

# **Title: Positive mental health in students at the University of Barcelona (Spain).**

**Area of Abstract:** Nursing education and research

**Form of presentation:** Poster

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**Introduction and Aim:** People who begin university studies face a process of adaptation to a new physical and relational environment with new responsibilities and autonomy. Therefore, promoting Positive Mental Health (SMP) of nursing students is crucial to develop professional skills, as well as personal competencies and skills through self-knowledge and problem solving. This study aims to examine the SMP levels of first-year nursing students.

**Method and Results:** A cross-sectional study was carried out. 574 students from the School of Nursing of the University of Barcelona were evaluated. The evaluation of the participants was carried out during the first weeks at the beginning of their first year of graduation, during the 2021-2022 and 2022-2023 academic years. Inclusion criteria included voluntary participation in the study and compliance with all items of the SMP questionnaire (CSMP) (2,3). The mean age was 20.3 years (SD=5.74). 95.8% were of Spanish nationality, mostly women (84.8%), single (83.1%), who lived with their parents (71.3%) and who valued this coexistence as very good (36.9%) or good (45.1%). The majority of the students had moderate levels of SMP (67.4%), with a mean total SMP score of 123.03 (SD=0.56). However, a non-negligible percentage of participants reported low levels of SMP (15.9%). In relation to the different factors, the majority had moderate levels in all of them. It should be noted that around 20% had low scores in the Personal Satisfaction and Self-Control factors (19.9% and 24%, respectively). The Interpersonal Relationship Skills factor was the one with the greatest representation of students with high scores (22.1%). Finally, gender differences were found in Personal Satisfaction, Self-Control and in the total SMP score, with men having higher scores in these dimensions.

**Conclusion:** The results derived from this study suggest that nursing students present moderate levels of Positive Mental Health. These findings reinforce the need to carry out strategies to promote positive mental health literacy among nursing students, as well as maintain and reinforce their ability to cope with stressful events and achieve emotional well-being and positive functionality.

# **Title: Management of violent behavior of patients in psychiatric wards: literature review**

**Area of Abstract:** Nursing interventions and practice

**Form of presentation:** Poster

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**Introduction and Aim:** Nursing staff are often exposed to violent behaviour from patients, which affects their health and that of the patient, and the delivery of quality and safe nursing care. The most common forms of patient violence are verbal and physical, followed by psychological and sexual. The paper aims to identify measures to prevent violent behaviour in psychiatric patients.

**Method and Results:** A descriptive method of work with a systematic review of professional and scientific literature was used. In order to increase the safety of nursing staff in the field of psychiatry, as well as that of patients, it is necessary to increase the competence of nursing staff to work with violent patients, to introduce a rotation model and a ward mentor, to strengthen community psychiatry, and to professionalise the nursing profession.

**Conclusion:** The safety of nursing staff cannot be taken for granted, as they are in constant contact with patients, who are often violent when they want to show their disapproval. Violence is not only when a patient hits a healthcare worker, but also when a patient behaves violently by raising his or her voice in disapproval of a decision made by healthcare workers. Yet, if the former or the latter occurs, nursing staff are trained to recognise, prevent and limit violent behaviour in patients.

# **Title: Experiences of treatment with antipsychotic drugs among persons with a psychotic disorder. A literature review.**

**Area of Abstract:** Personcentered care and patient participation

**Form of presentation:** Poster

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**Introduction and Aim:** The primary choice of treatment for psychosis is antipsychotic drugs. Antipsychotic drugs are necessary to reduce the risk of relapse. Low compliance is a common problem partly due to side effects. There is a lack of studies on the subjective experience of treatment with antipsychotic drugs. Expanded knowledge of the persons' own experiences is a prerequisite to offer an individually tailored care. Aim: To describe experiences of antipsychotic drug treatment of people with psychosis.

**Method and Results:** Method: A literature review with a systematic approach consisting of 17 studies with a qualitative design. Review of the articles was done based on the template by Caldwell et al (2011). Data was analysed using a thematic approach. Results: Three main themes were identified; Perceived benefits and disadvantages which includes both positive as well as a negative experiences with antipsychotic drugs. Barriers and strategies for increased information and participation describes barriers and strategies for increased influence over the drug treatment. Limitations in daily life account for various limitations associated with antipsychotic drug treatment.

**Conclusion:** The results highlight the significant influence treatment with antipsychotic drugs can have in the daily life of persons with psychosis. Individually tailored information, participation and good collaboration between the person with psychotic illness and the nurse can alleviate the negative effects. Nurses have an important role in recognizing and responding to the negative effects of antipsychotic drugs.

# **Title: "Pilot project Decider Life Skills to promote resilience among students and apprentices in clinical mental health education»**

**Area of Abstract:** Nursing education and research

**Form of presentation:** Oral

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**Introduction and Aim:** The Decider Life Skills (DLS) based on DBT and CBT, are 12 skills that are easy to learn and support young people in maintaining their resilience. Apprentices and students in particular are poorly aware of their resources, in challenging situations this can lead to actions in an emotionally agitated state. The DLS create the basis for becoming more aware of one's emotional state and teach strategies to only get to the level of action when one's own emotional state is under control.

**Method and Results:** Procedure In order not to affect the validity of the instrument, we have had the DLS professionally translated into German, but have tried not to change the layout as far as possible. In a pilot project, all apprentices / students and all vocational trainers were trained in the DLS at two departments and in our resource learning centre where the health specialists pass their first year of training. The meaning was to include DLS in all already existing learning tools and reflections and thus to practice its application regularly. All apprentices and students received a link to a questionnaire concerning resilience at the beginning and end of the internship to see if the DLS have an impact on resilience perception. In addition, semi-structured interviews were conducted about the meaningfulness, manageability and comprehensibility of DLS. Results / Experiences Unfortunately, the evaluation of the questionnaires produced few usable results. However, the feedback from the interviews regarding manageability, meaningfulness and comprehensibility is consistently positive. All participants consider the DLS to be useful, helpful and easy to use. The emergence of a common language, which makes it possible to address challenging situations and resolve them more quickly, is described as very positive. Although the effort increased slightly at the beginning because the skills had to be learned and practiced first, it decreased in the long run because situations could be clarified much more quickly.

**Conclusion:** Using the DLS create a common communicative basis between vocational trainers and trainees in order to be able to analyze situations more quickly and provide constructive approaches to coping with them. All participants were very happy to have a simple and effective instrument to cope with challenging situations.

# **Title: Under a Watchful Eye: The Lived Experiences of clients under close observation during in-patient care.**

**Area of Abstract:** Nursing interventions and practice

**Form of presentation:** Oral

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**Introduction and Aim:** The lived experiences of individuals who have had close observation are generally under-explored, yet these reveal genuine insights developed through an intervention of controversial nature. The aim of this work is to understand better the clients' accounts of the life under close supervision in a psychiatric unit and their perspectives of the experience that will lead to service and practice improvements.

**Method and Results:** This study made use of a qualitative design mainly that of Interpretative Phenomenological Analysis (IPA). Six consenting adults (n=6) who had experienced close observation during inpatient care, were recruited and interviewed. The transcripts were analysed and three superordinate themes were identified, mainly "In shackles", "The good, the bad and the ugly", and "Light at the end of the tunnel". Emerging themes include "Threatened Freedom" and "Feeling misinterpreted and wrongly judged". Emerging themes from "The good, the bad and the ugly" superordinate theme included "Protection", "Intrusion of privacy and control" and "Uncertainty". Finally, three more emerging themes were identified, mainly "Appreciation for therapeutic engagement and interventions", "Quality expectations" and "Do it better" under the "Light at the end of the tunnel" superordinate theme. Threatened freedom manifested in various ways, including, physical restriction, restriction to the access of information and limitation in socializing, amongst other aspects of inpatient life in a close observation setting. Participants did not deem necessary and useful the decision to be started on close observation. Furthermore, they felt that this obscured their right to decide for themselves, in other words felt like, losing autonomy. Participants felt misinterpreted and wrongly judged. Conversely, participants recognized having had close observation, helped them to control self-harm impulses. Having privacy intruded by being under close observation was coherent with recurrent finding. For instance, some participants cited the fact that they had to share bathroom facilities with many people was a common negative experience when under close observation. On a positive note, participants appreciated when they could communicate and interact with their observers. They mostly welcomed guidance and support given through close observation.

**Conclusion:** This study found that participants felt the need for change in the procedure of close observation. Without demanding the substitution of the procedure. Participants expect a more personalized approach with more therapeutic activities as an add on to present practice. They also identified the need for more professionals who could bond therapeutically to deliver quality professional care based on knowledge and competency.

# **Title: How to relate to informal coercion in the daily nursing practice: a research-based training program**

**Area of Abstract:** Nursing education and research

**Form of presentation:** Workshop

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**Introduction and Aim:** Introduction: Despite an increasing focus on patient engagement, the use of coercion still appears to be present in healthcare. This causes "daily-practice" ethical dilemmas where more subtle forms of coercion seem to be overlooked. Aim: To raise awareness of these subtle forms of coercion as part of daily nursing practice; to reflect on what ethical leadership can be witnessing this informal coercive practices and how underlying motives can be uncovered and addressed.

**Method and Results:** Methods & Results The workshop will start with briefly explaining the research-based nature of the developed learning module. Therefore, we will refer to the study presented at the last Horatio conference In Malta, March 2023<sup>1</sup>. The aim of the study presented in Malta (2023) was to gain a deeper understanding of the motives of healthcare practitioners working in mental healthcare, community healthcare and nursing homes in situations that could lead to the use of coercive acts. In that study participants were invited as part of a three-phase data-collection process to describe authentic situations where coercion was used in their daily practice. The realistic authentic situations gathered in this study from the involved participants (mainly mental health nurses) were modified to use in a training module, e.g. pseudonymising the data, etc. Authentic situations retrieved in international literature related to the use of (in)formal coercion in mental healthcare, were further collected to enrich the database of practice-based situations. The training module is now offered as part of a lifelong learning training program for mental health practitioners in Belgium. Next, participants of the Horatio workshop are invited to familiarize with the developed workshop. Therefore, they will take part in a two-stages workshop, based on the use of reflective thinking via collaborative working. The first stage of the workshop wants to provide the participants a deeper insight in the nature and variations in which informal coercion unfolds in their practice. The second stage of het workshop aims to reflect on possible alternatives while taking in mind the fundamentals of mental health nursing.

**Conclusion:** This workshop was based on a study examining motives of healthcare practitioners (mainly MH nurses) which generated a wealth of cases for use in education and training of healthcare practitioners. The created training module can be a supportive tool to strengthen essential competencies of mental health nurses in relation to the sometimes-challenging reality of nursing practice. Involving patients/carers can further enrich the dialogue generated between all involved participants.

# **Title: Selfcare strategies shown to be useful in daily life for adults diagnosed with Attention Deficit Hyperactivity Disorder (ADHD) - a systematic review.**

**Area of Abstract:** Personcentered care and patient participation

**Form of presentation:** Poster

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**Introduction and Aim:** Adults with ADHD are a heterogeneous group of individuals with a wide range of needs for support for managing daily life. We found insufficient knowledge about how registered nurses, can support adults with ADHD to cope with daily life. Developing interventions for managing the vicissitudes of life are thus needed. The aim of the present study was to conduct a systematic review of the selfcare strategies adults with ADHD use and need in order to manage daily life.

**Method and Results:** The present study was a systematic literature review, based on the guidelines of PRISMA 2020 statement. Searches were made in three computerized databases, i.e., CINAHL Plus, PsycINFO and PubMed. A hand search was performed in the reference lists of the articles assessed for eligibility. Articles were selected in which the participants were diagnosed with ADHD and were from 18 years of age and above. The articles had to be written in English and published between January 2000 and February 2022, and include suggestions for interventions and/or selfcare strategies for managing daily life. Data was analyzed using thematic analysis according to Braun and Clarke. Seven articles using a qualitative study design were found originating from the USA and Europe. The analysis resulted in one major theme Enabling ways to manage the consequences of disability in daily life, and three subthemes. Living with ADHD were not always easy. The consequences of their disability become part of daily life and the ways to manage them varied from person to person. Knowledge and information provided security and opportunities to understand and seek the right help. Participants described that learning from experiences, being responsible and learning from the consequences of their own actions were positive strategies that were considered to contribute to self-learning. Supportive and helpful relationships with family, friends, or healthcare professionals were highlighted as important. Having a relationship also entailed having someone that they were accountable to who shared their daily lives, the ups and downs and to whom they could turn to when in need of help. External aids emerged as one of the areas making daily life easier in a more practical way. The use of medication, cellphone alarms, clocks, and planning calendars were the most common aids, but also friends and parents were used to help them remember or remind them of due dates, meetings or for keeping the structure of daily life.

**Conclusion:** This study indicates that adults with ADHD used a variety of self-care strategies in order to find ways to help themselves. Gaining deeper insights and knowledge about ADHD and about themselves enabled them to better manage their daily life. Encouraging and helping relationships and the use of external aids was considered important as a help for organizing daily life. RNs and other healthcare professionals can benefit from knowledge about these self-care strategies when meeting people with ADHD.

# **Title: Health care users' and professionals' perspectives and experiences in fertility treatment in Switzerland (Project HoPE)**

**Area of Abstract:** Nursing education and research

**Form of presentation:** Oral

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**Introduction and Aim:** Infertility affects many people worldwide and can significantly impact the quality of life. It encompasses not only physical health but also emotional, mental, and social well-being. Understanding infertility and its influence is paramount for better healthcare interventions and policy formulation. Nursing science plays a crucial role in this context. The study aims to describe the perspectives, experiences, and needs of affected persons, as well as those of healthcare professionals.

**Method and Results:** To describe the current state of care and identify necessary changes, a mixed-methods research design was employed. The study comprised three phases. In Phase 1, a scoping review was conducted to gain an overview of various care models in the field of reproductive medicine, including the role of fertility nurses and midwives. In Phase 2, individuals who had undergone or were currently undergoing fertility treatment responded to a standardized questionnaire that addresses Quality of Life (FertiQoL), Spiritual Needs (SpNQ), and psychological Wellbeing (WHO-5), supplemented with sociodemographic information. Phase 3 involved qualitative face-to-face interviews with individuals and couples affected by infertility, along with group interviews involving healthcare professionals. For the quantitative phase, 337 individuals completed the questionnaire between October 2023 and January 2024. Due to a limited number of male participants (n=11), they were excluded from the analysis, leaving 326 female participants in the quantitative data analysis. In the qualitative phase, which took place from May to October 2024, a total of 26 participants were involved in individual and couples' interviews, and an additional 3 focus groups were conducted with healthcare professionals. Initial findings suggest that infertility treatment can be emotionally taxing, leading to a fluctuation between hope and despair for those undergoing it. Many individuals experiencing infertility feel isolated and turn to online communities for understanding and information, often feeling unsupported by their families and immediate surroundings. Healthcare providers in this field express a desire to enhance their knowledge and counseling skills to better support their patients. Furthermore, infertility treatment is often considered a privilege, with cost barriers preventing many from accessing it. Currently, the results are undergoing more in-depth analysis, with efforts to identify relevant correlations.

**Conclusion:** The project highlights a patient group that typically receives inadequate attention but frequently bears a substantial burden. It aims to raise awareness about the challenges faced by individuals experiencing infertility, particularly in the realm of mental health, both within Switzerland and globally. Additionally, the project seeks to clarify the roles of fertility providers, with the ultimate goal of enhancing the overall patient experience during the fertility journey.



# **Title: THE FUTURE OF MENTAL HEALTH CARE: USER PARTICIPATION AND ACTION RESEARCH IN MENTAL HEALTH SETTINGS**

**Area of Abstract:** Personcentered care and patient participation

**Form of presentation:** Oral

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**Introduction and Aim:** Research conducted in partnership with knowledge users is grounded in the ideology that users have a right to have a central position in decision-making processes of researching. User participation ensures that the research is relevant and that the outcome is grounded in the experiential knowledge of the users involved. Clinicians should ensure sustainable and meaningful interventions in practice. Aim: to highlight challenges and opportunities when co-producing research together with users.

**Method and Results:** Research Centre for Relationships and de-escalation intends to gather knowledge about user participation in research. The research centre uses a variety of methods that are pragmatic and include participatory research and ethnographic data generation (observations, field notes and interviews). Methods from three projects are presented: 1) Sense of psychological ownership in co-designing processes (separate abstract submitted, Anette Juel Kynde). 2) Photo elicitation and co-production of the good working environment (separate abstract submitted Bettina Willemoes- Thomsen, and 3) Co-operative inquiry with in-patients and clinicians on acute psychiatric wards. The findings across the three studies show benefits and challenges. Benefits include that research designs focus on knowledge user's perspectives and make implementation easier. However, diverse challenges such as a risk of tokenism, power imbalances, assumptions that exclude users from participating, organizational challenges in participation, and challenges with the permanent implementation of new interventions are also seen. In this workshop, we exemplify the pitfalls and possibilities through our research and facilitate a dialogue with the symposium participants on how to enhance the longstanding effect of action research in a mental health setting.

**Conclusion:** In order to achieve the goals for a future human rights based mental health and to ensure sustainable and meaningful interventions in mental health care practice, is it important to investigate these longstanding effects, which is the purpose of Research Centre for Relationships and de-escalation.

# **Title: Mental Health services and treatment without or minimal medication**

**Area of Abstract:** Personcentered care and patient participation

**Form of presentation:** Workshop

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**Introduction and Aim:** The bio-psycho-social model should be the guiding approach in mental health services. However, current services appear to be strongly orientated towards the medical-biological model, and treatment without medication seems implausible, especially for people with SMI. Service users call for treatment options without medication or support in reducing or discontinuing medication, as well as services based on a diversity of approaches. The aim is to reflect on this with this workshop's participants.

**Method and Results:** We present the results of a study in Norway on the experiences of mental health professionals working on a medication-free ward, as well as the five-year-long experience in a trialogue on reducing and discontinuing antipsychotics in Switzerland from the professionals' and service users' perspectives. The Norwegian study explored what may be required to succeed with medication-free treatment in inpatient mental health wards. The experiences are that a holistic approach is necessary for medication-free treatment to succeed. This requires working together in multidisciplinary teams with a focus on the individual patient. Healthcare professionals must engage and take more responsibility in the patient's process of health promotion. The experiences and insights from the trialogue in Switzerland show that in regular mental health services a space to discuss medication topics is lacking. The trialogue as such a space gives the opportunity to share experiences on the topic and helpful recommendations to reduce or discontinue antipsychotics. In the workshop then we discuss the topic with the participants supported by two or three reflecting questions. There are sequences of self-reflection; reflection in little groups and essentials will be shared in the whole group. The participants have the possibility to learn from the results and experiences from the study and trialogue and can create new insights into their own norms with others as well as to the view of service users and the recommendations in the United Nations Convention on the Rights of Persons with Disabilities.

**Conclusion:** Reflecting on current mental health services from a human rights perspective as well as the views and preferences of service users is one of the core competencies of future professionals. Formats such as this workshop should help to develop these and thus support mental health services to respect and consider human rights and the preferences of users as their foundation.

# **Title: Implementation of an evidence-based family intervention at Landspítali's DBT-team**

**Area of Abstract:** Family focused nursing

**Form of presentation:** Oral

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**Introduction and Aim:** The DBT team at Landspítali University Hospital of Iceland annually provides treatment to about 130 individuals, and it has long been evident that the team's interventions geared toward families are nowhere near sufficient. It was therefore decided to implement an evidence-based family course, Family Connections™, developed in 2004 in the United States but at this point an established family-focused intervention worldwide.

**Method and Results:** Landspítali's DBT team is a specialized multidisciplinary treatment team that services individuals with serious emotional dysregulation. Dr. Marsha Linehan developed DBT-therapy (Dialectical Behavior Therapy) for people with borderline personality disorder and long-term risk of suicide but has subsequently been established for the treatment of people with emotional dysregulation attributable to other mental disorders such as ADHD, eating disorders, bipolar II, post-traumatic stress disorder and treatment-resistant depression. Emotional dysregulation manifests in the instability of emotions, identity, behavior, thinking, and interpersonal relations. The burden on families due to emotional dysregulation can be high, but one of the four main components of DBT therapy is interpersonal effectiveness skills that support improved communication. In many cases, more is needed to break unhelpful patterns of communication within families, a family therapist within the team has taken on the most pressing issues, and other team members have worked as needed to provide families with psychoeducation and information. Family Connections™ consists of 12 parts and focuses on psychoeducation, mindfulness, family skills, acceptance and validation in communication, and collaborative problem-solving. Studies on the effects of the course have shown significant positive effects on the well-being of the participants. Symptoms of depression, feelings of stress, and sadness have been reduced, and an increase in feelings of empowerment has been observed among participants.

**Conclusion:** The next steps Three DBT team members have received training from the National Alliance for Borderline Personality Disorder, course materials have been translated, and the first workshops will be held in January and February 2024. Performance measures will be carried out before and after the intervention, amongst other things, with the EFFQ instrument by Eydís Kr. Sveinbjarnardóttir et al. (2012) on family functioning.

# **Title: Young people with autism - parents demand involvement.**

**Area of Abstract:** Family focused nursing

**Form of presentation:** Poster

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**Introduction and Aim:** Nationwide satisfaction survey, showed in 2021 the need for the involvement of the relatives of young people with autism. There was an overall desire to get tools and coping strategies to deal with their child. In 2022, on the basis of this, parenting courses were launched, which show positive results.

**Method and Results:** The method is a qualitative study through the annual nationwide survey for patient satisfaction (LUP) 2021, where there were many statements from parents about concerns in relation to handling the young and the desire for tools for handling. A parenting course was launched in groups in 2022, with 4 sessions in which there were presentations and exchange of experiences. All parents of young people between the ages of 14-20 were offered the course, which was held 3 times in 2022. Course description: "When an autism spectrum disorder becomes the young person's new reality, everyone in the family is faced with a number of unresolved questions about the disease, in relation to how it should be understood, handled and the impact on family life. As well as what the possibilities look like for the future. The purpose of this course is to offer you parents relevant, overall knowledge and information about autism and at the same time meet other parents in the same situation. The following topics will be addressed: 1. Basics about autism. 2. Educational tools/tools. 3. Af Peer report. 4. Parent report. Afterwards, a qualitative evaluation of the course was made, with the result showing great satisfaction.

**Conclusion:** Child and adolescent psychiatry at the outpatient clinic in Vejle, Denmark, continues and has plans to expand the course offering to other diagnostic groups, for example young people with attention deficit disorder. The conclusion shows the great importance of the involvement of parents/relatives in the treatment of young people with mental disorders.

# **Title: Children exposed to parental suicidal behaviour**

**Area of Abstract:** Family focused nursing

**Form of presentation:** Oral

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**Introduction and Aim:** It is estimated for each suicide there is about 10 times as many suicide attempts. There is reason to believe that children exposed to parental suicidal behavior experience shame, stigma, and lack of openness of the family situation. Research shows that next of kin do not feel their needs are sufficiently met in their encounters with healthcare professionals. There are knowledge gaps about how these children have fared. The aim of the study is to investigate how these children have fared.

**Method and Results:** This study had a qualitative, exploratory design. The study has been done with approval from The Norwegian agency for shared services in education (Sikt) and Research and The Norwegian Regional Ethics Committee (Rek). Semi-structured interviews were conducted with 12 participants. The interview guide was designed with open-ended questions about the participants' childhood experiences. They were asked what was perceived as particularly difficult, but also what was helpful. The participants were recruited from next of kin organisations and social media. The interviews lasted about 70 minutes, was recorded on Dictaphone, and transcribed by the researcher. Thematic analysis by Braun & Clarke was used. The following themes were identified: 1. Unstable upbringing: The whole family is affected when a parent attempt suicide. This affects the communication and emotional support between children and parents. 2. Reverse roles: The informants took on practical care tasks for their parents. They also act as emotional support. 3. The suicide attempt as a symptom: Most informants described more severe problems at home, and the suicide attempt was neither perceived as the most stressful nor as a surprising event. 4. Lack of follow-up: The informants did not experience support from the professional support system or the extended family. They had to deal with their own feelings and thoughts. 5. Shame and stigma: The informants felt that the situation should not be talked about. Neither inside the family nor outwardly.

**Conclusion:** The findings show that children who have experience of growing up with a suicidal parent perceive their situation as an emotional burden. The environment in which the informant grow up is perceived as unstable. The informants describe a lack of support, both from the extended family and professional support services. Lack of transparency aggravates the situation. The clinical implication for the study is interventions related to suicidal behaviour and family focused nursing.

# **Title: A GLIMMER OF HOPE: THE IMPACT OF THE RECOVERY COLLEGE BERN ON PERSONAL RECOVERY, WELL-BEING AND SELF-STIGMATIZATION – A MIXED METHODS STUDY**

**Area of Abstract:** Personcentered care and patient participation

**Form of presentation:** Poster

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**Introduction and Aim:** Recovery Colleges are mental health education centers co-produced by experts with lived experience in mental health challenges and mental health professionals. The purpose of this study is to evaluate the impact of the Recovery College Bern on its students' mental health measured through personal recovery, well-being, and self-stigmatization in a mixed methods approach.

