the effects of environment to mental health. The discussion results guided the planning of the M-house. In 2016, experts by experience took part in different working groups. The council commented the plans virtually, and the decisions made were presented both to the council and the management group of psychiatric department. In 2017, in the council meetings, the themes related to the M-house were addressed. The council participated in joint planning meetings with head nurses. The

council was given different tasks and sketch pictures of the M-house for comments. A seminar concerning carer involvement in the M-house was organized. In 2018, the council members participate in the planning groups related to group treatment, digitalization and intensive outpatient care –processes. Involving experts by experience to the entire process has brought additional value to the process. It is essential to hear the voice of service users in every aspects of service development.

Exploring different Facebook uses on depression and the moderating roles of attachment style and gender

by Callista Forchuk | Western University

Facebook use has been linked with both reduced and increased depression, with accumulating evidence that results vary according to the way that Facebook is being used, and to the personalities and gender of those using Facebook. The objective of this study is to assess the influence of passive and active Facebook uses on concurrent depressive symptoms, and the moderating role of attachment style and gender in this relation. A sample of 458 undergraduates (68% female; mean age 18.54) completed self-report computer-based questionnaires of Facebook use, attachment style, and depression. Contrary to expectations, passive Facebook use did not predict depression, and active Facebook use predicted increased depression. Unexpectedly, active Facebook use predicted increases in depressive symptomology for females high, but not low, in attachment anxiety. Results suggest that active Facebook use is differentially related to depression, depending on attachment style and gender.

Exploring mental health expert by experience's views of participating in nursing education: COMMUNE project

by Pekka Hedman | researcher

The aim of this study was to deepen the understanding of mental health experts by experience views of their participation in nursing education. The research was the last phase of the COMMUNE (co-production of mental health nursing education) project, which aims to develop and evaluate a co-produced mental health study module for undergraduate nursing students. A qualitative descriptive design was adopted with data being collected through expert by experience (service users) interviews in seven sites across Europe and Australia. In this study two experts by experience were interviewed about their experiences of participating in nursing education in Turku University of Applied Sciences Finland. The interviews were analyzed by content analysis. Three themes were found as a result of content analysis and presented in this paper. The first theme focuses on experts by experience's empowering experience when participating in nursing education. The second theme highlights how experts by experience were renewing nursing education and bringing important and new information for nursing students and for teachers. The third theme shows that students can explore their own thoughts and feelings about human distress alongside those with lived experience of mental ill health and experts by experience participation in nursing education made it easier for students to develop mental health skills. Experts valued participation in nursing education important and useful. They themselves benefitted from the course they were deeply involved in the teaching process. They also felt that they succeeded in their role as educators. The course received good feedback from students and university staff. The course brought new information for students and mental health teachers. The findings from this research can be used to inform international nursing curricula and lead to the development of the nursing skills valued by experts by experience.

Family characteristics and family resilience of adolescents with mental health problems

by *Miranda Novak | Martina Ferić | Ljubica Paradžik | Faculty of Education and Rehabilitation Sciences, University of Zagreb | Faculty of Education and Rehabilitation Sciences, University of Zagreb | Psychiatric hospital for children and youth Zagreb*

Family support and quality communication of parents and children, based on caring and close relationships, create safe environment and a stepping-stone for facing normative challenges in the period of adolescence. Assets and resources within the individual, family and environment facilitate positive development of youth. Parenting and family processes play a crucial role in mental health wellness of offspring. It is not surprising that newer trends in research recommend parallel interventions directed to both individuals and system as a whole. This paper is a part of project “Specific characteristics of families in risk: contribution to complex intervention planning” founded by Croatian Science Foundation (CSF IP-2014-09-9515). Objective of this paper is to determine family characteristics, family risk and protective factors in the sample of adolescents being admitted in mental health clinic. After the intake interview, adolescent coming in facility because of mental health issue and one of the parents were asked to fulfill the battery of questionnaires. Family resilience was measured with the Family resilience scale, adapted from FACES IV - Family Satisfaction Scale (Olson, 2010) and FRAS (Sixbey, 2005) constructed to measure three separate family dimensions: family communication and problem solving, family belief system and family organization. Level of mental health problems was screened with Youth Self-Report. Altogether, thirty families have given their consent to participate in the study and data for both adolescents and one parent was collected. Paper will present specifics of family characteristics and family resilience of adolescents with diagnosed mental health issue. General population youth perceives family resilience quite high, with special accent on family organization while youth in risk reports upon high family belief system and lower family organization than general population. Results are indicating that work with adolescents should also comprise the family component in order to make the preventive interventions more effective.

Family Club of Tiltti – First Scandinavian peer support group for problem gamblers and their close ones

by *Hanna Karmakka-Asare | The Finnish Blue Ribbon*

Tiltti is a low threshold information and support point for people with gambling problems, their close ones and professionals. We offer special help for close ones; group meetings and information evenings about gambling problem. Previously we have had always separate group meetings for problem gamblers and their closed ones. Last spring we invited problem gamblers to the same meetings with their close ones. These evenings worked out well and participants gave us encouraging feedback. This good experience pushed us to start Family Club model in Tiltti. We received help from the Finnish Family Club project. Soon after we started the meetings, we got five regular group members. In this presentation we describe the principles of Family Club of Tiltti and its main outcomes and effects on club members based on an inquiry made to participants in spring 2018.

Feasibility and acceptability of sexual health promotion in mental health-outcome of a feasibility RCT

by Elizabeth Hughes | Dr Amanda Edmondson | Dr Jude Watson | Professor Catherine Hewitt | Professor Sonia Johnson | Charlotte Millett | Dr Izzy Coleman | Ceri Dare | Harminder Kaur | Dr Natasha Mitchell | Samantha Gascoyne | Thirimon Moe Byrne | University of Huddersfield | University of Huddersfield | University of York | University of York | University College London | University College London | University of York | Peer Researcher | peer researcher | University of York | University of York | University of York

People with serious mental health problems, like everyone, value safe and supportive intimate relationships. However, there is evidence that some people with mental health problems are more at risk for sexually transmitted infections, unintended pregnancy and/or exploitation and abuse. Despite these risks, the topic of sex is rarely addressed in routine mental health care and staff report a reluctance to address it due to a lack of knowledge, skills and confidence. This paper will report on the results of a National Institute for Health Research (NIHR) feasibility study which took place across four geographical locations in England, UK. The aim of the study was to establish whether it is feasible and acceptable to recruit people to a study of a sexual health promotion intervention, and whether the design (such as the randomisation and data collection) and the intervention was acceptable. We obtained informed consent for 72 people with serious mental illness who were recruited from community mental health teams. We collected baseline data on sexual risk behaviour, substance use, knowledge about STIs, condom use, quality of life, and sexual stigma. Participants were independently randomly allocated to a 3 session 1 hour face to face sexual health intervention or treatment as usual. Follow-up data was collected at 3 and 6 months. A sample of 22 also took part in a qualitative interview to explore people's experiences of being in the study. Some of the interviews were conducted by peer researchers. We will report on the overall findings as well as the qualitative data on the participant experiences, and discuss the recommendations for further research into this important yet overlooked topic.

Frequent users of psychiatric and somatic emergency services

by Annika Thomson | Leena Turunen | Jonna Levola | Timo Säämänen | Juha Valli | Eila Sailas | Kellokoski Hospital, Helsinki University Hospital, Finland | Kellokoski Hospital, Helsinki University Hospital, Finland | Kellokoski Hospital, Helsinki University Hospital, Finland | Kellokoski Hospital, Helsinki University Hospital, Finland | Hyvinkää Hospital | Kellokoski Hospital, Helsinki University Hospital, Finland

Earlier research has found that 1-8% of emergency service (ER) users, use 20% of the resources. Among frequent ER visitors substance use and mental disorders are common. However, there is a risk that their somatic complaints are overlooked and that the focus is on psychiatric reasons for help seeking. There are only few Scandinavian studies on this subject and therefore it is important to study a Finnish sample in order to compare whether the same features hold true here as well. The objective of this study is to yield information about this group of people. This information is needed when planning for future emergency services. We focus on the ER in Hyvinkää hospital and collect the most frequent visitors during 10 years from registers. A frequent visitor has during the same year visited the ER at least 12 times and psychiatric services at least once. In order to find common features, we collect descriptive information, such as diagnoses, information about psychiatric services, family situation and housing. We also describe treatment paths and study the mortality among these patients. A third of psychiatric service users visited the ER within the first months of treatment. About 2% of ER visitors have also used psychiatric services during the same week. On average, 5-7% of ER performances were due to psychiatric reasons. Patients who visited the ER only because of psychiatric reasons had on average 1.4 performances, patients with only somatic

complaints had 3,7 and patients with both types of visits 11,0 performances during follow-up. The results will help build more efficient treatments paths, so that patients would not have to visit emergency services, but rather have their medical needs met (psychiatric or somatic) through regular appointments.

From user to service provider working alongside with the health care professionals

by Ewa Tarvasaho | Lauri Kuosmanen | Tuula Rajala | Pekka Jylhä | Asko Henkel | trained expert by experience, RN | Professor, University of Eastern Finland | RN, MNSc, Director of Nursing | Head Physician, MD, PhD | RN, MHSc, Nursing Manager

In this presentation I will describe my journey since 1998 from service user to service provider as a trained expert by experience. This model is unique in Finland. A trained expert by experience has personal experience from mental health issues and/or substance abuse, somatic illness or different problems in life either as the one suffering from these, as recovered, or as a next of kin or friend. My means of working are within groups, individual meetings or due to my extra schooling I also help patients in applying for social benefits. Mainly I work alongside with the professionals bringing my experience to the care of patients. I work as an interpreter between the patient and the health care professionals and vice versa. My professional approach is supporting, integrative and hope bringing. Challenges at work at the moment include e.g. right to document and read patient's information in the medical records, which in Finland does not have clear guidelines. Ambivalence in the different roles, from patient to work alongside with the professionals and for the professionals to work alongside with a former patient, can have different effects in the implementation of working roles. Working hours, because of the versatile role in the organization that is divided in feedback interviews in depth, member of the acute psychiatry and consultations' management team and the partnership meeting committee. The use of working time must be planned efficiently in the future because of the versatile role in the organization. Future plans are developing this new model of employment to work in a ward environment and work out the best solution about the working hours. I believe, that this kind of journey can be implemented to many contexts of mental health care.

Help-seeking as an important step in mental health and substance services

by Minna Sorsa | Päivi Åstedt-Kurki | Pirkanmaa Hospital District, Child Psychiatry | (3) University of Tampere, Faculty of Social Sciences (SOC)

Individuals with simultaneous mental ill-health and substance related problems decide themselves, when they look for help. These clients may fall through the crack of the services, because of the specialisation in the services. This is why the "no wrong door" approach and the viewpoint of dual diagnosis capability within the services have been developed. We studied what happens in midst of the services, with the aim to identify elements, which enhance inclusion and engagement in the services and on the other hand, how obstacles to care appear. The data includes three independent studies, which were synthesised. The data contains staff interviews (n=104) within one geographic area, an ethnographic field study with observations and researcher participation in the everyday clinical setting at a low threshold service, with client interviews (n=2) and staff interviews (n=12). The third part of the study is a descriptive case study, with an in-depth viewpoint, and four interviews were conducted with a single participant. The study uses a multimethod approach, as we used content analysis, Leininger's ethnographic method, Giorgi's phenomenology, and Noblit & Hare's metasynthesis. The results are discussed via a situation-specific model of engagement and barriers in help-seeking. The clients' unique and vulnerable life situation means that all clients do not have verbalisable needs and wishes when accessing the services. The many interfaces in help-seeking are conceptualised, as well as how to connect with clients in such a way that the micro-moments of

meetings with clients can take the emotional level of engagement into consideration. Meeting the clients requires an individualised and family-oriented approach, skills in mental health and substances, and moreover, a deeply appreciative and humane approach. The client and staff co-create opportunities so that client wishes and goals can arise. Understanding help-seeking in more detail is a route to develop more effective services.

How to combine design thinking and recovery orientation to create social innovations for mental health services

by Markus Raivio | Director of Kukunori, vice chairman of the board at Finnish central association of mental health

Kukunori, central association for culture and mental health was founded in Helsinki Finland 2012 and now represents 22 national mental health NGOs for people recovering from mental health issues and professionals of the culture industry and mental health. It's aim is to promote cultural activities for people recovering from mental health issues and people with different levels of ability. Kukunori also produces social innovations through experimentation culture. One of the main tools for developing new ideas and models for mental health field is using Design thinking. It refers to creative strategies designers use during the process of designing. It has also been developed as an approach to resolve issues outside of professional design practice, such as social contexts. Kukunori's aim is to cultivate opportunities to realize and publicize the activities of people recovering from mental health issues. To realize this vision Kukunori promotes networking and opportunities to collaborate between NGOs. One of the main starting points is combining recovery based practises like hope, connection, inclusion and meaningful life with design thinking principles. Kukunori utilizes elements from the designer's toolkit like empathy and experimentation to arrive at innovative solutions. By using design thinking and proper evaluation Kukunori makes decisions based on what service users really want today instead of relying only on historical data. Social innovation comprises of many existing practices. The uniting factor is crossing interdisciplinary boundaries and joining together new groups of people and individuals. Social challenges require systemic solutions that are grounded in the service-users needs. Nonprofits are beginning to use design thinking to develop better solutions to social problems, because it crosses the traditional boundaries between public, for-profit, and nonprofit sectors. By working closely with the service-users, design thinking allows high-impact solutions to bubble up from below rather than being imposed from the top.

Inclusion of trained dogs (aat and aai) according to the human approach in educational and rehabilitative process with the objective of dismissing and disposal of emotionally unwanted behavior of children, youth and adults

by Maja Hamilton prof. defektolog | Renata Fridrih, prof. defektolog, logoped | Domagoj Butković, bacc. radne terapije | Tatjana Bilandžija, prof. defektolog | Marta Šprajc, bacc. radne terapije | Centar za odgoj i obrazovanje djece i mladih Velika Gorica, Hrvatska | Udruga Društvo Naša djeca Sisak, Hrvatska | Centar za rehabilitaciju Komarevo Sisak, Hrvatska | Centar za odgoj i obrazovanje djece i mladih Tuškanac Podružnica Prekrižje Zagreb, Hrvatska | Udruga Društvo Naša djeca Sisak, Hrvatska

Activities with trained dogs according to a holistic approach through the innovative project of the Society Our Children Sisak (Croatia), which runs from 2012, aimed at achieving many goals as part of the direct work activities with children and adults with multiple impairments in the educational process and Occupational Therapy. The Professional Approach to Excessive Work with Children, Adolescents and Adults with Multiple Disadvantages is based on the knowledge that emotional difficulties are different etiologies

and manifestations of obstacles that interfere with the paths of growth and development through teaching. How to soften, eliminate, is a question that is imposed daily in the work. Paths through the involvement of trained dogs (AAT, AAI) according to the holistic approach are through knowledge as unobtrusive, silent, channels of emotional states and behavior of the user. For children and young people, every lesson has its own path where we can not always predict all the emotional reactions of complex personalities that can unpredictably affect the outcome and the desired goal by delaying, interrupting or preventing its realization more prolonged. In order to minimize such situations to a minimum of trained dog (AAI, AAT) with its sensitivity, a professional therapist conducts work flow and responds when emotional state or behavior in the zone of obstruction of achievement. Rehabilitation activities of a work therapist take place in group and individual form with young and adult persons who are permanent residents of the rehabilitation center. As is commonly known, dogs have always been present in human life, and with their specialty in the animal world they have a special interaction with humans irrespective of human limitations (motor, intellectual or mental).

“Let down your hair: “Serious games in mental health education

by Brieghe Casey | Patrick Doyle | School of Nursing and Human Sciences, Dublin City University | School of Nursing and Human Sciences, Dublin City University

Digital technology has been making significant contributions to mental health care, education and research in recent years, with the development of online support groups, online self-help programmes, mobile phone applications, virtual reality/simulation and virtual therapists. The emergence of online ‘serious games’ (games developed for serious purposes: to educate, motivate, support emotional regulation, change patterns of behaviour) is also an area of interest for those concerned with mental health issues. Moreover, the affordances of serious games and gamification for mental health education, both in professional and public contexts are being increasingly recognised. This presentation focuses on a collaborative gaming project on mental health issues, undertaken with second year nursing students as part of a Nursing Humanities module in Dublin City University. The process and outcomes of this work will be described and discussed, including findings of an evaluation of this initiative. For this educational project, student nurses initially critiqued 3 online games; (*Senua’s Sacrifice*, *Celeste* and *Cat Lady*) each game involving a female protagonist experiencing mental health issues. Following analysis of these games, students were supported to develop their own mental health game involving the creation of a story board and game introduction. The presentation will include vignettes of the games critiqued as well as material from the game produced by the student nurses. Student nurses reported that the process of analysing and creating mental health oriented games helped them to think more critically about the experiences and needs of individuals and supporters encountering mental health issues. In creating the game, student developed their imagination and empathy and also advanced their skills in mental health promotion. We propose that the creative processes involved in game analysis and game development enable student nurses to advance their capacity for imagination, inquiry and empathy in the context of mental health issues and mental health care.

Like yourself for a good night’s sleep: The mediational role of depressive and anxiety symptoms in male university students

by Margarita Loizou | Eleni Petkari | MSc in Clinical Psychology, European University Cyprus | Assistant Professor, Clinical Psychology, European University Cyprus

Sleep deprivation is one of the most prevalent problems among university students, which has been associated with mental health complaints and lack of self-esteem. Indeed, the display of underestimating feelings

towards oneself may be associated to sleep quality decline, with symptoms of depression and anxiety playing a major role in such equation. In this vein, the present study sought to examine whether depressive symptoms and trait anxiety mediate the association between self-esteem and sleep quality in male university students. One hundred and forty-two bachelor and master students were assessed through the administration of the Rosenberg Self-Esteem scale, the Beck Depression Inventory, the Spielberger, Trait Anxiety Inventory, and the Pittsburg Quality Sleep Index. The analysis was based on the Baron and Kenny four steps mediation model, which allowed the exploration of the mediation effect through a series of simple and multiple linear regression analyses, followed by a Sobel test to corroborate the models' power. Results revealed that depression and trait anxiety symptoms partially mediated the association of self-esteem and sleep quality. Such findings point out the significance of both depression and trait anxiety as crucial underlying mechanisms through which self-esteem influences sleep quality in male university students. Clinical implications are discussed in the light of such results, proposing interventions to ameliorate the students' emotional life and prevent sleep deterioration.

Major depressive disorder; Care provision and the perspectives of older patients and caregivers on met care needs; Outline of a study proposal

by Iris Verkerk, RN, CNS in training | Wim Houtjes, RN, M-ANP, PhD | T. van Meijel Berends, RN, M-ANP | Opleidingsinstelling GGZ VS | Opleidingsinstelling GGZ VS | Stichting Altrecht

Research has shown that obtaining insight in care needs with the CANE (Camberwell Assessment of Needs for the Elderly) may contribute to recovery in elderly with major depression. However, the perspective of elderly with major depression and their (informal) caregivers is still unknown. Moreover, it is unclear if care that was provided did meet the needs of older patients with major depression. Finally, little is known about the association between met care needs, care provision from a patient and caregiver perspective, and depression severity. The primary aims of the present study are to estimate the kind of care elderly persons receive when this group suffered from a major depression and checked the box of 'met need' on the CANE. These results can be used in the improvement of care given to elderly persons with major depression to meet certain care needs and improve quality of life. Ninety-nine outpatients (aged 58-92) receiving treatment for major depressive disorder were recruited from six specialized mental health care facilities in the Netherlands. They were interviewed using the Dutch version of the Camberwell Assessment of Needs for the Elderly (CANE-NL) to identify met and unmet needs. The Montgomery-Asberg Depression Rating Scale was administered to measure depression severity. To meet the first objective, the different perspectives on met care needs, descriptive statistics (perspective of patient, informal and formal caregiver) are calculated on item and scale level. For the achievement of the second goal, to explore the relationship between met care needs and the care given to the patient, the ANOVA and Kruskal-Wallis test is performed. The last goal, the relationship between specific met needs and depression severity, Spearman's Rank Order Correlations are calculated. The conclusion will be presented during the European Conference on Mental Health in Split.

Making Cost-effectiveness analysis – Case: preventive children's mental health services

by Elisa Rissanen, MHs | Virpi Kuvaja-Köllner, MHs | Terja Ristkari, MNsc | Marjo Kurki, PhD | Eila Kankaanpää, PhD | University of Eastern Finland | University of Eastern Finland | University of Turku | University of Turku | University of Eastern Finland

Effective services can be seen as individuals' rights. Additionally, the society's scarce resources should be allocated efficiently. One way to support that choice is cost-effectiveness analysis, which compares at least

two different approaches/interventions about their costs and effectiveness at the same time. We will use Internet-assisted Strongest Families intervention (SFSW) as a case. SFSW is a preventive parent training including 11 weekly online sessions and phone calls with a coach. SFSW intervention reduced children's Oppositional Defiant Disorder behavior more than education control (EC) in 6, 12 and 24-month follow-up periods. Even though the SFSW intervention is effective, we need to compare that effectiveness in light of costs. We will describe the methods for cost-effectiveness analysis and use cost-effectiveness analysis of SFSW intervention as a case. Cost-effectiveness analysis can be produced multiple way. The most common ones are RCT- or modelling-based analyses. In addition, observational study designs are possible. This present case is RCT-based cost-effectiveness analysis. Four-year-old children were screened from whole-population in Southwest Finland. We will use Child Behavior Checklist externalizing score as effectiveness measure. The costs will include direct intervention production and parents' time-use costs and the costs of children's behavior treatment. To evaluate cost-effectiveness of the intervention, we will calculate the incremental cost-effectiveness point-estimate. We will use a range of decision-makers willingness-to-pay values and evaluate the society's received net-monetary benefits from intervention. In the Conference, we will describe the basics of cost-effectiveness analysis and challenges we face when the target group is children and the intervention is preventive. In addition, we will discuss about different willingness to pay values and their effect to the cost-effectiveness analysis. Effectiveness alone is not sufficient for decision-making. Even though the SFSW intervention is more effective than EC, we need to value the effectiveness in light of costs.

Making them think differently: The impact of mental health service users involved in mental health nursing education

by Brenda Happell | Synergy: Nursing and Midwifery Research Centre

Service user participation in all aspects of mental health services is clearly embedded in mental health policy and often internationally. This goal is often impeded by negative attitudes of health professionals to working collaboratively with service users. Involving service users in the education of health professionals has been demonstrated to impact positively by reducing stigma and enhancing the popularity of mental health nursing as a career. The Coproduced Mental Health Nursing Education (COMMUNE) project is an international project with the aim of introducing mental health service users (referred to as Experts by Experience) into the mental health nursing teaching teams. A multi-method evaluation was undertaken to determine the impact direction and level of effect of service user involvement on nursing student attitudes and experiences. The evaluation included: pre- and post-administration of surveys measuring attitudes to people with mental illness, service user participation and mental health nursing; focus groups with nursing students; and interviews with Experts by Experience conducting the teaching. The findings demonstrate attitudinal improvement across all scales with some significant findings. Recognising the person behind the diagnosis was a key theme for both the students and Experts by Experience. These findings suggest Experts by Experience have an important role in the education of nursing students.

Measuring experienced discrimination and stigma using DISCUS in people with severe mental illness in the Netherlands

by Bouwina Esther Sportel | Stynke Castelein | GGZ Drenthe Mental Health Institute, dep of Psychotic Disorders, Assen, the Netherlands | Lentis Research, Groningen, the Netherlands

Stigma and discrimination have a large impact on people with severe mental illness. They are associated with social isolation, less participation in society, and a delay in help seeking. Although effective

interventions are available to reduce stigma and discrimination, not much is known about factors contributing to stigma and discrimination, or recovery enhancing factors. To gain more insight, the availability of easy-to-use, brief instruments to measure stigma and discrimination with good psychometric properties is essential. At King's College, as part of the INDIGO project, DISCUS was developed. DISCUS is a self-report version of the Discrimination and Stigma Scale (DISC-12). DISC-12 measures experienced stigma and discrimination and has good psychometric properties, but is time-consuming and interview-based. DISCUS aims to measure experienced discrimination and stigma in an easier manner, but needs to be validated. Current study investigates the psychometric properties of DISCUS in a Dutch cohort. In total, 107 participants with severe mental illness (male = 60.7%; M age = 45.78 yrs, SD = 12.21) in extramural care participated in the Dutch study as part of the larger INDIGO DISCUS validation study. Participants were recruited at three mental health care facilities in the Netherlands (Altrecht, Lentis, GGZ Drenthe). They were invited to participate when visiting the mental health care facility for their regular appointment. Participants filled out DISCUS, a shortened, self-report version of DISC-12, measuring experienced discrimination and stigma, along with questionnaires measuring internalized stigma (ISM), and mental well-being (WEMWBS). First analysis show good internal consistency for DISCUS, with Cronbach's alpha = .87. A positive association was found between DISCUS and ISMI ($r = .39, p < .001$), and a negative association between DISCUS and WEMWBS ($r = .20, p = .04$). DISCUS shows promising first results, with good internal consistency and correlations in line with expectations.

Measuring recovery outcomes for children & young adults

by Bridey Rudd | Mrs

Personal recovery has become deeply embedded within adult mental health policy and practice around the world in recent years, but remains a fairly novel concept within young people's services. Personal recovery outcomes measures can be instrumental in the development and evaluation of recovery-oriented practice. I.ROC is one such measure; a facilitated self-assessment which uses twelve indicators to assess and measure personal recovery on a three-monthly basis. Now used by many organisations in the UK and around the world, I.ROC has proved to be an effective and engaging way of enabling people to frame their own recovery, understand what matters to them, and achieve meaningful personal outcomes. This presentation outlines steps that have been taken to develop a parallel version of I.ROC (Y.ROC) for use with children and young adults. Y.ROC is being developed in partnership with young people with a lived experience of mental health and/or wellbeing problems and recovery. This has involved an iterative process of testing and re-design informed by focus groups with young people, and psychometric testing of the measure. The process, results and outcomes of this project will be presented.

Medication non-adherence among South American patients with schizophrenia

by Alejandra Caqueo-Urizar | Alfonso Urzúa | Guillaume Fond | Laurent Boyer | Universidad de Tarapacá, Chile | Universidad Católica del Norte, Chile | Aix-Marseille University, Francia | Aix-Marseille University, Francia

The objective of this research was to quantify nonadherence to medication and explore the determinants of nonadherence in patients diagnosed with schizophrenia (SZ) from three countries in Latin America (Bolivia, Peru, and Chile). This study was conducted in public mental health centers in Bolivia, Peru, and Chile. The data collected included drug attitude inventory (DAI-10), sociodemographic information, and clinical and treatment characteristics of patients with SZ. Multivariate analysis with multiple linear regression was then performed to identify variables that were potentially associated with the DAI score (dependent variable).

Two hundred and fifty-three patients diagnosed with SZ participated in the study and 247 fully completed the DAI-10. In the multivariate analysis, medication nonadherence was associated with being a woman ($\beta=-0.16$, $p=0.029$), younger age ($\beta=0.17$, $p=0.020$), younger age at onset of disease ($\beta=-0.17$, $p=0.019$), and lower insight ($\beta=-0.30$, $p=0.001$). Being a female, younger age, younger age at onset of disease, and lower insight were the main features associated with nonadherence. If future longitudinal studies confirm these findings, these factors should not be neglected in Latin American mental health public policies to address the problem of nonadherence.

