Welcome to the International Mental Health Nursing Research Conference 2020, which in the International Year of the Nurse and Midwife happened online as part of #mhTV through a collaboration between Unite/Mental Health Nurses Association, WeMHNurses, Mental Health Nurse Academics UK, and the Centre for Coproduction in Mental Health and Social Care in the Middlesex University School of Health and Education.

As we were not able to meet in person, for #MHNR2020 we instead hosted a series of live, interactive, free-to-watch evening panel discussions. These ran between Tuesday 15th September and Friday 25th September 2020 and involved mental health nurses and others who had submitted abstracts to the conference. The panel discussions were supplemented by presentations from contributors, and both these and the recordings of each panel discussion remain available to watch. Information on how to view or listen to all conference recordings, via a variety of social media platforms, is included in this Book of Abstracts, which can be found on the conference webpage at tinyurl.com/MHNR2020.

This book brings together the original abstracts as submitted by all of the conference’s speakers. Readers will note that some were prepared with workshops or poster presentations in mind, reflecting the pre-COVID pandemic aspiration that #MHNR2020 take place in traditional, in-person, fashion. We originally invited presentations under the themes ‘Building communities’, ‘Activism and social justice’, ‘Creative approaches’, ‘Working across professions and disciplines’, ‘Celebrating mental health’, ‘Advanced practice’ and ‘General mental health’. Having considered all the abstracts received, as a conference organising committee we took the decision to group presentations and panellists together using themes which both reflected the content of people’s work and allowed us to practically manage the process of bringing this event online. Abstracts are therefore presented in this book under the themes used to organise the conference: ‘Community mental health care’, ‘Physical interventions’, ‘History’, ‘Children and young people’, ‘Creative approaches’, ‘Advancing practice’, ‘Education’, ‘Promoting population mental health’ and ‘Older people and end of life care’.

#MHNR2020 happened because of the efforts of a number of people: Dave Munday, Nicky Lambert, Vanessa Gilmartin, Mick McKeown, Ben Hannigan, Fiona Nolan, Tim Carter, Andrew Grundy, Laoise Renwick and Cath Gamble. Particular thanks are extended to Dave, Nicky and Vanessa who set up #mhTV in May 2020, and through which this conference too place.

For information about #MHNR2021, follow the conference Twitter account at @MHNRconf.
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Presenters and producer
Community mental health care

PERSONAL

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Names of non-present authors

Pre-panel presentation URL  
https://www.youtube.com/watch?v=xD26QaO0gp0

Panel discussion URL  
Facebook: https://www.facebook.com/UniteMHNA/videos/370026824383026  
YouTube: https://www.youtube.com/watch?v=eDOCwisIgac  
MHPod on SoundCloud (audio only): https://soundcloud.com/mhpod/mhnr2020-ep01

BIOGRAPHY

Sarah is a Senior Programme Manager for the South of England Early Intervention in Psychosis Programme which is commissioned by NHS England and hosted by University of Oxford. She is a mental health nurse by background and has previously worked in a range
of healthcare settings including acute and community mental health teams. More recently, Sarah has worked in strategic roles as Regional Lead for Youth Mental Health for the then South East Strategic Health Authority and as Chief Clinical Information Officer. Sarah’s work has previously won several HSJ awards and a fellowship with the Winston Churchill Memorial Trust.

ABSTRACT

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<th>Abstract type</th>
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<tr>
<td>Preferred theme</td>
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<td>Top three points from your session</td>
<td>1. Mental health interventions delivered through digital technology have potential applications in promoting recovery and improving outcomes among people in the early stages of psychosis</td>
</tr>
<tr>
<td></td>
<td>2. Nurses are increasingly leading initiatives involving multiple organisations and institutions to develop and evaluate digital health solutions;</td>
</tr>
<tr>
<td></td>
<td>3. This session will look at the implications of digitally enhanced clinical services on the role of nurses</td>
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</table>

AIMS

Mental health interventions delivered through digital technology have potential applications in promoting recovery and improving outcomes among people experience poor mental health. The aims of this workshop are to:

1. Identify whether interventions delivered using technology are acceptable to nurses to use in clinical settings
2. Discuss any necessary modifications to the role of nurses in a future digitally assisted health service
3. Share case examples of digital health solutions currently being used in clinical practice

CONTENT

Participants will be able to debate on the advantages and disadvantages of technology assisted clinical service delivery such as health apps, virtual reality and telehealth. Using interactive polling and panel debates, the workshop will draw upon audience expertise and opinions to gauge attitudes towards the recent increase in policy focus on digital health.

FORMAT AND OUTCOMES

By making the workshop interactive, we can scope the enablers and barriers towards the NHS' ambition to leverage digital health and bring about staff benefits such as releasing more time to care, and patient benefits such as better recovery rates.
Elissa Rosina Anne Thompson, BA, PGDip, MSc, Sheffield Health and Social Care Foundation Trust.

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Pre-panel presentation URL
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MHPod on SoundCloud (audio only): https://soundcloud.com/mhpod/mhnr2020-ep01

BIography

Elissa works part time as a community mental health nurse and part time as a research nurse at Sheffield Health and Social Care NHS FT. She has previously been involved in the development of the Personality Disorder clinical pathways in the trust and has recently completed a MSc in Psychological Research Methods with Advanced Statistics. She is passionate about patient involvement in research and designing services and peer work. Her research interests lie in the development and implementation of better evidence-based care for people receiving a service for difficulties associated with a personality disorder diagnosis.
development of the Personality Disorder clinical pathways in the trust and has recently completed a MSc in Psychological Research Methods with Advanced Statistics. She is passionate about patient involvement in research and designing services and peer work. Her research interests lie in the development and implementation of better evidence-based care for people receiving a service for difficulties associated with a personality disorder diagnosis.

ABSTRACT

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**Top three points from your session**

People with dual co-morbidities of BPD (Borderline Personality Disorder) and ASD (Autistic Spectrum Disorder) may experience increased mental health complexity, risk, and reduced quality of life.

ASD needs to be properly recognised in clinical populations and its role in the potential development of subsequent clinical symptoms and BPD traits.

There is an urgent need to better understand the needs of people with dual co-morbidities of BPD and ASD in order to develop the evidence-based care and support that is currently lacking.

ABSTRACT

Title: Current evidence and care provision for adult patients presenting with autistic experience and a background of complex trauma: A scoping review.

Background:
People who use community mental health services presenting with difficulties associated with an autistic experience often have a background of complex trauma. While someone presenting in this way may often be labelled by services with a BPD (Borderline Personality Disorder) diagnosis, their autistic experience is often never assessed or recognised. Evidence suggests there is often an overlap; individuals may experience increased complexity, risk and reduced quality of life (Dudas et al 2017). This raises challenges for care received, especially as current community services are characterised by poor funding, high turnover of staff and limited use of evidence-based practice (Care Quality Commission 2018).

Aim:
To report on:
A: A review of literature and current policy and practice for people presenting with difficulties associated with the autistic experience and a background of complex trauma (often labelled diagnostically as BPD).
B: To pull together current knowledge and outline areas requiring more development to improve the evidence base in frontline clinical practice.

Sampling Method: Searches conducted via Scopus and Google Scholar

Analytical Approach: Narrative/Thematic synthesis

Main findings: Two main themes emerged following analysis. The importance of autistic experiences being properly recognised in clinical populations and the importance of the link between complex trauma and development of subsequent symptoms (often labelled as BPD traits) being better understood.

Discussion:
The review demonstrated some developments in the understanding around co-morbidity and complexity of however well developed, evidence based and targeted clinical guidelines for frontline staff continue to be limited.

Conclusion:
An absence of accurate initial formulation, diagnosis or evidence-based guidance means that the individuals in question continue to receive inadequate care and support, with very limited recognition, by services, of the unique challenges faced by people presenting with traits or diagnosis of both conditions. There is an urgency to improve understanding of the needs of this group, to develop care and support with clearer therapeutic interventions underpinned by an evidence base. This will also help to reduce costs and resources, enabling clinicians to work more effectively.

References:


Dr. Nick Weaver recently completed his PhD under the supervision of Prof Michael Coffey, and is a lecturer in mental health nursing at the School of Healthcare Sciences in Cardiff University. His clinical experience is in acute psychiatry, psychotherapeutic approaches and treatment of substance abuse and addiction issues. Research interests include recovery, care continuity and coordination, applied social theory, critical psychiatry,
discourse theory and complex systems theory. His most recent publication, in the Journal of Psychiatric and Mental Health Nursing, is 'Concepts, models and measurement of continuity of care in mental health services: A systematic appraisal of the literature'.

ABSTRACT

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<td>Top three points from your session</td>
<td>• Recent service structure transformation in Wales, surrounding the Mental Health (Wales) Measure 2010, is aimed at implementing recovery-based services, but has contributed to escalating service system complexity and fragmentation.</td>
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<td>• Service complexity and fragmentation result from a polarisation towards either a proliferation of bottom-up, emancipatory recovery versions, or hegemony of top-down, colonised recovery implementations, such as the Measure.</td>
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<td>• Policy aimed at promoting recovery-based services should strike a balance between top-down and bottom-up recovery versions to avoid such polarisation and contain escalating service complexity.</td>
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ABSTRACT

Title: Experiences of care continuity and recovery for people at the interface of primary and secondary mental health care in Wales: a thematic discourse analytic approach

Background

This PhD thesis is about experiences of care continuity and recovery for people with serious mental health issues who have been discharged from secondary services in Wales. Recent service structure transformation, surrounding the Mental Health (Wales) Measure 2010, has aimed at implementing recovery-based services, where there is an expectation of self-management after discharge to primary care. This has led to greater movement across the interface of primary and secondary care, which may cause disruptions to care trajectories and hinder recovery.