**Method and Results:** This study was designed as a mixed methods pre-post evaluation study. The mixed methods design was chosen with the goal to gain more insights and to receive explanations of the quantitative results through qualitative data. Three standardized questionnaires "Questionnaire about the Process of Recovery", "WHO-5 Well-Being Index" and "Self-Stigma of Mental Illness Scale Short Form" were completed by 92 participants as part of a pre-post-evaluation while two focus groups (n = 10) provided further explanations regarding impacts on the three topics. In the statistical analysis, all three questionnaires showed significant improvement in the desired direction with low to medium effect sizes. The qualitative analysis confirmed these results by giving insights in tangible positive impacts the Recovery College Bern had on its participants. The beneficial effects encompassed increased social inclusion, improvement in attitudes towards one's life and identity, increased engagement in hobbies and healthy behaviors, positive impacts on well-being, and decreased self-stigmatization. A higher number of courses attended did not result in higher scores in the outcome measurements.

**Conclusion:** This is the first standardized evaluation of a RC in Switzerland. Findings show that this form of mental health education has the potential to improve the lives of participants by generating a positive impact on personal recovery, well-being, and self-stigmatization. Although the clinical significance of the quantitative findings alone may be debatable, the qualitative findings confirmed that participants experienced concrete improvements because of the RCB in all outcomes.

# **Title: The effectiveness of Experience Focused Counselling (EFC) for voice hearers by nurses – a RCT pilot study**

**Area of Abstract:** Nursing education and research

**Form of presentation:** Poster

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**Introduction and Aim:** The making sense of voices approach (MsV) is an alternative to previous clinical approaches in psychiatry to support people who hear voices. Evidence to its effectiveness as well as implementation in practice is limited. By providing such approaches the integration into everyday life of the person is lacking but needed. Mental health nurses may fill this every day gap by providing MsV. A pilot study was carried out to test a study plan and find first results to the effectiveness of MsV by nurses.

**Method and Results:** A multicenter RCT pilot study was conducted. MsV was integrated as the intervention and TAU as control. The suitability of the study design was evaluated in terms of recruitment, burden on study participants, suitability of assessment tools, use of EFC counselling and use of study nurses. For effectiveness, voice hearing, locus of control, subjective sense of voices, personal recovery and psychopathology were measured. In the two study centers, 21 voice hearers participate in the study. Overall, the participants rated the study as low stressing. Lost to follow-up and drop-outs do not differ between the two groups, even they were with 30% in both groups at follow-up after 6 months. The integrity of the nurses providing MsV can be assessed as good. Descriptive analysis of the data of the two groups across the different measurement points shows mixed results regarding superiority of MsV to TAU. Related to the three main endpoints (Hearing Voices, Psychopathology, Recovery) there was no statistically significant and clinical relevant difference between the two groups.

**Conclusion:** Overall, the evaluation shows that the study plan can also be used for a larger study with minor adaptations. Even if quantitative results show superior effect of MsV, qualitative data show that, the MsV approach can be delivered by nurses over a longer period and voice hearers are very satisfied and perceive it as helpful. Conducting a larger study with appropriate power may provide results on effectiveness and create more clarity regarding the scientific evidence for MsV.

# **Title: Mental health Crisis Presentation and Emergency Care Planning: An Audit of Consultation Liaison Psychiatry Service in Emergency Department**

**Area of Abstract:** Personcentered care and patient participation

**Form of presentation:** Poster

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**Co-authors and affiliations:**

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**Introduction and Aim:** Consultation Liaison Psychiatry Service in St James's Hospital Emergency Department began offering written emergency care plan (ECP) to all patients in 2018 as part of our continued efforts to improve care delivery and patient participation, as well as complying with the National Clinical Programme for the Management of Self-Harm in the ED (NCPSH 2016).

**Method and Results:** All ED referrals were recorded over a 6-months and patients' biopsychosocial assessment notes were analysed retrospectively by two authors separately. We focused on basic demographics, presenting complaints, homelessness, substance misuse, impression, and types and compliance of emergency care planning.

**Conclusion:** This audit is in progress at the moment. This will provide valuable information not only for other consultation liaison psychiatry services and clinical nurse specialist, but also everyone involved in mental health and social care.



# **Title: Getting Older with(out) Late-Life Depression: a Nursing Perspective**

**Area of Abstract:** Nursing interventions and practice

**Form of presentation:** Oral

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**Introduction and Aim:** Late-life depression is an important societal problem. Even in those remitted, functional recovery is limited in 80%. The aims of the present research are to develop an add-on nursing intervention to achieve functional recovery in late-life depression, and to generate knowledge that can be used in teaching nursing professionals, in order to improve the poor prognosis of late-life depression by expanding treatment options and including an outcome that is close to patients' values.

**Method and Results:** In this mixed-methods study, quantitative and qualitative research methods were used to generate the knowledge needed for the development of an add-on intervention targeting functional limitations in late-life depression. The quantitative study was conducted with an existing dataset for which medical ethical approval was obtained. Patients are eligible to participate in the qualitative study and the pilot study when they are 1) aged >60 years, 2) at some point during the year preceding participation met the DSM-IV criteria for depressive disorder, confirmed by the SCID-I, 3) at the time of participation, the depression was in full or partial remission as indicated by a score of

**Conclusion:** These results and the evaluation of patient experiences will be used to optimize the intervention. This research adds to the existing research in old-age psychiatry, because it takes a novel nursing perspective on the highly prevalent and disabling condition of late-life depression.

# **Title: Enhancing Home care Nursing for mentally and socially vulnerable citizens – A nursing perspective**

**Area of Abstract:** Nursing interventions and practice

**Form of presentation:** Poster

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**Introduction and Aim:** Background: The primary health care in Denmark is undergoing large organizational changes these years. An increased number of citizens with psychosocial vulnerabilities and complexity in home care organizations calls for more knowledge about nurses' experiences and challenges in nursing care for these citizens. Aim: To examine how home care nurses' experiences nursing care to citizens with psychosocial vulnerabilities and the effects from complexity in organization of home care.

**Method and Results:** Method: Within a hermeneutic approach 4 home care nurses from a care unit with a classic way of organizing care were interviewed in a focus group. The data were analyzed using Braun & Clarke's thematic analysis. Findings: The nurses experienced complexity in more ways: The group of citizens was complex because of both mental and social disabilities. The cooperation with other implicated professionals was challenged because of lack of transparency in different roles and tasks. Moreover, the nurses expressed a need for more knowledge in psychiatric nursing care and possibilities about visitation in nursing.

**Conclusion:** Conclusion: Different kinds of complexity effects the nursing of citizens with psychosocial vulnerabilities in a negative way. It is recommended that nurses in primary health care learn more about psychiatric nursing care and are prepared to face the huge task in this group of citizens. This study calls for further examination in other nursing care units with different organizations.

# **Title: A Brave New Era: The Emergence of Advanced Practice Nurses and Peer Helpers in French Mental Healthcare**

**Area of Abstract:** Nursing interventions and practice

**Form of presentation:** Oral

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**Introduction and Aim:** Introduction: Mental health systems worldwide are experiencing transformative changes with the emergence of Advanced Practice Nurses (APNs) and Peer Helpers. Understanding the experiences of these professionals is crucial for their effective integration into mental health organisations. This study aimed to explore the professional identities of APNs and Peer Helpers and their visions of care, as well as the challenges and implications of their integration into France's mental healthcare system.

**Method and Results:** Method: Using the critical incident technique, 12 semi-structured interviews were conducted with six APNs and six Peer Helpers from diverse mental healthcare settings across France. Data analysis used grounded theory, whereby themes and patterns in participants' perspectives and first-hand experiences were identified. Results: Findings revealed how APNs and Peer Helpers perceived their professional identities and navigated obstacles during professional transitions. Both groups faced issues that influenced their autonomy. The study shed light on similarities and contrasts in their professional identity and vision of care, with commonalities including recognizing new roles within care teams and a perception emphasizing user-centred care. Differences included APNs acknowledging a broader clinical scope compared to other allied health professionals and Peer Helpers focusing on their expertise in rehabilitation by stressing user support. These dynamics impacted team cooperation, clinical practice, and mental healthcare delivery, with APNs having to manage questions about their scope of practice while Peer Helpers faced role tensions. Discussion: The study uncovers challenges in integrating APNs and Peer Helpers in French mental healthcare. Clarifying distinct practice scopes is crucial to reducing tensions from role ambiguity and competing approaches. Interprofessional training using reflective practice models can enhance collaborative identity formation and team dynamics. Inter-organizational policies should guide identity transitions and conflict resolution to support these professions. Formal recognition of expertise from clinical or experiential pathways can empower both groups. Future research should explore tailored implementation strategies, drawing insights from international examples. Focused efforts can establish synergistic, multi-disciplinary practices in the mental health sector, leveraging APNs' and Peer Helpers' diverse expertise.

**Conclusion:** This study is the first known attempt to describe the emerging mental health professions in France, providing insight into their roles and integration challenges. It marks the beginning of a "Brave New Era" of APNs and Peer Helpers as integral members of mental healthcare teams, with promising implications for transforming systems worldwide through inclusive, courageous communication and collaborative care centered on individual needs - critical in mental health caring in these challenging times.

# **Title: Courageous Minds, Collaborative Care: The Challenges and Impact of Novel Mental Healthcare Professions in France**

**Area of Abstract:** Nursing education and research

**Form of presentation:** Oral

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**Introduction and Aim:** This research was registered at the CNRS and obtained approval from the Research Ethics Committee of the University of Paris on March 23, 2023, N° 00012023-6. It represents the second part of our ongoing research on emerging mental health professions in France. Building on previous work, which was endorsed and published by the WHO, we further explore the integration of Peer Helpers and APNs using an educational distance learning platform to enhance mental healthcare in a psychiatric hospital.

**Method and Results:** **Methods:** From 2018-2022, a descriptive case study used an informal triple-mixed methods approach. First, was observing the integration of Peer Helpers into a multidisciplinary care team from a psychiatric service in a public hospital in France. Second, APNs provided a comprehensive French curriculum via the OpenWHO distance learning platform. Finally, hospitalisation rate data from the same psychiatric hospital was collected. **Results:** The results offer quantitative and qualitative insights into the impact of integrating new roles. Qualitative findings showed peer helpers' inclusion improved care quality by reducing stigma, an essential step toward destigmatising mental illness. Quantitative data found: (1) OpenWHO training increased cost-effective learning for professionals. (2) From 2018-2021, hospitalisation rates decreased significantly: 23% shorter length of stay and 22% lower bed occupancy. (3) However, new admissions rose sharply by 55% from 2018-2022. At first glance, increased admissions appeared contradictory to lower hospitalization rates. However, statistical analysis revealed a consistent evolution between collaboration and hospitalization rates. Integrating APNs and Peer Helpers in care pathways facilitated higher admissions without straining inpatient resources. Their community-based roles possibly diverted some patients from hospitalization through early intervention and prevention. For those admitted, personalized support from the multidisciplinary team likely expedited discharge. Overall, findings suggest that integrating new roles positively impacted the mental health system's functioning and capacity, aligning with an empowerment-focused approach and supporting paradigm shifts in collaborative, recipient-centred psychiatric care.

**Conclusion:** Conclusion: Enhancing digital education has fortified the system's ability to meet rising mental healthcare needs. Initial results suggest France benefits from strategies, including digital education, interprofessional training, and community-driven care. This learning-centered reform demonstrates how courage, collaboration, and compassion can tangibly better lives. Ongoing evaluation will further strengthen mental healthcare through continually advancing education practices.

# **Title: Key aspects promoting a recovery-oriented approach in caring for people with mental ill-health within general emergency departments: A modified Delphi study**

**Area of Abstract:** Personcentered care and patient participation

**Form of presentation:** Oral

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**Introduction and Aim:** When seeking general emergency care, people with mental ill-health risk judgment and dismissal, neglecting their needs. Nursing staff may lack knowledge in mental health, prioritizing physical health. Globally, recovery-oriented approaches are recognized as vital for equal, high-quality care, yet underexplored in emergency care. Our Delphi study aims to identify key aspects promoting a recovery-oriented approach in caring for people with mental ill-health within general emergency departments.

**Method and Results:** This study utilized a modified Delphi technique with three rounds. A 24-member expert panel was recruited; people with lived experiences of mental ill-health, registered nurses in emergency care, specialist psychiatric nurses, and mental health recovery researchers. In the initial round, aspects promoting a recovery-oriented caring approach were identified through focus group interviews. Thematic analysis generated statements formulated into a questionnaire for subsequent rounds. Panel members rated each statement's perceived importance on a 5-point Likert scale; consensus level was set at 80%. Data were analysed using descriptive statistics. Consensus was reached on the importance of 39 out of 73 statements, all deemed 'very important' in promoting a recovery-oriented caring approach in general emergency departments. These statements relate to person-centred, strength-based, collaborative, and reflective care aspects. Person-centred aspects emphasize the significance of a holistic assessment for a comprehensive understanding of the person's needs, involving active listening, time allocation, transparent communication, and a focus on relevant concerns based on the person's reasons for seeking care. Strength-based aspects highlight the role of nursing staff in treating people with mental ill-health respectfully, refraining from discrimination, taking them seriously, acknowledging their self-knowledge, and avoiding judgment or belittlement. Collaborative aspects emphasize relational aspects in patient encounters, including nursing staff being confirmative, present, adopting a humble approach, and demonstrating humanity, genuineness, and confidence. Reflective aspects underscore the need for nursing staff to share knowledge, learn from each other's experiences, actively combat stigma through reflecting on their own and colleagues' preconceptions regarding mental ill-health, and collaborate with other healthcare units, such as psychiatric care.

**Conclusion:** Identified key aspects promoting a recovery-oriented approach offer insights to enhance the quality of general emergency care. Illuminating the current state of mental health care, it emphasizes the delicate balance between crucial elements for recovery-oriented care, practical feasibility, and the predominant biomedical perspective. Empowering staff with the necessary prerequisites and encouraging reflective practice are essential for fostering positive outcomes through recovery-oriented care.

# **Title: Developing an Innovative Model for Virtual Reality Exposure Therapy for Social Anxiety Disorder in an Irish Mental health Setting: A Scoping Review**

**Area of Abstract:** Nursing education and research

**Form of presentation:** Poster

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**Introduction and Aim:** Virtual Reality Exposure Therapy (VRET) could be used as an effective treatment for Social Anxiety Disorder (SAD) by simulating an ecologically valid environment, and facilitating exposure within a safe and controlled setting. However, there is a lack of methodological research to guide the use of VRET in clinical settings. The aim of this research study is to develop an innovative model, informed by the existing literature, for implementing VRET in a mental health hospital in Ireland.

**Method and Results:** A scoping review was conducted using the JBI framework to identify the barriers and enablers to introducing VRET in the clinical setting. Studies were included if they (1) researched participants with SAD, (2) were adult participants (=18), (3) were conducted in the English language, (4) researched the views of therapists, and (5) were published in the past decade between 2013-2023. Eight electronic databases were searched for sources of evidence selection: CINAHL, Cochrane Library, APA PsychINFO, Ovid MEDLINE, PubMed, Web of Science Library Info Science and Health Business Elite. The search strategy, data extraction and analysis successfully identified 15 relevant studies which were synthesised into six themes (1) The Effectiveness of VRET, (2) VRET and Cognitive Behavioural Therapy, (3) Clinicians' Perceptions of VRET and the Therapeutic Alliance, (4) Education, Training and Guidelines, (5) VR Technology and the Virtual Environment, (6) Technological Limitations. The literature results indicate that VRET is an effective therapeutic tool for decreasing symptoms of SAD, achieving long-lasting effects. Furthermore, VRET pairs well with CBT as a therapeutic medium for exposure work. Therapists' views encourage using VRET for SAD and represent an enabler to the implementation of VRET. Furthermore, therapists have a positive view of the effectiveness of VRET, and the therapeutic alliance can enhance the treatment outcomes of VRET by increasing treatment adherence and reducing symptoms of SAD. Barriers to implementation include obtaining resources to acquire VR equipment, staff training and education, technological limitations of VR equipment and a paucity of clear guidelines to govern the use of VRET. The model of innovation, derived from the scoping review findings, incorporate the essential requirements to assist with the implementation of VRET in clinical settings.

**Conclusion:** The qualitative results of this scoping review suggest that VRET can be an effective therapeutic intervention for reducing symptoms of SAD. This study provides a valuable contribution to the field by providing a comprehensive and practical framework for implementing VRET in clinical settings, guiding decision-making and offering practical recommendations. However, further research is necessary to establish clinical guidelines, treatment protocols, and training programmes for VRET.

# **Title: Careres of young adult with a serious mental disorder: stress and coping in the encounter with health care services**

**Area of Abstract:** Family focused nursing

**Form of presentation:** Poster

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**Introduction and Aim:** The purpose of the study is to examine the level of stress among careres and their satisfaction with healthcare services, to determine if there is a connection between satisfaction with healthcare and perceived stress among careres. Both satisfaction and stress levels are related to various aspects, with coping being a crucial factor. Therefore, the study also explores relatives' use of coping strategies and the significance of these strategies for stress.

**Method and Results:** The study is a descriptive cross-sectional study. The sample in this study consists of relatives of young adults with a severe mental disorder. Purposive sampling was used to recruit participants for this study. Sample was recruited from a section of specialized health services, consisting of both inpatient and outpatient facilities, that assesses and treats young adults with severe mental disorders. A total of 113 relatives were sent a questionnaire between October and November 2022. Inclusion criteria were: (i) primary caregiver of a person with a severe mental disorder and (ii) over 18 years old. Exclusion criteria were: (i) need for an interpreter. A total of 31 respondents completed the questionnaire, which included the Relatives Stress Scale (RSS) and The Brief Coping Orientation to Problems (Brief COPE), as well as a satisfaction questionnaire regarding health services and various background variables. The first part of the questionnaire consisted of ten questions, asking respondents to rate their "satisfaction" with the services they are connected to as caregivers. Results: The study revealed that relatives of young adults with a severe mental disorder, experience high levels of stress. This elevated stress was found to be significantly correlated with avoidance coping strategies, indicating that relatives using strategies such as self-distraction, denial, and behavioral disengagement (giving up) experience higher levels of stress than those employing problem- and emotion-focused coping strategies. The combination of using avoidance coping strategies and lower satisfaction with the healthcare system had the most significant impact on and best explained stress in relatives. Relatives were least satisfied with guidance and training provided by the healthcare system and the information given regarding their rights and opportunities under the law.

**Conclusion:** Relatives in this sample experience a high level of stress related to their caregiving role, and there is a connection between the degree of satisfaction with the healthcare system and perceived stress. The most interesting findings revealed that relatives who felt that confidentiality hindered them from obtaining necessary information and those who perceived insufficient information about their rights as relatives experienced more stress.. The choice of coping strategies further proved to have

# **Title: Mental health crisis care for children and young people (CYP)**

**Area of Abstract:** Nursing interventions and practice

**Form of presentation:** Oral

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**Introduction and Aim:** The need for mental health crisis care for CYP is a priority in the UK, with one in six 5-19 year-olds in England have a probable mental disorder, many of whom having self-harmed or attempted suicide. However, very little research into crisis services for CYP has been undertaken. This paper reports on i) an evidence synthesis investigating mental health crisis care for CYP and ii) the emerging findings of the follow-up empirical study looking at mental health crisis care for CYP.

**Method and Results:** Methods i. All relevant English language international evidence was sought specifically relating to the provision and receipt of crisis support for CYP aged 5-25, with date ranges from January 1995 to January 2021.

Comprehensive searches were conducted across 17 databases, and supplementary searching was undertaken to identify grey literature. Two team members appraised all the retrieved research reports (except grey literature) using critical appraisal checklists. ii.

In work package (WP) 1, survey methods were used to gather data on NHS, local authority, education and third sector approaches to the implementation and organisation of crisis care for CYP across England and Wales. iii.

In WP2, qualitative methods underpinned by commitments to the use of normalisation process theory are being used to generate data on how services are organised, sustained, experienced and integrated in eight contrasting case studies. iv.

In WP3, findings from each case study will be compared and contrasted, and then synthesised to inform actionable lessons for policy and services. Results i.

One hundred and thirty-eight reports were used to inform this evidence synthesis: 39 descriptive accounts of the organisation of crisis services (across 36 reports), 42 research studies (across 48 reports) and 54 grey literature documents. The organisation of crisis services has been categorised as follows: triage/assessment-only; digitally mediated support approaches; intervention approaches and models. When looking at experiences of crisis care, four themes were identified: barriers and



facilitators to seeking and accessing appropriate support; what children and young people want from crisis services; children's, young people's, and families' experiences of crisis services service provision. ii. Our WP1 survey opened at the end of January 2023, with approaching 100 responses received from individual services by the middle of May 2023. iii. WP2 fieldwork commenced in summer 2023.

**Conclusion:** From the evidence synthesis: CYP and families do not always know how to access services, and may then find themselves not eligible. Text, phone and online crisis provision are welcomed. CYP would like access to peers or age-appropriate out-of-hours services. Attendance at an emergency department was the default service given the lack of alternatives and this is experienced as stressful. There is evidence that care in emergency departments is effective, but this is not policy preference in the UK.

# **Title: 23 years of working with voices: where are we in terms of implementation in services?**

**Area of Abstract:** Nursing interventions and practice

**Form of presentation:** Oral

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*Independent*

**Introduction and Aim:** During the past 22 years I have worked exclusively with people who hear voices/see visions. Having gained significant insight and knowledge in this area, and experiencing the dramatic positive impact this approach provides, I feel it is both relevant and indeed crucial to increase awareness as to how we can change our (nursing) culture by interacting with voices rather than attempting to suppress/ignore/eradicate.

**Method and Results:** Aarhus Model: Choices for voice-hearers rather than demands. 1. Voice-hearing support groups 2. Maastricht Interview- a structured tool. 3. Individual and exploratory one-to-one dialogues. In my experience, virtually everyone who elected to embrace the voice-hearing approach achieved a significant improvement in their previously predominantly negative relationships with their voices. Many reported that voices were experienced as positive - others that they were no longer heard. Many have now been discharged from psychiatric services, and are actively helping others by teaching and sharing their stories.

**Conclusion:** My presentation, although brief, will hopefully illustrate the efficacy of the Maastricht approach and encourage others to learn new ways in which to support people who experience distressing voices and visions.

# **Title: Existential loneliness during adolescence described in retrospect**

**Area of Abstract:** Ethical and theoretical perspectives

**Form of presentation:** Poster

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**Introduction and Aim:** Experiences of loneliness are common during adolescence and has shown to be related to physical and mental ill-being. One kind of loneliness, existential loneliness, is related to suffering. However, there is limited knowledge about existential loneliness during adolescence which challenges the possibilities in offering adequate support. The aim of this study was to describe the phenomenon of existential loneliness during adolescence through university students' retrospective written narratives.

**Method and Results:** Method: This study has a qualitative design with a phenomenological approach. The data consisted of retrospective narratives written by university students in southern Sweden. Reflecting and narrating previous experiences may lead to a deepened understanding of a phenomenon. The data were analysed inductively using a phenomenological method described by Colaizzi. Findings: The fundamental structure of the phenomenon of existential loneliness during adolescence can be described as feeling empty and lost when being painfully trapped in an alienating borderland in the search for belonging, identity, and meaning. Six themes are used to describe the phenomenon of existential loneliness during adolescence: Being lost in a borderland, having no control; Being invisible, feeling abandoned; Being socially excluded, feeling misunderstood; Being in a vacuum, lacking meaning and hope; Being burdened, hiding painful feelings; Being trapped, wanting to escape. Existential loneliness is expressed as an immense and consuming loneliness, and may occur for the first time in life during adolescence.

**Conclusion:** Existential loneliness is an inherent, but painful, part of the human condition. Adolescents may need support in dealing with the suffering. Though, existential loneliness can be challenging to recognize, and understand. Those who meet adolescents should not pathologize, but rather support, the experiences of existential loneliness. The knowledge created in this study may be valuable when supporting adolescents' existential health and mental well-being and in the work to prevent mental illness.

# **Title: Joint activities in psychiatric inpatient care - a process of exploration**

**Area of Abstract:** Nursing interventions and practice

**Form of presentation:** Oral

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**Introduction and Aim:** Social interaction plays a crucial role in inpatient psychiatric care. Patient-staff interaction is vital for building trust and a sense of safety. Conversely, a lack of interaction leaves patients feeling invisible. Joint activities enhance social interaction, but their implementation poses challenges and staff commitment significantly impacts success. This study illuminates the meaning of staff engaging in joint activities with patients.

**Method and Results:** This qualitative study utilized narrative interviews with nursing professionals and data was interpreted using phenomenological hermeneutics. Fourteen nursing professionals with experience from working in adult psychiatric inpatient care in different parts of Sweden participated in this study. Narrative interviews were carried out and the participants were encouraged to narrate situations where they engaged with patients in joint activities. Follow up questions focused on understanding how these situations made the participants feel and act. Phenomenological hermeneutics inspired by Ricœur and Lindseth and Norberg was used to interpret the narratives. The interpretation process consisted of three stages with the formulation of a naïve understanding, a structural analysis and finally reaching a comprehensive understanding of the phenomenon. Preliminary results indicate that the meaning of engaging in joint activities with patients can be seen as a process of exploring and discovering. Engaging in activities means taking chances and not always knowing what result to expect as well as having to deal with potential criticism from co-workers. On the other hand, engaging in activities means discovering new facets and aspects of the patient as well as of oneself. These aspects of oneself can mean feelings of pride and hope and gaining a better understanding of oneself. This in turn means that the nursing professionals and the patients become two persons through sharing the joint activity, rather than remaining only “staff” and “patient”.

