



## **II. European Psychiatric Nursing Congress: Building Bridges**

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CZECH REPUBLIC**



**Programme conference  
Summary & Abstracts**

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## **Extract from opening speech**

“I am privileged to welcome you to the II. European congress of psychiatric nursing. It is great to see so many psychiatric nurses come together and participate on this event.

We are pleased to host this congress in Prague, one of the most beautiful cities in Europe. I hope you will find some time to discover the beauty of the city. Many of you have travelled very long distances to get here, to the heart of Europe and we are very happy to host almost 300 delegates from 31 countries. Thank you all for coming. This congress is one of the biggest nursing congresses we have ever had in the Czech Republic and we are very proud of it.

Psychiatry has always been a Cinderella among other disciplines in the Czech Republic. This congress can help to change it and increase the prestige of psychiatric nursing. In European psychiatry nurses play a fundamental role within mental health teams. The number of nurses per capita in Europe is six times higher than in any other region. Events like this are very important for exchanging experiences, sharing ideas, meeting colleagues from other countries and building bridges between professionals, clients, countries and different cultures.

Among the activities we have planned during the event are sessions, workshops and poster discussions about various topics of mental health nursing. I believe, you will find the program interesting. There will also be time to relax, to enjoy Czech traditional food and to listen to good music.

Prepare yourself to be challenged, excited and inspired.

Thank you all for being here, welcome and enjoy the congress!”

Tomas Petr, Chairman,  
Psychiatric section of CNNA

We would like to offer you a summary of abstracts from II. European Psychiatric Nursing Congress: BUILDING BRIDGES, which took place in Prague on 15.-17. April 2010.

There were 300 delegates from 31 countries attending the congress and program consisted from more than 90 sessions, workshops and posters about various topics of mental health nursing.

**(Click on the title of the Abstract to view the list of presentations within.)**

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# ORAL ABSTRACTS

**Abstract: S-01**

## **Bridging the Gap: The Impact of Swearing and its Effects on the Caring Relationship**

**Presenting Author:** Dr. **Teresa Stone**, RN, RMN, BA, MHM, PhD

**Co Author:** **Margaret McMillan**, Prof.

Address: School of Nursing and Midwifery, The University of Newcastle, University Drive Callaghan, NSW, 2038 Australia

[teresa.stone@newcastle.edu.au](mailto:teresa.stone@newcastle.edu.au)

### **Abstract:**

Swearing is a subject largely ignored in academic circles but impossible to ignore in the health workplace. Despite its prevalence there has been little research into swearing, and none on its impact on nursing staff. Nurses are, of all health workers, most likely to be targets of verbal aggression with up to 100% of nurses in mental health settings reporting verbal abuse.

The purpose of the study was to investigate: the extent of swearing/verbal aggression in health care settings; the implications of swearing for the therapeutic encounter; and the impact of swearing on nurses.

**Methods:** A mixed methods approach was employed. Phase one of the study explored the context of care, utilising the Overt Aggression Scale to describe the nature and extent of swearing and verbal aggression across a range of acute and long-term inpatient mental health settings. Data were derived from 9,623 patient reports spanning a 10-year period. The sample comprised 384 (72.1%) males and 148 (27.9%) females aged between 9.5 years and 93.3, mean age 45.6, SD=21.00 years.

Phase two surveyed 107 nurses across three health care settings – paediatrics, adult mental health, and child and adolescent mental health – by means of a questionnaire designed to elicit a combination of both qualitative and quantitative data: quantitative data were subjected to descriptive and inferential statistical analysis.

**Results:** Most frequently reported [ $n = 7584$ , 79%] over the 10-year period was verbal aggression; incidents involving females occurred mainly in connection with the more severe levels of verbal aggression. High levels of swearing were reported; more than half of the surveyed nurses reported relevant incidents in the last week concerning a patient or carer, with 32% being sworn at between 1 and 5 times and 7% being sworn at “continuously.” Noteworthy was the finding that the majority of nurses found swearing associated with each work situation surveyed highly distressing.

**Conclusion:** These data suggest that swearing is both widespread and under-reported in a range of health contexts. The implications of swearing are poorly understood by nurses. This, and the magnitude of their distress in being subjected to it, renders them ill-equipped to deal with the experience. Certain characteristics of the patient or nurse have the potential to create a therapeutic “gap” between nurse and patient leading to a sense of otherness and increasing vulnerability for the patient. In order to minimise this distance the nurses have to be mindful of the factors triggering their affective responses and are required to expend greater therapeutic effort in order to bridge this gap.

**Abstract: S-04**

## **Defying Preconceived Expectations: A Grounded Theory of Mental Health Service Users' Experiences of Going Home from Hospital**

**Presenting Author:** Mr. **Brian Keogh**, RPN, BNS, MSc Phd Candidate

**Co Authors:** **Agnes Higgins**, Prof. & **Patrick Callaghan**, Prof.

Address: Trinity College, The School of Nursing & Midwifery, 24 D'Olier Street, Dublin 2 Ireland

[bjkeogh@tcd.com](mailto:bjkeogh@tcd.com)

### **Abstract:**

**Aim of Presentation:** The aim of this presentation is to discuss the findings of an ongoing Grounded Theory (GT) study which explores mental health services users' experiences of going home from hospital.

**Background:** It has been acknowledged that the transition from hospital to home for people who use the mental health services can be a vulnerable and difficult time. In Ireland, despite the development of community mental health services, approximately 70% of all admissions to mental health units are readmissions. This qualitative study is using GT methods to develop a theory which explains the psychological and social processes that occur when mental health service users are discharged from hospital.

**Research Design and Sampling Procedures:** Classic GT methods are being used and participants are being recruited from three urban Mental Health Services as well as from Voluntary Organizations. Data was collected initially using unstructured interviews which became more focused and structured as the data collection and analysis progressed. To date, thirty five interviews with individuals who experienced psychiatric hospitalisation have been completed.

**Data analysis:** In line with GT methods, constant comparative analytic procedures are being applied to the data. The goal of analysis is to describe the participants' collective main concern and to explore the processes that they use to continually resolve this concern.

**Findings:** 'Managing preconceived expectations' emerged as the main concern for the participants when they were discharged from hospital. This concept describes the participants awareness of belonging to a stigmatized group, their socially constructed knowledge of the negative implications associated with people who use the mental health services as well as their tacit and explicit experiences of stigma. Participants' resolved this concern through a process conceptualised as 'Defying Preconceived Expectations' which describes their passage through the stages of constructing and validating expectations, avoiding, reconciling with and challenging preconceived expectations. These stages are influenced by the participants' exposure to internal and external 'recovery catalysts' which assist in their progression through the stages of the Defying Preconceived Expectations process. The latter responses to the participants' perceived and actual experiences of preconceived expectations challenge the assumption that stigma is consistently internalised and pervasive.

**Conclusion:** The findings from this study reveal that stigma continues to be a significant problem for users of the mental health services in Ireland. Mental health nurses and other health care professionals are in a key position to assist service users to develop skills to minimise the impact of the stigma that often occurs, when individuals come in contact with the mental health services.

**Abstract: S-05**

## **Mental Nursing Care in Russia: Example of Kirovskaya oblast**

**Presenting Author:** Mrs. Nailya Sityakova

Adress: Kirov, ul.Maklina, 50/54, 610035Russia  
[rna@medsestre.ru](mailto:rna@medsestre.ru)

### **Abstract:**

Annually up to 8 million people (5% of all citizens) require mental health services. Figures of mental disabilities in Russia varies from region to region. In general in Russia 375,6 people per 10000 suffer from serious mental disorders, in Kirovskaya oblast the figures are much higher, up to 528,7 per 10000. Nonpsychotic disorders are leading in the list of mental disabilities, mental retardations hold the second position, psychotic disorders take the third place.

Mental health services are standard for all 84 regions of Russia, and include hospital and outpatient care. In Kirovskaya oblast with population of 1,4 million people hospital care include four clinics for 1772 beds, day-time units have 415 beds. The largest mental care clinic of the region has a consulting centre, a center for psychosis and sexology. On primary level mental care is provided by mental consulting rooms at all districts polyclinics. 677 nurses serve for mental care of Kirovskaya oblast.

Nurses working in mental care have basic education on specialty nursing and may use all advantages of multilevel system of education to advance their knowledge and skills. While they start working for mental care facilities, they get a mentor and several months later take part in training program on mental health. Continuing nursing education gives opportunities to update knowledge once in a five year period. Russia is implementing a cumulative system now, so nursing schools will accept credits from different training activities, including international conferences, journal publications, scientific projects. Nurses may get an advanced level of education, or higher education up to PhD levels. Nursing care in mental health require different skill mix, so many nurses get certificates in pediatrics, massage, dietology, statistics, physiotherapy.

At every hospital there is a Nursing council (unites all head nurses of the units) and the Council plays an important role in advancing nursing care, developing new documentation, implementing innovative projects and quality assurance.

Nursing in metal care requares changes and improvements. Russian Nurses Association established a special section for mental health nurses that will help to raise issues of high workloads and low payments in mental care.

**Abstract: S-07**

## **Men in Out-patient Group Therapy**

**Presenting Author:** Mr. **Christopher Campau**, Psychiatric nurse, R.N., M.A in Anthropology

Adress: Papirfabrikken 38, 8680 Silkeborg, Denmark

### **Abstract:**

This presentation deals with the topic of recruiting men to group therapy in psychiatric out-patient facilities. The premise of the presentation is that psychiatric treatment regimens often are based on feminine biased concepts of health, treatment, self-care and insight. Recruiting men to group therapy has in many cases proven difficult, which this presentation posits may be due to the feminine bias of traditional treatment forms. This paper suggests a rethinking or perhaps a reframing of group therapy forms in psychiatric outpatient facilities which are tailored more specifically toward masculine values and concepts of health, self-care and well being. Men in psychiatric outpatient facilities appear to have more in common with other in spite of varying diagnostic labels. In this sense, offering group therapy for men must address the specific form of coping that men encounter during illness at a more general level, in order to create an environment conducive to working with more specific emotional solutions and practical coping with mental illness on a daily level. The premise here is that men with mental illness demand specific skills in the process of recovery, in the same way that persons who self-harm, have eating disorders, hear voices etc. Undoubtedly, packaging the therapeutic product is an essential part of this task. As the presentation also sweepingly suggests, the masculine bias may open up new avenues in revising trends in group therapy more generally, and give hints to what might aid in the gender specific treatment planning for men. While talking therapies continue to be a viable avenue, in relation to recruiting men to group therapy, they cannot and should not stand alone. Informal networking and activities based frameworks need to be combined with very concrete problem solving tools, such as cognitive behavioural therapy.

## **Bridging Hospital and Community**

**Presenting Author:** Dr. Cheryl Forchuk, RN, PhD

Address: University of Western Ontario/ Lawson Research Institute, 375 South Street N6A 4G5 Canada  
[cforchuk@uwo.ca](mailto:cforchuk@uwo.ca)

**Abstract:**

The Transitional Discharge Model (TDM) has been used to facilitate effective psychiatric hospital discharge for individuals with a mental health problem from hospital to community. The model is based on the provision of therapeutic relationships to ensure a safety net throughout the discharge and community reintegration processes. Inpatient staff maintains contact with the client after discharge until a therapeutic relationship is established with a community care provider. Peer support is offered from a mental health services consumer who has specialized training in support.

TDM was developed through a Canadian participatory action project that “bridged” 38 long-term stay clients from hospital, saving inpatient costs of almost \$500,000 in the first year (Forchuk, Chan et al, 1998). Forchuk, Martin, Chan & Jensen (2005) further tested the model in a randomized cluster design and found length of stay on intervention wards was decreased by 116 days per person over \$12 million. Patients’ quality of social relations also improved (Forchuk et al., 2005).

Despite the positive client and systems outcomes, TDM has not been easy to implement. TDM requires many changes in traditional, relational and policy practices. This next research utilizes a program evaluation design that allows psychiatric inpatient staff from different hospital wards to sequentially build on their experiential knowledge of the TDM. Staff recommended “lived” implementation strategies for a 2nd group of staff undertaking the TDM. These strategies along with some of the challenges implementing the TDM from a hospital perspective will be shared and discussed.

**Abstract: S-104**

## **International Networks of Research - EViPRG as an Example**

**Presenting Author:** Prof. **Denys Ryan**, PhD, BSc., RPN, RGN,CAC,Cert BT. Dip Prof Studies

Adress: National Counselling Institute of Ireland  
Walton House, Lonsdale Rd., Plassey Technological Park, Castletroy, Limerick, Postcode n/a,  
Ireland  
[denis.ryan@ncii.ie](mailto:denis.ryan@ncii.ie)

### **Abstract:**

The European Violence in Psychiatry Research Group is an international European based research group which has been in existence for over 10 years. It attracts members from across European countries and also has established links in the US. It provides a network of both researchers, academics and clinically based professionals across disciplines working in or with an interest in aggression and violence and the relationship between these phenomena and mental health. It provides an exemplar of how research collaboration may be undertaken and interdisciplinary collaboration contributes positively to the understanding of phenomena in mental health practice. This paper will discuss the emergence of this group and the key contributions it has made as well as how it provides an appropriate model for building bridges across europe.

## **Work Related Aggression and Violence - An Injury Compensation Scheme for Psychiatric Nurses within the Irish Health Service**

**Presenting Author:** Mr. Seamus Murphy, Registered Psychiatric Nurse

Address: Psychiatric Nurses Association of Ireland, The Waterways Sallins, Co Kildare, Ireland  
[seamus@pna.ie](mailto:seamus@pna.ie) or [aculhane@pna.ie](mailto:aculhane@pna.ie)

### **Abstract:**

There is universal recognition that work – related aggression and violence is a serious problem within healthcare which diminishes the quality of working life for staff, compromising organisational effectiveness and negatively impacts on the provision of services.

Work related aggression and violence impacts significantly on health service provision to an extent which is sometimes not fully appreciated. Management of the problem within healthcare settings poses a range of very significant physical and psychological risks to staff. Early attempts to quantify these impacts frequently focused exclusively on the physical injuries sustained from physical assaults. While such reports undisputedly identified the risk of physical injury, they frequently did not investigate or acknowledge the potential psychological consequences associated with physical assault and the potential for serious psychological harm from verbal abuse and threats.

On the 16th May 2008 an Insurance based scheme of personal injury cover for nurses employed in mental health services who are assaulted through the course of their injuries was introduced in the Republic of Ireland.

The introduction of such a scheme had been the subject of protracted engagement with staff representatives, particularly, though not exclusively, in relation to the matter of psychological trauma. This Scheme provides a set of payments associated with an agreed range of physical injuries; those payments to incorporate compensation in respect of psychological trauma normally expected in cases of assault leading to physical injury.

The event insured against is assault arising as a direct consequence of the insured person's employment, which shall, independently of any other cause, be, the sole cause of any of the assaults. Cover operates on a 24 hours basis, in the relevant hospital, home centre, patients'home, travelling as part of the nurse's employment to and from patients /clients.

A brief history of the initial claim to the employers and subsequent implementation of the scheme provides a crucial timeline and unique account of a number of issues from an Irish psychiatric nursing perspective.

The schedule of benefits payable under the scheme and the claims procedure are outlined as is the introduction of an Insurance Based Mechanism to address Significant Trauma where a serious assault occurred on a nurse working in the mental health services and resulted in Post Traumatic Stress Disorder (PTSD). This is the first ever such scheme to be introduced in healthcare services in the world.

Over the course of almost fifteen years the Psychiatric Nurses Association of Ireland (PNA) pursued the implementation of the Scheme. This is a presentation of the processes and campaign embarked on and subsequent agreement reached. Today in Ireland there is at last a Compensation Scheme for Nurses Injured By Assault.

## **A Nurse Led Mental Health Hospital at Home Program Replacing Acute Inpatient Care**

**Presenting Author:** Ms. **Lou Morrow**, RN, RPN, Dip.T.N.Ed, B.Ed, Grad.Dip. Psych/MHN, MNg.

Adress: Flinders Medical Centre Adelaide South Australia, 12 Baldina St Eden Hills South Australia,  
5050 Australia  
[louise.morrow@health.sa.gov.au](mailto:louise.morrow@health.sa.gov.au)

### **Abstract:**

The aim of this paper is to introduce participants from an international audience of mental health nurses to an innovative program developed to replace acute inpatient care for suitable clients with a nurse led Mental Health Hospital at Home program. The program was initially developed as a hospital avoidance and/or early discharge program for people experiencing an acute episode of their mental illness.

"Hospital to Home" transition programs which provide early discharge for clients with an acute medical illness or trauma, have been well elaborated in the literature since the mid 1990s. However, this has not been the case for mental health service delivery for acute clients.

The program which is the focus of this paper is both an early discharge program, but also operates as a hospital avoidance program as a replacement for acute inpatient care. This program was initially developed with the assistance of Australian government incentives provided under the National Mental Health Plan.

The benefits to clients of avoiding hospital admission, wherever possible, are now well recognised. This includes not only economic benefits by reducing the need for expensive acute inpatient care, or reduced length of stay, but importantly in terms of nursing an acutely ill client in the least restrictive environment. Changes in acute inpatient settings over the last decade or more to what we see today worldwide, where high acuity, rapid transit, increased aggression and violence are frequently the norm, are both very confronting and potentially very traumatising to people admitted to acute settings. A program which can avoid or reduce this exposure has indeed many benefits, though it must be said it is not suitable or possible for all clients.

The paper will elaborate on client selection / and environment selection , and how the program is supported by multidisciplinary input, medical care, emergency and administrative supports on a day to day basis. Cost benefits, outcomes and future developments will also be discussed.

## **A Three Year Evaluation of Structured Short Term Risk Assessment Model in Acute Psychiatric Wards**

**Presenting Author:** Roland van de Sande, R.N, BSc.C.P.N, MSc.N, PhD-Candidate

Adress: Hogeschool Utrecht, University of Applied Science, Faculty of Health Parnassia-Bavo Groep, Institute for Mental Health, Bolognalaan 101, 3584 CJ The Netherlands  
[roland.vandesande@hu.nl](mailto:roland.vandesande@hu.nl)

### **Abstract:**

Early recognition of alarming symptoms and therapeutic management of risk are core issues for staff at acute psychiatric wards. These aspects are important for all disciplines and especially for nurses as they have a frontline officer role for the patients. This discipline has to be available 7 x 24 hours and need to respond to changes of behavior and mental state in acutely admitted patients. Therefore frequent and dynamic risk assessment is crucial to guarantee patient and staff safety on the ward. In many instances clinical decision making and de-escalation interventions cannot be delayed to prevent severe incidents. Most teams can rely on proficiently trained and dedicated psychiatric nurses however the transparency of risk management strategies can be questioned in many teams on acute psychiatric wards. Although risk profiles of acutely admitted patient changes rapidly very seldom teams work with structured risk assessment tools. Those instruments can support clinical decision making and can be helpful to fine-tune crisis intervention strategies in patients at high risk of violence towards self and others.

International literature reviews on seclusion reduction programs indicates the lack of studies on the use of short term risk assessment models to prevent serious escalations in acute wards. Dutch research findings reveal also poor transparency in clinical decision-making regarding coercive interventions. Short term risk assessment in daily practice appears to be strongly stipulated by experience based expertise. In the Netherlands approximately 30 % all aggressive incidents in acute wards results directly into seclusion interventions. Relevant clinical decision making tools for proactive risk management are available for acute settings but rarely used in daily practice. Nevertheless it should be emphasized that observation instruments could never totally replace the value of clinical judgment. To contribute to further practice development, especially aimed on the proportional use of coercive interventions a set of observational instruments (CrisisMonitor) is constructed for crisis monitoring in daily practice.

In the lecture we will reflect on the development, testing and implementation of this short term risk assessment model over the last three years. More in detail; we will report on relevant research findings, evaluation of clinical supervision and learned lessons in the process of implementation and dissemination of expertise in comparable acute psychiatric wards in the Netherlands and other countries.

**Abstract: S-10**

## Working One-to-One with Mental Health Service Users

**Presenting Author:** Dr. Keith Edwards, PhD, MA, BA (Hons), Cert. Ed, RMN, RNT, FHEA

Address: Buckinghamshire New University, Uxbridge Campus, 106 Oxford Road, Uxbridge, Middlesex UB8 1NA, UK  
[Keith.Edwards@bucks.ac.uk](mailto:Keith.Edwards@bucks.ac.uk)

### **Abstract:**

Partnership working with those that use mental health services is important to how we provide services and meet users' needs. If this is to be achieved then it is vital that time is spent meeting regularly on a one-to-one basis with service users.

This project resulted from a visit from the Healthcare Commission that identified a number of issues that required investigating, a key concern being 'the need to improve the effectiveness of staff/service user interaction'.

**Methodology:** In response to these concerns an initial meeting was set up with the 3 Lead (Senior) Nurses from the Acute Care services to ascertain their views on this issue and to set an agenda for further investigation. Following from this meeting it was agreed that all of the ward Managers in the acute areas would be contacted and interviewed on a one-to-one basis (n=11) to ascertain their perception regarding working one-to-one with service users. The data from the interviews was subject to a content analysis and synthesized into key themes.

**Findings:** The following five key themes were identified from the data:

1. Administrative duties
2. Ability and understanding of one-to-one sessions
3. Control/lack of control over work load
4. Needs of staff
5. Culture

**Conclusion:** The findings throw light onto the difficulties of engaging with service users on a one-to-one basis and as such helped to identify what needs to be done to address this concern. This project fits with the conference theme of 'Building Bridges'.

## **Exposure of Nurses to the Aggressive Behavior of Patients in Psychiatric Hospital**

**Presenting Author:** Master of Nursing **Bożena Kosińska**, specialist in psychiatric nursing

Adress: Autonomous Provincial Public Works Team mental health care in Radom, Radom ul.,  
Krychnowicka 1, 26 – 612 Poland  
[bozko@vp.pl](mailto:bozko@vp.pl)

### **Abstract:**

Aggression is behavior (no emotion) deliberate (not accidental) focused on harm to another person. Often this term is defined behavior of patients living in psychiatric hospitals, which are used to direct coercion. Is it accurate to describe? Agitation is a state of mental excitement and increased activity of the patient and, above all, a state emergency, which usually ends with aggression (verbal, physical) in relation to the environment or autoagresją. The excited patient you have to deal at any time, any individual health care. Admission to a psychiatric hospital and the use of restraint in Poland is regulated by Law on the Protection of Mental Health, adopted unanimously by Parliament in 1994 and the Regulation of the Minister of Health and Social Welfare 1995. On how to use direct force. Direct coercion may be used only to persons who: commit a coup against his own life or health or any other person, public safety, violently destroy objects in their environment or seriously interfere with the functioning of the branch. The use of direct coercion decides physician.

**Exception:** in psychiatric hospitals on the use of restraint and decide personally supervise its implementation a nurse and immediately notify your doctor. Application of coercive measures is a therapeutic intervention and is based on: Hold down, forced administration of drugs, isolation or immobilization.

**Objective:** Demonstration of a specific exposure of nurses working in psychiatric wards of aggressive behavior on the part of patients.

**Methods:** The study was carried out in the Psychiatric Hospital in Radom over 5 years (2004 - 2008), in which hospitalized an average of 8 thousand patients a year. Employs approximately 250 nurses. Analysis of aggressive behavior was conducted on the basis of statutory documentation on the use of force and the author's survey.

**Results:** In 2004 there were 914, and 2008. -1149 Behavior requiring the use of direct coercion, and adequate 126 (2004 r) and 240 (2008) directed at nurses. Increase in the number of aggressive behavior in this as much as 90% directed to nurses.

### **Conclusion:**

1. Increasing awareness of nurses and care for their own safety and physical integrity resulted in accurate reporting of behavior directed towards them.
2. Increasing the number of young patients treated, often in the intoxication stimulates the aggression of other patients.
3. Introduction to postgraduate education classes to communicate, negotiate and secure self-defense.