Aim

The study aims to investigate experiences of care continuity and recovery for people at the interface of primary and secondary mental healthcare in Wales.

Sampling method
The inquiry was conducted in two phases. The first phase involved (n=16) service users who had transitioned from secondary to primary care. The second phase involved (n=16) workers supporting service users at the primary-secondary interface. The sampling strategy was a purposive maximum variation approach.

Method

A qualitative methodology employed in-depth, semi-structured interviews.

Analytical approach

Interview transcripts were subjected to thematic analysis incorporating discourse analysis.

Findings

First, participants’ expectations were misaligned with transforming service structures and interfaces. Second, participants constructed competing versions of recovery in their talk. Third, analysis revealed multiple experiences of care discontinuities concentrated at the primary care level.

Discussion

A proliferation of bottom-up competing recovery versions and misaligned expectations of transforming services are closely allied with escalating service system complexity and fragmentation. This has detrimental implications for care continuity and coordination.

Top-down policy-based recovery implementations, such as the Measure, are seen as neoliberalist colonisations of the recovery concept. The Habermasian social theory of system versus lifeworld is employed to provide a theoretical context for understanding recovery colonisation. Systematic distortion of an emancipatory recovery concept rooted in the lived experience of the service user is a further factor for escalating complexity.

Conclusion

Service complexity and fragmentation result from a polarisation towards either a proliferation of bottom-up, emancipatory recovery versions, or hegemony of top-down, colonised recovery implementations. Policy aimed at promoting recovery-based services should strike a balance between top-down and bottom-up recovery versions to avoid such polarisation and contain escalating service complexity.

Bibliography


Physical interventions

PERSONAL

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</table>
**BIOGRAPHY**

Michael Nash is a lecturer in mental health nursing. He has a special interest in physical health issues in mental health and clinical risk assessment and management in mental health nursing.

Alonso Pérez, works as a nurse for the psychiatry department at Hospital Clinic in Barcelona, Spain. He has 15 years of nursing experience and 10 years of experience as a clinical nurse in psychiatry. He has been studying verbal de-escalation for 4 years to reduce the use of restrictive interventions in his hospital.

**ABSTRACT**

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<td>Activism and social justice;</td>
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<tr>
<td>Top three points from your session</td>
<td>1. Using restrictive practices can cause professional and personal crises for MHNs</td>
</tr>
<tr>
<td></td>
<td>2. Organisational support is required for both MHNs and service users subjected to restrictive practices</td>
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<tr>
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<td>3. MR is an intervention that causes dissonance in MHNs professional caring roles</td>
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**ABSTRACT**

Background
Mechanical Restraint (MR), where a service user (SU) is restrained to a bed using a waist belt, anklets and wristlets, is a highly controversial method of managing acute behavioural disturbance.

Aim
To explore the experiences of Spanish Mental Health Nurses (MHNs) who have used MR.

Sample
A purposive sample of ten Spanish MHNs who have used MR.

Method
A qualitative descriptive study

Data Analysis
Thematic Analysis employed to analyse audio-recorded, semi-structured interviews.

Main findings
We will present three main themes only.

Theme 1 - A scale of prejudicial effects

<table>
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<tr>
<th>Q - How do you feel?</th>
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Participant’s experiences reflected symmetrically (i) how they felt and (ii) how they perceive SUs felt, undergoing MR. We illustrate this in a scale of prejudicial effects.
- “I feel bad, I feel bad as a person and as a professional because it is not pleasant and I can put myself in the patient’s situation.”
- “…it makes me feel bad because I take away a right.”

Theme 2 – Post MR staff support – peer led self-sufficiency
MR poses ethical and moral dilemmas for MHNs. However, participants found little organisational support. Personal and professional support came from each other.
- “No one comes to ask me how I feel, No.”
- “Institutional no, between ourselves obviously. We care about each other because we are co-workers.”

Theme 3 – Lack of post MR SU support
Participants felt that they did not support SUs sufficiently after MR.
- “Bad, I think … I think that we normalize it so much, we don’t give enough support to the person we have contained.”
- “I think not everyone gives the importance to post MR support.”

Discussion
MR is an intervention that causes dissonance in MHNs professional caring roles. MHNs experiences and feelings share a symmetry of prejudicial effects.

Conclusions
Debriefing support should be a core aspect of MR use so that avenues to reduce it can be explored.

Contribution to MHN practice
This research reminds us that protocols are enacted on people and that MHNs need to be judicious in controversial applications such as MR. Where MR is used there should be mandated support for both SUs and staff.
## PERSONAL

<table>
<thead>
<tr>
<th>Name</th>
<th>Dr Jacqueline White, Dr Steve Hemingway</th>
</tr>
</thead>
<tbody>
<tr>
<td>Position</td>
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<tr>
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**Pre-panel presentation URL**
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MHPod on SoundCloud (audio only): [https://soundcloud.com/mhpod/mhnr2020-ep02](https://soundcloud.com/mhpod/mhnr2020-ep02)

## BIOGRAPHY

Steve has focused in the main on medicines management in both teaching and research. His PhD by Publication centred on how to improve education and training to facilitate MHNs who are competent in MM.

Away from work Steve enjoys all forms of exercise and the outdoors. He is pleased to have started a Couch to 5K opportunity for mental health service users in his local area.
### ABSTRACT

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<td>General mental health;</td>
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<tr>
<td>Top three points from your session</td>
<td>Selecting the needle length and sites to administer intramuscular injections (IMI) is done by custom and practice rather than evidence base. Findings that emerged form this systematic review show many IMIs are sub optimal as the needle is not long enough to reach the target site (muscle) for people who are obese and especially females. There needs to be a change in practice where needle length is selected as per body weight for both genders. For females who are obese and above the deltoid or vastus lateralis sites would have a higher chance of the needle reaching the muscle.</td>
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### ABSTRACT

**Title and background**

A systematic review of skin to muscle depth for successful intramuscular injections in an increasingly obese population

Intramuscular injection [IMI] practice is an essential nursing skill. Current practice relies on clinical judgement to determine needle length (unless specified in the medicine product licence). Obesity is increasing in the global population but guidelines have largely ignored how to select needle length to meet individual service user need.

**Aim and objective/s of the study**

Our aim was to systematically review the skin to muscle depth required to achieve injection into muscle in adults. Our objectives were to identify any implications of obesity status when selecting an appropriate needle length and site in clinical practice.

**Search and review methodology**

We performed our review according to the PRISMA statement. Studies of subjects above the age of 18 years using observational or experimental designs where the distance from the skin to muscle had been measured at any IMI site, and obesity status was reported were included in our search strategy. The primary outcome of interest was the distance from skin surface to muscle penetration.

**Findings**

13 studies were identified that investigated the dorsogluteal, ventrogluteal, deltoid and vastus lateralis sites, all used cross sectional observational designs. Nine used ultrasound, five computer tomography and one magnetic resonance imaging. Obesity status was reported as BMI or hip to waist ratio. In all studies there was a correlation between obesity status and the distance from skin surface to muscle. In females this exceeded 37mm at both gluteal sites, independent of obesity status.

**Conclusions and implications**
There should be an assessment of obesity status before selecting needle length for intramuscular injections in both genders. Needles greater than the standard 37mm length are recommended for all females, whatever their obesity status for any gluteal site. Injections into gluteal sites should be avoided in females who are obese. Deltoid injections are more likely to achieve muscle penetration in both genders, and in patients who are overweight or obese. Further high-quality research is required.
BIOGRAPHY

Russell Ashmore is a senior lecturer at Sheffield Hallam University. Qualifying in 1987, Russell has worked in day hospitals, acute inpatient settings and the community. He has published research on mental health legislation, nurses’ interpersonal skills, nurses’
relationship with the pharmaceutical industry, clinical supervision, and nurses’ experiences of stalking. He is a member of the editorial board of the British Journal of Mental Health Nursing, Journal of Psychiatric and Mental Health Nursing and Mental Health Practice. Russell will deliver the Skellern Lecturer 2020, titled: The Fall of Icarus: The Trials and Tribulations of the ‘Informal Patient’ in the 21st Century.

ABSTRACT

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<tr>
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<td>Top three points from your session</td>
<td>(1) The MHNR conference is the enduring legacy of the now defunct network for psychiatric nursing research. (2) Little has been shared about the conference’s history despite celebrating its twenty-fifth year. (3) The conference should celebrate its achievements but not rest on its laurels.</td>
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ABSTRACT

Some reflections on the first twenty-five years of the event previously known as the NPNR (Network for Psychiatric Nursing Research) conference.

Background
The Network for Psychiatric Nursing Research (NPNR) was conceived in 1993, formed in 1994, launched in 1995 and became fully active on the first February 1996. The network (funded by the Department of Health) sought to identify and disseminate innovative work (audits, research and practice development projects) undertaken by mental health nurses. One aspect of the network’s dissemination strategy was the decision to hold an annual conference.

The inaugural NPNR conference took place at St Catherine’s College, Oxford on Tuesday 17th September 1996. Whilst the network itself and the conference’s original name have now been consigned to the history books, the event (now known as the International Mental Health Nursing Research [MHNR] Conference) celebrates its twenty-fifth anniversary this year (2020). Although a brief, sometimes inconsistent, account of the network’s formation has been documented (Ward and Reed, 1997; Ward, 2000), only oral (sometimes inaccurate) accounts exist of the conference’s history. This presentation attempts to redress this deficit.

