SCOTTISH MENTAL HEALTH NURSING RESEARCH CONFERENCE

Advancing Mental Health Nursing through Research and Innovation: Care, Recovery, Evidence

Wednesday 6 April 2016 #SMHNRC2016
Welcome to the Fourth Scottish Mental Health Nursing Research Conference at Abertay University.

You will today be joining almost 200 nurses, allied health professionals, service user/carers and other experts by experience, academics and all those with a stake in improving mental health care in Scotland and beyond. We have a full and varied programme including speakers from every university in Scotland offering a mental health nursing undergraduate programme.

We are very grateful to the Scottish Government for their generous support, which has enabled us to offer free registration and attendance for all participants.

This booklet includes the abstracts of today’s presentations, and particularly those of our two keynote speakers:

**Keynote Speaker 1:** Professor John Baker – Chair of Mental Health Nursing, University of Leeds, UK

Professor John Baker was appointed to the Chair of Mental Health Nursing at the University of Leeds in 2015. His research focusses on developing complex clinical and psychological interventions in mental health settings. John will address the challenges and value of mental health nursing research using case examples from his impressive range of collaborative studies.

**Title:** PRN medication an unexplored nursing intervention.

**Abstract:** Pro re nata (PRN)/extra medication is the most commonly used intervention in inpatient settings. John will explore the current evidence, underpinning this much relied on nursing intervention.

**Keynote Speaker 2:** Dr Hugh Masters – Scottish Government

Dr Hugh Masters is Associate Chief Nursing Officer in the Scottish Government and leads on nursing workforce and education, as well as mental health and learning disabilities nursing. After training as a mental health nurse, Hugh worked in a variety of practice settings, before moving to Edinburgh Napier University as a senior lecturer. In 2009, he took up a secondment in the Scottish Government as Nursing Officer for Mental Health and Learning Disabilities and in March 2012 moved to his present post. He is currently focused on assuring the care of older people, including the implementation of the Standards of Care for Dementia, in acute and non-acute hospital settings, and leading out the CNO’s Review of Education: ‘Setting the Direction’ published in 2014.

**Title:** Maximising the contribution of Mental Health Nursing research to policy and practice

The goal of today’s conference is to provide a national forum for showcasing innovative research, practice, education, service and practice development in the field of mental health care in Scotland, the rest of the UK, and internationally. We anticipate and hope that people working in or with the full, diverse range of mental health services in Scotland will wish to highlight their work. Thus a main objective is to encourage sharing of practice and ideas across ‘service boundaries’: addictions services, community and inpatient services, crisis resolution, child and adolescent mental health, recovery-focused practitioners, secure and forensic services.

We hope today will give you valuable opportunities to:

- Discuss issues unique to the advancement of mental health and mental health nursing practice through evidence and innovation
- Report innovative approaches in education programmes and service development to facilitate the promotion of mental health and wellbeing;
- Explore new and innovative approaches to education, practice, research and administration in the field of mental health;
- Examine diversity as a concept of particular importance to practitioners and researchers in promoting mental health and well being, and
- Describe innovative methodologies and approaches to research in mental health and wellbeing.

*Professor Geoff Dickens*
Abertay University
Conference Chair
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<td>Grant King Service user art as a reflective tool in nurse education</td>
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<td>Hilary Hart and Susan Munro The same but different: Supporting adults with Asperger’s in a mental health service</td>
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<td>Summary – Mrs Andrea Cameron, Head of School of Social and Health Sciences, Abertay University</td>
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Abstracts

Inpatient settings 1

Management of self-cutting in psychiatric inpatient wards: attitudes of patients and staff

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There is a paucity of research literature about the management of self-cutting in psychiatric settings. This is reflected in the lack of clear guidance for staff, which can result in uncertainty and inconsistency in management. This presentation will describe the results of a literature review on the topic of self-cutting and management of self-cutting including aspects about epidemiology, aetiology and existing management techniques. The review highlights that people who cut themselves are diverse in characteristics; further, various models have been proposed to explain the behaviour, including affect regulation and response to trauma.