**Abstract: S-111**

## **The Evolving Role of the Clinical Nurse Specialist to Advanced Nurse Practice**

**Presenting Author:** **Adrienne Adams**, RGN,RMN,Diploma Family Therapy,MSC,Systemic Psychotherapy

Address: West Cork Mental Health Services, HSE South  
St David'd Resource Centre, Hospital Grounds, Clonakilty, Co Cork, Ireland  
[adrienne.adams@hse.ie](mailto:adrienne.adams@hse.ie)

### **Abstract:**

The Evolving Role of the Clinical Nurse Specialist to Advanced Nurse Practice. This Presentation looks at the pathway of a Clinical Nurse Specialist Role in Mental Health In Primary Care developing to Advanced Nurse Practice using the core concepts of Advanced Nursing Practice/ Advanced Midwifery. The core concepts of Advanced Nursing Practice are: Autonomy in Clinical Practice, Expert Practice, Professional and Clinical Leadership and Research. In 2000 a liaison Mental Health Nurse was introduced in three General Practitioner practices in the West Cork Area. The aim of the service was to provide screening, triage, mental health promotion and to allow direct access to the Community Mental Health Services and Primary Care. This role was revolutionary in improving access to psychological therapy as it was fully accessible through self referral. The care and treatment of mental health is evolving and therefore in need of further expansion and development. The Wst Cork Mental Health Services propose to further develop the Clinical Nurse Specialist to that of Advance Nurse Practice in Mental Heath in Primary Care. The presentation will also map the development of this post from 2000 to its current position.

## **The Road to Recovery: Service Users' Perspectives of a Prevention and Recovery Program**

**Presenting Author:** Prof. **Wendy Cross**, RN RPN B.App.Sc., M.Ed., PhD

Address: Monash University, Building 13 Wellington Road, Clayton, Victoria, 3930 Australia  
[wendy.cross@med.monash.edu.au](mailto:wendy.cross@med.monash.edu.au)

### **Abstract:**

**Introduction:** The aim and direction of recovery care services incorporated into public mental health brings with it a variety of challenges, especially the ability to balance care within a least restrictive environment whilst fostering recovery. Prevention and Recovery Care Services (PARCS) operate in partnership between Adult Clinical Mental Health Services and Psychiatric Disability Rehabilitation and Support Services (PDRSS). This service model is relatively new concept and was introduced in Victoria in September 2003. The effectiveness of the environment and the factors seen as helpful or unhelpful in the client's recovery journey have not been previously examined.

Developing the model and philosophy of care.

The group program places emphasis on pleasurable and achievable activity scheduling which is embedded in cognitive behavioural therapy, and helps to reactivate people and improve their quality of life. Wright, Basco & Thase (2006) advocate for activity scheduling for any client that has difficulty organising their day or engaging in meaningful pleasurable activities. We found it particularly helpful for clients that were recovering from depression and those experiencing marked negative symptoms of schizophrenia. To describe the lived experience is invaluable to outline life on a daily basis at PARCS. Overall, the service is based on the common themes of recovery: social connectedness and social inclusion. This model promotes the PARCS program ability to show sensitivity to the experience of living with a mental illness and client's narrative stories, providing a holistic picture (Repper & Perkins 2005). Nursing interventions at the unit are designed to promote social inclusion and a sense of connection within the program as well as within their community.

**Objective of the study:** To examine the factors that influence service users' experience of a PARCS program.

**Methods:** A mixed methods approach was utilised for this project. Phase one involved surveying service users using the Moos Ward Atmosphere Scale (WAS; Moos, 1974). Phase two involved focus group interviews. Numerical data were analysed using SPSS and thematic analysis for the narrative data.

**Results:** Preliminary results indicate that client's felt "normal", safe, and their inclusion within the program led to a sense of connectedness that they wanted to recreate after discharge and to continue their association with the service.

## **The Impact of Media Stigmatization on Patients' Perceptions of Their Mental Illness**

**Presenting Author:** Mr. **Kevin Gafa'**, Diploma & BSc(Hons) Psychiatric Nursing

Address: Mixed Admission Ward - Mount Carmel Hospital – Malta  
Le Soleil Flat 1 Imriekeb Street, Marsascala, MSK3535 Malta  
[kevingafa@onvol.net](mailto:kevingafa@onvol.net)

### **Abstract:**

Mass media is an influential tool for shaping the opinion of the public. Sometimes all we know about a group of people comes from portrays in the media. The media often pictures mental illness in a negative way, often leading the service user to experience stigma. Dehumanization, cultural dispossessing, alienation, injustice and denial are likely to increase when inaccurate portrays of mental illness are supported in the media. This qualitative study delves into the experience of six individuals diagnosed with mental illness and their lived experience of stigma in relation to portrays in the media. The results indicated that mass media generally reinforce the myths that mentally ill are dangerous and violent often resulting in avoidance and exclusion. Therefore, a strategic action for change is needed. Positive use of media in terms of prevention and awareness, were also identified.

**Abstract: S-22**

## **Understanding the Risk of Suicide Associated with Recent Discharge: Phenomenological Design and Data Analysis**

**Presenting Author:** Dr. John R. Cutcliffe, RMN, RGN, RPN, RN, B.Sc (Hon.), PhD

Address: University of Maine, 9141 Elm Tree Circle, Tyler, Texas, 75703 United States of America  
[dr.johnr@suddenlink.net](mailto:dr.johnr@suddenlink.net)

### **Abstract:**

The aim of this federally funded project was to develop an understanding of the observed increased risk for suicide following discharge from an inpatient psychiatric service. Our study used quantitative and qualitative methods to develop a comprehensive model to explain suicides in recently discharge patients; this presentation reports on the qualitative findings. The choice of hermeneutic, phenomenology as the method most appropriate for this study is grounded in the holistic nature of healthcare practice, particularly the care of the suicidal person. As a collection of integrated professional groups, formal mental healthcare services have long encouraged detailed attention to the holistic care of humans (Peplau 1952, 1988; Maris 2002), wherein mental health care purposefully avoiding attempts to 'reduce' a person into his/her constituent parts. Such approaches to care have clear connections and commonality with phenomenological inquiry, given that phenomenology is equally concerned with understanding and exploring the integrated whole (Streubert and Carpenter, 1999). A holistic perspective and the study of experience as 'lived' serve as the foundations for phenomenological inquiry.

The researchers obtained a purposive sample of former suicidal people who consented to participate in the quantitative study. In keeping with phenomenological inquiry, no a-priori limits were set on the number of interviewees required for this study and the sample size reached 22 participants who provided a rich data set. Our phenomenological analysis indicates that the lived experiences of being discharged can be captured under the two key themes: "Existential angst at the prospect of discharge" and "Trying to survive while living under the proverbial 'Sword of Damocles'". These key themes contain a number of themes namely: 'Back in the Lion's Den', 'Feeling Unprepared - But i'm not ready!', 'Needing post discharge support - But I can't do this on my own!', 'Feeling lost and confused - Where do I go from here?', 'Feeling alone and isolated - Is anybody out there?', 'Leaving the place of safety - But I feel safe in my cave!', 'Experiencing Duality and Ambivalence - I like it here, but I can't stay forever', 'Feel like a burden - I don't want to be any trouble.', 'Suicide remains an option - But I still feel suicidal.', 'Engaging in soothing, comforting behaviours

"The first thing I'm going to do when I get home is.....".

The findings from this investigation increase our understanding and have informed the creation of preventive strategies for individuals at high risk after being recently discharged.

## **A prospective Comparison Study to Investigate Protected Engagement Time on Acute Mental Health Inpatient Wards in England**

**Presenting Author:** Ms. **Fiona Nolan**, RMN, BA (Hons)

Address: University College London, Centre for Outcomes Research and Effectiveness (CORE), UCL,  
1-19, Torrington Place, London, WC1E 7HB, UK  
[f.nolan@ucl.ac.uk](mailto:f.nolan@ucl.ac.uk)

### **Abstract:**

**Aim:** This presentation will describe a prospective study, due to commence in March 2010, to evaluate the use of Protected Engagement Time in adult acute inpatient wards in three mental health trusts in England. The study has received £250,000 from the Research for Patient Benefit (RfPB) funding stream, and will be carried out over 30 months.

**Background:** Patients on acute psychiatric wards in the UK have recurrently reported that they are unhappy with the ward environment, that they are bored and have little to do, that wards are intimidating, and above all, that contact between staff and patients is often identified as too limited in both quantity and quality, and as lacking therapeutic content.

Despite various local and national initiatives, we do not yet have an evidence-based way of addressing this problem. Protected Engagement Time (PET) has emerged as a promising initiative for improving quantity and usefulness of staff-patient contact. During fixed periods of the day, staff are asked to focus solely on patient contact: visitors are not admitted and administrative duties and meetings not allowed. This approach is popular and inexpensive to implement. However, we do not have any evidence about whether it works or how it should be implemented to achieve the best results.

This study aims to address this lack of evidence and will have three components:

- a) A national survey investigating how widespread PET now is in England, and how it has been implemented.
- b) Evaluation of the effects of PET on patients and staff by comparing 12 wards with PET and 12 wards without. This study will observe whether there is more contact between staff and patients with PET, and will use questionnaires and interviews to compare patients' satisfaction with care and staff burnout on wards with and without PET. It will also examine the frequency of conflict between staff and patients and both groups' perceptions of the ward environment.
- c) In-depth case studies on three wards with PET, using open-ended interviews with patients, staff and service managers, exploring their experiences of the effects of PET and how best to implement it.

The objectives for each component and the measures used will be described in detail in the presentation. An update of progress on the study to date will also be given.

## The experience of Families in the Caring Trajectory

**Presenting Author:** Dr. Evidiki Papastavrou, BSC, MSC, PHD

**Co Authors:** Haritini Tsangari, D.r & George KARAYIANNIS, Mr.

Adress: Cyprus University of Technology, Dept of Nursing,  
P.O.BOX 12715, Latsia, Nicosia, 2252 Cyprus  
[e.papastavrou@cut.ac.cy](mailto:e.papastavrou@cut.ac.cy)

### Abstract:

**Aim:** The aim of this study is to examine the burden and psychiatric morbidity in the form of depression, experienced by Cypriot families caring for a relative suffering from one of the following: Alzheimer's disease, schizophrenia or cancer.

**Background:** Family members of patients with chronic illnesses experience distress as a result of caregiving roles, and this distress has been shown to continue over time and may be exacerbated by changes in the patient's condition. The distress resulting from assuming the role of caregiver can be manifested as burden, depression, helplessness, and anxiety and often is related to providing direct care. Although a great deal of research has been performed on correlates of burden and depression for caregivers who are at various points in the care trajectory, there are no cross-disease studies on how caring is experienced by caregivers of different chronic cases. **Methods:** This is a cross-sectional descriptive and correlation study. A total of 410 caregivers were recruited from the community. They were asked to complete a set of validated instruments measuring burden, depression and a socio-demographic data sheet. Statistical tests include descriptives, one-way ANOVA and post-hoc Tukey pairwise comparisons to see if there are significant differences between the three groups.

**Results:** The results support high level of burden and depression among all caregivers. Significant differences ( $p$ -value $<0.001$ ,  $F=26.11$ ) between the three caregiving groups were detected in terms of burden. The highest burden is for Alzheimer caregivers (mean=49.15, SD=17.14), then follows schizophrenia (Mean=37.59, SD=15.70) and cancer (Mean=37.06, SD=15.92). One-way ANOVA showed that there are significant differences ( $p$ -value=0.008,  $F=4.85$ ) between the three caregiving groups in terms of depression. The highest depression is for cancer caregivers (mean=20.35, SD=10.06), then follows schizophrenia (Mean=18.85, SD=8.28) and Alzheimer (Mean=16.74, SD=10.88).

**Conclusions:** The findings increase our understanding about burden and emotional wellbeing in family caring for relatives with chronic illnesses. They have great clinical importance in health care because they help health professionals to plan intervention strategies focusing on each domain of burden.

## **Current Education Available for Professionals Working in Mental Health Services in the Republic of Ireland: What are the Gaps?**

**Presenting Author:** Prof. **Agnes Higgins**, PhD, MSc, BNS, RPN, RGN

**Co Authors:** **Gerry Maguire**, Mr., **Mary Creaner**, Dr., **Eddie McCann**, Dr.,  
**Shoba Rani**, Dr., **Jane Alexander**, Dr., **Orla O'Neill**, Ms., **Mike Watts**, Mr.,  
**Malcolm Garland**, Dr.

Address: School of Nursing and Midwifery, Trinity College, 24 D'Olier Street, Dublin, Ireland  
[ahiggins@tcd.ie](mailto:ahiggins@tcd.ie)

### **Abstract:**

Throughout Europe, mental health services are shifting from an institutional model towards a comprehensive, integrated, community based mode of delivery. Similar to mental health services in other European countries, the Mental Health Services in Ireland are also undergoing unprecedented levels of change and are responding to the recommendations of the national policy document 'A Vision for Change: Report of the expert group on Mental Health Policy' (Department of Health and Children 2006) and the reforming Mental Health Legislation (Government of Ireland 2001). Increasingly there is recognition that the provision of high quality education and training that is responsive, relevant, accessible and evidence based is a critical step in the provision of the kind of care envisioned. This paper will present the findings of a scoping study that explored issues around third level education available to professionals working in mental health services in the Republic of Ireland. The research design was an exploratory, descriptive design using a combination of questionnaires and telephone interviews for data collection. In total, 227 courses from 31 third level educational institutions were identified as fulfilling the inclusion criteria for the study. 149 questionnaires were returned represented a 65.6% return rate. Findings from this study suggest that while there are a variety of courses for professionals working in mental health to choose from there are still a number of gaps in education provision. Within the presentation issues around course structures, funding, interprofessional education, teaching and assessment strategies, service users involvement and clinical supervision will be addressed. The research project was funded by the Irish Mental Health Commission.

## **Forensic Psychiatric Nursing: its Situation in Turkey Today**

**Presenting Author:** Olcay Çam, Prof. Dr.

**Co Author:** Leyla Baysan Arabaci, Ms., Research Assistant

Adress: Ege University School of Nursing Psychiatric Nursing Department,  
Bornova /İZMİR 35100 Turkey  
[olcaycam@yahoo.com](mailto:olcaycam@yahoo.com) , [baysanarabaci@hotmail.com](mailto:baysanarabaci@hotmail.com)

### **Abstract:**

Forensic Psychiatric Nursing(FPN) is a specific nursing field related to the cares of committing psychiatric patients.It is not clear that what the FPNs' roles, knowledge and skills are against the patients they work on and against the patients' criminal acts and this situation shows differences from a country to another.In our country, there aren't any nurses who have specific knowledge and skills, specialized and defined as "forensic psychiatric nurse". However, today in our country, as of 2009, 67nurses are giving care to 498forensic psychiatric patients in total eight hospitals.Also, nurses come across forensic psychiatric cases and/or give care to those patients in the emergency services, psychiatry clinics and polyclinics of the state hospitals related to Ministry of Health and university hospitals as well. However, in forensic psychiatry field practice, high-school graduate or bachelor nurses who didn't specialize enough and even had almost no education about FPN in vocational and in-service training. Consequently, there are differences among the hospitals in carrying out and organizing the care services towards forensic psychiatric patients.In "Forensic Psychiatry Departments" of Mental Health and Diseases Hospitals in which care services are carried out to forensic psychiatric patients; it is known that there is no standardization in terms of both therapeutic environment created and care services presented and each corporation arranges and organizes those departments in accordance with their own corporate cultures.

One of the biggest difficulties in forensic psychiatry is that job definition and functions are not definitely defined. In our country, it is thought that it is effective in arising of this result that specialized forensic psychiatric nurses do not take place in application. However, when sufficient and comprehensive educations about forensic psychiatric nursing are given to nurses and when those nurses commonly take place in application, it is thought that the solution of existing and unforeseen vocational and ethical problems will be provided.

In conclusion, in forensic psychiatry departments in which the forensic psychiatric patients' care, treatment and rehabilitation are carried out, employing specialized health personnel who can evaluate the forensic psychiatric patients' physical, psychological, social, mental, economic and cultural situations with an integrated point of view and who support them to develop their practical life skills will increase the patient care quality toward the forensic psychiatric patients.

## **The Quality of Life and Service Needs of Icelanders who Suffer from Severe Mental Health Problems**

**Presenting Author:** Ms. **Margret Eiriksdottir**, Psychiatric nurse and student for master degree in psychiatric nursing

Address: Landspítalinn University hospital in Reykjavík Iceland, Laugavegur 3, Reykjavík, 105 Iceland  
[margeiri@landspitali.is](mailto:margeiri@landspitali.is)

### **Abstract:**

People who suffer from severe and enduring mental health illnesses need a variety of services and support in their daily lives. The quality of life for these individuals is determined amongst others by how their service needs are met. Research suggests the evaluation that individuals who suffer from severe mental health illnesses apply to their service needs and how it is accomplished is an accurate way to measure the quality of service these individuals are receiving. The purpose of this research was to shed light on the service needs of people with severe and enduring mental health illnesses in Iceland and how their quality of life is linked to the way their service needs are met. A survey was performed to assess the influence of severe mental health illnesses on the service needs and quality of life of ninety outpatient adults. The survey used the Camberwell Assessment of Needs as well as the Icelandic Health related Quality of Life Test. The results showed among other things that up to a third of the patients had service needs that were unmet due to the lack of social interaction, close relationship with another person and information about the illness and treatment. Nearly three of every four persons endured reduced quality of life. The quality of life for those with unmet service needs was worse than those who received proper service or did not require service at all. Three voluntary focus groups, composed of individuals with experience dealing with severe mental illnesses, discussed what had proved helpful dealing with severe and enduring mental illnesses and what problems were difficult to deal with without help. Phenomenological approach showed three main themes; 1) to have professional and appropriate health care service, 2) to belong to a family, 3) self-help and promoting.

Several suggestions are put forth to improve outpatient services for individuals with severe and enduring mental health problems on the grounds of the mutual interpretation of the result of the survey and the focus groups. These suggestions include a regulated assessment of the quality of life and service needs for individuals with severe and enduring mental health problems to be used as a foundation for the service provided with special emphasis on a solid, lasting therapy. To lay the foundation of an improved service it is necessary to further research the service needs and quality of life of individuals suffering from severe and enduring mental health problems in Iceland. There is a special need to research the circumstances and needs of young individuals suffering from severe mental health problems as they had few representatives in this study.

## **Stress and Compromise: a Reflective Understanding of Emotional Labour in Helping Professions**

**Presenting Author:** Prof. Dawn Freshwater, PhD, BA (Hons), FRCN, RGN, RNT, DipPsych

**Co Author:** Jane Cahill, Dr.

Address: School of Healthcare, Baines Wing, University of Leeds, LS2 9JT, United Kingdom  
[d.freshwater@leeds.ac.uk](mailto:d.freshwater@leeds.ac.uk)

### **Abstract:**

The overarching aim of this presentation is two fold: first to provide participants with an evidence-based conceptual understanding of stress and compromise and second to propose a person-centred model of stress prevention to alleviate emotional labour in the helping professions.

Compromise describes the process by which agreement is found through communication, resulting in a settlement of differences by mutual concession. In our conceptual framework of compromise we define the process primarily as one of psychological adaptation. Compromise can occur both externally, through relationships with others, and internally, through intra-personal processes characterised by inner conflict where the impact of cognitive dissonance can become significant. In the caring professions we suggest that compromise can occur on a daily basis without conscious awareness leading to 'unconscious competence'. Emotional labour - emotion management in order to meet expectations of the work environment - is a case in point and offers a good way to examine compromise within the individual. Such compromise is inherently double edged - while on one level being an adaptive process if occurring on a prolonged basis has the potential to lead to occupational stress and burnout. We argue that for 'compromise' to be put to optimal use as a technique to beneficial effect in the management of emotional labour, the process must be monitored via reflexivity. To this end we propose the development of a person-centred intervention for stress resolution based on the clinical supervision model. This intervention will be aimed at increasing levels of self awareness, emotional intelligence & reflective practice. A key component will be a focus on what occurs in the gap between theory and practice, expectation and reality as described in espoused theories. The design will build on the development and implementation of clinical supervision for staff working in prison settings (Walsh et al., 2007). Self awareness and reflective practice emerged as key components of effective clinical supervision and we propose to incorporate these into the intervention. We seek to develop a tool kit that will provide health care staff with the teaching and learning materials necessary to enable them to train colleagues in supervision and reflective practice. Incorporation of this intervention into the workplace will both manage present stress and prevent stress being established in at risk employees. An attendant consequence of enhanced management of emotional labour and by implication occupational stress will be improved patient-care and patient well-being.

## **The Concept of Patient Satisfaction in Adolescent Psychiatric Care**

**Presenting Author:** Prof. **Páll Biering**, Ph.D.

Address: University of Iceland & The Icelandic State and University Hospital, Eiríksgata 27, 101 Iceland  
[pb@hi.is](mailto:pb@hi.is)

### **Abstract:**

In recent decades, the user movement has strengthened its demand for patients' involvement in the development of psychiatric care. To meet these demands caregivers need to develop knowledge about their patients' views on good and poor quality of care. Furthermore, valid instruments are a necessary prerequisite for using patient satisfaction as a quality indicator. Very few studies have been conducted to explore how adolescents experience psychiatric care and how they perceive the quality of such care. Therefore, a study was conducted among adolescents who had received inpatient psychiatric care in the Icelandic State and University Hospital. The purpose of the study was to develop a better understanding of the concept of patient satisfaction in adolescent psychiatric care by exploring adolescents' experience of psychiatric care and by identifying factors that, from their perspective, contribute to quality of care. The study is part of a project to develop a questionnaire to measure adolescents' satisfaction with inpatient psychiatric care. The methodology was qualitative and based on Gadamer's philosophical hermeneutics and Ricoeur's hermeneutic methodology. Fourteen adolescents were interviewed for the study. The findings fell into two categories: concepts describing adolescents' perspective of quality of care and concepts describing satisfying treatment outcomes. The concepts describing perspective of quality of care are defined as factors contributing to the adolescents' satisfaction or dissatisfaction with psychiatric care. These factors are secure place, isolation from the outside world, activity, tough love or discipline, peer solidarity, self-expression, a person not a patient, and consideration. Concepts that describe satisfying treatment outcomes fell into three categories: concepts relating to improved mental health, to personal development, and to the strengthening of the self. These findings can be used to gain better understanding of the factors that contribute to adolescent satisfaction with psychiatric care and hence to improve quality of care. Furthermore, the study identifies concepts that can be used for the development of instruments to measure quality of adolescent psychiatric care.

**Abstract: S-31**

## **Mental Health During Pregnancy and the Postnatal Period**

**Presenting Author:** Mr. **Stephen Bradford**, MSc, BSc, Dip N

Address: South East Essex NHS, Warrior House, 42-48 Southchurch Road, Southend, Essex,  
SS1 2LZ, England

### **Abstract:**

The aim of the presentation is to increase awareness and knowledge of Mental Health issues during pregnancy and within the Postnatal Period (perinatal). To give an overview of the impact of mental illness on the mother, her pregnancy, the unborn baby and the specific obstetric and psychiatric needs of women during the perinatal period.

Psychiatric disorders are a leading cause of maternal death during the Perinatal Period (Oates, 2000). Women who experience chronic Mental Disorders during pregnancy and postnatally are likely to receive poorer antenatal care, have obstetric complications including inter-uterine growth and still birth (Howard, 2003). Women with Serious Mental Illness may attend Antenatal care less frequently, yet these women are higher risk of Obstetric complications require optimal Antenatal care (Howard, 2005). But pregnancy presents a challenging time for women and services and the treatment needs of women at this time are complex. This is also a time of uncertainty for women with recent literature showing a 50% risk of relapse for women with unipolar or bipolar illness during pregnancy (Cohen et al, 2006).