MEGA - Building capacity by developing and implementing mobile application for youths mental health assessment

by Ellilä Heikki | Elsie Breet | Chapima Fabian | Coetzee Marita | Grobler Gerhard | Groen Gunter | Jansen Ronelle | Jonker Deborah | Jörns-Presentati Astrid | Korhonen Joonas | Mbanga Irene | Mukwato Patricia | Mundenda John | Mwape Lonia | Seedat Soraya | Stein Dan | Sukwa Thomas | Suliman Sharain | Turunen Timo-Juhani | Valtins Karlis | Van den Heuvel Leigh | Wahila Ruth | Lahti Mari | PhD, Principal lecturer | PhD | Lecturer | Lecturer | Dr | Professor | Lecturer | MSc | Lecturer | Lecturer | Researcher | PhD | Professor | PhD | Professor | Professor | Dr. | PhD | Researcher | Professor | PhD | Lecturer | PhD, Principal Lecturer

Promoting mental health is one of the main targets of UN's SDG 2030. It has brought a focus to the prevention and treatment of non-communicable diseases, including child and adolescent mental health disorders, which constitute a major challenge for sustainable development. Thus innovative strategies are needed to find effective solutions to promote mental health and prevent depression. This MEGA project is a EACEA funded (nro:585827- EPP-1-2017-1-FI-EPPKA2-CBHE-JP). The goal of the MEGA project is to contribute to adolescents' access to mental health services and proper care. Sub-objectives are: (1) To evaluate primary health care workers' educational needs and mental health literacy, (2) To develop a mobile application for assessing youth depression and anxiety; (3) To evaluate the uptake and acceptability of the training in a group of trainers and their training of primary health workers; (4) To evaluate the utility of the mobile application tool in primary health care settings. A combination of action research and mixed methods will be explored. Firstly, we will conduct a survey in South-Africa and Zambia of primary health care workers. Secondly, we will develop a mobile application assessment tool for youth depression and anxiety. Lastly, we will pilot the mobile application in South-African five regions and capital area of Zambia, and conduct a feasibility survey. Outputs are: 1) Knowledge of South-African and Zambian primary health care workers mental health literacy, and educational needs 2) Mobile application assessment tool for youths common mental health problems 3) Trained HEI personnel and primary health care workers 4) Pilot tested mobile application assessment tool in primary health care. Outcomes of this MEGA project will benefit primary health care professionals locally by increasing their competence to screen for common mental health problems using a brief, technological screening tool.

Mental health first aid training in the field of adolescents' mental health: a literature review

by Leona Cilar | Majda Pajnkihar | Klavdija Čuček Trifković | Assistant, PhD student, RN | Prof., PhD., RN | Senior lecturer, PhD., RN

Although, adolescents are a vulnerable population who often experience stress, many of them do not seek needed help. The mental health first aid (MHFA) training is a relatively new concept that aims to educate the public, adults and young people in the field of mental health. It showed its importance in improvement of knowledge about mental health, early recognition of mental health disorders, health attitudes and providing needed support. The aim of this study was to systematically review literature in the field

of MHFA training and to investigate how MHFA training impact on improvement of mental health and prevention of mental health disorders of adolescents. The literature review was undertaken to summarise findings and to find out how MHFA training impacts the mental health of adolescents. The international electronic databases (Medline, PubMed, CINAHL, Web of Science, Cochrane Library and PsycArticles) were searched using inclusion and exclusion criteria. The final search strategy was: ((“mental” OR “psychological” OR “psychic”) AND (“health” OR “wellbeing” OR “well-being” OR “balance” OR “welfare”)) AND (“first aid”) AND (“nursing” OR “health care”) AND (“youth*” OR “adolescent*” OR “teenager*”). Within identified studies, rigour was considered. Out of 88 identified records, only 6 were included in the final analysis. Studies included in the analysis showed positive results of MHFA training on mental health of adolescents, and only one of them showed no significantly effect. Overall findings show that MHFA training positively impacts the early recognising of mental health problems and improves knowledge and attitude to mental health disorders.

Mental health nurses and qualitative research: Exploring the landscape of therapeutic research and the parallel processes of qualitative research and therapeutic engagement

by Tony Warne | University of Salford

Contemporary nursing research often uses qualitative research as a way of gaining insight into the lived experiences of service users and how these impact on their mental well-being. In achieving such insights and transposing the findings into practice it is anticipated service users will receive effective sensitive health care. However, a symbiotic relationship exists between those engaged in qualitative research and those engaged in mental health care, both requiring an interpersonal encounter. The nurse, as researcher, in listening to the participants’ story is required to respond from their role as researcher rather than their more familiar role of nurse. As qualitative research gathers momentum within the mental health care, our focus for this paper is on the tensions experienced by the nurse taking on the role of researcher. Using autoethnography, the authors personal experiences of supervising six PhD students are described and systematically analysed in terms of related cultural practices, common beliefs and values and shared experiences. Autoethnography promotes a better understanding of both insider and outsider knowledge, having the potential for transformative learning. Within the process four themes were identified; (1) Doing research ‘on’ or ‘with’ participants; the ethics of a symbiotic encounter (2) I’m just a researcher who can’t say no; not letting people down (3) Transfer of feelings; developing a sensitivity and using it effectively (4) Having no control, not responsible; is research as therapy wrong? The tensions emerging in this study centre on the emotions elicited during the research encounter. Such tensions often resulted in feelings of helplessness, an uncomfortable sense of exploitation (of the research participant), and worries of being a good enough researcher/nurse. Researchers, supervisors need to be cognisant of the complexities inherent in using a research approach which may itself be therapeutic.

Mental health on 13 square kilometers in the Caribbean

by Rik Koopman | Mental Health Caribbean

This presentation is an account of what it is like to be the sole mental health worker on the Caribbean island of Saba, which is a special municipal entity within the Kingdom of the Netherlands. After a brief video presentation to introduce the island, an impression will be given on issues related to history, geography and economy that are important to mental health issues. Additionally an insight will be given on what sort of supportive services and facilities are in place on the island of Saba and what it is like to be the sole frontline mental health worker on a very small Caribbean island. The presenter will share topics related to

caseload, culture, socio-economic situations, education and financial support from the Netherlands as well as the government of Saba. Another area of interest are the differences in the provision of mental health care Caribbean compared to, in this case, the Netherlands, with an emphasis on mental health law, health insurance, medications, bureaucracy and psychiatric in-patient facilities.

Mental health problems of asylum seekers and refugees in South Korea

by Israel Fisseha | Myeong-Sook Yoon | social welfare, Chonbuk national university | social welfare, Chonbuk national university

Although the refugee acceptance rate being among the lowest in the world, South Korea has been a refugee accepting Asian country since its acceptance of refugee act in 2013. The refugee act contains a commitment to provide social protection and residence to international refugees. However, only about 1 out of 220 refugees receive refugee recognition through administration and litigation process. Many refugees in particular are underrepresented in support services and face substantial barriers accessing support and treatment mental health problems. As Symptoms of common mental disorders like depression, anxiety and PTSD are much more common in asylum seekers and refugees as compared to the general population, there is almost no study conducted epidemiologically to understand the depth and characteristics of the problem. This study is aiming to estimate the prevalence rates of common mental disorders among refugees and asylum seekers in South Korea and to identify the risk factors for these conditions and the protective factors. Apart from showing the prevalence of common mental disorders (depression, anxiety, and PTSD), this study further aims to widen the discussion that socio-economic factors indeed have a strong positive relationship with common mental disorders. Again it is also the aim of this paper to point out which aspect of low socio- economic status (SES) contribute to severe or acute common mental disorder. A population-based study on refugees and asylum seekers who are living in the country is on the way to reach at an evidence based scientific explanation of the problem.

Mental health professionals' attitudes and perceptions regarding the importance of families in psychiatric care and of quality in a community healthcare setting

by Øyfrid Larsen Moen | Agneta Schrøder | Lars Olov Lundquist | Hege Kletthagen | PhD | Profesora | PhD | PhD

Mental health problems among adolescents have increased, and between 10–20% of the adolescent population experience mental health problems. When mental health problems start during adolescence, they represent a considerable burden and are one of the main causes of disability among young people. Mental health problems not only affect the ill person, but also family members' everyday lives, health and quality of life. Young adults may need support and involvement from family members to manage the transition and achieve recovery. Health personnel's attitudes to the importance of families in their care and the quality of care may lead to healing and decrease suffering in families. The quality of psychiatric care encompasses the patient's dignity, sense of security with regard to care, participation, recovery and patient care environment. The aim of the study was to explore mental health personnel's attitudes and perceptions of the importance of families in care and quality of care. Quantitative cross-sectional study with descriptive and comparative statistics. Participants: health personnel working with young adults aged 18–25 years with mental illness in community outpatient health care in Norway. The instrument Families' Importance in Nursing Care – Nurses' attitudes (FINC) modified to measures mental health professionals' attitudes towards the importance of including families in nursing care. The instrument consists of 26 items comprising four factors: the family as a resource in care, conversational partner, a burden, as its own resource. The

instrument Quality of Psychiatric Care in community health services – health professionals (QPC-OPSC) consists of 30 items and seven dimensions: encounter, participation, support, environment, availability, relatives and discharge. The instrument is based on patients' perceptions of quality of care, and further adapted to measure perceptions among staff. Preliminary findings will be presented.

Need for mental health and addiction in curriculum

by Arlene Kent-Wilkinson | Blaney, L. | Groening, M | Santa Mina, E | Roderique, C | Hust, C | University of Saskatchewan | Vancouver Island University | CNS, Vancouver Children's Hospital, Vancouver, BC | Ryerson University, Toronto, ON | CNS | Algonquin College

Education (both theoretical knowledge and psychomotor/psychosocial clinical skills) in mental health and addiction for all undergraduate nursing students is essential globally. A recent environmental scan in Canada demonstrated that 22 percent of Canada's 46 'undergraduate nursing programs lacked a designated mental health theory course in their curriculum and 28 percent of the nursing programs did not offer a clinical placement in mental health. The Education Committee of the Canadian Federation of Mental Health Nurses (CFMHN) is responsible to review and revise the CFMHN documents on the competencies and standards every five to seven years to reflect the current needs and trends of mental health and addiction practice in Canada. The need for increased content of mental health and addiction into undergraduate curriculums has been noted with each edition of the CFMHN standards, competencies, and position papers. The important inclusion of mental health and addiction content in the curricula of all undergraduate nursing programs, will be emphasized in this presentation by addressing the need for entry-to-practice competencies in mental health and addiction, and by discussing the responsibility of nursing education and professional associations. Schools of Nursing have an ethical responsibility to graduate student nurses with knowledge about caring for people with mental health and addiction conditions, who represent at least 20 percent of the population in Canada, and similar rates globally!

Mental health professionals' experiences of family-centered care when meeting young adults living with mental illness and their families

by Hege Skundberg-Kletthagen | Øyfrid Larsen Moen | PhD | PhD

In Norway, young adults living with mental illness who are in need of outpatient mental health care are entitled to professional support by municipal mental health services. Mental health problems occurring during adolescence represent a considerable burden and are one of the main causes of disability among young adults, affecting not only the young adult but also family members' everyday lives. A family-centred care focus may involve and acknowledge family members as a resource in treatment and care, viewing the family as a system in mutual interaction with strengths and resources. The purpose of family-centred care conversations is to increase coping in everyday life with mental illness through creating a context of change in order to facilitate new beliefs, meanings and opportunities in relation to the family's present concerns. The aim of the study was to describe and explore mental health professionals' experiences of family-centred care focus after participating in a training programme on Family-centred support conversation intervention (FCSI). A qualitative, descriptive and explorative design with individual interviews with health professionals will be carried out during spring 2018. A qualitative inductive content analysis will be used to describe the health professionals' experiences. Inclusion criteria are: minimum three-year bachelor's degree in health or social science, working in municipalities and minimum one year of work experience with young adults aged 18–25 years with mental health problems. The health professionals will be asked verbally and in writing to participate in the interview. Preliminary findings of the health

professionals' experiences of working with a family-centered care focus with young adults aged 18–25 years with mental health problems will be presented at the conference. Little attention has been addressed to seeing the patient in a wider context in mental health care when encountering the families of adolescents suffering from mental illness.

Mental health promotion competencies in the health sector based on a Delphi study

by Nina Tamminen | Pia Solin | Lasse Kannas | Hannu Linturi | Eija Stengård | Tarja Kettunen | WHO Collaborating Centre for Mental Health Promotion, Prevention and Policy, Mental Health unit, National Institute for Health and Welfare, Helsinki, Finland; University of Jyväskylä, Department of Health Sciences, Finland | WHO Collaborating Centre for Mental Health Promotion, Prevention and Policy, Mental Health unit, National Institute for Health and Welfare, Helsinki, Finland | University of Jyväskylä, Research Center for Health Promotion, Finland | Metodix Ltd, method developer community, Helsinki, Finland | Mental health and substance abuse services, City of Tampere, Finland; University of Tampere, Finland | University of Jyväskylä, Research Center for Health Promotion, Finland; Central Finland Health Care District, Jyväskylä, Finland

Effective public mental health policy and practice call for a trained workforce that is competent in mental health promotion and delivering on improved mental health at a population level. Systematic information on what competencies are needed for mental health promotion practice in the health sector is lacking. The study aimed to investigate these competencies for mental health promotion. A Delphi survey was carried out to facilitate a consensus-building process on development of the competencies. Thirty-two professionals working in mental health and mental health promotion took part in the survey. The experts were asked their professional views on the needed competencies as well as to rank the importance of the competencies. Two questionnaire rounds were carried out in order to reach consensus. Sixteen main competencies and fifty-six sub-competencies were identified through the Delphi survey. The competencies were divided into three category domains: theoretical knowledge, practical skills, and attitudes and values each category representing an important aspect of mental health promotion competency. A strong consensus was reached within the participating experts them viewing all competencies as important. The identified competencies highlight the great variety of different competencies and competency areas that are needed for effective mental health promotion practice in the health sector. The competencies provide a resource for workforce development, as they illustrate the necessary theoretical knowledge, practical skills and attitudes and values required. They provide an instrument to enhance education and training programmes in mental health promotion contributing to improved quality of practice as well.

No more revolving door: The effectiveness of outpatient care in the act unit of Helsinki

by Mannila Risto | Merano Irene | Suhonen Jaana | RN, Aurora Hospital, Helsinki | RN, MNSc, Nurse Manager, Aurora Hospital, Helsinki | RN, MNSc, Nursing Director, Aurora Hospital, Helsinki

The ACT (Assertive Community Treatment) Unit of Helsinki provides long-term psychiatric outpatient care for challenging psychiatric patients with a psychotic disorder diagnosis, who require intensive support in order to achieve effective outpatient care. The aim of this study was to evaluate the effectiveness of care during the first three years of operation of The ACT Unit of Helsinki. The study was conducted in two parts. First, the history of all patients included in the study was reviewed in order to collect data of the number of days of hospitalization before and after the patients' contact to the unit. In total, 79 patients filled the criteria to be included in the study. The data was collected from patient information management systems Pegasos and Navitas, and was limited to the information available in these systems. In the second

part, an evaluation form for every patient was filled by their primary nurses. The form included six items that reflect the holistic main goals of outpatient care provided by the unit. The purpose was to compare how the status concerning every item has developed during the contact. These six items were; adherence to medication, substance abuse, residential status, somatic well-being, social contacts and activities of daily living. Every item was rated on a three-point scale from 0 to 2. The form also included an open field for a short description of the content of the care provided for the patient. The results of the first part show that for 68 patients the number of days of hospitalization has decreased during their contact to the unit, and for 31 of them the decrease has been complete (100%). The second part gave an average of 6.8 points out of 12, indicating that in average the patients' overall status concerning the measured six items has slightly improved.

Nursing care for patients with somatic symptom disorder

by Marianne Annion | Liis Turu | Supervisor. RN; BA | Nursing student from Tallinn Health Care College (3th year)

The interest in treating patients with somatic symptom disorder according to patient's needs has been gradually increasing in recent years. Emotional and cognitive symptoms are diminished as far as neglecting them altogether. Several recently published studies have confirmed that suicide rates among patients with underlying psychiatric conditions such as somatic pain disorder, somatization disorder, illness-anxiety disorder (formerly known as hypochondriasis) are extremely high. It is evident that many of the issues related to timely treatment of patients with somatic symptom disorder can be prevented or be solved much sooner if the health care specialists had more adequate knowledge about what to do. The aim of this study is to describe current approaches in nursing care of patients with somatic symptom disorders. The review is based on recent (2010-2017) speciality studies and findings. Research is theoretical analysis and synthesis based on literature review of scholarly articles, speciality books and electronic journals. Altogether 38 reference materials were used in compiling this research. The review is structured according to the aim and objectives of the paper. The findings of this research suggest that first goal when dealing with patients who suffer from somatic symptom disorder should be creating accepting and supporting environment for the patient. Because only then can the specialist use confrontation successfully. Nursing interventions first-hand include developing trusting therapeutic relationship with patient, providing professional counseling that promotes seeking solutions and acquiring appropriate everyday coping skills depending on the type of somatoform disorder. Coping skills may include strategies to reduce anxiety and distress and ways to establish daily routine and start breaking the dysfunctional behaviour and thinking pattern.

Occurrence of affective and anxiety disorders and comorbidities in older people with intellectual disability compared with general population

by Nadia El Mrayyan | Jonas Eberhard | Christina Bökberg | Gerd Ahlström | Lund University | Lund University | Lund University | Lund University

Background: Little is known about the occurrence of affective and anxiety disorders with other comorbidities among older people with intellectual disability. Objectives: To investigate the occurrence of affective and, or anxiety disorders with other psychiatric and somatic comorbidities in older people with intellectual disability compared with general population. Methods: This study is a population study based on register data over 11 years (2002-2012), identified from three Swedish national registers. Individuals with intellectual disability were identified in LSS-register (n=7936), and a same-sized referent cohort matched by sex and year of birth was drawn from the Total Population register. Information regarding diagnosis for

the two cohorts were collected from the National Patient register. Results: The number of psychiatric and somatic comorbidities with affective and anxiety disorders were most common in the intellectual disability group compared to the general population group. The occurrence of affective disorders with comorbidity were higher than anxiety disorders. Most occurrence diagnosis with affective and anxiety disorders in regard to psychiatric comorbidities were; Unspecified non-organic psychosis (affective n=44, respectively anxiety 34), Other mental disorders due to brain damage and dysfunction and to physical disease (n=44, 27) and Specific personality disorders (n=35, 35). In somatic comorbidities the most common occurred diagnosis was; Injury poisoning and certain other consequences of external causes (n=240, 220), Signs and symptoms and abnormal clinical and laboratory findings not elsewhere classified (n=251, 236), Factors influencing health status and contact with health services (n=209, 176). Conclusion: Older people with intellectual disability, have more occurrence of psychiatric and somatic comorbidities with affective and anxiety diagnosis than the general population, and the comorbidities with affective diagnosis are higher than anxiety diagnosis. The unspecified diagnosis indicates that it is difficult to diagnose in older people with intellectual disability, and there is a need for further research to understand this vulnerable group.

On the plausibility of addressing low self-concept of Nigerian handicapped students through cognitive behavior therapy

by Chima Ify M | Department Of Counselling Psychology, Imo State University, Nigeria

Handicapped individuals are those who encounter problems and difficulties because they are marked out by a physical disability from normal persons. In Nigerian culture, handicapping conditions are usually associated with evil deeds or sins of the forefathers. The acceptability of such children by friends, peers and even family members is poor and this affects their self-concept. This study is therefore carried out to enhance the self-concept of these students by developing their social competence, personal adequacy and occupational competence through Cognitive Behaviour Therapy. A hundred handicapped students from Owerri Education Zone 1 who scored highly on self-concept Inventory (SCI) were randomly sampled and assigned into experimental and control groups of fifty each. The design of the study is quasi-experimental and Cognitive Behaviour Therapy (CBT) served as treatment for the experimental group while the control group received placebo. The SCI developed by the researcher was used in collecting data at pretest and posttest. The instrument yielded to a test-retest reliability of 0.72 after two weeks interval. One research question and two hypotheses guided the study while data collected were analysed using the Mean, Analysis of Covariance (ANCOVA) and t-test statistics. The result indicated that CBT was an efficient therapy for enhancing the self-concept of participants. It was also discovered that gender was an important factor on the treatment effect of participants in this study. It is recommended among others that CBT be adopted as a useful tool for enhancing the self-concept of handicapped students.

Oral health-related quality of life of patients with severe mental illness within the forensic assertive community treatment model

by Eveline van der Warf | GGZ Drenthe

People with a severe mental illness (SMI) have a greater risk of dental problems due to reduced attention to oral hygiene, deviant eating patterns, psychotropic drugs side effects, and use of recreational drugs, alcohol and tobacco. Several studies have shown that oral health issues, in addition to pain and functional limitations, can also cause physical and socio-psychological problems. Patients within the forensic assertive community treatment (ACT) model of the mental health organization GGZ Drenthe undergo regular somatic screenings. During these somatic screenings, a large proportion of SMI patients indicated

that their dentition causes discomfort, for example pain and daily function limitations. To map the oral health-related quality of life of patients with SMI in care within the forensic ACT model of GGZ Drenthe and compare it with a healthy control (HC) group. A quantitative comparative study was conducted between a HC group (existing data set, $n = 54$) and respondents with SMI within the forensic ACT model ($n = 37$). Data concerning oral health-related quality of life was collected using the Dutch version of the Oral Health Impact Profile-14 questionnaire (OHIP-NL14). High OHIP-NL14 scores indicate low oral health-related quality of life. 53% of SMI patients responded. The average OHIP-NL14 score of the SMI group was 19.32 ± 11.94 SD in comparison with 11.57 ± 7.49 SD by the HC group ($p < 0.01$). In five of the seven OHIP-NL14 domains (functional limitations, physical pain, physical disability, social disability and handicap) a statistically significant difference was found, with the SMI group consistently scoring higher on the OHIP-NL14 than the HC group. This research shows that perceived oral health-related quality of life of patients with SMI is lower than healthy controls. Further research is required to discover and resolve underlying reasons for high OHIP-NL14 scores.

Parental Box, a “mental maternity box” from Finland

by Lotta Uusitalo-Malmivaara | University of Helsinki

In Finland, a physical maternity package has been given free to all families for already 80 years. Despite the increase in physical health and material issues in most families, mental well-being has not bettered. Parents' loneliness and inability to take care of their babies is common. Our innovation is Parental Box, a mental maternity box, that will be given to all families. Parental Box consists of physical cards, the first aid, and a digital platform where more profound knowledge can be obtained. The themes of the cards are e.g. *a baby's temperament, how to communicate with a baby, it's OK to feel bad sometimes, families are unique*. When parents log in to the digital platform, research data will be collected based on the questions and choices they make. Both correlational and longitudinal data will be gathered. Specific questionnaires can be posted on the platform according to the needs of the family and based solely on research purposes. The parents will be informed of Parental Box through maternity and child health care centers, insurance companies and NGOs. Parental Box will be an international service available in multiple languages. At the moment, we are looking for partners and collaborators globally. Parental Box reached the final in a science-based Helsinki Challenge innovation competition in 2017, please see <http://challenge.helsinki.fi/articles/meet-the-finalists-parental-box>.

Patient participation in PRN events in a forensic psychiatric hospital: A document analysis

by Kirsi Hipp | Eila Repo-Tiihonen | Lauri Kuosmanen | Mari Kangasniemi | University of Eastern Finland | Niuvanniemi hospital, University of Eastern Finland, University of Helsinki | University of Eastern Finland | University of Eastern Finland

Patient participation is highlighted in mental health policies and recommendations, including patients right to be involved in their medication care. Regardless of many studies of the subject, the knowledge of patient participation in pro re nata (PRN, i.e. “as needed”) medication is fragmented. PRN is used to prevent and manage acute psychiatric and somatic symptoms. The need for PRN is often based on specific situations where patients are dependent on professionals' decision-making. Little is known about the patient participation in PRN events or how is this participation documented. Our aim was to describe patient participation in PRN in a forensic psychiatric hospital based on patient documentation in patients' charts. Research questions were i) who are the patients using PRN and ii) how is their participation documented.

We reviewed 77 inpatients' charts during a one-year period from April 2017 to March 2018. In the data collection, we used an observation chart developed based on previous knowledge. We analyzed the data by using descriptive and multivariate analysis. Analysis of the data is in progress, and the results and conclusions of the study will be presented in the conference. Study results will reveal a prevalence and indications of the PRN use including both psychotropic and somatic medications, patient-related factors influencing it, who is initiating PRN administrations, and the alternatives used to PRN

Positive CV, an innovative tool for assessment and documentation of versatile skills

by Kaisa Vuorinen | Lotta Uusitalo-Malmivaara | Faculty of educational sciences | Faculty of educational sciences

Positive CV, or PCV, is a curriculum vitae of a broad range of skills that helps a child to learn to recognize their various abilities. Evidence of skills used in different environments, such as at school, at home, within hobbies, and among groups of friends, is saved on the PCV. The PCV is shaped according to the child's own needs, and grows into youth along with the child, starting from kindergarten. The PCV is particularly applicable for children with special needs. It is free for all children and it can be customized to correspond various purposes. The PCV promotes children being noticed in a positive way wherever they are. The child will be seen through their strengths, and they themselves learn to view others from the viewpoint of skills. The PCV is a newcomer in the field of evaluation, a tool needed alongside traditional report cards that sketches a diverse picture of the best of everyone. The PCV can initially be a notebook or a poster, but finally an electronic platform. It is designed and developed together with children themselves. The PCV serves as a data collection platform. The contents that are saved on the platform can be analyzed both quantitatively and qualitatively. In our presentation, the results from our first interventions with 6th and 9th graders will be shown. We will also introduce the idea (the MVP) and applications of the PCV in practice, showing hands-on how the platform works. PCV won the shared first prize in a competition for social innovations in Finland, please see <http://positiivincv.fi/en>.

Predictors of beliefs about psychological services among future teachers and educators

by Andreja Bubic | Bruno Barac | Anamarija Ivanovic | Faculty of Humanities and Social Sciences, University of Split | Faculty of Humanities and Social Sciences, University of Split | Faculty of Humanities and Social Sciences, University of Split

Most people experience some degree of psychological distress during different periods of their lifetime. Depending on their personal characteristics and coping skills, some may be able to deal with this distress more successfully than others who need or could benefit from reaching to psychology and psychotherapy experts in search of psychological help. In the present study we investigated students' attitudes regarding the Center for student (psychological) counselling offered at their University, more general beliefs about psychological services and the willingness to search for psychological help. 270 students studying to become teachers or educators at the Universities of Split and Zadar, Croatia, participated in the study and expressed their attitudes towards receiving psychological help in case of distress. In doing so, we investigated how these attitudes are associated with their emotional regulation and control, the level of experienced psychological distress and core self-beliefs. The obtained results indicated that, in case of psychological distress, 44 % of students would try to find support at the Center for student (psychological) counselling, whereas 33 % of students would search for help elsewhere and 27 % would not be willing to seek any help. Furthermore, students' emotional regulation and control as well as the level of their psychological distress were identified as predictors of beliefs about psychological services, which was not the

case for core self-beliefs. Moreover, women had more positive attitudes towards seeking psychological help than men. These results support and partly extend previous findings, indicating the practical need for developing and promoting psychological counselling services among university students in Croatia and worldwide.

Prevalence of psychological distress amongst undergraduate nursing students in South Africa

by Nolundi Radana | *Durban University of Technology, South Africa*

Globally suicide has become an extensive phenomenon and is considered to be one of the top three causes of death in the 15 to 44 years' age group. According to WHO, about 800,000 people die each year due to suicide, this does not include parasuicide and suicidal ideations. Nursing is considered to be one of the most stressful professions. This becomes an issue of further concern for nursing students, who are usually within the identified age group, and may be struggling with personal developmental tasks and self-identity.

