

Horatio Bulletin



December

2010

Issue 1

<p>Special issues of interest</p> <p><u>EU projects and involvement</u></p> <p><u>Developments in Ireland</u> Malta</p> <p><u>Interview</u> Ber Oomen</p>	<p>Introduction.</p> <p><i>It has been a while since Horatio has published a bulletin. We were fully aware of this information gap. EU projects and Pan European involvement in mental health nursing education processes have consumed much of our available time, however this work has resulted in concrete action plans and long term involvement in practice development and applied research. We are now in the stage that we can build on these achievements and head forwards. At the same time we need to keep our members and partners informed more frequently. In this bulletin we provide an update of the significant steps Horatio has made over the past months. The next edition will be issued at March 15 and then every three months. In addition to this the Horatio website will be regularly updated as this medium is our key source for communication with the members and partners. We warmly welcome your input for the next bulletins. .</i></p>	
	<p>News from the Board.</p> <p>In the General Assembly held in April 2010 in Prague the current board was re-elected and in addition to this Andy Lauder was elected having been nominated by the Mental Health Nurse Association (UK) . At the last board meeting in Finland November,2010 the board also welcomed the re-entry of Ber Oomen as an independent advisor to support the general secretary since we are facing increasing work packages. Des Kavanagh was re elected as President.</p>	
	<p>Current Memberships;</p> <p>At present 16 countries are involved represented by national (psychiatric) nursing bodies: Ireland, Netherlands, Malta, Croatia, Cyprus, Czech-Republic, Germany, Greece, Finland, Iceland, Norway, Russia, Sweden , Switzerland, Denmark and the UK.</p> <p>Previous explorative contacts in several Eastern European countries will shortly result in full membership</p>	<p>Current associate partners such as psychiatric hospitals and nursing faculties have joined Horatio from:</p> <p>Switzerland, Luxembourg, Germany, Kosovo, Turkey, Australia New Zealand, Faeröer Islands</p>

European Psychiatric Nursing Conferences in 2010:

Three major European psychiatric nursing conferences took place in Prague (spring), Helsinki and Bielefeld (autumn). These conference attracted between 300 to 500 delegates and were organized or supported by several Horatio board members. We identified many delegates from all over the world, Europe, North America, Asia and Australia. The number of high quality abstracts submitted, exceeded the capacity to accommodate them all.

EU projects		
A Mental Health Pact Process		
<p>Horatio has been invited to contribute in two high level EU conferences: mental health in older people (hosted by the Spanish Ministry of Health) and prevention of stigma and social exclusion (hosted by the Portuguese Ministry of Health). In Madrid one expert session on service provision was chaired by the general secretary of Horatio. Two literature reviews focused the contribution of nurses in (a) depression management and suicide prevention and (b) promotion of mental health in youth were provided on invitation from the DG-SANCO.</p>		
B. European Mental Health Expert Platform, Focus on Depression		
<p>Horatio is formally involved in this international expert platform which functions as a multidisciplinary advisory body for the European Commission in Brussels. At the moment several state of the art publications on depression treatment modalities are in process, Horatio is involved in the multidisciplinary team which will provide a number of advisory reports over the next months.</p>		
C. Involvement in other European Non Governmental Organizations		
<p>Horatio board members have been involved in several projects and conferences with a number of Pan European NGO's such as Mental Health Europe, EUFAMI (Family Members Association) FINE (European Nurse Educators) and the ESNO (Nurse Specialists). For example themes in this collaboration were focused on critical appraisal of crisis interventions, family friendly service provision and nurse training standards in mental health care settings.</p>		
D. EU funded e-learning project for psychiatric nurses		
<p>Horatio was from the start involved in the preparation of a Leonardo da Vinci/ follow up bid which resulted this autumn in the allowance of an EU grant for collaborative work of 12 partners from 8 different countries. This Pan-European evidence informed e-learning course (5ECTS/120 hours) is developed for continuous education for nurses working in inpatient acute or intensive care to optimize the therapeutic environment for service users in acute and intensive psychiatric care. The work package of Horatio in this process is focused on the dissemination of the international course across Europe.</p>		
Developments reported by member organizations		
<p style="text-align: center;">Ireland</p> 	<p>The office of the nursing and midwifery services director (ONMSD) in Ireland, in partnership with all relevant stakeholders including PNA (Psychiatric Nurses Association) Ireland has initiated a national project to develop and strengthen psychiatric nursing capacity to support the implementation of national policy (Vision for Change: www.dochc.ie/publications/vision-for-change.html). This proposes a comprehensive model of mental health service provision in Ireland and recommends an integrated multidisciplinary, recovery approach to addressing the biological, psychological and social factors that contribute to mental health problems. It describes a framework for building and fostering positive mental health across the Irish community and for ensuring accessible, community based specialist service for people with mental health difficulties. This one year project aims to strengthen and develop the role of the psychiatric nurse in an integrated mental health service with is consistent with the Vision for Change. This project will establish what skills the Registered Psychiatric Nurse (RPN) requires to meet existing and future service needs in a changing Irish mental health setting. This work will be informed by the recovery model of mental</p>	