## **Mental Health Nursing Specialisation in Greece**

**Presenting Authors:** **Katerina Pikouli\***, RHV  
**Evanthia Sakellari\*\***, RHV, MSc

Address: \* Community Mental Health Centre of Vyronas-Kaisariani, Greece  
[katpikouli@yahoo.gr](mailto:katpikouli@yahoo.gr)

\*\*Athens Public Health Directorate, Prefecture of Athens, Greece  
[sakellari@ath.forthnet.gr](mailto:sakellari@ath.forthnet.gr)

\*, \*\*Kolokotroni 11, N. Iraklio, Athens, 14121 Greece

### **Abstract:**

**Introduction:** Mental health is an essential issue in health care worldwide. According to the W.H.O. (2003) 450 million people worldwide suffer from a mental or behavioural disorder and it is predicted (W.H.O., 2005) that 15% of the total disease burden by 2020 worldwide will be mental and behavioural disorders.

**Aim:** This presentation aims to present briefly the mental health care in Greece and to describe the mental health nursing specialisation in Greece.

### **Mental health care in Greece**

Traditionally, psychiatric care in Greece has been institutionalised. Before 1983-84, mental health was based in nine large psychiatric hospitals. The reform of the mental health services began in 1983, through the passing of the National Health System Act, in combination with a regulation of the EEC (now EU), which provided co-funding for the reform of the mental health services in Greece. The components of the mental health policy formulated advocacy, promotion, prevention, treatment and rehabilitation. Since the reform process began, 65% of the beds in psychiatric hospitals have been closed.

### **Mental health nursing specialisation in Greece**

Nurses and Health Visitors who have fulfilled two years of work in a public health care setting are entitled to apply for their participation in the mental health nursing specialisation programme.

The goals of the educational programme for the mental health nursing specialisation are: the mental health nursing care of all ages mentally ill persons in mental health hospitals and in the community, the prevention of mental illnesses and the mental health education.

The programme lasts one year and consists of 40% theory and 60% clinical practice. Only five mental health hospitals in Greece organise this educational programme. Clinical practice takes place in mental health hospitals, in general hospitals' psychiatric clinics and mental health centres.

The programme following the two orientation weeks contains four educational modules: 1. Mental health nursing in general hospital, 2. Children's and adolescents' mental health nursing, 3. Adults' mental health nursing and psycho-geriatric nursing, and 4. Social mental health nursing. Each education module lasts 12 weeks: 10 weeks x 35 hours theory and clinical practice and 2 weeks x 10 hours sessions of preparation for examinations.

**Conclusion:** The programme offers special knowledge and skills on mental health nursing which enables Health Visitors and Nurses to provide special health care of high quality to people with mental illnesses and their families/carers and moreover, to participate in interventions which promote mental health.

## **A common Background for Psychiatric Nursing**

**Presenting Author:** Ms. Tove Pank, RN, MSN

**Co Author:** Jette Christiansen, Ms.

Adress: The Psychiatric Hospital, Aalborg, Mølleparkvej 10, DK-9000 Aalborg, Denmark

[tove.pank@rn.dk](mailto:tove.pank@rn.dk)

### **Abstract:**

Sharing an explicit background of psychiatric nursing makes it clear to a professional staff which knowledge, skills and values are important in psychiatric nursing. A common background strengthens the feeling of community and helps creating an identity as a psychiatric nurse.

The Psychiatric Hospitals of Northern Jutland already share common values, tasks and visions, ensuring the work of every employee. The director of nursing found it necessary to operationalize those broad values, tasks and vision into psychiatric nursing and a working group was established. The task of the group was to describe psychiatric nursing based upon professional person-oriented care, performed at a high qualitative level.

Nursing and caring are basically moral matters and nurses must daily decide what ought to be done in specific situations. A common explicit background may help answer that question so the group gave the following recommendations:

1: Psychiatric nursing must be based upon the following: a biological, a medical, an human and social scientific perspective. These perspectives are broad and they will show in every nursing intervention, one way or another

2: Psychiatric nursing must be comforting, palliative, caring and preventive and the interventions are guided by problem solving.

The choice fell on the Norwegian nurse Gunn von Krogh because she describes psychiatric nursing systematically and has focus on nursing interventions and nursing outcome. Gunn von Krogh says that nursing interventions in psychiatric care should alleviate symptoms, reduce discords and if possible cure psychiatric disease. Inspired by The North American Nursing Association von Krogh describes 7 categories of nursing interventions - interventions targeting physiological problems, functional problems, psychocognitive problems, safety problems, existentialistic problems, problems related to life style and finally family problems. The interventions are exercise at different levels. The 7 categories are thorough in von Kroghs book about concepts in psychiatric nursing.

The next step was to make von Krogh known among the nurses in the organization so we wrote a booklet, containing the essence of von Krogh. The booklet was sent out to every matron and ward sister to be discussed with the nurses January 2009. Von Krogh is still not wellknown to every nurse- it takes time. Now it is up to every unit to plan a strategy of implementing and ensuring knowledge and understanding of how to use the systematic thinking of von Krogh in connection with nursing documentation.

## **The Bulldozer and the Ballet Dancer: Aspects of Nurses' Caring Approaches in Acute Psychiatric Intensive Care**

**Presenting Author:** Ms. **Anna Björkdahl**, RMN, PhD Student

**Co Authors:** Dr. **Tom Palmstierna** & Dr **G. Hansebo**

Adress: Health Care Provision, Stockholm County Council, Plan 5, Box 17914, SE11895, Sweden  
[anna.bjorkdahl@sll.se](mailto:anna.bjorkdahl@sll.se)

### **Abstract:**

Demanding conditions in acute psychiatric inpatient wards may inhibit provision of safe, therapeutic care and leave nurses torn between humanistic ideals and the harsh reality of their daily work.

The aim of this study was to describe nurses' caring approaches within this context. A qualitative research method was adopted, based on Interpretive description. Data were collected from interviews with nurses working in acute psychiatric intensive care. Data were analysed using qualitative content analysis.

Results revealed a caring-approach continuum on which two approaches formed the main themes of the analysis: the bulldozer and the ballet dancer. The bulldozer approach functioned as a shield of power that protected the ward from chaos and that set limits to what was judged as unacceptable patient behaviour. The ballet dancer approach functioned as a means of initiating relationships with patients, using both verbal and non verbal ways to build trust between the nurse and the patient. The data analysis showed that nurses often shifted between these different approaches several times a day.

When examining the results from a theoretical perspective of caring and uncaring encounters in nursing, the ballet dancer approach was consistent with a caring approach, while the bulldozer approach was more complex and somewhat aligned with uncaring approaches. Conclusions drawn from the study are that although the bulldozer approach involves a risk for uncaring and harming actions, it can also bring a potential for caring. This potential needs to be further explored and nurses need to be provided with tools to identify opportunities for caring approaches while maintaining safety and security on wards for everyone.

## **Struggling of Life and Opportunities of Change: Experience of Individual with Schizophrenia**

**Presenting Author:** Ms. **Chen-Ju Ko**, Registered Nurse of Taiwan, Qualified lecturer of the Ministry of Education of Taiwan, Doctoral student of National Yang-Ming University of Taiwan, R O C.

**Co Authors:** **H. H. Chiang & Pei-yin Tien**

Address: Tzu chi College of technology, No.824, Sec. 2, Zhongshan Rd., Changhua City, Changhua County 500, Taiwan (R.O.C.), 50042 Taiwan, ROC  
[chenjuko@tccn.edu.tw](mailto:chenjuko@tccn.edu.tw) , [chenjuko@yahoo.com.tw](mailto:chenjuko@yahoo.com.tw)

### **Abstract:**

**Background:** base on the deinstitutionalization and community base service tendency worldwide, the Health Department of Taiwan implementing community based mental health service since 1960. More than 83% individuals with mental illness live in communities. However, insufficiency community mental health services are reported by the speaker of family self-help group. In addition, the community nurses described difficulties in assessing and providing proper interventions for individual with mental illness.

**Aim:** in order to improve nursing care service, this study aims to explore community living experience of individual with Schizophrenia.

**Method:** one to one interview with individuals with Schizophrenia were conducted after inform concept and permission. Qualitative content analysis was applied to analyze data collected. True value, transferability, dependability and confirmability suggested by Lincoln and Guba (1985) were implemented by two of the reachers.

**Result:** struggling in daily life and opportunities of change were two major themes arise from this study. Struggling in daily life include disturbances from mental illness, dilemma between dependence and independence, difficulties in establishing meaningful relationship and lack of support were identified. Opportunities of change include developing coping strategies of mental illness, getting support from families, friends and health care providers and desire of self-growth were also reported by clients.

**Conclusion:** the research findings indicated that assisting in developing coping strategies, establishing support system and respecting clients' potential of growth and change may key issues for community mental health nursing.

**Abstract: S-46**

## **Behavioural Activation for Depression Delivered by Mental Health Nurses. A Review and Randomised Controlled Trial.**

**Presenting Author:** Mr. **David Ekers**, RMN, ENB650 (dip CBT), MSc

Address: Health Centre, Newcastle Road, Chester Le Street, Co Durham UK, A/A, DH33UR, UK  
[david.ekers@tewv.nhs.uk](mailto:david.ekers@tewv.nhs.uk)

### **Abstract:**

**Introduction:** Depression affects 5-10% of the population, is set to become the second largest cause of disease burden by 2020 and is the third most common reason for primary care consultation. Cognitive Behavioural Therapy (CBT) is the gold standard treatment consisting of both behavioural and cognitive interventions; lack of clarity exists regarding the optimum mix of these. Access to CBT is limited due to the scarcity of therapists. Behavioural activation (BA) alone has been seen to be as effective as full CBT although simpler in construct. Such approaches may offer increased access if BA is suitable for delivery by a wider range of mental health staff.

**Method:** We conducted a systematic review and meta analysis of randomised trials of individual behavioural treatments of depression to ascertain clinical efficacy of such approaches & develop a pragmatic RCT.

**Results:** Meta Analysis: Twenty randomised controlled trials were identified. We found BA to be an effective intervention compared to controls (SMD -0.70, 95% CI -1.0~-0.39) and as effective as CBT (SMD 0.08 95% CI -0.14 to 0.30). All trials used experienced psychotherapists hence parsimony has not yet been demonstrated.

**RCT:** Based upon results of our review we delivered pragmatic randomised trial to test the feasibility through clinical & cost effectiveness of BT delivered by junior mental health nurses. Nurses had no previous formal therapy qualifications, attended a five day training and received fortnightly supervision. Forty seven participants were independently randomly allocated to either 12 sessions of protocol led behavioural activation or usual care via GP or primary care mental health workers. Participants had a primary diagnosis of depression or mixed anxiety and depression and stratification occurred based upon severity prior to randomisation. Depression symptom level and functioning was assessed monthly throughout the trial and satisfaction at the end point. Service use was measured by questionnaire for the 6 months prior to entry to the trial and for the duration.

In this presentation we will outline the method and results from our systematic review and RCT. This is the first controlled clinical trial testing the parsimony of behavioural activation and implications for mental health nurses will be considered.

**Abstract: S-47**

## **Nurses' Responses to Suicide and Suicidal Patients: An Understanding of Accumulated Nursing Research**

**Presenting Author:** Prof. **Fredricka Gilje**, Nurse educator and researcher in the U.S. and Scandinavia

Address: 4088 Laredo Pl, Billing, MT, 59106 USA

### **Abstract:**

**Aim:** To provide an inclusive understanding of nurses' responses to suicide and suicidal patients from the perspective of a critical interpretive synthesis of accumulated nursing research.

**Background:** Various studies address nurses' responses to suicide and suicidal patients. Most research has been conducted in Europe and North America. An understanding of accumulate research-based literature about nurses' responses to suicide and suicidal patients may guide nurses interactions with suicidal patients in ways that facilitate suicide prevention and recovery.

**Design:** The design is reflexive and interpretive.

**Method:** A critical interpretive synthesis was conducted comprised of six phases: formulating the review question, searching the literature, sampling, determining quality, extracting data, conducting an interpretive synthesis. Qualitative content analysis and systematic review of literature were included in these phases.

**Results:** The results report: the review question, literature review strategies, purposive sample (26 full text studies published in peer reviewed journals, 1988 through July 2009), quality determinants, data extraction into themes and interpretive synthesis into an understanding of four key concepts. These concepts are: Nurses' critical reflections on self, suicide and suicidal patients embedded in philosophical and relational perspectives; Nurses' attitudinal response to suicide and suicidal patients; Nurses' complex knowledge and professional role responsibilities caring for suicidal patients; Nurses' desire for emotional and educational support/resources caring for suicidal patients. An interpretation of these concepts is the construct praxis.

**Conclusion:** This understanding of results of accumulated research-based literature enhances contextual, conceptual and methodological perspectives on this topic. Contextually, gaps exist in international research. Conceptually, nurses' responses of praxis can meet challenges of caring for suicidal patients in various settings. Methodologically, the critical interpretive synthesis approach moved knowledge into and beyond an aggregate understanding.

**Relevance to Clinical Practice:** Understanding nurses' responses to suicide and suicidal patients as praxis may guide nurses to interact with suicidal patients in ways that facilitate suicide prevention and recovery, thus addressing the urgent work of suicide prevention in the world.

## Hearing Voices from within over Time

**Presenting Author:** Prof. **Anne-Grethe Talseth**, Psychiatric nurse educator and researcher

**Co Author:** Prof. **Fredricka Gilje\***

Address: Faculty of Health Sciences, Department of Health and Care Sciences

MH-bygget, Breivika, 9037 Tromsø, 9037 Norway, [anne.g.talseth@hitos.no](mailto:anne.g.talseth@hitos.no)

\*Home address: 4088 Laredo P1, Billing, MT, 59106, USA, [fgilje@bresnan.net](mailto:fgilje@bresnan.net)

### **Abstract:**

'Hearing voices from within over time: A case study'

**Aims and Objectives:** The research question was 'What is the lived experience of the phenomenon hearing voices from within?' The aim was to uncover a description of a person's experiences hearing voices from within over time based on a case study.

**Background:** Hearing voices from within is a phenomenon of interest to psychiatric nurses as they encounter persons who experience auditory hallucinations. While literature focuses on the psychiatric symptom of auditory hallucinations, little has been written about the lived experience of hearing voices from within. Understanding the lived experience of hearing voices from within may guide nurses in their relationships with persons who hear voices. It may also show what kind approaches help patients to live with their voices from within.

**Design:** The design is qualitative.

**Method:** A case study was conducted over time with an adult woman in Norway who experienced hearing voices from within and agreed to be interviewed twice. The interviews were analyzed by qualitative content analysis. The existential life-world dimensions of time, space, relationship and body provided a way to organize the textual data.

**Results:** Preliminary results show 4 dimensions that describe the lived experience of hearing voices over time. These are 'opening up and telling about hearing voices from within', 'telling what happened before hearing voices from within', 'telling descriptions of what kind, when and where hearing voices from within appeared in the past and recently', 'telling about ways that diminish hearing voices from within'.

**Conclusion:** This understanding of the lived experience of hearing voices from within provides a case study perspective over time on a woman's lived experiences. Revealed in the participant's telling about hearing voices from within are aspects of nurse-person relationships that open up for telling about inner experiences and patient teaching that can help persons live with hearing voices from within.

**Relevance to Clinical Practice:** Understanding lived experiences hearing voices from within may guide nurses to open up in ways that facilitate telling inner experiences as well as help patients live with hearing inner voices.

## **Využitie meracích a hodnotiacich škál pri hodnotení zvládania záťaže rodiny v psychiatrickom ošetrovatel'stve**

**Presenting Author:** Mgr. Martina Pochybová

**Co Authors:** Dr. Igor Ondrejka & Dr. Veronika Husárová

Adress: Psychiatrická klinika MFN a JLF UK Martin, Kollárova 2, Martin, 036 01 Slovenská republika  
[pochybova@gmail.com](mailto:pochybova@gmail.com)

### **Abstract:**

Cieľom prezentácie je priniesť informácie o vhodných meracích a hodnotiacich nástrojoch pri hodnotení zvládania záťaže rodiny sestrou s využitím klasifikácie ošetrovateľských diagnóz podľa NANDA International. Vzhľadom na kvalitnú ošetrovateľskú diagnostiku a objektivizáciu získavaných údajov je v prezentácii vymedzené používanie validných a reliabilných hodnotiacich a meracích nástrojov Family Crisis Orientated Personal Evaluation Scale (F-COPES), Coping Health Inventory for Parents (CHIP), Family Coping Index (FAMCI). Fenomén zvládania záťaže v rodine je obsiahnutý aj v klasifikačnom systéme ošetrovateľských diagnóz – NANDA International Taxonómia II. Problémy pri napĺňaní potreby zvládania záťaže v rodine reflektuje ošetrovateľská diagnóza Neschopnosť rodiny zvládať záťaž (disabled family coping), ktorej je pridelený kód 00073. Táto ošetrovateľská diagnóza patrí do 9. domény Zvládanie záťaže/Tolerancia stresu, 2. triedy s názvom Zvládanie záťaže. (Herdman et al., 2009, s. 253)

HERDMAN, T.H., HEATH, C, LUNNEY, M., SCROGGINS, L., VASSALLO, B. 2009. NANDA International Nursing Diagnoses: Definitions and Classification 2009 – 2011. 2nd ed. London: Wiley – Blackwell, 2009. 464 p. ISBN 978-1405187183

## Depression Prevention Groups at Maternity Clinics

**Presenting Author:** Ms. **Sirpa Soilikki Kumpuniemi**, RN, psychotherapist

Address: City of Vantaa, primary health care organization, Haavikkotie 54 B, 04260 KERAVA, Finland  
[sirpa.kumpuniemi@vantaa.fi](mailto:sirpa.kumpuniemi@vantaa.fi)

### Abstract:

Depression prevention groups at maternity clinics:

Sirpa Kumpuniemi, RN, projectworker

Lauri Kuosmanen, RN, PhD, project manager

Kirsi Riihimäki, MD, psychiatrist

Sateenvarjo -project, Primary Health Care Organization of City of Vantaa, Finland

Enhancing competence in mental health among those working at maternity and child welfare clinics is a means to promote the population's mental health. Psychiatric nursing staff should pay special attention to the well-being of children and the young. Children of parents suffering from depression face a multifold risk of contracting depression before they reach their adulthood. Parents who neglect the needs of their children are frequently depressed themselves; suffer from substance abuse; are lonely; and feel stressed. The critical development stages of childhood shall be protected by paying special consideration to depressed adults and their children.

Mothers' mood-related symptoms are systematically screened with the help of the EPDS (Edinburg Postnatal Depression Scale) whose 10-question survey is validated for recognizing postnatal depression symptoms. The clinic arranges preventive depression groups led (tutored) by maternity nurses, targeted at high-risk mothers or pregnant women. These groups are based on the theory behind cognitive psychotherapy. In the groups the mothers learn better ways of perceiving themselves and reacting to other people. They also learn to act in ways that support their physical and mental stamina. Each group consists of 4 - 7 mothers and babies meeting for 8 - 10 times at one-week intervals. The interaction between mother and baby as well as parenthood is also supported by leaders. After three months there is one follow-up meeting.

Some of the mothers have clinical depression, which requires medical treatment. Only the mothers suffering from severe or complicated depression are referred to psychiatric care. Based on preliminary evaluations of two hundred mothers depression has decreased during the group. They have also got new ways to think as well as lots of support from the other group members. Majority of the mothers found the group sufficient help to their depression.

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**Abstract: S-51**

## **The Future of the Acute MH Care Workforce in the UK: What Knowledge, Skills and Values do Practitioners Need?**

**Presenting Author:** Ms. Jane Wray, Mphil, RN, BA, HETC

Address: Faculty of Health and Social Care, University of Hull, HU6 7RX, England  
[J.Wray@hull.ac.uk](mailto:J.Wray@hull.ac.uk)

### **Abstract:**

The aim of the presentation is to present the findings from a UK research study that explored expert panellists' views (n=13) on the essential knowledge, values and skills needed by future practitioners in acute mental health care settings. A Delphi study is being undertaken to establish expert consensus on priorities. Semi-structured interviews are also being undertaken with two cohorts of students who had completed a Bsc in Acute mental health (n=12) in a UK university. The purpose of the interviews was to elicit feedback on the impact of completing a degree in acute mental health care on their professional practice.

This presentation will outline the initial analysis from stages 1 to 3 of the Delphi. Initial analysis has identified a number of key categories in terms of knowledge (Legislation, Social policy, Models of mental health and appropriate interventions, Acute care pathways, Diversity, Stigma and discrimination, Care commissioning and Physical health needs), skills (Communication and presentational skills, Risk management and assessment, Needs assessment and intervention, Managing violence and aggression, Serious untoward incident reviews and implementation, Physical health screening and health promotion, Medication management, Supervision and reflective practice) and values (Recovery, Social inclusion, Respecting diversity, Working in partnership, Therapeutic optimism, Developing personal qualities, Understanding user and carer perspectives, Self analysis and reflection).

The thematic analysis of the interviews from recent graduates of the programme will also be presented. The project is due for completion in July 2010.

**Abstract: S-53**

## **A Study of Self-efficacy Training to Improve Social Competence of Young Adults with Asperger Syndrome-for Example Transition to Vocational Training**

**Presenting Author:** Ms. **Ray-ling Luh**, Registered Nurse of Taiwan, Qualified lecturer of the Ministry of Education of Taiwan, Republic of China

Address: National Yang-Ming University, Taipei Veterans General Hospital,  
Ward D040, No.201, Sec. 2, Shih-Pei Rd., Taipei, Taiwan (R.O.C.), 112 Taiwan, ROC  
[rlluh@vghtpe.gov.tw](mailto:rlluh@vghtpe.gov.tw) , [rlluh0201@gmail.com](mailto:rlluh0201@gmail.com)

### **Abstract:**

The purpose of this study was to investigate the effect of self-efficacy training to improve social competence of young adults with Asperger syndrome. The social competence in this study refers to psychiatric day ward with psychiatric rehabilitation.

Three cases with Asperger syndrome. A multiple-baseline design across participants' which included baseline, treatment, and maintenance phases was employed in this study. The training program was designed based on the interpersonal problems frequently encountered in the psychiatric day ward, including interactions with a job coach, co-workers, and customers. The individuals were trained with materials of redesign detail flow sheets, and assignment sheets, through the strategies of narration, guidance, discussion, demonstration, and role-playing. Interpersonal problem solving abilities of individuals, including recognition of problem, generation of alternatives, evaluation, and verbal and non-verbal performance, were assessed by observation and interview at both of training and working settings to examine if the training was effective.

## **The Different Styles of Therapeutic Relationships in Psychiatric/Mental Health Nursing as a Function of Clinical Setting**

**Presenting Authors:** Ms. **Fiona Dziopa**, RN, BPsyc, BN(Hons), PhD candidate, Dr. **Kathy Ahern**

Address: The University of Queensland, School of Nursing and Midwifery  
St. Lucia 4072, Qld Australia, 4072 Australia  
[f.dziopa@bigpond.com](mailto:f.dziopa@bigpond.com)

### **Abstract:**

**Background:** Although the therapeutic relationship is the essence of psychiatric/ mental health nursing practice, the formation of a therapeutic relationship between the psychiatric/ mental health nurse and patient is a challenging process. Psychiatric/ mental health nursing comprises a diverse array of positions, providing care to many diverse cohorts of people including adolescents, adults, and older persons in a range of settings which includes hospitals, community settings and forensic facilities. Given the broad context of psychiatric/mental health nursing and the uniqueness of individuals involved, some relationship constructs are likely to be more applicable to some situations than others.

**Aim:** An exploratory research study was conducted to investigate the different “clusters” of nurse beliefs regarding the necessary attributes of therapeutic relationships according to the nurses' clinical specialty.

**Method:** Nurses practicing in mental health nursing from Australia, New Zealand and Canada completed a Q-methodology survey reflecting on the therapeutic relationship from a range of mental health clinical settings. The data was analyzed according to a Q-method framework utilizing several by-person factor analyses according to the clinical specialties: adult inpatient, community, adolescents, forensics, and older persons.