**Conclusion:** The preliminary results from this study point to the dynamic process that engaging with patients in joint activities can be. This process means that despite uncertainties and criticism, new facets of both patient and nursing professional can be uncovered. This experience may mean feelings of pride, hope and a deeper self-understanding as well as a transcendence of roles. This knowledge is important when considering motivation and capacity in implementation of interaction-focused interventions.

# **Title: Psychiatric care needs opportunities for reflection**

**Area of Abstract:** Nursing interventions and practice

**Form of presentation:** Oral

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**Introduction and Aim:** Psychiatric nurses are often confronted with complex and challenging situations due to their special tasks. For such professional situations and to better manage their own issues, an offer of reflection can be experienced as supportive and preventive. The aim of the presentation is to demonstrate various reflection formats as well as their modes of action, possible applications and results for psychiatric nurses and to sensitize them to their use.

**Method and Results:** An indicative literature search was carried out in the relevant scientific databases with regard to known reflection formats. The results are presented in the lecture. In addition, reference is made to our own clinical experience in the acute psychiatric setting and the possibilities of using the various reflection formats in treatment and care teams in different psychiatric settings are shown in a differentiated way. The lecture will focus on the reflection format of peer counseling (PC), which is also recommended by the German Society for Nursing Science. PC is a low-cost, manageable and flexible support format, which is why its use can also be convincing for management. The use of PC has a variety of positive effects, including the sustainable development and promotion of psychiatric nurses' skills and problem-solving strategies, a positive effect on their professional satisfaction and a positive impact on the quality of care. This can have a positive effect on their professional satisfaction and also contribute to reducing stress in the sense of prevention. In addition, the use of PC can be described as joint long-term learning and skills development in the organization itself as well as in the care and treatment teams.

**Conclusion:** There are various ways for psychiatric nurses to reflect on challenging situations and make them more understandable and manageable. Management must take special responsibility for facilitating such spaces. It is the responsibility of psychiatric nurses to make use of these opportunities. If used consistently, PC can lead to good results. Nevertheless, there is an urgent need for research into the long-term effects and outcomes.

# **Title: Implementing peer support work in community mental health nursing teams**

**Area of Abstract:** Personcentered care and patient participation

**Form of presentation:** Oral

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**Introduction and Aim:** Peer support workers are individuals with lived experience of mental health problems who support others challenged by similar conditions. Peer support is considered a central component for the recovery of people with mental illness. While peer support is mainly established in the inpatient setting in Switzerland, it is rarely used in outpatient settings. This research project investigates how peer support workers can be sustainably implemented in the context of outpatient psychiatric care.

**Method and Results:** We conduct a qualitative study based on the principles of implementation research with three cases (CMHN organizations) and a participatory research approach. We use the Consolidated Framework of Implementation Research (Damschroder et al. 2022) to develop interview guidelines and structure our results. A service user is part of the research team and participates in each stage of the research process. The participating CMHN-organizations use peer support workers in the outreach, one-to-one support of clients. They are accompanied and supported in the preparation, recruitment, implementation by an organization. The three participating CMHN organizations are currently at different stages of the implementation process: recently implemented, implementation 6 months before and implementation 12 months before. Thus, with a cross-sectional survey we can examine the entire process of implementation. Data collection is carried out in each participating CMHN organizations. We conduct interviews with nursing managers, peer support workers and nurses and a focus group discussion with the organization that supports the CMHN teams. To gain more insights into peer support we also conduct participant observation of peer support worker and client sessions. The data analysis is based on qualitative content analysis. Subsequently, the findings will be discussed and validated in a participatory workshop with nurses, peer support workers and stakeholders. Solutions for the dissemination and sustainable implementation of outreach peer support work in the context of CMHN organizations will be developed. The first results are expected in spring 2024 and are going to be presented at the conference.

**Conclusion:** We expect to develop solutions on how to sustainably implement peer support workers in the context of CMHN organizations. In doing so, we contribute to its dissemination and optimization in the Swiss health care setting.

# **Title: Cognitive Restructuring in a Dual-Nationality, Chinese and Portuguese, Young Adult - Clinical Case Analysis**

**Area of Abstract:** Nursing interventions and practice

**Form of presentation:** Poster

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**Introduction and Aim:** Psychiatric hospitalizations increasingly require nurses to master skills related to transculturality, leading to the emergence of ethnopsychiatry as a differential in the quality of care. Currently, there is a rising Chinese immigrant population, yet there are few published scientific studies making it challenging to tailor evidence-based care, particularly cognitive restructuring. The aim of the present study is to reflect on the application of cognitive restructuring in the young adult.

**Method and Results:** A clinical case study on Mr. R., an 18-year-old young adult with dual nationality (Portuguese and Chinese), aims to comprehend, explore, and describe complex events and contexts (Figueiredo & Amendoeira, 2018). The young man was admitted to a Shared Service for Adolescents and Young Adults due to heteroaggressiveness and structured suicidal ideation verbalization. No relevant personal or family history was reported. Born in Portugal to Chinese immigrant parents, at eight months, his mother took him to China, where he stayed with his paternal grandmother until the age of ten. During this period, the family, residing in Portugal, facilitated his return to Portugal. An intervention for cognitive restructuring was sought to deconstruct existing irrational beliefs. Two formal interviews and various informal contact moments were conducted to establish a trusting relationship. Mr. R. struggled to verbalize feelings associated with family dynamics but attempted to describe them, stating, "I feel pressure in my head and chest when they start talking to me like that, not that I get upset, but I feel overwhelmed" [sic]. He mentioned that the transition to Portugal was not difficult because, according to him, "everything is easier, school is easier" [sic]. However, when asked about his grades, he said, "my grades are not good, and that's another big problem for my parents, they only expect me to get excellent grades and stay in the store afterward." It is noteworthy that Mr. R. repeatedly emphasized that everything is so difficult in China that "I feel worse for doing poorly in school here; everything is so easy, and don't take it the wrong way, but it really is, everyone here should get 19, anything below that doesn't matter" [sic]. The cognitive restructuring strategy was applied to change the belief that all young people could achieve grades of 19 or 20 and that everyone should and could be rich.

**Conclusion:** The difficulty in implementing this strategy is observed due to the individual's and the family's beliefs, not recognizing the value of academic or professional non-success, with the individual reinforcing this view with each confrontation and clarification, stating, "you don't understand, we are not like that" [sic]. The possibility arises that this may not be a psychiatric case but rather a response to adaptive pressure being a Cultural Bound Syndrome.

**Title: Men placed on waiting lists for psychiatric admission from Irish Prisons over five years: Clinical outcomes during a forensic “bed crisis”. Margaret Gallagher, Philip Hickey, Mark Nolan, Eimear Ní Mhuirheartaigh, Michael Murray, Enda Taylor, Michelle Con**

**Area of Abstract:** Nursing education and research

**Form of presentation:** Oral

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**Introduction and Aim:** Background: Ireland has low provision rates of general and forensic beds compared with other western countries. In recent years there have been difficulties and delays in accessing forensic beds for prisoners : We aimed to determine clinical outcomes for male prisoners assessed as requiring psychiatric admission over an extended period, with time frames for admission and other outcomes. We aimed to determine whether admissions to forensic and non-forensic locations were risk-appropriate.

**Method and Results:** Methods: Participants included all male prisoners placed on psychiatric admission waiting lists in Ireland over five years 2015-2019. We described demographic, clinical and offending variables. We measured clinical outcomes including forensic admission, other admission and recovery with voluntary treatment in prison. We also measured times to clinical outcomes. Security requirements and clinical urgency were assessed using the DUNDRUM Toolkit scales 1 and 2. Results: 541 male prisoners were placed on admission waiting lists and spent an aggregate of over 114 years on admission waiting lists during 2015-2019. Almost one quarter improved with voluntary treatment allowing removal from waiting lists, while over 75% did not. Admission was achieved for a majority of cases, albeit after lengthy delays for some. The most frequent outcome was diversion from remand to non-forensic inpatient settings. Non-forensic admissions arranged by the Prison Inreach and Court Liaison Service (PICLS) at Ireland’s main remand prison at Cloverhill contributed 54% (179/332) of all admissions achieved and 76% (179/235) of all non-forensic admissions from prison waiting list. Median delay to admission was 59 days for forensic admissions and 69 days for admissions to non-forensic hospitals from sentenced settings, compared with 16.5 days for admissions to non-forensic hospitals from remand.

**Conclusion:** Conclusions: Long delays for forensic admission during a five-year period of limited access to such beds were partly mitigated by transfers to non-forensic hospitals, mainly diversion of minor offenders from remand settings. Keywords: Prison mental health, diversion, Forensic Mental Health, Admissions, Prison Inreach and Court Liaison Service.



# **Title: Mental health and wellbeing of sexual and gender minority youth: findings from a cross-sectional national online survey.**

**Area of Abstract:** Nursing education and research

**Form of presentation:** Oral

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**Introduction and Aim:** Introduction There are many strengths and supports in the lives of sexual and gender minority youth which can positively impact on their well-being and mental health. At the same time, there are also undeniable challenges, particularly in the absence of resources and supports. Aims This paper explores the mental health and wellbeing of LGBTQI+ young people.

**Method and Results:** Methods Findings are drawn from a large cross-sectional national online survey of the mental health and well-being of 2,806 LGBTQI+ people in Ireland, aged over 14 years. Both quantitative and qualitative data were collected in October 2022, using a range of validated instruments and open text questions. Both inferential statistics and thematic content analysis was used to analyse data. Ethical approval was received from the authors institution. Findings/Outcomes The findings indicate worryingly high levels of mental health difficulties on all the measures among the sample of LGBTQI+ youth. Rates of depression and anxiety were higher among people who identify as bisexual and the emerging sexual minority categories (i.e. pansexual, asexual, queer) compared to those who identified as lesbian or gay. Asexual participants in this study had higher rates of self-harm and suicidal thoughts than gay and lesbian participants, with a higher rate of a suspected eating disorder among transgender and gender non-conforming participants compared to cisgender participants.

**Conclusion:** Discussion/Conclusion Findings provide rich insights into the mental health and wellbeing of sexual and gender minority youth, including the challenges experiences by emerging sexual identity participants, particularly pansexual and asexual participants. The results of this study combined with a trend of deteriorating mental health among young people nationally and internationally suggests that mental health among young cohorts of LGBTQI+ people should continue to be of particular concern.

# **Title: Simulation-based education with standardized patients in Advanced Practice Mental Health Nursing Program**

**Area of Abstract:** Nursing education and research

**Form of presentation:** Oral

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**Introduction and Aim:** Introduction: In the fall 2022 a new graduate program for APRNs in mental health was started in Iceland as a collaborative project. One of the main pillars of the program was to introduce core practical competencies. To ensure quality teaching methods aimed at advancing diagnostic and therapy skills a simulation-based training with standardized patients was created. Aim: To give students training that can expand their clinical skills and professional competencies.

**Method and Results:** Method: Two days of simulation based learning were designed. Actors were employed to play the role of mental health service users and they received information and training in bringing to life the lived experience of someone with mental health challenges. First simulation in the fall focused on diagnostic assessments and communications with mental health service user. The second simulation was in the spring where the focus was on the therapeutic relationship, diagnostic assessment, goal setting and treatment planning. Debriefing was done with students, teachers, and actors at various points during the simulations. Surveys were sent to students after participating in the simulations to explore their experience. Focus groups were conducted with independent members of the academic support team of the University of Iceland at the end of the year where students were able to share their experience of the program in general and the simulation-based teachings specifically. Informal discussions with the actors as a group were conducted after the simulations each time. Results: Student expressed that their experience with the simulations were positive and in accordance with the educational goals outlined in the curriculum. Furthermore, discussions with the students revealed that the whole experience of the first simulation and the format and the design offered them a rare chance to build up a group cohesion that would support them throughout the rest of the year. The actors overall were equipped with enough information to be able to perform their role and were able to identify the strengths and weaknesses of the individual student.

**Conclusion:** A well designed, group involving, simulation-based education with standardized patients is a welcome addition to the training of future specialists in mental health nursing that appears to build up skills and assist with professional development of clinical role.

# **Title: The lived experiences of older people with severe mental illness regarding support in municipal housing or home care services**

**Area of Abstract:** Personcentered care and patient participation

**Form of presentation:** Oral

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**Introduction and Aim:** There is limited scientific knowledge about older people with severe mental illness and the support they receive in municipal housing and home care. Greater knowledge of their life situation can contribute to the development of support and care interventions for the target group. The aim was to describe how older people with severe mental illness experience their life situation and the support they receive in their daily lives in ordinary housing or care homes.

**Method and Results:** The project is a part of an EU project “Innovatedignity” focusing on sustainable and dignified care for older people. Thirteen lifeworld interviews were conducted with older people (11 women and 2 men), between 65 to 81 years of age, with severe mental illness who receive support and care from municipal care staff in their own home or in special housing in the municipality. The interviews were conducted in the older people’s homes, lasting between 40 to 60 minutes. The interviews were characterized by openness and flexibility towards the phenomenon of the study “the life situation and support in everyday life and in the home”. The opening questions were: “Can you tell me about a usual day in your life?” and “How do you experience the support you receive from municipal care staff in your everyday life and in your home?” The data was analyzed with a phenomenological meaning analysis based on a Reflective Lifeworld Research (RLR) approach. All of the older people with severe mental illness had experiences of being treated or cared for in mental hospitals or psychiatric care homes earlier in their lives. Preliminary findings indicate that their everyday life was characterized by routines, such as eating, receiving help with cleaning and personal hygiene, and going for walks, watching television, or smoking. The older people in special housing talk of there being some members of staff who they feel they can trust and who they feel understand them, but they have little contact or connection with the other residents. Their contact with other residents was minimal because they do not have a sense of companionship with them or have the same interests. The older people in ordinary housing receive less support from municipal care staff, and most of this support was for cleaning and purchasing food and other supplies.

**Conclusion:** To conclude, the result is characterized by a sense of loneliness and a lack of belonging, even though the majority lived in housing together with others. There is a challenge for the municipalities to create accommodation for elderly people with severe mental illness that can feel like a home and not an institution with locked doors and long corridors.

# **Title: Design for Health and Well-being – Design research For Interior Design in Compulsory Care**

**Area of Abstract:** Ethical and theoretical perspectives

**Form of presentation:** Oral

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**Introduction and Aim:** This presentation will be on research on the significance of the physical environment for health and well-being in various compulsory care settings such as, inpatient psychiatry, forensic psychiatry and special residential youth homes (SiS), which is the subject of the presenter's dissertation (September 2023). It will focus on the relationship between people and the physical environment within institutions of care and incarceration, exploring the environment's impact on well-being.

**Method and Results:** The healthcare environment serves as an active agent in the rehabilitation and habilitation of patients in psychiatric closed care. The design of the physical environment in psychiatry has been compared to the need for high-tech equipment in somatic healthcare. The physical environment itself becomes both a tool and support for patients and staff, primarily through its stress-reducing function, as highlighted by the field of Evidence Based Design (EBD). The presented research shows that the environment can support the therapeutic alliance between patient/client and staff, especially by conveying a sense of trust, security, and autonomy. It is also reasonable to assume that the environment itself can reinforce or "redirect" and change the identity we carry. To create knowledge about the specific settings the presenter has developed a design research method, "Sketch and Talk", in which sketches are drawn "in situ". "Sketch and Talk" has been developed especially for care environments where high security standards limit collection of data. These heavily security influenced environment's impact on individuals, and individuals' impact on the environment stands in a dialectical relationship. This is investigated through phenomenology and design theory on design processes and inclusive design.

**Conclusion:** Despite the limited living conditions within institutional care, there are ample opportunities through environmental design to promote well-being. Staff constitutes the lifeblood of the care provided, and therefore, their need for a safe and secure working environment should be an integral part of the environment's design. Only then can the conditions for good care and interpersonal encounters be established.

# **Title: Moral Distress in Acute Psychiatric nursing- an insider perspective of sources, responses and ways of coping**

**Area of Abstract:** Ethical and theoretical perspectives

**Form of presentation:** Poster

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**Introduction and Aim:** Although moral distress may strongly influence nurses within acute psychiatric care, an insider perspective on the moral challenges in psychiatric care and how nurses cope with these are insufficiently studied. Aim: To explore how nurses perceive the moral distress they face working with acute psychiatric patients and how do they cope with this experience.

**Method and Results:** The interviewees face multifaceted ethical dilemmas and incompatible demands which, combined with their proximity to the patient's suffering, expose nurses to moral distress, particularly given it is often difficult to determine the appropriate cause of action. Insufficient resources, patients with increasingly poor mental health, and quicker discharges frequently lead to superficial treatment. Nurses worry about the quality of the follow-up care for the most vulnerable patients given inadequate staffing and unskilled personnel. Coercive treatment measures that might be avoided if adequately staffed and resistance to the use of coercion, are both morally stressful circumstances. Nurses working in acute psychiatric care are involved in a complex interplay between political and professional ideals to reduce the use of coercion while being responsible for the physical safety of patients and staff and maintaining a therapeutic atmosphere. The provision of good care when exposed to violence is morally challenging. Contributing factors of moral distress include feelings of inadequacy, being squeezed between ideals and clinical reality, and a sense of failing the patients. Moral distress leads to a bad conscience and creates feelings of guilt, shame, frustration, anger, sadness, inadequacy, mental tiredness, emotional numbness, feeling fragmented and others develop high blood pressure and sleep problems. The interviewees attempted to cope with their moral distress in various ways, including seeking support from colleagues, mentally sorting through their ethical dilemmas, presenting them to the leadership, choosing not to "bring problems home", take a day off, orienting themselves to meaning or loyally doing as instructed and trying to make themselves immune. However, not facing moral distress seems to come at a high price.

**Conclusion:** Moral distress in acute psychiatric care may be caused by multiple reasons and cause a variety of reactions. Individualisation of moral burdens run like a red thread through the study, whether the focus is on treatment quality, ideals or coping strategies. The study's findings may contribute to the phenomenon becoming more readily thematised within the field of psychiatry/mental health.

# **Title: Suicide and psychosis - Findings from a Norwegian National Registry Study**

**Area of Abstract:** Nursing education and research

**Form of presentation:** Oral

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**Introduction and Aim:** Individuals diagnosed with schizophrenia have an elevated risk of suicide, with a about thirteenfold increase compared to the general population. Approximately 4.9 % of those diagnosed with schizophrenia succumb to suicide, with the highest risk during the early phases of illness. This study aims to investigate the characteristics of patients with psychotic disorders who died by suicide within one year after contact with Norwegian mental health services.

**Method and Results:** Data were extracted from The Norwegian Surveillance System for Suicide (NoSS), a database managed by The National Center for Suicide Research and Prevention in Norway, which utilizes information from The Norwegian Patient Registry and The Cause of Death Registry, and a survey from the clinician who last attended the patient before suicide. We identified 122 individuals with psychotic disorders (F20-F29) who died by suicide (X60-X84) from 2018 to 2020. Binary logistic regression analyzed demographic, behavioral, and symptomatic variables, with schizophrenia/other psychoses as the dependent variable. This study included 53 (43.4 %) patients with schizophrenia (F20), and 69 (56.6 %) patients with other psychoses (F21-F29). There was a significantly higher prevalence of males who died by suicide among patients with schizophrenia compared to those with other psychoses. Patients with schizophrenia were also more frequently characterized as hostile and considered as having fewer feelings of hopelessness during their last contact with health services. Notably, although not statistically significant in a binary logistic regression model, only 21.0% of those with other psychoses reported suicidal thoughts at last contact, contrasting with 12.5% of individuals with schizophrenia. Also noteworthy, but neither statistically significant, 39.3% of those with other psychoses were considered to have a depressive mood at their last contact, compared to only 19.6% of patients with schizophrenia.

**Conclusion:** Demographic, behavioral, and symptomatic variables differed between patients with schizophrenia and other psychoses who died by suicide after contact with mental health services, indicating that a different approach to mapping and assessing suicide risk is needed for these patients. Mental health nurses, given their extensive patient interaction, play a crucial role in managing these patients' safety, where communicative skills and willingness to broach difficult subjects are vital skills.

# **Title: Health professionals' perceptions of user involvement in a mental health centre: A critical discourse analysis**

**Area of Abstract:** Personcentered care and patient participation

**Form of presentation:** Oral

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**Introduction and Aim:** In the past decade, user involvement in mental health centers has gained significance in Western societies, particularly in Denmark, where healthcare policy promotes it for better care and democratic values. However, there's no unified definition, leading to varied interpretations among health professionals. This study employs Fairclough's discourse analysis to examine how health professionals express user involvement in mental health centers.

**Method and Results:** This study focuses on the role of language in mental health care, considering it as a social practice shaping communication, texts, and perceptions in mental health centers. A social constructivist framework was used to analyze healthcare professionals' perspectives on language use in discussing user involvement and recovery-oriented practices. The study employed focus group interviews to gather data and followed the COREQ checklist for reporting. Purposive sampling ensured participants with in-depth insights, and ethical guidelines were strictly followed. Sixteen participants, mainly working in mental health wards, shared their experiences. Focus group interviews allowed for in-depth discussions, with open questions guiding the conversation. Fairclough's critical discourse analysis was employed to deconstruct texts and understand how language shapes social practices. Text analysis involved examining grammar, interactional control, metaphors, and modalities. The discourse practice was explored through intertextuality, text distributions, and coherence. At the social practice level, the study examined social and hegemonic relationships, ideological impacts, and political implications. Ethical considerations included informed consent, adherence to ethical standards, and approval from the Danish Capital Region Data Protection Agency. The study was conducted in accordance with the Helsinki Declaration and Danish legislation, with no physical or psychological harm intended for participants.

**Conclusion:** This study uncovers three key discourses in mental health care: paternalistic involvement, medical dominance, and structural treatment. It highlights power imbalances and language issues, advocating for a user-centric, equitable approach to improve healthcare quality.

# **Title: Healthcare Professionals' Experiences of Recovery-Oriented Collaboration Between Mental Health Centres and Municipalities: A Qualitative Study**

**Area of Abstract:** Personcentered care and patient participation

**Form of presentation:** Oral

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**Introduction and Aim:** Collaboration within mental health centres and with municipalities in Western European healthcare has presented challenges due to structural and cultural disparities. The Danish healthcare system faces obstacles that impact mental healthcare services, particularly in cross-sectorial cooperation. Our aim was to investigate healthcare professionals' experiences of recovery-oriented collaboration within a mental healthcare setting across hospitals and municipalities to gather a deeper understanding

**Method and Results:** In this study, purposive sampling was employed to investigate the collaborative experiences of health professionals within mental health centers and with municipalities. The lead author obtained endorsement from a Copenhagen mental health center manager, ensuring informed consent from 24 participants representing various professions, such as nurses, physiotherapists, and social workers. The average participant age was approximately 40, with five to 20 years of mental healthcare experience. Focus group interviews were conducted across three inpatient wards and one outpatient department, involving participants in dynamic discussions about their perceptions of collaboration. The diverse research team, including registered nurses, educators, and individuals with Ph.D. expertise, facilitated these interviews globally. Questions were designed to explore recovery-oriented collaboration, utilizing both broad and specific inquiries to elicit detailed responses. Data analysis followed a four-step inductive content analysis process, involving reading transcripts for an overall understanding, identifying meaning units, categorizing these units, and conducting a transversal analysis to reveal an overarching explanatory theme and four categories. NVivo software aided in organizing this analytical process. The study adhered to ethical principles, gaining approval from Aarhus University's Denmark Research Ethics Committee and following Helsinki Declaration guidelines. No formal biomedical ethics committee permit was required, as the research aimed to observe and understand rather than influence participants physically or psychologically. All participants provided written and verbal consent, and there were no withdrawals, ensuring ethical conduct throughout the study.

**Conclusion:** The study explores obstacles to recovery-oriented collaboration in mental health settings, emphasizing the complexity of defining recovery and advocating for diverse entry points and effective communication. It highlights the need for strategies, including improved communication skills and cultural sensitivity, to overcome barriers and promote a shared language in healthcare perspectives. The findings provide valuable insights for improving user experiences in mental healthcare collaboration.



# **Title: Facilitators and barriers to the implementation of Safewards in forensic psychiatry: Nursing staff experiences**

**Area of Abstract:** Nursing interventions and practice

**Form of presentation:** Oral

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**Introduction and Aim:** Safewards is an evidence-based model that aim to mitigate conflict and coercion within psychiatric inpatient care. While Safewards' effectiveness has been explored internationally, application in forensic psychiatry, particularly regarding implementation dynamics is under reserached. This study aims to identify contextual facilitators and barriers to Safewards implementation from the perspective of nursing staff in forensic psychiatry wards. Additionally, it seeks to comprehend the experiences

**Method and Results:** Method: Nursing staff from four inpatient forensic wards in Sweden participated in semi-structured focus group interviews. The nursing staff were divided into two separate focus groups, each consisting of four individuals. Additionally, one individual interview was conducted with one of the Safewards champions. The semi-structured nature of these interviews were designed with inspiration from the i-PARIHS framework. These interviews were analyzed through qualitative content analysis method. Preliminary results: The findings are organized into four thematic areas: "Calling for collaboration and resources," "Striving for inclusion," "Struggling with divergent values," and "Laying a framework for nursing." These themes are further elaborated upon in nine subthemes. The results underscore the importance of a structured implementation process, the significance of support from Safewards champions and management. The results also revealed challenges posed by high staff turnover and the impact of divergent values within the staff. These findings emphasize the value of shared reflections and collaborative problem-solving to overcome the identified challenges.