	<p>health with emphasis on advocacy, user involvement, psychosocial interventions, education and mental health promotion in order to maximize positive outcomes for service users, carers and the population as a whole. All registered psychiatric nurses (RPN) working in the republic of Ireland are invited to complete an anonymous questionnaire which explores RPN perceptions of their current role. Focus groups will also be conducted nationally in the coming months to establish how the RPN can continue to respond to. This project will establish what skills the Registered Psychiatric Nurse (RPN) requires to meet the existing and future service needs in a changing Irish mental health setting.</p>
Malta	
	<p>Academic Developments in Psychiatric Nursing (Malta)</p>
<p>By</p> <p>Martin Ward, Chair Expert Panel HORATIO</p> <p>&</p> <p>Angelo Abela MAPN</p> 	<p>In 2003 the Maltese Health Department, in conjunction with the University of Malta, embarked upon an ambitious programme to develop psychiatric nursing and raise its academic status to that of general nursing. Martin Ward was appointed as the consultant to this programme of work and he set about constructing and delivering the first course, a transition course for Diploma level general nurses working in a psychiatric setting, to upgrade to a Degree in Psychiatric Nursing; effectively a part time degree.</p> <p>At that time nearly all the nurses working in the psychiatric services were general trained and there was no real tradition of seeking to develop either their skills or knowledge. Some 20 Diploma psychiatric nurses, educated in the late 1990's, had been almost swamped by the organisation and were unable to have any impact at all on care quality. This course was primarily open to these nurses to upgrade before tackling the main group of general nurses. The course was part time, allowing for release time from the service areas, and the initial programme lasted two and half years, with 10 students graduating in October 2005. Since then a further four, three year, courses have been run, all over subscribed, but with a <i>numerous clauses</i> of 15 to allow for their release; with 30 more students graduating and an additional 30 in second and third year studies. This course was used to inform the framework of the first Degree in psychiatric nursing delivered in Germany this year, under Dr.Michael Schulz's directorship at Bielefeld.</p> <p>A full programme of clinical practice development courses were also developed and delivered, allowing nurses wishing to get back into academia the chance to do so and preparing them for possible selection onto the full transition course. Running alongside this from October 2009 the first full-time BSc Psychiatric Nursing course opened offering a completely different set of challenges for the growing mental health teaching team at the university. Students, some as young as 17, struggled with a complex and dynamic programme of studies starting their clinical placements during the second semester. We lost one third of the group by year end, though in fairness only one of these because she felt she was on the wrong course. Currently there are 10 students starting their second year and a further 8 starting in the second cohort, October 2010. These students are desperately needed by the mental health services to increase staffing levels when they register and begin to filter into the system in 2012. This will also reduce the necessity to employ newly qualified general nurses who then need a further three years to convert to psychiatric nurses.</p> <p>Finally, despite two years of negotiations and hard bargaining, against a university belief that there would be no demand, the Masters in Psychiatric Nursing opened in October 2010. Six places were offered on the branch with 16 applicants – so much for a lack of demand! Eventually nine students were accepted and these will undertake a combined programme of part-time studies, completing in June 2013. Much of this course will be offered through on-line</p>