There is scarcity of literature regarding psychological distress in the Sub-Saharan region as well as clear strategies on how to deal with the phenomenon. This further compounds the psychiatric morbidity. The aim of this study was to identify prevalence of psychological distress amongst undergraduate nursing students as well as factors contributing to it. A quantitative, descriptive design, using a 120-item questionnaire was utilised. Data was collected from 848 undergraduate nursing students in four sampled universities. SPSS -23 was used in data analysis and descriptive, inferential statistic was generated. Results showed significant evidence of psychological distress mainly related to social dysfunction and anxiety. Identified factors contributing to psychological distress whilst on training were financial and time constraints ($M=3.2432$, $SD=.97390$); education ($M=3.2230$, $SD=.82644$). Female students seemed to experience more stress ($M=2.8199$, $SD=.99374$) related to people conflict than males ($M=2.6131$, $SD=.90309$), $t(833)=2.617$, $p=.009$). Older students experienced more stress due to people conflict ($r=.096$, $p=.005$) while younger students experienced more stress from education ($r=-.104$, $p=.003$). An intervention guideline in a form of a model for managing psychological distress was developed thus promoting good mental well-being.

Programme to address child and family services at the Pirkanmaa County

by Sari Miettinen | Anna Hemmi | Nanna Miettunen | *Clinical nurse specialist, RN, coordinator, Department of Child Psychiatry, Tampere University Hospital and School of Medicine, University of Tampere* | RN, Nursing director, Department of Child Psychiatry, Tampere University Hospital | MSc, Social worker, coordinator, Pikassos Ltd - The Centre of Excellence on Social Welfare

In Finland the welfare and health services for children, youth and families are fragmented and do not always take account of the whole family's situation and needs. Therefore these services will be reformed in Government's key project (LAPE) during 2016–2018. The focus will be shifted towards preventive work and early support and care services by strengthening the basic services. Specialist social and health care services are implemented as often as possible near basic services or daycare, school and educational institutions. The objective is to transform the services into an integrated system that will respond better to the needs of the customer. The programme contains four themes: Family centre model, Development of services at specialised and the most demanding levels, A new operational culture to strengthen children's rights and basis in information, and Early childhood education, schools and other educational institutions support the wellbeing of children and youth. Family centres will coordinate the public health, social

and educational services intended for children and families into a network that also includes the services offered by NGOs and parishes and by voluntary stakeholders. Family centres shall also function as “doors” to specialised services. Access to needs-based services will be smooth and the need for support and services will always be assessed in cooperation between many professionals. Some specialised-level services will be available in connection with basic services, and the know-how of different groups of professionals will be coordinated into a coherent package. Presentation will contain more detailed information about development at the Pirkanmaa County: How we will strengthen basic services by education (e.g IPC counselling and Talk about Children -method). We are also developing new models for teleconsultations and dismount to make multidisciplinary and multi-actor teamwork as well as vertical and horizontal integration of services possible.

Psychological adjustment in long-term breast cancer survivorship – the role of meaning-making processes in quality of life

by Marianne Nilsen Kvande | Kari Sand | Ragna Stalsberg | Randi Johansen Reidunsdatter | Department of Psychology, Norwegian University of Science and Technology (NTNU) | Department of Clinical and Molecular Medicine, Norwegian University of Science and Technology (NTNU); Cancer Clinic, St. Olavs | Department of Circulation and Medical Imaging, Norwegian University of Science and Technology (NTNU) | Department of Circulation and Medical Imaging, Norwegian University of Science and Technology (NTNU)

Faced with life-threatening disease, (trans-) forming meaning is the most adaptive strategy for psychological adjustment. Studies on meaning-making among breast cancer survivors are largely based on small samples and great variations in time since diagnosis. With more than 90% of women diagnosed with breast cancer entering long-term survivorship (>5 years after diagnosis), future planning of follow-up care should be informed of individual assets important for quality of life (QoL). Towards these ends, the current investigation examine how existential meaning-making is expressed among a large sample of long-term breast-cancer survivors. Breast cancer survivors enrolled in an 8-year follow-up study at a cancer outpatient facility in Norway participated in semi-structured interviews (n=37) concerning their everyday life, follow-up care, health status and QoL. Based on self-reported global QoL-score, assessed by EORTC QLQ-C30, a sample was drawn of the women with highest (≥ 83 , n=10) and lowest score (≤ 33 , n=12). Interviews were analyzed by two researchers with a meaning condensation approach. Groups of women with high versus low QoL differed in terms of how they perceived themselves to be active agents in their own lives, and the degree of accepting changes to everyday life after diagnosed. The high QoL group made active decisions on how they spent their time, on what, and with whom in order to create a good life for themselves. Women reporting low QoL more often reported to be overwhelmed and exhausted, not able to go to work or be with family and friends – and comparing their current situation to the situation prior to diagnosis. Meaning-making may be an important aspect in the psychological adjustment to (breast) cancer survivorship and thereby an underestimated resource in the follow-up care. QoL-assessments as clinical routine could be used to target psychological interventions /care/support in this growing population.

Psychological health

by Birthe Loa Knizek | Norwegian University of Science and Technology

In estimates of the global burden of mental disorders, there has been an increase of the awareness towards these simultaneously with a tendency to alienate mental health from mainstream efforts to improve health and reduce poverty. Consequently, there is a danger of underestimating the actual importance of mental health because of inadequate appreciation of the connectedness between mental illness and other health

conditions. Mental problems increase the risk of developing both communicable and non-communicable diseases as well as engagement in lethal or non-lethal injury. On the other hand, many physical health problems increase the risk for mental problems and disorders. Loneliness, loss of belonging, loss of meaning in life, anxiety and depression represent challenges with huge consequences for both individuals and society, as they decrease well-being and consequently impact on physical and mental health. As formulated by WHO, there can be no health without mental health.

Public Life Matters – A peer research project

by Gordon Johnston | Lived Experience Research Collective

Public Lives Matters builds on evidence that people with lived experience of mental ill health (PWLI) often experience exclusion from civic and public life. We investigated the level of involvement of PWLI in civic and public life and possible reasons for their exclusion. We will use the results to promote solutions for more active citizenship within mental health communities. We had 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?

Research was carried out by trained peer researchers with lived experience, supported by the research expertise of the Mental Health Foundation and the University of Strathclyde's Centre for Health Policy. The project was granted ethical approval by the University of Strathclyde. We developed, tested and distributed a survey titled "Public Life Matters 2017". This was publicised through social media and partner community based mental health organisations. Initial statistical analysis of 249 returns received identified several key conclusions and areas of interest, which were discussed at six focus groups held throughout Scotland. We revisited our statistical findings alongside feedback from the focus groups, bringing quantitative and qualitative data together, to reach a series of conclusions. From there we developed our recommendations. 50.2% of all respondents expressed a wish to increase their level of involvement in public life. We have therefore identified a massive untapped potential for community involvement. We also identified many key barriers, such as self and anticipated stigma, lack of information and the need for personal support to become involved. We are now commencing engagement with policy and decision makers to put our recommendations of potential enablers and solutions into practice.

Rehabilitation of executive functioning in patients with different diagnosis: A psychoeducational group combined with cognitive and mindfulness training

by Laura Varis, psychologist | South Carelia Social and Health Care District (Eksote), Finland

South Carelia Social and Health Care District (Eksote) services offer rehabilitation to a vast number of patients with different diagnosis. Furthermore many psychiatric and neuropsychiatric disorders cause impairments in executive functions. This created need to start a new group-based interventions. First, purpose of the Executive Functioning (EF) group is to give psychoeducation about brain anatomy and networks as they relate to executive functioning. Second, the group offers remediation techniques and exercises which activate brain networks. The EF group is provided by a multidisciplinary team which includes mental health nurses, psychiatric nurses, psycho-physical therapists, occupational therapists and rehabilitation psychologist. There are about 7-9 participants in each group. The group gathers 10 times for a 90 minutes session once a week on Mondays. In addition each participant has an individual computer-based

cognitive training for a 60 minutes session once a week. In group meetings participants are given lectures about executive functioning, the vagal pathway system and the default mode network. They are also guided to do cognitive exercises by a paper-and-pencil method designed to improve specific cognitive functions. Furthermore two of group sessions are devoted to mindfulness techniques and different exercises given by a psycho-physical therapist. In individual sessions each member of group is given computerized exercises by FORAMENRehab software. These computer-based interventions include active therapist involvement. According to preliminary results The EF group is beneficial for patients with different diagnosis. The group seems to activate the participants. In some cases it increases initiation, fluency and speed of mental processing. Also it promotes patient's insight and the improvements may also generalize to every day functioning.

Relation between life satisfaction, ethnic identity and perceived discrimination in students in the North of Chile

by Alejandra Caqueo-Urizar | Jerome Flores | Alfonso Urzúa | Matías Irrarázaval | Centro de Justicia Educativa, Chile | Centro de Justicia Educativa, Chile | Universidad Católica del Norte, Chile | Universidad de Chile, Chile

Subjective well-being (SWB) can be defined as the positive or negative evaluation of one's life as a whole, or of specific domains of one's life. SWB has two dimensions: affective, which is linked to the emotional aspects and the balance between positive and negative aspects; and cognitive, which is referred to as "life satisfaction". The results of research on SWB among migrant children are inconclusive. The aim of the study is to analyze the relationship between life satisfaction, ethnic identity and perceived discrimination in students from Northern Chile. The sample included 223 children and adolescents from 8 to 18 years old from three schools of low and medium socioeconomic status in the city of Antofagasta, in North Chile. The sample was divided homogeneously between girls and Boys. For the assessment Life Satisfaction we used the Satisfaction with Life Scale-Child (SWLS- C), for Ethnic Identity, the Multigroup Ethnic Identity Measure (MEIM) was used and for Perceived Discrimination, the Everyday Discrimination Scale (EDS) was used. *punctuation EDVS is inverse. Life Satisfaction has a positive and significant association with Ethnic Identity and Perceived Discrimination in children at North of Chile. Promoting a decrease in perceived discrimination allows greater satisfaction with life in children and adolescents. Strengthening ethnic identity promotes satisfaction with life in children and adolescents. It is observed the need to promote the maintenance of cultural traditions in this population.

Reproductive health of women with schizophrenia: A national follow-up study among Finnish women born 1965-1980

by Laura Simoila | Erkki Isometsä | Mika Gissler | Jaana Suvisaari | Erja Halmesmäki | Nina Lindberg | Helsinki University and University hospital, Psychiatry | Helsinki University and University Hospital, Psychiatry | National Institute for Health and Welfare, Information Services Department | National Institute for Health and Welfare, Mental Health Unit | Helsinki University and Helsinki University Hospital, Obstetrics and Gynecology. Femeda-clinic | Helsinki University and University Hospital, Forensic Psychiatry

The aims of the study were to investigate the relationship between schizophrenia and induced abortions, to assess health outcomes and complications related to pregnancy among women with schizophrenia, to investigate obstetric and perinatal health outcomes among these women and their children, to investigate the prevalence and length of out-of-home placements among children with mothers with schizophrenia. Using the Care Register for Health Care, we identified Finnish women born during the years 1965-1980,

and diagnosed with either schizophrenia or schizoaffective disorder during the follow-up period. For each case, five age- and place of birth-matched controls were obtained from the Population Register of Finland. Other information was obtained from the Induced Abortion Register, the Medical Birth Register, the Finnish Register of Congenital Malformations and the Child Welfare Register. Women with schizophrenia exhibited over 2-fold risk to terminate the pregnancy. They were significantly younger and more often without a partner at the time of induced abortion. Their pregnancies began significantly more often not having used contraception. During pregnancy women with schizophrenia were older and single, smoked and showed higher risk of pathologic oral glucose tolerance test, initiation of insulin treatment, fast fetal growth, premature contractions, and hypertension. Had an increased risk of induction of labor, and delivery by cesarean section. The risk of premature birth, low Apgar score, resuscitation and neonatal monitoring were significantly increased. Children with a schizophrenic mother were placed out of home significantly more often than children with a non-schizophrenic mother. Incidence of induced abortions of Finnish women with schizophrenia does not differ from the general population. However, their risk per pregnancy is over two-fold. Schizophrenia associates with some specific reproductive health outcomes and challenges. Careful monitoring of mothers-to-be with schizophrenia is recommended.

RO-DBT treatment exercise in Finland

by Jukka Nevala, Mika Timonen | South Carelia Social and Health Care District (Eksote)

Radically Open Dialectical Behaviour Therapy (RO-DBT) is a novel psychotherapeutic treatment. It proposes that, although the ability to inhibit impulsive behaviors is valued by most societies, too much self-control can be problematic; it has been linked to mental health problems like anorexia nervosa, obsessive-compulsive PD and chronic depression. The RO-DBT's neurobiosocial theory posits that Over-Control-individuals are biologically predisposed to exhibit heightened threat and diminished reward sensitivity, strong tendencies towards constraint and preoccupation with details. These perceptual biases are strengthened by environment. RO-DBT uniquely emphasizes both communicative and facilitative functions of emotional expressions in the formation of close social bonds and empathic behaviors via micro mimicry and the mirror neuron system. Therapy includes training patients to relax rigid inhibitory self-control efforts, to activate social-safety system, to use non-verbal social-signaling skills and the establishment of trust to allow vulnerable self-disclosure, to practice self-enquiry to learn from new experiences and critical feedback, and to reduce maladaptive social comparisons related to envy and bitterness. Our interest in RO-DBT started from our clinical work, where clients' chronic depression, withdrawal from social connections and inflexible psychological functioning appeared to be prevalent in many cases. RO-DBT seemed to offer an interesting and sound approach to these problems and to bring up things we had also wondered by ourselves. We got excited about RO-DBT's combination of practicality and the underlying philosophy of radical openness. We began to study the theory and practice of RO-DBT by ourselves in autumn 2017 and started a pilot group in December and the next one in March. We translated RO-DBT lessons' material in Finnish. From our experience RO-DBT emphasis are the very essential elements of psychological recovery and well-being. This holds true especially, we believe, in a less-talkative and self-sufficient sociocultural environment like Finland (if some simplification is allowed).

Serious mental illness – a barrier to oral health

by Dorte Buxbom Villadsen | Marie Toftdahl Sørensen | MSN | MSN

Having a serious mental illness (SMI) often makes it difficult to sustain oral health. Poor oral health can lead to a reduced quality of life, cardio-vascular diseases and diabetes. International studies underline the

link between SMI and poor oral health but few studies have explored the patients' perspective. The aim of the study was to describe the lived experiences of oral hygiene among adults with schizophrenia. The phenomenon oral hygiene was explored 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. The phenomenon oral hygiene emerged with a general structure and four constituents. The essentials of the general structure emerged as levels of priority and levels of ability. The four constituents emerges as:

- 1) I am able and I give priority
- 2) I am able but I don't give priority
- 3) I am less able, but I give priority
- 4) I am less able, and I don't give priority

The energy level determines which activities are done. The decisions taken are linked to what is individually important. It is distinctive that the level of energy is low due to the symptomatology of schizophrenia. Some give priority to bathing over oral hygiene and others do opposite. For many oral hygiene is far down the line of priorities. Significant others make a difference by tangible help, reminders or other supportive initiatives. Autonomy is important, otherwise conflicts raises. A non-support can lead to an experience of loneliness. There is a need for individual support if oral health is going to be improved and we suggest the quadrant of constituents being transformed into a dialoguing tool use by mental health nurses in cooperation with their patients.

Smart technology to assist recovery for inpatients with severe mental illness

by Cheryl Forchuk | Abraham Rudnick | Deborah Corring | Puneet Seth | Lisa Van Bussel | Naghmeh Mokher | Sujata Ojha | Jodi Younger | Deborrah Sherman | Jeffrey Reiss | Parkwood Institute, London, ON, Canada. Western University, London, ON, Canada. | Thunder Bay Regional Health Sciences, Thunder Bay, ON, Canada. | Western University, London, ON, Canada. | Input Health, Hamilton, ON, Canada. | Parkwood Institute, London, ON, Canada. Western University, London, ON, Canada. | Southwest Centre for Forensic Mental Health Care, St. Thomas, ON, Canada. | Western University, London, ON, Canada. | St. Joseph's Health Care, London, ON, Canada | Ontario Peer Development Initiative, Toronto, ON, Canada. | Parkwood Institute, London, ON, Canada. Western University, London, ON, Canada.

The objective of this study is to gain insight into the use of smart technologies for individuals with psychiatric disorders living in transitional hospital apartments. After a previous trial by Corring, Campbell & Rudnick (2012), this study seeks to examine the feasibility of a smart home intervention and to determine further modifications prior to community deployment. This study will adopt a trans-diagnostic approach by providing smart technologies to participants with both psychotic and mood disorders to support self-assessment and assist mental functioning such as memory. The study will recruit up to 20 participants (aged 18-85) who meet inclusion criteria and are inpatients at two inpatient psychiatric facilities. Screen technologies such as smartphones, tablets, televisions, and/or large touch-screen monitors will be offered to participants. These technologies will provide video-conferencing capabilities, prompts/reminders based on their care plan, and send questionnaires to their healthcare providers through the Collaborative Health Record software. Bluetooth-enabled health adjunct devices such as blood pressure monitors, glucometers, heart rate monitors, medication dispensers, sensor floor mats and weigh scales will be provided as needed. Upon a one week minimum stay in the apartment, participants will complete a semi-structured interview with research staff and a follow-up interview at 6-months post-discharge. Focus groups with hospital staff will evaluate the use of the smart technologies. This study will utilize a mixed-methods approach through individual participant interviews and staff focus groups. The quantitative results from the interviews and the qualitative findings from the focus groups will be discussed. This study will assess the practicability

of using smart technology among participants with mental illness prior to deployment of the technology in the community. It is envisaged that the implications of this study may enable alternative strategies for mental health care through use of safe and effective technology within the home.

Smooth Sailing: A web-based mental healthcare service for secondary school students

by Mirjana Subotic-Kerry | Catherine King | Melinda Achilles | Melissa Anderson | Belinda Parker | Bridianne O'Dea | The Black Dog Institute, Sydney, Australia | The Black Dog Institute, Sydney, Australia; Faculty of Medicine, University of New South Wales, Sydney, Australia. | The Black Dog Institute, Sydney, Australia | The Black Dog Institute, Sydney, Australia | The Black Dog Institute, Sydney, Australia | The Black Dog Institute, Sydney, Australia; Faculty of Medicine, University of New South Wales, Sydney, Australia.

Youth mental health is a leading public health issue with up to 50% of mental illnesses emerging before the age of 18. However, in Australia, waiting lists for services are long, and current services focus on a crisis rather than a preventative response. The school setting presents an ideal context for the delivery of mental healthcare due to the unprecedented access to youth. The Black Dog Institute has designed a web-based mental health service, Smooth Sailing, which screens, assesses, allocates and delivers care for depression and anxiety to secondary school students. This service delivers low intensity intervention (i.e. online programs) to those with mild symptoms and high intensity intervention (i.e. face-to-face therapy) to those with severe symptoms. This trial aims to evaluate the effectiveness of the Smooth Sailing service for improving help-seeking and reducing depression, anxiety, and suicidality in secondary school students. In 2018, a cluster-randomised controlled trial will be conducted in 22 schools (10 intervention; 12 wait-list control) over 12 weeks. Outcomes include help-seeking (GHSQ, AHSQ, BASH-Brief), depression (PHQ-9, CESD-C), anxiety (GAD-7), and suicidal ideation (item-9 of the PHQ-9). Measures will be assessed at baseline, 6-weeks, and 12-weeks. All outcome measures are validated psychometric scales. A total of 1834 students participated in the RCT (Mage: 14.30, SD: 0.86), with 717 allocated to the intervention. Of these, 18% were identified as being moderate to severely depressed or anxious, with 12% having recent thoughts of death or self-harm. The RCT is due for completion on June 30th, 2018. Effectiveness results will be presented at the conference. Given the high prevalence of mental health issues and low levels of help seeking in young people, the Smooth Sailing service may present a viable health service design for tackling this major public health issue.

"Skills without spills" a study of the experience of a CBT group intervention for young people

by Karen Wright | University of Central Lancashire

Self-harm is a way of coping with life for many people and has been linked to increased suicide risk and mental health issues. Indeed self-harm is considered a major public health concern in the UK and globally. The NICE guidance for the long term management of self-harm have recommend psychotherapy groups for between 3-12 sessions. CBT based group work for young people has demonstrated some hope but with little successful replication and we know that structure and collaboration are effective components of treatment. Other psychotherapy groups have also not included interpersonal processes associated with self-injury. This presentation focussed on one such group which was delivered to a group of young, female university students. The psychotherapy group used a mixture of Compassion focused therapy (CFT) and Cognitive behavioural psychotherapy (CBT) exploring participants' maintenance cycles, thoughts, emotions and behaviours and understand this through the formulation and functional analysis. CFT incorporating mindfulness was used to increase self-compassion and assist with other ways of being in the world

and coping with self-harm. The individual experience of the group was then researched using a phenomenological methodology through focus groups. The findings will be presented as well as number of 'top tips' suggested by the group members to inform practitioner and therapists.

Social health and user participation

by Toril Rannestad | NTNU Norway

The national strategy in Norway, Joy-of-Life-for-the-Elderly, aims at focusing more on social and cultural wellbeing in the care for the elderly. However, the strategy has been established without evidence. Our group has therefore asked the users themselves what they regard as Joy-of-Life, or Life Happiness. Some discrepancies between the content in the national strategy and the users' perception have been found. The user perspective is a necessity in research and practice to ensure healthy lives and promote well-being for all at all ages.

Spirituality - How I healed from a lifetime of trauma

by Craig Lewis | Better Days International

Nearly everything I care about and love, including myself, was burnt to ash during the past 3 years. I spent from 1988 - 2015, taking unnecessary psychiatric medications. A team of Psychiatrists supported me in stopping all medications. They told me it was the pills that were making me sick. While "symptom free", I was left with cognitive damage and numerous life and health challenges that impact me every day. I have been put in impossible to manage situations my entire life and the past three years have been the most intensely devastating I have experienced. The past three years are also the most overwhelmingly transformative and beautiful of my life. This was achieved by choosing to live a spiritual life. Three years later, I am no longer picking up the pieces of a broken life. I am creating a brand new life with a pure heart of love, and it is this precious self-love with which my personal fuel tank is perpetually filled. 1) Participants will be informed about the extreme challenges that can result from excessive prescribing of medication and the subsequent withdrawal. 2) Participants will be reminded of their personal power to use their roles to better benefit those they serve as well as themselves. 3) Participants will spend 20 minutes with a man who successfully did what was believed to be impossible. Craig will share of his experience candidly and direct from his heart. Look at me and /or listen. I am the result. Choosing to take control over your life and your health results in improvements and if we support all people in doing so; positive things can and will happen.

Towards quality mentoring

by Sini Kylämäki, RN, master student | Mia Blomqvist, co-writer, administrative Ward Manager | Turku University hospital, Finland | Turku University hospital, Finland

This project is based on a pilot program of mentoring in the field of Psychiatry in Southwest Finland Hospital District in 2016. In mentoring, a more experienced psychiatric nurse mentors and shares the silent knowledge to a less experienced psychiatric nurse. It is not an orientation, it is about supporting the actor's professional growth and enrich the actor's competence. After the pilot program, mentoring was found to be good and it was decided to continue. At the end of 2017, there were already 11 mentoring pairs in mentoring, where a few mentors had taken on a new actor to be mentored. The purpose of this project is to find out what development needs have been raised in mentoring and to develop a structured model for mentoring. The model will give mentoring grants that include how long the mentoring should be - in

time and quantity, what kind of content should be included there and how to start and finish the mentoring goal-directed. The aim is to get closer to a more quality mentoring. The methods that will be used to get to the aim are interviews with the mentors and actors that have already participated in the mentoring program and search the literature to help access the target. Interviews are conducted by group interviews using theme interviews. In addition to interviews, information on literature, research on what kind of models has been used elsewhere, and application of the information obtained to fit the target organization of the project are collected. The completed model will be distributed throughout the psychiatric area and possible custom it to be used in the entire healthcare district. The Results of the interviews will be ready in fall 2018 and the directional conclusions will be presented in the conference.

Spirituality, patient care and the health system in Ghana

by Dr Joseph Osafo | University of Ghana, Dept of Psychology

The importance of spirituality in health outcomes has been globally acknowledged. However, the practical competence in incorporating it as aspect of patient care by health workers is far from being achieved. Ghana's rich and diverse religious/spiritual resources, continue to be at the fringes of the biomedical health care system. This presentation will provide snapshots of Ghana's health system, spiritual resources and the barriers to their utility, and finally how Ghana's religious institutions can be a partner in facilitating the transition of the healthcare system from the predominant biomedical enclave to a more biopsychosocial shape

Strangers in their own homes: Well-being of international students undertaking work experience in their home country

by Vinh Lu | Brett Scholz | Pankhuri Malhotra | Grant Melvin | Bronwen Whiting | College of Business and Economics, The Australian National University, Australia | College of Health and Medicine, The Australian National University, Australia | College of Business and Economics, The Australian National University, Australia | College of Business and Economics, The Australian National University, Australia | College of Business and Economics, The Australian National University, Australia

In an increasingly globalised workforce, international work experience opportunities have become a focus for universities to improve students' employability. A form of work integrated learning, internships can significantly shape students' professional skills and identities. Undertaking internships can also present stressful situations, threatening learning quality and well-being. Given the importance of workplace adjustment to future well-being and mental health, the aim of this transdisciplinary study was to examine stressors and well-being outcomes of international students interning in their home country, drawing on the conservation of resources theory. A qualitative exploratory design informed the study. We interviewed 10 Chinese international students in Australia about their placements in Beijing. Their internships were part of the University's endeavours to support international students' understanding of professional landscapes and gaining industry exposure in their home country. Interviews were transcribed, and a thematic framework guided the analysis. Participants reported multiple stressors impacting their well-being during their internships. These included environmental stressors (e.g., adjusting to a new city), workplace stressors (e.g., managing expectations of internship hosts and home institution), stressors related to internship processes, and stressors related to their perceived personal capabilities (e.g., Mandarin language in the workplace despite being educated in English). Taken together, these stressors impacted upon the well-being resources of students, impacting feelings of employment preparedness, self-efficacy and coping ability. Students also proposed stress coping strategies and mitigating factors that supported their internship

experiences. The study advances knowledge in occupational mental health. Understandings of factors related to conservation of resources theory are enriched with the context of psychological stress in an international placement context. While there are multiple stressors experienced by students, participants discussed being able to draw on support to maximise well-being outcomes. We discuss the implications of our findings for the design and implementation of work integrated initiatives in a higher education context.

Stressor experience, self-esteem and mental health in adolescents in upper secondary high school

by Unni Karin Moksnes | Associate Professor, Norwegian University of Science and Technology, Department of Public Health and Nursing/ NTNU Center for health promotion research

The present study investigates the association between stress, self-esteem and the outcome of mental well-being and symptoms of depression and anxiety, controlled for gender, age and socio-economic status. Further the potential moderation effects of gender on the association between stress, self-esteem and mental health were investigated. The cross-sectional sample consists of 1814 adolescents 15-21 years from five upper secondary high schools in Mid-Norway. The participants responded on the Warwick- Edinburgh Mental Well-being Scale, The 10-item Hopkins symptoms checklist, The Rosenberg Self-esteem Scale, and The Adolescent Stress Questionnaire. Analyses were conducted with multiple linear regression analysis. When comparing the two regression models, boys reported significantly higher scores than girls on mental well-being and girls reported higher scores than boys on symptoms of depression and anxiety. Stress showed a significant negative and weak association with mental well-being and significant positive and moderate strong association with emotional symptoms. Self-esteem was positively significantly associated with mental well-being and significantly negatively associated with emotional symptoms, where the association was especially strong with mental well-being. Significant interaction effects of gender x stress and gender x self-esteem were found in association with emotional symptoms, but no significant interaction effects were found with mental well-being. The results support that self-esteem is an important resource in association with overall mental health and especially with mental well-being, controlled for gender, age, socio-economic status and stress. Stress seem to be strongest related with symptoms of depression and anxiety. The association between stress, self-esteem and emotional symptoms seem to be especially strong in girls.