**Conclusion:** Successful implementtion of Safewards relies on several key elements: motivated staff, supportive management, engaged teams, and a structured implementation. Challenges like high staff turnover and ward culture can arise. To address these, the study suggests strategies: assess staff attitudes beforehand, provide thorough training, and joint reflections.

# **Title: An Overview of Psychiatric and Mental Health Nurses working in Europe**

**Area of Abstract:** Nursing education and research

**Form of presentation:** Oral

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**Introduction and Aim:** In mental health, there is a need for transformation of services towards community care and human rights-based approaches. The emphasis is to respond to care needs within the community; at primary health care level; to decrease stigma as well as to develop the care provided within specialized services. This transformation is supported by the UN's SDG and by various global and European guidelines and documents, the latest being the Comprehensive Approach to Mental Health in EU.

**Method and Results:** As nurses are the largest professional group within health care, they have a key role in this development. However, at the European level more knowledge is needed on psychiatric and mental health nurses working in the field. In the presented study the situation of mental health professionals in 53 European countries has been studied. In the first phase of the study, information was gathered from different databases, reports, and other documents as well as from the grey literature. The results concerning the role of psychiatric and mental health nurses will be presented with the background information on mental health legislation, services, education, and scope of practice in these European countries.

**Conclusion:** The European Mental Health Workforce Research, a collaborative research project of The RCSI Faculty of Nursing and Midwifery and the WHO Pan European Mental Health Coalition, will proceed with deeper analysis on mental health professionals across Europe and a full report concerning all five professional groups as well as the role of support workers and families will be provided at the end of the research project.

# **Title: Protecting the Future of Mental Health Nursing in Ireland: An Exploration of the Transition Experiences, Career Intentions and Retention of Graduate Mental Health Nurses: A Mixed Methods Study**

**Area of Abstract:** Nursing education and research

**Form of presentation:** Oral

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**Introduction and Aim:** The landscape of MH nursing in Ireland has shifted as the age and experience profile of MH nurses has changed dramatically. Graduate nurses play a significant role in the provision of MH care in Ireland today. The transition period for graduate nurses has been eroded and they are now expected to take on a vast range of duties and responsibilities. The aim of this study is to explore the transition experiences and career intentions of graduate nurses and develop strategies to promote retention.

**Method and Results:** Research Questions 1. What are the transition experiences and career intentions of graduates? 2. What are the factors that influence the retention of nurses in Ireland? Research Objectives 1. Explore graduate nurses' experiences of the transition period (first 24 months) 2. Investigate the prevalence of intention to leave. 3. Explore the relationship between the intention to leave and transition experiences with burnout levels. 4. Identify barriers and facilitators to role transition. 5. Develop strategies to support the retention of graduates in the Irish mental health system. This research is in progress and is using a Mixed Methods approach as qualitative or quantitative approaches alone would not provide a complete response to the research questions. A sequential explanatory design has been adopted. Phase one, the dominant quantitative phase, is online using a questionnaire and nurses who fulfil the inclusion criteria have been invited to complete this. A questionnaire was designed for this study. Given the sequential explanatory nature of the study, initial quantitative data analysis contributed to the formation of the interview schedule for the second qualitative phase. The study was advertised through social media platforms and The Psychiatric Nurses Association (PNA). Phase two, the qualitative phase, is using in depth semi-structured interviews- these will commence in Feb 2024. Ethical approval for both phases was granted from the School of Nursing and Midwifery in TCD. It is anticipated that completion of this research will address this gap that exists in the literature regarding the transition experiences of graduate MH nurses. This research will have a significant impact as it will offer a complete understanding of the realities of what it is like to be a graduate MH nurse in Ireland today and the unique challenges they are facing on a daily basis.

**Conclusion:** Little is known about graduate MH nurses' experiences in Ireland today. This research will result in developing recommendations which, when adopted, will support graduates to remain in the MH nursing profession. There is a crucial need for this study as MH nursing in Ireland is fragile; high nursing turnover, over-reliance on agency nurses and retention issues are destructive for several reasons including the potential negative influence on service users and their families.

# **Title: Can knowledgebased support strenghten personcentered mental health care and social services?**

**Area of Abstract:** Personcentered care and patient participation

**Form of presentation:** Oral

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**Introduction and Aim:** The National Board of Health and Welfare is a government agency that gives support and expert influence in many different way. The majority of our acivities focus on staff, managers and decision makers within the fields of social services, health and medical services, patient safety and epidemiology. This presentation aim is to inform about activities in the mental health area that focus on personcentred care and patientparticipation and discuss potentials and challenges in support the progress

**Method and Results:** We aim to provide an overarching picture of the National Board of Health and Wellfare role as a knowledge authority and to clarify our mission to strengthen the nursing perspective in health care and social care within the areas of mental illness. We present ongoing national work regarding children and adults with various psychiatric conditions and the need for interventions from several different actors within society's care and welfare system. Examples will be given of various knowledge-based support provided by the National Board of Health and Welfare that are relevant for nurses who meet the target group in various activities. Likewise, knowledge-based support that is under development will be discussed:- Knowledge-based support for child- and adolescent inpatient care.- Knowledge-based support for care personel who meets individuals with severe mental illness, functional impairment and the need for interventions from many different actors- Need for knowledge-based support within compulsory care

**Conclusion:** Examples of how the National Board of Health and Welfare works to promote personcentred mental healthcare and social services where the patient is involved will be highlighted and reflected upon. In addition to investigators at the National Board of Health and Welfare, a person with personal experience of mental illness will participate. Through dialogue and discussion about limitations and development opportunities with the audience, we hope for a valuable exchange of knowledge.

# **Title: Outcomes in a new clinically oriented advanced practice mental health nursing (APMHN) program in Iceland**

**Area of Abstract:** Nursing education and research

**Form of presentation:** Oral

**Author:**

Gisli Kristofersson

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Johanna Bernhardsdottir *University of Iceland,*

Helga Sif Fridjonsdottir *Landspítali, University Hospital,*

**Introduction and Aim:** Introduction: In the Fall of 2022 a clinically focused APMHN Master's program started in Iceland, but graduate education in the field until that time had been more focused on theoretical competencies rather than clinical ones. Aim: The aim of the presentation is to describe the outcomes and lessons of the new clinically focused APMHN program in Iceland, with the collaboration of both universities who teach nursing in the country and its two largest hospitals.

**Method and Results:** Method: Two specialists from the Centre of Teaching and Learning at the University of Iceland conducted focus groups with students and faculty, separately, to evaluate possible quality improvements of the program based on student and faculty feedback. Results: Both students and faculty overall were pleased with the program however there were areas of improvement on which both faculty and students agreed upon. Mainly increased need for quality control during the second semester of the program, including for clinical supervision and clinical supervisors, timely review of assessments and continuance and flow in the integration of clinical work and didactic content. Equity in pay for clinical placements and equity in access and accommodations regarding students coming from rural areas to study as well as problems filling rural clinical placements also need to be addressed.

**Conclusion:** The newly initiated master's program in APMH nursing was the next logical step in the professionalization of APMHNs in Iceland. And even though this was a significant step, there remains room for improvement for the next cohort that will start the program in the Fall of 2024. Ongoing quality monitoring, assessment and consequent improvements to the program will be essential in ensuring its success and longevity.

# **Title: Learning objectives in a new clinically oriented masters level advanced practice mental health nursing (APMHN) program in Iceland**

**Area of Abstract:** Nursing education and research

**Form of presentation:** Poster

**Author:**

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**Introduction and Aim:** Currently what qualification criteria underlie the rights and training of psychiatric nursing specialists differs enormously from country to country, including focus on the NP (Nurse Practitioner) role, CNS (Clinical Nurse Specialist) role or a blended role (CNS and NP). In this lecture the authors build on their research in to the standards and competence areas of APMHNs to construct a criterion for clinical competencies of APMHNs in Iceland.

**Method and Results:** Methods: The findings of the International Council of Nurses' report on the advanced practice nursing role will be reviewed and transferred to and interpreted through Icelandic realities. The authors will introduce a possible approach to the development of qualification criteria for psychiatric nursing specialists in Iceland both in the new APMHN program as well as in their certification. Results: Building on previously published work and competencies from other countries the criteria for the new APMHN program were delivered and developed.

**Conclusion:** Conclusion: Clinical competencies and objectives were developed in three different categories (skill, knowledge, competences) for the blended role of the APMHN in Iceland taught in three clinical courses in the new APMHN program recently developed. They focused on competencies from the four pillars of advanced practice as dictated by the Royal College of Nursing as well as from other applicable sources that fit the needs, scopes and legal standing of APMHN practice in Iceland.

# **Title: Nurse assistants' experiences of encountering patients in grief due to the death of a loved one**

**Area of Abstract:** Nursing interventions and practice

**Form of presentation:** Oral

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**Introduction and Aim:** Grief due to death of a loved one is painful and might be overwhelming. Patients experiencing such grief are vulnerable and risk ill health and even mortality. To provide support and alleviate suffering, nurse assistants (NAs) need to notice patients in grief and be attentive to their problems and needs. Aim: To explore nurse assistants' experiences of paying attention to and encountering patients receiving municipal health and social care, who are in grief due to the death of a loved one.

**Method and Results:** Method: This study has an exploratory qualitative design with focus group interviews (n=6) conducted with NAs (n=28) in municipal health and social care (n=5) in southern Sweden. The interviews were analysed inductively with qualitative content analysis. The NAs worked in residential care facilities, residential care facilities for persons with cognitive impairment, short-term care, home care teams and home care service. All the NAs were women aged between 32 and 63. Of these, 27 were trained licensed practical nurses and one was a nurse aide. Results: Overall, the NAs had varied experiences regarding paying attention to and encountering patients who were grieving following the death of a loved one. Patient's grief was not commonly discussed among the NAs, and thus they expressed an urgent need to address this issue. The experience was that patient's grief could be so painful that the patient lost the will to live and expressed thoughts of not wanting to live anymore. The deaths of the loved ones could be expected, but most of them were unexpected as by traffic accidents or suicide. We interpreted an overall theme as Having to be attentive to signs of grief after patients' loss of loved ones, sensing the right time to approach and comfort, while having to cope with emotional challenges. The three categories 1) Noticing changes in the patient. 2) Striving to create a dialog. 3) Having difficulty making contact and dealing with one's own emotions, included subcategories.

**Conclusion:** When the NAs noted patient's changed mood and behaviour after the death of a loved one, it was understood as they were in grief. NAs encountered strong emotions and even patients' expressions of wanting to end their lives. In addition, NAs had to deal with their own emotions of grief evoked by patients' grief. These challenges indicate an urgent need for improved training, conditions in the work culture, and improved supervision from the leaders in municipal health and social care.

# **Title: How data from patient monitoring technology is supporting staff to increase quality, safety and efficiency.**

**Area of Abstract:** Nursing interventions and practice

**Form of presentation:** Workshop

**Author:**

Martin Lehmann

**Affiliation:**

*Oxehealth*

**Introduction and Aim:** Usage of contact-free patient monitoring: Published data on reducing self harm, falls, assaults and rapid tranquilisation from the NHS in England. Experiences from doctors and nurses as well as patient feedback including aspects of integrity and autonomy. Learnings from implementation and UK national recommendations, guidance and best practise on safe use of patient monitoring systems used within 50% of NHS England Mental Health Trusts.

**Method and Results:** Presentation of systems functionality and published data and experiences from UK followed by break out group sessions. Each group to be given a theme from the presentation and to discuss how this relates to their own clinical practice and if they see any benefits in their daily work. Data to be presented: 37% reduction in assaults and 40% reduction of rapid tranquillisation. Ndebele et al. 2022. Non-Contact monitoring to support care in a psychiatric intensive care unit. *Journal of Psychiatric Intensive Care*, 18(2), 95-100. 48% reduction of falls. Wright, K., & Singh, S. (2022). Reducing falls in dementia inpatients using vision-based technology. *Journal of Patient Safety*, 18(3) Better physical health monitoring in seclusion. Clark, H., et al. (2021). Non-contact physical health monitoring in mental health seclusion. *Journal of Psychiatric Intensive Care*, 18(1). 44% reduction in self-harm. Ndebele et al. 2023. Non-Contact health monitoring to support acute care in mental health *Journal of Mental Health*.

**Conclusion:** Each group to present short (1min) feedback on the way contact-free patient monitoring can impact their theme and their perspective on using it in their day-to-day clinical practice in plenum followed by Q&A.



# **Title: Patient controlled admissions in an adolescent psychiatric setting**

**Area of Abstract:** Personcentered care and patient participation

**Form of presentation:** Oral

**Author:**

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**Affiliation:**

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**Introduction and Aim:** Every time coercion is administered personal boundaries are violated. For every individual, it is of outmost importance to maintain integrity, basic human rights, and sense of empowerment. To allow the patient a sense of control over his/her needs and to minimize coercion an initiative of patient controlled admissions were launched in an adolescent psychiatric department. The aim of this project is to investigate the experiences and effects of the initiative.

**Method and Results:** Since march 2019 patient controlled admissions have been part of a range of interventions at Aarhus University Hospital, Psychiatric Department for adolescents age 14 to 21. In the beginning patient controlled admissions were offered to patients with schizophrenia, but has later been expanded to a broader set of diagnoses. A written contract is made with the patient establishing the framework and purpose for an admission. Patient are allowed 2-4 days of self-administered admission with a 14 days' quarantine from the last time. Until now 27 patients age 15-20 years have got a contract. After signing the contracts, the patients total number of outpatient contacts and hospital admissions have been significantly reduced. Further, the amount of admissions with coercion were three times higher for the patients prior to having a contract.

**Conclusion:** The results imply that patient controlled admissions can have a positive effect on the needs for hospital admissions and coercion among young patients in psychiatry.

# **Title: Inpatient Suicides in Swedish Psychiatric Settings – A retrospective exploratory study from a nursing perspective.**

**Area of Abstract:** Nursing interventions and practice

**Form of presentation:** Oral

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**Introduction and Aim:** When there is a high risk of suicide, inpatient specialist psychiatric care is indicated, and even though inpatient suicide is rare, death by suicide still occur. Therefore, it is essential for the personnel to have knowledge of the suicidal process and to be able to create a therapeutic alliance with the suicidal patient. Then they are able to identify those with a high risk and act in suicide prevention to obtain patient safety.

**Method and Results:** This study was part of a national retrospective project covering data from all patients' medical records for the two years before the death by suicide in 2015. For this study, 41 patients who died by suicides while admitted to psychiatric care were identified. There was documentation of suicidal variables in 80% of the patients; 59% had a previous known suicide attempt; 63% were diagnosed with mood disorder and 41% were assessed with elevated suicide risk. The most common suicide method was strangulation (71%) and 22% had died by suicide within 24 hours after admission. Almost three quarters (71%) were on voluntary care. No patient had constant professional supervision on a one-to-one basis, 17% had intermittent supervision in form of 15 min checks. One third (32%) were on agreed leave at the time of the suicide.

**Conclusion:** The result gives ground for emphasizing the lifesaving role of high-level supervision within the early state of inpatient care and the importance of accurate documentation concerning suicidality.

# **Title: Mental health and well-being among adolescents with-, or without disability: Associations with school factors, risk behaviours and multiple health complaints, on national and regional level in Sweden**

**Area of Abstract:** Nursing education and research

**Form of presentation:** Poster

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**Introduction and Aim:** Introduction and aim: Children with disabilities have more psychosomatic symptoms early in life, and an increased risk of failing academically. They also have an increased risk of additional psychiatric illness as an adult. At the same time, regardless of symptoms, we know very little about their well-being. The aim of this project is to increase knowledge about this group and its experience of mental ill health.

**Method and Results:** Method: This project is based on data from The Health Behaviour in School-aged Children (HBSC) study. It is a World Health Organization collaborative study, and Sweden has participated since 1985. It is a school-based, cross-sectional study, conducted every fourth year among students in Grades 5, 7, and 9. The questionnaire include questions on health and health-related behaviors. Previously, data have been collected from a nationally representative sample, but the latest data round, for the first time, an extended regional sample was drawn. Results: Since 2013/14, the proportion who reported having a long-term illness, disability, or medical condition diagnosed by a doctor has increased among boys of all three ages and among 15-year-old girls. Children with disabilities also have lower levels of life satisfaction; have worse self-rated health and higher levels of psychosomatic symptoms, compared to other children. It is also more common for children with disabilities to be bullied at school compared to children without disabilities. Norms lead to particular vulnerability in certain groups. The norms can also make it difficult to be yourself and be open with your disability because of the risk of vulnerability and worse treatment. In stories from young people with disabilities, it also becomes clear that problems arises in the encounter with society's norms and other people. So, it is not the background or disability itself that creates problems and affects mental health.

**Conclusion:** It is important to increase healthcare staff's knowledge about mental ill health and illness among children with disabilities in order promote more positive attitudes and better treatment. Healthcare staff also need a deeper understanding of young people's different living conditions, and how they are affected by norms and stigmatization in society, to treat young people with openness and respect

# **Title: Interprofessional collaboration between nurses and psychiatrists in hospital care for patients with deliberate self-harm**

**Area of Abstract:** Nursing education and research

**Form of presentation:** Oral

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**Introduction and Aim:** The in-patient care for people with deliberate self-harm often lack guidelines. Professionals may have different opinions on how to treat the patients, making the care confusing and sometimes unsecure. This study aims to explore how specialist nurses and psychiatrists perceive and conceptualize their own responsibility and autonomy in relation to inter- and intra-professional colleagues when caring for in-patients with deliberate self-harm.

**Method and Results:** Eight psychiatrists and ten nurses were interviewed. The interviews were analyzed using thematic analysis by an interdisciplinary group of experts in ethics, law, mental health nursing and psychiatry. Three themes were found; Role specific tasks and perceived responsibility, where psychiatrists emphasised a more legal perspective and specialist nurses a more ethical perspective. Adapt to other professionals' opinions, when someone else had made a decision, the autonomy was perceived as decreased, and responsibility increased. Renunciation of autonomy for achieving cooperation, where striving for consensus in the work group was considered important.

**Conclusion:** Both nurses and psychiatrists were autonomous and felt a high responsibility when the roles were well defined, even if the psychiatrist opinions had more legacy. Legal and ethical aspects of the care could often collide, leading to an ethical stress. Nurses often felt that they had to act as the patient's advocate when decisions about the patient were about to be made.

# **Title: Health care utilization, mental disorders and behavioural disorders among perpetrators of intimate partner homicide in 2000-2016: a registry-based case-control study from Sweden**

**Area of Abstract:** Nursing interventions and practice

**Form of presentation:** Oral

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**Introduction and Aim:** Little is known about intimate partner homicide (IPH) perpetrator's healthcare contacts and mental health problems before the killing. The aim was to compare male and female IPH perpetrators with matched controls from the general population by analysing differences in healthcare utilization, i.e. primary care, specialized outpatient care and inpatient care, and mental and behavioural disorders.

**Method and Results:** This study includes 48 males and 10 females who perpetrated IPH between 2000 and 2016 in the Västra Götaland Region of Sweden. Controls (n = 458) were randomly selected from the general population and matched for sex, birth year and residential area. Data were retrieved from the Swedish National Patient Register and the Western Swedish Healthcare Register. Mental and behavioural disorders were classified according to ICD-10 (F00-F99). The Mann-Whitney U test was used to test for differences in health care utilization and mental and behavioural disorders. Compared to their controls, male perpetrators had statistically significant more registered contacts with primary care, specialized outpatient care and inpatient care one month and one year respectively, before the homicide index. Female perpetrators had statistically significant more specialized outpatient care and inpatient care contacts in the year prior to the homicide index, compared to their controls. Male perpetrators had at least one mental or behavioral disorder (F00-F99) diagnosed in any studied healthcare setting, except in inpatient care one month before homicide. Female perpetrators had more mental health disorders (F00-F99) diagnosed in specialized outpatient care one year before the homicide.

**Conclusion:** The findings of this study reveal that IPH perpetrators frequently contact healthcare services shortly before the homicide and that they may seek care for a wide range of health issues, including mental health problems. Our findings suggest that healthcare services may be the last point of contact for many perpetrators before they kill their partner. It is thus important that healthcare professionals gain necessary skills for routinely enquiring about IPV.

# **Title: Oyster care, an alternative approach to mental health care for people with severe and persistent mental illness.**

**Area of Abstract:** Ethical and theoretical perspectives

**Form of presentation:** Oral

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**Introduction and Aim:** Oyster care is an alternative care approach for people with severe and persistent mental illness (SPMI), based on the palliative philosophy. The aim is to improve the quality of life of this vulnerable group, taking into account their specific wishes and needs. Oyster care aims to give both patients and caregivers an identity and a language, and create a relational framework in which the search for quality of life is a shared objective .

**Method and Results:** This oral presentation will further explain the somatic, psychological, social and existential pillars on which oyster care is grounded. Furthermore, a number of possible pitfalls will be discussed. Oyster care could remain a vision and should be developed further methodically. The perpetuation of an evidence-based indicator set is therefore necessary. Further clarifying the client and carer perspective and an ethical-reflective basic attitude are also necessary. Within the nurse-therapist relationship, we may find that communication transcends narrative and alternative forms of communication should be sought. Today, oyster care in Belgium has mainly been implemented in residential settings such as nursing homes, but the need for an in-society model is existing. Finally the relationship and difference with recovery should be further explicated.

**Conclusion:** Oyster care is a promising form of mental health care that can meet the care needs of a very precarious target group more effectively. It is also an important framework for making the complexity of the SPMI field in which nurses and other care workers operate more explicit.

# **Title: Implementation of the German S3 Guideline “Prevention of Coercion”**

**Area of Abstract:** Nursing interventions and practice

**Form of presentation:** Oral

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**Introduction and Aim:** The German clinical practice guideline "Prevention of Coercion: Prevention and Therapy of Aggressive Behaviour in Adults" by the German Association for Psychiatry, Psychotherapy and Psychosomatics (DGPPN) provides interventions for preventing coercion in psychiatric hospitals. This presentation offers a concise overview of the guideline and its implementation on wards, with twelve recommendations.

**Method and Results:** The guideline for "Prevention of Coercion" is an S3 guideline. The S3 guidelines have the highest methodological quality of guidelines developed in Germany, with a comprehensive search of the scientific evidence and a structured consensus process involving all relevant experts. In collaboration with a team of experts, twelve recommendations were developed for implementation of the guideline in psychiatric wards. The twelve recommended guideline-based interventions focused on the following topics: standardised recording of coercive measures and aggressive incidents, implementation of internal standards adapted to the guidelines, a monthly team meeting to analyse data on coercive measures and aggressive incidents, training plan, continuous observation and personal care of all coercive measures, involve peers on the ward, aggression-reducing design of the spatial environment on the ward, risk assessment with an instrument, individual joint crisis plan to prevent future coercion, ensuring guideline-based pharmacotherapy and introduction of complex interventions (e.g., Safewards, Weddinger Model, Six Core Strategies). The guideline and the implementation recommendations were presented to the multi-professional ward teams in a one-day workshop by two medical or nursing experts. The teams used the specially developed PreVCo rating tool to assess the implementation of the recommendations in their area of work. Based on this assessment, they selected three recommendations to develop further over the next six months. Two half-day workshops supported the teams in their implementation. Finally, the ward teams and the consultants evaluated the implementation status.

**Conclusion:** The results of the pilot study and the experience gained from the PreVCo study suggest that it is feasible and well accepted by treatment teams to implement the recommendations based on the German guideline for the "Prevention of Coercion" in psychiatric wards. In general, the use of experienced external implementation consultants is a successful strategy for implementing guidelines.

# **Title: ‘Preserving Control’: Service Users’ experiences of being involuntarily admitted under the Mental Health Act 2001 in the Republic of Ireland**

**Area of Abstract:** Personcentered care and patient participation

**Form of presentation:** Oral

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**Introduction and Aim:** Background: A theoretical model of Service Users’ experiences before, during and after involuntary admission has not yet been established. Aim(s): To develop an understanding of Service Users’ experiences over the course of an involuntary admission process.

**Method and Results:** Methods: Fifty Service Users were recruited through purposive and theoretical sampling and were interviewed 3 months after their involuntary admission. Analyses were conducted using a Straussian grounded theory approach. Results/findings: The ‘theory of preserving control’ emerged from Service Users’ accounts of how they adapted to the experience of involuntary admission. The theory explains how Service Users strive to reclaim control over their emotional, personal and social lives and consists of three categories: ‘losing control’, ‘regaining control’ and ‘maintaining control’, and a number of related subcategories.

**Conclusion:** Nurses need to develop therapeutic approaches that assist Service Users to regain and maintain control over the course of their involuntary admission. As a result of this study, and building on this work, the Psychosis Ireland Structure Training and Research Programme (PSI-STAR) are developing and evaluating a psychosocial interthat may improve the experience of involuntary admission thereby translating to practice.



# **Title: The experiences of nurses working on children's wards in acute general hospitals who provide care for children who have engaged in self-harm.**

**Area of Abstract:** Nursing interventions and practice

**Form of presentation:** Oral

**Author:**

Maria Mulqueen

**Affiliation:**

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**Introduction and Aim:** Introduction: Children engaging in self-harm has reached concerning global health levels and the age of onset is decreasing. Children who self-harm are regularly admitted into acute children wards for their own safety. Commonly, when children are admitted for their own safety they are closely monitored by nurses. Aims: To explore the experiences of nurses working on children's wards in acute general hospitals who provide care for children who have engaged in self-harm.