**Results:** Sixteen different relationship styles were identified between the different clinical specialties which were clustered into six relationship themes: Empowering, Genuine, Equitable, Reliable, Consistent and Balanced Partnerships. No relationship styles were exclusive to any one clinical specialty; however some styles were associated with some settings and not others. In particular the Consistent and Reliable Partnerships were identified almost exclusively to the forensic setting. Both styles stressed the importance of consistency in the relationship; the Consistent Partnership style was characterized by consistent with the application of rules and the Reliable Partnership was characterized by being consistent as a person and being accepting of the patient. Notable the Balanced Partnership style, characterized by the promotion of a partnership through a nurse to patient interaction as opposed to a person to person approach, was found exclusively in the child and adolescent and older persons settings. The Equitable Partnership, characteristic of a person to person interaction which promoted equity, was not associated with the child and adolescent, older persons or forensic specialties.

**Conclusion and Recommendation:** Different styles of therapeutic relationships exist, with some styles likely to be more applicable to some clinical settings rather than others. Acknowledgement of the different ways to form therapeutic relationships will be useful to guide education, clinical practice, and in turn recruitment and retention of mental health nurses.

**Abstract: S-56**

## **Nurses as Psychotherapists - A Register Study from Finland**

**Presenting Author:** Dr. Heikki Ellilä, RN,RMN,MN.Sc. PhD

Adress: Turku University of Applied Sciences, Tammikallionpolku B6, 20660 Littoinen, Finland  
[heikki.ellila@turkuamk.fi](mailto:heikki.ellila@turkuamk.fi)

### **Abstract:**

The aim of this paper is to describe the position of nurses as psychotherapists in Finland and secondly discuss about future of psychotherapy as nursing intervention and the possibilities of nurses to act as private psychotherapists in Finland.

Individual psychotherapy has been found to be an effective form of treatment of people suffering from various types of mental distress and disturbances such as depression, PSDT and anxiety disorder. Psychotherapy can be combined with other type of psychiatric care like psychopharmacological treatment nevertheless, family therapy has shown to be beneficial in order to decrease relapses among the clients suffering from schizophrenia and other severe mental disturbances. In Finland, publicly funded, private psychotherapy service plays a curial role in general mental health service of people in risk of losing their working capacity and in the process of recovery from mental distress. Psychotherapy education is strictly controlled by the Office of Safety and Justice of health care in Finland (Valvira).

There is a long tradition among Finnish psychiatric nurses in educating themselves in the field of psychotherapy. Many psychiatric nurses with psychotherapy training work as psychotherapists in private and public sectors. However, the portion of nurses working as psychotherapist is not known. Today the qualification for a psychotherapist is more or less a matter of discrepancy and however in process of change. In addition, degree studies in nursing is not any more regarded to give sufficient knowledge for nurses to continuing studies in psychotherapy. However this is possible after a special preparing course of 30cr. These courses are available in many Universities in Finland.

According to register the psychotherapist by Valvira, nurses built up the second biggest group of health care professions with psychotherapy training (biggest psychologists). It is obvious, that the need for psychotherapy is not decreasing in society, meaning that the possibility for psychotherapy training should be warranted for nurses as well in future and the basic general knowledge of psychotherapies should be included in the basic nurse education.

## **Closing the Suicidal Abyss: Application of a Nursing Best Practice Guidelines through a Case Study**

**Presenting Author:** Ms. **Beth Hamer**, MS., BSN, BA, RN, CPMHN ( C )

**Co Authors:** Ms. **Josephine Muxlow**, Dr. **Elaine Santa Mina** & Dr. **Victoria Smye**

Address: Mental Health Center Penetanguishene, 500 Church St., Penetanguishene, Ontario,  
L9M 1G3 Canada

[bhamer@mhcp.on.ca](mailto:bhamer@mhcp.on.ca)

### **Abstract:**

**Overall Aim:** In this presentation the participant will learn how to apply the context of a Nursing Best Practice Guideline to an individual case. The goal is to assist nurses in framing critical questions which will guide them through the assessment and intervention process in collaboration with the client and clinical team.

Suicide affects us all globally on a personal, public and political level. The impact of suicide is devastating, shattering lives of everyone it touches; health care workers, families, friends and communities. The WHO (2008) estimates that over the past 60 years there has been a 60% increase in suicide rates. Nurses have a role to play both in the health care setting, within their communities, and on a personal level with friends and family. However, nurses not only in mental health/psychiatry, but also in other specialties, have expressed feeling inadequate and challenged when working with individuals at risk for suicide. In response to these challenges, an inter-professional panel of education, research and practice experts developed a BPG for Assessment and Care of Adults at Risk for Suicidal Ideation and Behavior. The BPG applies to all nurses across different settings regardless of their specialties. Nurses' application of the BPG will reduce the risk of suicidal ideation, suicide attempts and death by suicide.

Through the use of a case study, the participant will be guided through the assessment and intervention phase using key recommendations from the guideline. Discussion will occur to promote application of the guideline's key recommendations to any case, any setting and with any health care specialty.

## Expectations Towards Day Treatment Among Substance- Abusing People

**Presenting Author:** Mr. Christian Auer

**Co Author:** Mrs. Regine Steinauer, MSc(nursing)(c)

Adress: University psychiatric Clinics, Basel, Switzerland and University of Vienna, Austria  
Dr. Karl-Lueger-Ring 1, 1010 Wien, Austria  
[a0502266@unet.univie.ac.at](mailto:a0502266@unet.univie.ac.at)

### Abstract:

**Background:** Treatment of substance dependence consists of a combination of outpatient, day care and inpatient therapies. Due to its cost effectiveness and favorable outcomes day treatment has become increasingly popular in the USA in the last years. Patients face a substantial risk of relapse after detoxification. Day treatment after inpatient care is a possible intervention to reduce the risk of a relapse and to change the addictive behavior. Today, there are few studies investigating other outcomes than addiction-related variables in day treatment settings. There is no evidence regarding the expectations towards day treatment, neither among patients, nor among professionals.

In Switzerland, day treatment for substance dependent people is less common than in other countries. The unit U1 is one of a few such institutions in Switzerland. It is located within a psychiatric hospital and has - apart from 13 inpatient beds - 6 day treatment places for follow-up care after inpatient treatment. The voluntary program consists of individual and group therapy, psychosocial support and medical care. Patients remain in day care for an average of 8 weeks or until they are stable enough to proceed to an outpatient setting or to cope without any therapeutic support.

**Aim:** to explore the expectations towards partial hospitalization and to identify further issues relevant for day treatment.

**Methods:** A qualitative study design was employed. Participants were patients currently or recently in day treatment, patients, who had denied partial hospitalization, and carers and professionals. Twelve open ended interviews and two focus groups were conducted according to an interview guide. Transcripts were analysed by two nursing researchers applying qualitative content analysis

**Results:** Patients and professionals primarily reported positive aspects of the day care setting. The most important expectations identified were: "personal change", "professional support", "individualized treatment" and "planning and training for future/everyday life". Additional aspects were: "structured day", "protection/monitoring", "stabilization", "exchange", "extension of therapy", "health", "intimacy", "reduced burden of carers".

**Conclusions:** Substance abuse as a chronic disorder calls for continuing care. Many patients receive only detoxification or acute stabilization without aftercare. Inpatient treatment is limited to several weeks. There is insufficient time for patients to change addictive behaviour, to develop coping strategies and to implement the skills in everyday life. Patients with a high severity of dependence wish more structured days and protection from continuing substance use. Hence, day care can be used as a bridging structure to outpatient services.

**Abstract: S-65**

## **The Psychometric Properties of the Dutch Nurses' Global Assessment of Suicide Risk (NGASR)**

**Presenting Author:** Mr. **Mark van Veen**, MSc(nursing)(c)

Adress: Altrecht, Mental Health Care, Lange Nieuwstraat 119, Utrecht, 3512 PG the Netherlands  
[m.van.veen@altrecht.nl](mailto:m.van.veen@altrecht.nl)

### **Abstract:**

**Introduction:** This study is about the psychometric properties of the “Nurses’ Global Assessment of Suicide Risk” (NGASR). The NGASR, has been used in several countries all over the world, but has not undergone any wide scale quantitative validation. The NGASR has not been translated and validated into Dutch yet.

**Objective:** The aim of the study is to test the psychometric properties of the Dutch NGASR for community health nurses who work in a crisis resolution in Utrecht, the Netherlands.

**Method:** The NGASR is used for every patient attending the crisis resolution in Utrecht, the Netherlands, during three months in 2010. A total of 15 Community Mental Health Nurses will participate. Aprox. 300 patients are expected to be included in the study. For concurrent validity the Suicide Intention Scale will be used. However, this scale can only be used after a patient has already undertaken a suicide attempt. Nevertheless this is the only validated scale in the Netherlands. A Visual Analogue Scale and a questionnaire will be used to measure practicability. Demographic data will be gathered to give insight to suicide prevention. First results to be expected in April 2010.

**Note:** Expected presentation time is 25 minutes. If a plenary session is not possible I like to present a poster.

## **Building Bridges with Families: The Situation of Families of Depressed Persons**

**Presenting Author:** Dr. **Susanne Schoppmann**, psychiatric nurse

**Co Author:** Prof., Dr. **Wilfried Schnepf**

Adress: Institut für Pflegewissenschaft, University of Witten/Herdecke  
Stockumerstrasse 12, 58448 Witten, Germany  
[Susanne.Schoppmann@uni-wh.de](mailto:Susanne.Schoppmann@uni-wh.de) , [S.Schoppmann@web.de](mailto:S.Schoppmann@web.de)

### **Abstract:**

**Background:** Depression is a very common mental disorder. By the year 2020 the burden of depression will become the second leading cause for disability-adjusted life years (DALYs) lost. Related to Years of Life lived with disability (YLD) unipolar depression ranks first already today.

Living together with someone who is depressed causes manifold concerns and burdens for the families like for example the unpredictability of everyday-life because of changing symptoms, a growing isolation caused by social withdrawal of the ill person, a disturbed communication with the ill person and a changed family atmosphere. These experiences may have an adverse effect on the health and wellbeing of family members. Therefore supporting the families should be of major concern for the nursing profession.

**Aim:** To give a systematic overview about what is known about the situation of families of depressed persons, their need for support and existing nursing interventions

**Methods:** The databases Pubmed, EMBASE, PsycInfo and CINAHL were used for search. With the keywords 'major depression, mood disorder, affective disorder, family, relative, spouse, partner, burden, need for support' from the years 1999-to present 440 articles could be identified from which 288 could directly be excluded. The remaining 152 articles are still in the process of analysis to see whether they meet the inclusion criteria.

**Expected Results:** The first steps in analysis reveal that it might be helpful to differentiate the relation to the ill person when we are looking at families of depressed persons. The subjective and objective burdens families with depressed members have to carry might lead to different needs of support for parents, children, siblings and spouses. Analysis will be completed until February 2010 so that the results of this literature review can be presented and discussed.

## User Experience: Coercion does not Help

**Presenting Author:** Jolijn Santegoeds, User/survivor of psychiatry (experience expert, human rights activist, consultant for clinical psychiatry)

Adress: [www.tekeertegendeisoleer.web-log.nl](http://www.tekeertegendeisoleer.web-log.nl), Eindhoven, The Netherlands  
[tekeertegendeisoleer@hotmail.com](mailto:tekeertegendeisoleer@hotmail.com)

### Abstract:

Reflecting on coercion from a user perspective

Coercion does not help

At age 16 I was afraid to be “weird”. My mother had been admitted to mental hospitals, and I had no faith in their care. As I saw no way out I conducted some suicide attempts. This led to an involuntary admission in a mental hospital with long term seclusion, coercive medication, fixation, even body cavity searches to prevent me from self-harm or suicide. Caregivers confined me for months and months. As a result, I felt unwelcome and useless. Their treatment was not helping me at all. I got more depressed and suicidal, and refused to cooperate.

I have been raised with a strong feeling of justice, and I believed this was not good care. There was no trust between the caregivers and me, only a fierce struggle. I felt like I was on a dead end and I saw no way out. I did not care for my life anymore and expected to die.

Recovery is about Trust, Perspective, Self Determination and Respect

The situation escalated and got out of control, and when I had accidentally ruptured my Achilles tendon, the carers would not believe that I was having an injury, and accused me of faking it for getting attention. After some time the injury was discovered by a medical doctor and after that I was transferred to another mental health institution which treated me more humane.

I was allowed to go outside, where I got some new friends and experienced happiness again. My depression reduced and I again developed wishes for my life and future. I wanted to leave the institution to start a life again, but this was not allowed given the concerns about my safety. Then I ran away from the institution, escaping from the rules and restraints, and I became homeless for more than two years. At first, I spent my days lonely, looking at the daily life, trying to explore my own path, but gradually I began to see a lot of possibilities for personal growth and the future direction of my life.

I was sleeping outside, and quite scared as a 19 year old girl. I dressed like a boy, looked neglected and strange, trying to keep other people at a distance out of fear. As I discovered that some people were afraid of me, I started to realized that I had influence on my surroundings, and that gave me some control over my life again and empowered me.

Other homeless people said they would protect me and offered to “take care” of anyone who harmed me. Even though I did not accept this offer, it made me feel better and safer too. Their “good intentions” were unlike the attitude among caregivers, which claimed to protect me by coercing me harmfully. The homeless people really cared for me, my own opinion, my feelings and wellbeing, and I felt very much respected. In this way I gained back my self esteem.

Now I am a human rights activist to ban coercive treatments in psychiatry.

**Abstract: S-72**

## **Practice Development Program in Action Building Bridges for Young Drug Addicted Mothers and their Children**

**Presenting Author:** Mrs. Jana Wand

**Co-Author:** Dr. Michael Schulz

Adress: Jana Wand, Drogenambulanz, Klinik für Psychiatrie und Psychotherapie in Bethel

Remterweg 69/71, D-33617 Bielefeld, Germany

[Michael.Schulz@evkb.de](mailto:Michael.Schulz@evkb.de) , [DrogenAmb@evkb.de](mailto:DrogenAmb@evkb.de)

### **Abstract:**

Children with parents who have a substance misuse problem are amongst the most vulnerable mental health groups. In particular children whose mothers have addictions face problems that are unique to them. Such women are reluctant to seek any form of help for fear of losing their children, paradoxically placing them even more at risk. The paper will describe a practice development project in Bielefeld – Germany in support of 180 methadone users and their 60 children.

The psychiatric nurse, leading this work will outline how the project started and evolved over the last two years. The significance of this project are the bridges formed between the various stakeholders by the nurse and the impact this has had on the children support from the necessary and appropriate agencies. A casestudy will be used to illustrate the nature of the work undertaken.

**Abstract: S-74**

## **Formal and Informal Tasks of Community Psychiatric Nursing: A Meta-synthesis**

**Presenting Author:** Prof., Dr. **Dirk Richter**, German nursing degree, PhD sociology

Adress: Bern University of Applied Sciences, School of Health,  
Murtenstrasse 10, Berne, CH-3008 Switzerland  
[dirk.richter@bfh.ch](mailto:dirk.richter@bfh.ch)

### **Abstract:**

Current psychiatric care relies increasingly on community mental health nursing. Training and education of community psychiatric nurses is lacking basic material to inform about the workplace in the German speaking countries. A meta-synthesis was conducted to identify central components of the tasks in this field from the nurses' perspective. The method of the meta-synthesis supports the development of new interpretations of results from original qualitative studies articles.

We found 18 original articles which fulfilled the inclusion criteria (qualitative studies with samples of community mental health nurses and patients from community psychiatric nursing).

Formal tasks such as the health status assessment and the patient's medication management were identified as well as informal nursing issues such as the therapeutic relation. Community mental health nursing is on one hand characterised by a humane and therapeutic relation and on the other hand by surveillance tasks. It is concluded that training and education curricula of community psychiatric nurses must include formal tasks as well as informal issues and problems within the field.

## **Best Practice in Psychiatric Nursing: Results from Focus Groups with Users, Carers, and Staff**

**Presenting Author:** Prof. **Sabine Hahn**, Swiss nursing degree, Master of Nursing Science, PhD candidate nursing science

Adress: Bern University of Applied Sciences, School of Health,  
Murtenstrasse 10, Berne, CH-3008 Switzerland  
[sabine.hahn@bfh.ch](mailto:sabine.hahn@bfh.ch)

### **Abstract:**

Since several years, psychiatric nursing is being confronted with several new and seemingly different theoretical and practical approaches, e.g. Empowerment, Recovery, Social Inclusion, Motivational Interviewing, and Coaching. On the European continent, it is still a long way to go to implement these approaches in the daily routine practice. To facilitate the implementation of the ideas attached to these models, we have conducted a literature review and synthesis which aimed at identification of core elements of psychiatric nursing.

After having completed the review synthesis, we discussed the main results with users, carers and psychiatric nursing staff by conducting three focus groups. All participants were recruited via local personal contacts and via local self help groups in the Berne region, Switzerland.

The focus groups aimed at evaluating the literature results from different perspectives. Further, we asked about expectations and experiences related to psychiatric nursing.

Results showed that users fully embraced the identified core elements of psychiatric nursing. Staff members showed more reservation while acknowledging that the identified elements are important for psychiatric nursing's future. While acknowledging the review results as well, carers were more reluctant towards the proposed direction in general.

We conclude that the direction of psychiatric nursing is still a topic to be discussed from different perspectives of those involved into psychiatric care. Next step is to integrate the results from the literature review with the results from the focus groups.

**Abstract: S-77**

## **The Development of a National Graduate Mental Health Nursing Programme: a Six Year Evaluation**

**Presenting Author:** Mr. **Martin Ward**, RMN, Dip Nurs, RNT, Cert Ed. NEBSS Dip, MPhil

Address: University of Malta, Rm 43, Institute of Health Care, Mater Dei Hospital, San Gwann, Malta  
[mwoxford@aol.com](mailto:mwoxford@aol.com)

### **Abstract:**

The aim of this presentation is to briefly describe the development, delivery and evaluation of a national programme for graduate mental health nursing and to establish what lessons can be learnt for other countries in the development of educational studies related to mental health care and its nursing.

In 2004 the Department of Health in Malta contracted an external consultant to work within the University of Malta (UoM) to develop programmes of study for mental health nursing degrees. Up till this time the mental health services had been staffed almost entirely by generalist nurses with little or no preparation in mental health care, and a handful of Diploma level psychiatric nurses who were scattered so thinly within the service that their potential impact on patient care quality was almost non-existent. In the following 6 years three cohorts of nurses (n=38) have undertaken a three-year part time BSc transition course (from generalist to psychiatric) and a further two cohorts (n=30) are currently in study. In addition, in 2009 a direct entry, three-year full time BSc programme commenced with a further 15 students, 25 nurses have attended a one-semester CPD course at certificate level and in Oct. 2010 a Masters in Mental Health Nursing is planned to open. The graduate nurses launched a professional association (Malta Association of Psychiatric Nurses) in 2006 and have become Board members of Horatio: European Psychiatric Nurses. In 2009 the central mental health hospital opened a Nursing Development Unit (NDU), led and managed by graduates from the national programme. Currently, most of the developments in drug and alcohol, community care, child and adolescence and intensive care are being led by other graduates from the programme. A Practice Development Nurse post for mental health was opened in 2009, to liaise between the NDU and the UoM mental health nursing team - also a graduate of the programme. All these milestones have been accompanied by a series of ancillary developments in support of the main focus: to develop a graduate level workforce capable of delivering high quality, evidence based mental health nursing care.

An evaluation of these development activities indicates the huge impact that graduate level education courses can have on the practice arena and the high levels of motivation it engenders. Lessons learnt and recommendations for replication of the programme in other countries will conclude the presentation.

**Abstract: S-78**

## **Adherence Therapy for People with Schizophrenia - Results from a Randomized Controlled Trial**

**Presenting Authors:** Dr. **Michael Schulz**, RN, Researcher, Dr. **Christoph Abderhalden**, PhD, MNSc, RN

Address: Clinic for Psychiatry, 33617 Germany / Switzerland

[Michael.Schulz@evkb.de](mailto:Michael.Schulz@evkb.de)

### **Abstract:**

**Background:** Non-adherence to prescribed Medication is a major issue in mental health. It has been estimated, that non-adherence rates for prescribed antipsychotic medication is about 50%. Adherence therapy has been recommended to address this problem, but study results on its effectiveness are inconclusive.

**Aims:** The aim of the study was, to evaluate the effectiveness of adherence therapy delivered in mental health hospitals in improving psychopathology and long term treatment management.

**Method:** A multicentered randomized controlled trial was conducted. 190 patients were included. Participants were individually randomized to receive eight sessions of adherence therapy by a trained nurse therapist or treatment as usual. Assessments were undertaken at inclusion into the study, at discharge from hospital and at three month follow up. Outcome measures included degree of adherence, serum level of prescribed drugs, etc.

First results will be presented and discussed.

## **A Pilot Study of Brief Motivational Alcohol Intervention in a General Hospital**

**Presenting Author:** Mrs. **Tamara Van Lieshout**, Master Advanced Nursing Practice

Adress: Onze Lieve Vrouwe Gasthuis, Amsterdam,  
Westerdok 408, 1013 BH Amsterdam, the Netherlands  
[t.vanlieshout@olvg.nl](mailto:t.vanlieshout@olvg.nl)

### **Abstract:**

A pilot study of brief motivational alcohol intervention in a general hospital.

**Aim:** The pilot study aimed to examine the outcomes of a brief motivational intervention for alcohol drinking Gastro-Intestinal patients in a general hospital.

**Background:** Over 20% of patients who are admitted or treated in general hospitals use unhealthy amounts of alcohol. Although their alcohol consumption may be the cause of their disease, or may be worsening it, interventions are rare and considered a waste of time by medical specialists. (Emmen et al, 2005)

In this study Gastro-Intestinal in- and outpatients, in an urban general hospital, could be referred for a brief motivational intervention (BMI) executed by a Psychiatric Nurse Practitioner. The aim of the BMI was to increase the motivation for lowering their alcohol intake, to advice and if necessary refer to an alcohol rehab treatment programme.

**Method:** Population and outcomes were studied in a cross-sectional non experimental design. The Nurse practitioner was trained in motivational interviewing. Referred patients were assessed with the Doorlichting Voorlichting Alcohol (DVA, Schipper et al 1994). The DVA is an assessment -instrument, to describe patients characteristics and their physical, psychiatric and social problems. Their motivation to change drinking behaviour and/or referral for further treatment was also described.

**Results:** During the studyperiod 17 patients were referred for an BMI, of whom 14 were included for the intervention. All of them used high amounts of alcohol. Except one, every patient had an alcohol induced physical disease. All patients fulfilled the criteria for an alcohol related DSM-IV-diagnose (i.e. abuse or dependence). All patients have social problems due to alcoholuse. Most patients were motivated to change their drinking behaviour and appreciated the intervention.

**Conclusion:** The patients who were referred for BMI were having (very) serious physical, psychiatric and social problems. Most of them were motivated to change drinking behaviour after the intervention. The effect of the BMI on their outcome was not measured in this study. The pilot study showed that BMI is feasible in this group. Further research is needed to assess the outcomes and effects of this intervention. Why patients with less severe problems were not being referred for BMI remains unclear. Standard screening of risky alcohol use for all GI patients is likely to identify more patients who can benefit from a BMI.

## **Building Bridges between Patient and Nurse: Psychiatric Nurses' Aptitudes for Caring for Depressed Patients**

**Presenting Author:** Mr. **Marc Haspeslagh**, Psychiatric RN; Master in hospital management, Master in Statistics, PhD candidate

Address: General Hospital Sint-Jan, Ruddershove 10, Brugge, 8000 Belgium  
[marc@haspeslagh.net](mailto:marc@haspeslagh.net)

### **Abstract:**

A daily problem of a head nurse of a psychiatric unit is patient allocation to nurses. On most psychiatric units a system of primary nursing is used since the aim is the establishment of a therapeutic relationship between patient and nurse. My research investigated the aptitudes {Nordhaug 1993} of psychiatric nurses for caring for depressed patients over a period of care and therapy. The evolution of the patient was measured with the Beck Depression Inventory (BDI). The psychiatric nurse aptitudes were measured along a self-developed questionnaire by lack of an aptitudes measurement instrument that is geared to a specific patient population. Additionally some demographic variables of patients and nurses were recorded to explore possible associations.