Further research is warranted into the management of cutting events in psychiatric care. The presentation will describe an ongoing study to develop a questionnaire which measures both attitudes towards and experience of using a number of management methods, ranging from traditional techniques such as increased observation by nursing staff to restrictive methods such as administering intravenous medication without consent, and to more permissive methods such as the harm minimisation practice of providing sterilised cutting equipment. The questionnaire will be presented to both current nursing staff and past mental health service users with personal experience of cutting. Any disparity between the groups will be measured.

As a newly designed and previously untested measure, the questionnaire will be subject to tests of reliability and validity, including comparison with existing measures of attitudes towards deliberate self-harm and generalised methods of containment.

The results of the study will include any significant correlational factors between measures and any notable differences between the responses of the two sets of participants. This will be discussed against the larger background of existing self-harm literature with conclusions drawn, limitations identified and implications addressed.

Learning outcomes

• Define current methods of managing self-cutting events.
• Compare the differences in attitude between staff and service users.
• Evaluate whether a questionnaire is a viable tool in this area of study.
Quality of interactions influences everyday life in psychiatric in-patient care – patients’ perspectives

Background
Everyday life consists of daily activities that are taken for granted. It forms the foundation for human efforts and contains elements of both comfort and boredom. Because everyday life escapes no one, life on a psychiatric ward will become ordinary while staying there.

Aim
This study aimed to explore everyday life in psychiatric in-patient care based on patients’ experiences.

Method
We individually interviewed 16 participants with experiences of psychiatric in-patient care and analyzed the data following the methods of Grounded theory. Data collection and analysis continued in parallel in accordance with the method.

Results
Our results showed that everyday life was linked to the core category Quality of interactions influences everyday life, and three constructed categories – Staff makes the difference, Looking for shelter in a stigmatizing environment, and Facing a confusing care content – were related to the core category. Our results highlight the importance of ordinary relationships between staff and patients in psychiatric in-patient care.

Conclusion
These results can be used to develop nursing interventions to improve psychiatric in-patient care and might also be used as a basis for reflective dialogues among staff.

Learning outcomes
Quality interactions, that is, closeness to staff in ordinary relationships and spending quality time through simple activities would improve patients’ experiences of everyday life in psychiatric in-patient care.
Supporting newly qualified nursing staff (0-5 years) to develop through group clinical supervision

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Karen Drew

Background
All mental health nurses are required to undertake clinical supervision every six to eight weeks as per Action 12 of Rights, Relationships and Recovery Action Plan (Scottish Government 2010). Within Old Age Psychiatry Service in NHS Tayside had a high proportion of recently qualified nursing staff which required support for their personal and professional development. They felt it would benefit the service if these staff nurses were supported within group clinical supervision setting.

NHS Tayside Practice Education Facilitators deliver Clinical Supervision Awareness Session, to highlight the benefits of the process and pathway to become a supervisor/supervisee. As a service OAP were challenges to release staff to attend these organised sessions, PEF team was approach to consider how the session could be adapted and delivered within the local area. PEFs considered what the purpose of the session to be delivered was and the audience was to be recently qualified and would be supervisees. Therefore the session would focus on their role within the group supervision and how it would benefit their development.

Aims/Objectives
1. Highlight one approach used to support ongoing development of Mental Health Nurses in NHS Tayside to achieve 3R’s Scottish Government Action Plan (2010).

Methods
Random selected group of recently qualified Mental Health Nurses (0-5years).
Total nine attended training session.

Results
Session was evaluated at end; of the 9 respondents there was a clear understanding and acknowledgment that supervision would have some benefit for a number of them. They also indicated that they were now better prepared for supervision sessions. Rather than blindly entering the process without thought.