Studying away and well-being among international students in the UK

by Eman Alharbi | Andrew Smith | Centre for Occupational and Health Psychology, School of Psychology, Cardiff University | Centre for Occupational and Health Psychology, School of Psychology, Cardiff University

The UK is the first destination in Europe for international students. Universities all over the world try to improve students' levels of well-being, as research has shown that higher- education students are at a higher risk of developing psychological problems due to increased stress and the challenges they face in their new academic and adult life. Most available research tends to focus on a single aspect, such as stress, anxiety or happiness, whereas well-being includes positive and negative aspects and is influenced by different factors. Furthermore, the majority of studies on international students focus on the acculturation process rather than on courses and university environment or students' planning before leaving home and the strategies they apply. The objectives of the present study were to determine the following: (1) To what extent does being away from home affect positive and negative well-being as a function of international students' course load, support, personality, and healthy lifestyle? (2) Do the use of pre-departure and being

in university strategies predict positive and negative well-being? Among a sample of 387 international students aged 18–50 from 44 countries studying undergraduate and postgraduate courses in the UK. Regression analysis indicated that positive well-being was predicted by healthy lifestyle, positive personality, control over and support in academic work and quality of student life (university life and benefits), application of being in university strategies, adapting to being away without over-reliance on technology and unwinding after academic work. Negative well-being, on the other hand, was predicted by negative personality, high course demands, low levels of control and support, lack of pre-departure strategies expectations about being away and planning before departing.

The attributes of successful de-escalation and restraint teams

by Páll Biering | Associated Professor in Mental Health Nursing at the University of Iceland

Inpatient violence is a widespread problem on psychiatric wards often with serious consequences and psychiatric hospitals have set up de-escalation and restrain teams (D-E&R teams) which are specially trained to respond to it in a safe manner. Successful de-escalation and restraining of aggressive patients not only depends on the methods learned in training but also on the confidence of the team. Therefore, it is of great importance to understand the factors that enhance D-E&R teams' competence in managing aggressive patient in a successful and safe manner. The aim of this hermeneutic study was to identify and understand those factors. Purposive-expert sampling was used and twelve D-E&R team members with significant experience participated in the study. The central theme found was *a safe team*. Ensuring the safety of the team and its members was found to be a prerequisite for successful teamwork in managing aggressive patients in a safe manner. This central theme falls into two interacting domains: *the internal dynamics of the team* and *the team's interaction with patients*. Several themes, such as *mutual trust*, *flexibility* and *knowing one's role* influence these domains and hence strengthen or weaken the confidence and safety of the team. A conceptual framework is presented to show how these factors interact with each other. The findings of the study will contribute to a better understanding of these factors; understanding which could be used to improve the training, supervision, and quality assessment of D-E&R teams and hence lead to more safety in psychiatric wards.

The body and health. A walk on the tightrope of the biopsychosocial model

by Sylvia Söderström | Norwegian University of Science and Technology

In the shift from a traditional biomedical understanding of health and illness to a more holistic biopsychosocial understanding some health care workers fear that in the Nordic countries we are now about to lose the bio part of this understanding. This might seem odd in a society that is experienced as an increasingly medicalized one, and where the pursuit of a healthy body is ubiquitous. The objective of this presentation is to highlight the significance of bodies and bodily relationality on young people's health situation and everyday life. The presentation draws on literature presenting theoretical perspectives such as the lived body (Maurice Merleau-Ponty), bodily relationality (Elisabeth Benkhe). These perspectives are highlighted through examples from research in the Nordic countries on young people and health, and on disabled youth and peer inclusion. The examples are used to discuss how an objectified body, or an absent body influence the experiences of health and participation. If healthcare workers acknowledge bodily experiences and expressions as vital in mobilizing resources this might enhance the facilitation of health and participation.

The deliberative organizational jury HealthDynamo – developing services together with service users and professionals

by Pirjo Rantanen | *Managing and user involving*

Health care organizations in Finland are functioning in a constantly changing society. The challenge to survive requires organizations to constantly innovate and develop services. Operations must be able to adapt dynamically the requirements of the operating environment, so managing change requires simultaneous consideration of multiple perspectives. This sets a requirement for modifying management thinking. The Child Psychiatric Clinic in Tampere University Hospital recognized the challenges of the organizational environment and diversity, and therefore deliberative democracy was selected as the method for clinical development. Based on the data of the Master's thesis the results raise the issue of how the dialogue framework and dialogue management can be utilized in social and health care. In this research empirical data has been collected in the TAYS Child Psychiatric Clinic's development project in cooperation with the University of Vaasa.

The deliberative organizational jury was named HealthDynamo. The project was implemented during the spring 2017. The deliberative organizational forum represented all the actors involved in the joint polyphonic dialogue. HealthDynamo was carried out over four day period by bringing personnel and service users to discuss issues together. The objectives of the organizational chart and the background information provided during the process have a great influence on the success of the development work. The representativeness and commitment of the participants are of great importance for the widest possible range of viewpoints. Proposals for improvements are also more easily accepted when there are wide-ranging consultation of actors, both clients and multi- professionals in the process. In the light of the results, social and health care organizations need perspective on dialogue management to develop the hierarchical and bureaucratic structures, rigid processes and organizational culture. Based on the analysis of the material and theoretical literature reviews the correlation between the theories of deliberative democracy and dialogic management is significant.

The de-stigmatization of mental health and addiction related stigma globally

by Arlene Kent-Wilkinson | Blaney, L. | Groening, M | Santa Mina, E | Roderique, C | Associate Professor | Professor, BSN Program, Vancouver Island University, Nanaimo, BC | CNS, Cancouver Children's Hospital , Vancouver, BC | Ryerson University, Toronto, ON | Nursing Consultant

Mental health and addiction-related stigma occurs around the world, unconfined by demographics or national boundaries. Background: Mental health and addiction conditions persist in 2018 as serious health concerns that are often complex, concurrent, chronic and common. One in four people globally live with mental illness and addiction, or 450 million people. Despite their high prevalence, mental illness and addictions continue to be met with widespread stigma in hospitals, workplaces and schools, and in rural and urban communities. In the last ten years, government reports and professional association documents on mental health have had a lot to say about mental health and addiction-related stigma. Major anti-stigma campaigns by governments, non-governmental organizations, and private corporations in Canada and globally are making a sustained presence to confront stigma; and, current research has evaluated the initiatives made to reduce and to de-stigmatize this ongoing problem. Nurses, as the largest group of health care providers, are significant stakeholders in meeting the mental health care needs of Canadians. However, even with efforts on many fronts to de-stigmatize mental health and addiction conditions, nursing has been identified and remains a target group in perpetuating stigma. Nurses and nurse educators are challenged as to their role and responsibility in combatting the stigma of mental health and addiction

related conditions that still exist. This paper will focus on the progress that has been made in reducing mental health and addiction-related stigma globally. Who the best educators are in de-stigmatizing mental health and addiction-related conditions will be revealed.

The effect of oral care interventions on the oral health and quality of life of young patients with a psychiatric disorder

by Haakma Evelien, RN, Student MANP Friesland Mental Health care services, The Netherlands | Kuipers S.A MSc, MSW, RN, NHL Stenden University of Applied Science, Leeuwarden, University of Groningen | Boonstra N, Prof, MANP, NHL Stenden of applied sciences; Leeuwarden, Friesland Mental Health Care Services | Friesland Mental Health care services | NHL Stenden University of Applied Science, Leeuwarden | Friesland Mental Health care services

Oral health related quality of life has an impact on well-being of individuals. Adolescents aged 18- 25 with a psychiatric disorder often experience difficulties in making lifestyle adjustments and are exposed to all kinds of risk factors that can affect oral care and oral health in a negative way, while oral health monitoring and interventions are not routinely performed and are undervalued by mental health care professionals. It is unclear whether the use of oral care interventions contribute to the improvement of oral care and to the quality of life of these young psychiatric patients. This study aims to evaluate the effect of the NIC interventions 'oral health promotion & maintenance' on the oral health-related quality of life of young people with a psychiatric disorder. A pre-post design is used for this study (n=27). Using a self-administered questionnaire demographics (age, gender, education, daily activities), risk factors (dental attendance, smoking, sugary drinks and nutrition, drugs, alcohol, medication, dental insurances) and oral self-care were assessed. The Oral Health Impact Profile (OHIP-14) was used to measure the effect of the intervention on oral health related quality of life. The effects of the NIC interventions oral health promotion & maintenance on oral self-care and oral health related quality of life will be presented. An effective oral health promotion & maintenance intervention provided by mental health professionals contributes to an increased awareness and focus on oral health within psychiatric treatment. Therefore, it should be part of the standard care of adolescence with a psychiatric disorder.

The effects of self-esteem and life satisfaction among university students majoring in social welfare on practice performance

by Soim Lee | Soongyu Kim | Chonbuk National University | Chonbuk National University

Social welfare aims to help all humans satisfy desires and improve life quality. Also, social workers fulfill these aims, based on professional ability and identity. Therefore, practice performance capability of social workers are important to achieve the purpose of social welfare and this is verified by previous studies. Focusing on practice performance, this study was conducted especially to analyze performance capabilities of university students majoring in social welfare as pre-service social workers. Professional ability and identity which lay the foundation for practice performance, are formed during the undergraduate course. On the other hand, most studies have pointed out major satisfaction or social welfare field practicum as an important factor influencing practice performance among university students majoring in social welfare. However, not only school factors but also individual characteristics affect professional ability and identity. Accordingly, this study examined individual factors, as well as school factors. It was revealed that major satisfaction and practice satisfaction of school factors, and self-esteem of individual factors had statistically significant influence on practice performance among university students majoring in social welfare. Based on this study finding, this study suggests that there is a need to provide an opportunity not only

for social welfare major education or practice but also for self- reflection and high self-confidence that is related to improvement in self-esteem, in order to increase the effectiveness of social welfare education in future. Moreover, it is supposed that further research would have to seek effective plans to improve practice performance by examining related influence factors in more comprehensive and different ways, while this study examined school and individual factors.

The ICF: An instrument to contribute to personalized mental health care

by Idelette Kruidhof MANP | Hettie Aardema MANP | Sita Roorda MANP | dr. Linda Kronenberg | Prof. dr.Nynke Boonstra | Lentis | GGZ Drenthe | GGZ Friesland | Dimence | GGZ Friesland, NHL/Stenden University of Applied Sciences

The focus of nursing is the way in which people deal with the consequences of their illness in daily functioning. If we want to improve self-management we should look at the patient's strength and not primarily at the psychiatric disorder and limitations. The International Classification of Functioning, Disability and Health (ICF) is a biopsychosocial framework that helps to map and conceptualize a person's level of functioning. Because of its focus on problems as well as on potential, it fits with the dimensions of recovery. By using this framework, we can achieve personalized healthcare in order to shift from illness and care to healthy behavior. It helps to establish a common language for all nursing disciplines which may increase ambiguity among nurses. It is supportive during the process of clinical reasoning and it offers a common, neutral description which reflects strengths as well as limitations. In the Netherlands, the ICF was not used in mental healthcare until recently. A collaboration of 18 mental health care nurse practitioners has developed an ICF core set for people with a severe mental illness. Objective is to increase accessibility and usability of the ICF in mental health care and to encourage nurses to show their contribution to interdisciplinary treatment. Through a literature study and a survey among nursing specialists, clients and their relatives, common limitations and possibilities and strengths of clients with a severe mental illness have been mapped and formed the basis for a practice based coresets. Clinical nurse specialists of four mental health facilities used this coresets and shared their experience.

Results:

- a practice based core set of the ICF based on literature and clinical experience;
- an unequivocal format for the description of the personalized nursing diagnosis;
- a training program;
- a white board animation to explain the ICF

The impact of diverse European mental health legislations on dignity and human rights

by Petra Koprivnik | University clinical center Maribor, Department for psychiatry

A person who nowadays anywhere in Europe becomes sick with a serious mental disorder that requires psychiatric inpatient treatment can be treated involuntarily in case of treatment refusal. The patient will be treated differently in each European country, in conformity with the national mental health laws. This is a unique situation in medicine and it represents the meeting ground for medical practice, law and philosophy. In most cases psychiatric patients can be treated involuntarily if they endanger themselves or others (these criteria are known as dangerousness criteria), and/or simply because they have a serious mental illness that needs to be treated even without any dangerousness. Only a few countries, among which Slovenia, also allow the option for involuntary treatment in the community. The European Commission issued a report back in 2002 in which it called for the harmonisation of European national mental health legislations. The presentation will stress out the contradictions and tensions we witness between the person's

right for freedom and their right for medical care. Further, it will indicate possible violations of freedom and dignity in case of non-necessary involuntary treatment on one hand and in case of the abolition of necessary involuntary treatment on the other hand. The different options for involuntary treatment regulated by the Slovene Mental Health Act will also be presented. There is great need for the balancing of different and often mutually excluding patient's human rights as well as need for a thorough rethinking of the concept of dignity when we talk about treating the most seriously ill psychiatric patients. Is the respect of human dignity really best served by treating psychiatric patients without their consent when needed? Can we consider the option of not-treating seriously mentally ill patients as a possible expression of respect for their freedom?

The impact of health-related variables on suicidal ideation among middle-aged women with disabilities: A comparison with women without disabilities

by Miok Kim | Eunhye Jung | Chonbuk National University, Korea | Chonbuk National University, Korea

This research examined the impacts of health-related variables (physical, subjective, psychological health) of women with disabilities have on suicidal ideation and compare them with women without disabilities. This research used the 12th data of the Korea Welfare Panel Study of 2017. The research subjects were 122 women with disabilities in their 20s to 50s and 3,398 women without disabilities. In the study, physical health is measured by the duration of chronic illness and frequency of drinking. Subjective health is the state of health the individuals evaluate on themselves and health satisfaction. Psychological health is measured by self-esteem and depression. A binary logistic regression model was utilized as the analysis method. First, while approximately 43% of women with disabilities seriously considered suicides, 17% of women without disabilities did so. Women with disabilities showed higher vulnerability in the fields of physical, subjective and psychological health. Secondly, the health variables that influence suicidal ideation among women with disabilities were analyzed as recognition on subjective state of health and depression among psychological health. But in case of women without disabilities, variables that influenced suicidal ideation included education, income, subjective state of health, health satisfaction, self-esteem and depression. Furthermore, although subjective state of health and depression were visible in both groups as indicators of suicidal ideation, their impacts were significantly bigger to women with disabilities. The result clearly shows the health vulnerability of women with disabilities compared to their counterparts, and provides a meaningful implication on the need for practical and political support for suicide prevention and health equity of women with disabilities.

The quality of psychiatric treatment plans

by Eila Sailas | HUS | Rosita Aittakorpi | Marjukka Korhola | Timo Säämänen | Elina Syrjälä | Department of Psychiatry, Hyvinkää Area, Helsinki and Uusimaa Hospital District

In psychiatric outpatient treatment, every patient should have a clear and comprehensive treatment plan. They should always be made together with the patient and thus, they improve communication, promote patient participation, create a positive relationship with the healthcare professional, and result in greater adherence with the treatment. In all, treatment plans are well-established strategies to improve patient care. In Finland, both the Act on the Status and Rights of Patients and the Mental Health Act specifically prescribe that each patient must have an individualized treatment plan that guides the psychiatric interventions. However, in practice the treatment plans are often lacking, are too general and not shared with the patient. As a part of the quality control work in our outpatient department, we wanted to study whether the patients in our community care for affective disorders had a treatment plan and were the

treatment plans crafted according to the organization's guidelines. Helsinki University ethical board gave a permission to the research. The study was made in JMT psychiatric outpatient department for affective disorders, catchment area of approx. 101 000 inhabitants. In March, a random sample of 114 patients was selected out of the 800 patients who were at the time in a treatment relationship with the department. Next, two of the researches (RA, MK) screened the electronic patient records on treatment plans and their quality. 22 patients (19, 3%) had no treatment plan. Most of the treatment plans fell down on several basic requirements and did not outline the objectives of the care, patient preferences or the planned length of the treatment. More detailed results will be presented at the conference.

The support and involvement of informal carers in secure settings in England

by Professor Mick McKeown | School of Nursing, University of Central Lancashire, UK

Support and involvement of informal carers is an important focus of UK mental health policy and guidelines such as 'the triangle of care'. Previous research has shown a lack of a coordinated and systematic approach within secure care settings. This study aimed: (i) to investigate the extent secure mental health services were meeting the needs of carers; (ii) explore carers' views on their dealings with services; and (iii) utilise findings to develop a toolkit to guide practice and commissioning and assist carers to navigate the system. The study comprised an integrative literature review, national surveys of both secure services and carers associated with secure services, qualitative interviews with a purposive sample of carers, and a participatory, co-productive approach to the design and writing of the toolkit. Completed questionnaires were returned by 98 separate secure units (roughly 50%) and 107 individual carers. Qualitative interviews were carried out with a diverse group of 26 carers. The survey's furnished a mixture of quantifiable data about service provision and free response qualitative data. Quantitative data was analysed descriptively. All qualitative data was subject to thematic analysis. Findings identified a range of relevant initiatives targeting involvement and support of carers, including provision of information, support groups and more sophisticated psychosocial interventions, some delivered digitally. There were substantial impediments to effective support and involvement of carers, with quite mixed experiences of relating to services. Few services provided a comprehensive and systematic approach to meeting the needs of carers but there was a degree of evidence of efforts in train to address this, and enthusiasm amongst some key staff for the value of doing so. Carers have expressed a positive response to the toolkit which ought to represent a valuable resource for supporting future developments.

The study on the effects of income structure of the middle and old aged people with disabilities in the single- person households on the mental health - A focus on the comparison between single-person and multi-person households

by Kim, Saebom | Choi, Ok Chai | Chonbuk National University, Social welfare department | Chonbuk National University, Social welfare department

This study look at the income structure of the middle and old aged people with disabilities in the single-person households and identify the relationship between this income structure and mental health. Middle and Old Aged People with Disabilities are vulnerable to economic, psychological, and social crises as compared to people without disabilities due to exclusion and discrimination in social relations and economic participation activities. Also, it is very important to understand the relationship between income structure and mental health as the current generation of middle and old aged People with Disabilities relies on a variety of sources of income to support themselves. In particular, single-person households are likely to be exposed to mental health problems as well as family relationship problems, social capital problems,

and problems relating to socioeconomic resources. For this reason, some prior studies have identified the relationship between economic characteristics and mental health of disabled middle-aged persons. However, research on the characteristics of households are limited. Therefore, this study suggests, not only household income level but also income structure and type of household should be considered thoroughly for the improvement of their mental health. For these purposes, the 12th data in Korea Welfare Panel Study (KoWePS) were used. The income sources were categorized as the ratio of market income, public/private transfer income to figure out the structure of income. The effects of these income sources are examined on the mental health (depression, self-esteem) through a regression analysis. This study identifies the differences in income structures and mental health levels between the two groups (Single-Person / Multi-Person Households), and based on which the causal relationship between income structures and mental health is validated in both groups. Based on such results, the study suggests practical policy implications for the improvement of the disability's old age income security system.

Time for a paradigm shift in suicide research and prevention

by Heidi Hjelmeland | Birthe L. Knizek | Norwegian University of Science and Technology, Department of Mental Health, Trondheim, Norway | Norwegian University of Science and Technology, Department of Mental Health, Trondheim, Norway

For decades, suicide research has been heavily dominated by repetitive quantitative risk factor research. As evidenced in recent volumes of international suicide research journals, this is still the case. Such research is based on the biomedical model and even though the notion of causality is not always made explicit, this model is based on the idea of a linear cause-and-effect relationship that explains suicidal behavior as a meaningless/pathological consequence of various risk factors, particularly mental disorders. As a consequence, suicide prevention (in mental health care) is mainly focused on diagnosing and treating mental disorders, as well as on assessments of suicide risk. Such approaches have not lead to a decrease in the suicide rate. From qualitative research, we know that suicidal acts are highly meaningful for the individual. Examples of alternative ways to understand suicidal behavior are: as escape from unbearable circumstances or expectations, as a desperate protest or rebellion against family and/or societal oppression and abuse, as a way of taking back lost control in life, as a relational rather than an individual act, and/or as a specific way of communicating distress when verbal communication is found insufficient or inexpedient. Hence, suicidal acts can be interpreted within the framework of communication theory. According to such understandings, suicide prevention should focus more on care and existential issues. Suicidal individuals want to be seen, heard and understood, not necessarily diagnosed and assessed. Still, the suicide research field is permeated by negative attitudes (prejudice) towards qualitative research as well as towards “alternative” explanations rather than pathological ones. Questioning the biomedical “regime of truth” results in various unpleasant reactions. How come, and what can be done about it?

Towards empowerment of people with mental health problems and families, an integrated approach: The experience of the Catalan Project Get Active for Mental Health

by M Jesús San Pío | Emilio Rojo | Edgar Vinyals | Federació Salut Mental Catalunya | Advisor at Health Department of the Generalitat de Catalunya | President of VEUS Federation

The Catalan Government (departments of Health and Social Affairs), the Catalan Federation for Mental Health and Federation Veus of people with self-experience initiated in 2015 the pilot project “Get active for mental health” (Activa’t per la salut mental). It is being externally evaluated in order to decide its inclusion to the public services portfolio, by Ivalua (catalan agency for evaluation of public policies) and others.

The pilot project is being implemented in 12 points of the Catalonia in collaboration with local mental health public services and family and users advocacy associations, with more than 3.000 participants, and supported in its pilot phase with public financing of municipalities and regions and private funds.

Objective: To make people with mental health problems, or risk of suffering them, and their families become active agents in their own process of recovery or improvement of wellbeing. Activities and interventions addressed to people with mental health problems and families included in the pilot project are: information and advice service “Espai Situa’t”, psychoeducation training programs (PROENFA, Klau Re), training for empowerment (Prospect program), Peer Support groups, training in facilitating peer support groups, recovery training program and self managed recovery plan, multifamilials groups, information materials (videos, leaflets, website) and training programs for professionals. Different evaluation methods are being used, from a randomised controlled trail with 224 family units to impact and satisfaction questionnaires, included external evaluation of the implementation with qualitative and quantitative methods. A self- managed tool for improving the functioning of self-help groups has also been developed. The results available at the moment are positive regarding the interest, satisfaction and effectiveness of the project. Analysis of results and implementation of this project suppose a great interest experience to improve mental health services in empowerment of users and families related approaches.

Trauma can be healed

by Carita Kilpinen | Peaceful Impact, CEO

We are a group of trauma survivors and experts from Finland. Our unique working group and our methods of working enable us to create substance and tools to empower and enable other survivors to take action. From our collaboration books, websites, communities, media coverage, and last but not least the finnish association of trauma and dissociation Disso ry were born. We have lectured, educated and connected internationally.

I’m a 36 year old, a mother of two and an entrepreneur living a seemingly normal and a busy family life in the Finnish countryside. Though things could be a whole lot different. I have an older brother who was diagnosed with schizophrenia in his early teen years and was swallowed by our psychiatric system. He has remained there ever since. When I was in my early twenties, I won a lottery, which means that I was introduced to a wonderful trauma therapist. We have now worked together for over 12 years. It did not take long to understand I was structurally dissociated by severe traumas. The groundwork took years for learning enough of the concept of safety in order to start working on my deepest traumas.

Trauma informed mental care, the sustainable psychiatry

by Anssi Leikola | coworker, psychiatrist, therapist, author, trauma survivor

Our Finnish group is building a model of sustainable psychiatry. The cornerstone of this is the understanding of how emotional traumas are hidden behind various psychiatric situations. The impact of this reformulation means considerable change in the point of view toward more empathic, responsible, successful and cost-effective treatment. Although there are promising tendencies growing in the field of mental health care, there are still serious reasons to be worried about. The overall direction of psychiatry is not giving enough room and preconditions for real healing, the attention seems to be focused too much on unnecessary details. As a psychiatrist I have learned to apply trauma-model and particularly the concept of structural dissociation of the personality. The central and unifying aim of trauma therapy concerns everyone: there is an universal need to integrate our experiences in order to go on with our lives in healthy and fruitful ways. The core of sustainable psychiatry is creating a safe therapeutic interplay and have a strong emphasis on equality and human rights. There might be a real cure available even with severe psychiatric

conditions. Treatment probably takes longer, but it can provide enduring and long-lasting effects, much more than controlling symptoms. It is grounded on scientific and multidisciplinary basis, containing holistic and psychobiological understanding of the human being. The theories of trauma and dissociation, but also novel theories about emotionality, consciousness, organism- environment system and most of all autonomic nervous system, forms an integrated applicable ground for everyday practice. Sustainable approach understands the noteworthy limitations of contemporary diagnostics in psychiatry. One aim of sustainable psychiatry is to unravel the intrinsic hierarchies and undue stereotypes still so abundant in our field. The atmosphere of equality is considered even irreplaceable precondition of a successful treatment.

Unique, but not individual processes - a narrative study of mental health recovery

by Nina Petersen Reed | Staffan Josephsson | Sissel Alsaker | NTNU | Karolinska Institutet/NTNU | NTNU

Recovery has become an important perspective for mental health services during the past decades. Mental health recovery is understood as multiple individual processes of regaining connectedness, identity, meaning, power and hope, demanding mental health services to be person-centered and collaborative. Research has documented an important interrelationship between recovery and everyday activities. However, there is a lack of in-depth and contextual knowledge about how processes of mental health recovery actually unfold. A narrative understanding of recovery, drawing on narrative theory and methodology, may help develop such knowledge. Therefore, guided by narrative theory and by use of a narrative-in-action approach, the aim of this study was to explore how mental health recovery unfolds through individuals' engagement in everyday activities. Data were created through participant observations with four individuals while doing everyday activities. The data were analyzed through a narrative, interpretive approach, focusing on how the participants seek to create meaning and recovery through what they do, where and with who. Our findings show how mental health recovery involves complex, unique and open-ended processes of narrative meaning making, in which individuals use their narrative capacities to imagine future scenarios, as well as try out, communicate and deliberate possible plots that may contribute to recovery. However, these processes are collective rather than individual, as they unfold through the contributions and interplay between several individuals, everyday activities and arenas. We would like to discuss what implications these findings may hold for mental health services.

Use of a real-time electric patient feedback system - A pilot study of patient's experiences

by Camilla Werkkala | Marjut Vastamäki | Pekka Lindqvist | Tuula Rajala | Pekka Jylhä | Lauri Kuosmanen | Heli Bäckmand | Helsinki and Uusimaa Hospital District, Helsinki University Hospital

The involvement of the mental health and substance abuse customers in developing the health care and function systems is significant. Giving a feedback provides the patient one possibility to participate and have an influence in the developing of the services they get. The aim of this pilot study was to examine the patient's experiences of the care with real time electric patient feedback. The purpose was to develop the function and support the daily management by using the data. The study utilized a register study design. The research data was a register, which consisted of real time patient feedback (n=868) during 16.1.–16.4.2017. The setting was two acute and consultation psychiatric out-patient clinics in one Finnish hospital district. The data was gathered with tablets and tablet stands. The most of the respondents (92%) totally or partly agreed that they got a sufficiently fast receiving time for the pilot units. The most of respondents (93%) were totally or partly agreed that the personnel treated well, the information received about the care was understandable (92%) and the decisions regarding my care were made together with me (94 %). In

the pilot units 93% of the patients answered that extremely likely or likely to recommend service to friends and family if they needed similar care or treatment in pilot units. The real-time feedback makes it faster to react in issues concerning care and supports the daily management. The results can be used in planning, preparing, developing and evaluating the services and practice.