Some preliminary considerations on the research approach lead to measurement options that are taken for operationalizing aptitudes in this research {Haspeslagh 2008}.

Every team nurse filled in the aptitudes questionnaire for herself and all her colleagues. This enables investigating bias in opinion. Redit analysis {Bross 1958} is used to deal with opinion bias.

Categorical principal component analysis {Gifi 1990} is used to process the BDI and aptitudes questionnaire ratings and generate construct scores.

The patient evolution is characterised by a change in the construct scores:

- intensity of depressive feelings,
- type of depressive feelings,
- performance impairment and
- negative attitudes toward self.

The nurses' aptitudes construct scores are:

- caring for depressed patients,
- using boundaries and
- empowering patients.

The aptitude for caring for depressed patients is used to divide the nurses into three groups of professional rank: (a) novice, (b) proficient and (c) master {Dreyfus 1980}. Statistical significant relationships differ along the professional rank of the nurse. Given their professional rank the nurses rely on other components of the same aptitude or on another aptitude. This illustrates that nurses differ in how they perform their interventions along their professional rank. This adds a style layer to Peplau's theory of interpersonal nursing.

To optimize the allocation of patients to nurses another management of the allocation should be applied. Instead of allocating the same nurse to the same patient during his whole hospital stay the allocation should vary according to the changing needs of the patient.

The nurses should invest in their professional education. Supplemental education and training is mandatory to evolve in professional rank. An attitude of lifelong learning is prerequisite.

Haspeslagh M, Delesie L, Igodt P. (2008) Aptitude of psychiatric nurses: conceptual considerations and measurement difficulties; *J Psychiatr Ment Health Nurs.*; Jun;15(5):408-16

Gifi A. (1990) *Nonlinear Multivariate Analysis*. New York: John Wiley & Sons

## **Self-Mutilation among Finnish Adolescents: a Multifaceted Phenomenon**

**Presenting Author:** Dr. Marja-Liisa Rissanen, RN, MNSc, PhD

**Co Authors:** Mr. Jari Kylmä & Ms. Eila Laukkanen

Address: Kuopio University Hospital, P.O. Box 1777, FI-70211 Kuopio, Finland  
[marja-liisa.rissanen@kuh.fi](mailto:marja-liisa.rissanen@kuh.fi)

### **Abstract:**

Adolescent self-mutilation is an old phenomenon, but one that is poorly known among citizens in Finland. Factual knowledge on it is restricted and this might be the main reason why self-mutilation among adolescents remains unrecognized and adolescents without help.

**Aim:** To define self-mutilation as a phenomenon among Finnish adolescents from the viewpoint of the adolescents, their parents and nurses.

**Method:** Descriptions of self-mutilation as a phenomenon were collected from adolescents (n = 70), parents (n = 4) and nurses (n = 10) via written descriptions as well as individual and focus group interviews. The interviews were transcribed verbatim and combined with the written descriptions in inductive content analysis. Metasynthesis was used in combining the findings to gain a new understanding of the phenomenon.

**Results:** Self-mutilation includes all types of deliberate destructive acts towards one's own skin such as scratching, cutting, burning or self-injuring, alone or together with someone else, on all parts of one's body excluding the head and back, performed with any tool that happens to be available and that makes a mark or a bleeding wound or wounds. As this definition indicates, the concept of self-mutilation has multiple meanings and is a multidimensional phenomenon that cannot be unambiguously described. This variety can also be seen in the reported characteristics of self-mutilation: an old phenomenon, contagious, unshameful, a typical phenomenon among adolescents, difficult to perceive, a taboo subject, a matter requiring intervention, compulsive, confusing, the profile of self-mutilation is blackish, the crossing of a certain line, unknown – familiar, undiscussed – important to discuss, an action that happens publicly – secretly, a trendy disease – far from trendy, abnormal – might be a part of youth culture, interrelated with suicide and the possibility to commit suicide or a totally unrelated act.

Some of these characteristics have been mentioned in the previous literature, but not those such as confusing, unshameful, difficult to perceive, having a blackish profile, crossing a certain line, manifested to different degrees, or the range of perceptions from self-mutilation being trendy disease to far from trendy, undiscussed to important to discuss, unknown to familiar, abnormal to possibly a part of youth culture, and an action that happens in public to one that takes place secretly.

Self-mutilation has multiple meanings and is a multidimensional phenomenon that cannot be unambiguously described. This means that information on it is needed among the general public, and education focused on self-mutilation is additionally needed for social and healthcare personnel.

## **Family Factors and Parasuicide in Portugal**

**Presenting Author:** José Carlos Santos, Prof., PhD

**Co Author:** Carlos Saraiva, Mr.

Address: Nursing College, Coimbra, Rua 5 de Outubro, Apartado 55, 001-901 Coimbra, Portugal  
[jcsantos@esenfc.pt](mailto:jcsantos@esenfc.pt)

### **Abstract:**

Family and social factors may be primary contributors to the first episode of parasuicidal behaviour (Webb, 2000).

**Aims:** Our aim is to create a family profile in order to develop a better understanding and approach to psychotherapeutic settings, especially CBT.

**Methods:** We used EACOS, a semi-structured questionnaire (Saraiva, 1998), to evaluate 448 young suicide attempters (15-24 years old). EACOS was designed by our research unit, and includes socio-demographic and clinical components. The data comes from the Suicide Research and Prevention Unit (Coimbra University Hospital, Portugal), and other studies developed by Santos, Saraiva and Sousa (2009) about Expressed Emotion within parasuicides' families. EE was assessed using the Camberwell Family Inventory.

**Results:** These data from 448 adolescents, mainly female (77%), with a mean age of 19 years old, show us a family with a hyper-protective and permissive mother, and an authoritarian and absent father. The adolescents reported a poor family relationship (63%), a history of physical abuse (31%), sexual abuse / rape (15%), academic failure (75%), education without parents at an institution (10%), and 16% have large families with more than three children. Most of them reported a history of psychiatric disease in the family (66%), and 38% had suicidal behaviours in the family. A subsample (34 cases with a control group) showed us high Expressed Emotion, especially overinvolvement by the mother, but also criticism and hostility with a positive correlation to the recurrent suicidal behaviour.

**Discussion:** These results are consistent with some studies showing a link between family environment and suicidal behaviours. We would like to stress the importance of including the families in the management of suicidal behaviours in adolescence, supporting them. Normally, the family has a history of psychiatric disease and previous suicide behaviours, and communication problems. Fighting family's feelings of guilt, fear and shame, improving communication skills, improving problem-solving strategies and accepting adolescence as a development phase can be useful to prevent recurrence. The challenge is to keep the family in contact and create a therapeutic alliance to better understand the behaviour and fight recurrence.

Santos, J.; Saraiva, C. & Sousa, L. (2009). The role of Expressed emotion, Self-concept, Coping, and Depression in Parasuicidal Behaviour: A follow-up study. *Archives of Suicide Research*, 13:4, 358-367

## **Perception and Prevalance of Violent Incidents in Psychiatric Inpatient Units in Turkey**

**Presenting Author:** Makbule Şenyurt, RN, MSc.

**Co Authors:** Fahriye Oflaz, RN, PhD & Aytakin Özşahin, MD., Prof.

Adress: Gulhane Military Medical Academy School of Nursing, Ankara, 06010 Turkey

[makbulesenyurt@gmail.com](mailto:makbulesenyurt@gmail.com).

### **Abstract:**

This study was planned as an exploratory study. The purpose of the study was to define the types of violent incidents in the psychiatry units and to show how these incidents were reflected in the records and how they were dealt with by the staff.

The study was carried out in the psychiatry clinics of 4 university hospitals and a training and research hospital in Ankara-Turkey, between October 30, 2007 and February 1, 2008. A cross-sectional survey design was utilized. This cross-sectional study was undertaken with 91 health professionals who were in-charge and 150 inpatients who were hospitalized in these psychiatry clinics during the study. The volunteer participants were accepted to the study.

Data were gathered by using two questionnaires which were prepared separately for patients and health professionals containing socio-demographic characteristics, aggressive behavior types and experiences about violence. The questionnaire was adapted from the Perception of Prevalence of Aggression Scale (POPAS). POPAS was developed by Oud in 2001. The POPAS categorizes and defines in detail a range of types of aggression and violence. The questionnaire captured data on personal and professional demographics as well as experiences of aggressive or violent incidents respondents may have encountered 'in their work situation'. The reference period was reduced to the \_previous 6 months\_ in order to minimize reporting errors that may have occurred due to recall difficulties relating to the passage of time. The actual categories and definitions of aggressive and violent incidents/experiences used in the original POPAS questionnaire remained unchanged but were translated in Turkish.

The findings suggest that health professionals reported more violent incidents than patients for the last six months. Health professionals and especially nurses reported that they experienced high levels of verbal aggression. The reasons of violent incidents were different for patients and staff. No statistically important difference was found in terms of patients' genders and perception of aggressive behaviors. Violent incidents in the units were usually reported orally and were not reflected in the records.

It was suggested that the violence monitoring systems should be developed in hospitals the perceptions of patients about aggressive behaviors should be studied by qualitative studies to improve preventive strategies.

**Keywords:** violence, psychiatry units, records.

**Abstract: S-90**

## **Activity Analysis of the Therapeutic and Nursing Service to a Psychiatric Ward, Based on a Multi-moment Study**

**Presenting Author:** Mr. **Michael Loehr**, Mental Health Nurse, Business Graduate

Adress: Hermann-Simon-Straße 7, Gütersloh, 33334 Germany  
[m.loehr@wkp-lwl.org](mailto:m.loehr@wkp-lwl.org)

### **Abstract:**

Bridges have to be both built, and maintained. At times mental health care professionals take for granted what they already have, or do, and work without giving these things scant notice. The necessity to evaluate performance, outcomes and efficacy should be a constant activity for mental health nurses but often this is too difficult to manage or undertake. This paper describes a study which considered the the issue of mental health service funding from insurance companies and, in particular, how this money was being spent. No previous data existed to explain how this funding was being used and whether or not it made an effective contribution to either patient care or nurse resourcing.

A multi-moment study was performed in a psychiatric hospital in the south of Germany. 960 Task analyses were identified and form the main data of the study. Each Task analyses was investigated for five minutes of work done by a team member and then analysed to provide an overview of time and work.

The paper will present the key findings from this study and provide insight into how these may contribute to mental health nurses understanding of the roles and responsibilities in such a funded mental health service. It will conclude with recommendations for future evaluative activities as well as a clear vision about how the bridge between mental health nurses and funding authorities can be effectively maintained for the benifit of patients.

## **Needs of Clients Cared for by Freelance Community Mental Health Nurses in Switzerland**

**Presenting Author:** Ms. **Anna Hegedüs**, Mag. (Nursing Science) [Graduate in Nursing Science at the University of Vienna]

**Co Authors:** **Sandra Schmidinger**, Mag. & **Christoph Abderhalden**, PhD, MNSc, RN

Adress: Nursing & Social Education Research Unit, University Berne Psychiatric Services  
Bolligenstrasse 111, Bern 60, 3000 Switzerland  
[anna.hegedues@gef.be.ch](mailto:anna.hegedues@gef.be.ch)

### **Abstract:**

**Background:** Community care is getting more and more important in psychiatric health care and in mental health nursing. In the Canton of Berne, a region with approximate one million inhabitants, a significant proportion of outpatient care is provided by freelance community mental health nurses. Until now, there was no systematically retrieved data on the characteristics and needs of their clients. Such information would enable the detection of care deficiencies and an improvement respectively optimization of the outpatient professionals' formation.

**Aim:** This study assesses the sociodemographic characteristics and the met and unmet needs of clients cared for by freelance community mental health nurses.

**Method:** By means of a quantitative cross section survey, 47 clients and their freelance care professionals were questioned. A sociodemographic questionnaire and the Camberwell Assessment of Need Short Appraisal Schedule (CANSAS) serve as survey instruments. Through the CANSAS, data is collected on the needs in 22 life areas from the patients' and their care professionals' viewpoint.

**Results:** Clients were mostly female (83%) and on average 48 years old. 36% suffered from affective disorders and 32% were diagnosed with neurotic stress disorder respectively personality and behaviour disorder. Clients indicated a need for 5.9 areas on average, while their psychiatric nurses identified 8.3 areas of needs. Both, clients and care persons, identified an unmet need in 2.9 areas. Unmet need was rated most highly in the domains of psychological distress, company of others and intimate relationships. The evaluations of the mental health care professionals and the clients varied strongly in the areas of daily activities and psychological distress but the differences referred mostly to the met needs.

**Conclusions:** In Switzerland, research into freelance community mental health nursing does not exist. More research is needed to inform changes on policy and nurse education.

Results from the CANSAS will be discussed on the congress.

**Abstract: S-94**

## **Promoting Parental- and Infant Mental Health in Nursing and Midwifery.**

**Presenting Author:** Marga Thome, Prof., Nurse, Midwife, Nurse Researcher

Adress: University of Iceland, Eirberg, Eiriksgata 34, Reykjavik, 101 Iceland  
[marga@hi.is](mailto:marga@hi.is)

### **Abstract:**

Nurses and midwives in Europe share responsibility of care for pregnant and postpartum women and their families and for neonates and small children. Therefore, these professions have great opportunity to promote mental health of expectant and new parents, of newborns and of small children. In the past there have been many routine procedures, environmental and cultural constraints and attitudes with a negative effect or no effect on the mental health of this population. Today there is sufficient knowledge on factors that are likely to promote perinatal and neonatal mental health and caring professions need to be aware of those that are evidence based. There exists an evidence base that attachment is a precondition for the mental and physical health of individuals. Attachment between parent, the foetus and the infant can be promoted by a diversity of means. Some evidence based ones will be discussed in this paper: A family care approach during pregnancy encouraging fathers' participation in adaptation to pregnancy and parenthood; early initiation and maintenance of breastfeeding; no separation of mother and infant; early and frequent skin-to skin contact between newborn and parent; baby massage; parent education with emphasis on understanding babies' capacities and promoting joyful interaction; sensitivity and responsiveness to babies emotions and language (signs and cues); empowering parents to manage common infant dysregulations with excessive crying, sleeping and feeding problems; support of parents in problem solving and in increasing their personal, emotional and social resources. When parents suffer from common mental health problems, the promotion of mental health in families is even more important. The most common non-psychotic mental health disorders of women in the perinatal period are anxiety disorders, depression and posttraumatic stress disorder. Parents who suffer from these conditions should be identified by health professionals and receive appropriate treatment. Particular attention must be paid to promotion of attachment as these disorders are likely to deprive parents of emotional, social and cognitive capabilities required for developing attachment and satisfying relationships with baby, partner or other family members.

## **Evaluation of a Family Nursing Intervention for Distressed Families during Pregnancy**

**Presenting Author:** Dr. **Stefania Arnadóttir**, Nurse, Midwife, Nurse Researcher,

**Co Author:** Prof. **Marga Thome**, Nurse, Midwife, Nurse Researcher

Address: University of Iceland, Eirberg, Eiriksgata 34, Reykjavik, 101 Iceland

[marga@hi.is](mailto:marga@hi.is)

### **Abstract:**

The main purpose of this study is to evaluate an innovative service for distressed pregnant women and their family based on the Calgary Family Nursing- and the Illness Belief Model.

The intervention includes four home visits with the aim to build up the family members' self-esteem, reduce distress and anxiety.

The participants are women in the second and third trimester of pregnancy and the family member they name. The women have been identified as distressed during a routine visit in the antenatal maternity unit and were referred to a community mental health service run by a nurse.

The design is quasi experimental with one-group before and after.

Data are collected during the home visits from November 2007- to March 2009. Besides the interviews, there will be used four self report scales to assess distress: Edinburgh Depression Scale (EDS), the State and Trait anxiety inventory (STAI), the Rosenbergs self-esteem scale (RSES) and Dyadic Adjustment Scale (DAS). Statistical analysis is descriptive and inferential.

**Results:** All families that were referred to the service (n=70) and were eligible to the study, agreed to participate. Means are reported for mean scores and changes of distress at baseline and over time for the EDS, STAI, RSES and DAS.

The particular contribution of family nursing to mental health will be highlighted.

## **Patients' Participation on Decision Making Concerning Seclusion and Restraint - an Ethical Perspective**

**Presenting Author:** Mrs. **Päivi Soininen**, RN, MhSc

Adress: Hospital District of Helsinki and Uusimaa, Kellokoski Hospital  
Vanha valtatie 198, 04500 Kellokoski, Finland  
[paivi.soininen@hus.fi](mailto:paivi.soininen@hus.fi)

### **Abstract:**

Seclusion and restraint are measures, which oppose individual legal rights, defy the core ethical principle of autonomy, and can create moral discomfort within the therapeutic relationship. Autonomy recognizes the right of the individual to make choices and lead his or her life.

Patients generally express a desire for greater participation in the decisions on their psychiatric care. The current study focuses on psychiatric patients' participation in the decision making of their care process. The main focus concerning decisions in the care process are the restrictive measures, especially seclusion and restraint. Seclusion and restraint are interventions used to treat and manage disruptive and violent behaviours. Seclusion means care in special locked room and restraint means mechanical restraint in a bed by belts, which restricts patient's movements or totally prevent the patient from moving.

The questions of the present study are:

1. How do patients participate in the decision making process in their care, which leads to the seclusion and/or restraint?
2. How is the patients' participation in the the care planning is connected to decision-making, which leads to seclusion and/or restraint?

Data was collected in three acute and three forensic wards during year 2009. Secluded and restraint patients were asked to answer the Patients' Perception Questionnaire (Noda 2008) at least five days after seclusion and restraint at the latest. Questionnaire is a visual analogical scale (100 mm) including 11 questions. It includes questions about collaboration with staff members, patient's experiences of her/his opinion having bees taken into account and and the patient's opinion on whether or not it was necessary to use seclusion or restraint.

Results of this study will be presented in the session.

This study is part of the Sakura-project, the development and research project of seclusion and restraint in Finland and Japan. The study is the part of the doctoral study in Turku University. Tutors are prof Maritta Välimäki and MD Hanna Putkonen.

## **Adolescent Suicide Prevention: Intervention Programme Believe**

**Presenting Author:** Mr. **Jorge Daniel Façanha**, Specialist in Mental Health and Psychiatry

**Co Authors:** Ms. **Maria Erse**, Ms. **Rosa Simões** & Prof. **José Carlos Santos**

Address: Centro Hospitalar Psiquiátrico de Coimbra - Unidade Sobral Cid

Rua D. Luís da Cunha Lote 22 6º B Coimbra, 3030-302 Portugal

[jorgefacanha@gmail.com](mailto:jorgefacanha@gmail.com)

### **Abstract:**

**Introduction:** Adolescence is a step of the life cycle many times associated with immature ideas and critical development which may cause stress. Suicide is the second leading cause of death worldwide in the age group 15-24 years, and it is necessary to implement programmes for suicidal behaviour prevention based on an improvement of problem-solving skills and self-esteem (WHO, 2008).

The Believe programme was created and implemented on a sample of adolescents, based on a methodological proposal by Cordeiro (2007). The programme includes two 45-minute classroom interventions with sociometric games. The focus was self-esteem and problem-solving skills, considered important factors to prevent suicide.

**Aims:** To identify self-esteem and problem-solving skills on a sample of 11<sup>th</sup>-year old students from a secondary school in Coimbra, in the centre of Portugal.

**Method:** This is a quasi-experimental, quantitative study. We used the Problem-Solving Inventory (IRP, Vaz Serra, 1987) and the Self-Esteem Scale (Rosenberg, 1965, validated to Portugal by Santos & Maia, 1999). Data was collected in two phases: one before the intervention and another one after the classroom intervention. The sample is composed of 132 adolescents.

**Results:** Following the last evaluation, and comparing both phases, the results showed an improvement in self-esteem and problem-solving skills, with statistically significant differences ( $p < 0.05$ ). We also found a strong correlation between self-esteem and problem-solving skills.

**Conclusion:** This type of intervention to develop skills to deal with the problems and improve self-esteem can be very important to prevent suicidal behaviours among secondary school students. This intervention must include more schools and assess and empower other adolescents. This experience strengthens the link between the health centre and the schools and plays a very important role for mental health nurses in the community.

## WORKSHOPS

**Abstract: W-09**

### **Painfree Holding Techniques in Child Psychiatry**

**Presenting Author:** Mr. Iwan van Veen, RN, RPN, MSc

**Co Authors:** Sabine Stigter, Ms. & Aafke Bijman, Ms.

Adress: Department of Child and Adolescent Psychiatry University Medical Center Utrecht  
Internal post A.01.468, PO Box 85500, 3508 GA Utrecht, the Netherlands

[i.vanveen@umcutrecht.nl](mailto:i.vanveen@umcutrecht.nl)

#### **Abstract:**

**Overall aim:** Practicing painfree holding techniques to use with children under 12 who show aggressive behavior to such a degree that the child needs to be restrained.

**Introduction:** We work at a ward where children are treated for their disruptive behaviour disorders. Many of these children show aggressive behaviour. We discovered that the holding techniques we used to use with our children were primarily developed for adults. These techniques were often inadequate and pain inflicting. We realized that paininflicting holding techniques no longer matched with our professional standards so we felt the need to alter this.

**Method:** We developed special painfree holding techniques to use with children under 12 who needs to be restrained.

**Results:** Use of the right intervention techniques decreases the level of pain that is inflicted on children and nurses. Children also react less aggressive when restrained in a painless manner and are more cooperative.

**Conclusion:** To restrain children it is not necessary to use pain inflicting holding techniques. It also turns out that children are less aggressive and more cooperative when restrained in a painfree manner. We like to share and practice these techniques with other nurses in Europe.

## **Metabolic and Cardiovascular Screening, a Necessity or a Frustration!? How to Implement into (F)ACT Teams**

**Presenting Author:** Mr. **Remco Boerman**, Master in Advanced Nursing Practice (MANP)

Adress: GGZ Noord Holland Noord, Strandwal 32, 1851 VM, HEILOO, The Netherlands  
[r.boerman@ggz-nhn.nl](mailto:r.boerman@ggz-nhn.nl)

### **Abstract:**

Patients with severe mental illnesses have a shorter lifespan than people without psychiatric problems. For example, patients with schizophrenia die on average 15-30 years earlier than people without schizophrenia. Factors that play an important role are: the psychiatric disease itself, diet, smoking, medication and comorbidity.

Phsyical problems in patients with severe mental illnesses are getting a higher priority by workers in Mental Health Services in The Netherlands. During the last 5 years, more and more Dutch Psychiatric Hospitals are screening for metabolic and cardiovascular problems.

GGZ Noord Holland Noord started in 2007 with the total screening of all of her outpatients (approx. 2000 persons) and embedded this screening into the treatment plan.

All these outpatients are divided into (F) ACT teams. Each team has approx.160 patients, 1 psychiatrist, 6 case managers, 2 CPNs = community psychiatric nurses, 1 psychologist, 1 CNS.

GGZ Noord Holland Noord has 11 (F) ACT teams.

The aims of this workshop are to discuss how to implement the screening in these (F) ACT teams, how to get the highest inclusion of patients, what to do with patients who don't want to get screened, what to do with the conclusions and diagnosis/comorbidities discovered, the need for standard ECG', communication with GP's and finally, how to provide an efficient and annual follow up for these patients.