Aims
To: (a) reflect on and celebrate the first twenty-five years of the NPNR/MHNR conference; and (b) consider its relevance to the past, present and future of mental health nursing in the UK.

Methods
A qualitative content analysis was undertaken of NPNR/MHNR conference abstracts (n = 1926) and delegate lists (1996-2019), the network’s newsletter (NetLink) (1996-2004), personal communications and other artefacts.
Findings
The analysis generated six themes: ‘people, places and venues’; ‘presentations’; ‘alliances’; ‘what is in a name?’; ‘service user involvement’; and ‘connections and influence’.

Discussion
Despite the decline of similar events, the NPNR/MHNR conference has remained a feature of the mental health nursing research calendar over the last twenty-five years. This demonstrates that the now defunct NPNR was successful in achieving some, if not all, of its stated aims. The importance of the conference to the profession should not be underestimated or forgotten. However, the conference cannot afford to rest on its laurels if it has ambitions of widening its influence.

Conclusion
The twenty-fifth year of the NPNR/MHNR conference is a cause for celebration. It is also an opportunity to look back, reflect on what has past and plan for the next twenty-five years.

Recommended reading

## Children and young people

### PERSONAL

<table>
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<tr>
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|                           | MHPod on SoundCloud (audio only): [https://soundcloud.com/mhpod/mhrn2020-ep04](https://soundcloud.com/mhpod/mhrn2020-ep04) |

### BIOGRAPHY

Michael is a lecturer in mental health nursing. He has a special interest in physical health issues in mental health and clinical risk assessment and management in mental health nursing. He is also interested in exploring mental health education and training needs in non-mental health occupational groups.
### ABSTRACT

**Abstract type**  Concurrent (15 minutes)

**Preferred theme**  Working across professions and disciplines;

**Top three points from your session**
1. Primary school teachers encounter mental health problems in daily practice
2. Many have not had specific mental health awareness training
3. There exists an opportunity for mental health in-reach by mental health services

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### ABSTRACT

**Title:** Mental Health Awareness and Training Needs of Irish Primary School teachers

**Background**

More than 10% of children and adolescents in Europe have some form of mental health problem. In Ireland by the age of thirteen, it is estimated that 1 in 3 children will have experienced a mental health difficulty (RCSI 2013).

**Aim(s)**

To assess primary school teachers Mental Health Awareness (MHA) and associated training needs in Ireland

**Method**

Quantitative descriptive study using a cross-sectional design

Institutional ethical approval was granted.

**Sample size and sampling method**

A convenience sample of 322 primary school teachers responded to an online survey hosted on various websites associated with teacher unions.

**Main Results**

**Past MH training**

- Yes = 33.72% (n=88)
- No = 66.28% (n=173)

**Most common problems encountered**

- Anxiety 98.47% (n=257)
- ADHD 94.64% (n=247)
- Autism 93.87% (n=245)
- Oppositional Defiant Disorder 71.26% (n=186)

**Least common problems encountered**
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<tr>
<th>Disorder</th>
<th>Prevalence</th>
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<td>Personality disorder</td>
<td>18.39%</td>
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<tr>
<td>Bipolar Disorder</td>
<td>9.96%</td>
<td>(n=26)</td>
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<tr>
<td>Schizophrenia</td>
<td>5.36%</td>
<td>(n=14)</td>
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<tr>
<td>Alcohol or substance use</td>
<td>4.6%</td>
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Self-reported knowledge

Rated as ‘good’ for Autism, ADHD, Anxiety and Depression
Rated ‘not very good’ for Bipolar Disorder, Schizophrenia, PTSD, Substance use

Self-assessed training needs

Respondent’s self-reported MH awareness training needs in areas of Depression 67.49% (n=164), Anxiety 71.19% (n=173), Autism 50.21% (n=122) and ADHD 55.14% (n=1734) (even those these were rated high in self assessed knowledge)

Bipolar Disorder 55.97% (n=136), Schizophrenia 53.09% (n=129), Personality Disorder 61.3% (n=149)

Mental health services for young people 79.01% (n=173), Writing a school policy or guideline on mental health issues in the classroom 72.4% (n=176) and How to communicate issues relating to mental health concerns to parents/guardians 78.19% (n=190)

Other issues

Most respondents (n=222) reported not having received adequate education/training in mental health issues for school attending children

Most respondents (n=156) reported that their school did not have a standard procedure for how to manage children with mental health problems

Discussion

School teachers are in a key strategic setting to identify early signs/behaviours that may indicate a mental health problem. However, they may not have policies or procedures to enable this. This may be an area for MH in-reach.

Conclusions

School teachers require education in MHA to identify early warning signs of MI to differentiate these from age appropriate behaviour.
**PERSONAL**

<table>
<thead>
<tr>
<th>Name</th>
<th>Beth Cumber</th>
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<tr>
<td>Position</td>
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  MHPod on SoundCloud (audio only): [https://soundcloud.com/mhpod/mhrn2020-ep04](https://soundcloud.com/mhpod/mhrn2020-ep04) |

**BIOGRAPHY**

Beth is a psychology graduate and newly qualified mental health nurse. She currently works within Birmingham's inpatient CAMHS services, and has hopes to do future research on the topic of psychotic symptoms among young people and children.
ABSTRACT

Background:
Childhood adversity as a risk factor for the development of psychosis in adulthood is substantially researched and has helped to educate health professionals about the need to work in a trauma informed way. Childhood trauma has been found to be a more powerful predictor of suicidal and self-harming behaviour than a diagnosis of depression in adulthood. Though this is helpful, researching the presence of psychotic symptoms in children and the rates of childhood adversities could help to provide therapeutic interventions in childhood that could potentially prevent the progression of psychotic symptoms to psychiatric illnesses in adulthood (Van Os, Hanssen, Bijl & Ravelli 2000). Providing early trauma-specific interventions could reduce the need for adult antipsychotic medication that can result in brain atrophy and other physical health concerns (Guo et al., 2015).

Aims:
To synthesize the literature investigating children’s psychotic symptoms and experience of adversity. To attempt to draw conclusions from the literature that could support the need for early intervention and contribute to the evidence base to help prevent psychotic illnesses amongst those who have experienced childhood adversity.

Design:
A systematic literature review and narrative summary of heterogeneous quantitative literature. All included studies were critically appraised using JBI tools for cohort and analytical cross-sectional studies to assess their methodological quality. A narrative summary combined the studies under sub headings of delusions, type of childhood adversity and content of hallucinations.

Results:
Ten studies were included for review. All studies found some link between childhood adversity and symptoms of psychosis in childhood. Findings suggest that children exposed to stressful events and/or trauma are more likely to develop delusions, and children experiencing hallucinations relating to their traumatic experiences are more likely experience self-harm, suicidal ideation and greater emotional distress.

Conclusions:

Psychotic symptoms are more likely amongst children who have experienced adversity. These psychotic symptoms occur across a variety of diagnoses including schizophrenia, PTSD, mood disorders and anxiety. Understanding the development of these psychotic symptoms in childhood could help provide early intervention that could prevent the transition to psychotic illness in adulthood. Further research exploring the mechanisms that underpin the development of psychotic symptoms and secondary delusions in children who have experienced adversity is required.

Impact:

· Childhood adversity and psychotic symptoms should routinely be assessed in clinical practice.

· All clinical practice should be sensitive to trauma histories.

· Early intervention of relevant interventions could prevent transition to psychotic illness and reduce rates of suicide in this vulnerable population.
### PERSONAL

<table>
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<tr>
<th>Name</th>
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<td>Ann Cox</td>
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YouTube: https://www.youtube.com/watch?v=d678ehmrd5c
MHPod on SoundCloud (audio only): https://soundcloud.com/mhpod/mhn2020-ep04

BIOGRAPHY
Rachel Bullock is currently a trainee ANP within CAMHS. Rachel is a mental health nurse with 18 years’ experience of working across both adult and children’s mental health services. Rachel has been instrumental in the transformation of neurodevelopmental pathways, in particularly, ADHD assessment and management. Rachel is the co-founding member of the @CAMHSNetwork and is also co-lead for the PPIMH CYPMH Specialist Interest Group.

ABSTRACT

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<td>Top three points from your session</td>
<td>1. Nurse prescribers within the CAMHS service has enabled a unique opportunity to progress the service, as well as challenge existing practices, in line with the wider transformational changes. 2. Advanced nursing holds the key to delivering the long term plan across primary care and secondary mental health care. 3. How mental health care can fit into the primary care network agenda.</td>
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From September 2017 Nurse Prescribers took on the role of ADHD pathway leads and the development of an ADHD tracker for each team was implemented.

A monthly ADHD MDT was held within each CAMHS team and this ensured a comprehensive and timely assessment process for each individual, based on their presentation and concerns. The MDT included nursing leads, psychology and play and parenting specialists, psychiatry at a later stage and formulation of individual pathway would be agreed in this remit.

A full review of the Psychiatry caseload was completed and this identified a high proportion of stable CYP’s. This also highlighted some concerns re: misdiagnosis.

An audit/review was carried out by the Nurse Consultant and diagnosis/medication was withdrawn in some cases.
All stable diagnosed clients had an appropriate Essential Shared Care Agreement (ESCA) completed and sent to their GP’s. Communication was improved between NMP’s and GP surgeries in supporting this transition of prescribing practice and strengthened the links with primary care colleagues.