Use of coercive measures on Finnish psychiatric wards: A pilot study with 28 in-patient units

by Emilia Laukkanen | Katri Vehviläinen-Julkunen | Lauri Kuosmanen | MNSc, RN, PhD-student, University of Eastern Finland, Department of Nursing Science; Junior head nurse, Niuvanniemi Hospital, Kuopio, Finland | PhD, Professor, University of Eastern Finland, Department of Nursing Science | PhD, Professor, University of Eastern Finland, Department of Nursing Science

The Mental Health Act (1990) enables the use of coercion in Finnish psychiatric care, but there is no evidence of safety or effectiveness of coercive measures. In this study, the use of coercion is examined through coercive measures defined in the Finnish Mental Health Act: Seclusion, mechanical restraint, involuntary medication and physical restraint. There is a variation in the use of coercion between Finnish hospital districts, but the variation between wards hasn't been examined. The aim of this pilot study was to investigate the amount and duration of coercive measures used in Finnish psychiatric care. This study is a part of a larger research that examines the association between psychiatric nursing managers' leadership styles and attitudes and the use of coercive measures. This register study has a descriptive design. The data of nursing days and coercive measures from 2017 were collected from the wards (n=28) of Finnish psychiatric specialized care and forensic psychiatric hospitals. The data were analyzed statistically. According to preliminary results, seclusion was used 696 times and mechanical restraint 317 times. Physical restraint was used 97 times and involuntary medication was given 311 times. The average duration of seclusion was 5 days and the average duration of mechanical restraint was 18 hours. 3,6% of hospital days were spent in seclusion and 0,15% in mechanical restraints. The average duration of physical restraint was 76 minutes. Several associations between the use of different measures were found. There are differences in keeping the statistics between organizations which can't be explained by different standards in the use of coercion. There is a need to standardize the statistics. In the actual research, the data from all Finnish psychiatric wards from 2017 is collected and analyzed.

Using co-production to explore expert by experience involvement in mental health nursing education: findings from the COMMUNE project

by Aine Horgan | Fionnuala Manning | Julia Bocking | Brenda Happell | Mari Lahti | Rory Doody | Martha Griffin | Stephen Bradley | Siobhan Russell | Einar Bjornsson | Moira O Donovan | Liam MacGabhann | Eileen Savage | Jarmo Pulli | John Goodwin | Kornelis Jan van der Vaart | Hazel O Sullivan | Claire Dorrity | Heikki Ellila | Jerry Allon | Elisabeth Hals | Arild Granerud | Jan Sitvast | Pall Biering | University College Cork | University College Cork | University of Canberra | University of Canberra | Turku University of Applied Sciences | University College Cork | Dublin City University | University College Cork | Dublin City University | University of Iceland | University College Cork | Dublin City University | University College Cork | Turku University of Applied Sciences | University College Cork | University of Applied Sciences Utrecht | University College Cork | University College Cork | Turku University of Applied Sciences | University of Applied Sciences, Utrecht | Inland Norway University of Applied Sciences | Inland Norway University of Applied Sciences | University of Applied Sciences Utrecht | University of Iceland

Increasingly experts by experience or service users are involved in the education of nurses, however accompanying research is limited and focuses primarily on opinions of nurse educators and students. The

aim of this study was to develop an understanding of the views of those who have used the mental health service of the potential contribution they might make to mental health nursing education. The research was part of the international COMMUNE (co-production of mental health nursing education) project, established to develop and evaluate co-produced mental health content for undergraduate nursing students. A qualitative descriptive design was adopted with data collected through focus group interviews in seven sites across Europe and Australia. Experts by experience (people with experience of distress, service use and recovery), co-produced the project in partnership with nursing academics. Co-production enriched the process of data collection and facilitated the analysis of data from multiple perspectives. Two themes are presented in this paper. The first focuses on how experts by experience can enhance students' understanding of recovery by seeing the strengths inherent in the 'human' behind the diagnostic label. The second highlights the importance of communication and self-reflection on personal values, where students can explore their own thoughts and feelings about mental distress alongside those with lived experience. Interacting with experts by experience in the classroom can assist in challenging stigmatising attitudes prior to nursing placements. These findings can be used to inform international nursing curricula by increasing the focus on nursing skills valued by service users.

What are important factors in the perceived satisfaction with sexuality by people with severe mental illness?

by Marije Lintsen | Wilma Swildens | Student Nurse Practitioner | Senior Researcher

Quality of life is an important outcome measure in evaluating the treatment of people with severe mental illnesses. Recent studies show that sexuality contributes to the quality of life of people with severe mental illness. Most research about this subject focusses on sexual dysfunction and the side-effects of psychopharmacology. Few research has been done to investigate other factors contributing to sexuality. The aim of this study is to identify social, clinical and healthcare factors that influence the satisfaction with sexuality of people with severe mental illness. The research is a quantitative cross-sectional comparative study. Patients with a severe mental illness in care by a treatment facility are assessed every year with the MANSA, CAN-SAS and HONoS. We used the results of these questionnaires regarding the factors to investigate their influence on satisfaction with sexuality. Statistical analysis will be done by means of Chi-Square or T-test depending on the variable. We will use SPSS 22 for the statistical analysis. The data analyzing process is ongoing and will be completed approximately in May this year. Preliminary results state that gender and having a partner are factors contributing to the satisfaction with sexuality. This research could identify some factors of importance for satisfaction with sexuality but due to the complexity of the subject a qualitative research might be more suitable.

When being equal isn't enough: Collaborating with service users in mental health research

by Brenda Happell | Synergy: Nursing and Midwifery Research Centre

A crucial development from service user involvement in mental health services has been engagement as active participants in mental health research, often conducted in collaboration with mental health researchers from the health disciplines. Despite progress, unequal power relations continue to pose a major barrier. Although power is discussed in the literature, there is little research from the perspective of non-service user mental health researchers who have collaborated with service users on research projects. This qualitative study explored non-service user mental health researchers' perspectives on the role of power in collaborative research with service users. A qualitative study was conducted using

semi-structured interviews. Thematic identified the main theme as *prominence and presence at the table*. Subthemes included barriers: *tokenism*, and *undermined potential*. These were addressed by reworking power through *critical mass* and *openness to power dynamics*. It was concluded that while there continue to be significant power-related barriers to further building of robust collaborative research with service users in mental health, there are several avenues that should be considered, much more assertively to disrupt and transcend them.

With raised mental health literacy to better managing of mood disorders (acr. OMRA)

by Mojca Zvezdana Dernovsek | Lilijana Sprah | Institute Karakter | Research Centre of the Slovenian Academy of Sciences and Arts

Mental disorders represent a great social and economic burden since their incidence in adult population will increase in the future rapidly in compare to other categories of illnesses. Unfortunately, mental health prevention and promotion programs, early detection and treatment of mental disorders, psychotherapy, rehabilitation and social integration of people with mental health problems are still not equally accessible in Slovenia to all population groups and regions. In this respect, the Program OMRA is designed to increase the accessibility to various information related to the early identification of mood disorders and available types of (self) help, through the OMRA website platform and direct educational courses for representatives and users of local stakeholders, consequently contributing to higher level of mood disorders literacy in different population groups. The Program OMRA is innovative in many aspects. First, because it addresses both the general population and vulnerable groups at the country level and focusing in the Slovenian northeastern region, which is characterized by markedly unfavourable indicators of health inequalities. Second, because the activities of the program are aiming at local level on direct educational trainings for different public and nongovernmental services providers and their users. Thirdly, since education about the protection of mental health, its destigmatization and information on various forms of help will be implemented through a freely accessible multidisciplinary web educational platform that goes beyond geographical and time constraints, a strengthening of professional capacities in addressing mental health problems and improving mental health of target groups will be sustainable ensured. The following topics will be presented: 1) the methodology used in the program (field anthropological research for assessment of beliefs, attitudes and behavioural intents, the web platform contents and methodology of evaluation); 2) results of the baseline and improved mental health literacy and self-stigma and 3) further activities.

Working together on community care around people with a mental vulnerability

by Ina Boerema | Amar Voogt | GGD Zaanstreek-Waterland, Netherland | GGD Zaanstreek- Waterland, Netherland

The government in the Netherlands stimulates prevention of disruptive behaviours in an early stage in order to enable people with mental vulnerability with a sustainable participation in society. Therefore neighborhood teams are more and more responsible for the care around these people, but do not feel capable to do so. There is an increase of crises situations in which the police is called. To support the neighborhood Team employees on this issue we started a pilot in four neighborhood Teams in two cities in the North of Holland (from November 2017 till October 2019). We monitor the outcomes by the number of reports of crises from the police and by means of a process evaluation. The objectives are to reduce the number of crises reports from the police and to build up a stronger network around people with a mental vulnerability in their neighborhood. Signals that it gets worse with someone should being picked up earlier, so that support can be deployed earlier. -Neighborhood Team employees will get training and

coaching in Mental Health First Aid, to increase their knowledge and skills and to learn to reach out and be more present in the neighborhood to be able to monitor early signs of mental health problems

- Deployment of additional psychiatric nurses at the neighborhood teams
- Deployment of experience experts to support people with mental vulnerability
- Developing more chain cooperation in the District

The first results are that, apart from a lack of knowledge and skills how to cope with mental health issues, it is not always clear who is in control of a case. Privacy rules and financial barriers can obstruct working together with chain partners. But working together, also with experience experts, neighbours and family is necessary for further socialization of people who are mental vulnerable.

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POSTER PRESENTATIONS

**ABSTRACTS FOR POSTER PRESENTATIONS
(IN ALPHABETICAL ORDER BASED ON THE TITLE)**



7th
European Conference
on Mental Health

A quantitative study on the effect of the NIC intervention sleep enhancement

by P.E. van de Beld | nurse practitioner in training

It is common to prescribe medication to improve sleep quality in outpatients with serious mental illness (SMI) with co morbid insomnia. Medication for insomnia, however, is not an ideal solution considering the risk of becoming dependent and increased sleep problems after termination of use. Other evidence-based interventions to improve sleep quality are available. One of them is the Nursing Interventions Classification (NIC) intervention 'sleep enhancement', an intervention to enhance a regular sleep wake cycle by a series of activities deployed by nurses. What is the effect of applying the NIC 'sleep enhancement' intervention on the sleep quality of outpatients with SMI and co morbid insomnia? A pilot study with a quasi-experimental pre-test post-test design with no control group is conducted. The research is carried out at the mental health organisation GGZ- Drenthe FACT-team (Flexible Assertive Community Treatment) Hoogeveen in the Netherlands, between October 2017 and February 2018. The Sleep Diagnosis Checklist (SDL, a Dutch questionnaire for the diagnosis of sleep disorders) and the Athens Insomnia Scale (AIS) both are used to measure insomnia. The effect of the NIC intervention 'sleep enhancement' on outpatients with SMI with co morbid insomnia is studied using the Pittsburgh Sleep Quality Index (PSQI), before and after the intervention. Nurses applied the intervention within their regular treatment appointments during three months. A Wilcoxon Rank Test will be conducted to evaluate the impact of the intervention. 23 patients filled out the SDL and AIS. 16 of them met the criteria for insomnia and were included. Results will be presented on the poster. Thus far, participating nurses are enthusiastic about this new tool and consider the intervention as contributing to their further professionalization. Conclusions and recommendations will be presented on the poster.

A quantitative study to map out the effects of integrated dual diagnosis treatment with "Community Reinforcement Approach" and "Integrated guideline treatment" on the reduction of risk factors and relapse as well for dual-diagnosed inpatients

by Laura Reimert | Dimence Group Netherlands

Patients with a dual diagnosis have a psychiatric disorder in combination with substance abuse, which influence each other in a complex way. Researchers have developed several interventions for this population. Future research into the effectiveness of integrated treatment for this group is important. To map out the effects of integrated dual diagnosis treatment with "Community Reinforcement Approach" and "Integrated guideline treatment" on the reduction of risk factors and relapse as well for dual-diagnosed inpatients. The research implemented a pre-post design. The Short-Term Assessment of Risk and Treatability was used to measure the outcomes in twenty risk-increasing factors and a specific risk factor for relapse. Parametric paired t-tests were used to measure the outcomes. Thirty-five patient were included in this study. There was a significant decrease in the total score of the risk factors before and after the treatment. The data range of the specific risk factor "substance use" was too small, therefore the significant effects were immeasurable. Nevertheless, an exploration of the sum of the seven specific risk factors did show some positive association. There is a positive association between the Integrated treatment with Community Reinforcement Approach and Integrated Guideline Treatment on the reduction of risk factors and relapse of dual-diagnosed inpatients.

Acute effects of continuous positive airway pressure therapy on heart rate variability of SAS patients in consecutive nights

by Chikao Nakayama | Koichi Fujiwara | Masahiro Matsuo | Manabu Kano | Hiroshi Kadotani | Kyoto University, Kyoto, Japan | Kyoto University, Kyoto, Japan | Shiga University of Medical Science, Shiga, Japan | Kyoto University, Kyoto, Japan | Shiga University of Medical Science, Shiga, Japan

Sleep apnea syndrome (SAS) is a sleep disorder characterized by breathing pauses during sleep. Apnea affects autonomic nervous function, which leads to fluctuate heart rate. The most effective treatment for SAS is CPAP, which is a treatment that feeds air into the nasal passages to remove the airway obstruction. Few studies have focused on the relationship between short-term CPAP and changes in heart rate. The present work shows that the use of CPAP produces acute effects on the heart rate variability (HRV) of SAS patients in consecutive nights. Ten SAS patients were collected from the Nagahama City Hospital, Shiga, Japan and underwent two sleep studies on consecutive nights. In the second night with CPAP, it worked when apnea started. This work used five HRV features, meanNN, SDNN, Total Power, LF, and HF for assessing the autonomic nervous function. To investigate the effect of CPAP in the same patient, the T2 statistic and Q statistic were derived from the HRV features and these statistics are output variables of multivariate statistical process control (MSPC). MSPC is an anomaly detection method based on principal component analysis, which can detect abnormal occurrence that cannot be detected by monitoring each variable independently since MSPC monitors changes in correlation between variables resulted from abnormal occurrence. In nine out of ten SAS patients, there were significant differences in the T2 statistic and Q statistic when comparing the T2 statistic and Q statistic during apnea between the first night and second night. In the present work, acute effects of CPAP on HRV in SAS patients are showed.

Adherence team as a bride to better treatment alliance

by Tapani Santala | Ilkka Mölsä | Idän psykiatria- ja päihdekeskus | Idän psykiatria- ja päihdekeskus

Adherence teams are started to create and strengthen treatment alliances. This project launched in 2016 when four adherence teams were started in Helsinki, Finland. Clients with difficulties to engage into outpatient care due their severe mental illness are core of every adherence team. Clients with psychotic symptoms, who are in need of quick, flexible and low-threshold services can benefit from more intensive care. With active approach to work adherence teams, consisting of two nurses, start creating treatment alliance with clients during hospitalization, in the care meeting or by trying to connect with the patient outside of outpatient care. It is possible to arrange meetings with clients in their homes, coffee houses, museums or preferred places for clients. Confidential alliances can be created to help clients to get over difficult phases of their symptoms. Adherence teams works as part of multidisciplinary outpatient treatment unit. Active communication of clients need and changing health issues is the key to successful teamwork. Course of treatment with adherence team is temporary although timewise not defined and the care responsibility stays at the responsible workers. Adherence teams can meet clients only once or twice to assess clients' situation. Usually meetings continue for longer period of time for more intensive care. Especially after the first psychotic episode it is important to create working treatment alliance with young clients. Therefore intensive meeting frequency can be increased by adherence teams to avoid discontinuation of treatment. Also working together with third sector services can be a valuable resource for outpatient treatment. By building better treatment alliance clients are more likely to adherence to outpatient clinics and together settled treatment agreements. With better treatment alliance we can reduce hospitalization and improve clients' quality of life.

Anxiety management coping cards in adolescence psychiatric outpatient treatment

by Jenni Enckell | Suvi Palo | Tanja Riihimäki | Teija Rintamäki | Hospital District of Helsinki and Uusimaa | Hospital District of Helsinki and Uusimaa | Hospital District of Helsinki and Uusimaa | Hospital District of Helsinki and Uusimaa

The Intensive Acute Care (IAC) unit treats adolescence from 13 to 17 years of age. Treatment period lasts eight days. Adolescents coming to IAC often feel themselves anxious and described the intensity of feeling varied every day. One of the goals of the treatment is to ease the anxiety. The purpose of the development project was to find out, based on the experiences of adolescents, what kind of coping methods they used to relieve anxiety. Based on these experiences aim was to create anxiety management coping cards as a tool for nursing. During the treatment period, adolescents participated in groups where they reflected how they have relieved their anxiety in everyday life. The pilot material was collected from six different groups (n = 30) during 2014 and analyzed using content analysis. The development project was renewed in 2018, when the material was collected from four groups (n = 20). At that time, the material was processed by deductive content analysis, and the methods were divided into three categories: physical emotion, thoughts and behavior. Methods for affecting physical emotion included exercise, relaxation and shower. Methods affecting to the thoughts were counter-thoughts, acceptance and calming thoughts. Methods affecting to behaviour were listening to music, drawing and communicating with friends. Today, 31 cards are used for individual meetings. IAC nurses have experienced that anxiety coping cards have unified nursing practices. Adolescents have experienced that it has been possible to deal with anxiety more effectively with the cards. Most of the methods are suitable for controlling mild or moderate anxiety. Some of the methods suit for managing difficult anxiety as well. Since the methods are developed by adolescents themselves, they are more willing to engage with the treatment. In the future, adolescents should be actively involved in developing practices.

Association of lower level of cardiorespiratory fitness with incident of depression: HUNT Study

by Rajesh Shigdel | Norwegian University of Science and Technology (NTNU) Brendon Stubbs, PHD^b, Linda Ernstsen, PHD^a

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Studies on relationship between cardiorespiratory fitness (CRF) and incidence of depression is limited. The objective of this study is to examine whether those with higher level of CRF has lower risk of developing depressive symptoms. In the second wave of the Nord-Trøndelag Health Study (HUNT 2, 1995–1997), Norway, baseline data on symptoms of anxiety and depression, socio-demographic variables, health status including depression risk factors, and common chronic somatic diseases were registered for 2,826 adults, men and women. Baseline eCRF was determined using non-exercise algorithms based on gender, age, resting heart rate, waist circumference, and self-reported physical activity; and further grouped into tertiles. Participants were free from depression were followed for 11.3 years. There were 92 incident cases of depression in men and 114 cases in women. In multivariable logistic regression we adjusted for age, BMI, smoking, alcohol, education, marital status, history of heart disease, hypertension, and diabetes medium and higher eCRF was associated with lower risk of depression by 0.36 (0.19–68) and 0.38 (0.19–0.76) respectively. For men both medium and higher eCRF was not associated with lower risk of depression. Maintenance of cardiorespiratory fitness during late middle age helps to protect against the onset of depression in women.

Bipolar disorder or depression patients' perspectives on the peer support group of the expertise by experience

by Jani Turunen | Riitta Askola | Helsinki University Hospital Psychiatry Center | Helsinki University Hospital Psychiatry Center

In a mental health context peer support refers to a situation where people with experience of mental health problems are offering each other support based on their lived experience. A peer support group provided by the expertise by experience is a part of practice in an acute mood disorder ward in Helsinki University Hospital. The peer support group takes place every 3rd week in the ward. Participation in the group is voluntary. Approximately half of the ward's patients participate in the group. A nurse of the ward also participates the group but his/her role is mainly to assist and accompany. This research aims to explore bipolar or depression patients' perspectives on the peer support group accomplished by the expertise by experience. Data was collected by a qualitative, structured Likert-scale questionnaire. A questionnaire for the assessment of patients' impressions of the peer support groups of the expertise of experience was planned in collaboration with the expertise of experience, deputy nurse manager and nurse manager of the acute mood disorder ward. Questionnaire's main categories were self-confidence and self-acceptance (empowerment), social support and encouragement, increased knowledge, mental wellbeing and optimism, reduced stigma and collaboration with personnel. The questionnaire comprised 12 questions. Patients who participated in the peer support groups the expertise of experience were asked to answer the questionnaire after the groups anonymously. The data is being collected between March to June 2018. The data collection will be completed in June 2018. The results and discussion will be presented as a poster presentation during the congress. Preliminary results indicate that peer support groups offer emotional, social and practical support, especially in increasing empowerment.

Can multifactorial lifestyle intervention reduce depression symptoms? Results from a systematic review

by Irene Gómez Gómez | Loyola Andalucía University

Despite the fact that there are several systematic reviews focused on single lifestyle intervention and depression, none of them is specific about multifactorial lifestyle approach. The Aim is to conduct a systematic review and meta-analysis aiming to assess the effectiveness of multifactorial lifestyle interventions (diet, physical exercise and/or smoking) to prevent depression considering prevention as symptoms reductions. We conducted a systematic review and meta-analysis of randomized controlled trials following the PRISMA (Preferred Reporting Items for Systematic Reviews and Meta-analyses) statement for reporting systematic reviews and meta-analyses. Study selection were randomized controlled trials reporting multifactorial lifestyle interventions aiming healthy diet adherence, physical activity and/or smoking cessation with an outcome of depression. We restricted our search by language (Spanish or English) but there was no year or setting restriction. Ovid, Scopus, OpenGrey, Web of Science, Psycinfo, Pubmed and Cochrane Central Register were screened through November 2017. The assessment of eligibility criteria was conducted in duplicate by two independent investigators as well as the data extraction. In addition, risk of bias was assessed with Cochrane Collaboration Tool. A total of 5386 articles were reviewed. We expect to find that multifactorial lifestyle interventions aiming to improve healthy diet adherence, physical activity and smoking cessation are an effective way to reduce depression symptoms.

Care for recovery: A quantitative study to gain insight into which recovery aspects, in the long-term clinical care, need more attention

by *Astra Veerman | Sonja Kuipers | Nynke Boonstra | Frederike Jörg | GGZ-Friesland | NHL and Stenden | GGZ-Friesland | GGZ-Friesland*

Within the mental health care sector a broad-based desire has arisen for a system that allows people with psychological disorders to control their own lives, to tap their own powers and possibilities, to function optimally within their social network and to participate in society. Mental health care services have set themselves the goal of using the recovery as a guiding principle. Within the long stay clinical care of GGZ Friesland it is not clear which recovery aspects need more care, for long-stay inpatients to achieve optimal recovery. This study aims to gain insight in which recovery aspects, in the long-term clinical care of GGZ Friesland, need more attention in recovery-based care. In this cross-sectional descriptive study 61 participating long stay inpatients completed a 12-item self-assessment recovery questionnaire, assessing 12 indicators of recovery the I.ROC. 60.7 - 82% of the participating patients gave high positive scores on 9 of 12 recovery indicators regarding self-care, purpose in life, received support, pleasant and safe living. 42.7- 52% of the participating patients gave low scores on indicators on mental health, participation and self-management. The research results show that a large group of long-term admitted patients are satisfied with large number of recovery indicators. However, large number of inpatients experience unhappiness, lack of control concerning own's live and too little involvement in decisions concerning own's live. The healthcare provider is encouraged to involve patients at all stages of treatment. Therefore continuing to evaluate patient satisfaction and measuring recovery can be a valuable feedback tool to improve the quality of care, to further define what patients need to promote their personal recovery process and happiness.

Chronic disease following loneliness and social isolation. Exploring disease outcomes and possible pathways

by *Julie Christiansen | Mathias Lasgaard | DEFACTUM, Central Denmark Region and Department of Psychology, University of Southern Denmark | DEFACTUM, Central Denmark Region and Department of Psychology, University of Southern Denmark*

Several longitudinal studies have demonstrated an association between loneliness, social isolation and chronic disease. However, the majority of studies have investigated loneliness and social isolation as predictors of cardiovascular disease. Thus, our knowledge of other chronic diseases that may develop in the wake of loneliness or social isolation is limited. Moreover, potential pathways underlying the association between loneliness, social isolation, and chronic disease are still largely unidentified. Building on the Loneliness Model, Hawkley and Cacioppo has identified possible pathways through which loneliness may affect the development of adverse health conditions. The present study aims to investigate the longitudinal association between loneliness, social isolation and multiple common chronic diseases (e.g. cardiovascular disease, lung disease, diabetes, cancer, and migraine). Moreover, the study aims to investigate the pathways proposed by Hawkley and Cacioppo. The study draws on representative survey data from 2013 (entitled "How are you?") merged with administrative data from the Danish National Patient Register for a 5-year follow-up period (N = 33.285). The study is currently ongoing and data is being prepared and analyzed. Thus, the abstract will be updated. Findings will potentially highlight how loneliness and social isolation affect the development of chronic disease. Furthermore, findings may demonstrate potential differences in the effect of loneliness and social isolation on human health.

Comorbidity of Outpatient addiction treatment center patients

by Lenka Richterova | Lenka Stastna | Tomas Jandac | This poster was supported by the Institutional support program Progres No. Qo6 / LF1. | This poster was supported by the Institutional support program Progres No. Qo6 / LF1. | This poster was supported by the Institutional support program Progres No. Qo6 / LF1.

Psychiatric comorbidity is the current occurrence of multiple symptoms or mental disorders in an individual. The issue of the occurrence of comorbidity among patients with addiction is an actual topic. Their prevalence is very high and various studies show values of 34.8-78%. Aim of this study is to estimate the prevalence and describe patterns of comorbidity and substance abuse disorders or pathological gambling and other mental disorders in Outpatient treatment center patients in the Czech Republic. Outpatient treatment center is a health care facility that provides professional care to people of any age who have problems with non-drug or substance addiction. We are interested in all patients who came during a year 2016-2017. Data were collected during health care performances and they are processed by statistical methods. Depending on age, the prevalence of comorbidity is between 82-89% with the current occurrence of up to 4 diagnoses. This number is much higher than the other foreign and Czech studies say. These numbers submit that the question of the validity of diagnoses is possible. We experience that patients are getting more diagnosis during the treatment in the Czech Republic. These diagnoses remain with them, and we do not have procedures for rediagnostic. This is a fact that can positively influence high prevalence numbers.

Comparative study of international students from China and native Japanese students using biomarkers in hair

by Masako Ohira | Jingyi Tu | Shiga University | Shiga University

Foreigners encounter many difficulties such as language, culture, loneliness, and so on. It has been shown that international students who have unstable income are particularly vulnerable to health issues. In this research, we utilized hair biomarkers to evaluate mid-term stress variations in international Chinese students living in Japan. Subjects were 45 international students from China and 45 native Japanese students. The amounts of cortisol and testosterone were measured in the subjects' hair; samples of 1cm from the hair root were taken. The subjects were also asked to complete AIS, GHQ-12, and The Stressor Questionnaire for those studying abroad. It was found that the quality of sleep in the international students was significantly lower than in their native Japanese counterparts. There was no significant difference in their mental health. However, it was observed that for international students who took 30 or more minutes to commute to school, their quality of sleep and mental health became significantly worse during the semester. This result suggested that the length of commuting time strongly influenced the subjective stress of international students. At the beginning of the semester, the amount of cortisol measured in international students was significantly higher than that of native Japanese students. There was no significant difference measured in testosterone levels. Furthermore, multiple regression analysis showed that the factor influencing the variation of cortisol in international students was the amount of time spent commuting to school. In the present study, we demonstrated that while the quality of sleep in international students was worse than in native Japanese students, mental health was not necessarily worse. However, many of the participants were not able to accurately estimate their stress levels. Therefore, it is suggested that both subjective and objective indices should be used as much as possible for stress evaluation.