## **Caring for the 'Disturbed and the Disturbing' on the Acute Psychiatric Ward**

**Presenting Authors:** Prof. **Maureen Deacon\***, RN (MH), PhD, Mr. **Andy Lauder\*\***, RN (MH)

Address: \*University of Chester, Warrington Campus, Crab Lane,  
Warrington, Cheshire, WA2 ODB United Kingdom  
[m.deacon@chester.ac.uk](mailto:m.deacon@chester.ac.uk)

\*\*Avon and Wiltshire Mental Health Partnership NHS Trust, Fairfax Ward, Wickham Unit,  
Blackberry Hill Hospital, Bristol, BA16 1ED United Kingdom

### **Abstract:**

This workshop will aim to enable participants to examine a critically important area of nursing care that, on the whole, has not received wide ranging scholarly scrutiny. The practicalities of nursing disturbed service users effectively in the context of an acute ward environment will be the main topic under scrutiny.

We will explore ideas and participants' experiences concerning the lived meaning of 'disturbance' within the acute ward context, both in relation to caring for individuals and ward patients as a whole group; it is often the combination of 'disturbances' that is highly problematic for acute nurses in maintaining a safe and healing environment.

Within a supportive structure, workshop participants will be encouraged to account for their current practices – what do they do? Why do they do it this way? How do they know they should do this? Are these nursing strategies effective? How are novices taught these nursing methods?

The workshop leaders will present evidence regarding the care of people who are disturbed. This evidence comes from field research, scholarly publications and practice based experience.

Participants will have the opportunity to reconsider their practice in light of a simple, research-based model (Deacon, 2010) and to plan a practice development strategy to take back to their practice areas. The strategy will include consideration of the patient's crisis management and recovery plan and broader strategies for systematically influencing a critically reflective and accountable nursing team.

The workshop leaders will aim to facilitate critical curiosity and inspire practice development.

**Abstract: W-17**

## **Examining the Architecture of A Suicide Prevention Nursing Best Practice Guideline**

**Presenting Author:** Ms. **Beth Hamer**, MS., BSN, BA, RN, CPMHN ( C )

**Co Authors:** **Josephine Muxlow**, Ms., **Elaine Santa Mina**, Dr. & **Victoria Smye**, Dr.

Address: Mental Health Center Penetanguishene  
500 Church St., Penetanguishene, Ontario, L9M 1G3 Canada  
[bhamer@mhcp.on.ca](mailto:bhamer@mhcp.on.ca)

### **Abstract:**

**Overall Aim:** To present the Best Practice Guideline: Assessment and Care of Adults at Risk for Suicidal Ideation and Behavior. By becoming knowledgeable of this innovative intervention, the nurse's level of comfort should increase when caring for individuals at risk for suicide, thereby reducing the suicide risk. The guideline is applicable to all nurses across all settings.

Suicide, a global health concern, is a complex phenomenon that is influenced by physical, spiritual, social, economical, historical, political, cultural and environmental factors. According to the WHO (2008) approximately one million people die by suicide each year and for every death by suicide, 20 or more people attempt to take their lives. Nurses working anywhere, the community, in hospitals, or long-term care facilities, are affected by the profound impact of suicide, as are many people at some point in their lives. This paper focuses on the application of the Nursing Best Practice Guideline (BPG) which was developed in response to nurses concerns regarding care for individuals who may be at risk for suicide. An inter-professional panel convened and conducted an extensive, systematic, literature search using key words. Existing guidelines world-wide were critically appraised and a guideline written focusing on increasing nurse's confidence and competence; augmenting nurses knowledge and education; addressing organization policy; and promoting safety while reducing the global risk of suicide. Appraisal of the new guideline was conducted using the AGREE tool, plus a stakeholder and an advisory panel provided feedback. The resulting BPG contains 26 evidence-based recommendations focusing on risk assessments, nursing practice, environmental infrastructures, and human resource strategies to intervene in the threat of suicide by promoting safety and wellness. This presentation will be of interest to mental health clinicians, practicing in any setting, across the continuum of care. From novice to expert, the learner will gain insights into key foci, principles, assessments and approaches when working with suicidal individuals.

**Abstract: W-21**

## **Addiction and severe personality disorder, A clinical try out to a integrated dual diagnose treatment (IDDT) for people with severe personality disorders**

**Presenting Authors:** Ms. Roos Stals, Ms. Angelique van Acquoy

Adress: [rm.stals@ggze.nl](mailto:rm.stals@ggze.nl), [roosstals@ggze.nl](mailto:roosstals@ggze.nl), Netherlands

### **Abstract:**

There is a growing sense of consensus that treatment of psychiatric disorder in combination with addiction best can be integrated in one program. The method has been researched for effectiveness on people with schizofrenia and bipolar disorders. We found out that the method was also successful for people with severe personality disorders. In the period 2004 till 2007 we participated in a program from the Trimbos institute. Aim was that five teams in mental health implanted the principles of IDDT in their treatment program. This IDDT toolkit is the basic point and comes from a program in the USA Implementing Evidence based practices (torey e.a., 2001). The IDDT toolkit has been developed for people with severe mental illness like schizofrenia, bipolar disorder end severe depression. Also severe anxiety disorders and post traumatic stress disorders. Personality disorders are not exclusioncriteria's. Research for effectiveness of the model has been researched on described methodes accept the personality disorders. The toolkit includes documentation about the principles, methods for the clinical practice and organisation, a workbook for professionals and a fidelity scale. to measure the golden standard.

The overall aim is to share with the participants the results of this special experience for the patients and the staff with results and to discuss possibilities to implement IDDT in you clinical practice.

**Abstract: W-23**

## **Applied Storytelling in Mental Health Nursing**

**Presenting Author:** Mrs. **Jessica Wilson**, RMN, SEN

Adress: Partnerships in Care, Lanarth Court Hospital (Forensic Mental Health)  
3 Hughes Terrace, Parkend, Lydney, Glos., GL15 4JI UK  
[mrsjessicawilson@yahoo.co.uk](mailto:mrsjessicawilson@yahoo.co.uk)

### **Abstract:**

The oral tradition of Storytelling is experiencing a resurgence throughout Europe. People tell all types of stories in all manner of social contexts. Stories motivate, inspire, persuade, entertain. The neglected people are those in locked secure hospital. Most of what is offered is mostly 'therapy'. Storytelling is without doubt in my mind therapeutic, however, I have been telling stories first and for most to entertain. Have built up two 'storytelling cubs' in the Hospital where I work. The patients are actively involved in the process. This leads to patient horizons expanding, emotional vocabulary becoming more articulate and development of interests besides themselves and their own problems. In Health care, storytelling and drama therapy have been used to build confidence and communication skills (Killick, 2009) Storytelling can be 'Guided Discovery' and 'Anxiety Management' without it big a dry 'therapeutic intervention', leaving the patient with hopefully a real experience and engagement. Stories speak from heart to heart, but at the same time professional boundaries are maintained. Stories are the language of emotions and the emotional problems of patients in forensic settings is vast. It is a way to talk about emotions in a safe and nontreating way. (Thomas & Killick 2007) I would like to present the work I have been doing with the support of Partnerships in Care to develop and raise the profile of storytelling in mental health nursing as a useful and meaningful tool and or intervention. Storytelling can build bridges of understanding between cultures and diverse ethnic groups. We all need and share stories.

S. Killick; N Frude. The Teller, The Tale, The Told.(2009) The Psychologist Vol 22 No 10

Thomas T & Killick S. (2007) Telling Tales and Emotional Literacy. Blackburn: Educational Press

## **The Battle of the Nurses, an International Reflection on Violence Risk Case Vignettes at Psychiatric Wards**

**Presenting Authors:** Mr. **Edwin Hellendoorn\***, Clinical nurse specialist mental healthcare, **Diana Polhuis**, Clinical nurse specialist in forensic psychiatric care, preceptor MH clinical nurse specialist GGZ Noord Holland Noord)  
**Ben Lijten**, Clinical nurse specialist mental health care GGZ Noord Holland Noord)  
**Roland v.d. Sande**, Practice development and research nurse, Parnassia Bavo Groep, Hogeschool Utrecht, University of Applied Science)

Adress: \*Bavo Europoort, Poortmolen 121, Capelle aan den IJssel, 2906RN The Netherlands  
[e.hellendoorn@bavo-europoort.nl](mailto:e.hellendoorn@bavo-europoort.nl)

### **Abstract:**

Risk of violence and the utilization of coercive interventions are worldwide well known phenomena in psychiatric hospitals. However the management of violence varies from country to country depending on legislation, guidelines and ward traditions. For example in the Netherlands violent patients are likely to be exposed to seclusion whereas in other countries mechanical restraint or forced medication is the intervention of preference. In some rare occasions nurses were able to do some shadow walking at comparable wards in other country, however very rarely they will witness violent threats or escalations during their visits. Therefore the workshop facilitators are aiming to involve the participants in sharing real life experiences regarding comparable high risk cases at the wards. During this workshop several challenging case scenarios will be exposed by actors. Participants are invited to demonstrate how they will cope with those (near) escalations. During this workshop a review committee will comment on the approach according the following criteria for judgement; 1). patient and staff safety 2). respectful attitude. 3.) cultural sensitive awareness, 4.) therapeutic engagement, 5.) therapeutic value of the interventions.

Aim of this exercise is to discuss views and possibly come to consensus on desired best practice in risk management with colleagues from various countries.

## **Early Detection and Treatment of Depressive Symptoms on the Elderly Living in Residential Homes**

**Presenting Authors:** Mrs. **Nienke Van Haaster\***, Mr. **Michel Ronkes\*\***, Nursing academy, casemanager, Nurse Specialist in training

Adress: Department at the mental health care services 'GGZ Noord-Holland-Noord' in Heiloo, The Netherlands; DOC-team (dementia, diagnostics and casemanagement) Kop van Noord Holland, Den Helder, the Netherlands  
GGZ Noord-Holland-Noord, Divisie ouderenpsychiatrie, T.a.v. N. van Haaster, Postbus 18, 1850 BA Heiloo, The Netherlands  
[\\*n.haaster@ggz-nhn.nl](mailto:n.haaster@ggz-nhn.nl); [\\*\\*m.ronkes@ggz-nhn.nl](mailto:m.ronkes@ggz-nhn.nl)

### **Abstract:**

This workshop focuses on depression occurring in the elderly living in care homes. Depressive symptoms in the elderly are highly prevalent. Moreover, previous studies into late life depression showed low rates of recognition and treatment. It had been assumed that the elderly in care homes were especially vulnerable to development of depression. This workshop focuses on depression occurring in the elderly living in care homes. It presents information on prevalence, risk factors and recognition of depression. Early detection is meant to enhance detection and treatment of depressive symptoms in the elderly in care homes.

Widowhood is the most important predictor of loneliness. Loneliness is common in the elderly, a quarter of men and 40% of woman experienced loneliness. 80% of those who are feeling lonely have high risk of developing a minor or major depression (Golden e.a., 2009). At the specific age of 85 years old, prevalence of major depression was twice as high in those in care homes than those who still live independently. Late life depression is very complicating, it will be cause by many influencing factors. For example: changes in social and financial state, grief/interpersonal loss and disability. In turn, these factors may mask depressive symptoms, thereby complicating recognition and treatment.

Widowhood and loneliness accounted for the excess risk of depressed mood. This two factors underlie 70% of depression in the elderly and suggesting strongly that (early) interventions are warranted. Between 65 and 75% can be successfully treated. Functional impairment in daily life activities is the major risk indicator for depressive symptoms. Loneliness and social networks both independently affect mood and wellbeing in the elderly. They underlying a very significant proportion of depressed mood. Furthermore, a higher education level, and high neuroticism were also risk indicators for depressive symptoms. The number of physical diseases had less influence on depression.

The overall aim of this workshop is to enlarge the participants knowledge; how do they arise, how to recognize symptoms of depression in the elderly and show methods and interventions to prevent depression. Furthermore, we want to let the participants exercise with the given methods by working with a example case.

## **The Nursing Intervention: Providing Structure, Results of the Observationphase**

**Presenting Author:** Mr. **Amar Voogt**, Msc, RN, CNS in Mental Health Care

Adress: Mastersschool of CNS in Psychiatric Nursing  
Vermeerstraat 22 Alkmaar, 1816 CL Netherlands  
[a.voogt@hetnet.nl](mailto:a.voogt@hetnet.nl)

### **Abstract:**

‘Providing structure’ is often referred to by psychiatric nurses in terms of use of structure and limit setting. Nurses presume to know what it is and how they should act. Research proved that in daily practice intuitive reasoning plays a major role when the intervention ‘providing structure’ is applied. In this research study the following overall research problem has been formulated: ‘Providing structure’ as a psychiatric nursing intervention is used often, but a clear definition is missing. Furthermore, it is unknown what exactly providing structure contains, how the intervention could be applied in a specific and dynamic context, and what goals and outcomes could be aimed for and attained. The observation phase is a follow up of a literature review and is part of an extensive qualitative research project aimed at the description and development of the nursing intervention ‘Providing structure’. The low intrusive observation-technique of participant observation, is consciously used to answer the following research questions:

- What do nurses do in their daily practice when they ‘provide structure’ and how do they do that?;
- What effects of providing structure can be registered by the observer?;
- Do psychiatric nurses explicitly mention their goals and expectations when they provide structure?;
- Does it become clear to the observer if the patient knows/understands and agrees to the nurse’s goals and expectations (and vice versa), how the patient experiences the application of providing structure and what the effects of providing structure, according to the patient, are?

Observations are conducted on two wards; one psychiatric ward for acute care as part of a mental health care department for chronic care and one psychiatric ward for treatment of dual diagnoses patients. These patients suffer from psychiatric and addiction problems. The expectation was the chance in meeting these type of events would be higher on wards with explicit boundaries (closed wards, tight day schedules etc.) where nurses have to apply specific agreements to patients. The results of the observationphase will be presented.

# POSTERS

**Abstract: P-01**

## **A Comfort Room for Patients with Mental Illness**

**Presenting Author:** Anna M. Souverijn, 2007-2010 Master of Health Care and Social Work /  
Student Master of Advanced Nurse Practitioner

Address: Rivierduinen: GGZ Leiden Langerdurende Zorg,  
Postbus 750, 2300 AT Leiden, The Netherlands  
[a.souverijn@rivierduinen.nl](mailto:a.souverijn@rivierduinen.nl)

### **Abstract:**

A comfort room for patients with mental illness.

A qualitative investigation of patients' experiences in spending time in a comfort room.

The aim of this study was to obtain insight into the experiences of adult psychiatric patients who spent time in a comfort room to calm down and to prevent escalation of disordered behaviour. Eight patients receiving acute in-patient psychiatric care participated in semi-structured interviews to elicit their experiences of spending time in a comfort room. All patients spent time in a comfort room within seven days prior to the interview. Interviews were audiotaped, transcribed and analysed using content analysis. Four key themes emerged: sensory stimulation, well-being, autonomy and appreciation. Patients experienced the comfort room as a pleasant environment, receiving sensory stimulation from the colours, soft lighting, fragrance and soft materials. They reported reduction of symptoms such as fear, pain, auditory hallucinations and agitation. They liked being in the comfort room and preferred to stay there alone. The findings suggest that the stay in a comfort room is a suitable intervention for patients receiving acute in-patient psychiatric care, allowing them to find rest and relaxation, so that unpleasant symptoms diminish and eventual escalation of behaviour is prevented.

**Keywords:** comfort room, sensory stimulation, autonomy, reducing restraints.

**Abstract: P-02**

## **A Rehabilitation Program for Schizophrenic Patients**

**Presenting Author:** Mrs. Jeanet Kragerup

Adress: Psykiatrisk Center Sct. Hans, Denmark, Soenderhavevej 10 B, Herlev, 2730 Denmark  
[jeanet@kragerup.net](mailto:jeanet@kragerup.net)

### **Abstract:**

**Proposal:** Abstract concerning a poster presentation at 2. European Psychiatric Congress 2010 (Integrated, assertive and psycho-educational treatment programmes or Process and outcome research).

A Rehabilitation program for Schizophrenic Patients at Psychiatric Centre Sct. Hans, Denmark.

It's well known that integrated multidisciplinary teamwork is an essential part of good rehabilitation.

In literature this is easily found, but the more precise contend of rehabilitation is difficult to find.

Exactly what is the rehabilitation "packet" – and how to evaluate this?

At Psychiatric Centre Sct. Hans unit L we have tried to outline a program, which contains an integrated model of how to rehabilitate in praxis.

I will present this model, how to integrate cognitive behavioural therapy (CBT) and our attempt to evaluate the program.

**Abstract: P-05**

## **Description of Presence when Caring for Women with Postpartum Psychosis (PPP)**

**Presenting Author:** Inger Engqvist, Reg. nurse, Mental nurse, Midwife, Doctoral student

Adress: Hospital of Falköping, S-521 85 Falköping, Sweden  
[inger.engqvist@his.se](mailto:inger.engqvist@his.se) , [inger.engqvist@vgregion.se](mailto:inger.engqvist@vgregion.se)

### **Abstract:**

To explore nurses' description of presence when caring for women with PPP.

The concept of nursing presence has been widely used in nursing and is a significant component of nursing practice. In order to increase our understanding of nursing presence it needs to be studied in different contexts. In this study a secondary analysis of interviews with ten registered psychiatric nurses (RPNs) in Sweden was conducted to explore nurses' descriptions of presence when caring for women with postpartum psychosis. Based on the research question 'How do RPNs describe nursing presence in the context of caring for women with PPP?' content analysis was used to analyze the data. Three categories emerged: the use of presence to protect, the use of presence to facilitate recovery and the use of presence for learning. The findings underscore the importance of recognizing nursing presence as a strategy to improve psychiatric nursing for the benefit of the woman and her child, and as an important part of psychiatric nursing when providing compassionate and effective nursing care to this population.

**Abstract: P-08**

## **The Evaluation of a Development Psychiatric out – Patient –Clinic Service System at Bangpakong District Hospital**

**Presenting Author:** Ms. **Ganoksri Jard – Ngoen**, MS. (psychology counseling), RN. Advance Nurse practice (Psychiatric nurse)

Adress: Mental Health Department at Bangpakong District Hospital  
142 m. 13 Bangna – Trad road, Bangpakong District, Chachoengsao, 24130 Thailand  
[ganokj1@yahoo.com](mailto:ganokj1@yahoo.com)

### **Abstract:**

The prevalence of relapsed among Bangpakong district psychiatric patient has been increasing. The objective of this study was to evaluate the psychiatric out – patient – clinic service system at primary care with relapsed rate. CIPP- model was evaluated. Missed appointments, drug problem, re – admitted, relapsed rate and unit cost were used to evaluate in this study. Samples were 94 psychiatric patients who lived in Bangpakong district, Chachoengsao, Thailand in year 2007 – 2008. Patients who were treated from tertiary hospital and recommended recovery and could live in community. The primary care psychiatric out – patient – clinic service by psychiatric nurse and psychiatrist visit every 3 months, knowledge management package for 35 public health employees at Bangpakong district community and psychiatric patient home health care screening test were instruments. Data were collected 1 year apart. Results show an effective program: missed appointments, drug problem, re – admittance, relapsed rate were 0 % and could control out patient unit cost under government policy. From the results, preparation employees and network were importance for effectiveness.

**Abstract: P-09**

## **OPPORTUNITYISNOWHERE - Specializing Psychiatric Care for Dual-diagnosis Patients**

**Presenting Author:** Mrs. **Jette Juul Kjaer**

Adress: Psykiatric Center Sct.Hans, Department M, Boserupvej 2, 4000 Roskilde, Denmark  
[jette.juul.kjaer@shh.regionh.dk](mailto:jette.juul.kjaer@shh.regionh.dk)

### **Abstract:**

Traditionally, psychiatric care in Denmark is based on a psychodynamic approach. Moreover, care and treatment of dual-diagnosis patients is a divided effort and directed towards treating either the patient's mental illness or his or her addiction/abuse. Psychiatric Center at Sct. Hans Hospital, department M has integrated the care and treatment of dual-diagnosis patients using a cognitive behavioral approach. Developing this option for treatment and care has proven to be challenging, though.

Firstly, the challenge consisted of redefining quality psychiatric care and, secondly, reorganizing the treatment and care. Requirements for evidence-based care and treatment constituted the focal point for our selection of the theoretical frame of reference.

The poster illustrates the pathway FROM general psychodynamic-based psychiatric care TOWARDS specialized care in a cognitive environmental setting AS WELL AS the significance of this change. The factors in this process are: Idea, selection of theoretical framework, education, supervision, physical conditions, implementation, collection of data in relation to outcome of treatment and evaluation of findings.

## **Developing a new Psychiatric In-Patient Well-Being Clinic**

**Presenting Author:** Dr. **Adedeji Odelola**, B.Sc(Hons), M.B. ChB, M.Sc., MRCPsych.

**Co Authors:** **Wesley Tensel**, Mr. & **Gemma Rhodes**, Ms.

Address: Pennine Care NHS Foundation Trust  
Birch Hill Hospital Rochdale, OL12 9QB, United Kingdom  
[deji.odelola@nhs.net](mailto:deji.odelola@nhs.net)

### **Abstract:**

Standardised mortality rates are increased for many psychiatric illnesses as a result of co-morbid cardiovascular, metabolic and respiratory disease, poor lifestyle choices, and metabolic risks associated with atypical antipsychotics. Recommendations have been made by panels of healthcare experts for physical health monitoring and lifestyle management to the same standard in secondary care as occurs in primary care settings.

An in-patient well- being clinic was set up with the dual aim of achieving health promotion and physical health monitoring for psychiatric in- patients.

Initial audits were carried out which showed poor adherence to standards for physical health monitoring at admission and six- weeks post admission. Following a review of the literature, a series of planning meetings, and contact with health promotion services within primary care locally, a protocol was developed.

The protocol detailed parameters to be monitored at the clinic- including blood testing, assesment of body mass index, ECG and peak flow measurement, blood pressure and urinalysis. Arrangements were made for advice to be offered in respect of healthy eating, exercise, smoking cessation, oral and sexual health and contraception. Specialist services locally- such as the sexual health clinic, mental health pharmacist, and diabetic nurse specialist were invited to provide sessional input to the clinic. The protocol provided clear details of the responsibilities of nursing and medical staff in the running of the clinic. The clinic was set- up to run over a session lasting up to two and a half hours consisting of twenty minute appointment slots. Identified physical health problems were resolved where possible in- house, or else referral to acute hospital services was made.

Approval for the protocol was obtained from the Healthcare Trusts' Acute Care Forum, following which a pilot session was organised. Outcome measures selected included patient utilisation rates, a locally derived satisfaction questionnaire, a record of access to related services such as dietician, and smoking cessation advisers and measurements of changes to health indices monitored such as blood pressure, and body mass index (BMI).

## Promoting the Health of Homeless Mothers with Mental Illness

**Presenting Author:** Ms. **Sarah Benbow**, Registered Nurse, BScN, MScN

Address: Mental health inpatient ward- London Health Sciences Centre  
8 Locust Cres. London Ontario, N6E2K2 Canada  
[sbenbow@uwo.ca](mailto:sbenbow@uwo.ca)

### **Abstract:**

**Background/Purpose:** Individuals with mental illness are greatly overrepresented in the homeless population. Among this group lies the especially neglected subgroup of homeless mothers with mental illness. Homeless mothers with mental illness experience a unique set of challenges in trying to achieve health as they face barriers not only related to their mental illness, but also due to the complications of parenting without a home. Few studies have specifically explored the unique challenges faced by homeless mothers with mental illness. The purposes of this study were to learn from these women what is conducive to their health and to examine the socio-political context contributing to their current situations.

**Methods:** A secondary qualitative analysis was employed and focus group data was examined from the critical perspective of feminist intersectionality. A purposive sample of clients and service providers from 7 focus groups comprised of 67 participants was used for this study. Focus groups took place at shelters and drop-in centres for homeless women in London, Ontario, Canada. Focus group transcripts were analyzed for consistent themes and patterns following Lofland et al. (2006) guidelines for analytical coding.