The Nurse Prescriber and Service Manager met with Practice Managers to form positive working relationships and agree clinically how CYP’s could be supported through a partnership approach.

The first CAMHS shared care clinic started in June 2018. Now most of South Stoke and North Staffordshire prescribing for ADHD, sits within this shared care arrangement. The Nurse Prescribers within CAMHS continue to support local GP’s in regards to SPOC responsibilities.

Access to EMIS was granted and nurse prescriber is now able to input directly onto GP notes. Full induction to surgery given.

If an ESCA is declined the Nurse Prescriber communicates with the finance department in regards to invoicing ongoing prescribing costs, through agreed documentation and continued monitoring of prescribing costs. This is new to CAMHS and historically, this cost would have been retained within trust budget.

South Stoke CAMHS have now set up a secure email for parents to request repeat prescription for those retained. This would have previously been over the phone and would have required a large proportion of administration resource. This system intends to reduce admin time and documentation of request is now evident. This has empowered parents and young people to have choice and responsibility over their own treatment. We have approximately 30 CYP’s that we are now invoicing costs directly to GP. GP’s then have these costs returned from CCG.

GP’s have offered supervision to Nurse Prescriber’s in regards to physical health/ co-morbidity monitoring.

Nurse Prescriber’s have offered specialist training to GP’s. This has created a shared learning environment and acknowledges the interface between primary and secondary care.

CCG recommendations and agreements utilised within ESCA’s.

This model has strengthened the ADHD pathway from initial referral straight through to recovery within their own community. This is a gold standard approach with the current NICE guidelines.

A Standard Operating Procedure for ADHD has now been written and has been nurse led/driven.

A Trust wide shared care policy has been agreed in regards to medication optimisation, strengthening protocol for partnership working with primary care and ensuring resources are utilised effectively within specialist mental health services efficiently and appropriately. This will have a strong recovery focussed ideology.
Transforming Children’s and Young People’s Mental Health Provision: a Green paper (DoH, Dec 2017).
NICE Guidance for Attention Deficit Hyperactivity Disorder: diagnosis and management (NICE, 2008).
NHS Long Term Plan (DH, 2019)
Creative approaches

PERSONAL

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---|---
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Names of non-present authors | Stefan Rennick Egglestone, Gary Winship,

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YouTube: https://www.youtube.com/watch?v=cIDdmaMpws
MHPod on SoundCloud (audio only): https://soundcloud.com/mhpod/mhnr2020-ep05
BIOGRAPHY

Mark is a lecturer in mental health nursing at the University of Nottingham, and a PhD student, undertaking research in the field of health humanities. The focus of Mark’s PhD explores the therapeutic potential of poetry for those who have experienced psychosis.

ABSTRACT

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<td>2. Psychosis might be understood as meaningful poetics</td>
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<td>3. For those who experience psychosis, poetry may offer meaningful linguistic opportunities to aid the expression and narration of self and experiences.</td>
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ABSTRACT

Background

The association between psychosis and creative individuals, especially poets, has been established since antiquity. However, despite this association, the therapeutic application of poetry for those who have experienced psychosis remains under researched and potentially undervalued.

Aim

To undertake conceptual review exploring the relationship between poetry and psychosis, based on a synthesis of existing literature.

Method

The review identified papers from a range of sources and disciplines. Initial searches were undertaken using databases CINALHL, PSYINFO and ASSIA, this search was then followed up with a library search for key texts and a further search for associated grey literature involving exploring blogs and conference presentations. The data was then synthesised based on methods from both narrative review and thematic analysis to generate a conceptual framework.

Main findings

The results reveal a conceptual framework comprised of three domains: i) psychotic language as meaningful poetics, ii) poetry as an expression of psychosis and iii) poetic exchange as therapeutic practice.

Discussion


The conceptual framework proposes that not only can psychosis be understood as meaningful poetics, but also that poetry may offer meaningful linguistic opportunities to aid the expression and narration of self and experiences. The potential for extending our understanding the poetry in this way is analogous to forms of talking therapy, and this may be a base for extending understanding and communicative practice for a range of mental health professions.

Conclusion

The conceptual framework suggests a novel understanding of psychosis in relation to poetry, moving away from traditional biomedical paradigms and placing importance upon individual narratives.
### PERSONAL

Robert Griffiths is a Clinical Research Fellow in Mental Health Nursing at Greater Manchester Mental Health NHS Foundation Trust and Honorary Teaching Fellow at the University of Manchester. Between 2016 and 2019, Robert was an NIHR Clinical Doctoral Research Fellow. His PhD evaluated a transdiagnostic cognitive therapy called Method of Levels for people experiencing first-episode psychosis. Robert’s current research focuses on a theory of human behaviour called Perceptual Control Theory and how it might be applied to improve approaches to mental healthcare across a range of settings.

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<th>Name</th>
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</tr>
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<td>Place of work/study</td>
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YouTube: [https://www.youtube.com/watch?v=clIDdmaMpws](https://www.youtube.com/watch?v=clIDdmaMpws)  
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on a theory of human behaviour called Perceptual Control Theory and how it might be applied to improve approaches to mental healthcare across a range of settings.

ABSTRACT

Abstract type | Concurrent (15 minutes)
--- | ---
Preferred theme | Creative approaches;
Top three points from your session | 1. Perceptual Control Theory offers a truly biopsychosocial approach to understanding health and wellbeing.
2. Health can be understood as the ability to effectively control biological, psychological, and social factors in line with the preferences held for the state of those factors.
3. Perceptual Control Theory offers clear principles that can be used to inform the practice of mental health nursing.

ABSTRACT

Title
“Nothing is as practical as a good theory”: Using the principles of Perceptual Control Theory to inform mental health nursing practice

Background
Mental health nursing has tended to emphasise doing what appears to work. Less attention has been paid to understanding how and why nursing interventions achieve their desired effects. The prioritisation of pragmatism over theory, however, has made it difficult for mental health nurses to emphasise those aspects of their practice that people will experience as most helpful. Perceptual Control Theory (PCT) offers a truly biopsychosocial approach to understanding health and wellbeing. PCT argues that human health is dependent on the ability to control important biological, psychological, and social factors in line with preferences held for the state of those factors.

Aims
This paper will introduce the principles of PCT, outline the implications of conceptualising health as the ability to maintain effective control, and consider how PCT might inform mental health nursing practice.

Discussion
For nursing to develop as a profession, more emphasis needs to be placed on understanding the fundamental mechanisms through which nursing interventions achieve their effects. PCT has the potential to provide a coherent theoretical framework to guide the actions of mental health nurses working in a diverse range of contexts.

Conclusions
From a PCT perspective, mental health nurses are likely to be experienced as most helpful when their actions have the effect of improving peoples’ ability to control those factors that are most important to them.

References


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**Twitter (institutional)**

**Names of non-present authors**  
Sheila Grandison, Julie Attenborough

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**MHPod on SoundCloud (audio only):** https://soundcloud.com/mhpod/mhr2020-ep05

**BIOGRAPHY**

Lisa Reynolds is a mental health nurse, and is currently Assistant Director for Education and Workforce Development at South London and Maudsley NHS Foundation Trust. She is also a visiting lecturer at City, University of London and an NHS England Clinical Entrepreneur. Lisa has a specialist interest in the use of technology in mental health care and education.

**ABSTRACT**

**Abstract type**  
Concurrent (15 minutes)

**Preferred theme**  
Creative approaches;

**Top three points from your session**

- Art may be used to promote positive attitudes towards mental illness in adult nursing students
- Materials from art therapy may be used to develop a wider understanding of service users’ recovery journeys
- Further work needs to be undertaken to engage adult nursing students in partnership working with mental health service users

**ABSTRACT**

Background
The NHS Long Term Plan (2019) calls for the strengthening mental health care in adult acute services. However, this is challenged by existing attitudes and knowledge of mental health care in the adult nursing workforce (Foye et al 2020). Visual art offers an alternative way of promoting empathy and to challenge negative attitudes and beliefs towards mental health and illness (Kidd et al 2016). In this project mental health service
users presented and discussed their art therapy with adult nursing students. Attitudes towards mental illness were measured using the Community Attitudes to Mental Illness (CAMI) questionnaire, and explored within a focus group.

Aims
To co-design, deliver and evaluate a workshop for adult nursing students in partnership with mental health service users.

To assess the impact of the workshop on attitudes to mental illness.

Sampling Method
Participants self-selected; BSc part 3 adult nursing students at one university were invited to take part in the study.

Methods
There were three components; pre and post workshop questionnaire, service user led workshop, and focus group. Participants could participate in any part of the study. Ethical approval was obtained from the Ethics Committee at City, University of London

Six participants attended a service user led interactive workshop service using art materials to explore their recovery journey. All participants took part in a focus group which was facilitated by an experienced Art Therapist. The focus group was recorded and fully transcribed.

Analytic approach
Qualitative data were analysed using thematic analysis. Coding was undertaken independently by two researchers and any differences agreed with a third researcher.

Main findings
Responses to the questionnaire showed a positive trend following the workshop
Themes identified included; Anxiety in crossing boundaries, Differentiating between metaphorical and literal (symbolic-concrete) use of words; Personal journeys, Adult nursing perceptions, Need for training, Stigma and stereotyping, Role of artwork and Confidence.