Discussion/Conclusion
Initially participants were cynical and saw not benefit to group Clinical Supervision, stating that the session were mere moaning session.
Co-production

Service user art as a reflective tool in nurse education

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Background
Evidence shows that service user participation in nurse education can facilitate transformative learning (Rush and Barker 2006, Rush 2008 and O’Donnell and Gormley 2012). First year mental health nursing students participated in a module introducing them to the concept of mental health. The module included tutorials which were framed around a blog authored by a fictitious family who experienced mental health difficulties. During the tutorial students were presented with service user generated art which they were asked to reflect on and consider the thoughts and feelings that the artist may have been experiencing.

Aims
For students to develop understanding, empathy and compassion as they reflect on the lived experience of people experiencing mental health difficulties. This was to be achieved by using art as a reflective tool, followed by peer discussion to explore alternative perspectives. Finally students formulated their views by providing feedback to the module leader on their reflective experience.

Method
Lorraine Nicholson, an artist and service user, developed a piece of art that reflected the issues discussed in the tutorial blog. The artwork was made available to the students before their tutorials.

Results
Formal evaluation showed that students found that service user involvement offered a powerful insight into the lives of people experiencing mental health difficulties.

Conclusion
This project confirmed the position that service user involvement can facilitate transformative learning. In particular the use of art as a learning tool offered a new type of ‘knowing’ (Brown et al. 2008).

Learning outcomes
1. To explore the evidence base for the use of service user art in nurse education.
2. To discuss the implementation of this project and reflect on the student feedback.
3. To consider how a similar approach could be applied in attendees’ working context.

References

Topic areas addressed
1. Educational Developments.
2. Service user involvement and recovery.

Presentation and level
Prefer to provide an oral presentation but content to present in any format/level.

Please note – sadly, since the completion of this project Lorraine Nicholson has died.
Co-production in education: The meaningful involvement of people with lived experience of mental ill-health in the classroom

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Derek Ferguson  
Co-facilitator, Glasgow Mental Health Network

Joan McBride  
Co-facilitator, Glasgow Mental Health Network

This project focuses on an innovative approach to therapeutic skill development, through simulation, involving people with lived experience as co-facilitators within a 2nd year mental health module. Six volunteers were recruited from Glasgow Mental Health Network to be active members of the module team. They were introduced not as ‘service users’ but as co-facilitators.

Students were tasked with working in triads to develop their own character ‘narratives’, in preparation for the simulated practice. This allowed the students to ‘connect’ with their characters and allow for a degree of imagination, creativity and personal insights to build as the module progressed.

Extracts of data were taken from student reflective logs and the online module evaluation. An evaluation was held with co-facilitators at the end of the module. Student feedback indicated that this approach had a powerful impact on their learning experience. For example, learning about self; ability to respond to service user feedback, developing empathy and insight through using life narratives, and other therapeutic engagement skills such as active listening and collaboration.

Service users felt valued and respected throughout the module, they reported that making a meaningful contribution to the student’s learning and development was very rewarding.

One co-facilitator stated “it has been an invaluable experience for me and one which has supported my own journey of recovery”.

Extracts from student evaluations included:

“I enjoyed working with the co-facilitators and think it would be beneficial to have them available in most classes as they would add to the learning experience and perhaps challenge us more.”

“the role playing sessions were brilliant as was the Network involvement and these sessions both improved confidence and allowed me to see how I could develop my therapeutic skills further.”

Learning Outcomes

• To recognise the valuable role people with lived experience of mental ill-health can have in facilitating learning and development of student nurses.
• To develop an insight in to the value placed upon meaningful involvement from both the co-facilitator and student perspective.
• To share good practice across both HEI and practice settings.
Background
Jo Mullen has a primary diagnosis of Borderline Personality Disorder. Nadine has known Jo for 12 years and has been her CPN for the past 2 years. With Nadine's support, Jo has written the Wot R U Like? programme and associated booklet.

Aims/Objectives
• to provide Jo with a purpose that makes sense of her diagnosis and utilises her teaching experience, skills and qualifications.
• to provide professionals with a programme to deliver to people with BPD or similar difficulties.
• to help people with BPD develop self-awareness in a way which is non-threatening, and which may offer the skills and the confidence to enter therapy.