**Results:** Based on the research questions, three overarching themes emerged: (a) discrimination based on intersecting social identities, (b) being stuck: the cycle of oppression, and (c) we're not giving up: resistance through perseverance. The complexity and contextual influences of mothering while homeless with a mental illness were emphasized in the results. The results provide much insight into the health promotion activities needed to enhance the health of these mothers with mental illness.

**Conclusions/Implications:** The findings reveal the complex nature of being homeless while mothering with a mental illness. Many of the findings expose the great disconnect between mental health services and supports for these women. Despite the extreme barriers to health faced by these women, they also demonstrate great strengths. A multi-sectoral and socio-political approach is needed to promote the health of these women while addressing and challenging the 'disconnect' contributing to their plight. Health promotion initiatives must focus on 'building bridges' between health care sectors and services for and with these women. As health professionals working with this population, we are in prime positions to advocate for their health.

**Abstract: P-14**

## **Postgraduate Education for Nurses in Psychiatric Nursing in Denmark**

**Presenting Author:** Mrs. Chanett Babette Simonsen

Adress: Damhaven 12, 7100 Vejle, Denmark

[Chanett.Babette.Simonsen@regionsyddanmark.dk](mailto:Chanett.Babette.Simonsen@regionsyddanmark.dk)

### **Abstract:**

The purpose of the poster, which presents the postgraduate education for nurses in psychiatric nursing in Denmark, is to draw attention to the existents of the education, to describe its overall purpose and the skills and qualifications obtained through the education.

The poster presents the postgraduate trained nurses expanded function area: clinical psychiatric nursing - development of quality, teaching, tutoring and coaching - coordinating interdisciplinary and multidisciplinary collaboration.

The purpose is furthermore to create dialogue about postgraduate education for psychiatric nurses in Europe. The goal is to promote the exchange of experience and knowledge about postgraduate education and to promote a discussion about the possibilities and visions for postgraduate education of psychiatric nurses in Europe. It is in addition a goal to enter into dialogue with other leaders or teachers at postgraduate education for psychiatric nurses in other countries.

**Abstract: P-15**

## **Stress of Psychiatric Nurses is Alleviated through a Stress Management-Empowerment Program**

**Presenting Author:** Prof. Fujika Katsuki, RN, Ph.D

**Co-Author:** Masayo Kadota

Address: Nagoya City University, School of Nursing

1 Kawasumi, Mizuho-cho, Mizuhoku, Nagoya, Aichi, 467-8601 Japan

[katsuki@med.nagoya-cu.ac.jp](mailto:katsuki@med.nagoya-cu.ac.jp)

### **Abstract:**

Fujika Katsuki<sup>1</sup>), and Masayo Kadota<sup>2</sup>)

1) Nagoya City University, School of Nursing

2) Nagoya City University, Graduate School of Nursing

**Aim:** This study's aim was to examine the effectiveness of a Stress Management-Empowerment Program for psychiatric nurses designed to alleviate their stress.

**Method:** The Stress Management-Empowerment Program for psychiatric nurses is a structured program using cognitive-behavioral therapy and psychoeducation. This program consists of a total of three sessions, each of which takes two hours. Thirty minutes of the two-hour session was spent in a lecture on stress as well as cognitive-behavioral therapy, while the remaining ninety minutes for involved group therapy. Fifteen psychiatric nurses participated in this program and they replied to a questionnaire before and after their participation.

**Results:** The results indicated that the psychiatric nurses' degree of mental health, as measured with K6, showed significant improvements (Paired t- test,  $p=0.014$ ). And the psychiatric nurses' degree of hostility toward patients, as measured with the Nurse Attitude Scale, showed significant improvements (Paired t- test, 0.036).

## **Internalized Stigma and Functioning Level in Patients with Bipolar Disorder**

**Presenting Authors:** Prof. **Olcay Çam**, Ms. **Döndü Çuhadar**

Adress: Ege University School of Nursing Psychiatric Nursing Department  
Bornova /İZMİR, 35100 Turkey  
[olcaycam@yahoo.com](mailto:olcaycam@yahoo.com) , [donducuhadar@hotmail.com](mailto:donducuhadar@hotmail.com)

### **Abstract:**

When a person or society met with a situation that frighten or disturb himself/herself, chose to exclude and alienate it. This process cause to stigmatiazion of some patients. This stigma sometimes become dangerous such as disease(1).

The main attribute of stigma was defined as a mark of disgrace or discredit that sets a person aside from others and negatife effects of a label placed on any groups(2). Internalization of stigma in society cause to be handled roughly of the individuals seriously(3). Internalized stigma is the devaluation, shame, secrecy and withdrawal triggered by applying negative stereotypes to onself. Like other members of society, individuals with mental illness naturally come into contact common ambient stereotypes. Once these individuals are labeled by themselves or by others as being “mentally ill” they willingly or unwillingly assume membership in the group that is the object of the streotypes(4). This also leads on to limited social interactions, poorer relationships, poorer life satisfaction and unemployment(2).

Bipolar disorder influences the well being of the patient and his/her social, occupational and general functioning . Health related quality of life impairments among patients with bipolar disorder are greater than among the general population and comparable to or greater than among patients with chronic nonmental health related disorders(5). Appeared to be apraxia because of disease and in patients who have impairment in his/her anterior social and occupational functioning, the perception of stigma is in very high level. Being impairment in physical functioning with mental disorder to increase the perception of stigma, too much disability, chronicity of the disease cause to live too much stigma emotion(6). This stigma feeling arise from patients family such as society. The relatives of patients determine the bipolar disorder as restrictive life preciously and believe that their patients won't turn their usual life(7). These were determined in a study, 54.6% patients with bipolar disorder felt as stigmatized, 36,4% patients in their general life, 18.1% patients within family, 13.9% patients feel stigmatized in the work place(8). In a study which done with patients with bipolar disorder in Turkey, 46.0% patients state that feel themselves as inadequate because of their illness, 60.0% had view of their illness will cause to problem about marriage, 55.0% stated their illness as cause of problems in job getting(7).

For providing adherence to treatment, rehabilitating social relationships and functioning of patients with bipolar disorder to determine internalized stigma and planning detractive interventios are important.

## **Impressions from Mental Health Nursing Practices in Turkey**

**Presenting Authors:** Prof. **Olcay Çam**, Ms. **Döndü Çuhadar**, Ms. **Sevgi Nehir**

Adress: Ege University School of Nursing Psychiatric Nursing Department

Bornova /İZMİR, 35100 Turkey

[olcaycam@yahoo.com](mailto:olcaycam@yahoo.com) , [donducuhadar@hotmail.com](mailto:donducuhadar@hotmail.com) , [sevginehir@windowslive.com](mailto:sevginehir@windowslive.com)

### **Abstract:**

Students who training psychiatric nursing programme in Ege University, done practice for reinforce theoretical knowledge with practices in hospitals which were in four different city in Turkey. Features of these hospitals; in one of them psychiatric/mental health nursing practice standards are good, in second hospital consultation liyezon psychiatric nursing practices are good, the other two hospitals are the biggest mental health hospital of Turkey.

First practice was done in a psychiatric clinic of an university hospital in Ankara. There nursing services towards patients care were carried out according to “primary nursing model”. While carryinig out daily programme of clinic, work sharing model was performed. In this context, each nurse has patients in particular number and nurses carried out nursing processes devoted these patients. It is observed that staff concept which have an important role in patient care was assimilated and performed by all members of team.

The second practice was done in Consultation Liaison Psychiatric Department of an University hospital in İstanbul. An expert nurse who completed psychiatric/mental health nursing doctorate programme and trained cognitive behavioral therapy. Towards request from nonpsychiatric clinics, consültation and liyezon services were carried out and regular interwiev done with patients for providing maintain of care.

Third practice area is the biggest mental health hospital in İstanbul, which give care 1400 patients with 306 nurses. It was seen that, nursing services in inpatient department were, medical treatment practice, do admission procedurs of patients, facilitate adaptation of patient, introduce patients with treatment staff and other patients and to do discharge procedurs. The department which has the best nursing services was “day hospital”. Day hospital was established for deinstitutionalization and facilitating return of patients to social life. There, psychiatrist, nurse and clinical psychologist work as team. Nurses were doing individual and group interwievs, were determining education issues according to patients/families needs and present this education to patients/family in team collaboration.

Other practice area was mental health hospital which give care nearly 700 patients with 213 nurses. There, nurses carrid out admission procedurs and medical treatment of patients. These results obtained based on this knowledge;

- Psychiatric nursing practices and CLPN practices in the university hospitals were suitable to psychiatric nursing practices standards which done in world.
- Nursing sercices were inadequate in big mental health hospital because of few number of nurses, a lot number of patients and working with patients whose mental health was damaged seriously.

**Abstract: P-23**

## **Life Satisfaction and Factors that Effecting it in Elderly**

**Presenting Authors:** Ms. **Sevda Tüzün**, Prof. **Esra Engin**, Ms. **Döndü Çuhadar**

Adress: Ege University School of Nursing Psychiatric Nursing Department  
Bornova /İZMİR, 35100 Turkey  
[esraengin@yahoo.co.uk](mailto:esraengin@yahoo.co.uk) , [donducuhadar@hotmail.com](mailto:donducuhadar@hotmail.com)

### **Abstract:**

**Aim:** Aging is a process that cause to decrease of efficiency, lost of balance, disturb of health of persons' and provoking disaster and wreck of body. Feelings of elderly themselves as valueless, lost functioning and weak seen as a barrier to providing satisfaction from their life. This research planned for determining life satisfaction of elderly and effecting factors it.

**Method:** this study conducted with 129 elderly who live in Tokat city in Turkey, who stay with his/her family, who accept to participate to study in between 2 July-2 September 2007. data were collected by socidemographic data form, life satisfaction scale, daily life activities form. Analysis of data evaluated by using descriptive statistic, Student t test, ANOVA.

**Findings:** 45.7% of elderly who participated to research between 65-69 age groups. Life satisfaction scale mean point of elderly was founded as  $10.52 \pm 6.10$ . life satisfaction point mean was significantly low in elderly who has no regularly income, who has no benefit primary, who has no room that belongs him/her. it was determined that according to perception of the physical and mental health of elderly the life satisfaction point mean showed significantly differences. Significantly correlation determined between daily life activities and life satisfaction.

**Conclusion:** Aging is chronic and universal process that seen every alive and, cause to decrease at every functions. When the general population getting elderly, health care needs of this group is getting increase. Because, daily life activities of elderly people became limited and blocked, independent functions became semi dependent or full dependent with the lost of functional capacity and ability. Perception of physical and mental health and doing daily life activities status of elderly were effecting their life satisfaction were founded in this study. For providing the best life satisfaction of elderly it is important that, doing practices towards developing functionality of elderly and performing interventions that aiming to prevent disturb of functionality.

**Abstract: P-27**

## **Experiences of Anger in Patients with Schizophrenia**

**Presenting Author:** Ms. Naoko Shibuya, RN., Master of Psychology

**Co-Author:** Akihiko Ogasawara

Address: Chubu University, Department of Nursing, College of Life and Health Sciences  
1200 Matsumoto-cho, Kasugai, Aichi, 487-8501 Japan  
[naoko@isc.chubu.ac.jp](mailto:naoko@isc.chubu.ac.jp)

### **Abstract:**

We (Naoko Shibuya, Akihiko Ogasawara) interviewed seven persons with schizophrenia about their recent anger episodes and analyzed them in order to clarify their genesis and the ways of coping with those experiences through semi-structured settings. As a result, the experiences that the subjects felt were classified into three categories, which consisted of five concepts: category 1) anger heightened by other people's speech and behavior; category 2) anger toward environments except other people; category 3) other types of anger toward the object except other people and surroundings. Category 1 type anger includes the following two concepts: concept 1) anger when the subjects felt that their self-esteem were hurt and concept 2) anger when they felt that other people surrounding the subject didn't understand themselves; category 2) contained concept 3) bad manners around the subjects and concept 4) interest and dissatisfaction about the institution and the legislation, which are related to themselves; category 3) consisted of concept 5) speech and behavior based on their delusion and auditory hallucination.

Each subject has already acquired the way to cope with their anger experiences, many of which were constructive ones. Therefore, it is considered that the persons with schizophrenia had typical symptoms of the disease such as inflexibility, auditory hallucination and delusion, but the expression of anger differed according to the recognition of the relationship between the object of anger and themselves.

## **Role of Religion in Mental Health**

**Presenting Author:** Mrs. **Suriya Bakthakumar**, M.sc.Nursing

Address: Connolly Norman House  
No.230.North Circular Road, Day Center, Dublin 7, Ireland  
[suriyabk@yahoo.com](mailto:suriyabk@yahoo.com)

### **Abstract:**

Comprehensive research evidences have identified significant links between religion and spirituality and mental health. Religion and spirituality have been measured by various spiritual practices. The term religion becoming reified into a fixed system of ideological commitments. Where as spirituality is increasingly used to refer to the personal, subjective side of religious experience. Most people experience spirituality within an organized religious context but fail to see the distinction between these phenomena (Marler & Hadaway, 2002). There is a gap between psychology and religion and spirituality that can be felt in the empirical arena. The possible reasons could be that religion and spirituality are less central and important to psychologists, religion and spirituality are mistakenly assumed to fall outside the scope of scientific study (Thomson, 1996), and are believed to necessarily recede during an age that reflects the rise of science and rational enlightenment (Barbour, 1990, Hill et al., 2000). Religion and spirituality are not uniform processes but are complex variables involving cognitive, emotional, behavioral, interpersonal, and physiological dimensions. Knowing God, is the central function of religion. Perceived closeness to God has been significant predictor of mental and physical health. People who report a closer connection to God experience a number of health-related benefits like less depression and higher self-esteem (Maton, 1989b), less loneliness (Kirkpatrick, & Shillito, 1993), greater relational maturity (Hall & Edwards, 1996, 2002), and greater psychosocial competence (Pargament et al., 1988). Religion and spirituality frameworks can provide people with a sense of ultimate destinations in life. Empirical studies have provided some support for the theoretical connections between religion and spirituality framework and better health. Religious support can be a valuable source of self-esteem, information, companionship, and instrumental aid that buffers the effects of life stressors and exerts its own main effects and health benefits. (Cohen & Wills, 1985). Studies has shown that many people derive emotional and tangible support from their congregations. Religious support has been associated with more positive affect or life satisfaction (Fiala, Bjorck) The religious and spiritual life has it's own struggles such as personal struggle tra individual struggle, and struggles with God (Exline, & Sanderson, 2000). According to most traditions, religious growth is essential to health. There is evidence that religion and spirituality are distinctive dimensions that add unique explanatory power to the prediction of physical and mental health. In sum, it is now known that religion is linked to physical and mental health.

**Abstract: P-35**

## **Training on how to use the INTERMED: the Experience at Modena Medical School**

**Presenting Author:** Dr. **Enrica Zannoni\***, Nursing Degree

**Co Authors:**

Dr. **Bombi AR.**, Institute of Psychiatry, University of Bologna, Bologna, Italy  
Dr. **Bonati A.**, School of Nursing, University of Modena & Reggio Emilia, Modena, Italy  
Dr. **Delli Carri T.**, School of Nursing, University of Modena & Reggio Emilia  
Dr. **Disavoia A.**, Department of Psychiatry, University of Modena & Reggio Emilia, Modena, Italy  
Dr. **Mazzali V.**, School of Nursing, University of Modena & Reggio Emilia, Modena, Italy  
Dr. **Simoni E.**, Department of Psychiatry, University of Modena & Reggio Emilia, Modena, Italy  
Prof. **Ferrari S.**, Department of Psychiatry, University of Modena & Reggio Emilia, Modena, Italy  
Prof. **Ferri P.**, School of Nursing, University of Modena & Reggio Emilia, Modena, Italy  
Dr. **Stiefel F C.**, Department of Psychiatry, University Hospital Lausanne, Lausanne, Switzerland  
Dr. **Huyse F J.**, Department of Internal Medicine, UMCG University Medical Center Groningen, Groningen, The Netherlands  
Prof. **Rigatelli M.**, Department of Psychiatry, University of Modena & Reggio Emilia, Modena, Italy

Address: \*School of Nursing, University of Modena & Reggio Emilia

Street: Del Pozzo, n°71, Modena, 41125 Italy

[enrica.z@alice.it](mailto:enrica.z@alice.it)

**Abstract:**

**Background:** INTERMED is an instrument to assess bio-psycho-social case complexity in general health care by focusing on past, present and future health needs and risks of patients (1, 2). Previous research has confirmed its validity, reliability and effectiveness in providing a basis for multidisciplinary treatment of patients with a high case complexity (3), by inducing a shift from a specialty-oriented to a patient-centered model of interdisciplinary care. It consists in a structured interview leading to definition of 20 variables and related anchor points. The total score ranges from 0 to 60, reflecting the level of complexity and the related care needs/risks.

**Aim:** To describe the training process on the use of INTERMED and to assess its effectiveness.

**Methods:** A training group of 9 subjects (4 student nurses, 3 residents in psychiatry, 1 consultant psychiatrist and 1 psychiatric nurse) had two-hour meetings twice a month between April and September 2009. After introductory sessions on theoretical aspects and inter-trainee simulations on interviewing and scoring techniques, students were assigned the task of producing video-recorded clinical material, which was used to comment on interviewing skills and practice on scoring. Individual and consensus scores were collected at the beginning and at the end of the training and compared statistically by means of Cohen's kappa.

**Results:** Motivation and involvement of students in the training was high (participation was on a voluntary basis during extra-work hours), as well as satisfaction, particularly among the student nurses. Agreement between individual and consensus scores was high already at the beginning of the training (Cohen's kappa mean value of 0.80) and slightly improved during the course.

**Conclusions:** The training process gave positive results both on the quantitative and the qualitative sides of evaluation. A six-month 25-hour training period is a reasonable time for learning how to master the instrument, although it needs to be followed by the clinical practice. These preliminary positive results will hopefully open the way to a wider diffusion of this tool in clinical practice in the area of Modena.

## **Factors Important for the Implementation of a Violence Prevention and Management Model in Psychiatric Wards in Stockholm**

**Presenting Author:** Ms. Charlotte Pollak, RMN

Address: Health Care Provision, Stockholm County Council  
Box 179 14, 118 95 Stockholm, Sweden  
[charlotte.pollak@sl.se](mailto:charlotte.pollak@sl.se)

### **Abstract:**

Patient violence and aggression are well known phenomenon within psychiatric care. In order to prevent and manage violent patient behaviour, nursing staff is often trained in different training programmes. The effects of these training programmes vary considerably even though the content of training appears similar. One reason could be that it is not clear to what extent the programmes have successfully been implemented in clinical practice. Furthermore, studies show that after training is finished, participants' confidence and interest in using new skills quickly fades and practice goes back to how it was before training.

Since 2006, a violence prevention and management training programme, the 'Bergen model', has been introduced to all in-patient psychiatric wards in Stockholm, Sweden. The model is taught in a four-day course for all staff and includes both theory and physical techniques. The aim of this study was to describe factors that were important for the implementation of the Bergen model in Stockholm, from both a nursing staff and ward manager perspective.

To collect data, two focus group interviews were used: one with nursing staff from wards where all staff had been trained in the Bergen model, and one with ward managers. A qualitative content analysis was performed which revealed four themes:

- 1) A changed approach and attitude to patients and colleagues. The participants described how an increased focus on values and roles had changed how they assessed dangerous and difficult situations in patient care.
- 2) A common base of knowledge to improve collaboration and communication. By sharing a common base of knowledge about approaches and techniques, the responsibility to prevent and manage violence became to a higher degree everybody's concern.
- 3) A training programme taught by trainers of high trustworthiness. This was achieved in the programme by using clinically active nursing staff as trainers who the participants described came from the same reality and used the same language as them.
- 4) Refresher hours - the extended arm of the course. Easily accessible refresher hours were highly valued by the participants. They emphasized that all staff members should use the refresher hours and that time should be given, not only to train physical techniques but also to discuss the present conflicts with patients and colleagues on the wards.

The results indicate that these factors should be considered when discussing the content and organization of training programmes in violence prevention and management.

Thursday 15th April 2010 - čtvrtek 15. dubna 2010

13.00–14.00 congress hall / kongresový sál



## OPENING CEREMONY SLAVNOSTNÍ ZAHÁJENÍ

- *Mr. Tomáš PETR, Chairman, Psychiatric section of Czech National Nurses Association*
- *Mr. Des KAVANAGH, President, HORATIO*
- *Mr. Roland van de SANDE, General Secretary, HORATIO and guests*

14.00–15.30 congress hall / kongresový sál



chair: *Mr. Des KAVANAGH*

- Dr. Neil BRIMBLECOMBE (United Kingdom)  
*South Staffordshire and Shropshire NHS Foundation Trust*  
**Psychiatric Nursing in Europe. One Profession or Many-**  
**Psychiatrické ošetřovatelství v Evropě. Jedna nebo mnoho profesí-**
- Prof. Denis RYAN (Ireland)  
*National Counselling Institute of Ireland*  
**International Networks of Research - EViPRG as an Example**  
**Mezinárodní spolupráce ve výzkumu – EViPRG (skupina pro výzkum násilí v**  
**psychiatrii) jako příklad**
- Ms. Connie MAGRO (Malta)  
*Vice-President, EUFAMI*  
**Bridging the Gap**  
**Možnosti spolupráce mezi rodinami duševně nemocných a profesionály –**  
**EUFAMI jako příklad**

15.30–16.00 coffee break (foyer 1st floor)

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**16.00–17.45** congress hall - kongresový sál



chair: **Mr. Roland van de SANDE**

- Prof. Wendy CROSS (Australia)  
*School of Nursing and Midwifery, Monash University*  
**The Road to Recovery: Service Users' Perspectives of a Prevention and Recovery Program**  
**Cesta k zotavení: preventivní a rehabilitační programy z pohledu uživatelů**
- Prof. John R. CUTCLIFFE (USA)  
*University of Maine*  
**Understanding the Risk of Suicide Associated with Recent Discharge: Phenomenological Design and Data Analysis**  
**Porozumění riziku sebevraždy spojenému s ukončením hospitalizace**
- Prof. Dirk RICHTER (Switzerland)  
*Bern University of Applied Sciences, School of Health*  
**Formal and Informal Tasks of Community Psychiatric Nursing: A Metasynthesis**  
**Formální a neformální úkoly komunitního psychiatrického ošetřovatelství**

**Friday 16th April 2010 - pátek 16. dubna 2010**

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**9.00–10.00** congress hall - kongresový sál



chair: **Mr. Tomáš PETR**

- Prof. Anne-Grethe TALSETH (Norway)  
*Faculty of Health Sciences, University in Tromsø*  
**Hearing Voices from within over Time**  
**Práce s hlasy**
- Ms. Tove PANK - Ms. Jette CHRISTIANSEN (Denmark)  
*The Psychiatric Hospital, Aalborg*  
**A Common Background for Psychiatric Nursing**  
**Společný základ psychiatrického ošetřovatelství**

**10.00-10.30** coffee break (foyer 1st floor)

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**10.30–12.15 section A - sekce A**



chair: **Ms. Georgia GEORGIU**

- Prof. Agnes HIGGINS – Mr. Gerry MAGUIRE – Dr. Mary CREANER – Dr. Eddie McCANN – Dr. Shoba RANI – Dr. Jane, ALEXANDER – Ms. Orla O'NEILL – Mr. Mike WATTS – Dr. Malcolm GARLAND (Ireland)  
*School of Nursing and Midwifery, Trinity College*

**Current Education Available for Professionals Working in Mental Health Services in the Republic of Ireland: What are the Gaps-**