Conclusions
Art-work provides an alternative approach to engaging with service users’ recovery journeys within nurse education

A larger study needs to be undertaken to explore factors influencing recruitment, and to explore the impact of using this approach, both in relation to attitudes and practice.
### PERSONAL

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<th>Jennifer Darling</th>
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### BIOGRAPHY

Jenny is a highly skilled, experienced and published Mental Health Nurse and Cognitive Behavioural Therapist, supervisor and lecturer. Currently she works as a specialist clinician at Manchester Resilience Hub, a service set up in response to the Manchester bombings, and is a lecturer at University of Salford. Jenny is also a guest lecturer for P.G. Dip. in...
Nursing and the D.Clin. Psychology at University of Leeds. Jenny is passionate about CBT, healthcare, and effectively delivered evidence-based interventions. She enjoys working with students, colleagues and clients to achieve best practice and likes to keep abreast of relevant issues in nursing, CBT, mental health

ABSTRACT

Abstract type | Concurrent (15 minutes)
--- | ---
Preferred theme | Advanced practice; Creative approaches; Working across professions and disciplines;
Top three points from your session | (1) To demonstrate the uses of VR in mental health setting (2) To examine the role of the mental health nurse in using VR (3) To explore how VR can be best used in mental health practice and research

ABSTRACT

Background:
Virtual reality (VR) has been used in various setting for people with mental health problems, particularly those with anxiety-based disorders (Reger et al., 2019). This paper presents a service evaluation of using VR, 3600 footage, to support those involved in the Manchester Arena attack that occurred on 22nd May 2017. In response to the attack, the NHS Manchester Resilience Hub was established to coordinate care and support for children, young people and adults whose mental health/emotional well-being had been compromised by the attack. The hub team is multi-professional and, although the Hub is based in Greater Manchester, it is available for everyone affected by the attack.

Aim:
The aim of this service evaluation was to establish people’s experiences of VR and whether or not it contributed to their recovery journey.

Method:
VR has been used as a therapeutic tool with 40+ clients since the Manchester Arena attack. Clients were shown footage of the attack, in conjunction with recommended trauma therapy. This service evaluation examined 35 anonymised questionnaires, completed by clients after attending the Hub and being exposed to VR. The questionnaire included a mix of quantitative data (using a Five-point Likert scale) and qualitative data (open-ended questions). The data from the closed questions was analysed using 2-sample t-test and for qualitative questions key words in context (KWICK) was used.

Main Findings:
Within the sample there was a positive correlation between the use VR and the likelihood of people returning to the arena. Generally, feedback regarding VR was positive.

Discussion
VR has the potential to improve people’s mental health following traumatic events if used correctly and in conjunction with other therapeutic interventions. Senior staff, including mental health nurses, could be trained in the use of VR as an adjunct to other therapies recommended for those who experience PTSD.
Conclusion
These findings add to the emergent evidence for this novel use of VR that is cost effective, quick and easy to set up and implement for unexpected traumatic events. It can be used by mental health nurses to better and more effectively facilitate clients overcoming the emotional consequences of trauma.
Contribute to mental health nursing research, education, practice, policy

Nursing as a profession values the interaction between the environment, individual, and health. As a profession working collaboratively with other disciplines, VR offers a more effective way of delivering interventions to those who experience mental health issues. As an adjunct to established therapies, education and research regarding the use VR has the potential to influence policy and facilitate a new role for mental health nurses in providing best evidence-based care to those experiencing trauma

Recommended Reading


Advancing practice

PERSONAL

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<tr>
<th>Name</th>
<th>Jane McKeown</th>
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<tr>
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<td>Carrie-Ann Black * (co-presenter); Louise McCarthy; Claire Armitage; Nicola Armstrong; Anita Green;</td>
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</table>
Jane has worked in a clinical academic role for the past 8 years sharing her time between Sheffield Health and Social Care NHS FT and the University of Sheffield, Division of Nursing Midwifery. For the past 8 years her role has combined research, education and service user involvement in the field of dementia care. She contributes as an expert member on an NHS research ethics committee. Jane’s current NHS role is to develop mental health nursing research awareness and career progression through the National Institute for Health Research ‘70@70’ nurse research leadership programme.

**ABSTRACT**

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**Top three points from your session**

A government funded programme (commonly known as 70@70) is supporting 70 nurses in England with the aim of reducing research leadership inequalities between healthcare professions.

The nine mental health nurse 70@70 fellows have a range of individual and collective objectives to increase research awareness and career pathways for mental health nurses.

Whilst too early to confirm, there is hope and enthusiasm that the 70@70 nurse leadership programme has potential for impact on the NHS workforce, patient care and on mental health nursing research and practice.

**ABSTRACT**

Title: Developing mental health nurse research leadership through the 70@70 senior nurse and midwife leaders programme

Background:
NHS organisations with a research active culture achieve increased levels of service user and staff satisfaction and improved service user outcomes (Jonker et al. 2020; Hanney et al. 2013). However, there is a huge disparity between the number of research active doctors, and that of nurses. Research engagement, activity and leadership is proportionally lower amongst nurses compared to other healthcare professions (Westwood et al. 2018), yet nurses form the largest staff group in the NHS workforce. By developing research leadership amongst clinical nurses we can both contribute to the healthcare research landscape but also potentially improve service user outcomes. To honour the 70th anniversary of the founding of the NHS, the National Institute of Health Research funded a 3-year nurse and midwife leadership programme with a cohort of 70 fellows, commonly known as the ‘70@70’. The programme provides backfill funding for 2 days per week and access to a regional ‘hub’ with regular training workshops and online learning, and runs from 2019-2022.

Aims:
We will present this innovative 70@70 programme and the nine mental health nursing participants. We will provide an overview on the progress made, the aspirations for the 3 year fellowship and how the success of the fellows and the programme will be evaluated.

Discussion:
The 70@70 programme offers a unique and innovative opportunity for clinical mental health nurses to develop their research leadership skills across nine Trusts in England. A range of objectives have been identified by the mental health fellows in order to achieve the aims of the 70@70 programme. These have been developed individually to meet the needs of each Trust, but shared objectives also unite the mental health nurse fellows.

Conclusion:
This is a highly significant programme, being the first government funded initiative to reduce research leadership inequalities between healthcare professions. Whilst it’s too early to say whether the programme will achieve its aims, there is great hope on the potential for impact on the NHS workforce, patient care and on mental health nursing research and practice.

References
Stephen McKenna Lawson qualified as a mental health nurse in 2018 and has worked in adult PICU, neuropsychiatry and CAHMs services. Stephen is an editorial board member of the Mental Health Nursing Journal and has presented original research at this conference in 2017 and 2019. Then, as now, his primary interest remains the personhood of caregivers and the act of caring itself. He is an alumnus of the University of London and the NHS Staff College Leadership Programme.
ABSTRACT

Title:
How we say what we do (and why it is important): an idiosyncratic analysis of mental health nursing identity

Theme:
Celebrating Mental Health

Aims:
To present a thorough, data-driven but creative analysis of MHN identity that provokes reflection and debate within a community of peers on the many aspects of our role; not only those that are readily spoken about but also those that are not.

Background:
This paper revisits, reflects and expands upon the findings of an autoethnography presented by the same author into mental health identity presented at the 2019 conference. The MHNFuture internet campaign and its substantial accumulation of personal statements and professional descriptions from MHNs across the professional and clinical spectrum remain the central ‘text’ for discussion and analysis.

Method and Approach:
This paper is a mixed-methods study, combining a syntactic analysis supported by word-finding software with a hermeneutic semantic analysis influenced by the author’s personal experiences as a mental health nurse. Both are guided by an original thematic framework - named the 6 Ps - developed from previous research into MHN identity.

Discussion, Findings and Conclusions:
The syntactic analysis can be interpreted as reinforcing findings of previous studies; for example that MHNs are ‘generic specialists’ who struggle to outline a distinct professional activity, but at the same time unanimously demarcate their professional territory as one shared with service-users (and distant from institutions). The semantic analysis takes a critical look at the data and finds a plethora of problems and paradoxes, both personal and political, which will be presented to the audience for further discussion.

There are two conclusions. First, that MHN identity is messy. It is multifaceted and difficult to express satisfactorily in simple terms. Second, that the professional discourse as it currently exists does not touch upon the difficulties of the role with any specificity.
Intended contribution:
To deepen the research conducted in MHN identity by MHN themselves, but also to make an explicit case that there may be benefits for retention and development in creating a more rounded discourse which includes both the profoundly positive and profoundly painful.

References:

### Personal Information

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<thead>
<tr>
<th>Name</th>
<th>Helen Oldknow</th>
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</thead>
<tbody>
<tr>
<td>Position</td>
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<td>Position</td>
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</table>
BIOGRAPHY

Dr Helen Oldknow, Research Nurse
Helen is a Registered Learning Disabilities and Mental Health Nurse, with over 30 years of clinical experience in community and Inpatient settings. Over the last decade she has been involved in research, latterly as a Research Nurse. She was awarded a Doctorate from the University of Huddersfield in 2017, she has written numerous publications and presented at regional, national and International level on nursing.

Kevin Williamson is Head of Research at Rotherham Doncaster and South Humber NHS FT. He is a Registered Nutritionist.
In 2016 Kevin created the Centre for Nutrition and Behaviour, part of RDASH NHS Foundation Trust. Kevin’s work with young people with mental health problems received a Parliamentary commendation from the Government’s Food and Health Forum, which recommended that all other NHS trusts should adopt a similar approach. Kevin’s PhD focussing on the consideration of nutrition for the management of the symptoms of psychosis, additionally, Kevin has been a Principal Investigator on National Institute for Health Research (NIHR) portfolio research studies.