**Method and Results:** Method: Following ethical approval, a qualitative approach was utilised. Posters were displayed at various locations on the ward. Participants who met the inclusion criteria were invited to contact the researcher if they wished to participate in individual semi-structured interviews that took place in a confidential and private setting within the hospital in the West of Ireland. Purposive sampling was undertaken with eight participants. Interviews were audio recorded and transcribed verbatim. Thematic analysis of the interview transcripts was undertaken in line with Braun and Clarke (2006) framework. Results: Three core themes emerged from the data; i) nurses feeling afraid ii) nurses needing education and training, and iii) nurses requiring support when caring for children who self-harm. Despite these challenges the participants provided suggestions in order to enhance patient care.

**Conclusion:** There are significant challenges associated with caring for children who self-harm in the acute hospital setting. Nurses who care for these children require specialised education and training. In addition this study further highlighted all major acute general hospitals caring for children with mental health issues should have a dedicated children's psychiatric service available. Furthermore, this study also identified that further research is needed in this area.

# **Title: Using time geographic lifecharts to illustrate and understand the life course among patients within Opioid maintenance treatment.**

**Area of Abstract:** Personcentered care and patient participation

**Form of presentation:** Oral

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Charlotta Sunnqvist, Reg Nurse, Ass. proffessor *Lund University,*

**Introduction and Aim:** Opioid Maintenance treatment, OMT, is a well-documented and efficient medical treatment for opioid dependence. It is an integrated treatment that combines pharmaceuticals that is approved of treating opioid dependence, with psychological and psychosocial support. This category of patients is multifaceted and have many different needs; physical, social and psychological. Today, there is an enhanced focus on evaluating the treatment's effect on quality of life from the patient's perspective. By us

**Method and Results:** From September 2020 to November, 2021, 13 time geographic interviews were conducted while using the software GeoLifeGraph. The patients' life charts were based on their household moves, in a chronological perspective, and after these, social and stressful events, substance use, and contacts with medical or social services, were added. The analyses of all interviews were made according to a manifest method by Burnard (1991, 1996). Five categories were identified; Social network and resources, destructivity, alienation, professional support and life after enrolling in OMT. Alienation was expressed as most difficult before enrolling in OMT. The participants reported more stressful events in life after enrolling in OMT but they experienced that they could cope with this much easier than before due to the feeling of belonging and the legitimacy that OMT gave.

**Conclusion:** Becoming a patient in OMT brings a sense of belonging and safety for a group that for most of their life felt alienated and alone. The patients describe that being seen as a human being and feeling cared for by the nursing staff has a large impact on their well-being. Seeing your life drawn in a time geographic life chart helps the patients' to better understand their life choices and increase their understanding of themselves.

# **Title: Accessible Clinical supervision for mental health nurses EMPLOYED IN Cork & Kerry CAMHS**

**Area of Abstract:** Nursing interventions and practice

**Form of presentation:** Poster

**Author:**

Caroline Newman

**Affiliation:**

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**Introduction and Aim:** I have prepared a PowerPoint presentation to discuss nurse clinical supervision which has been rolled to all mental health nurses across Cork Kerry Child & Adolescent Mental Health inpatient and community services. The aim of the presentation is to provide a background of the use of clinical supervision across CHO4 CAMHS in 2017, and then provide up-to-date information on the accessibility and uptake of clinical supervision within the catchment service in 2023/24.

**Method and Results:** I will use the findings of my MA in CBT dissertation (2017) on nurses experience of clinical supervision within Cork & Kerry CAMHS and its availability and uptake from that time. This was a quantitative study which is unpublished. Recommendations from the study, and follow up actions were brought forward to inform the roll out of accessible clinical supervision across the service over the past 3 years (2021, 2022 & 2023). Barriers and benefit will be identified along with data on the uptake of clinical supervision currently in a service which includes Kerry CAMHS which has been at the center of public scrutiny with the Maskey report. Prior to the Maskey report, there was momentum in resourcing CAMHS to become more trauma informed. Having actively participated in two Maskey Recommendation Implementation sub-groups, I have contributed to moving the CAMHS service forward to address the issue of recruitment and retention of nursing staff, and resourcing nurses through implementation of individual and group clinical supervision. I draw on my experience of clinical supervision which spans across the domains of Professional, Clinical, EMDR, CBT and ANP National Peer Supervision as both a supervisor and supervisee.

**Conclusion:** Clinical supervision benefits will be identified such as the resourcing effect it has contributed to CAMHS nurses across Cork & Kerry CAMHS. Benefits to upholding service user legal and ethical rights will be identified and there will be an opportunity for Q&A.

# **Title: Mindfulness Yoga for Teenagers open to CAMHS**

**Area of Abstract:** Nursing interventions and practice

**Form of presentation:** Poster

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**Introduction and Aim:** Service user feedback has sought a holistic, trauma responsive, non-medicalized treatment option for mental distress to those open to CAMHS. Two teen mindfulness yoga groups were facilitated over the period of six weeks within CKCH CAMHS. Project leads, Alice Taylor CNS facilitated an acute in-patient group in East Linn and Caroline Newman RANP facilitated a community group in West Cork South Lee CAMHS. Twelve participants aged 13 to 17 years consented to participate in an evaluation process.

**Method and Results:** Teens open to CAMHS service sites (West Cork South Lee community and East Linn in-patient CAMHS) were invited to yoga groups which were facilitated once weekly over six weeks between 21st April to 26th May 2023. The period was evaluated through service user feedback at the end of each class. BECKS Youth Inventory was self scored by the participants pre and post group implementation. This measured perceived feelings of wellness in the symptoms of self-concept, anxiety, depression, anger and disruptive behavior. Overall, participants perceived wellness in the areas of mood and self-regulation was improved. However one participant found the open-group format challenging due to a dislike of change. Research is developing internationally on the benefits of yoga as a treatment approach for anxiety and depressive disorders (Broughton, 2016; Cramer et al., 2013; Duan-Porter et al., 2016; and Kinser et al., 2012). The findings from this group evaluation suggest that mindful yoga may be utilized by child & adolescent mental health services as a treatment approach both in the community and in-patient. There is a gap in research on the subject nationally.

**Conclusion:** Mindful Teen Yoga was found to be: Cost effective; Enjoyable for young people open to CAMHS; Sustainable; and has a positive effect on perceived teen wellbeing and mental health. By having in-service staff trained as teen yoga instructors means a cost saving of €80 per class. Furthermore, access to the holistic, trauma responsive service is no longer delayed or inaccessible because the group facilitators are certified Teen Yoga instructors.

# **Title: Covid-19 and the Impact on Referrals to Psychiatry in those 65 years and Older - A follow-up since publication**

**Area of Abstract:** Nursing education and research

**Form of presentation:** Oral

**Author:**

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**Co-authors and affiliations:**

Dr. Leonard Douglas *Consultant Psychiatrist,*

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**Introduction and Aim:** To measure the impact of Covid-19 on the mental health of those 65 years and older, referrals to psychiatry in this Emergency Department (ED) were examined. This was likely the 'tip of the iceberg' in difficulties in this cohort and may predict patterns in a future 'tsunami' of cases.

**Method and Results:** A review of referrals from ED in those = 65 years was conducted, from April to September in 2019 and 2020. Number of presentations, referral reason, alcohol issues, presentation method and assessment outcome were examined. From May 2020, there was increased referrals in all ages, except those aged 65 and older. Only 6.7% of referrals were = 65 years in 2020 (11% in 2019), with more referred for anxiety, suicidality and overdose, with no BPSD (behavioural and psychological symptoms of dementia) referrals recorded. There was an increase presenting with psychosis secondary to mental illness, alcohol issues and brought by emergency services, with a decrease in those linked with services.

**Conclusion:** There was a probable unmet burden of psychiatric needs in this age-group with potentially increased distress and reduced supports, in less presentations. Difficulties providing services during this period and lack of presentations such as BPSD, raises concerns for older patients and a future 'tsunami' of presentations. It is proposed that ahead of this presentation there is a review of the data for the subsequent years since publication to review trends and potential changes in services.

# **Title: Mental health and gender within rehabilitation. An intersectional and user-centred approach**

**Area of Abstract:** Personcentered care and patient participation

**Form of presentation:** Oral

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**Introduction and Aim:** This study examined rehabilitation services with a user-centred and intersectional approach. In this context, user-centred describes how professionals meet the needs of users from the users' own perspectives, while intersectionality refers to the way in which social categories are interconnected and create overlapping and independent systems that may lead to discrimination. The aim of this study is to explore how mental health issues and gender impact the experiences of rehabilitation users.

**Method and Results:** A total of 449 rehabilitation users with various backgrounds completed the Client Centered Rehabilitation Questionnaire-is (CCRQ-is), which measures four dimensions of user-centeredness, including respect and attentiveness, interaction with significant others, responsiveness to needs and preferences, and education and enablement. The data was analyzed using interpretive and inferential statistics. Results showed that users who identified as having a mental health issue rated services significantly lower than users who did not on all subscales of the CCRQ-is except for respect and attentiveness. Gender differences were found in two out of four CCRQ-is subscales, i.e., interaction with significant others and responsiveness to needs and preferences. In both instances, women in certain age groups rated the service as less in line with their needs than men did.

**Conclusion:** Possibly, lower ratings among users with mental health issues may be linked to the healthcare professionals' perception of the disease's prestige. A recent study showed that nurses rated anxiety and depression at the bottom of a disease hierarchy. Also, women tend to experience a lack of agency and family involvement. This raises questions on whether biomedical emphasis within a medical culture does not consider the impact of complex sociocultural constructs such as disease prestige and gender.

# **Title: Adolescents intoxicated by paracetamol: A collaboration between the somatic and psychiatric departments**

**Area of Abstract:** Nursing interventions and practice

**Form of presentation:** Poster

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Astrid Vittrup Larsen *Department of Emergency Medicine, Sothern Denmark,*

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**Introduction and Aim:** In Denmark adolescents intoxicated by paracetamol are admitted in the Emergency Department (ED) for a 20 hour medical antidot treatment. Afterwards they are sometimes offered transference to the psychiatric department (PD). An absence of psychiatric care exist in the acute setting. This study aimed to strengthen the collaboration between the somatic and psychiatric ward to support the adolescents (15-18 years old) intoxicated by paracetamol by rethinking the patients pathways.

**Method and Results:** The plan-do-study-act (PDSA) cycle was used to make improvements, involving six specialist nurses, doctors and managers from the ED and PD. PDSA was chosen as it allows continuous adjustments. The PDSA cycles formed the development of a new clinical guideline. One highlight was as soon as the treatment was initiated the ED nurses transferred the patient to the PD to continue the medical treatment supported by mental health care. The guideline was tested in a small clinical scale (n=6). Teaching sessions were completed to educate 16 mental health nurses in hands-on procedures to administrate and observe the medical procedure. Next PDSA cycle provided clinical adjustments elaborated by patient statements. Managerial support and common understanding competences were a key factor to succeed.

**Conclusion:** We succeeded in organizeing a new patient pathway where the ED and PD collaborate closely to support the adolescent with the right health care competences from the beginning of their admission.

# **Title: Are there ethnic disparities in the use of rapid tranquillisation in adult mental health settings? A systematic review of the research literature**

**Area of Abstract:** Nursing interventions and practice

**Form of presentation:** Oral

**Author:**

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Ole Schjerning *Mental Health Services in the Region of Southern Denmark,*

Trine Munk-Olsen *University of Southern Denmark,*

Frederik Alkier Gildberg *University of Southern Denmark,*

**Introduction and Aim:** Introduction Extensive documentation reveals ethnic disparities in mental health, highlighting that individuals from ethnic minority groups often encounter unequal access to and lower quality of treatment and care than their counterparts in the majority groups. Use of rapid tranquillisation (RT) in adult mental health settings is one area where ethnic disparities have been observed. Aim To examine the available research evidence on ethnicity and RT use in adult mental health settings.

**Method and Results:** Methods This systematic review was guided by the Reporting Checklist for Systematic Reviews (PRISMA) and the methodological framework of the JBI. Primary research studies were included that focused on samples involving a minimum of two ethnic groups for comparison and compared the risk of RT between ethnic groups in adult (=18 years old) mental health inpatient or emergency settings, utilising a quantitative approach. The included study outcome was use of RT. The following five bibliographic databases were searched from their date of inception to 1 June 2023: APA PsycINFO (Ovid), CINAHL with Full Text (EBSCO), Embase Classic + Embase (Ovid), PubMed (NCBI) and Scopus (Elsevier). Additionally, we searched for grey literature using general and grey search engines and websites of relevance. To further enhance the search, we reviewed the reference lists of the included studies and identified reviews. Two researchers independently conducted the systematic search, selection process, quality appraisal and data extraction. Results Preliminary findings from the study will be presented at the conference.

**Conclusion:** Conclusion This review may potentially reveal disparities in RT use among individuals from different ethnic groups and within various adult mental health settings. These findings may illuminate potential inequities in the provision of mental health care, underscoring the need to develop more culturally sensitive practices and targeted interventions to address such disparities. Furthermore, additional research may be required to ensure equitable access to quality care in adult settings.



# **Title: A systematic review of interventions to reduce mechanical restraint in adult mental health inpatient settings**

**Area of Abstract:** Nursing interventions and practice

**Form of presentation:** Oral

**Author:**

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**Co-authors and affiliations:**

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John Baker *University of Leeds,*

Ellen Boldrup Tingleff *University of Southern Denmark,*

**Introduction and Aim:** Introduction Mechanical restraint (MR) is a widely used restrictive mental health practice worldwide, even though reducing its use is an international priority. MR involves staff's use of equipment, such as belts. Interventions to reduce MR are needed if reducing MR is to succeed. Aim To review extant international peer-reviewed research literature concerning evaluated evidence-based interventions that sought to reduce the incidence of and/or time in MR in adult mental health inpatient settings.

**Method and Results:** Methods This systematic review was conducted in accordance with the JBI framework. The search strategy included peer-reviewed primary research literature published between 1999 and 2023. Two authors independently conducted the systematic search, selection process and data extraction process. The Mixed Methods Appraisal Tool was used for critical study appraisal. Results Forty-one studies were included in this systematic review. Only five of the studies were controlled trials. The evidence is therefore primarily based on interventions from other study designs. The geographical setting was Western countries, i.e. Europe, Northern America and Australia. The inclusion of acute/intensive settings was frequently reported in the studies. The methodological quality of the studies was generally rated as medium or above medium. Using content analysis, we grouped interventions into four categories: (I) calm-down methods, (II) staff resources, (III) legal and policy changes and (IV) changing staff culture.

**Conclusion:** Conclusion Interventions to reduce MR in adult mental health inpatient settings have shown some promise. Evidence suggests that various interventions may reduce the incidence of and/or time in MR. However, controlled trials were lacking as was consensus across studies. Additionally, specific findings varied widely and reporting was inconsistent, hampering the development of interventions to remedy this issue. Therefore, further research is warranted to strengthen the evidence base.

# **Title: Clinical decision-making in the use of rapid tranquillisation towards ethnic groups in adult forensic mental health inpatient settings**

**Area of Abstract:** Nursing interventions and practice

**Form of presentation:** Poster

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**Introduction and Aim:** Introduction Rapid tranquillisation (RT) is a widely employed restrictive practice in mental health. Evidence suggests ethnic disparities in RT use in adult mental health inpatient settings, but research on RT disparities in forensic inpatient settings remains limited. Aim To profile and compare individuals from different ethnic backgrounds who have undergone RT in adult forensic mental health inpatient settings and to examine what characterises clinical decision-making towards such inpatients.

**Method and Results:** Methods A multiple-case study will be conducted based on patient records from adult forensic mental health inpatient settings. We will include all cases of inpatients who have undergone RT between 2018 and 2023 and examine how ethnicity relates to differences between cases. Data will consist of staff entries in patient records before, during and after RT episodes. These entries will be explored using thematic analysis. Statistical comparisons of RT use will be conducted between ethnic groups, with the primary outcome being the probability of RT use. Results We expect to identify factors that influence clinical decision-making in the use of RT and to explore differences in RT use between ethnic groups.

**Conclusion:** Conclusion We anticipate that this multiple-case study will shed light on potential ethnic disparities in RT use in adult forensic mental health inpatient settings and provide insights into RT use and clinical decision-making in relation to RT use before, during and after RT episodes.

# **Title: Service users' perceptions of carer involvement and support in adult mental health inpatient settings: a qualitative evidence synthesis**

**Area of Abstract:** Family focused nursing

**Form of presentation:** Poster

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**Introduction and Aim:** Introduction Many national policies advocate for carer involvement in mental health treatment, emphasising the importance of supporting carers in their roles as informal caregivers. Despite numerous studies on carers' perceptions of their involvement and support, our understanding of service users' perceptions remains limited. Aim To review the research literature on service users' perceptions of carer support and involvement in care and treatment in adult mental health inpatient settings.

**Method and Results:** Methods This evidence synthesis incorporates the following steps: (I) formulating a focused research question and locating studies by searching, (II) selecting studies for inclusion, (III) assessing the quality of studies, (IV) extracting data and (V) analysing and synthesising the results from these studies. We conducted systematic searches in CINAHL with Full Text (EBSCO), PubMed (NCBI), APA PsycInfo (Ovid), Scopus (Elsevier) and ProQuest Dissertations & Theses Global. Relevant subject headings and keywords were included in the searches and were combined using Boolean operators (AND/OR). Across the five bibliographic databases, 2,413 studies were identified of which 1,671 were incorporated into Covidence and screened for eligibility. Following data extraction, the JBI Qualitative Checklist was used to assess the methodological quality of the studies. The included studies were analysed thematically inspired by Thomas and Harden. Two authors independently conducted the various elements of the systematic literature study process. Results Eleven studies were included in this evidence synthesis. Results from the critical appraisal, data extraction process and thematic synthesis will be presented in a poster at the conference.

**Conclusion:** Conclusion This review illuminates service users' perceptions of carer support and involvement in adult mental health inpatient settings. Depending on the thematic synthesis, the findings may potentially offer a more nuanced understanding of service users' perceived dilemmas associated with providing carer support and being involved and perceived barriers and facilitators in this regard. It may be crucial to integrate these perspectives into national policies and interventions.

# **Title: Patients' experiences in relation to the values of human rights in psychiatric inpatient care in Sweden. A qualitative thematic review of literature**

**Area of Abstract:** Ethical and theoretical perspectives

**Form of presentation:** Poster

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**Introduction and Aim:** Inpatient care services in child and adolescent psychiatry in Sweden has for a long time worked with human rights. Now there is a need to focus on human rights in the psychiatric inpatient care for adults. To implement human right-based psychiatry, we need to understand the patient perspective on human rights values in psychiatric inpatient care. The aim was to investigate adult patients' experiences of psychiatric inpatient care in relation to the values of human rights.

**Method and Results:** We have done a qualitative thematic review of literature. The inclusion criteria were qualitative articles of adult patients' experiences in psychiatric inpatient care in Sweden from 2011 to 2023. Studies were considered ineligible if they did not have qualitative content that described patient experiences of inpatient care. We found five relevant articles. The Critical Appraisal Skills Programme was used to assess the quality of the articles. A thematic analysis was made. Values in human rights were discussed and chosen to use as predefined themes. Sentence units from the articles were placed in relevant themes, thereafter we chose codes for the sentence units, followed by the creation of subthemes. The preliminary result is divided into the following themes. 1) Dignity and empowerment. Patients wanted to be seen as a human being, but they often felt neglected and abandoned. 2) Participation and inclusion. Patients had a desire for staff engagement in the care process, to get emphatic support and being involved in the care but were often disappointed. 3) Accountability and transparency. Healthcare systems and approaches were not predictable and forced often patients to adapt to passivity without meaningful activities. The meaningful activities that existed were highly valued by the patients, which they considered to promote recovery.

**Conclusion:** If services are to develop working methods in psychiatric care that respect the Convention on Human Rights and the Convention against Torture and Other Inhuman Treatment, it is crucial to include patients' voices on what constitutes humane or inhuman psychiatric care. This study can provide a basis for a Swedish discussion about how to integrate human rights within the psychiatric inpatient care system.

# **Title: Threats and Interventions on Wellbeing in Asylum Seekers in the Netherlands: A Scoping Review**

**Area of Abstract:** Personcentered care and patient participation

**Form of presentation:** Oral

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**Introduction and Aim:** Most asylum seekers experience stress, not only due to the reason for fleeing and their travel but also due to their compulsory stay in the asylum seeker center in the Netherlands and the asylum procedure. This often leads to self-medication and addiction which causes lower self-esteem and lower quality of life. Adverse life events, forced migration, and prolonged asylum procedures, in addition to the complexity of the acculturation process, can all contribute to higher levels of psychopathology

**Method and Results:** Objective: What are the threats to wellbeing in terms of mental health, psychosocial, and addiction problems, and what are the effective interventions for wellbeing for asylum seekers in asylum seeker centers in the Netherlands, reported in the literature? Method: Following the descriptive nature of the research question and the need for identifying knowledge gaps, an overview of existing knowledge was created by executing a scoping review on influencing factors on the mental health of asylum seekers. The Neuman system model was used as a guiding framework to understand the complexity of the issues this population experience and to identify the stressors and the factors which cause the imbalance and also the disease. Results: The literature review resulted in 26 articles that met the criteria for inclusion. The threats included the influence of staying in the environment of an asylum seekers center, drug abuse among asylum seekers, health-care professionals and employees who do not detect or underestimate the underlying suffering of asylum seekers, and frequent relocations of asylum seekers. The two assessment instruments used were the Rapid-Assessment-Response method (RAR method) and the Health Information Assessment Tool Asylum Seeker tool (HIATUS tool). Finally, the five interventions were identified: therapy for asylum seekers diagnosed with post-traumatic stress disorder (PTSD), art therapy, education focused on prevention as intervention, cultural interview, and mindspring.

**Conclusion:** The knowledge on identifying and reducing threats, assessment, and treatment interventions for asylum seekers living in an asylum seekers center found in the literature provided perspectives on improving their wellbeing. The great diversity of cultural aspects and continuous changes in the number and origin of refugees in the Dutch asylum seekers centers disrupted the continuity of care.

# **Title: Developing a model for high quality service design for children and young people with common mental health problems (Blueprint)**

**Area of Abstract:** Personcentered care and patient participation

**Form of presentation:** Oral

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**Introduction and Aim:** Introduction: The mental health of children and young people (CYP) is a growing concern internationally. In the UK, mental health services for CYP have consistently been described as fragmented, variable, inaccessible and lacking an evidence-base. Little is known about the effectiveness of different service models for CYP experiencing ‘common’ mental health problems (CMHPs) like anxiety, low mood and self-harm. Aim: To develop a model of high quality service design for CYP experiencing CMHPs.

**Method and Results:** Methods: Using mixed methods and co-production we conducted: (a) scoping and integrative reviews of the international literature; (b) a map of services for CYP with CAMHPs across England and Wales; (c) interviews with 108 CYP, parents/carers and service providers at nine case study sites. Young adult lived-experience co-researchers were involved in case study data collection and analysis. The scoping review grouped various service models into a typology. The service map was derived from a survey and desk-based research. Nine case study sites reflecting the various service models were purposefully sampled from the service map. Data analyses: Literature included in the scoping review was analysed descriptively and analysed narratively in the integrative review. Case study data were analysed using framework. To create our co-produced model, the integrative review and case study findings were synthesised using ‘integration through narrative’. Main Findings: The literature suggests effective and acceptable services for CYP with CMHPs are underpinned by interagency working, consultation/liason approaches and service culture. Brief intervention approaches may be effective in managing waiting lists and facilitating self-management skills. Three themes emerged from the case study data: pathways to support (concerns service access and exit); service engagement; and learning and understanding (of both staff and service users). There was no strong evidence to suggest any existing service model was better than another.

**Conclusion:** Synthesis of the integrative review and case study data identified the fundamental components necessary for high quality mental health services for CYP experiencing CMHPs which we assimilated into a co-produced model. This presentation will share Blueprint’s co-produced model that takes into account how services are accessed, navigated and used. This model can inform the design, delivery and evaluation of CYP’s mental health services.

# **Title: A Blueprint for Involvement: Reflections of Lived Experience Co-Researchers and Academic Researchers on Working Collaboratively to inform Children and Young People's Mental Health Service Provision**

**Area of Abstract:** Personcentered care and patient participation

**Form of presentation:** Poster

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**Introduction and Aim:** Patient/public involvement in health research is important to ensure that research remains relevant to the patient groups it intends to benefit. The Blueprint study aimed to develop a model of effective service design for children and young people (CYP) with common mental health problems (CMHPs). To ensure findings were rooted in lived experience and informed by different perspectives, Blueprint recruited, trained and employed 6 young co-researchers with lived experience of mental health issues.

**Method and Results:** We collaborated with a third sector partner to recruit and employ 6 young adults as co-researchers to work alongside academic researchers. We delivered a bespoke training and mentoring package to support their development. Our scheduled work plan was significantly impacted by the Covid-19 pandemic and we had to adapt processes to accommodate distance learning and remote fieldwork and analysis. The co-researchers and academic researchers used a process of reflexivity to capture the journey of involvement on the Blueprint project and to co-produce guidelines for involvement. This embedded study within the Blueprint project has used reflexive practice to explore the expectations and experiences of both lived experience co-researchers and academic researchers working collaboratively on a CYP's mental health project. We identified numerous benefits but also challenges to involvement, some of which were exacerbated by the pandemic. Navigating and overcoming these challenges has allowed us to collectively identify key guidelines for involvement in order to share our learning with the wider research and practice communities.