	<p>study units. The next cohort will be recruited in October 2012.</p> <p>The MH team at the Faculty of Health Sciences now has four full-time members of staff and mental health nursing has become not just a well respected, integral part of the faculty but a significant player in its developments. Perhaps more significantly mental health nursing is no longer the Cinderella of the faculty and its contribution to breaking down the traditional stigmatized views about second class mental health care is perhaps one of its major achievements to date.</p>
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	<p>The Maltese Association of Psychiatric Nurse</p>
<p>By Kevin Gafa</p> 	<p>Such rapid change in the educational system for mental health nurses led to fragmentation and lack of direction within the profession. Both specialized nurses and general nurses working in a psychiatric environment required an organization which catered for their professional needs, provided a framework within which to function, and safeguarded their professional identity. Out of this need the Maltese Association of Psychiatric Nurses (MAPN) was born. The organization aims has three core objectives. Firstly, to increase awareness of the existence of psychiatric nurses and their role in mental health care. Secondly, to make sure mental health nursing is a recognized profession in Malta. And last but not least, to organize educational activities both for members and non-members. Since its inception the MAPN has been firing on all three fronts with frequent media coverage of mental health nursing, active involvement in policy changes as well as organizations of seminars, conferences and lectures. Despite being a relatively new association (established in 2006) the MAPN was elected to the board of HORATIO to represent Malta in this European organisation. This is perhaps testimony to it's hard work and determination to support psychiatric and mental health nurses, no matter which country they work in</p> <p>The MAPN has come a long way in less than five years. Anyone who works within the mental health field locally has heard about it and most have attended an activity organized by the association. Slowly but surely the MAPN is becoming renowned with the general public as well with frequent media coverage of news related to the association. This is not surprising considering that, despite its relatively small size as an organization, it is one of the largest of its kind locally.</p> <p>MAPN contacts: e-mail – mapsychnurses@gmail.com and website – www.map-n.com</p>

Interview former general secretary Ber Oomen

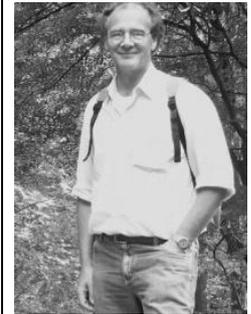
<p>Ber Oomen is known as the founding father of Horatio. Recently he had taken a sabbatical period after many years of very intensive work for Horatio. His successor (Roland van de Sande) took the opportunity to interview him to reflect on the development of Horatio as a learning community and learn from his views on future challenges.</p>	
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Could you please refresh our memories on how Horatio started and which intentions were most dominant while developing this international psychiatric nursing network?

<p><i>“The Horatio network started to develop in 2004 with the aim to explore if we as psychiatric nurses would be able to create a Pan European association of</i></p>	
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significant importance. A personal significant moment was when I met a nurse from the UK, working in Germany, helping soldiers after the war experience in Iraq. She was telling me about her working life, obstacles and challenges, just performing her role as so many other hundred thousand in this continent and seeking to have her voice heard in her organization. This nurse was, in a way, a symbol of a member of our profession seeking to have her efforts visible and her voice heard in the bigger international spectrum.

At the same time I was aware that in the EU decisions made on mental health matters, nurses are rarely consulted because of the absence of an international body for psychiatric nurses in Europe. This is in contrast with other nursing interest groups with a long history and strongly embedded involvement within specific domains of practice. I also knew that there had been some initiatives to start an international network for psychiatric nurses but it never reached the point of really establishing one. The only answer to overcome these obstacles is to stay calm, have patience, take small steps and just carry on. The support of persons with significant international positions, who helped me to stay on track, made this fantastic result come true and Horatio stand today”.



What impact did all this work for Horatio have on your own professional career in clinical practice?