ABSTRACT

Title: Grounded Research: Embedding research into a UK Mental Health NHS Trust

Introduction
Research enables us to improve the care we offer, better meet the needs of patients receiving care, and health professionals and commissioners who provide it. It allows us to observe what works, what does not, and identify unmet needs. From a low recruitment base we have worked hard to increase in both scope of studies and patient access. Previously, we relied on small pockets of predominantly medical expertise. Our project has been to develop research talent within all professional groups, build the Trust’s research capacity and capability.

Aims
(i) build research capacity – particularly non-medical staff
(ii) achieve an excellent measured performance
(iii) embed a research culture.

Mental health nurses have led the way with non-medical research within the Trust, as largest healthcare professional group. They are Principal Investigators (PI) on NIHR (National Institute for Health Research) Portfolio studies and involved in collaborations with university academics, act as Shadow PI’s, published in peer reviewed journals. Research is now included in the Trust’s nursing/AHP strategy.

Methods
Focussed on building research capacity and capability across the Trust; we developed and launched our Community Research Hub a first in the Country. We raised the profile of research within the Trust, reaching out to The Chief Medical Officer for England; CEO of National Institute of Health Research (NIHR) and the former Associate Director of Patient and Public Involvement and Engagement in NIHR. We developed our mental health service user and carer collaborations utilising the NIHR Research Champion initiative.

Discussion
We have successfully developed and embedded a research active culture, we work with our Research Champion’s to develop research studies that they feel are relevant to them, we support them with their academic studies, they have supported us in the development of our community research hub and in our submission and presentation to the Nursing Times awards.

Conclusion
We are multidisciplinary team working to develop and implement research on a larger scale and in more areas. We work with our communities, service users and carers to better meet their needs. We were winners of the Nursing Times 2019 clinical research category.
PERSONAL

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Panel discussion URL
Facebook: https://www.facebook.com/UniteMHNA/videos/659192584738727
YouTube: https://www.youtube.com/watch?v=zcv8tKuK-2w&fe
MHPod on SoundCloud (audio only): https://soundcloud.com/mhpod/mhnr2020-ep06-part2

BIOGRAPHY

Steve has focused in the main on medicines management in both teaching and research. His PhD by Publication centred on how to improve education and training to facilitate MHNs who are competent in MM. Away from work Steve enjoys all forms of exercise and the outdoors. He is pleased to have started a Couch to 5K opportunity for mental health service users in his local area.
ABSTRACT

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ABSTRACT

Title A Survey Evaluation of Service User and Carer experiences of the Advanced Nurse Practitioner role within a Memory Assessment Team.

Background, aim(s), The survey evaluation was designed to assess service user and carer satisfaction with the Advanced Nurse Practitioner (ANP) role within a memory assessment team. Using the 4 pillar of Advanced Practice as a structure it specifically sought evidence of perceived efficacy and credibility with regards to receiving a diagnosis from an ANP and, to measure the impact of the ANP role.

Method(s), A cross sectional survey was undertaken to evaluate carer and patient perceptions of the ANP role in a local memory assessment team. The survey was developed using the Department of Health (2010) benchmarks for Advanced Level Practice Nurses.

Results, In total, 115 surveys were sent out and 85 questionnaires were completed (73.91\% return rate). Patients expressed significant satisfaction with the ANP, in particular the areas of direct clinical practice and quality of care received.

Discussion and conclusions. The ANP role in a memory service has been well received. It seems at this stage this study confirms that patients and families are highly satisfied with the service provided by the ANP, highlighting the efficacy and, credibility of what was a newly developed role.
**PERSONAL**

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MHPod on SoundCloud (audio only): [https://soundcloud.com/mhpod/mhn2020-ep07](https://soundcloud.com/mhpod/mhn2020-ep07)

**BIOGRAPHY**

Niki Simbani is a Lecturer and Professional Lead in mental health nursing with expertise in acute mental health nursing in the UK. Her teaching experience is in both pre and registration nursing programmes with interest in adult and Child and Adolescent mental health. She has led Safewards projects locally and internationally. Her other interests are in Equality Diversity and Inclusion in nurse education and practice. Niki is a current PhD
candidate; her thesis is on clinical supervision in Acute inpatient mental health wards. She focuses on qualitative research, Action Research and Participatory Action Research approach.

**ABSTRACT**

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**ABSTRACT**

Involving nursing students in promoting health and wellbeing: Use of an educational assessment strategy in one UK university.

Background

Nursing students can play a major role in promoting health and wellbeing of service users (Blake et al, 2017). Education institutions can therefore use pedagogical approaches to enable nursing students to understand health needs of communities they serve.

Aim: To present how an educational assessment strategy enabled nursing students to explore ways of promoting wellbeing and mental health of a chosen community.

Discussion

A group presentation assessment was introduced to second-year undergraduate nursing students. The task was to suggest health promotion strategies based on a community’s health needs. A total of 90% was allocated towards the overall grade for the group assessment while 10% was obtained from peer assessment. A five item criteria for peer assessment was shared with the students. This allowed them to assess each other’s contribution to the group assessment.

An evaluative question asked at the end of each group presentation revealed several benefits of using this assessment strategy. Most groups acknowledged their apprehension of using this type of assessment. However, the following themes emerged: an opportunity to understand the mental health problems in communities, improved cohesion among students, improved communication skills and organization skills, an opportunity to suggest health promotions strategies.
Implications for practice

Assessment strategies can be successfully used to educate nursing students to understand health needs of their local communities and explore possible health promotion strategies. Peer assessment can empower students and enhance essential nursing skills.

Conclusion:
This paper concludes that this assessment strategy can be successfully to promote health and wellbeing. Its benefits are essential in nursing practice, therefore its adoption in any nursing programme is recommended.

References


**BIOGRAPHY**

I am a nursing lecturer with a wide experience of practice and teaching across bio/psycho/social services and approaches to care. This includes teaching social workers, Health and social care undergraduates and nurses.

I have expertise in care of people with dementia and have published on this topic. I have researched and published student learning in mental health using visualisation as a method for more in-depth understanding.

I have recently worked clinically in an acute admissions ward in our local mental health Trust and whilst doing so have developed and created a framework for collaborative
working with people with lived experience, service users and practice colleagues. Using this philosophy of working we have designed and validated a training framework for specialist practice which is inclusive and innovative.

ABSTRACT

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Aims:
To demonstrate impact of collaborative approaches to mental health education

Proposed Outcomes:
Understanding of the impact of the wider scope of practice and education
Exploration of implications for this as a fundamental way of working
Consideration of organisational and structural impact
Recognition of the potential impact of this approach for individual well being and care outcomes

Content:
The recent organisational developments into Nottingham Trent University
Development of the philosophy of working in a collaborative way to provide specialist expert workforce and care
Understanding of the complexities and conflict of changing and challenging the working culture within the university
Considering the newly validated educational framework and its potential impact on care and its effect on individuals involved in its evolution

Rationale:
The session is being proposed as a workshop because it is a very topical and developmental subject area. The overall impact of this approach cannot be summarised as it is still evolving and the benefit to the presenter will be to gather wider perspectives and understanding of approaches elsewhere in the field. It will be a reciprocal learning event which requires time to explore themes in depth and consider implications for practice and care overall.
The topic is relevant to the conference because it is developing not just a celebration of the progress of mental health nursing but also in how far we have come in our evolution as collaborative and enterprising professionals

Activities:
Delegates will be asked to spend time reflecting on their own approach to integrative education and how we can learn from each other

Bibliography:
NHS Education England (2015) Skills for Care, Skills for health
<table>
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<tr>
<th>Name</th>
<th>Annessa Rebair</th>
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Names of non-present authors   n/a
Pre-panel presentation URL   https://www.youtube.com/watch?v=qyCKrUu-KIY

Panel discussion URL
Facebook: https://www.facebook.com/UniteMHNA/videos/611451709528378
YouTube: https://www.youtube.com/watch?v=fSNMJpxgbwk
MHPod on SoundCloud (audio only): https://soundcloud.com/mhpod/mhrn2020-ep07

BIOGRAPHY

Dr Annessa Rebair is a Senior Lecturer in Mental Health Nursing at Northumbria University. She is an Executive and Leadership Coach and has enjoyed leading and governing award-winning mental health services and charities. She is currently elected to Council at the Royal College of Nursing. Annessa has led nationally on the subject of suicide awareness and prevention completing Doctoral research entitled: Meeting Spaces: crafting conversations about suicide in nurse education.

Annessa has spirituality at the core of her practice, she is curious about the co-construction of meaningful encounters in health contexts and what it means to be human.

Dr Michelle Glascott is Subject Lead for Mental Health Nursing at Northumbria University. Michelle has worked across a range of pioneering NHS mental health services for over 20 years, during which time she completed her Doctoral study with violent/ sex offenders diagnosed with personality disorder.

Michelle leads numerous projects in ‘service user involvement’ and peer led research. A critical mental health practitioner, with social justice at the forefront of her practice.

Michelle is a Trustee at an award winning, unique peer-led recovery college (www.recoverycoco.com). ‘Student’s’ perceived ‘symptoms’ are re-framed to ‘superpowers’ which are then redirected to develop and support others.