**Conclusion:** This poster presentation presents an overview of the Blueprint co-researcher journey from both co-researcher and academic researcher perspectives, sharing our learning from the recruitment, training, fieldwork and analysis phases. It will highlight the barriers and facilitators to meaningful involvement, informing the knowledge base on co-produced research. In particular, it provides guidance to other researchers who seek to emulate this approach.

# **Title: Compassion and mental health nursing: conclusions from a discourse analysis**

**Area of Abstract:** Nursing education and research

**Form of presentation:** Oral

**Author:**

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**Introduction and Aim:** A 2020 thesis contained a study using critical discourse analysis and it identified key features of compassion-related learning in nursing and social work. Since then dissemination and a subsequent publication (Ramsay, 2021) have applied these findings via a mental health nursing lens and this paper will expose key themes and generate discussion surrounding compassion in mental health nursing (MHN). A concept diagram of prosocial behaviours relationships is presented for discussion

**Method and Results:** Fairclough's critical discourse analysis framework (Fairclough, 1996) was used to explore the concept of compassion and the themes associated with it in terms of learning and professional development. Compassion as a graduate attribute, the graduate nurse, and the disposition of gradueness are revealed in findings via Fairclough's Text, Discourse Practice, and Social Practice themes. The centrality of compassion to the MHN and its proximal, yet differing relationship with empathy are explored. The socio-political forces exerted on nurses regarding compassion are presented and how nurses learn and develop around compassion is considered, especially the 7Cs of compassion (Dewar, 2012) and compassion literacy (Burrige et al, 2017), with application to the mental health context. The impacts of self-compassion and compassion fatigue are demonstrated in opposition to each other and the latter is considered as influential in an unlearning compassion process. Comparisons are available in discussion with the nursing profession as a whole and with social workers.

**Conclusion:** The graduate impacts on compassion amongst United Kingdom MHNs will be developed and applied in the course of the paper. The pressures on maintaining a compassionate and empathic approach to mental health care will be derived and the effects these have on compassion and compassion fatigue will be exposed.



# **Title: Treating Trauma; Providing Proactive Liaison Psychiatry to a Major Trauma Centre**

**Area of Abstract:** Nursing interventions and practice

**Form of presentation:** Oral

**Author:**

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Department of Liaison Psychiatry

## **Introduction and Aim:**

The Mater Hospital is designated as 1 of 2 Major Trauma Centres in Ireland. A new liaison psychiatry service championed by the Trauma Psychiatry ANP has been established and is providing a proactive liaison service providing expert mental health input to the major trauma service, in looking after a range of patients with mental illnesses or psychological difficulties.

## **Method and Results:**

A proactive liaison psychiatry service plays a crucial role in addressing the mental health needs of patients. By integrating and collaborating with the 'Trauma team' I identify and address psychological distress early in the treatment process. This approach not only improves patient outcomes but also enhances overall healthcare by recognising the intricate connection between physical and mental well-being. Establishment of this new mental health service has required unwavering bravery. It involves navigating uncharted territory, challenging existing norms and advocating for the importance of mental health care. Bravery in this sense has included facing the stigma surrounding mental health, overcoming potential resistance and persistently championing the service to create a positive impact on patients and their families. Its required the courage to innovate and push boundaries to ensure that much needed mental health support is accessible and normalised. Description of the initiative: Provide a proactive liaison psychiatry ANP led service at a major trauma centre that meets the inclusion criteria and review data after 1 year. Aims/Objectives: Examine the current mental health service provision for trauma patients over the last year (January - December 2023). Identify areas of need to inform future development of a psychiatry-led MDT service for trauma patients Outcomes/Results: Close to one third of trauma patients have required input from the liaison psychiatry service. Trauma patients have a high rate of comorbid mental illness and substance misuse. In approx. 9% of the cases this included providing an essential safety planning role following episodes of self-harm. Plan for sustainability/future plans: The demand for this services is likely to increase with the expansion under the Major Trauma Strategy for Ireland. Plans include expanding the MDT and OPD of the service.

## **Conclusion:**

I wish to present my data to highlight the advanced practice nursing role. The establishment of this new service fits with the conference theme of "Courage, Communication and Collaboration in Challenging times" of bravery and unity when psychiatric and mental health nurses from Europe and the world come together to share experiences and empower each other.

# **Title: What patients wish to prevent coercive measures - results from a content analysis of joint crisis plans**

**Area of Abstract:** Nursing education and research

**Form of presentation:** Oral

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**Introduction and Aim:** Advance directives have been developed in various treatment contexts in order to guarantee the high value of self-determination even in acute phases of illness. Joint crisis plans (JCPs) as a form of contractually binding advance directive are based on a negotiation process between the patient and the treatment team and include, for example, helpful strategies for crisis escalations. These are recorded in writing, partly by ticking predetermined categories and partly in free text.

**Method and Results:** As part of a three-year two-arm multicentre RCT, the ADiP study, a secondary data analysis was conducted in which 99 JCPs were anonymised and evaluated using frequency analysis, a reductive, quantitative content analysis technique. One researcher initially entered open responses from the JCPs into MAXQDA, where they were sorted and categorised, and these categories were then validated by another researcher. Deviations or fuzzy categories were discussed and categories subsequently harmonised. Finally, all categories were transferred to the SPSS matrix of the study and analysed using frequency analysis. Hypothesis testing with regard to gender-specific differences was carried out at a significance level of 5 per cent using Pearson's chi-square test. An exact Fisher's test was used for expected cell frequencies of less than 5. The study participants with JCPs were on average 38.9 years old and predominantly male (59.6%). 70.7 % of the people suffered from schizophrenia, 22.2 % from schizoaffective disorder and 7.1 % suffered from another psychotic disorder. The majority (82.8%) had already been in inpatient psychiatric treatment more than 3 times. On average, 13.65 years (SD = 9.81) elapsed between the first psychotic episode and participation in the study. In more than half of the JCPs in which information on crisis escalations was provided (n = 98), the following interventions were mostly selected from the specified categories with multiple choice options: Withdrawal to a low-stimulus environment (66.3%), a talk (61.2%) and a walk (58.2%). There were two significant differences in the specified categories in relation to gender. Women were significantly more likely to request a walk ( $\chi^2(1/N = 98) = 5.71, p = 0.017$ ) or a bath ( $\chi^2(1/N = 39) = 4.90, p = 0.027$ ) than men. In the freely formulated responses, there were anomalies with regard to gender in two interventions. Only males formulated faith-related measures (n = 2) and taking (on-demand) medication (n = 8).

**Conclusion:** JCPs provide concrete starting points for avoiding coercion, which, due to the underlying negotiation process, are not only desired by the patients but are considered feasible by the treatment team. The aforementioned results indicate that the selection of interventions should be individualised and gender-specific. When interpreting the results, potential selection biases due to the inclusion and exclusion criteria for study participation and the sample characteristics must be taken into account.

# **Title: MASTER'S DEGREE IN MENTAL HEALTH NURSING, SUBSTANCE USE AND ADDICTION - NEW IN NORWAY**

**Area of Abstract:** Nursing education and research

**Form of presentation:** Oral

**Author:**

Espen Gade Rolland

**Affiliation:**

*Norwegian Nurses Org, professional group*

**Introduction and Aim:** In March 2022 new national guidelines for a master's degree program in mental health nursing, substance use, and addiction in Norway was published. The program will be implemented at Norwegian universities by 2024.

**Method and Results:** Since 1998 Norway have had an interdisciplinary education-program for mental health workers, including nurses, social workers, physiotherapists and occupational therapists. This program has also been open to non-health-related professions such as teachers, philosophers and more. Research has shown that there are major health-related problems for people with mental health issues. As part of a solution to this societal problem, the Norwegian government initiated a process to design a master's degree in mental health nursing, substance use, and addiction. In 2021 the Norwegian Ministry of Knowledge consolidated a workgroup consisting of mental health nurses, a psychologist, and a psychiatrist to develop the new national guidelines. Participants were recruited from across the country, to reflect different areas in the field. Representatives from more than 79 stakeholders gave their input during the process. The Author of this abstract was, and is, a participant in this workgroup appointed by the Ministry of Knowledge in Norway. Several issues were addressed by the workgroup on behalf of the government. The most important issue was the significantly shorter life expectancy of people who have serious mental health problems or substance use, as compared to the regular population.

**Conclusion:** This presentation will address both the process for developing national guideline, and the content in the guidelines related to the established version of the master's program.

# **Title: ICN Guidelines on mental health nursing**

**Area of Abstract:** Nursing education and research

**Form of presentation:** Oral

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**Introduction and Aim:** The aim of this oral presentation is to present International Council of Nurses Guidelines on mental health nursing launched in February 2024.

**Method and Results:** ICNs guidelines on mental health nursing have been developed in collaboration with nursing experts from around the world. The recommendations outlined herein provide guidance on the development of mental health nursing for professional organizations, health care providers, regulators, policymakers and the public, for maintaining and improving the quality and safe delivery of mental health care. The guidelines address all nurses, from nurses in general health care settings, to those working in specialist mental health services.

**Conclusion:** Mental health nursing is both challenging and rewarding, demanding a specialized set of values, knowledge, skills and attributes. These guidelines published by ICN highlight the importance of offering holistic, person-centred care while upholding the highest standards of professional ethics and practice.

# **Title: Adjustments In Interprofessional Communication: A Focus Group Study in Psychiatric Outpatient Units**

**Area of Abstract:** Nursing education and research

**Form of presentation:** Oral

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**Introduction and Aim:** Communication in healthcare extends beyond patient care, impacting the work environment and job satisfaction. Interprofessional communication is essential for fostering collaboration, but challenges arise from differences in training, roles, and hierarchies. The study aimed to explore psychiatric outpatient clinicians' experiences of interprofessional communication and their perceptions of how the communication intersects the organizational and social work environment of healthcare.

**Method and Results:** Qualitative research involved focus group interviews with clinicians from five psychiatric outpatient units in Central Sweden, representing diverse professions. The authors analyzed semi-structured interview data thematically to uncover clinicians' perspectives on interprofessional communication. An overarching theme, "Adjustment of communication", with subthemes "Synchronized communication" and "Dislocated communication", emerged. Clinicians adapted communication strategies based on situations and needs, with synchronized communication promoting collaboration and dislocated communication hindering it. Communicating with each other was highly valued, as it contributed to a positive work environment. The study underscores the importance of an open, supportive environment that fosters trust, and respect among healthcare clinicians. Consistent with prior research, collaboration gaps underscore the urgent need to improve interprofessional communication.

**Conclusion:** In conclusion, our study underscores the vital role of interprofessional communication in psychiatric care, emphasizing the need for supportive work environments. The findings highlight the complexities and challenges faced by clinicians, calling for targeted interventions to enhance communication, benefiting both patients and clinicians. Creating collaborative work environments is crucial for enhancing care quality and promoting professional satisfaction within the broader healthcare context.

# **Title: Evaluation of Soteria Treatment Using a Mixed-Methods Longitudinal Design – Feasibility Study**

**Area of Abstract:** Personcentered care and patient participation

**Form of presentation:** Oral

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**Introduction and Aim:** In Soteria settings, predominantly younger people with psychosis are treated on a voluntary basis. The evidence on the effectiveness of Soteria treatment is rudimentary and outdated. Aim: The aim of the study was whether the planned N=1 mixed-methods study design can be implemented in the Soteria setting and whether and how it may have to be adapted. Prospective N=1 studies collect data over many measurement points, with one pre-intervention time point.

**Method and Results:** At Soteria Bern, 8 users were recruited to participate in the study. Up to four quantitative and qualitative interviews were conducted with each participant. In the first interview, information was collected at the time prior to entry; this first interview acted as data collection for the control condition. Two interviews related to the stay and the last interview took place about four weeks after resignation. For the quantitative interview, the PSYCHLOPS method was adapted, which was used to assess the extent of self-selected problems and the achievement of goals on a Likert scale. For the qualitative interview, various guidelines were developed for the different survey dates. The qualitative interviews were evaluated by means of a topic-centered content analysis and analyzed together with the quantitative data in a longitudinal section for each participant. The study design was easy to implement. In general, Soteria patients achieved mental stability and renewed orientation. However, many patients had to face difficult social situations following discharge. The individual results of the evaluation will be presented.

**Conclusion:** The prospective N=1 mixed-methods longitudinal study design is suitable for the evaluation of interventions in psychosocial settings. The study design had to be adapted at various points. For example, it was not possible to collect data before entering the Soteria. The first interview took place retrospectively. Guidelines and quantitative survey instruments were then adapted to identify problems and objectives at the same time using qualitative and quantitative methods.

# **Title: Beyond Containment: Navigating Tensions and Innovations in Psychiatric Intensive Care Units**

**Area of Abstract:** Nursing interventions and practice

**Form of presentation:** Oral

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**Introduction and Aim:** Psychiatric intensive care units (PICUs) provide care and treatment when psychiatric symptoms and behaviors exceed general inpatient resources. This integrative review aimed to synthesize PICU research published over the past 5 years.

**Method and Results:** A comprehensive search in MEDLINE, PsycINFO, PubMed and Scopus identified 47 recent articles on PICU care delivery, populations, environments, and models. Research continues describing patient demographics, and high rates of challenging behaviors, self-harm, and aggression continue being reported. Research on relatives was minimal. Patients describe restrictive practices incongruent with recovery philosophies, including controlling approaches and sensory deprivation. Some initiatives promote greater patient autonomy and responsibility in shaping recovery, yet full emancipatory integration remains limited within PICU environments.

**Conclusion:** Multidisciplinary collaboration is needed to holistically advance patient-centered, equitable, and integrative PICU care. This review reveals the complex tensions between clinical risk management and emancipatory values in contemporary PICU settings. Ongoing reporting of controlling practices counters the recovery movement progressing in wider mental healthcare contexts. However, care innovations centered on patient empowerment and humane environments provide hope for continued evolution toward

# **Title: A Co-production Approach for Mental Health in Malta**

**Area of Abstract:** Personcentered care and patient participation

**Form of presentation:** Oral

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**Introduction and Aim:** This session aims to explore the need for; and the main tenets of; a co-production approach for Mental Health in Malta. Co-production is a method where researchers, service providers, service users, Mental Health activists and other stakeholders work together to design and deliver services. It is hypothesized to enhance care outcomes, increase satisfaction, and improve the overall efficiency of Mental Health preventative initiatives and therapeutic services.

**Method and Results:** The information used to inform the need for; and main tenets of; a local co-production approach emerged from a document analysis exercise. This involved a search for relevant local academic papers and main local online media portals to locate articles on the topic. These included articles on local mental health service delivery, mental health awareness initiatives, lived experience narratives and perspectives on the mental health scenario in Malta. The articles located were screened and a literature synthesis process was subsequently used to identify the main themes/ issues. These were then used to outline the main tenets of the co-production approach for Mental Health in Malta. These shall be explored during the session.

**Conclusion:** This session aims to provide evidence on the components and benefits of a co-production approach for Mental Health in Malta. The findings are expected to inform policy and practice, potentially contributing to a paradigm shift in how Mental Health-related aspects are perceived and addressed. This could contribute significantly to the field of Mental Health prevention and service delivery, both nationally and internationally, by demonstrating the practical benefits of collaborative approaches in



# **Title: Relationship between perceived quality of care and level of coercion experienced in psychiatric inpatient units: a multicentre study.**

**Area of Abstract:** Personcentered care and patient participation

**Form of presentation:** Poster

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**Introduction and Aim:** Mental health nursing care is central to the quality of mental health care. This quality as well as the promotion of people's rights are at the core of the WHO Quality Rights principles. Recent reports highlight wide-ranging violations and discrimination, such as coercive measures. This study aims to examine the association and differences between the perceived quality of care and the level of coercion experienced by people admitted to acute mental health units in Spain.

**Method and Results:** Cross-sectional study. Patients hospitalised in 12 acute mental health units were studied. Those with a language barrier, mechanical restraint or communication difficulties were excluded. Consecutive sampling was performed. Sociodemographic and clinical variables were collected, and the Quality of Psychiatric Care-InPatients (QPC-IP) instrument was used, consisting of 6 dimensions (encounter, support, participation, discharge, secure environment and secluded environment) and the Coercion Experience Scale (CES-18), consisting of 2 dimensions (humiliation and coercion, and fear). Approval was obtained from the CEICs of the participating centres. A total of 243 patients participated in the study, 53.1percent female and 46.9percent male. The mean age was 41 years (SD 15.12). Regarding the mode of admission, 56.8percent were admitted voluntarily and 43.2percent involuntarily. There were no significant differences in terms of gender or mode of admission with respect to the perception of humiliation and coercion, and feelings of fear or quality of care. No correlation was found with the number of days of admission, however, a positive correlation was detected with the number of episodes of mechanical restraint with the perception of humiliation and coercion ( $r = .274$ ) and to a lesser extent with the feeling of fear ( $r = .235$ ). There is a negative association between the patient's perception of fear ( $r = -.174$ ), coercion and humiliation ( $r = -.380$ ) and the perception of the quality of mental health care in all its dimensions. Only the dimension support received does not correlate with the feeling of fear. The dimensions with the strongest correlation are participation ( $r = -.358$ ) and intimate environment ( $r = -.335$ ). The rest of the QPC dimensions correlate with the perception of humiliation and coercion to a lesser extent (encounter  $r = -.317$ ; support  $r = .272$ ; secure environment  $r = .212$ ; discharge  $r = .300$ ).

**Conclusion:** This study provides valuable information to identify those factors that are associated with coercive measures in care practice with patients' perceived quality of care. Such factors can improve person-centred care. Improving acute units by focusing on intimate spaces and renovating facilities would improve the sense of coercion and humiliation, and promoting meeting spaces between nurses and inpatients would improve therapeutic processes and quality improvement in mental health.

# **Title: Persons with anorexia nervosa in the context of general psychiatric inpatient care - a qualitative study.**

**Area of Abstract:** Personcentered care and patient participation

**Form of presentation:** Oral

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**Introduction and Aim:** An increased number of persons with anorexia nervosa are being cared for in general psychiatric inpatient care. Persons with anorexia nervosa are often labeled as hard to treat and are subjected to coercion. Research in this area generally has a medical perspective, and more seldom mirror inpatient care from the perspective of experts by experience. The aim of this study is to describe experiences of general psychiatric inpatient care among persons with anorexia nervosa.

**Method and Results:** Persons with experience of general psychiatric inpatient care and anorexia nervosa were recruited through social media. Ten semi-structured interviews were performed, transcribed verbatim, and subjected to qualitative content analysis. Preliminary results show that participants experienced how inpatient care may have a negative impact in life in general and may constitute a barrier for seeking help regardless of care needs. Participants experienced that inpatient care could improve if the focus was on helping them to manage their disease instead of on being controlled or forced to follow rules. Positive experiences included encounters with staff who made efforts to meet the needs of the person with anorexia nervosa. This could involve changing their plans, taking their time to say “hi, how are you?”, or being there in times of anxiety. Participants described a need to be seen as a unique person, and not be treated as an “eating disorder”. They asked for an individualized care with meaningful interventions and support.

**Conclusion:** This study brings an important understanding of how general psychiatric inpatient care for persons with anorexia nervosa fail to meet the needs of persons with anorexia nervosa. The study shed light on how care can be adapted to the needs of persons with anorexia nervosa.

# **Title: We need to talk about de-escalation: barriers and enablers perceived by nurses.**

**Area of Abstract:** Nursing interventions and practice

**Form of presentation:** Oral

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**Introduction and Aim:** Aggression toward nursing staff is a global problem. De-escalation (DE) is recommended in international guidelines, yet its efficacy is questionable, and barriers and enablers is poorly understood. The aim of this study was explore how nurses in psychiatric emergency care units apply meaning to the term de-escalation, perceived barriers and enablers of the method and how/where nurses learn to de-escalate.

**Method and Results:** In depth, qualitative interviews were conducted with six experienced nurses employed in psychiatric emergency care units (PICU) at two hospitals in a large city in Norway. Interviews were recorded, transcribed and analyzed utilizing inductive thematic analysis. Participants described DE as a wide range of non-confrontational techniques they apply to prevent workplace aggression, yet with a strong overlap to practices that are more coercive. Empathy, patience and a practical problem-solving approach were regarded as strong enablers of DE, with emphasis on the importance of taking the patient's perspective. Informants conveyed the notion that being creative, spontaneous and thinking outside the box are of importance when constructing ad-hoc nursing interventions such as DE to prevent aggression. Several informants voiced the opinion that an creative and flexible approach to DE is both efficacious and can be compatible with the PICU`s intrinsic demand for safety and boundaries. Barriers, relating to patient, staff and organizational aspects were also described. Several informants pointed to patient's paranoid ideation and persecutory delusions as a strong impediment for effective DE. Informants communicated that their ability to effectively deescalate aggression is contingent on themselves feeling safe, and in order to feel safe they rely on colleagues accompanying them in threatening situations. Informants pointed to the importance of high competency in the nursing team, yet some also highlighted the significance of having a satisfactory amount of co-workers around when facing inpatient aggression. Few of the informants reported any formal training in DE, and several pointed to model learning involving senior colleagues as their main source of knowledge and early career learning opportunity.

**Conclusion:** Informants described a range of interventions and approaches they perceived as "de-escalation". Although informants spoke of DE in positive terms, they also described organizational and patient-related barriers of utilization. The need for formal training in the method were highlighted.

# **Title: A multisite validation study of the Essen Climate Evaluation Schema.**

**Area of Abstract:** Nursing education and research

**Form of presentation:** Poster

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**Introduction and Aim:** The ward social climate (WSC) plays a crucial role in influencing satisfaction, treatment outcomes, and dropout rates of inpatients as well as occupational factors for nurses. The Essen Climate Evaluation Schema (ES) has been successfully validated for use in forensic settings in various European countries. This multisite study aims to validate the ES across diverse inpatient psychosis treatment units in Norway.

**Method and Results:** The validation process involved comparing the Essen Climate Evaluation Schema (ES) with the widely used Ward Atmosphere Scale (WAS). Developed by Rudolph Moos and colleagues, the WAS is considered the gold standard for assessing WSC in clinical settings. However, the tool's extensive length, comprising 80 questions in the revised version, poses challenges for completion, particularly for individuals facing cognitive challenges, negative symptoms, or lack of motivation. In contrast, the ES consists of a concise 17 questions. Five inpatient psychosis treatment units, representing various treatment specialties, were recruited for the study: first episode psychosis, emergency care, long-term care, and high security. Using a cross-sectional study design, all patients and fully employed staff on a specific date were invited to participate. Inclusion criteria required patients to comprehend the study's aim and provide written consent. Participants completed both the ES and WAS, allowing for pairwise statistical comparisons using SPSS. A total of 20 patients and 84 staff members participated in the study. Results: Statistically significant correlations were observed between various dimensions of the WAS and ES, indicating that the questionnaires partially assess similar facets of ward social climate. However, due to the limited number of patient participants (20), the findings are suggestive, and further studies with increased statistical power and more sophisticated analyses are necessary to validate the ES against the WAS. The participation rate among eligible patients was 44%, and approximately 10% of staff questionnaires were excluded from the dataset due to partial completion. Study coordinators reported challenges with language comprehension when completing the WAS, affecting both staff and patient participants.

**Conclusion:** Conclusion: While significant correlations between key dimensions of the questionnaires were identified, further studies with enhanced statistical power and analyses are required for the ES to be considered validated against the WAS. The limited participation and completion rates, along with language comprehension difficulties in the WAS, underscore the need for a modern, concise tool for assessing ward social climate.

# **Title: Self-Reported Experience of Abuse During the Life Course Among Men Seeking General Psychiatric or Addiction Care**

**Area of Abstract:** Personcentered care and patient participation

**Form of presentation:** Oral

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**Introduction and Aim:** The experience of violence affect men's mental health negatively, and men with serious mental illness are more likely to experience violence victimization than the population in general. Few studies have examined the prevalence of violence in males with a psychiatric disorder or mental illness in a Swedish context. The aim was to estimate the prevalence of self-reported experience of life-course abuse among men seeking general psychiatric and addiction care in a Swedish context.

**Method and Results:** A prevalence study was conducted using the NorVold Abuse Questionnaire for men (m-NorAQ) to estimate the prevalence of self-reported experience of life-course abuse and to identify the perpetrators of the abuse. This among men seeking general psychiatric and addiction care in a Swedish context. In total, 210 men completed the questionnaire, and were included in the study. The total prevalence of life-course abuse (i.e., any emotional, physical or sexual abuse during the life course) was 75% (n = 157). The most common experience was physical abuse (69%), almost half of the men (46%) reported experience of emotional abuse, and 16% had experienced sexual abuse. The high presence of overlap of abuse is another noteworthy finding in the current study, where 61% (n=95) of the men reported more than one kind of life-course abuse and 14% (n=22) of the men reported all three kinds of abuse, which may indicate that these men belong to a socially vulnerable group.

**Conclusion:** Life-course exposure to abuse is a common experience among men seeking general psychiatric or addiction care in a Swedish context. The most common experience of abuse among the men in this study was physical life-course abuse, followed by emotional and sexual life-course abuse. Many of the men had been subjected to abuse by multiple perpetrators, often within the family. These key findings indicate the importance of identifying experiences of life-course abuse among men in this group.

# **Title: Towards a person-centered care for persons with long-term stress-related disorders**

**Area of Abstract:** Personcentered care and patient participation

**Form of presentation:** Oral

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**Introduction and Aim:** Introduction Stress-related disorders are common in western societies. In Sweden, stress-related disorders causes suffering and are a major cause of sick leave for the person affected. Most of the care and support occurs within primary health care and there is a lack of knowledge about how we can improve person-centered care and support recovery in these persons. Aim The study aimed to describe how primary health care can promote recovery in persons with long-term stress-related disorders.