Method
Programme participants are encouraged firstly to read Jo’s booklet, BPD: A Personal Story. They then work with a nurse or other MH professional to undertake the activities. These are housed in 4 sections:
• Feelings, Thoughts, Behaviours.
• Relating to Others.
• Identity.
• Planning for the Future.

Results
Approximately 500 booklets have been sold, and 6 programmes (to establishments in 4 NHS Trusts, a prison and a BPD support group.)

‘Before’ and ‘after’ questionnaires and programme evaluation sheets have been included to see whether or not the programme has helped participants.

Jo and Nadine have presented the programme and booklet to both professionals and student nurses in their local area.

As a result of their collaborative relationship, Jo’s mental health has improved, and Nadine's confidence when speaking to an audience has increased.

Discussion/Conclusion
• using one's experience of challenges and coping strategies associated with mental health can aid recovery.
• self-awareness is necessary in order to bring about change/ further development.
• collaborative working between service users and nurses can help to challenge traditional issues of power and dependency which can sometimes stand in the way of recovery.
Psychological aspects

Describing CBT trained mental health professionals’ views towards and motivation for accreditation with the BABCP

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Learning Outcomes
Following the oral presentation delegates will be able to:
1. Describe several motivating factors for CBT-trained mental health professionals becoming BABCP accredited.
2. Identify potential barriers faced by aspiring CBT-trained mental health professionals when seeking BABCP accreditation.
3. Recognise different methods and solutions to help people seeking BABCP accreditation.

Background
The dissemination of Cognitive Behavioural Therapy (CBT) in Scotland has made the issue of clinical governance of psychological therapies more salient. Increasingly CBT trained mental health professionals are seeking non-compulsory accreditation with the British Association for Behavioural and Cognitive Psychotherapies (BABCP). This pattern exists, even though many already have statutory regulation and voluntary self-regulation traditionally being a divisive issue within the field of counselling and psychological therapies.

Aim
To investigate CBT trained Mental Health Professionals’ views towards and motivation for BABCP accreditation.

Methods
Qualitative data was collected in 2015 using individual face-to-face semi-structured interviews with seven CBT trained Mental Health Professionals [6 Mental Health Nurses and 1 Occupational Therapist]. Interviews investigated participants’ views towards and motivation for BABCP accreditation and used verbatim transcripts and inductive Thematic Analysis to identify themes.

Results
Thematic Analysis generated five major themes and twelve minor themes. Participants see BABCP accreditation as having personal value and recognise the benefits of accreditation from a career development and CBT therapist identity perspective. However, some Mental Health Professionals reported an absence of motivating factors and experienced barriers with the accreditation process. Specifically, the personal administrative burden and the lack of appropriate clinical supervision appear the main barriers when considering BABCP accreditation. These elements create ambivalence amongst some Mental Health Professionals when considering BABCP accreditation.

Conclusions
CBT trained Mental Health Professionals see the value in BABCP accreditation from a career development and CBT therapist identity perspective, but report barriers and an absence of motivating factors when considering BABCP accreditation. CBT trained Mental Health Professionals aspiring for BABCP accreditation might benefit from using e-portfolios and having better access to willing and able CBT supervisors who could support them during the accreditation process.
Cognitive behavioural therapy for body dysmorphic disorder: A case report

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Background

Body dysmorphic disorder (BDD) involves an excessive preoccupation with an imagined defect or slight flaw in appearance. It is a relatively common condition but often goes unrecognised because of the embarrassment and shame many sufferers experience, which makes them reluctant to seek help (Phillips, K. 2005). It is highly co-morbid with other mental health problems, such as depression, social phobia and obsessive compulsive disorder, and therefore often misdiagnosed by clinicians. BDD can be a serious and debilitating condition, and suicidal ideation and suicide attempts are not unusual. The nature of BDD, level of comorbidity with other conditions and risk factors associated with it raises issues for practitioners regarding screening, assessment and appropriate treatment planning. Available research evidence indicates that cognitive behavioural therapy (CBT) is often effective for BDD, particularly when modified to target specific symptoms (Wilhelm et al., 2013, Veale and Neziroglu, 2010).