ABSTRACT

Abstract type   Concurrent (15 minutes)
Preferred theme   Building communities ; Creative approaches;
Top three points from your session

1. In mental health settings students are met with iterations of professional boundaries, psychiatric language and a system of binary understandings which encourages ‘othering’.
   2. To facilitate student nurses to transcend traditional understanding of mental health and begin to understand that people who experience mental distress are ‘everywhere’ and ‘everyone’, and how
people recover/ discover is ‘every way’ and ‘everywhere’

3. Co-producing and delivering a non-traditional module in the final year of a nursing degree programme provided essential space to challenge beliefs and assumptions regarding ‘mental health’ and ‘recovery focused care’.

ABSTRACT

Person Shaped Discovery: co-producing a Module with a Difference

Background: The focus of mental health nursing at university is mixed with traditional approaches to mental illness, wellness, and standard interventions. In practice, students are met with iterations of professional boundaries, psychiatric language and a system of binary understandings which encourages ‘othering’. The resulting ethical conflict expressed by students and the changing contexts of care delivery required a creative response.

Aims:
• To facilitate a transformative experience in which final year student nurses transcend traditional understanding of mental health and begin to understand that people who experience mental distress are ‘everywhere’ and ‘everyone’, and how people recover/discover is ‘every way’ and ‘everywhere’ thus seeing mental health and wellness on a continuum rather than a binary concept.

Objectives:
• To provide learning experiences out with traditional settings
• To provide teaching and assessment with Expert’s by Experience (EBE’s)
• To capture formative learning into a meaningful summative assessment

Discussion: According to Martin Buber ‘all real living is meeting’ (Buber, 1958 p.24-25) echoing fundamental concepts of nursing and user literature; the need to be valued as equal and seen as a human being. Many obstacles prevent seeing and meeting another (personal, institutional constructions, understanding and the meaning of recovery). The premise of this module was to move from binary explanations that encourage a ‘them’ and ‘us’ divide, to the exploration of borderlands, the place where human beings meet.

The module was co-created and co-delivered with a variety of stakeholders. The students explored recovery through drama, and art studio session and song writing workshops.

Taught sessions at university were deliberately provocative and creative focusing upon a critical exploration of ‘recovery discourse’. The final assessment was challenging, students were asked to formulate their understanding of recovery/discovery through an artistic medium of their choice.

Conclusion: Co-producing a non-traditional module in the final year of a nursing degree programme provided essential space to challenge beliefs and assumptions regarding ‘mental health’ and ‘recovery focused care’. Qualitative feedback was rich indicating gaining of new knowledge and changes in perception. Comments from EBE’s included feeling ‘valued’ and ‘privileged’ to co-participate in the endeavour.

References;
Promoting population mental health

PERSONAL

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Panel discussion URL:
Facebook: https://www.facebook.com/UniteMHNA/videos/762641867912403/
YouTube: https://www.youtube.com/watch?v=2PWOMzGy4Xk
MHPod on SoundCloud (audio only): https://soundcloud.com/mhpod/mhrnr2020-ep08

BIOGRAPHY

Lai is a dual qualified registered nurse with extensive clinical experience of working in acute wards and community settings. Prior to coming into higher education, she was a Team Coordinator of a local community mental health team establishing collaborative working between community, acute and primary care for clients with severe and enduring mental health problems creating joint care pathways and promoting wellbeing. Lai’s
current role is the Associate Head in the Nurse Education department embraces both teaching, monitoring quality of programmes and curriculum developer.

Specific teaching are on: clinical risk, mental health, cognitive behaviour therapy, clinical supervision, and academic supervisor to postgraduate dissertation. External work includes an OSCE examiner for Liverpool University, an external examiner and reviewer to various higher Education.

Lai continue to be involved with practice as different levels, honorary therapist (2010-2015), commissioned to act as a clinical supervisor for a local hospice (2017 to present date).

ABSTRACT

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<td>2. Understanding how academic teaching staff in the United Kingdom cope with current work demands and maintain their mental health wellbeing.</td>
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ABSTRACT

Title: Understanding how academic teaching staff in the United Kingdom cope with current work demands and maintain their mental health wellbeing.

Abstract

Background: There are increasing concerns about the impact of work demands on the mental wellbeing of higher education academic teaching staff in the United Kingdom. An important aspect of maintaining mental wellbeing is mental toughness, which is a set of psychological coping attributes which support mental health wellbeing.

The aim of the study is to explore the types of mental toughness attributes academic teaching staff employ to balance work-related stress and maintain their own mental health wellbeing.

Method: Ten academic teaching staff were recruited and data collection was by means of one to one semi structured interviews and data was analysed using framework analysis.

Result: Four themes were identified: compassion for self and others, self-reliance and determination, adaptability to change, and supportive networks.
Discussion: The identified themes encompass how academic teaching staff are protecting themselves psychologically from challenges and stressors at the workplace. A conceptual model of mental toughness in academic teaching staff was developed from the themes. Self-reliance and determination and adaptability to change were similar to attributes described in previous research on mental toughness in other contexts. However, compassion for self and others and supportive networks were new attributes of mental toughness identified in academic teaching staff.

Conclusion: This is the first mental toughness study on academic teaching staff in higher education, who described their working culture in higher education and their use of mental toughness attributes to balance their work-related stress in an attempt to maintain their mental health wellbeing. Four key themes were identified and a new mental toughness model for academic teaching staff is proposed. Further work is required to test the applicability of the new mental toughness model that includes compassion for self and others and supportive networks in academic teaching staff in other contexts.
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<tr>
<th>Name</th>
<th>Steve McCarthy-Grunwald</th>
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<td>Name</td>
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</table>
BIOGRAPHY

Steve is a Senior Lecturer and Pathway Lead for Mental Health Nursing within the Institute of Health at the University of Cumbria. He has been a Mental Health Nurse since 1999, and a qualified healthcare educator since 2014. His main clinical experiences have been working within older persons services as a dementia specialist advanced practitioner. His current endeavours include exploring the Essence of Humour in Mental Health towards a PhD Thesis, and Recent co-authored a book chapter exploring mental health for a new publication ‘Foundations of Public Health’ due for release through Sage in 2021.

Charlotte is a university lecturer in mental health Nursing and the University of Cumbria. Charlotte has worked in clinical acute setting of Child and Adolescent Mental Health and has a specific interests in the adolescent Brain and brain development. Having recently become a qualified Instructor for Mental Health First Aid England she is on a mission to offer training to University staff on MHFA. Charlotte has also been involved as a co-organiser in developing the annual Festival of Mental Health, with a message that in building mentally healthy communities we can all thrive and reach out potential.

ABSTRACT

The demands and expectations placed on individuals in contemporary society tends to have a significant impact on our mental wellbeing (Foresight Report 2008). Consequently,
mental health is a consistent topic of discussion at local, national and international healthcare forums. (Independent Mental Health Taskforce, 2016; Kings Fund, 2019). As such there is a desperate need to help support individuals to maintain good mental health, promote wellbeing and reduce episodes of stress which can lead to more complex aspects of illness if left unchecked (Avey et al, 2016; Lomas et al, 2019).

In June 2018, two members of the mental health nursing academic team began working on developing the idea of having an annual ‘Festival of Mental Health’ which is a free event that moves away from the atypical conference type format, and looking more towards practical advice guidance and taster sessions on various topics and activities available to university students and staff, local healthcare trust staff, and members of the public.

The inaugural Festival of Mental Health was held over 2 days (10th and 11th October 2018), specifically timed to coincide with world mental health day. The event involved various workshops, talks, activities etc. alongside a marketplace formed of local charities, organisations and contemporary health practitioners who are involved in helping individuals manage their mental health. The event was specifically designed for all ages to get involved.

Workshops included sessions such as mindfulness, yoga, creative arts and crafts, dementia friends training, gardening, forest bathing, sports and activity etc. alongside poetry and art exhibitions, a film screening and stage play as evening activities. When considering a lifespan approach, Day one focused on children and adult mental health, where local schools and sixth form colleges were invited. Day two then moved to consider older adults and dementia.

The event is also extremely fortunate to have endorsement from our patron Lord Melvyn Bragg.

Since then two further events have been hosted under the festival of mental Health Banner, Including a Summer Spectacular with a series of 3 stage plays looking at issues of mental health specific to LGBTQ+ Post Traumatic Stress following Bereavement and Psychiatric Stigma and the Mental Health Act. This project has also been shortlisted for the Finals of the Educate North Awards for 2020.

Reference list


## PERSONAL

<table>
<thead>
<tr>
<th>Name</th>
<th>Dr Peggy Mulongo</th>
</tr>
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<tbody>
<tr>
<td>Position</td>
<td>Lecturer in Mental health Nursing</td>
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## BIOGRAPHY

A Lecturer in Mental health Nursing at the University of Bolton and a visiting Lecturer at the University of Salford and the University of Manchester. The presenter is also a Cross-cultural Mental Health Practitioner, a Human Rights Campaigner and a Consultant with over 15 years’ experience of working with migrant populations. Her interests are in qualitative research, and during the past 11 years she has managed a number of projects focusing on therapeutic interventions with migrant women and CYP and published several papers. She is a co-founded member of New Step for African Communities (NESTAC) charity, a refugee community organisation.
Title: Resettling into a new home: Exploring aspects of acculturation which could enhance the mental health of young refugees resettled under the humanitarian programme.

Theme: Building communities

Background:
Globally, the extensive exodus of individuals forced to flee their home countries and seek refuge in countries of safety has led to a refugee crisis. The United Kingdom (UK) has engaged with the United Nations High Commissioner for Refugees (UNHCR), playing a significant role in the long-term resettlement of those refugees, half of whom are children and young people (CYP). One initiative of such humanitarian resettlement is the Gateway Protection Programme (GPP). There is a global dearth of studies investigating aspects of acculturation that affect the mental health of young refugees resettled under the GPP programme. In the UK, current mental health policy recognises refugee CYP as a priority for mental health promotion and prevention; however, little is known about the impact of acculturation on the mental health of CYP resettled under GPP.