**Method and Results:** Methods This study is based on a phenomenological approach known as Reflected Lifeworld Research (RLR). A total of 15 persons, 2 men and 13 women, currently recovered from long-term stress-related disorders and who had received care from primary health care, were included. Lifeworld interviews were conducted followed by a phenomenological analysis in accordance with RLR-principles. Results Preliminary results suggests that the recovery from a long-term stress-related disorder can be promoted in primary health care by giving the opportunity for the person to feel safe, listened to and understood as a starting point in the recovery journey. A safe and person-centered space is needed where hope is instilled, and time is given to support reflection, personal insights and what to change in order to find meaning and recovery.

**Conclusion:** Conclusion We conclude that it is important to have a genuine person-centered approach and give room for dialogue and reflection to promote recovery within a primary health care context. Getting chronological time seems important but also to give emotional support with the feeling that care is there for you. Being given space in an existential sense, with the opportunity to touch on important aspects of life in relation to the situation, creates the opportunity to change patterns and recover.

# **Title: It's a fine line: Professional boundaries in psychiatric nursing practice**

**Area of Abstract:** Nursing education and research

**Form of presentation:** Oral

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**Introduction and Aim:** Introduction: The therapeutic relationship is central to psychiatric and mental health nursing. Within professional relationships, complicated ethical concerns related to boundaries may arise. Boundaries serve to identify limits of a relationship or acts that are considered appropriate or inappropriate within the profession of psychiatric nursing. Aim: This study aimed to explore how psychiatric nurses and educators interpret and explain professional boundaries in psychiatric nursing practice.

**Method and Results:** Methods: Interpretive description was chosen as the qualitative methodology. Psychiatric nurses (n=9) and psychiatric nurse educators (n=11) were interviewed. Eight participants also engaged in a focus group to help refine data analysis. Results: Participants described the purpose of boundaries in psychiatric nursing and the importance of having personal boundaries, boundaries with colleagues, and boundaries with clients. Boundary crossings and violations were discussed along with prevention strategies.

**Conclusion:** Conclusion: Those involved in a therapeutic relationship should know the limits of the relationship, along with roles and responsibilities of all team members. Professional opportunities that promote reflection such as peer consultation and clinical supervision are potential strategies that may increase understanding of professional boundaries and, in turn, prevent boundary crossings and violations in psychiatric nursing practice. Implications for psychiatric nursing education will be discussed.

# **Title: Success isn't always accomplished alone: Undergraduate psychiatric nursing students' experiences in a peer mentorship program**

**Area of Abstract:** Nursing education and research

**Form of presentation:** Oral

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**Introduction and Aim:** Introduction: Peer mentorship programs have been linked to improved academic success and greater well-being of undergraduate students. A psychiatric nursing program in Manitoba, Canada has had a student peer mentorship program in place since 2017. As there was a lack of literature related to mentorship programs for psychiatric nursing students, research in this area was needed. Aim: This study aimed to explore the experiences of psychiatric nursing students in a peer mentorship program.

**Method and Results:** Methods: A qualitative study was conducted, and nine participants were interviewed. Results: All participants had experience in the mentorship program. The researchers assessed the lived experiences of mentors within an undergraduate psychiatric nursing peer mentorship program.

**Conclusion:** Conclusion: The data was analyzed, and themes of support, empathy, communication, relationships, boundaries, and leadership were found. All these themes are crucial within psychiatric nursing practice. Strengths of a peer mentorship program and areas for continued improvement will be discussed.



# **Title: Finding balance and belonging while facing racism, sexism, and criticism: The first year of new nursing graduates' transition into the workforce**

**Area of Abstract:** Nursing education and research

**Form of presentation:** Poster

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**Introduction and Aim:** Introduction: Boychuk-Duchscher (2012) reported that new nurses experience a tumultuous first year of practice based on the Transition Shock theory. The coronavirus pandemic further ravaged the Canadian health care system. New graduates that include Registered Nurses (RNs) and Registered Psychiatric Nurses (RPNs) in Manitoba, Canada have encountered racism in health care during their first year of practice. Aim: This study aimed to explore the first-year transition period of RNs and RPNs.

**Method and Results:** Methods: Charmaz's constructivist grounded theory was chosen as the methodology. Multiple workshops were conducted, utilizing arts-based activities, reflective writing, interviews, and focus groups. The researchers analyzed the arts creations, discussions, and narrative reflective writing pieces generated by participants through co-creation of knowledge using Charmaz's grounded theory. Results: The tumultuous first year of practice during the pandemic affected their personal and professional growth. The issue of racism and micro-aggressions were identified as a theme that emerged from the new graduates' experiences encountered in practice. New graduates also witnessed health care professionals exhibiting racism towards patients. Graduates expressed the importance of belonging in the face of racism and bullying and the need to feel part of a team.

**Conclusion:** Conclusion: Developing partnerships with new graduates, such as mentorship support, is an essential component to transition into the workforce. There is a dual need for self-care and integrated support systems in personal and professional life for newly graduated nurses.

# **Title: “You can almost feel their eyes burning into you:” Nurses perceptions and experiences of being judged**

**Area of Abstract:** Ethical and theoretical perspectives

**Form of presentation:** Poster

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**Introduction and Aim:** Introduction: Caring and compassion are expectations and ideals that have long been associated with the nursing profession. There may be times, however, when registered nurses (RNs) are working in accordance with best practice, ethics, and employer policies, but may be perceived to be harsh, uncaring, insensitive, or even cruel. Aim: This study aimed to explore situations where the RN was concerned that their actions or behaviours were viewed by others as uncaring or unethical.

**Method and Results:** Methods: This qualitative study was conducted using a phenomenological approach to explore the lived experiences of the fourteen participants who were interviewed. Participants were RNs who were working in clinical practice settings, nursing education, and administrative roles. Results: Upon analysis, feeling judged was a common theme. Feeling judged related to the nurse's image in terms of the perspective and expectations of a 'good nurse' as well as the individual's personal image and reputation. While participant experiences differed, each was able to share one or two examples of feeling judged by others. Many of our participants experienced moral distress as a result. The degree of support provided by colleagues and managers was varied and identified as important to the participants' recovery and coping following an experience.

**Conclusion:** Conclusion: The findings reveal some of the challenges and moral distress that RNs experience in the workplace as well as possible solutions and strategies to support nurses regardless of role or setting.

# **Title: Phenomenological Empathy and the Professional Role in Recovery-Oriented Practice: Interpersonal Understanding, Shared Decision Making, Closeness and Distance in the Working Relationship**

**Area of Abstract:** Personcentered care and patient participation

**Form of presentation:** Oral

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**Introduction and Aim:** This paper aims to show how a phenomenological theory of empathy can be used to achieve a close interpersonal relationship that serves to support shared decision making and recovery from mental health problems. This framework can also be seen as a way to maintain a professional distance in such relationships. This can be learned through training, and that can increase the possibility of developing a deeper interpersonal understanding that will be of value to recovery-oriented practice.

**Method and Results:** A close relationship can be built and maintained with a clear point of departure in the client's personal world with all its individual presuppositions and possibilities. This does not mean that professionals cannot or should not share their own experiences or express sympathy and compassion. On the contrary, it is important to build reciprocal relationships, a form of balance that can be seen as a "professional friendship", or a relationship that is constituted by both closeness and distance at the same time (Berggren & Gunnarsson, 2010). This view of empathy should thus be seen as a tool to build relationships with a clear focus on the client's needs, resources, and possibilities. This makes possible a choice to share those of one's own emotions and thoughts that are connected to the other's experience, which can thus enrich the experience and the meaning in that experience without stealing any focus from the other's first-person experience or the professional relationship. Phenomenological empathy thus fulfills two functions within the framework of this paper: 1. Interpersonal understanding from a second-person perspective 2. A means to build a close relationship that at the same time preserves emotional distance. Against this background, phenomenological empathy can be seen as a tool that can be used to follow the other's expression of meaning from his or her first-person perspective, while at the same time protecting the professional from emotional contagion or any confusion about the ownership of the experience. A phenomenologically grounded theory of empathy thus constitutes one way of working to build a professional relationship that is personal but not private – a relationship that takes its point of departure in the personal world of the other while maintaining a professional role. Within an empathic attitude we are able to follow expressions of meaning as they are presented by the other and thus appear to us in the empathic encounter – face to face.

**Conclusion:** Follow the other's meaning expressions horizons for meaning. Through an empathic attitude, we can also follow the personal world that constitutes the context for meaning. Possibility for individualized methods for support that are grounded in interpersonal understanding with the point of departure where the client is. The empathic attitude can also serve as a means to bridge some of the risks that can come from working within close interpersonal relationships.

# **Title: The core elements of psychiatric and mental health nursing -Time, Honest engagement, Therapeutic relations, Professional nursing and - Lifetime-perspective**

**Area of Abstract:** Ethical and theoretical perspectives

**Form of presentation:** Oral

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**Introduction and Aim:** Introduction: Defining psychiatric and mental health nursing has been a challenge for decades, and it is still difficult to find a comprehensive definition. We have identified a possibility to clarify psychiatric and mental health nursing based on humanistic philosophy in a general psychiatric care context. The aim was therefore to identify and synthesise the theoretical frameworks from which psychiatric and mental health nursing models are developed.

**Method and Results:** Methods: We systematically collected and evaluated articles based on Grounded Theory (GT) methodology regarding psychiatric or mental health nursing. The PRISMA statement for systematic reviews was used and the formal process of synthesis, as a three-step process of identifying first - , second - and third-order themes following the examples of Howell Major and Savin-Baden (2010). Before the final meta-synthesis and the second-order themes, an additional Delphi evaluation was organised. During the third step, patterns and relations from the Delphi session and the second-order themes were identified, interpreted, and synthesised into a conceptualised model describing what psychiatric and mental health nursing is, creating the third-order themes. Results: The synthesis resulted in a model describing five core elements of psychiatric and mental health nursing: 'professional nursing', 'therapeutic relationships' and 'honest engagement', with time as the all-encompassing theme, including the patients' 'lifetime perspective'.

**Conclusion:** Conclusions: We found that psychiatric and mental health nursing is a caring support towards recovery, where the patient's lifetime perspective must be in focus during the caring process. To be able to support the person towards recovery psychiatric and mental health nurses ought to aim for a relationship built on an honest engagement, including trust, empathy and hope.

# **Title: Family Perceived Support Questionnaire (ICE - FPSQ) in psychiatric mental health nursing**

**Area of Abstract:** Family focused nursing

**Form of presentation:** Oral

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**Introduction and Aim:** Family Perceived Support Questionnaire (ICE-FPSQ) was developed and psychometrically tested in Iceland in 2007-2012. This instrument was developed to capture change in clinical intervention research and has been translated and psychometrically tested in variety of different cultures. The ICE-FPSQ measures perceived support from health professionals. The aim is to present results from a systematic review on findings from the ICE-FPSQ in different countries– focusing on mental health services.

**Method and Results:** The ICE-FPSQ is a 14-items two factors questionnaire, measuring families Cognitive perceived support (five-items) and Emotional perceived support (nine-items). For a decade it has been translated and psychometrically tested in variety of health care settings. The systematic review will focus on published manuscripts from 2012-2023. The following research questions were proposed: (a) Has psychometrically testing of the ICE-FPSQ into other languages changed the items in any way? (b) Has it strengthened the psychometric properties of the instrument? (c) What are the main results in research using the ICE-FPSQ in clinical practice? (d) What are the results indicating about perceived support among families in mental health services? The results from the research questions will be presented, and future applications of the instrument discussed.

**Conclusion:** When developing family-oriented services in health care it is important to use evidence-based clinical questionnaire like the ICE-FPSQ to explore if the service provided includes cognitive and emotional support to families. Psychiatric Mental Health Nurses both in general and advanced role, are in a leading position to evaluate and improve cognitive (informational) and emotional support to families across health care facilities.

# **Title: Forensic psychiatric patients' experiences of partaking in oral hearings in administrative court regarding continuation of their care**

**Area of Abstract:** Personcentered care and patient participation

**Form of presentation:** Oral

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**Introduction and Aim:** In Sweden forensic care, consent to continue compulsory care may be given for a maximum of six months at a time, calculated from the day when the administrative court announces a decision in the matter. The aim of this study was to describe patients' lived experiences of partaking in oral hearings in administrative court regarding prolongation of their forensic psychiatric care.

**Method and Results:** This is a phenomenological study. The interviews (N=20) were conducted with a Respective Lifeworld Research (RLR) approach. The results display three themes; "A significant, correct but meaningless formality", "An imbalance of power within the hearings" and "Existential and practical disorientation" In the results it seems that participating in administrative court can give rise to feelings of being exposed, especially when it is their dangerousness that is discussed during the hearings. The procedure is explained to be correct, and fair based on a legal perspective. At the same time, the oral hearing is described as meaningless by patients.

**Conclusion:** Both the process and the purpose of the oral hearings in administrative court is difficult to understand and can be perceived as unjust. The focus on dangerousness can make this experience stressful from a more existential dimension. The result is linked to the bigger question; to what extent the forensic psychiatric care should focus on curing and treating the patients' health problems and to what extent it should be guided by protective obligations.

# **Title: Being human under inhuman conditions: meanings of living with severe dissociative states involving the experience of being in parts**

**Area of Abstract:** Nursing education and research

**Form of presentation:** Oral

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**Introduction and Aim:** Severe dissociative states can involve the experience of being in parts related to the symptoms of compartmentalization, which allows the person to switch between different parts of the identity in order to not be overwhelmed by trauma. The area is surrounded with controversy and sparsely researched. Further exploration of the persons' lived experience is needed and this study aimed to illuminate the meanings of living with severe dissociative states involving the experience of being in parts.

**Method and Results:** A person with lived experience of severe dissociative states, representing a non governmental organization were involved in planning for the study and participated repeatedly in discussions on the data collection and results. We used phenomenological hermeneutics to analyze texts, containing rich descriptions of living with severe dissociative states, from social media. A passive approach was undertaken with no interaction with the person who published the material and all the information in the collected data was public and available without restrictions. The preliminary results illuminate the meaning of being human under inhuman conditions. This was interpreted within the framework of Antonovsky's descriptions of sense of coherence with emphasis on the meaning component as described by Frankl. Being human under inhuman conditions means to search for coherence through leading a courageous, ongoing strive to understand oneself and the world, to manage one's experiences and life and to find meaning in a world that is unsupportive and difficult to live in.

**Conclusion:** The preliminary results are line with previous research that shows how psychiatric care can be retraumatizing. This calls for traumainformed care, focusing on recovery and preventing retraumatization. This study contributes with knowledge on how to support persons with severe dissociative states. Further research on how persons with severe dissociative states experience psychiatric care as well as staff's experiences of caring for persons with severe dissociative states is needed.

# **Title: The Effect of Tidal Model-Based Emotion Regulation Nursing Interventions on Recovery in Individuals Diagnosed With Nursing Diagnosis of Impaired Mood Regulation**

**Area of Abstract:** Nursing interventions and practice

**Form of presentation:** Oral

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**Introduction and Aim:** Structuring nursing care for individuals with depression who have difficulties in emotion regulation based on a nursing model can be effective in the recovery process. This study aims to evaluate the effect of Tidal Model-based emotion regulation interventions on individuals' recovery, difficulty in emotion regulation, depression level and nursing outcome criteria in individuals diagnosed with depression and nursing diagnosis of impaired mood regulation.

**Method and Results:** The research is a randomized controlled experimental study with pre-test and post-test measurements. After the g-power analysis, a total of 46 individuals, 23 in the intervention group and 23 in the control group, were included in the research. Data were collected in the psychiatric outpatient clinics of a university hospital between March 2022 and June 2023. An introductory information form, Hamilton Depression Scale, Recovery Assessment Scale, Difficulties in Emotion Regulation Scale and nursing outcome criteria were used to collect research data. Interviews with all individuals were conducted face to face. Only routine control was applied to individuals in the control group. In addition to routine control, Tidal Model-Based Emotion Regulation Interventions, consisting of eight interviews, were applied to individuals in the intervention group. Descriptive analyses, independent samples t test, Mann Whitney U test was applied in the study, and p values below 0.05 were considered significant. According to research data, after Tidal Model-based emotion regulation interventions, there was a statistically significant decrease in the Hamilton Depression Scale, Recovery Assessment Scale and Difficulties in Emotion Regulation Scale score averages in the intervention group compared to the control group (respectively  $Z=-4,534$ ,  $p=0,000$ ;  $Z=-4,617$ ,  $p=0,000$ ;  $Z=-4,944$ ,  $p=0,000$ ). After Tidal Model-based emotion regulation interventions, a statistically significant and negative relationship was found between the Recovery Assessment Scale and the Difficulties in Emotion Regulation Scale. It was found that the NOC1208, NOC1409 and NOC1204 score averages of the intervention group were higher than the control group and the changes observed were statistically significant (respectively  $Z=-1,322$ ,  $p=0,186$ ;  $Z=-0,881$ ,  $p=0,378$ ;  $t=0,929$ ,  $p=0,358$ ). It was found that the effect sizes of the implemented interventions had a large impact for all scale evaluations.

**Conclusion:** Tidal Model-based emotion regulation interventions increased recovery, reduced the level of depression, and reduced difficulties in emotion regulation. The implementation of nursing interventions using both a nursing model and structuring them based on the concept of emotion regulation, has proven to achieve effective results. It is recommended to apply Tidal Model-based interventions in different sample groups and compare their effects with different nursing models.



# **Title: Determination of Predictors of Delinquency Behavior in Children and Adolescents**

**Area of Abstract:** Nursing interventions and practice

**Form of presentation:** Poster

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**Introduction and Aim:** The needs and care requirements of children and adolescents with delinquency may differ due to their ongoing legal processes. This study was conducted to determine the characteristics of children and adolescents with a history of delinquency and predictors of recidivism.

**Method and Results:** The descriptive and cross-sectional study was conducted between September 2021 and December 2022 after obtaining ethics committee approval and necessary legal permissions. Children and adolescents who applied a university hospital's child and adolescent psychiatry outpatient clinic as forensic cases with a history of delinquency participated in the study. The data were collected through a questionnaire consisting of 39 open-ended and closed-ended questions prepared by the researchers in line with the literature. The data of 35 children and adolescents who met the inclusion criteria (45) out of 160 forensic cases and agreed to participate in the study were analyzed. 77.1% of the children and adolescents who participated in the study with a history of delinquency were male, and the mean age was 14.74 (plus-minus) 1.65 years. Among the children and adolescents, 57.1% reported smoking, and 40.0% reported having a history of substance use. A significant relationship was found between the recidivism status of children and adolescents and age, substance use history, suicide history, and past treatment history (p-value below 0.05). It was found that age and substance use explained 56% of children and adolescents recidivism.

**Conclusion:** It would be meaningful for mental health professionals involved in the care and treatment of children and adolescents to consider the relationship between these variables in interventions to prevent criminal behavior. It is recommended that mental health professionals who provide treatment and care should be aware of the relationship between age and substance use with recidivism and should consider and evaluate these factors in the treatment and care process.

# **Title: Sea Swimming, an Intervention within an Irish CAMHS Inpatient Service.**

**Area of Abstract:** Nursing education and research

**Form of presentation:** Poster

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**Introduction and Aim:** This study explores service user experiences of sea swimming as a therapeutic intervention. The aim was to provide young people with an alternative way of regulating and self soothing using the sea accompanied by staff either in a group or individually. This also aimed to strengthen the therapeutic relationship between young person/ group and staff member/s as well as being a mutually enjoyable experience. The study aimed to explore the benefits of this intervention and viability for future use.

**Method and Results:** This study was a qualitative descriptive study, using purposive sampling. Individuals were selected to participate based on first hand experience of this intervention. Participants were young people aged between 12 to 18, who have attended inpatient CAMHS services and engaged in sea swimming either as a group or individually with a staff member. Interviews were conducted through teams with parental consent and young person assent. Staff who participated were also interviewed. Preliminary findings show that young people have found sea swimming to be therapeutic, calming, regulating and helpful with some young people describing that it allowed them to feel again. This has also been beneficial for staff members who describe similar benefits as well as significant benefits to their therapeutic relationships with the young people.

**Conclusion:** Preliminary findings of the project demonstrate that there are numerous benefits to engaging in cold water sea swimming and that these can be of particular benefit to young people attending CAMHS inpatient services. These benefits have also extended to staff and it is hoped that sea swimming can continue to be a therapeutic intervention available to young people attending this CAMHS service.

# **Title: Mental Health Nurses experiences of facilitating oral health in people with severe mental illness. A qualitative descriptive study.**

**Area of Abstract:** Nursing interventions and practice

**Form of presentation:** Oral

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**Introduction and Aim:** Oral Health is a significant part of physical health that affects an individual's quality of life. It is emerging as an important aspect in the physical health of people with severe mental illness such as schizophrenia, bipolar disorder and depression. However, little research exists concerning mental health nurses' experiences of facilitating oral healthcare in this group. The aim of this study is to explore community mental health nurses' experiences of oral healthcare in people with severe me

**Method and Results:** A qualitative descriptive method was employed with a convenience sample of seven Community Mental Health Nurses (CMHNs). A semi-structured interview was conducted via Microsoft Teams. Interviews were recorded and transcribed verbatim. Data was analysed using thematic analysis. Three key themes emerged from the data – (i) utilizing the therapeutic skill of patience – promoting oral health is a long- term project requiring a non-judgmental and tactful approach, patience is required for perseverance, (ii) barriers and enablers to good oral health, such as lack of motivation and stigma associated with medication side effects (barriers) and health education and health promotion (enabler) and(iii) promoting multi-agency relationships through a mental health nurse led oral health pathway.

**Conclusion:** Oral health is a neglected issue in mental health nursing. Participants found that being patient as a keyway of encouraging oral health. Developing practice in this area is urgently required and a mental health nurse led oral health pathway would be a welcome development.

# **Title: ‘Educating towards high performance nurse practitioners in Mental Health with high standard portfolio’.**

**Area of Abstract:** Nursing education and research

**Form of presentation:** Workshop

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**Introduction and Aim:** The Master ANP Mental Health is a two-year program for Bachelor level nurses with = 2 years practical experience in order to become a nurse practitioner. The APN program is dual in partnership with practice-organizations. Fulltime education and practice at the same time. Each student is trained and tested by a training group, consisting of a registered practical trainer (nurse practitioner), a physician and a study coach (university teacher). This training group has the joint task of monitoring

**Method and Results:** ApproachThe individual practical curriculum is developed on the basis of five Core Tasks or Entrustable Professional Activities (EPAs):•

EPA 1: Diagnose ...• EPA 2: Treatment ...• EPA 3: Directing the patientjourney/principal ...• EPA 4: Mental Health Care: Supporting Empowerment and Recovery of...• EPA 5: Promoting Quality of ...The program includes practical assignments, aimed at increasing independence in performing the EPAs. Estimation of independence level per EPA: • Level 1: Has the required knowledge and skills• Level 2: Performs the EPA under full supervision (pro-active supervision)• Level 3: Performs the EPA under limited supervision (reactive supervision)• Level 4: Performs the EPA without supervision (desired final level of training)• Level 5: Supervises othersAn assessment of the level of independence is made every semester during the progress interview. To gain insight in the progress of a students’ learning process and learning outcomes, a good digital portfolio is necessary. • Results For each assignment differentiated feedback (feed-back, feed-up, feed-forward) is visible at an aggregated level in a digital portfolio. This portfolio offers a transcending overview for both student and supervisors/evaluators. Also, a well-organized portfolio makes it easier for students to understand how the curriculum is structured.

**Conclusion:** MANP HU uses a high-quality digital portfolio from an external supplier. Together, we optimize the function of the portfolio for learning and testing in practice in a transparent wayLearning ObjectivesAfter this workshop, participants1. know how to use a portfolio to educate nurse practitioners/students in a partnership of University and Practice-organization;2. are able to translate the principle to their own curriculum;3. have a basic guideline whether this concept is suitable.

# **Title: Family and carer involvement in mental health care in Belgium: bringing creativity to nursing practice using guidelines and policy**

**Area of Abstract:** Family focused nursing

**Form of presentation:** Oral

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**Introduction and Aim:** Care provided at home has increased due to reduction of the Belgian inpatient capacity. Carers who are involved and participate throughout treatments, understand mental health needs better, feel more supported and provide better care. It also reduces relapse rates and psychiatric symptoms. This presentation outlines the development, use and creative implementation of guidelines and policy regarding the enhancement of carer involvement in three Belgian psychiatric hospitals.

**Method and Results:** Three Belgian inpatient mental health care providers (Department of psychiatry, University Hospital Ghent; Bethanië, Zoersel and Psychiatric Hospital Sint-Jozef, Pittem) translated the evidence-based guideline “Family Reflex” into clinical nursing practice. This “Family Reflex”, a multidisciplinary guideline to stronger carer involvement in mental health care, paved the way towards a culture shift and fundamental changes in the way mental healthcare professionals (MHCPs) perceive and engage in carer involvement. Each hospital has its own work environment and culture and faces the challenge of enhancing carer involvement. Through the years, these hospitals learned from each other, with pivotal roles for advanced practice nurses, which enriched the change management process. In recent years attention to carer involvement has increased at all levels. All three organisations believe strongly in the triologue between the MHCP, the patient and their carers. In preparation we considered pre-existing practices and collaborated with for example family organizations, had round table discussions with other MHCPs, patients and their carers, questionnaires were filled out by carers to review their involvement and scientific evidence has been consulted. Then followed a change management process. Both bottom-up and top-down interventions clarified and helped to develop a clear vision and goals about enhancing carer involvement. The triologue between MHCPs, patients and carers was used to implement into practice for example a new quality management, the enrolment of a family peer support worker in management and other initiatives like inspirational meetings, theme groups and supervision to increase the sensitivity towards carer involvement. To support mental health workers (especially nurses) in involving the carers of patients further, we are now focusing on consolidation (e.g. via family coaches) and future work to keep improving carers involvement and the family reflex.