Developing a recovery oriented mental health practice using a Living Lab method

by Carita Saarikivi | Milla Bergman | Minna Pulli | Laurea UAS | Laurea UAS | Laurea UAS

Recovery-oriented mental health services are becoming more widely available throughout Finland. Nursing students should be familiar with recovery-approach during their studies. Laurea University of Applied Sciences (UAS) has developed Learning- by-Developing (LbD) action model. Laurea UAS and a non-governmental organization (NGO) named Keski-Uudenmaan Sopimuskoti piloted recovery-oriented practice for people with mental illnesses using the Living Lab-method. The aim of the LbD-project was 1) to develop and implement a recovery- oriented practice in NGO context, 2) to gain professional skills of social- and health care workers and students. The phases of the LbD-project using the Living Lab method were as follows: 1) co- creation: brought together diversity of views of rehabilitees, workers and students in workshops, 2) exploration: discovered emerging practices based on results of workshops, 3) experimentation: implemented practices, and 4) evaluation: data of rehabilitees' views was collected during the implementation phase and analyzed using quantitative descriptive analysis and qualitative content analysis. There were altogether 50 different rehabilitees (women n=35, men n=15), whose average age was 43 years. Based on the results of workshops, as development targets was chosen practices to strengthen rehabilitees' peer support, social interaction, quality of life and their belief in their own potential for affecting their rehabilitation. Rehabilitees felt that the implementation of the practice had contributed their rehabilitation (69.6%), and improved their mental wellbeing (54.3%) and social interaction (67.4%). Recovery oriented practice can bring new approaches to mental health care in NGO services, which have a positive impact on rehabilitees and which is well accepted among health care staff and students.

Developing Acute Child Psychiatric inpatient care – A description of a pilot project

by Anna Hemmi | Elina Kamppari | Anne-Mari Borg | Tampere University Hospital, Finland | Tampere University Hospital, Finland | Tampere University Hospital, Finland

In Tampere University Hospital's Department of Child Psychiatry the professional multi- disciplinary teams are highly specialized in providing specific acute and elective treatments, examinations and rehabilitation for children age 0 – 13 with their families. Child Psychiatric clinic's administrative structure has been planned to support the continuity of the treatment. The access time to treatment is guaranteed by law. The growing demand of acute child psychiatric inpatient services and 24/7 on-call services generated a need to re-arrange the services. The existing two inpatient wards were restructured; one to provide elective inpatient care from Monday to Friday and one to provide acute inpatient care and on-call services 24/7. Tampere University Hospital is going thru a major developmental program. New Centre for Children and Adolescents is being built by 2020. This pioneering pilot project which started in August 2017 is a forerunner for changes to come. The aim of this pilot project is to guarantee adequate inpatient services for children with severe acute mental health issues. The main elements of inpatient treatment are intensive, individual work with patient and his/her family in the alliance with primary health care, child protection and social services. The goal of acute inpatient care is to provide safe and suitable setting to help calming the stress response system and increase child's feeling of safety. Together with the child and his/her family the staff's goal is to find ways to stabilize the often chaotic situation. This presentation will illustrate the growing need for acute child mental health in-patient services. We will describe the characteristics of child psychiatric inpatient care on an acute inpatient setting; the staffing levels, the amount of patients admitted, the diagnosis of admitted children, reason for admission and length of stay. These results will be reported from one year time period (Aug 2017 – Aug 2018).

Developing the role and work of expert by experience in Hospital District of Southwest Finland on the field of psychiatric care

by Jaana Viitanen | *Turku university hospital Finland*

WHO has published a plan for the Mental Health Action 2013-2020, a vision of a world where mental health is valued, promoted and protected? One of the principles of the plan is to strengthen the participation of users of mental health services in the evaluation, development, design of health service systems, research and health policymaking. Expert by experience, means person with a personal experience of a mental health problem and / or substance abuse problem, using health services. Today experts by experience are better accepted as an essential and important part of the psychiatric services. They are more seen as the co-workers of the professionals. In Hospital District of Southwest Finland, health services users were educated to work as experts by experience. Four of these educated experts represented the field of mental health. (Two patients and two careers) and they have worked as peer-support approx. one year. The aim of this study was firstly, to describe the experiences of trained experts by experience about their work in the Hospital District of Southwest Finland in the area of psychiatric care. Secondly, they were asked about; how this work could be developed so, that the needs of the service users (patients and relatives) shall be better met. The purpose of the study is to improve the quality of care by bringing the voice of experts by experience on the agenda of the development work. This study is a part of development project and the research method used is a theme interview. The interview was conducted as four individual interviews, which consisted two main questions asking about experiences and suggestions for future. After the collection of the data, the interviews were transmitted and the material was analyzed by qualitative content analysis. The results will be presented in September 2018

Developing uniform primary nursing practices in adult psychiatric wards at Turku University Hospital District by establishing professional educational E-learning course for new employees

by Johanna Karlsson | *Turku University of Applied Sciences*

Turku City psychiatric inpatients services commenced an internal and an external investigation concerning nursing practices in the spring of 2016. Following reports showed some shortcomings concerning primary nursing. Nurses did not have comprehensive knowledge about their own patients care. Almost every ward had their own primary nursing culture, which fluctuated significantly from each other's, thus clear guidelines on primary nursing practice were also missing. Both internal and external investigations suggested that uniform policies in primary nursing would ensure good quality nursing care. Turku City psychiatric services merged with Turku University Hospital district in May 2016. The new extended organization made it important to build up coherence in mental health nursing practice. The objective of this project is to design and pilot a reference level e-course on primary mental health nursing for all new employees. E-course will be ready for piloting in the spring of 2019. In addition, lectures and learning tasks about primary nursing for the whole staff will be arranged in the fall of 2018. The content of E-course and lectures are based on a systematic literature review that will be published in the summer of 2018. A plan of the study E- learning course shall be presented in September 2018.

Dialectical behavior therapy-based skills training group for 3-6-year-old children with emotional regulation problems

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Dialectical Behavior Therapy (DBT) originally developed by Marsha M. Linehan, (University of Washington) to treat female outpatients diagnosed with borderline personality disorder. DBT is an integrative treatment that blends the change-based strategies of cognitive behavioral therapy with Eastern philosophies and acceptance-based approaches. Self-destructive behaviors are viewed as the patient's attempt to cope with painful emotions. DBT teaches patients more adaptive ways of coping with emotions and interpersonal situations without maladaptive behaviors. We have done skill groups with 6-12-year-old boys for five years. This pilot project was designed to adapt older boys group skills training program for 3-6-year-old patients who have behavioral, aggression management and emotion regulation problems. This pilot sample consisted of eight patients. Group targets affective and behavioral dysregulation by teaching patients for example mindfulness, Self-Soothing skills, problem solving and effective social skills. Skills group intervention consisted of 8 weekly 45-min sessions. Every session included discussions, exercises and home assignments/exercises. Patients caregivers completed pre- and postprocess survey (The Mood and Feelings Questionnaire MFQ for parents, Strengths and Difficulties Questionnaire SDQ and feedback survey for parents). Preliminary results suggest that DBT based skills training group for 3-6-year-old patients seems to be encouraging pilot intervention. This intervention could be short and cost-effective way to help children with emotional regulation, behavioral and interpersonal problems. It seems that skills training group process helps children to change their own maladaptive behaviors and increases their ability to control their emotions. More experience and research is needed.

Distress is a predictor

by Lucie Manden, MANP student, Friesland Mental Health Care services VNN Addiction Care, Netherlands | Kuipers S.A. MSc | Malda A., MSc | Boonstra N, Professor | GGZ Friesland NL | RN, NHL/Stenden, University of Applied Sciences, University of Groningen | Friesland Mental Health Care Services, University of Groningen | Friesland Mental Health Care Services

Conform recent guidelines the Prodromal Questionnaire 16 (PQ-16) is broadly implemented in mental health care services as a standard procedure for all admitting patients aged between 14 and 34. The PQ-16 is a validated self-reported questionnaire measuring the presence of psychotic like experiences (PLE's) and its subsequent levels of distress in order to identify patients with an Ultra High Risk (UHR) for psychosis. Currently only the presence of PLE's are an indicator for UHR. It is unclear whether adding the distress score will increase the predictive value on UHR. This study aims to examine the predictive value of adding the distress subscale of the PQ-16 on predicting an UHR. A qualitative study using an observational, retrospective, cohort design was performed from January 2013 to December 2013 in Friesland Mental Health care services. The inclusion criteria were: 1) newly admitted patients, 2) ages 14-35 years, 3) no previous history of psychosis, 4) no use of antipsychotic drugs, and 5) cut off score of six or more symptoms on PQ-16. UHR was determined using the CAARMS. Data was analyzed using a logistic regression analysis model. In this study, 323 patients with a mean distress score of 14.37 and standard deviation of 6.417 were included (N=323). Every additional symptom above the cutoff of six symptoms on the PQ-16 predicts 14% higher chance of developing UHR. For each distress score the chance for UHR increases by

22%. The overall predictive value for UHR prognosis is for symptoms is 51% and distress 61%. Compared to the symptom score, the distress score had a higher value for predicting prognosis of UHR. Therefore, it is recommended to use the distress score in daily practice when making plans for treatment for patients.

Effectiveness of online interventions in preventing depression: A systematic review and meta-analysis of randomized controlled trials

by Alina Rigabert | Universidad Loyola Andalucía

Although evidence exists for the efficacy of psychosocial interventions in preventing depression, little is known about its prevention through online interventions. The objective of this study will be to conduct a systematic review and meta-analysis of randomized controlled trials assessing the effectiveness of online interventions in preventing depression in heterogeneous populations. The aim is to determine the effectiveness of online interventions in primary prevention of depression in all type of population. We conducted a systematic review and meta-analysis of relevant randomized controlled trials identified through searches of PubMed, PsycINFO, WOS and Scopus and Cuijpers.P (2008) from inception to June 2016. Two reviewers independently assessed the eligibility criteria of all articles, subtracted data and determined their risk of bias. We calculated standardized mean differences (SMD) using both fixed and random-effects models. 16 articles reporting outcomes for 13 different studies (7,528 participants), which met the inclusion criteria, these comprise the basis of this review and meta-analysis. The primary outcome in all studies was the reduction of depressive symptoms in non-depressed persons at baseline. All were published between 2002 and 2017, seven within the last five years. The SMD of the online interventions when compared to a control group was -0.163 (95% CI: -0.238 to -0.089; $p < 0.001$). We found no heterogeneity ($I^2 = 0\%$). After adjustment for potential publication bias, there was no change in the results. The pooled SMD using the first evaluation over time of each RCT was -0.18 (95% CI, -0.253 to -0.106; $P < 0.001$) and -0.16 (95% CI, -0.23 to -0.08; $P < 0.001$) when the last evaluation was used. Online interventions to prevent depression have a modest, though statistically significant preventive effect. Further studies are needed to clarify whether online interventions are effective in preventing depression.

Electronic CORE-OM implementation to gather patient-reported outcome measures from patients with severe mental illness. A pilot study

by Eila Sailas | HUS Timo Säämänen/ Teija Lindberg / Department of Psychiatry, Hyvinkää Area, Helsinki and Uusimaa Hospital District

In health care, there are increasing demands to assess and report the quality and effectiveness of different treatments. This has proven to be especially difficult in psychiatric services. Patient-reported outcome measures (PROMs) are self-assessment measures used to evaluate symptoms, performance, quality of life and patient satisfaction. CORE-OM (Barkham etc. 2005) is a much used and well documented measure, it follows the patients' condition thorough the treatment process, is easy to fill and can be used to revise the treatment plan. However, implementing continuous monitoring as a part of the psychiatric treatment has often failed. In addition, CORE-OM has not been widely used with patients with non-affective psychotic illnesses. In Hyvinkää Psychiatric area (catchment area approx. 200 000 inhabitants) we are carrying out a project to follow patient-reported outcomes by using CORE-OM. The measurements will be done in the beginning of each new treatment intervention, every time the treatment plan is reassessed and at scheduled intervals during the treatment. The patients will receive a text message or an e-mail reminder and can complete the CORE-OM questionnaire electronically. Technologies such as Internet based services are becoming an important part of many adult lives. In Finland, studies have shown that the majority of

Finnish individuals with schizophrenia spectrum disorders are current Internet users. Nevertheless, the psychiatric staff often doubt the patients' ability to find, understand and use these services. In our pilot study, we assess whether the application of electronic CORE-OM measurements in a psychosis outpatient department is feasible and useful. We also study the patients' ability and readiness to fill in the CORE-OM forms electronically as well as the staff's attitudes to patients' feedback.

Extra support to psychiatric outpatients in crisis - a look into the operation of TEHO

by Matti Mitronen | City of Helsinki

TEHO (Tehostetun avohoidon yksikkö) provides help to patients with diagnosed psychotic disorders who temporarily need additional support besides regular long-term outpatient care. The unit operates on a nurse-led working model, offering help every day of the week from 8 am to 8 pm outside of clinic and hospital surroundings, generally at the patient's home. TEHO is currently the only outpatient service in the city of Helsinki to operate outside of office hours. The service is completely cost-free for the patients. The main goal of TEHO is to prevent or shorten hospitalization and to offer means to increase the patient's quality of life. To achieve this goal the need to offer a wider range of psychiatric services besides traditional outpatient clinics and hospital has risen. Goals of the care are planned together with the patient and outpatient clinic or hospital ward. The unit has the ability to meet patients daily in their home surroundings. Frequent support is given in different forms that meet the current needs and wishes of the patient - the nurse-led working model is a key factor achieving this without unnecessary bureaucracy. This support can range from therapeutic conversations to practicing ways to cope with anxiety or expose oneself to the causes of discomfort, for example, social interactions while accompanied by a nurse. Guiding patients to NGO services that offer day- time activities that meet the patient's individual interest. Patients can also reach the unit via phone in the case of sudden anxiety or when in the need of guidance. Motivating to regular use of prescribed antipsychotics is also an important part of the treatment. Meeting the patient often outside of a clinic or hospital setting gives valuable information about patients' mental well-being. This information can be used by the outpatient clinic to better coordinate the long-term treatment.

Family and the Other

by Francesca Ditifeci | University of Florence, Italy

How are babies born? This inaugural question crosses the whole life of any human being as an enigma and a mystery. Facing the unfathomable choice of the Being who sees the light, but who is also defined by many familiar and legal relationships that identify him/her as a member of society, adoption imposes itself as a model of exclusively symbolic familiar tie. Consequently, it is necessary that all caregivers involved in this lifelong process receive an adequate training. We have structured a Master Course addressed to: social workers, judges, lawyers, teachers, physicians, gynecologists, psychiatrists, pediatricians, psychologists, school-operators, family home managers, with the main purpose of constructing a permanent multidisciplinary equipe able to assist the family in its three fundamental knots, preparation, meeting and discovery of a new reality of family. The course was structured into four sections:

- Medical-psychological section: sterility discovery as a moment of family crisis, path towards adoption, tools to evaluate the response style to crisis, parents/adopted child relationship, adopted child on arrival, social inclusion in the new family, relationship with pediatrician, entrance in the school system, adolescence with its related questions about identity.
- Normative section: faced by the perspective and experience of a juvenile court President.
- Social/didactic section: critical aspects with the participation of a social workers' trainer, an

International Adoption Commission's (CAI) representative, CAI authorized bodies' representatives, adopted subjects, and an elementary school teacher.

- Linguistic section: semantics of adoption both in English and in Italian. The course received positive evaluations on behalf of all the participants both in terms of training and in terms of satisfaction. The course was financed by the participants' fees and was hosted by the Department of Political and Social Sciences, University of Florence, Italy.

Fluently home – Developing a tool to help co-operation between psychiatric hospital and outpatient clinics in a patient- oriented way - second part, first results

by Luoto Netta | Vironen Riitta | Jaakkola Virpi | MNSc, Nurse manager, City of Helsinki, Aurora hospital, Finland | Master of Health Care, Nurse Manager, City of Helsinki, Northern Psychiatric Outpatient Clinic, Finland | MNSc, Coordinator, City of Helsinki, Psychiatric and substance abuse services, Finland

In the Psychiatric and substance abuse services in the city of Helsinki was developed an evidence- based tool, the checklist of discharging, in 2016. Electronic tool was introduced in 1.5.2017. It was made in co-operation with hospital and psychiatric clinics to improve co- operation between the hospital and the outpatient care and the process of discharging. It was also made to promote involvement and commitment of patients to their own treatment. The tool was presented in ECMH- conference in Berlin. This study describes first results of using tool in 2017 (N=745), separate electronic feedbacks (4/2018, N=53) from hospital and psychiatric clinics, challenges of implementation, and adjustment/update of tool and co-operation. The best results were in the parts, which didn't need co-operation between the hospital and the psychiatric clinics (81,3%-97%), but the care meetings needing participation from both didn't work so well (26,3%, 33%). The care meetings of those who suffer from mood disorders was occurred rarely (19,7%, 27,1%) than those who suffer from psychotic disorders (31,3%, 38,5%). The process is being developed by increasing the use of Skype in the care meetings to improve co-operation. The tool was refined by drawing up shorter, appropriate, list to short treatments (crises, safety nights) and multiple-choice questions were added to clarify the form filling and the analysis. According to the co-operation survey, the checklist is well- known at the hospital, but in outpatient care and among special workers it stayed less familiar. It is experienced that the checklist makes the work more structured. Some feel, that it just increases the work. The challenges have been related to passing on the flow of information, the commitment of the staff and the change in the attitudes. It is important to add information and discussion about the list. The updated discharging checklist will be launched on 1.6.2018.

Home treatment team - support and survival after hospitalization

by Esa Kokko | Finland

Home treatment team was established to support patients who feel unsafe at home after hospitalization. Patients often find it difficult to go home because of suicidal thoughts and behavior, they don't know exactly when the next appointment at community care is or they need extra support coping with depression and anxiety. Home Treatment team keeps in touch with patients by phone and on Skype. Patients can be met in the team office, at home or other convenient location. Phone service is available 24/7. Holding until first appointment at community care. Patients feedback about Home treatment team: "I got support and advice how to cope.", "I received instructions how to better take care of myself.", "It feels safe when you get support and backup right after you get out of the hospital." Flexible and health oriented approach to work allows individual care planning and quick support for patient and his/her family on discharge, providing smooth transition from hospital back to community.

Hope Is the driving force of forensic patients

by Saija Turpeinen | Päivi Åstedt-Kurki | Hanna Putkonen | Raija Kontio | Päivi Rissanen | Jari Kylmä | Kuopion yliopistollinen sairaala | Tampereen yliopisto | Helsingin ja Uudenmaan sairaanhoitopiiri | Helsingin ja Uudenmaan sairaanhoitopiiri | Finnish Central Association for Mental Health | Tampereen yliopisto

Hope has a positive impact on life changes and recovery processes of forensic patients because it makes people feel alive and that they have inner strength. Hope is essential for the recovery of a forensic patient as it is a driving force. In Finland, there are about 400 forensic psychiatric patients. The most common major diagnosis is schizophrenia. Forensic patients have double stigma due to their illness and the crime they committed. They may even have triple stigma because substance abuse adds shaming. Materials and methods. The research method of the present study was grounded theory. The total number of participants was 51. Patients, family members, nurses, and doctors were interviewed. Maintaining a forensic patient is a holistic process that is influenced by the interaction between the patient, family members or other close relationships, as well as the interaction of these actors in the various phases of the treatment. The patient's hope is the main resource that always exists and changes during treatment. For the patient, hope is to believe in a better future and new opportunities. Special attention should be focused on activating patients and guiding them to live with their illness. Maintenance of the forensic patient's hope is based on the existence of a therapeutic system that allows patients to receive good care. When the healthcare environment is positive, it promotes hope. The recovery of a forensic patient by means of interventions helps to maintain the patient's hope as it allows the patient to find person own resources and manage person own illness. The importance of a patient's family in treatment a patient is invaluable and it should not be ignored. Recovery orientation is a major ideological and practical psychiatric innovation, which should be taken into account in forensic nursing.

How do the attitudes and prejudices influence how we face to the substance- abusing pregnant woman and families with infants in various social and health services?

by Maarit Andersson | The Federation of mother and child homes and shelters

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. 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. The poster presents what kind of experiences the substance-abusing pregnant woman and families with infants have had in various social and health services. The negative attitudes and prejudices of authorities are commonplace and affect how we communicate with the parents and their babies. Recovery from substance abuse is a long process and requires a complete life change. The substance-abusing pregnant woman and families with infants need all the support and help instead of being blamed.

Insomnia and depression in two sleep out-patient units in Japan

by Hiroshi Kadotani, MD, PhD. | Masanori Takami, MD | Yuki Yoshi Sumi, MD | Masahiro Uetsu, MD | Masahiro Matsuo, MD, PhD | Department of Sleep and Behavioral Sciences, Shiga University of Medical Science | Department of Sleep and Behavioral Sciences, Shiga University of Medical Science | Department of Psychiatry, Shiga University of Medical Science | Sleep out-patient unit, Nagahama City Hospital | Department of Psychiatry, Shiga University of Medical Science

Differences in patient background between different clinical settings are not well understood. Here, we compare depression and insomnia among new patients who visited sleep out-patient units located in the same prefecture in Japan. Subjects were from two clinical settings (first visits: 2015/4/1-2017/9/30) from Shiga prefecture, Japan. Clinical settings were attached to the Department of Psychiatry of a university hospital (U) (n=392) and the Department of Otolaryngology of a city hospital (C) (n=325), respectively. We used AIS and Patient Health Questionnaire (PHQ-9) to detect insomnia and depression, respectively. The study was approved by the Institutional Review Board. 21.5% and 14.9% of patients had depression (PHQ-9 $\geq$ 10) in U and C settings, respectively ($P = 0.03$). 56.2% and 43.6% of patients had depression (AIS $\geq$ 6) in U and C settings, respectively. ($p < 0.01$). Insomnia subjects were treated in the sleep out-patient units. The university hospital has psychiatry outpatient units, but the city hospital does not. When patients were suspected to have moderate-to-severe depression in the C setting, they were referred to psychiatrists in other clinic and hospital. Depression and insomnia were both significantly frequent in U setting. This difference may come from interaction between sleep outpatient unit and psychiatry department. MEXT/JSPS KAKENHI Grant Number: 17H00872; HK's laboratory is supported by a donation from Fukuda Lifetech Co., Ltd., Fukuda Life Tech Keiji Co., Ltd., Tanaka Sleep Clinic, Akita Sleep Clinic, and Ai Ai Care Co., Ltd. to Shiga University of Medical Science.

Intensive outpatient care in child psychiatry of Helsinki University Hospital in Finland

by Milja George | Laura Tilli | Helsinki University Hospital, Division of Child Psychiatry, Helsinki, Finland | Helsinki University Hospital, Division of Child Psychiatry, Helsinki, Finland

Mental health problems affect 20% of children. Child psychiatric treatment benefits from access to the child's own environment. Intervening with child's challenges is more effective when intervention happens in everyday environment. Studies support the idea that home based interventions should be used broadly. In child psychiatry of Helsinki University Hospital, new ways to provide treatment to children with neuropsychiatric disorders were needed due to lack of resources. In the beginning of 2018 inpatient care was replaced with intensive outpatient care (IOC). The aim is to describe the intervention of IOC and the number of children reached between January and April 2018. Description of intervention. Description of the number of children in IOC 1.1-30.4.2018 and in inpatient care 1.1-30.4.2017. Resources of nurses in both interventions. Children (aged of 6-12 years) having mental health- and neuropsychiatric disorders causing e.g. severe functional difficulties at school were referred to IOC for intense assessment. Goals for children were set in collaboration with family and multi-professional team. Treatment was carried out in child's home, at school or day-care. One to five visits (lasting from one to four hours) were provided in a week. To reach the set goals CPS (Collaborative pro-active solutions) -method was used as a theoretical framework for the care. With this intervention 30 children were reached, where as in the same period of time last year in inpatient care, the amount was 17 children. The resources were: in IOC 17 nurses and in inpatient care 27 nurses. According to our experience in IOC, parents have better opportunity to retain their significance. In IOC more children can be reached with fewer resources. Support is more comprehensive than inpatient care, which helps to reduce the burden on the families and some of the children may avoid inpatient care.

Journey to social participation- recovery-oriented model for people in risk for marginalization

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Finland is a welfare society, but the system is not able to reach those at high risk for marginalization, and who would benefit from social support. Recovery-oriented model could be one solution in reaching out these people and change conventional treatment paradigms. Purpose of this project is to create a new model to citizens who cannot find the services they need in order to upgrade their difficult life situations. In City of Lovisa, we assume that there are around 100 citizens who could benefit from this kind of service. The main goal is to find half of the target group, support them with their life situations and help them to find suitable service. In project we utilize empowering methods and follow Recovery-oriented guidelines. This NGO-led project is funded by Finnish Social and Health Ministry for two years. The key working elements are respecting persons personal needs and hopes and activating to peer-support services. Clients are contacted by leaflets, social media and contacts through professionals. They usually come by recommendation of other professionals, by contact of a relative or by their own contact. In the beginning clients describe their own personal goals based in individual needs and dreams. With face-to-face meetings and groups clients are supported to coherence of life. Project is voluntary and free of charge. Project has had 35 clients, between ages 21 and 67 of which 40% women. Project indicators are how many clients get suitable services and clients' own experience of their situation. Only three clients have dropped out without any further services. The rest of clients have had help in project or guidance to adapt to services. By clients' experience it seems that project creates a new alternative model that can be used among other services in social work.

Kungsängsliljan - family intervention to support children living with parents with psychotic disorder

by Annika Åkvist | Anette Ståhlberg | Uppsala University Hospital | Uppsala University Hospital

To be a parent with psychiatric disorder implies difficulties both for parent and child. When you suffer from psychosis you may have problems experiencing reality. Children can Kungsängsliljan is a project at Uppsala University Hospital, Sweden with the purpose to develop a family intervention to inform, support and advise children as is regulated in Swedish health care legislation. Our aim is to directly reach children of parents who have a psychotic disorder, give information about the disorder, its treatment on an adequate level related to the child's age. Focus is also on localizing persons who can support the child in case the parent gets ill again. The child's own experience of the illness is an important background for discussion. The child has the possibility to raise questions. We are perceptive of parents' needs of support in parenting and discuss their worry for their children. We emphasize the following elements: -

- An easy method to practice in the home of the family with 2 meetings, supported by manual.
- The purpose of the family intervention must be clear to parents, children and caregivers. It should be research-based.
- Children may need different kinds of information, support and advice during different stages of childhood. The intervention includes the planning of repeated meetings.

We have experienced so far that both children and parents have been positive to the intervention. Our impression is that the children have appreciated the meeting with the caregivers. During the intervention we have met parents with feelings of both ambivalence and positive attitudes. To reach children, a continuous work with parents appears to be necessary.

Living alone and positive mental health: a systematic literature review

by Nina Tamminen | Tarja Kettunen | Tuija Martelin | Jaakko Reinikainen | Pia Solin | WHO Collaborating Centre for Mental Health Promotion, Prevention and Policy, Mental Health unit, National Institute for Health and Welfare, Helsinki, Finland; University of Jyväskylä, Department of Health Sciences, Finland | University of Jyväskylä, Research Center for Health Promotion, Finland; Central Finland Health Care District, Jyväskylä, Finland | Equality and Inclusion unit, National Institute for Health and Welfare, Helsinki, Finland | Public Health Evaluation and Projection unit, National Institute for Health and Welfare, Helsinki, Finland | WHO Collaborating Centre for Mental Health Promotion, Prevention and Policy, Mental Health unit, National Institute for Health and Welfare, Helsinki, Finland

Living alone has become more common in today's societies. In spite of the high number of population living alone, research directed on mental well-being issues related to living alone has been limited. The objective of this systematic literature review was to collect and summarise the body of empirical research on the association of living alone and positive mental health and to highlight possible shortages in research. A systematic literature search through 16 bibliographic databases was performed. Articles published from 1998 to 2017 and reporting original research on associations between living alone and positive mental health were considered. A narrative review was performed. Studies were also assessed for quality of reporting. The search produced 320 records, of which 41 articles were selected for full appraisal. Ultimately, four studies were included in the review. All studies were conducted in Europe and published within the last decade. The studies differed in their measurements of positive mental health, sources of data and study populations. Therefore, the results were evaluated individually. All studies were cross-sectional in design. An association between living alone and positive mental health was perceived in those studies where the sample size was large or fairly large. The review allows only a narrow look at the associations of living alone and positive mental health. Positive mental health is a relatively new concept and research area, and studies concentrating specifically on positive mental health of those living alone seems according to this review to be very scarce. In addition, all included studies in the review were cross-sectional making causal interpretations impossible. However, as the number of people living alone is likely to continue to increase and positive mental health may have a beneficial influence on health, quality of life and productivity, it is imperative to research the area on a much greater scale.