Aims/Objectives

To evaluate the outcomes of CBT in a client presenting with BDD.

Method

A case study methodology was employed. The client was 22-year-old male who presented with BDD comorbid with social anxiety. Therapy was conducted in a community-based private practice setting. Ethical approval was obtained from the University of Abertay School of Health and Social Science Ethics Committee and informed consent from the client. A range of standardised measures were employed before, during and at the end therapy to evaluate outcomes.

Results and Discussion/Conclusion

Sixteen sessions of CBT were conducted over a 10-month period. The client showed significant improvement in levels of preoccupation/rumination about his perceived defects and social anxiety and overall psychosocial functioning. CBT targeted to specific BDD symptoms proved effective in this case. Further amendments to therapy such as having extended sessions, accompanying the client during in-vivo exposure, social skills training, and continual monitoring and attention to the therapeutic relationship were also important factors in the outcomes achieved.

Three intended learning outcomes.

1. Understand the clinical features of BDD
2. Describe a CBT model for understanding and formulating BDD
3. Outline the assessment, therapeutic interventions and organisation of therapy in a client presenting with BDD

References


Embedding a psychological trauma informed approach into our undergraduate mental health programme

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Background
Psychological trauma is recognised as a core element of mental ill health, for which mental health nurses are ideally placed to respond to the psychological needs of clients.

Aims
To convey the unique perspective and novel educational delivery throughout the mental health nursing programme from Undergraduate to Post Graduate level at the University of Stirling. The abstract describes the underpinning ethos and rationale informing the paradigm shift in Mental Health Nurse education and practice whilst highlighting improved service user experience. The abstract offers insight into new ways of working with psychological trauma within nurse education, research and practice, and provides evidence of the enhancement of student knowledge and skills in this area.

Method/Results
Clinicians specialising in the field of psychological trauma were seconded to work with academic staff to identify how best to embed psychological trauma informed practice into the undergraduate and postgraduate mental health nursing programmes. The concept, and influence, of psychological trauma became a core component of curriculum. Student mental health nurses were asked to rate their knowledge and skills of psychological trauma at key stages of the training. Survey data indicates an increase in knowledge and skills which students attribute to their academic studies.

Discussion
Integral to the impact of care delivery is the investment in nurse education. We have developed a nurse education programme which embeds knowledge, skills, competence and confidence in aspects of psychological trauma, as a core tenet of treatment approaches to mental health and wellbeing. To achieve this and create a progressive pathway from introductory level work to advanced practice we adopted a blended approach to learning. We developed specific skill targets which are evaluated each year of student nurse training including progression to post-graduate study. This novel approach enables and empowers our students whilst enhancing their academic and clinical experiences.

Learning Outcomes
• Increase knowledge of Psychological Trauma and its treatment.
• Consider the impact of underpinning the Undergraduate mental Health Nursing programme with a Psychological trauma focus.
• Consider how this approach can improve services for service users who experience Psychological trauma.
Innovations 1
Exploring the views and experiences of using mobile information and communication technology (mobile phones, laptop or tablet computers) by people with mood disorder: A qualitative study

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Background
A systematic review and meta-synthesis identified that no research had explored how people with mood disorders used mobile information and communication technology (mICT) in their everyday lives and more specifically, how they might use mICTs to look after themselves. This oversight has led to technology redundancy and high attrition rates. Further research was therefore required to understand the meaning this type of technology held for people with mood disorders.

Aims/Objectives
The study aimed to explore the views and experiences of using mICTs by people with mood disorders, and their mental health care professionals. A qualitative study using in-depth, semi-structured interviews with thirty people with depression in secondary and specialist mental health services and 10 mental health care professionals.

Method
Participants’ data sets were analysed using an adapted Grounded Theory approach. Grounded theory involves the gradual identification and integration of categories of meaning from the data, and the identification of relationships between them.