**Conclusion:** Changing into a carer friendly organization requires more than a set of guidelines and professional interventions. The culture shift required creativity, collaboration between organizations and addressing carers' needs through the “Family Reflex” principles. It also focuses on relational recovery that approaches carers as allies. Family interventions are more effective when carers feel welcome and are given a voice in policy to reach an effective family participation model.

# **Title: Psychiatric nurses' perception about their work experience: implications for counselling**

**Area of Abstract:** Nursing education and research

**Form of presentation:** Oral

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**Introduction and Aim:** The purpose of this study was to explore how nurses working in the mental health setting perceive their experience as professionals and how this experience affects their lives. Twelve participants divided into three groups contributed to this study by sharing their experiences. Gaining insights on the nurses' perception of their work can be valuable knowledge, allowing for the development of support strategies.

**Method and Results:** As an insider researcher, I had to accept the challenge of anticipating the moral and professional dilemmas I faced. The focus groups were conducted at Mount Carmel Hospital, the main psychiatric hospital in Malta that caters for most of the inpatient services. However, nurses were invited to participate from all other services and hospitals, apart from the Psychiatric Unit in Mater Dei Hospital as I am currently working there. Recruitment of participants from different services enabled me to gather a myriad of perspectives from nurses with different work experience. Before initiating the focus group, the researcher emphasised the importance of confidentiality, and reminded the participants that the interview would be audio-recorded and that they could opt out of the study anytime they wished. Each focus group lasted between one hour and one hour and thirty minutes. The focus group started with general questions, thus yielding much initial information and ground to expand on, eventually focusing on stress which inevitably enabled the participants to disclose their experiences of coping with stress. Three major themes were identified from the focus groups, codes were developed that primarily dealt with workplace stress, support, and communication. Subsequently, the codes were collapsed into themes, which were then further collapsed into sub-themes. Workload, long hours of shift work, and a lack of communication have been identified as the primary occupational stressors. Nurses working in the community have all expressed relief from the stress of shift work, as well as positive changes in their family and personal lives as a result of a better work schedule. The study highlights, that the nursing profession requires more than just academic and work experience; the critical need for psychological preparation and support during both the transition from a student to nurse and for qualified nurses throughout their career.

**Conclusion:** The findings clearly indicate that work-related stress is a major source of discomfort and demotivation among employees. The study has shown that decreased workloads and flexible hours would certainly reduce stress and have an impact on professional work performance, affecting the service provided to patients, whilst reducing the possibility of human error. It would also be beneficial to organise various seminars where nurses could be provided with emotional support and better coping skills.

# **Title: Factors Influencing Patient Participation in Inpatient Forensic Psychiatric Care: A Systematic Review**

**Area of Abstract:** Personcentered care and patient participation

**Form of presentation:** Oral

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**Introduction and Aim:** Patient participation is a fundamental aspect of modern healthcare. Participation relates to an individual's sense of control, an existential aspect of being human. However, in specialized settings like inpatient forensic psychiatric care (FPC), where individuals with severe mental illness intersect with the criminal justice system, patient participation dynamics can be uniquely challenging. This systematic review explores factors that influence patient participation in inpatient FPC.

**Method and Results:** We conducted a comprehensive systematic review following Bettany-Saltikov's (2016) nursing literature review guidelines. Our search included qualitative, quantitative, and mixed-method studies that explored patient participation in inpatient FPC settings. Established databases yielded ten relevant studies. Results: Our review identified contextual key factors influencing patient participation in inpatient FPC: A Supportive Care Relation: Establishing and maintaining a supportive care relationship was a crucial prerequisite for patient participation, including building trust, involving patients in treatment discussions, and recognizing their individual complexity beyond their crimes. Transition Phases: Patients' transition phases through illnesses and the FPC system initially negatively affected their willingness to participate. However, a positive shift in their engagement with care became evident nearing their release. Stigmatization: Stigmatization due to the criminal justice context and severe psychiatric illness hindered patient participation. Overcoming this stigma posed a formidable challenge. Safety and security: Safety was a prerequisite for sharing one's narrative, to express needs and opinions, presenting staff with a complex dilemma of balancing security with participation. Coercive FPC Environment: The coercive nature of the FPC setting, characterized by involuntary treatment and restrictive measures, substantially hindered participation. Patients' perceptions of coercion often overshadowed their ability or willingness to engage. Information Sharing: Patients reported difficulties in understanding their care plans, primarily because staff members often restricted information sharing. This lack of transparency hindered patients' comprehension of their situations.

**Conclusion:** Our systematic review provides valuable insights into factors influencing patient participation in inpatient FPC. Despite unique challenges, fostering supportive care relationships, enhancing information-sharing, and involving patients in care are crucial. Complex trauma prevalence in this patient group implies that creating a safe environment is vital for patient participation. Future research should explore innovative strategies to improve patient participation and enhance care quality in FPC.

# **Title: Implementation of a nurse-led addiction clinic**

**Area of Abstract:** Nursing interventions and practice

**Form of presentation:** Oral

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**Introduction and Aim:** Nurses play a crucial role in providing comprehensive and effective outpatient treatment for individuals struggling with substance abuse. With their specialized knowledge and skills, they contribute significantly to the overall success of addiction recovery. The aim of this project was to implement a nurse-led addiction clinic in AZ Sint Jan Brugge (AZSJ) by the summer of 2023. The project goals were: (1) to reform current means of personnel; (2) to develop a new strategic plan for 2023-2028.

**Method and Results:** The process of implementation consisted of: preparation; analyze current practice, target group and specific setting; formulate goals; create/execute implementation plan; evaluate, adjust and secure. Goals were: (1) setting clear target audience; (2) to develop a strategic plan for 2023-2028; (3) implementing set of nurse-led interventions; (4) Reforming and securing future resources. The clinic is an innovative medical nursing consultation center at the AZSJ. It targets all people aged 16 and older with a problem in the use of alcohol, medication, gambling or excessive gaming/internet use. The clinic strives toward following key values: the needs of the patients and their context are the starting point; It is an open clinic with affordable, tailored care that is timely, fast, easy and directly accessible; The clinic is led by nurses supported by two psychiatrists. Core tasks and interventions include psychotherapy from a solution-oriented framework; psychoeducation, home-detoxification, psychopharmacological counseling and follow-up, assessment and screening, health promotion and communicating with their network; We work closely with all mental health services in the region as well as primary care; Counseling at the clinic focuses on facilitating recovery within the therapeutic alliance between the nurse, the patient and their context; The clinic engages in continuous competency development through continuous improvement actions and training. The clinic is staffed by 1.5 full-time equivalents. The team is divided among 5 specialized nurses. In 2022 a total of 1204 consultations were performed on an average of 4.3 times per patient. In 2023 a total of 1314 consultations were performed on an average of 3.9 times per patient. In 2023 a total of 23 out of 25 patients who engaged in a home-detoxification plan, were successful. No adverse events (such as seizure or delirium tremens,...) were observed within the withdrawal period.

**Conclusion:** Insights from this implementation reinforces earlier insights showing the added value of nurse-led clinics (NLC). The NLC can produce positive health outcomes for patients with an addiction and it effectively promotes patient adherence to treatment. Further outcome research is recommended. Furthermore, implementing a NLC is an additional incentive to keep nurses on board. It provides an additional opportunity besides vertical promotion to include horizontal clinical leadership.



# **Title: Mental health of adolescents: A challenge for nursing education – The YouCoMent Project**

**Area of Abstract:** Nursing education and research

**Form of presentation:** Oral

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**Introduction and Aim:** Introduction: Young people engaged in vocational education and training in a healthcare profession are still in a vulnerable phase of their lives but are already confronted with difficult circumstances in their work such as death. Vocational education centres are thus faced the need to maintain the mental health of their trainees. Aim: The aim of the study is to improve and promote the mental health of trainees in the healthcare professions.

**Method and Results:** Methods: A co-creation approach was used to conduct this mixed-methods study. A quantitative survey using standardised instruments assessed self-reported state of health, current use of psychosocial services, and perceived need for psychosocial services among young people. Based on these results, we developed an interview guide to gain a more in-depth understanding of the quantitative results through focus group interviews with the trainees. We conducted five focus group interviews (lasting 84 minutes on average) with a total of 41 trainees aged between 15 and 30 years old. The focus group interviews were conducted using the Lego Serious Play (LSP) methodology, in which participants answer the interview questions with the help of Lego models. The LSP method stimulates creativity, enables deep insights into sensitive topics, and encourages the active participation of all participants. The interviews were audio-recorded and transcribed verbatim. The data was analysed by three researchers using interpretative phenomenological analysis according to Smith et al. (2009) and MAXQDA software. Results: The trainees reported that the LSP helped them to express very stressful experiences that they would not have been able to express in a classic interview. They reported a variety of stresses during their training, including hierarchies, being left alone, feeling overwhelmed, exam stress, non-compliance with statutory framework conditions, staff shortages, and lack of work-life balance. In everyday practice, trainees were confronted with complex care situations or difficult fates, which were not effectively dealt with in practice. The trainees reported that how the stressful experiences were dealt with within the vocational education centres depended heavily on the teachers. Important coping strategies (e. g., sports club, playing an instrument, social contacts) that providing a balance to the stressful everyday life of education have to be greatly reduced or discontinued.

**Conclusion:** The results show the high levels of psychological stress to which adolescent trainees in the healthcare professions are exposed. All institutions and individuals involved in vocational training should consistently implement measures to promote and maintain the mental health of adolescents in the healthcare professions. To achieve this, trainees must be recognized as equal partners. All persons involved in vocational training must be sensitized and trained to deal with mental health problems.

# **Title: Increased autonomy with capacity mental health legislation**

**Area of Abstract:** Personcentered care and patient participation

**Form of presentation:** Oral

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**Introduction and Aim:** To increase the autonomy of patients with severe mental illness and to bring mental health care in line with human rights, Capacity-based mental health legislation was introduced in Norway on 1 September 2017. The aim of this study is to explore patient experiences of how far the new legislation has enabled them to be involved in decisions on their treatment after they were assessed as capable of giving consent and had their community treatment order (CTO) revoked due to the change.

**Method and Results:** Individual in-depth interviews were conducted from September 2019 to March 2020 with twelve people with experience as CTO patients. Interviews were transcribed and analyzed using thematic analysis inspired by hermeneutics. Following the new legislation, the interviewees found it easier to be involved in treatment decisions when off a CTO than they had done in periods without a CTO before the amendment. Being assessed as having capacity to consent had enhanced their autonomy, their dialogues and their feeling of being respected in encounters with health care personnel. However, several participants felt insecure in such encounters and some still felt passive and lacking in initiative due to their previous experiences of coercion. They were worried about becoming acutely ill and again being subjected to involuntary treatment. Almost all interviewees were receiving the same health care over two years after their CTO was terminated.

**Conclusion:** The introduction of capacity-based mental health legislation seems to have fulfilled the intention that treatment and care should, as far as possible, be provided in accordance with patients' wishes. Systematic assessment of capacity to consent seems to increase the focus on patients' condition, level of functioning, opinions in care and treatment and seem to lead to new forms of collaboration between patients and health care personnel, where patients have become more active participants.

# **Title: Nurses' Experiences of Supporting Self Care in Psychiatric and Mental Healthcare**

**Area of Abstract:** Nursing interventions and practice

**Form of presentation:** Oral

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**Introduction and Aim:** People with severe mental illness (SMI), have a significantly higher risk of developing metabolic syndrome compared to the population in general. This calls for a holistic approach considering both mind and body, and it has been suggested that psychiatric and mental health nurses are suitable for such interventions. The study aimed to describe how psychiatric and mental health nurses understand and support self-care when caring for patients suffering from severe mental illness.

**Method and Results:** We adopted a descriptive qualitative design. Fourteen nurses working in outpatient psychiatric settings submitted their written reflections on self-care and how they supported patients' self-care. The texts were analyzed using qualitative content analysis and reflected in the light of Orem's nursing theory on self-care, and Barker and Buchanan-Barkers Tidal model for mental health recovery. We identified four categories: (1) supporting patients' capability to take on responsibility for their own lives, (2) accounting for patients as unique persons, (3) supporting personal growth, and (4) struggling with organizational limitations. In light of Orem's theory, we noted that all types of self-care requisites were accounted for in the data, but that participants tended to prioritize one or two of them. The nursing interventions were primarily supportive-educative and participants put an impetus on the importance of playing in the same key as the patients, as well as giving back responsibility to them. From the perspective of the Tidal model, this is understood as a means to support recovery by strengthening patients' experiences of being capable of managing problems of living. Reflections on the findings reveal that participants strived to deliver holistic and recovery-oriented care. However, they encountered different challenges, related to existing routines and paradigms in the organization. This meant a risk for a predominant focus on patients' shortcomings and a threat to holistic nursing, as nurses experience that their organizations prioritize a focus on psycho-social aspects of health, or become too task-oriented toward lifestyle problems related to physical health.

**Conclusion:** Our findings reveal that psychiatric and mental health nurses have good intentions and are aware of the need for a holistic approach. We also found that nurses have diverse perspectives on the meaning of self-care, and we believe that this, together with organizational structure and demands can contribute to less holistic nursing, and thus also have a negative impact on patients' recovery.

# **Title: Psychiatric care and education understood from a nursing student perspective: Enhancing competences empowering personal and social recovery.**

**Area of Abstract:** Nursing education and research

**Form of presentation:** Poster

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Dorte Wiwe Dürr *Conclusion: A bio – medical approach dominates and makes it difficult for students to develop personal competences toward a more personal and social recovery - oriented practice in mental health care. It is recommended that educators in practice and sch,*  
Anita Lunde VIA UC nursing education department Horsens,  
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**Introduction and Aim:** Background: A recovery - based approach has during the last decades called for at change in the mental health care. Several programs have been developed to increase nursing students and health professionals' recovery - oriented skills and competencies in clinical practice. Aim: The aim of the study was to examine how students from different settings experience clinical practice and educational interventions as empowering recovery - based practice for users.

**Method and Results:** Method: Within a phenomenological - hermeneutic approach, seven students (4 nursing students, and 3 master students) were interviewed individually using a semi- structured interview guide with open questions. Findings: Both clinical practice and education was dominated by a bio-medical approach. The students did not experience a recovery – based approach empowering users' personal and social recovery process. The students expressed that there is a need for developing personal and relational competences to be able to support users' personal and social recovery.

**Conclusion:** Conclusion: A bio – medical approach dominates and makes it difficult for students to develop personal competences toward a more personal and social recovery - oriented practice in mental health care. It is recommended that educators in practice and school incorporate methods supporting the student in developing personal competencies.

# **Title: Implementation of VR- therapy for social anxiety and psychosis- A quality study of clinicians' experiences**

**Area of Abstract:** eHealth and nursing informatics

**Form of presentation:** Oral

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**Introduction and Aim:** IntroductionThe aim of this study is to explore therapists' experiences with the use of VR and gameChange in treating agoraphobic avoidance and social anxiety in psychosis. How therapists experience implementation of VR therapy in treatment is an important aspect when technology is used as a tool in treatment, and for further development of treatments. This study is part of an ongoing study, VROslo, piloting gameChange at several psychosis units at a University Hospital in Norway with the goal

**Method and Results:** MethodsThis was a qualitative study and data was collected using semi-structured interviews. Five therapists with different health professional backgrounds who had experience working with VR-therapy with gameChange were interviewed. We analysed data using thematic analysis and the alliance theory of Bordin (1979).FindingsWe identified the following themes in the collected data; Collected data were identified in following the alliance between the therapist and patient, VR- treatment as a common project, collaboration with VR- therapist, how the therapists work with VR and a VR-therapist. These findings where seen in light of Bordin´s alliance theory. The findings show that having an alliance at the beginning of VR treatment is not an absolute premise for VR treatments to be successful. The therapists experienced that establishing trust and safety could be achieved by having a shared project. The way the patient's feelings are validated is important for the recovery process and the course of therapy. The therapists refer to a variety of reactions the patients have to the virtual therapist. Some found it reassuring to receive feedback from the virtual therapist, while other patients became frustrated with her. The way the therapist and patient relate to the virtual therapist in gameChange have an impact on the collaboration and the division of tasks between patient and therapist. A key finding in the study is that there is agreement related to the fact that there is no dynamic interaction between the therapist, virtual therapist and patient. The virtual therapist gives feedback that is standardized and not personalized . The way in which the patient's feelings are validated is important for the recovery process and the course of therapy. The study's findings point to a consensus among the therapists that the virtual therapist cannot replace the therapist. It is conceivable that the therapists have a broad repertoire of skills and an eclectic approach to the way.

**Conclusion:** ConclusionOur findings indicate that the therapists have had positive experiences related to the use of VR and gameChange. They exhibit flexibility in the way they work with the patient through the therapeutic alliance.

# **Title: Anxiety Communication Notes—A Tool to Facilitate Anxiety Management and Improve the Nurse–Patient Relationship in Mental Health Nursing**

**Area of Abstract:** Nursing interventions and practice

**Form of presentation:** Oral

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**Introduction and Aim:** IntroductionMental health care tends to be dominated by a biomedical perspective at the expense of a more recovery-oriented approach. Research on nurse-led interventions intended to strengthen the patient's ability to manage anxiety is sparse in this context. AimThe aim of this study was to describe nurses' experiences of the use of anxiety communication notes in nursing patients experiencing anxiety in mental health inpatient care.

**Method and Results:** MethodsData were collected by interviewing twelve nurses working in two mental health inpatient care wards in southwestern Sweden. Semi-structured interviews were conducted, and qualitative content analysis was used to analyze the data.ResultsFindings showed that the use of anxiety communication notes was perceived to provide a nursing structure to foster the development and practice of adaptive anxiety management through a visual representation for mutual understanding of the patient's anxiety pattern. The nurses could also use the anxiety communication notes to support nurse-patient communication and facilitate increased participation and empowerment in the patients' anxiety management.

**Conclusion:** ConclusionAnxiety communication notes were perceived as a tool to structure nursing activities that could enable a learning process about anxiety and strengthen collaboration within the nurse–patient relationship. The anxiety communication notes contributed to strengthened nurse-patient communication and better understanding of the patient's anxiety. The development of person-centered nursing approaches may challenge the traditional perception of identity among mental health nurses.

# **Title: Contextual factors and relationship characteristics prior to Intimate Partner Homicide: a qualitative case file study from Sweden.**

**Area of Abstract:** Nursing interventions and practice

**Form of presentation:** Oral

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**Introduction and Aim:** One in seven homicides are perpetrated by a current or former intimate partner, and the majority of perpetrators of intimate partner homicide are men. Moving beyond risk factors to examine the implications of contextual factors and relationships characteristics is significant in preventing these murders. The aim of this study was to identify risk factors for intimate partner homicide, by investigating contextual factors and characteristic of the intimate relationship prior to the homicide.

**Method and Results:** Identified cases of intimate partner homicide from verified court verdicts, were identified, respectively perpetrated by 40 male and 10 female offenders during 2000- 2016 in Region Västra Götaland, Sweden. Manifest content analysis was used analysing court case data. Including overlapping characteristics in the 50 cases of court verdicts, 27 cases were characterized by social vulnerability, 19 cases were characterized by mental health problems and 29 cases were characterized by controlling behaviour and/or previous violence, making it the largest contextual factor among the cases. Social vulnerability was the most common factor among female perpetrators. Divorce or separation were identified in 23 of the cases. The information withdrawn from the court cases highlight that the perpetrator not seldom had experienced how their mental health status had deteriorated prior to the killing of their partner. Some of the perpetrators had stopped their pharmacological treatment on their own initiative, others had just started a treatment of anti-depressive medication or experienced that the medication had no effect on their mental health or wellbeing. In a majority of cases, the perpetrator had sought care, mainly within the primary care and psychiatric care. Some of the male perpetrators had an ongoing contact within psychiatric care when they perpetrated IPH and in com cases, the contact with psychiatric care had been for a longer period of time.

**Conclusion:** The result contribute to a deeper understanding of contextual factors and the characteristics of relationships that together with gender, influence the risk for perpetrating or becoming a victim of IPH. The result enables detection and prevention of intimate partner homicide.

# **Title: Digital solutions and self-harm: "SAFE app – Engagement Training" - lessons learned from a co-operative inquiry.**

**Area of Abstract:** eHealth and nursing informatics

**Form of presentation:** Workshop

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**Introduction and Aim:** Patients who self-harm are in risk of inadequate treatment in Emergency Department(ED) as our research shows that healthcare professionals are reluctant to engage with them. SAFE app is a co-created mobile-application that contains calming methods and intends to support the dialogue between the patient, the relatives and professionals. Aim: to explore how ED nurses reflect on the potential of integrating SAFE app into care and how it might influence their interaction with patients who self-harm.

**Method and Results:** The workshop will make use of principles from a cooperative inquiry (CoI) and invites workshop participants to a dialogue about the results and the didactic intervention, which were produced as a part of the research presented below. A Co-I work group involved: persons with lived experience of self-harm (2); ED-Nurses (5); managers (1); and researchers (5). The Co-I was carried out in four stages: 1) generating ideas and deciding focus for learning and testing, 2) preparing interventions targeting ED staff, (learning sessions), 3) testing the interventions - each staff-member participated in a 45 minutes' learning session (n=19), and 4) evaluating the intervention through 13 semi-structured interviews. The Co-I produced the intervention: "SAFE-app - Engagement training". The interactive intervention included the SAFE app history, empathy awareness and hands-on training in calming down techniques. To contribute to high relevance, the session was run by nurses, where among one had lived experience of self-harm. Findings are based on the semi-structured interviews. Reflecting on the learning sessions, participants were aware of SAFE app as a tool to engage with patients without a need to "fix" all underlying problems; nevertheless, the uptake of SAFE app needed more attention. Nurses' views on SAFE app differed, but mainly, the learning sessions gave a positive idea of the app, which contributed to openness towards integrating it into their care. However, they hesitated and worried about whether the app would be valuable to all patients. Despite the knowledge acquired at the learning sessions, participants feared that they did not have the training and resources to make the change of interacting with patients by means of SAFE app. A diversity of challenges was foreseen in relation to their working routines and the ED environment, but also lack of support from leaders and colleagues were mentioned as essential barriers for being able to build up experience with the app.

**Conclusion:** Digital solutions grounded in the experience of people who self-harm can be rewarding for nurses and have potentials to develop innovative practical skills and changes. Personalized interventions targeting people who self-harm require changes to traditional practices. As the uptake of SAFE app in the ED needed more attention, it is necessary to ensure continuously reflective learning-processes in hospital departments that engage with people who self-harm.



# **Title: From Local Experience to Central knowledge: Implementing SAFE app in Denmark - a digital solution, co- produced with people who self-harm and their relatives.**

**Area of Abstract:** eHealth and nursing informatics

**Form of presentation:** Poster

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**Introduction and Aim:** People who self-harm suffer psychologically and physically. Self-harm affects witnesses and triggers feelings of powerlessness. SAFE app - a digital solution, is co-created with people who have experienced self-harm. It contains teaching and calming down techniques that can support professionals, people who self-harm and their relatives in coping with challenging situations. Aim: to explore the implementation of SAFE app in Denmark and how professionals will use the digital solution.

**Method and Results:** The implementation will take place in all regional psychiatric hospitals in Denmark in 2024. Action Research will follow the process. The study will take place from July 2023 to December 2024. Throughout the process, gatekeepers are responsible for the local implementations. They are supported by an Advisory Board representing researchers, experts of Digital solutions and people with lived experience of self-harm. Participants will be included if they are located in one of the 5 regions and have experiences with self-harm, either as a patient, next of kin, or a health care professional. Action research will be done in four circular steps: 1: Information and aligning expectations with stakeholders. 2: SAFE app is adjusted, and educational material is co-produced. 3: Implementation. 4: Evaluation and dissemination. Evaluation: Firstly, focus groups will be conducted to explore health care professionals' considerations of the local implementation of SAFE app. Secondly, the following will be investigated: 1) The health care professionals' experience of the SAFE app's user interface and effect using the uMARS (a Mobile Application Rating Scale). 2) The implementation using the NoMAD (Normalization Measure Development Questionnaire). 3) The health care professionals' competences in relation to treating people who self-harm using the SEDSHQ (Self-Efficacy in Dealing with Self-Harm questionnaire). Thirdly, in-depth interviews of participant's experience of digital workflows will be conducted. The expected findings will be knowledge of how: 1) SAFE app is implemented and how the implementations can influence the engagement between participants. 2) Health care professionals report their own competences and confidence in supplementing usual care with technological solutions.

**Conclusion:** The action research, including circular steps between systematic reflections and practical experiences can support development of local knowledge, which, when co-reflected by users, can contribute to the creation of central knowledge about self-harm and technological solutions such as SAFE app. The study can supplement the adjustment of SAFE app and add to implementation science about the opportunities and challenges health care professionals face when adopting technological solutions in care.