Mental health assessment form for 4-15- year old children

by Anne-Mari Borg, MD, PhD | Päivi Kaukonen, MD | Raili Salmelin, MSc, PhD | Sari Miettinen, clinical nurse specialist, RN, coordinator | Mirjami Mäntymaa, MD, PhD | Matti Joukamaa, Professor emeritus | Tuula Tamminen, Professor emerita | Kaija Puura, Professor | Department of Child Psychiatry, Tampere University Hospital | Department of Child Psychiatry, Tampere University Hospital | Faculty of Social Sciences/ Health Sciences, University of Tampere and Department of Child Psychiatry, Tampere University Hospital | Department of Child Psychiatry, Tampere University Hospital and School of Medicine, University of Tampere | Department of Child Psychiatry, Tampere University Hospital | School of Health Sciences, University of Tampere | School of Medicine, University of Tampere | School of Medicine, University of Tampere and Department of Child Psychiatry, Tampere University Hospital

Mental health assessment form for 4-15-year old children (MHA-form) is a new Finnish method to assess child's psychosocial development and well-being, and to integrate information about child's mental health and family factors affecting child. It is a tool for general practitioners and public health nurses containing 14 structured questions, completion instructions and a guide for interpreting the results. The aims of the study are to represent the assessment method and to assess reliability and validity properties and

feasibility of the method in the Finnish primary health care. Health center doctors assessed 2604 children in regular health check-ups with the form. A diagnostic assessment method, Development and Well-Being Assessment (DAWBA), was utilized as the gold standard in defining the validity properties of the method. Parents and doctors completed feedback questionnaires on the feasibility of the new method. The internal consistency of the method was found acceptable. The range of the total score is 0-36. Of the children 12% were scored over the lower cut-off (3/4) and identified to be in need for mental health care in primary services. Of the children 9% were scored over the higher cut-off (7/8) and identified to be in need for specialized level child psychiatry. Sensitivity for the lower cut-off was 71% and for the higher cut-off 73%, respectively the specificities were 75% and 86%. To interview the parents and to complete the form took 5-10 minutes according to 63% of the doctors. Most of the parents and doctors gave positive feedback on the clinical feasibility of the method. The developed mental health assessment form for 4-15-year old children was found reliable, valid and suitable for detecting the children suffering from psychiatric symptoms. The method also supports health center doctors in their clinical decisions on the treatment plans and in choosing the level of care.

Mental Health Online

by Merja Ålander | Saija Turpeinen | Jussi Huttunen | Tiina Ojalainen | Kuopio University Hospital | Kuopio University Hospital | Kuopio University Hospital | Kuopio University Hospital

As the operating environment of psychiatry has changed, the examination and care of patients from adolescence to old age requires new, efficient and effective treatment methods. In psychiatry at Kuopio University Hospital, Finland, digital services have been developed as part of the patient's care processes. The introduction and development of different e-services has introduced new contents and enhanced the versatility of traditional psychiatric services, whose accessibility used to be hindered by, e.g. long distances and poor transport connections. Digital services enable treating patients in their own operating environments and, at the same time, improve the availability of specialised medical care services also in sparsely populated areas. Psychiatry has implemented the following e-services:

Remote appointments through a video connection

- Remote appointments can replace some traditional appointment visits, for example enabling appointments for patients for whom it would be challenging to make weekly visits at a specialised medical care unit due to issues such as long distance.

Digital care paths in adolescent and adult psychiatry

- The digital care paths allow health care professionals and patients to keep in touch using a messaging feature based on agreement.

Symptom diary mobile application

- Patients can use the mood diary mobile application to record matters connected to their mood and functional ability on a daily basis.

Electronic safety plan

- The safety plan includes instructions on how patients can make their environment safe, what are the warning signs of emerging problems, how can patients personally improve the way they are feeling and who are the loved ones that the patient can contact if necessary.

SMS care reminders

- SMS care reminders are used to help patients cope in their own environment.

Electronic effectiveness indicators

- The patient uses an electronic platform to fill out a background questionnaire, clinical effectiveness instruments, and a patient satisfaction survey at the end of treatment.

Mental illness and violence: A case study

by Shamala Gopalakrishnan | Singapore Prison Service

This case study illustrates the techniques used in the assessment and intervention for an offender who committed a violent offence while having mental illness. The different risk assessment tools used in assessing violence risk, mental health needs and different modes of therapy will be first covered. The case study will highlight challenges presented by offenders with mental illness who receive intervention in a prison setting. The main challenge for these group of offenders involve the psychologist having to cater for their dual needs; addressing the mental health aspects as well as their criminogenic needs during therapy sessions. The different roles of staff (e.g. psychiatrist, prison officers, psychologist, occupational therapist) with regards to the rehabilitation of offenders with mental health needs will also be covered. The meaning of recovery for such offenders will also be explored within the case study.

Mindfulness training increases well-being in patients with anxiety and depression

by Judith Bos | Center for Integrative Psychiatry, Lentis Mental Health Organization, Groningen, The Netherlands

Within mental health care the subject of well-being is of growing interest. A high level of subjective well-being provides better health and is beneficial for recovery. In a general population a commonly used intervention to improve well-being is mindfulness training. Mindfulness training is aimed at increasing self-regulation and reducing own persistent vulnerability, or to recurrence of psychiatric symptoms. A quantitative quasi-experimental study, with a one-group pretest-posttest design, was conducted to investigate the effects of mindfulness training on well-being and symptoms of anxiety and depression in people with a psychiatric disorder. Participants received a mindfulness training for a period of 8 weeks on a weekly basis. Before and directly after mindfulness training participants completed the self-report questionnaires Mental Health Continuum - short form (MHC-sf; a measurement of well-being), Beck Depression Inventories (BDI-II) and Generalized Anxiety Disorder Questionnaire (GAD-7). Differences between pre and post mindfulness training scores are tested with paired-samples t tests. Fifty-three ($n=53$) patients with a psychiatric disorder followed mindfulness training (mean age 48.6 years, 67.9 % female). Patients were diagnosed with anxiety (21.3%), affective (51.9 %) and other (25.0 %) disorders prior to the start of the mindfulness training. Preliminary results show a significant difference on all outcome measures: MHC-SF, $t(52) = -3.93$, $p < 0.001$; BDI-II, $t(51) = 6.23$, $p < 0.001$, GAD-7, $t(51) = 6.36$, $p < 0.001$. The final results are expected in June 2018. The positive results of this study indicate that, mindfulness training can be employed to promote well-being. Which may be beneficial for recovery and health in people with a psychiatric disorder. Further research is required to compare the outcomes with a healthy control group.

Multidisciplinary teams in the field of mental health care in the Czech Republic

by Monika Dudova | Charles University, Czech Republic

Since 2013 there has been an ongoing transformation of psychiatric care consisting in reduction of psychiatric beds and forming of a new low-threshold Mental Health Centers (MHC) in the Czech Republic. The integral part of the transformation is improving the quality of the psychiatric services and its effectiveness, reducing the stigmatization of SMI and psychiatry, and increasing full integration of people with mental disorders into society. The research goal was to map the process of creating the multidisciplinary teams and their functioning in terms of specifics and possible risks of team cooperation and finding barriers that

impede their optimal functioning in a community. A secondary task was to evaluate the cooperation with peer consultants which become a new position in the mental health care. The research was a part of pilot projects of MHC. For data collection the semi- structured individual interviews, group interviews and focus groups were used. The focus group technique was applied to get experiences and options from health professionals, mainly psychiatric nurses and social workers. Multidisciplinary brings different views on a mental health care, specifically on the team functioning and aspects of cooperation. The main goal of the work with the clients – reaching their recovery in their natural environment. As an important issue has emerged the responsibility distribution in the team, e.g. decisions on hospitalization, sharing information and expanding health professionals' competencies. Discussed was the unclear role of the team head, missing network of the other community services, increase in work-time for psychiatrists and peer consultants and a position in psychiatric system. Multidisciplinary cooperation in mental health services requires a new definition of tasks, competencies and responsibilities of professionals. It is also necessary to solve the problems arising from the fact that in the Czech Republic the health and social sector has been historically separated.

Mutual help meeting – Safewards intervention at Acute Psychiatry Unit 6

by Seppo Mäki | Pitkämäki hospital

The acute psychiatry unit 6 in Pitkämäki 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 and asylum seekers with mental health disorders. In-patient time at the unit is about 30 days. Patient profile covers both acute and long-term psychotic illness. Unit faced a challenge how to aid patients to get along with each other and respect different personalities, customs and nationalities while being hospitalized. Mutual help meeting is intervention part of Safewards model created by Len Bowers and it encourages patients to give positive feedback to each other and offer help to fellow patients. Objective of Mutual help meeting is offer an opportunity for patients to make a meaningful contribution to atmosphere of the unit, solve disagreements between patients or staff and help patients to understand behavior of others. The staff can also explain possibly troubling incidents at unit and clarify why the staff act the way they do. The Mutual help meeting gathers for a 45 minutes session twice a week on Mondays and Fridays. Group is voluntary, but everyone is encouraged to participate. Two staff members participate the meeting and ward manager participates meeting on Fridays. The Mutual help meeting usually calms down units atmosphere. Even patients who resist treatment can feel that they belong to community of the unit and that improves adherence to treatment. Psychotic symptoms can be understood and patients support and give positive feedback to each other. The Mutual help meeting is taken as part of unit week routine and every staff member values it as an intervention that prevents confrontation between patients, improves atmosphere and understanding of each other.

My practitioner: the computer': A qualitative study of experiences with internet treatment by outpatients with anxiety disorders and the role of the practitioner in primary mental health care

by Agnes Hendriks | Dimence

Internet cognitive behavioral treatment (iCBT) has been a common way of treating mental patients with anxiety problems in the last decade. Quantitative studies have proven the efficiency and effectivity of internet treatment. Qualitative studies recording patients' experiences with iCBT, however, are still uncommon. This qualitative study aims at evaluating experiences with iCBT of outpatients with anxiety disorders in

the primary mental health care. Providing insight in the supportive and obstructive aspects of internet treatment can give practitioners concrete guidance in a stepped care model. This was a qualitative research, using an interpretative hermeneutic phenomenological research design, where participants were recruited through purposive sampling. The data obtained from seven semi-structured interviews were coded and analyzed. This was done following the seven steps for descriptive phenomenology by Colaizzi with peer review and member check included. This approach focuses on understanding the meaning of the respondents' experiences. The first results after seven interviews are four supportive aspects of internet treatment: own direction, awareness, concrete at work and experiential expertise of role models. Obstructive aspects of internet treatment are: avoidance, obligation, motivation from yourself and insufficient connection. The role of the practitioner was merely supportive in ways of making connection, focusing on individual needs and personal/interactive. Results and conclusions are still in the analyzing process and will be presented at the conference.

Nursing care for patients with acute mania who are admitted to a psychiatric ward. Consensus on a standard of good care: Results of a Delphi study

by Velde Harsenhorst, Mrs. Rita de | Goossens, Peter J.J., Prof. Dr. | Student Master of Science, Dimence, The Netherlands | Dimence, The Netherlands

The literature on nursing patients with acute mania is very limited. International guidelines for the treatment of patients with bipolar disorder contain hardly any evidence based information about the nursing of these patients during admission. Current practice is mainly experienced based. Based on the results of a literature review and three qualitative studies with professionals, patients and relatives about the nursing care for patients admitted with acute mania a Delphi study was undertaken to reach consensus on a standard of good care. Delphi study: 89 statements were generated for evaluation by a panel of nurses, psychiatrists, patients and relatives. The panel members indicated the extent to which a statement was judged to be relevant along a 5-point scale. Feedback per statement was gathered to reformulate statements that did not reached sufficient consensus (70%). After round 1 for 71 statements consensus was reached, 18 were reformulated. In round 2 consensus was reached for 13 statements, 5 were reformulated. In round 3 consensus was reached for all 5 statements. In this Delphi study consensus has been reached between professionals, patients and relatives about nursing care for patients with acute mania who are admitted to a psychiatric ward, which is of great value for quality improvement.

Patients' perception of changes in their working ability during the treatment period

by Minna Lahelma | Päivi Harjunpää | Roosa Virkkula | Registered Nurse Tays Tampere University Hospital | Registered Nurse Tays Tampere University Hospital | Registered Nurse Tays Tampere University Hospital

The Weekly Psychiatric Unit treats adult patients (≥ 18 years) when outpatient support is insufficient or outpatient treatment has not yet started. The ward is open ward and it's open on weekdays. The ward conducts crisis treatment periods and performs multiprofessional diagnostic assessments as well as work and functional ability. The department uses the principles of group care. The purpose of the study was to find out the patients' perceptions of changes in their working ability during the treatment period and which things prevented or promoted their rehabilitation. The data were collected by a voluntary questionnaire at the end of the treatment period. There were 81 responses received during the period 11/2016 - 12/2017 after the patient's treatment period ended. Patients experienced their functional capacity (scale 1-10) at 4.85. After the episode, the ability to function was elevated to 6.48. The change in operational capacity was then 1.63 or 25.15% in a more functional direction. Self-care discussions, group activities, peer support

and good rhythm of the department per day were factors contributing to the rehabilitation of patients. Factors that prevent rehabilitation were felt as their own poor psychic power, poor night sleep, loneliness, and strain on other patients. More attention has been paid to the factors contributing to the rehabilitation of the patient emerging in the survey; prompted patients to seek self-care discussions, developed content groups and nurses' skills to guide the group, emphasized peer support, and created a weekly program for the department individually for every patient. Efforts to prevent rehabilitation were eliminated by good care of the mental power by focusing on improving, sleeplessness loneliness, and communality.

Patients' experience about caregivers in emergency care: A phenomenological study

by Teatske Zijlstra-Hof, MANP student, Friesland Mental Health Care Services, The Netherlands | Sonja Kuiper, MSc, MSW, RN, NHL/Stenden University of Applied Sciences Leeuwarden, research supervisor | Prof. Nynke Boonstra, MANP, RN, NHL/Stenden University of Applied Sciences Leeuwarden, Friesland Mental Health Care Services, research supervisor | Friesland Mental Health Care Services | NHL/Stenden University of Applied Sciences Leeuwarden | Friesland Mental Health Care Services

Caregivers play an important role in supporting patients with a psychiatric disorder during a crisis. At this moment, we do not know the role of caregivers experienced by patients. To use interventions in the context of recovery after a crisis, it is important to use interventions that meet the wishes and needs of the patients regarding their caregivers. The aim of this study is to gain insight in patients' expectations regarding the role of caregivers in a period before a psychiatric crisis. With this knowledge interventions can be used that address the patient needs during stabilization of crisis. A phenomenological approach was used to explore the experiences of patients who went through a psychiatric crisis. In-depth interviews were conducted using a topic list as aide to guide the interviews. The phenomenological method of Colaizzi was used to analyze the interviews. Based on patients' experience (N=12), we conducted five themes: attitude caregiver, caregiver burden, empowerment, peer specialist, self-stigma. Experiences of self-stigma can be seen as one of the most important themes that determine the extent of support between the patient and his or her caregiver(s). Interventions regarding self-stigma, e.g., peer specialist and peers support, should be part of treatment in patients after a psychiatric crisis in order to support and strengthen their empowerment.

Patterns of victimization. A person-centered approach to physical and sexual violence in a representative sample of Danish youth

by Mathias Lasgaard | Nanna Lindekilde | Rikke Holm Bramsen | DEFACTUM, Central Denmark Region and Department of Psychology, University of Southern Denmark | DEFACTUM, Central Denmark Region and Department of Psychology, University of Southern Denmark | Department of Psychology, University of Southern Denmark

Professionals and policy makers have only recently begun to recognize the extent to which different types of victimization are interconnected. To enhance our knowledge of the co-occurrence of physical and sexual violence across childhood and adolescence/early adulthood, the present study investigated distinct typologies of victimization in a sample of adolescents and young adults and explored the relationship between victimization typologies and gender, age, and mental health. Data from the Danish 2013 National Health Survey ("How are you?") were used. Latent class analysis (i.e., a person-centered approach) was used to identify typologies of physical and sexual victimization in a representative sample of 3,812 adolescents and young adults aged 16-24 years. Five distinct victimization typologies emerged: a normative, non-victimization group (76%), a physical victimization in adolescence/early adulthood group (13%),

a physical revictimization group (5%), a poly- victimization group (4%), and a physical victimization in childhood group (2%). Physical revictimization, poly-victimization, and physical victimization in childhood were highly associated with poor mental health status. Using a latent variable modeling approach, we identified meaningful subgroups of the victimized population. Two subgroups (i.e., physical revictimization and poly-victimization), which comprised a third of all individuals in the victimization subgroups, had a high probability of exposure to multiple traumatic events and poor mental health. These study findings underscore the need to promote interventions addressing the co-occurrence of physical and sexual victimization and the persistence of victimization over time.

Prevalence and detection of a mild or borderline intellectual disability in inpatients with a severe mental illness

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In the Netherlands, sixteen percent of the population has a mild or borderline intellectual disability (MID/ BID). This group has a greater chance of developing psychiatric disorders. The prevalence of patients with a psychiatric disorder and a MID/BID is unknown as well as the ability of clinician to recognize MID/BID without using a screener. This study aims to gain insight into the prevalence of patients with a (suspected) MID/BID on an inpatient group with severe mental illness and the ability of clinicians to recognize a MID/ BID, without using a screener. 15 inpatients with severe mental illness were screened in the period 01-09-2017 to 30-03-2018 with the Screener for Intelligence and Mental Disability (SCIL) and the psychological examination (PE). In advanced, the clinicians were asked whether or not patients, screened by the SCIL, had an MID / BID. In our sample of 37 patients, 19 patients completed a BTEC level 3 diploma or higher so they could not have MID/BID based on their level of education. From the other 18 patients, 16 patients had an MID/BID according to the SCIL+ PE, so 46% of the total population. In 61,5 % of the cases the clinician did not recognize the MID/BID. Only in 39% of the patients treatment was tailored to the MID/ BID like specialized home support. To avoid overcharge of patients it is important to connect with their adaptive and cognitive possibilities. Therefore, it is recommended to standardize the SCIL as part of the diagnostic phase in psychiatry and to increase the knowledge of nurses and clinicians about the needs of patients with an MID/BID.

Promoting psychotic patients' physical health at outpatient clinic

by Sanna Kostamo, RN, MNSc, Deputy Nurse Manager, Hospital District of Helsinki and Uusimaa, HUCH Psychiatry, Peijas Hospital, Finland | Leena Lemola, RN, MNSc, Nurse Manager, Hospital District of Helsinki and Uusimaa, HUCH Psychiatry, Peijas Hospital, Finland | Hospital District of Helsinki and Uusimaa, HUCH Psychiatry, Peijas Hospital, Finland | Hospital District of Helsinki and Uusimaa, HUCH Psychiatry, Peijas Hospital, Finland

According many studies lifetime of patient with psychotic disorders are shorter than 15-20 years, mortality is more than 2-3 times higher compared to healthy people. Reasons for that are e.g. cardiovascular diseases, overweight and II-type diabetes. One part of physical diseases are caused by cognitive deficiency syndrome of psychosis. These reasons make it difficult to take care of own physical health. Nursing staff's work and attitudes to take care of patients' physical health is important also at psychiatric outpatient

clinic. The aim is get into practice consistent and evidence-based working methods for nursing staff that everyone promoting also patient's physical health at outpatient clinic. The development project is being implemented at the outpatient clinic. Project team including 7 multi-professional persons. By now; Two questionnaires were made. One to clinic's staff, how they take into consideration patient's physical health and the other to our experts by experience. The importance of physical health is included in different kinds of patient groups. Experts by experience are working with staff in patient's groups. Implement consistent and up-to-date information for nursing staff. Staff have orientated to use various of physical health's measurements. Contacts of primary care centers' staffs are being updated. Expected results; 1) Taking care of patient's physical health becomes more effective both in group rehabilitation sessions and individually psychoeducation. 2) To use consistent and evidence-based working methods becomes more effective. 3) Co-operation will be improved with primary health care units. Promoting of patient's physical health considered an important topic and holistic thinking of care should notice also at psychiatric clinic. According our experts by experience "it's important to notice also physical health, because it's difficult to rehabilitate yourself mentally if you are physically bad condition". Because of this patients need our help. In the future measurement of the results are important.

Protective factors against hazardous drinking among family members of patients who were hazardous-drinker in Chinese general hospitals

by Yun-Fang Tsai | Chang Gung University

Excessive alcohol use has been associated with health, social and legal problems. Alcohol-related problems have been studied primarily on patients with problem-drinking but few studies on their family members. The purpose of this study was to explore protective factors against hazardous drinking among family members of patients who were hazardous-drinker. In this qualitative descriptive study, participants were recruited from three hospitals randomly selected from northern and central Taiwan (2:1). Patients and their family members were screened using the Chinese version Alcohol Use Disorders Identification Test (scores > 8 indicating harmful or hazardous drinkers). Data were collected from individuals, audio-taped, in-depth interviews using an interview guide. Verbatim interview transcripts were analysed using ATLAS.ti, version WIN 7.0. The sample of 70 family members without hazardous or harmful drinking behaviours perceived that their protective factors against hazardous drinking were related to five major themes: alcoholic drinks tasted bad, drinking behaviours were not good for health, drinking alcohol was disgusting, drinking alcohol was an escaped behaviour, and was afraid become the same kind of person as their patient family members. Based on the results of this study, health care providers can reinforce family members' beliefs about important protective factors against hazardous drinking to promote their health.

Psychiatric outpatient treatment unit

by Miia Eskonniemi | Tarja Palkeinen | Minna Kallio Aurora avohoitovalmennus | Aurora avohoitovalmennus

We are a treatment unit located in the Aurora Hospital district in Helsinki with 56 places. In two terraced houses there are eight community-shaped five persons shared apartments. More independent patients live in 16 studio apartments. In the service organization we are positioned between hospital and outpatient care. We offer treatment 24/7. Nearly all patients suffer from psychiatric disorders causing severe symptoms, which also involves substance abuse / exclusion. We also rehabilitate patients with forensic psychiatry status, which are in so called controlled outpatient care. 76% of the patients are male and 24% women female. 63% of the patients are under the age of 34. Patients are moved to our treatment unit from

hospital wards, outpatient care or child welfare units. Housing is supported, rehabilitative and based on functionality. We offer a variety of psycho- educational groups and individual therapy. Patients' needs are also met by various low threshold groups planned and instructed by nurses. Collaboration with the family is an important part of the rehabilitation. The main objective is to rehabilitate patients to supported or own apartments outside the hospital. The treatment and rehabilitation plan is made with the multiprofessional team. The goals are set to be as concrete as possible. Each patient's path of rehabilitation is unique, whether it continues either one or five years. The patient transition from the outpatient treatment unit is supported by a few home visits before admitted to outpatient care services. There are 21 registered nurses in our unit. Each patient has a designated nurse. The nurses' job description is multidisciplinary, responsible and demanding. Because of the limited doctor resources, nurses have to make continuous evaluation and independent decisions. The way of working aims to be a recovery-orientated process. In the outpatient treatment unit, the nurse must go beyond many traditional nursing boundaries.

Safewards

by Tiina Hakala | Pirkko Ahopelto | Anne Andrikopoulou | Eija Sairio- Sabell | Paula Ranne | Kristiina Puolakka | Satakunta Hospital District | Satakunta Hospital District | Satakunta Hospital District | Satakunta Hospital District | Satakunta Hospital District | Satakunta Hospital District

In consequence of the decreasing number of beds in psychiatric hospitals all the while mental health problems seem to become more complicated, there are more seriously manifesting patients in wards. With this, the risk of violence also grows. Mieli, The Finnish national programme of mental health and substance abuse work, emphasises strengthening the status of the service user and reducing the use of coercive measures in psychiatric hospitals. Safewards is an evidence-based model for reducing conflicts (aggression, absconding, self- harm, etc.) and containment (seclusion, special observation, manual restraint, etc.). It gives concrete tools to prevent aggression and to calm down conflicts. It is a widely used method amongst patients of the working age. However, there is little information about how it works amongst children, adolescents and aged patients. This project aims to explore the implementation of the Safewards model in child, adolescent and adult psychiatric wards and also in wards with aged people. The goal is to reduce violence and the use of coercive measures in psychiatric wards. The project was conducted in one psychiatric hospital in Finland. The method for implementing the model was an action research. In every ward of the hospital, the staff of the ward used their own expertise to decide the order and details of the interventions. They were offered to get outside consultation and peer meetings during the process. Implementation of the interventions was widely put into operation amongst all kinds of patients. The rates of coercive measures and violence events were and will be evaluated before and after the implementation. The social climate of the hospital was and will be assessed using the EssenCES questionnaire amongst the patients and the staff similarly before and after the implementation.

Safewards model, implementation in Oulu University Hospital, Psychiatric Clinic 2016-2018

by Matti Sorvoja | Pauliina Ruonala | Mari Jokiniemi | Petteri Korkala | Matti Laukkanen | Marika Vikström | RN, AHN | RN, HN, MHS | RN, MHS student | PN | RN, NM, MScHealth | RN, HN, MHS

In psychiatric care there occur conflict and collision situations which may lead to restrictions against a patient's own will. Our objective is to reduce coercive measures and involuntary treatments, and to find alternative means and procedures for preventing and discharging conflicts. We aim to create safer wards for both patients and staff and to make patients take a more active role. The systematic implementation of

Safewards model started in 2016 after staff schooling. In 2016 Essen-ces atmosphere enquiry was made to the staff and patients. The next enquiry will be in 2018. The ten interventions are all in use on seven closed wards and in one outpatient care unit towards the end of 2018. Two persons on every ward are responsible and experts for each intervention. All the levels of executives, staff and patients are important members of this implementation process. Current experiences: Interaction and teamwork skills have changed in clearer and more patient- centered direction. Using 'calm down method' has reduced the need of coercive measures and has given patients alternatives for controlling their anxiety. Some patients have learned to use these methods at home. Setting 'mutual expectations' has improved co- operation, respect and understanding between patients and staff. Patients have given positive feedback; they are in an active role in making our wards even better. We asked the staff (n=67) about the benefits of Safewards model implementation. According to the answers, Safewards has influenced nursing culture and the way to relate to patients positively. Patient-centered care, co-operation and humanity were emphasized the most. The interventions used appeared to improve patients' resources and self-care in dealing with symptoms. The development of psychiatric nursing, ethical and good care was considered essential, as well, the prevention of coercive measures and conflicts. Further experiences, certain procedures are needed to process this model.

Self-management and Self-efficacy of patients with chronic Anxiety Disorders

by Léon Berkenbosch | Dimence Groep, The Netherlands

Anxiety disorders are one of the most common psychiatric disorders in the Netherlands. For many patients with an anxiety disorder, treatment does not lead to (full) recovery. A Dutch study about anxiety and depression (NESDA) describes a chronic course of 41.9% in patients with an anxiety disorder. In treatment programs for chronically ill people in the Netherlands, there is a strong emphasis on self-management and recovery. Self- management of patients with chronic psychiatric disorders focuses on restoring normal functioning and increasing the autonomy and responsibility of the patient. Self-efficacy, defined as the size or strength of a person's belief in the ability to perform tasks and achieve goals, is increasingly seen as an essential prerequisite for effective self-management. At present, little is known about the effect of self-management interventions on patients with chronic anxiety disorders. Determine the effect of working with a relapse prevention plan (RPP) on self-efficacy, measured with the Dutch General Self-Efficacy Scale (GSE), in the treatment of adult patients with chronic anxiety disorders in community mental health care. A quantitative study with a 'non-equivalent control group, after-only design'. A group of patients with chronic anxiety disorders using a relapse prevention plan is compared with a similar group that doesn't use an relapse prevention plan on their level of self-efficacy. Participants were recruited within 5 community mental health teams in the Netherlands. This study is in progress at the moment. Results are expected in June 2018. The study included 35 participants (with RPP: N=13, without RPP: N=22). All participants (42,9% male and 57,1% female) had an anxiety disorder conform DSM-IV. Most common is the posttraumatic stress disorder (34,3%), followed by the panic disorder (28,6%) and the obsessive-compulsive disorder (20%).