Aim:
To explore aspects of acculturation that could enhance the mental health of GPP young refugees several years after they have resettled in Greater Manchester.

Method:
Using qualitative narrative research, a purposive sample of 31 GPP young refugees who had a minimum of three years stay in Greater Manchester were recruited from local Refugee Community Organisations. Data was collected through a multi-method design which combined Focus Group Discussions (FGDs) with Visual Arts-Based Narrative Research (VABNR) and analysed via Thematic Analysis.

Main Findings:
Four overarching themes emerged: (1) People and places; (2) Finding self; (3) Its nearly all new to me; (4) With me in mind, and each having a number of sub-themes. Findings revealed both positive and negative aspects of acculturation affecting participants’ mental health in the short-term (up to 3 years post-resettlement) and long-term (4 and above years post-resettlement).

Discussion:
While participants’ cultural values contributed to their happiness, their perceptions of the cultural values and customs of the host society raised discussion with regards to mental health as a contested concept.

Conclusion:
This study contributes important knowledge regarding the mental wellbeing of young people who have engaged in a resettlement programme. It offers valuable information...
for mental health nurses working in practice and education, policy makers and researchers interested in working with resettled young refugees.

Recommended Reading


Correa-Velez, I. et al. (2015). The persistence of predictors of wellbeing among refugee youth eight years after resettlement in Melbourne, Australia. Social Science and Medicine, 142, pp. 163-168.


Gifford, S. et al. (2009). Good starts for recently arrived youth with refugee backgrounds: promoting wellbeing in the first three years of settlement in Melbourne, Australia: a research report. Melbourne: La Trobe University.

Older people and end of life care

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https://www.youtube.com/watch?v=9CwkXsLZJB0

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YouTube: https://www.youtube.com/watch?v=mhCXrwjJNr4
MHPod on SoundCloud (audio only): https://soundcloud.com/mhpod/mhnr2020-ep09

BIOGRAPHY

Ben is Professor of Mental Health Nursing at Cardiff University, Wales. His research and writing have addressed the policy context for mental health care, service organisation and
delivery, work and roles, the workforce, and user and carer experiences. Ben is the current Chair of Mental Health Nurse Academics UK.

ABSTRACT

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<td>In the case of care for people with severe mental illness at the end of life: 1. formal and informal partnership opportunities should be taken and encouraged across the whole system, and ways should be found to support people to die where they choose. 2. Education and support for, and supervision of, all staff caring for people with severe mental illness at the end of life is needed. 3. Proactive physical health care for people with severe mental illness is needed to challenge the problem of delayed diagnosis.</td>
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ABSTRACT

Background
This project answered the question, ‘what evidence is there relating to the organisation, provision and receipt of care for people with severe mental illness who have an additional diagnosis of advanced, incurable, cancer and/or end-stage lung, heart, renal or liver failure and who are likely to die within the next 12 months?’

Objectives
1. locate, appraise and synthesise relevant research;
2. locate and synthesise policy, guidance, case reports and other grey and non-research literature;
3. produce outputs with clear implications for service commissioning, organisation and provision;
4. make recommendations for future research.

Methods
The synthesis was conducted according to international standards, informed by a stakeholder advisory group and is reported using PRISMA.

Results
104 publications were included, comprising 34 research publications, 42 case studies and 28 non-research items. No research items were excluded on the grounds of poor quality.

Research, policy and guidance was synthesised using four themes:
• Structure of the system.
• Professional issues.
• Contexts of care.
Living with severe mental illness.

Case studies were synthesised using five themes:
- Diagnostic delay and overshadowing.
- Decisional capacity and the dilemmas of active versus passive treatments.
- Medical futility.
- Individuals and their support networks.
- Features of care provided.

Conclusions
A high degree of confidence was judged to apply to ten summary statements. Drawing on these ten, policy, services and practice implications are:

1. Formal and informal partnership opportunities should be taken and encouraged, and ways should be found to support people to die where they choose.
2. Education and support for, and supervision of, all staff caring for people with severe mental illness at the end of life is needed.
3. Programmes and services for people with severe mental illness at the end of life require a team approach, including advocacy.
4. Proactive physical health care for people with severe mental illness is needed to challenge the problem of delayed diagnosis.

This project was funded by the National Institute for Health Research (NIHR) Health Services and Delivery Research (HS&DR) programme. The views expressed are those of the authors and not necessarily those of the NIHR or the Department of Health and Social Care.
**PERSONAL**

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Panel discussion URL
YouTube: [https://www.youtube.com/watch?v=mhCXrwjlNr4](https://www.youtube.com/watch?v=mhCXrwjlNr4)
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**BIOGRAPHY**

Doug MacInnes is Professor of Mental Health at Canterbury Christ Church University. He has close working relationships with mental health services in Kent and South London. He has worked on many national and international funded studies. Recent research activity has included; examining older peoples uses and experiences of forensic mental health services, evaluating a psychological intervention with active collaboration between users, carers and clinicians; an examination of the social networks of people with long-term mental health service use; the introduction and embedding of peer support workers into a mental health trust; and interventions to support prisoners with mental health needs.
### ABSTRACT

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| Top three points from your session | Why are so many older people currently residing in secure mental health in-patient settings?  
What are the social, physical and mental health needs of older people who are currently in forensic services?  
How can services improve transitions for older people who are ready to be discharged to less restrictive placements? |

### ABSTRACT

Transitions of Older People from Secure Services (TOPS)

**Background**
Older people are increasingly represented in secure in-patient services. A recent study found 25% of in-patients in one Trust’s low and medium secure services were elderly. Discharge out of forensic settings was complicated by the additional needs of the oldest patients, patients' own reluctance to move because of uncertainty about new placements, and a lack of opportunity to modify placement settings in partnership with other agencies. Services designed specifically for older people are also often distant ‘out of area’ placements and reduce opportunities to connect with local community, family and friends.

Identifying the factors that impact on an older person’s transition out of forensic services would give a greater understanding of the factors that are important to ensure successful onward placement, improve quality of care and inform strategic change in service provision.

**Aim**
To explore the experiences of older adult, mentally ill offenders in order to understand the impact of older age and associated physical, social and mental health needs on the nature and timing of transitions out of secure mental health care.

**Methods**
A survey design was employed. Each forensic service in South London filled in a questionnaire for every in-patient, aged 60 and over, who accessed a medium or low secure forensic mental health ward between April 2014 and March 2019. Power calculations were not employed as every older person using South London forensic services was included in the survey. There are over 500 South London forensic beds so the survey was able to give a comprehensive picture of the number of older people using these services, their characteristics and the services they transition on to.

Data was collected on a range of demographic, clinical, forensic and offending characteristics, as well as referral patterns, length of stay and services where older people were discharged.

**Results**
SPSS 24 was used to generate an overview of the characteristics of older service-users and patterns of discharge, and identified associations between socio-demographic and health factors and placements.

Conclusions
The paper will map the referral and placement patterns for older service-users and identify their social, physical and mental health needs study. It will also look at ways to improve transitions for older people who are ready to be discharged to less restrictive placements.

References
PERSONAL

<table>
<thead>
<tr>
<th>Name</th>
<th>Gwenne McIntosh</th>
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<tr>
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BIOGRAPHY

Gwenne is an experienced senior lecturer and mental health nurse with a keen interest in co-production in education, therapeutic relationships and recovery. Gwenne has research experience using IPA and has explored the impact of co-production in nurse education from a student and family carer perspective and is currently a part time PhD student investigating the perspectives of male caregivers of a spouse with dementia and their views of accessing support services.
### ABSTRACT

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<td>Mental Health Nurses are well placed to better support male caregivers of partners with dementia. Working well with men caring for their partners requires an awareness of how men perceive and respond to support services. Lack of involvement and power in making decisions adds to the emotional impact of caring resulting in a spiral of disengagement.</td>
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### ABSTRACT

Background: Dementia is a global health issue, the role that family members adopt to support people to remain at home impacts on caregivers, communities, the health services and the wider economic climate.

Aim(s): To explore male caregivers’ experience of caring for a partner with Alzheimer’s dementia (AD) and identify factors that encourage or inhibit decisions to access support services.

Sampling method: A purposeful sampling approach was taken to identify seven men caring for their partners.

Method(s): The study adopts a qualitative approach using semi-structured individual interviews.

Analytical approach: The data for this study and was analysed using Interpretive Phenomenological Analysis (IPA).

Main findings: Three themes were identified: Consequences of caregiving decisions: Influence and Impact; Changes and Losses associated with AD and Male Partner as Caregiver.

Discussion: Findings provide increased understanding of the individual experience of caregiving in the context of being a male partner. Men’s experiences are complex as AD brings about substantial changes and associated losses. Decisions about caregiving and accessing support are related to men’s view of their role and responsibility constructed over their lifetime. Men’s views of support services influence their decisions to access support. Decisions and the consequences that arise from decisions are often unexpected, unintentional or unwanted. The lack of involvement and power in making decisions adds to the emotional impact of caring resulting in a spiral of disengagement.
Conclusions: The findings offer new insights providing opportunities for health and social care staff to better respond to the needs of men through improved engagement and will be of interest to those working with caregivers and those providing support for people with dementia.