“As a senior nurse working full time in a long stay unit in a psychiatric hospital I experience day to day the importance of our specific expertise to optimize the therapeutic climate on the ward. It’s not easy to convince the medical staff of the key role of the nurse in the therapeutic process. The established therapeutic relationship with our patients will be more effective when it includes trust and compassion. Without equal understanding and empathy, there is no effective working relationship at all. I am convinced that an optimistic attitude will be helpful for the patient to overcome feeling of despair, anxiety and anger. This is off course very obvious and clear but we have to be permanently aware of those fundamental values in our work and of the nurse. Many of my managers have no clue.

What challenges did you face while recruiting dedicated experts to build up the Horatio framework?

“I was aware that there are a lot of experts and high profile institutes around in the psychiatric nursing domain. I also knew that they work on a very specific way, have their own culture and area of interests. It was not so hard to identify them, most of them were also aware of the establishment of Horatio. The challenge was to convince them to contribute to the current development of Horatio. Creating an expert panel was very helpful to streamline a lot of academic questions and research work. Mental Health care provision implicates many different areas of interest influenced by a variety of cultures. The specialists currently involved in Horatio today have contributed in a very significant way to the process, creating a networks in specific areas and the construction of the expert panel was one of the important decisions in the process and has proven to be very helpful, we have to involve them more systematically in the next years.

Horatio seemed to have experienced a rapid growth of involvement of stakeholders and projects. What has been achieved so far and what issues should not be neglected?

“It frequently needs to be understood that Horatio is an association for all nurses working in the mental health family on this continent. The structure of national (psychiatric) nursing bodies requires that they appoint key persons to represent their association in Horatio. This approach has proven to be effective and proved sustainable. Beside the solid aspects of the current organization there also weak

spots which need permanent attention. When national officers work hard to represent their local nurses in Horatio, represent them in EU bodies and projects there is always the risk of losing touch with nurses in day to day practice. Sometimes the lack of clear visible outcomes can jeopardize the image of Horatio. Of course representing every single nurse is an impossible task but still the aim is to raise the impact of mental health nurses in terms of better patient outcomes and safe practice. It has been of great importance that the academic level of nurses in the mental health domain has reached a point compared with other nursing specialist areas. We also observed that the recognition of the academic achievements of mental health nurses are more visible to European bodies and is rapidly growing. On the other hand all this work can not be done without the support of the nursing workforce. The problem is that many talented nurses are rather invisible for policy makers. Research and knowledge sharing cannot be done properly without nurses in day to day practice. I think that the time has arrived that Horatio has reached the point where it's goals are clear but we need to be alert to include nurses in day to day practice in future projects and learn from their views by, for example surveys. The theme of the 'three nations German speaking psychiatric nurses: conference" from experience to evidence and from evidence to practice' appeals very much to my views on what is needed at the moment.

How would you like to be involved as a former board member of Horatio?

"I would be pleased to support the association again, especially to help to streamline the communication with (potential) members. It's very similar to the work I do as a nurse in daily practice. If you look at the association as a human body, an organism; it's not good to sit back and get in active when obstacles occur but rather to support the ongoing growth and enjoy this all with the involvement of others".

News from the media

Congress, 'Selling Sickness, influence on influence'.

Today, we are healthier than ever, we live longer but it seems that we suffer more (co-morbid) illness than ever before. As a consequence of this the medical costs are on the increase. Public and high-ranking researchers from 30 countries raised the matter at a conference in Amsterdam about the complexity of over-medicalisation and pharmaceutical interest.

A remarkable conclusion of participants was that they emphasized on the specific role of nurses in the field, bringing this to their awareness and also add this aspect in the curriculum of their training.

Many films and slide presentation are to be found at the website:

www.gezondescepsis.nl/conference-2010.html

This opinion reflects what the WHO and the ICN earlier have pointed out in the publication of 'Responsible Self-Medication: Nursing Perspectives', This monograph considers this role and responds to nurses' need to know more about self-medication and over-the-counter medicines. See website ICN / publications, www.icn.ch



Membership

In January 2011 Horatio is going to refresh the membership structure. A new application form can be utilized online to benefit quicker from the membership involvement.

Information added for the next bulletins see data below

Publishing	Input before;
15 March 2011	15 February 2011
15 June 2011	15 May 2011
15 September 2011	15 August 2011
15 December	15 November



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Horatio website: www.horatio-web.eu