"Some say that we are plugging a gap..."

by TNA collective @ UCLan | University of Central Lancashire

Across England, there are 2,000 people currently involved in a pilot of Nursing Associate (NA) training. This is a new role which has been adopted by NHS organisations and is designed to bridge a gap between health and care assistants and registered nurses. Our cohort of Nursing Associates will be some of the first

in the country to qualify in early 2019. Educating and supporting this new workforce has been described as a 'mindfield', 'a steep learning curve' as well as 'the best thing to happen in my lifetime' (a trainee NA) and 'absolutely transformative'. This poster/ presentation will focus on this new and innovative transition of our mental health workforce, the proposed requirements of the role and the standards to be achieved. It will also identify the impact that it has had on patients, the existing workforce and the trainee nursing associates (TNAs) themselves. It reflects upon the experience of being a 'new breed' in the workforce and the personal experience of transition and transformation. It will also reveal some of the landmarks along the journey to qualifying as a Nursing Associate, the hurdles crossed and the individual and service rewards gained.

So, some say that we are "plugging a gap", our view is that Nursing Associates will be doing what nurses really want to do, which is, providing evidence-based, clinical and compassionate care, and loving it!

The care of family caregivers on an inpatients psychiatric ward for patients with mood disorders

by Mari Tuomisalo, Master of Health Care - Student | Mia Blomqvist, Administrative Head Nurse | Katja Ernvall, Head Nurse | University of Applied Sciences, Turku University Hospital, Finland | Turku University Hospital | Turku University Hospital

Family care is an essential part of holistic care of a psychiatric patient. The purpose of family care is to support family by strengthen their resources and improving interaction between family members. In the mental health nursing literature the meaning of family is highlighted as a crucial part of patient's care. Despite of this, working with families is incompletely implemented to psychiatric nursing practice. It is known that psychoeducation given to the family reduces the family burden, decreases stress and symptoms of the patients. It also reduces relapses and a need of hospital care. It has been noted that mental health problems seem to transmit from the first generation to the second one. There is a certain part of family caregivers needing more support, which they are receiving actually. There is a need for a balance between caregivers' involvement in providing the care for patients and at the same time trying to avoid overburdening caregivers. Objective is to develop family centered work among the families of inpatients in one inpatients ward for people with mood disorders. The aim is to develop a model for good, comprehensive and functioning family care. Research method used in this development project is theme interview. Interview will be conducted with three experienced mental health nurses who are working in this inpatient ward. The interview will be analyzed using thematic analysis. In addition, a literature review shall also be delivered. Results will be published in September 2018.

The care-givers path to the empowerment

by Minna Kurttila | Kati Koukonen | Finland | Finland

The Socialpsychiatric association of Southeast Finland (Kakspyrä) has a project which works with care-givers. The project's guideline is recovery-oriented practice. Recovery isn't necessarily about cure but it's about having a meaningful life. According to the Scottish Recovery Network the principles of recovery are: Connectedness, Hope, Identity, Meaning and Empowerment. The project formed workgroups from care-givers and professionals, whom discussed wellbeing and empowerment. Mental health issues and intoxicant abuse can strain the people nearby. Being a care-giver often contains ongoing anxiety and stigma regarding the situation. When the strain is prolonged or increased, the care-givers have an increased risk of developing depression. Care-givers often have a significant role of responsibility in their family member's daily life. Despite that, they often feel that they are left aside of the care, and they aren't

heard by the professionals. Often, they won't notice that they are exhausted and in need of support themselves. Care-givers path to empowerment starts from crisis. At best the path leads to an increase of the understanding, participation and onwards to the desire to help others who are in same situation. In order to feel empowerment, care-givers should have an opportunity to be heard. They need good and equal encounters. Professionals can advance the encounters by being present and support the whole family. When services are clear for all, it creates hope. Peer support also brings hope and provides a group where there is a sense of social cohesion. Participation, opportunity to make an impact, support and knowledge of family members treatment are important. When someone in the family has problems, the whole family requires help. Despite the issues, care-givers can live a meaningful life. It's important that they are comforted and that their own wellbeing is supported. At easiest it only takes one question: "How do you manage?"

The effect of cognitive behavioral therapy based psycho-education program towards social anxiety level of university students

by Omer OZER | İlhan YALCIN | Anadolu University | Ankara University

Social anxiety is a fairly common problem both in the general population and in the clinical sampling. The main objective of this study is to develop cognitive-behavioral therapy based psycho-education program and to investigate its effects on the social anxiety levels of college students. The psycho-education program was structured as one session per week with eight sessions of 90 minutes each. A demographic information form and the Liebowitz Social Anxiety Scale (LSAS) were applied to all participants. The follow-up test was performed at the end of the group study at three months after. According to the Wilcoxon Signed Ranks test carried out to evaluate the source of difference, significant differences were found between LSAS; anxiety sub-scale pre- and post-test scores anxiety sub-scale follow-up and post-test scores avoidance sub-scale pre- and post-test scores avoidance sub-scale follow-up and post-test scores. It was observed that the eight-session cognitive-behavioral therapy based psycho-education program, developed within the scope of the study, was effective in decreasing the LSAS social anxiety and avoidance scores of the individuals as well as observing the continued achievements of the participants in the follow-up. Social anxiety is an important problem that reduces the quality of life of college students. The structured group programs to be developed on this issue will fill an important gap for practice in the field.

The experiences of patients with schizophrenia and nurses with clinical shared decision making

by Ilse Wesseldijk | Dimence

Schizophrenia is a chronic mental disorder characterized by positive and negative symptoms that deteriorate health, diminish daily activities and social participation, and influence decision making capacities. In practice, nurses are often being confronted with the vulnerability of this patient category and may develop an attitude of pity that clouds the preferential interpretations of patients. Shared decision making (SDM) is a novel approach of dynamic interactive communication between patient and professional leading to an mutual agreement. Study has investigated the experiences in SDM of psychiatrist and patients with schizophrenia, but the experiences of nurses and patients were never explored. The objective of this study was to explore the experiences of patients with schizophrenia and their appointed nurses. A descriptive qualitative design was used. Seven patients and six nurses were interviewed. The interviews were transcribed verbatim and inductively coded in ATLAS.ti 8. Patients with schizophrenia experienced that more insight in their illness, feeling understood and putting trust in the good intentions of the nurse, increased

autonomy and normal cognitive functioning, provided greater SDM. Nurses reported an unequal relationship between them and patients with schizophrenia. However, SDM increased when they liked the patient, detected progress in the recovery process, more time was spend together. SDM was negatively influenced by feelings of unsafety of the nurses or, when the patient experienced, emotional instability or (self- perceived) stigma. Our findings show that greater understanding and increased knowledge of clinical SDM positively influence therapeutic compliance of patients with schizophrenia.

The exploration of supportive care needs and life experiences, the quality of life and its predictors in Taiwanese breast cancer survivors

by Mei-Nan Liao | Chang Gung Memorial Hospital

The breast cancer has been ranking as the first incidence rate and the fourth cause of death for Taiwanese women. Due to the advanced improvement of cancer treatment, the survival rate of patients with breast cancer is increasing. However, the late side effects of disease or treatment would influence negatively the survivors' physical and psych-social health and related adjustment. It, thus, becomes apparently important for healthcare providers to understand the supportive care needs and expectations for this specific population. The purpose of this study is to explore the life experiences and supportive needs in 30 breast cancer survivors and quality of life and its related factors in 127 survivors who after completing initial cancer treatment within 3 years by using a triangulation design. The data was collected from August 2016 to July 2017. The results of content analysis showed that the life experiences included stress, coping, resilience, social supports. The survivors continuously need up to date healthcare information and emotional support. In addition, the women particularly need to help to manage their concerns about the cancer coming back and manage ongoing side effects and/or complications of treatment. Furthermore, the results indicated patients in having moderate to high levels of quality of life. The levels of symptom distress, anxiety and depression, self-efficacy and disability status could predict quality of life. The findings help the clinical professionals to be better understanding the changes of the level of quality of life and disability status on breast cancer survivors, and can be a reference for developing guidelines for suitable clinical care in the future.

The impact of cognitive-behavior therapy for adolescents and adults with autism disorder

by Natascha Brands | Ggz Centraal

In the treatment of autism are various therapies used. The literature described a lot about the syndrome of autism, but about the therapies and the experiences of these therapies there's little to find. The purpose of this literature review is to investigate what is known about cognitive behavioral therapy (CBT) for adolescents with autism spectrum disorder (ASD) and what their experiences are in receiving this therapy of treatment. Embase was used for searching for publications. The next terms are used; autistic disorder, young adult, adulthood, adult and cognitive behavior therapy in the period 2012 to 2016. 75 articles were selected and analyzed. For this literature study 5 articles are used. The analysis of the assessed articles shows that CBT reducing anxiety and symptoms of depression. Factors that are influenced by the participants are clustered in: client-related factors and organization-related factors. A lot has been published about ASD, but not in combination with the treatment of CBT. In this study the included publications described that CBT has an effect on reducing anxiety and symptoms of depression. But also the prevention of premature discontinuation of the treatment.

The impact of the environment on service user engagement in therapeutic activities in an inner London acute mental health unit

by Professor Fiona Nolan | Ms Ellen S. Adomako (PhD Student) | Dr Simone Coetzee | Dr Wendy Bryant |
University of Essex | University of Essex | University of Essex | University of Essex

Inpatient care for people experiencing a mental health crisis continues to be a prevalent treatment option in the UK despite universal availability of home treatment teams. These settings have been criticised as providing limited opportunity for service users to engage in therapeutic activities as part of their recovery. This research is part of a PhD programme which will explore the physical, social and cultural environment of the acute mental health unit from staff and service users' perspectives. It aims to identify factors that promote or inhibit service user's engagement in therapeutic activities. This study will use a mixed methods approach in two modules and will be carried out in an inner London acute mental health inpatient hospital. Module 1 will use quantitative measures to elicit the experience of staff and service users using the Ward Atmosphere Scale (WAS) and a measure of the physical environment using questions designed specifically for this study. Module 2 will use a Participatory Action Research, and will involve clinical staff only. The process will entail 5 meetings over an eight month period with staff, exploration of their views around issues which may impact on service users' engagement in therapeutic activities on the ward and implementing recommendations from the group with reflections on impact as the study progresses. We anticipate presenting the results from module 1 and the preliminary results from module 2 at this conference. We hope that the findings will contribute to a deeper understanding of the acute mental health inpatient environment, and to identifying ways in which this environment can be modified to enable service users to engage more fully in therapeutic activities whilst in hospital.

The Implementation of light therapy as treatment for seasonal affective disorder

by Netty Bergsma | Student Clinical Nurse Specialist / Nurse Practitioner MH, GGZ Drenthe, The Netherlands

Mental health organization GGZ Drenthe didn't provide light therapy as treatment for patients who were diagnosed with a seasonal affective disorder (SAD) while this treatment is being recommended by interdisciplinary research. SAD is a subtype of the affective disorder which occurs in a seasonal pattern. Common symptoms of SAD include a loss of energy, hypersomnia and weight gain associated with overeating and carbohydrate cravings. A project group had been formed with the assignment to implement light therapy as treatment for SAD. Interdisciplinary research demonstrates that light therapy is effective with 50 – 80% of patients suffering from SAD. Contra-indications are current lens- and retina- deviations, recently started drug with high probability of serious ocular side effect and the use of medication with pupildilating effects. Light therapy is proven to be effective when provided on 5 consecutive days, 45 minutes at a time, with the use of a light box which produces 10.000 lux of light. As for the continuous effect during one week after the last session, evaluation is at its earliest one week after the last session. Another set of 5 days is recommended when the effect is too little. The most common side effects are tired eyes, nausea and headaches. Agitation or trouble falling asleep (especially when administered in the evening) can occur. In the fall of 2016 mental health organization GGZ Drenthe started to treat SAD with light therapy. 10 patients were indicated for light therapy and have been treated. All patients reported less to none SAD-symptoms after being treated for 5 days with light therapy. In fall/winter 2017 28 patients have been treated with light therapy. 89% of the patients reported less to none SAD-symptoms after the treatment, one patient received a second set of 5 days light therapy.

The potential influence of maternal stress in pregnancy on vulnerability for mood disorders and aggressive behaviour in offspring

by Lilijana Sprah | Research Centre of the Slovenian Academy of Science and Arts

Several studies in recent years have shown that prenatal stress could effects the fetal development in utero, providing intriguing outcomes which suggested that stressful experiences during pregnancy can negatively impact the mental health of offspring. Numerous behavioural and personality traits can be affected in this respect, allegedly due to changes in brain neurotransmitter system causing an increased vulnerability of offspring for depression, anxiety, schizophrenia and drug abuse. The aim of the present study was to examine the vulnerability for mood disorders and behavioural aggressive patterns in adult offspring of mothers, exposed to the ten-day Slovenian Independence War in compare to the offspring of mothers who were pregnant and gave birth before and after the war. 786 participants were included in the study (60, 6 % male, 38, 9 % female) who completed self- assessment questionnaires on temperament (Temperament Evaluation of Memphis, Pisa, Paris and San Diego-auto questionnaire version – TEMPS-A), depression (Clinical Assessment of Depression – CAD) and aggression (Buss-Perry Aggression Questionnaire BPAQ). The men offspring from the group exposed to the prenatal stress revealed more pronounced dysthymic, cyclothimic and anxious traits as well more symptoms of depressed mood, cognitive and physical fatigue and diminished interest, and more pronounced patterns of physical aggression and anger in compare to the men offspring born before the war. Some differences were also found for female participants i.e. TEMPS-A irritable, BPAQ anger and CAD anxiety/worry traits were significantly less pronounced in female offspring of mothers, who were pregnant during the war. Results of this study are in line with several previous studies implying differences in vulnerability for mood disorders and personal traits in offspring exposed to prenatal stress. Study outcomes also indicated that the offspring's gender might play an important role in vulnerability for mental health problems.

The Pregnancy plan: Experiences of pregnant women with a psychiatric disorder with the development and use of a relapse pre-prevention plan

by Hanneke Verboom | Peter Goossens | Anja Stevens | Dimence, Deventer, The Netherlands

Pregnant women with a psychiatric disorder have a risk for relapse during pregnancy and are vulnerable for the development of post-partum psychopathology. Nowadays, these women are often referred to a 'Psychiatry and Pregnancy' unit. The overall aim of treatment is to prevent relapse and to support these women during pregnancy. A common but not evidence-based intervention, is the development and use of a 'pregnancy plan.' This is a relapse prevention plan that describes the risks, signs and symptoms of relapse and the related actions and interventions. A qualitative study with a phenomenological approach was carried out to examine the experiences of pregnant women with a psychiatric disorder with the development and use of a pregnancy plan. Eight women who gave birth in 2017 participated in the study and were interviewed individually. The essence of the experience in developing and working with the pregnancy plan is that it brought ease of mind and provided an overview. All women stated that they appreciate the support and the acknowledgment the received from the professional. The signaling function of the plan was called a great advantage. Signs of relapse need to explored and clearly described together with the actions that need to be carried out in case of appearance. Not all woman found the pregnancy plan itself very useable. Although it was a clear and complete plan some found it to be too long, too unclear and therefore too complex to use. All participant stated that the involvement of the partner is essential. He needs to be aware of the plan and he needs to commit himself to the content of it. The same goes for all the professionals involved. After the delivery, a 3-month period of follow up is foreseen. A joint evaluation moment was mentioned as a recommendation.

The Quiet Room

by Anniina Ahopelto | Pasi Aromaa | Risto Koskinen | Pirkanmaa hospital district | Pirkanmaa hospital district | Pirkanmaa hospital district

The Acute Psychiatry Unit 1 in Pitkänieniemi Hospital (Nokia, Finland) has 14 beds for adult psychiatric patients. The unit treats patients with mood disorders. Some patients are attended to receive electro-convulsive treatment. The duration of hospital treatment is two to three weeks. Most patients suffer from anxiety and are suicidal. During hospital stay the staff works with patients to find ways to relieve their symptoms. The Quiet Room was inspired by the Sensory Room. Instead of developing one's senses, it provides a safe place with multiple self-help tools for patients with anxiety. The Quiet Room is used in teaching patients strategies for coping with anxiety. The aim is to offer patients tools that they can apply in their self-treatment routine to relieve their anxiety. The Quiet room provides self-care equipment; a weighed blanket, a massage chair, exercise mats, and relaxation- and music cd's. The room is decorated with calming nature photos on the wall, armchairs and a fatboy for more relaxed position. The lights are dimmable. The room is accessible 24 hours per day upon patient's request. The Quiet room is introduced to patients during admission. The use of the room is recorded in the medical record. Patients' experiences and feedback have been collected via a questionnaire they have filled in after using the room. According to data collected 2/2016-12/2017 92% of the patients found the Quiet Room comforting. The methods and equipment found most helpful was listening to relaxing music, mindfulness exercises, fatboy, and the massage chair. Based on the feedback the room has been re-decorated and more equipment has been acquired. Based on the results the Quiet Room is useful for finding self-help tools to be used at home as well. The majority of the methods and equipment in the Quiet Room are easy and affordable, so they are easily adopted in everyday life.

There is no mental health without oral health

by Sonja Annette Kuipers | Stynke Castelein | Aaltsje Malda | Linda Kronenberg | Nynke Boonstra | NHL/Stenden University of Applied Sciences Leeuwarden; University of Groningen | University of Groningen, Lentis Psychiatric Institute | University of Groningen, Friesland Mental Health Care Services | Dimence Mental Health Care Deventer | NHL/Stenden University of Applied Sciences Leeuwarden, Friesland Mental Health Care Services

Oral health is important for all people, particularly for vulnerable people who are exposed to oral health risk factors, e.g., patients after a first episode psychosis (FEP). Oral health affects their quality of life, self-esteem and daily functioning. Substance abuse, poor lifestyle and side effects of medication often occur and cause oral health problems in patients diagnosed with severe mental illness (SMI). Despite its importance, oral health in mental health care is still a postponed health care pathway. Treatment guidelines on patients after a first episode psychosis (FEP) indicate that interventions are recommended, but clinical advice is lacking. However, no research on the experiences of young adults' oral health after FEP has been conducted. This study aims to explore the lived experiences of patients after FEP with regard to their oral health and to investigate their needs regarding this topic. This was a singlecenter phenomenological study using open interviews (N=30). Data were analysed using the Colaizzi method. Patients reported oral health problems since their FEP. The problems that patients encountered were dental care in general (e.g., a lack of knowledge and awareness), risk factors (e.g., substance abuse), financial problems, overall experiences with dentists/dental hygienists and the gap between needs and interventions. It is important for mental health professionals to know what the experiences and needs of patients are. There is no health without oral health. It is important for mental health professionals to know what the experiences and needs of patients are. There is a lack of awareness among patients and nurses in mental health care, and

both should be aware of the importance of oral health for overall health, especially in patients who are vulnerable (e.g., after FEP). Psychoeducation and interventions (e.g., oral health adherence) can be developed, with oral health being integrated.

Treatment of eating disorders at child psychiatric outpatient clinic at Helsinki University Hospital

by Hänninen Katja | Paakkari Annastina | Anttila Katriina | Helsinki University Hospital, Division of Child Psychiatry, Helsinki, Finland | Helsinki University Hospital, Division of Child Psychiatry, Helsinki, Finland | Helsinki University Hospital, Division of Child Psychiatry, Helsinki, Finland; and Department of Nursing Science, University of Turku, Finland

Eating disorders are a notable health concern affecting seriously individuals' life. Although it has recently become more prevalent in pre-adolescence, research on children having eating disorders is lacking. Life-time prevalence is found to be 2,7 %, and co- morbidity is high (70%), such as anxiety or mood disorders or increased risk of suicide. Family based treatment for eating disorder (FBT) is found to be more effective than individual treatment. Principles of FBT were adapted for developing appropriate treatment for children from 6 to 12 years old who were treated at child psychiatric at Helsinki University Hospital. The aim is to describe treatment and characteristics of children receiving treatment for eating disorder at child psychiatric outpatient clinic. Treatment process is described. The data collection is conducted between 1.1. - 31.8.2018. Children's characteristics were collected among every patient at the onset of treatment. The characteristics are plotted to the Excel file by nurses. Chief complaint, gender, age, ability to function and body fat are collected. Instruments of Children's Global Assessment Scale (C-GAS) and Body Mass Index for children (ISO-BMI) are used. The treatment process consisted of 1) evaluation of the family commitment and to evaluate the most suitable treatment methods based on severity of disorder 2) organizing family-meal and specifying the treatment plan, 3) normalizing eating and nutritional condition, 4) evaluation of treatment and need for further treatment. Chief complaint, gender, age of children, values of C-GAS and ISO-BMI will be described. The results enhance knowledge about children having eating disorders. The results can be used for developing outpatient treatment of from 6 to 12 year-old children having eating disorders.

A usability study into the preferences of clients with regard to three recovery measurements

by MANP Hettie Aardema | Prof.dr. Nynke Boonstra | Prof.dr. Stynke Castelein | Prof.dr. Marieke Pijnenborg | dr. Esther Sportel | GGZ Drenthe | GGZ Friesland, NHL/Stenden university of applied sciences | Lentis, RUG | GGZ Drenthe, RUG | GGZ Drenthe

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

In addition to the usual routine outcome measurement (ROM), 500 clients with a severe mental illness are asked to complete a number of questionnaires at three moments (t₁, t₂, t₃), including 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.

The preliminary results are presented, about 510 participants are included for t₁ and 139 completed t₂ and t₃ as well. Discussed are the test-retest reliability, internal consistency and concurrent validity. The results after 510 inclusions are: Cronbachs alpha I.ROC; .890. Correlation with the PANSS: $r = -.513$. Correlation with RAS; $r = .699$. The test-retest reliability (N=48): $r = .853$. The I.ROC seems to be a promising instrument to measure recovery.

Violence and patient safety views in psychiatric care

by Jaana Asikainen | MSc, PhD student, Assistant of head nurse, Niuvanniemi Hospital, University of Eastern Finland, Kuopio, Finland

The use of coercive methods is globally used in psychiatric nursing care. However, the use of seclusion and restraint in psychiatry has been a topic of clinical and ethical debate and research for years. The use of coercive measures poses a risk and harm to the patient. Psychiatric nursing should offer safe patient care without coercive actions. The purpose of this literature review is to find out factors that precipitate and prevent violence in patient care. Method was a systematic literature review. Searches yielded in two databases: Scopus—PubMed. English -language review and meta-analyses published 2007-2017. From 230 papers that dealt with different violence factors. For final analysis a total of 24 peer-reviewed studies systematically selected. The results showed that management and staff's attitude and treatment to the patients have of great importance in preventing violence. In addition, the importance of the treatment environment is emphasized. Violence assessment tools and de-escalation methods can improve also the prevention of violent behaviour. We can improve patient safety by considering all patient safety-related areas.

Weirdos, wallflowers and attention-seekers: An exploratory study of adolescents' perceptions of peers with social anxiety disorder

by Dr Lorraine Swords | Holly Hanlon | School of Psychology, Trinity College Dublin | School of Psychology, Trinity College Dublin

The stigmatization of adolescents with mental health difficulties is a formidable impediment in improving their quality of life and treatment outcomes. Comprehensively understanding the nature, expression and maintenance of stigmatising responses in order to inform the development of effective stigma intervention strategies needs to be a priority area of concern for researchers and policy makers. However, to date the research focus has been on mental illness broadly, or specifically on depression and psychosis/schizophrenia, with adult populations. Despite its prevalence, clinical anxiety disorders have been largely neglected, so that little is known about related stereotypical beliefs, the development of prejudice, or how discrimination presents. The present study aims to redress this omission in the research literature by qualitatively examining adolescents' (N=25; aged 16-18 years) perceptions of a hypothetical peer presented via vignette story as having Social Anxiety Disorder. Responses were coded and analysed using thematic analysis.

Three main themes emerged from the data: “Socially Aberrant” (participants viewing the peer as being different to them, odd or strange), “Socially Incompetent” (viewing the peer as being shy, awkward, or lacking in confidence), and “Personally Accountable for Distress” (viewing the peer as an attention-seeker, cowardly or weak). As peers are a major source of support for young people with mental illnesses, stigma reduction is an important target for intervention, with a view to improving help-giving behaviours. While previous stigma research on other mental illnesses such as schizophrenia has emphasised the need to change perceptions of fear, unpredictability, or dangerousness, these stereotypes were not found in the present data. Instead, beliefs about blame and perceptions of weakness were highly endorsed. As such, this exploratory study suggests that stigma-reduction programmes may need to be tailored to the unique perceptions and attitudes relating to specific mental illnesses, such as social anxiety disorder.

What occupational stress causes mental difficulties for the dentist?

by Chul-Hyun Cho | Heon-Jeong Lee | Leen Kim | Department of Psychiatry, Korea University College of Medicine, Seoul, South Korea | Department of Psychiatry, Korea University College of Medicine, Seoul, South Korea | Department of Psychiatry, Korea University College of Medicine, Seoul, South Korea

A dentist is a profession that requires a high degree of professionalism, experiencing stress related with work, and occupational stress can have a significant impact on the mental health of the dentist. The aims of this study were to examine the degree of occupational stress and mental health states and to investigate correlation of occupational stress with sleep, depression and anxiety in dentists. A cross-sectional survey on 231 dentists was conducted using the Doctor Job Stress Scale, Center for Epidemiologic Studies Depression Scale (CES-D), State-Trait Anxiety Index, and Pittsburgh Sleep Quality Index (PSQI). Correlation of occupational stress with mental health was investigated by adjusted multiple regression analysis. The scores of CES-D, STAI, and PSQI revealed a significant correlation with the Doctor Job Stress Scale ($t = 3.93$, $P < 0.0001$; $t = 4.05$, $P < 0.0001$; $t = 4.18$, $P < 0.0001$, respectively). In particular, patient factors and clinical responsibility/judgment factors were significantly associated with depression ($t = 2.80$, $P = 0.0056$; $t = 4.93$, $P < 0.0001$, respectively), anxiety ($t = 2.35$, $P = 0.0195$; $t = 5.11$, $P < 0.0001$, respectively), and sleep ($t = 3.78$, $P = 0.0002$; $t = 4.30$, $P < 0.0001$, respectively), whereas work factors were not associated with any mental health state. For successful mental health care among dentists, stress management focusing on doctor-patient relationship and responsibility as a profession rather than the intensity of work should be considered.

When others can't, FACT does! - A casestudy

by Hack, N.H. | GGz Centraal

A woman with an anxiety disorder, agoraphobia and panic attacks. She does not come outside for more than six months now. Is not able to work, her social network is slimming and she is developing depressive symptoms. She can not visit her caregiver and does not dare to go to an expert centre because of the traveling. FACT is taking over, the caregiver is visiting her at home and is building up a patient- caregiver relationship. They have face-to-face contact, e-mail each other and sometimes send text messages by Phone. They made an integrative plan, using the DSM-5, the ICF, NANDA, NIC and NOC. The plan included life-style improvement, a relapse prevention plan, exposure in vivo and cognitive behavioral therapy. Within a couple of weeks she is able to stand in her backyard, step by step she overcomes her fears, is able to walk around the block and after five months she first visits a store again. Within six months she is able to drive her car and she is taking back her life. A result that could not have been achieved with care as usual.

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FOR MORE THAN 80 YEARS OF COOPERATION WITH AA



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

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

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

www.alcoholics-anonymous.eu



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