**Dostupné vzdělání pro profesionály pracující ve službách pro duševně nemocné v Irsku**

- Mr. Martin WARD (Malta)  
*University of Malta/ Independent Nurse Consultant*

**The Development of a National Graduate Mental Health Nursing Programme: A Six Years Evaluation**

**Budování národního programu vzdělávání v psychiatrickém ošetřovatelství: hodnocení po 6 letech**

- Dr. Marga THOME (Iceland)  
*University of Iceland*

**Promoting Parental and Infant Mental Health in Nursing and Midwifery**

**Podpora duševního zdraví matky a dítěte v ošetřovatelství a porodní asistenci**

- Ms. Katerina PIKOULI - Ms. Evanthia SAKELLARI (Greece)  
*Community Mental Health Centre of Vyronas-Kaisariani - Athens Public Health Directorate*

**Mental Health Nursing Specialisation in Greece**

**Specializace v psychiatrickém ošetřovatelství v Řecku**

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**10.30–12.15 section B - sekce B**



chair: **Mr. Richard BRODD**

- Mr. Steven BRADFORD (United Kingdom)  
*Perinatal Mental Health Nurse Specialist, South East Essex NHS*

**Mental Health During Pregnancy and the Postnatal Period**

**Duševní zdraví během těhotenství a v poporodním období**

- Ms. Jana WAND - Dr. Michael SCHULZ (Germany)  
*Clinic for Psychiatry and Psychotherapy in Bethel - Bielefeld*

**Building Bridges for Young Drug Addicted Mothers and Their Children**

**Budování mostů pro mladé drogově závislé matky a jejich děti**

- Dr. Stefania ARNADÓTTIR - Prof. Marga THOME (Iceland)  
*University of Iceland*  
**Evaluation of a Family Nursing Intervention for Distressed Families during Pregnancy**  
**Hodnocení ošetrovatelských intervencí v rodinách postižených krizí během těhotenství**
- Ms. Sirpa Soilikki KUMPUNIEMI (Finland)  
*Primary Health Care Organization, City of Vantaa*  
**Depression Prevention Groups at Maternity Clinics**  
**Prevence deprese v porodnicích**

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**10.30-12.15 section C**



chair: **Prof. Fredricka GILJE**

- Prof. Fredricka GILJE (Sweden)  
*Department of Nursing, Umeaa University*  
**Nurses' Responses to Suicide and Suicidal Patients: An Understanding of Accumulated Nursing Research**
- Mr. Marc HASPELAGH (Belgium)  
*General Hospital Sint-Jan, Brugge*  
**Building Bridges between Patient and Nurse: Psychiatric Nurses' Attitudes for Caring for Depressed Patients**
- Ms. Adrienne ADAMS (Ireland)  
*West Cork Mental Health Services, HSE South*  
**The Evolving Role of the Clinical Nurse Specialist to Advanced Nurse Practice in Mental Health in Primary Care**
- Mr. Michael LÖHR (Germany)  
*Clinic for Psychiatry, Gütersloh*  
**Activity Analysis of the Therapeutic and Nursing Service to a Psychiatric Ward, Based on a Multi-moment Study**

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**10.30–12.15 section D**



chair: **Dr. Cheryl FORCHUK**

- Dr. Cheryl FORCHUK (Canada)  
*University of Western Ontario/ Lawson Research Institute*  
**Bridging Hospital and Community**

- Ms. Louisa MORROW (Australia)  
*Flinders Medical Centre, Adelaide*

**A Nurse Led Mental Health Hospital at Home Program Replacing Acute Inpatient Care**

- Mr. Brian KEOGH - Prof. Agnes HIGGINS - Prof. Patrick CALLAGHAN (Ireland)  
*The School of Nursing & Midwifery, Trinity College*

**Defying Preconcieved Expectations: A Grounded Theory of Mental Health Service Users´ Experiences of Going Home from Hospital**

- Ms. Anna HEGEDÜS - Ms. Sandra SCHMIDINGER - Dr. Christoph ABDERHALDEN (Switzerland)  
*Nursing & Social Education Research Unit, University Berne Psychiatric Services*

**Needs of Clients Cared for by Freelance Community Mental Health Nurses in Switzerland**

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**10.30–12.15 section E – workshop**



- Ms. Beth HAMER - Ms. Josephine MUXLOW - Dr. Elaine SANTA MINA - Dr. Victoria SMYE (Canada)  
*Mental Health Center, Penetanguishene*

**Examining the Architecture of A Suicide Prevention Nursing Best Practice Guideline**

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**10.30–12.15 section F – workshop**



- Mr. Edwin HELLENDORRN - Ms. Diana POLHUIS - Mr. Ben LIJTEN - Mr. Roland van de SANDE (the Netherlands)  
*Bavo Europoort - GGZ Noord Holland Noord - GGZ Noord Holland Noord - Parnassia Bavo Groep, Hogeschool Utrecht*

**The Battle of the Nurses, an International Reflection on Violence Risk Case Vignettes at Psychiatric Wards**

*10.00-10.30 coffee break (foyer 1st floor)*

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**14.00–15.30 section A - sekce A**



chair: **Ms. Blanka NOVOTNÁ**

- Dr. Tatiana HRINDOVÁ (Slovakia)  
*Psychiatric Hospital, Michalovce*  
**Psychiatric Nursing in Slovakia**  
**Psychiatrické ošetrovatelství na Slovensku**

- Ms. Nailya SITYAKOVA (Russia)  
*Kirovskiy Regional Mental Health Hospital named after Bekhterev, Kirov*  
**Mental Health Nursing Care in Russia: an Example of Kirovskaya Area**  
**Psychiatrické ošetrovatelství v Rusku: Kirovská oblast jako příklad**
- Ms. Kateřina HAVRÁNKOVÁ (Czech Republic)  
*Military Hospital, Olomouc*  
**Can Do It!**  
**Dokážu to!**
- Ms. Bożena KOSIŃSKA (Poland)  
*Autonomous Provincial Public Works Team Mental Health Care in Radom\*\*\*\*\**  
**Exposure of Nurses to the Aggressive Behavior of Patients in Psychiatric Hospital**  
**Expozice sester agresivnímu chování pacientů v psychiatrických nemocnicích**

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**14.00–15.30 section B - sekce B**



chair: **Mr. Martin WARD**

- Ms. Päivi SOININEN (Finland)  
*Hospital District of Helsinki and Uusimaa, Kellokoski Hospital*  
**Patients' Participation on Decision Making Concerning Seclusion and Restraint - an Ethical Perspective**  
**Účast pacientů na rozhodování o použití omezovacích prostředků – etický pohled**
- Ms. Beth HAMER - Ms. Josephine MUXLOW - Dr. Elaine SANTA MINA - Dr. Victoria SMYE (Canada)  
*Mental Health Center, Penetanguishene*  
**Closing the Suicide Abyss: Application of a Nursing Best Practice Guideline through a Case Study**  
**Uzavírání sebevražedné propasti: případová studie využití ošetrovatelských standardů**
- Mr. David EKERS (United Kingdom)  
*Health Centre, Durham*  
**Behavioural Activation for Depression Delivered by Mental Health Nurses: A Review and Randomised Controlled Trial.**  
**Behaviorální aktivace při depresi poskytovaná psychiatrickými sestrami: randomizovaná kontrolní studie**

- Ms. Fiona DZIOPA - Dr. Kathy AHERN (Australia)  
*School of Nursing and Midwifery, The University of Queensland*

**The Different Styles of Therapeutic Relationships in Psychiatric/Mental Health Nursing as a Function of Clinical Setting**

**Odišné styly terapeutických vzťahů v psychiatrickém ošetrovatelství jako funkce zdravotnického zařízení**

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**14.00-15.30 section C**



*Chair: Prof. Páll BIERING*

- Prof. Páll BIERING (Iceland)  
*University of Iceland & The Icelandic State and University Hospital*  
**The Concept of Patient Satisfaction in Adolescent Psychiatric Care**
- Mr. Jorge D. N. FAÇANHA - Ms. Maria ERSE - Ms. Rosa SIMES - Prof. José Carlos SANTOS (Portugal)  
*Centro Hospitalar Psiquiátrico de Coimbra - Unidade Sobral Cid*  
**Adolescent Suicide Prevention: Intervention Programme Believe**
- Dr. Marja-Liisa RISSANEN - Mr. Jari KYLMÄ - Ms. Eila LAUKKANEN (Finland)  
*Kuopio University Hospital*  
**Self-mutilation among Finnish Adolescents – a Multifaced Phenomenon**

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**14.00–15.30 section D**



*Chair: Mr. Seamus MURPHY*

- Ms. Fiona NOLAN (United Kingdom)  
*University College London*  
**A Prospective Comparison Study to Investigate Protected Engagement Time on Acute Mental Health Inpatient Wards in England**
- Ms. Jane WRAY (United Kingdom)  
*Faculty of Health and Social Care, University of Hull*  
**The Future of the Acute MH Care Workforce in the UK: What Knowledge, Skills and Values do Practitioners Need-**
- Mr. Seamus MURPHY (Ireland)  
*Deputy General Secretary Psychiatric Nurses Association of Ireland*  
**Work Related Aggression and Violence - An Injury Compensation Scheme for Psychiatric Nurses within the Irish Health Service**

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**14.00-15.30 section E – workshop**



- Mr. Iwan van VEEN - Ms. Sabine STIGTER - Ms. Aafke BIJMAN (the Netherlands)  
*Department of Child and Adolescent Psychiatry, University Medical Center Utrecht*  
**Painfree Holding Techniques in Child Psychiatry**

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**14.00–15.30 section F – workshop**



- Ms. Nienke van HAASTER, Mr. Michel RONKES (the Netherlands)  
*Mental health care services 'GGZ Noord-Holland-Noord' in Heiloo - DOC-team Kop van Noord Holland, Den Helder*  
**Early Detection and Treatment of Depressive Symptoms on the Elderly Living in Residential Homes**

15.30-15.45 coffee break (foyer 1st floor)

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**15.45–17.15 section A - sekce A**



Chair: **Mr. Roland van de SANDE**

- Mr. Roland van de SANDE (the Netherlands)  
*Hogeschool Utrecht, University of Applied Science, Faculty of Health /Parnassia-Bavo Groep, Institute for Mental Health*  
**A Three Year Evaluation of Structured Short Term Risk Assessment Model in Acute Psychiatric Wards**  
**Model strukturovaného krátkodobého vyšetření rizik na akutních psychiatrických odděleních – hodnocení po 3 letech**
- Mr. Mark van VEEN (the Netherlands)  
*Mental Health Care, Altrecht*  
**The Psychometric Properties of the Dutch Nurses' Global Assessment of Suicide Risk (NGASR)**  
**NGASR – škála pro posouzení rizika sebevražedného chování - zkušenosti z praxe**
- Ms. Martina POCHYBOVÁ, Dr. Igor ONDREJKA, Dr. Veronika HUSÁROVÁ (Slovakia)  
*Psychiatric Clinic of Komensky University, Martin*  
**Use of Measuring and Evaluation Scales to Evaluate the Family Burden Management in the Psychiatric Nursing**  
**Využití měřicích a hodnotících škál při hodnocení zvládnání zátěže rodiny**

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**15.45–17.15 section B - sekce B**



chair: **Mr. Kevin GAFA´**

- Dr. Susanne SCHOPPMANN - Prof. Wilfried SCHNEPP (Germany)  
*Institut für Pflegewissenschaft, University of Witten/Herdecke*  
**Building Bridges with Families: The Situation of Families of Depressed Persons**  
**Budování mostů s rodinami: Situace rodin depresivních pacientů**
- Dr. Evridiki PAPASTAVROU - Dr. Haritini TSANGARI - Mr. George KARAYIANNIS (Cyprus)  
*Department of Nursing, Cyprus University of Technology*  
**The Experience of Families in the Caring Trajectory**  
**Zkušenosti rodin na trajektorii péče**
- Prof. José Carlos SANTOS - Mr. Carlos SARAIVA (Portugal)  
*Nursing College, Coimbra*  
**Family Factors and Parasuicide in Portugal**  
**Rodinné faktory a sebevražedné pokusy v Portugalsku**

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**15.45–17.15 section C**



chair: **Dr. Keith EDWARDS**

- Ms. Chen-Ju KO - H.H. CHIANG - Pei-yin TIEN (Taiwan)  
*Tzu chi College of Technology*  
**Struggling of Life and Opportunities of Change: Experience of Individual with Schizophrenia**
- Ms. Jolijn SANTEGOEDS (the Netherlands)  
*Stichting Mind Rights, Eindhoven*  
**Building Bridges: Coercion Does Not Help (user perspective)**
- Dr. Keith EDWARDS (United Kingdom)  
*Buckinghamshire New University*  
**Working One-to-One with Mental Health Service Users**

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## 15.45–17.15 section D



chair: **Dr. Teresa STONE**

- Ms. Ray-Ling LUH (Taiwan - PRC)  
*National Yang-Ming University / Taipei Veterans General Hospital*  
**A Study of Self-efficacy Training to Improve Social Competence of Young Adults with Asperger Syndrome: For Example Transition to Vocational Training.**
- Dr. Teresa STONE - Prof. Margaret McMILLAN (Australia)  
*School of Nursing and Midwifery, The University of Newcastle, Callaghan*  
**Bridging the Gap: The Impact of Swearing and Its Effects on the Caring Relationship**
- Dr. Alan PRINGLE (United Kingdom)  
*University of Nottingham*  
**Using Football in Secure Hospital Settings**

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## 15.45–17.15 section E – workshop



- Ms. Roos STALS - Ms. Angelique van ACQUOY (the Netherlands)  
*GGz Eindhoven*  
**Addiction and Severe Personality Disorder: A Clinical Try out to an Integrated Dual Diagnose Treatment (IDDT) for People with Severe Personality Disorders**

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## 15.45–17.15 section F – workshop



- Dr. Paul Thomas CLEMENTS (USA)  
*Drexel University - College of Nursing and Health Professions*  
**Psychiatric Nursing Assessment and Intervention with Children Exposed to Family Member Homicide: Promoting Adaptive Coping and Bereavement**

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## 17.30–19.00 section C



**HORATIO - General Assembly**

20.00–01.00 congress hall - kongresový sál

**SOCIAL EVENT**

Buffet - Traditional Czech cuisine and Moravian wine tasting

21.00 – “Harpa Vieja” - Celtic folk and world music performed by harp group

22.00 – “BisQuit Time” – some of the greatest hits revived by live band

23.00 – “Javorník” – Moravian dulcimer music

**Saturday 17th April 2010 - sobota 17. dubna 2010**

9.00–10.30 section A - sekce A



chair: **Mr. Michael SCHULZ**

- Mr. Kevin GAFA' (Malta)  
*Mount Carmel Hospital*

**The Impact of Media Stigmatization on Patients' Perceptions of Their Mental Illness**

**Vliv mediální stigmatizace na pacientovo vnímání duševní choroby**

- Dr. Michael SCHULZ (Germany) - Dr. Christoph ABDERHALDEN (Switzerland)  
*Clinic for Psychiatry and Psychotherapy in Bethel - Bielefeld*

**Adherence Therapy for People with Schizophrenia: Results from a Randomized Controlled Trial**

**Jak získat nemocné se schizofrenií ke spolupráci- Výsledky z randomizované studie**

- Dr. Martina VENGLÁŘOVÁ (Czech Republic)  
*1st Medical Faculty, Charles University, Prague*

**Sexual Needs of People with Mental Health Problems**

**Sexualita lidí s duševním onemocněním**

9.00–10.30 section B - sekce B



chair: **Mr. Heikki ELLILÄ**

- Prof. Sabine HAHN (Switzerland)  
*Bern University of Applied Sciences, School of Health*

**Best Practice in Psychiatric Nursing: Results from Focus Groups with Users, Carers and Staff**

**Dobrá praxe v psychiatrickém ošetřovatelství: výstupy z focus groups s uživateli, jejich blízkými a personálem**

- Ms. Anna BJÖRKDAHL - Dr. Tom PALMSTIERNAN - Dr. G. HANSEBO (Sweden)  
*Health Care Provision, Stockholm County Council*  
**The Bulldozer and the Ballet Dancer: Aspects of Nurses' Caring Approaches in Acute Psychiatric Intensive Care**  
**Buldozer a baletka: aspekty ošetrovatelského přístupu na akutních psychiatrických odděleních**
- Dr. Heikki ELLILÄ (Finland)  
*Turku University of Applied Sciences*  
**Nurses as Psychotherapists - A register study from Finland**  
**Sestry jako psychoterapeutky - studie z Finska**

**9.00–10.30 section C**



chair: **Mr. Christian AUER**

- Ms. Margret EIRIKSDÓTTIR (Iceland)  
*Landspítalinn University Hospital in Reykjavik*  
**The Quality of Life and Service Needs of Icelanders Who Suffer from Severe Mental Health Problems**
- Mr. Christian AUER (Austria) - Ms. Regine STEINAUER (Switzerland)  
*University of Vienna - University Psychiatric Clinics, Basel*  
**Expectations towards Day Treatment among Substance-abusing People**
- Ms. Tamara van LIESHOUT (the Netherlands)  
*Onze Lieve Vrouwe Gasthuis, Amsterdam*  
**A Pilot Study of Brief Motivational Alcohol Intervention in a General Hospital**

**9.00–10.30 section E - workshop**



- Prof. Maureen DEACON - Mr. Andy LAUDER (United Kingdom)  
*University of Chester - Avon and Wiltshire Mental Health Partnership NHS Trust*  
**Caring for the 'Disturbed and the Disturbing' on the Acute Psychiatric Ward**

**9.00–10.30 section F - workshop**



- Mr. Amar VOOGT (the Netherlands)  
*Mastersschool of CNS in Psychiatric Nursing, Alkmaar*  
**The Nursing Intervention: Providing Structure, Results of the Observationphase**

**10.30-11.00 coffee break (foyer 1st floor)**

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**11.00-12.00 section A - sekce A**



chair: **Mr. Tomáš PETR**

- Prof. Dawn FRESHWATER - Dr. Jane CAHILL (United Kingdom)  
*School of Healthcare, University of Leeds*  
**Stress and Compromise: a Reflective Understanding of Emotional Labour in Helping Professions**  
**Stres a kompromis: reflexe práce s emocemi v pomáhajících profesích**
- Prof. Torill SAETERSTRAND (Norway)  
*Bodø University College*  
**Relations in Mental Health Nursing**  
**Vztahy v psychiatrickém ošetřovatelství**

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**11.00-12.00 section B - sekce B**



chair: **Ms. Georgia GEORGIU**

- Prof. Olcay ÇAM (Turkey)  
*Psychiatric Nursing Department, School of Nursing, Ege University*  
**Forensic Psychiatric Nursing: Its Situation in Turkey Today**  
**Forezní psychiatrické ošetřovatelství – dnešní situace v Turecku**
- Ms. Oksana GUZENKO (Russia)  
*Archangelsk Regional Mental Health Hospital*  
**Emotional Burn-out Syndrome of Psychiatric Nurses as an Indicator of Occupational Maladaptation**  
**Syndrom vyhoření u psychiatrických sester jako indikátor profesní maladaptace**

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**11.00-12.00 section C**



chair: **Mr. Christopher CAMPAU**

- Mr. Christopher CAMPAU (Denmark)  
*Local Psychiatric Center, Silkeborg*  
**Men in Out-patient Group Therapy**
- Ms. Makbule ŞENYURT - Dr. Fahriye OFLAZ - Prof. Aytekin ÖZŞAHİN (Turkey)  
*Gulhane Military Medical Academy School of Nursing, Ankara*  
**Perception and Prevalance of Violent Incidents in Psychiatric Inpatient Units in Turkey**

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**11.00–12.00 section E – workshop**



- Ms. Jessica WILSON (United Kingdom)  
*Partnership in Care, Lanarth Court Hospital, Lydney*  
**Applied Storytelling in Mental Health Nursing**

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**11.00–12.00 section F – workshop**



- Mr. Remco BOERMAN (the Netherlands)  
*GGZ Noord Holland Noord, Heiloo*  
**Metabolic and Cardiovascular Screening, a Necessity or a Frustration!• How to Implement into (F)ACT Teams**

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**12.00–13.00 congress hall - kongresový sál**



- Mr. Martin WARD (Malta)  
*University of Malta/ Independent Nurse Consultant*  
**Psychiatric and Mental Nursing Must Take the Lead in the 21st Century**  
**Psychiatrické ošetrovatelství ve 21. století**

**CLOSING CEREMONY**  
**SLAVNOSTNÍ ZAKONČENÍ**

**poster discussion: Friday 16th April 17.30-18.30**

- Ms. Suriya BAKTHAKUMAR (Ireland)  
*Connolly Norman House, Dublin*  
**Role of Religion in Mental Health**
- Ms. Sarah BENBOW (Canada)  
*Mental Health Inpatient Ward, London Health Sciences Centre*  
**Promoting the Health of Homeless Mothers with Mental Illness**
- Prof. Olcay ÇAM - Ms. Döndü ÇUHADAR (Turkey)  
*Psychiatric Nursing Department, School of Nursing, Ege University Bornova/Izmir*  
**Internalized Stigma and Functioning Level in Patients with Bipolar Disorder**
- Prof. Olcay ÇAM - Ms. Döndü ÇUHADAR - Ms. Sevgi NEHIR (Turkey)  
*Psychiatric Nursing Department, School of Nursing, Ege University Bornova/Izmir*  
**Impressions from Mental Health Practices in Turkey**
- Dr. Stuart d'ARCH SMITH (United Kingdom)  
*Pennine Acute NHS Trust*  
**Managing Medical Emergencies in Free-standing Psychiatric Hospitals: a Problem Based Learning Program for Nursing Staff**
- Ms. Inger ENGQVIST (Sweden)  
*Division of Psychiatry, Hospital of Falköping*  
**Description of Presence When Caring for Women with Postpartum Psychosis**
- Ms. Ganoksri JARD – NGOEN (Thailand)  
*Mental Health Department, Bangpakong District Hospital*  
**The Evaluation of a Development Psychiatric Out – patient – clinic Service System at Bangpakong District Hospital**
- Prof. Fujika KATSUKI (Japan)  
*School of Nursing, Nagoya City University*  
**Stress of Psychiatric Nurses is Alleviated through a Stress Management-Empowerment Program**
- Ms. Jette Juul KJAER (Denmark)  
*Psykiatrisk Center Sct. Hans, Herlev*  
**Opportunity is Nowhere - Specializing Psychiatric Care for Dual-diagnosis Patients**

- Ms. Jeanet KRAGERUP (Denmark)  
*Psykiatrisk Center Sct. Hans, Herlev*  
**A Rehabilitation Program for Schizophrenic Patients**
- Dr. Adedeji ODELOLA - Mr. Wesley TENSEL - Ms. Gemma RHODES (United Kingdom)  
*Pennine Care NHS Foundation Trust*  
**Developing a New Psychiatric In-Patient Well-Being Clinic**
- Ms. Charlotte POLLAK (Sweden)  
*Health Care Provision, Stockholm County Council*  
**Factors Important for the Implementation of a Violence Prevention and Management Model in Psychiatric Wards in Stockholm**
- Ms. Naoko SHIBUYA (Japan)  
*Department of Nursing, College of Life and Health Sciences, Chubu University*  
**Experiences of Anger in Patients with Schizophrenia**
- Ms. Chanett Babette SIMONSEN (Denmark)  
*School of postgraduate education for nurses in psychiatric nursing, Region Syddanmark*  
**Postgraduate Education for Nurses in Psychiatric Nursing in Denmark**
- Ms. Anna M. SOUVERIJN (the Netherlands)  
*GGZ Leiden Langerdurende Zorg*  
**A Comfort Room for Patients with Mental Illness**
- Ms. Sevda TÜZÜN - Prof. Esra ENGIN - Ms. Döndü ÇUHADAR (Turkey)  
*Psychiatric Nursing Department, School of Nursing, Ege University Bornova/Izmir*  
**Life Satisfaction and Factors that Effecting It in Elderly**
- Dr. Enrica ZANNONI (Italy)  
*School of Nursing, University of Modena & Reggio Emilia*  
**Training on How to Use the INTERMED: the experience at Modena Medical School**