Results
A grounded theory of how mobile technology is used in daily life, and also, more specifically, how it might be used to manage recovery from mood disorder. The core category which emerged from the data forming theory was ‘Centrality through Interconnectivity’ and this with its sub-categories will be discussed.

Discussion/Conclusion
The research study begins to fill the gap in our understanding in regards to the meaning this type of technology holds for people with mood disorder and such research might provide valuable information on how technology is subjectively and collectively perceived. Understanding how mobile technology is used by people with mood disorder and its role in the management of long-term conditions could aid technological design and support clinical practice.
Partnership working between the Scottish Fire and Rescue Service and NHS: delivering a cost-saving service to improve the safety of high-risk people

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**Martin Tait**
Scottish Fire and Rescue Service (SFRS)

Background
The SFRS and NHS Tayside piloted the role of Community Fire Safety Link Worker to enhance partnership working. The link worker provided risk assessments to adults identified by community mental health teams, at high risk of fires, with the aim of reducing fires.

Aim
To reduce occurrence of fire, resultant injury, loss of life and property damage for those at high risk due to physical and mental health needs.

Method
An economic evaluation of the costs and benefits of the Link Worker role was undertaken. Changes in the Risk Assessment score following delivery of the Service were used to estimate the potential fires avoided. These were valued using a national cost of fire. The estimated cost of delivering the Service was deducted from these savings.

Results
The pilot was estimated to save 4.4 fires, equivalent to £286 per client. The estimated cost of delivering the Service was £55 per client, giving net savings of £231 per client.

Conclusion
We believe this is the first economic evaluation of Home Fire Safety Risk Assessments. Partnership working, delivering joint Risk Assessments in the homes of people at high risk of fire, is modelled to be cost saving. Uncertainties in data and small sample are key limitations. Despite these limitations, potential savings identified in this study supports greater adoption of this partnership initiative.

Learning Outcomes
1. Identify people at risk from fire, establish fire risks within the home and know how to refer individuals for a Home Fire Safety Visit.
2. Describe the costs and benefits of partnership working.
Contemporary Occupational Therapy Practice Placements

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Background
In order to ensure the safety of our communities, prevent dwelling fires, subsequent fire fatalities and casualties and the impact this has, it is crucial to work effectively in partnership with organisations that regularly come into contact with vulnerable people within their home environment. In a first of its kind NHS Tayside, SFRS and RGU collaborated to facilitate a pilot of a contemporary practice placement involving two Occupational Therapy students in conjunction with SFRS and NHS Tayside’s Community Mental Health Team for Older Peoples Services in Dundee.

Aim
To support partnership working between health, social care organisations, universities and SFRS. This will assist in identifying individuals who are at high risk from fire and allow the opportunity to implement a range of measures to improve their safety.

Method
A short DVD, captured as part of the evaluation of the placement, will be shown after which the appreciative inquiry model of leadership will be used to generate ideas from the audience to further strengthen this partnership approach.

Results
An evaluation of the initial pilot highlighted the success of the placement. This was promoted at the annual UK Occupational Therapy Conference as well as being showcased at an international event. The placement has been repeated in Dundee and spread to Aberdeen with the development of a contemporary occupational therapy practice placement between SFRS and NHS Grampian’s falls/community rehabilitation service.

Conclusion
Building a successful partnership approach is the foundation for growing health and social care professionals of the future.

Learning Outcomes
1. Describe how to set up contemporary practice placements, the rationale behind their development, supervision structures and educators’ learning needs.
2. Identify skills and competencies needed for current and future professional practice.
Inpatient settings 2
A nursing perspective on enhanced observations in acute mental healthcare settings: a pilot qualitative study

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Background
Quality of care is fundamental to patients’ experience of the NHS, and there is recognition that the health and well-being of NHS staff is vital for quality service delivery. Enhanced observations (EO) are common interventions undertaken by nurses and healthcare support workers (HCSW) to manage patient risks in acute mental healthcare settings. However, the impact of taking part in EO on mental health and wellbeing remains under investigated.

Aim
To explore nurses’ and HCSW’s experiences of taking part in EO in acute mental health care settings.

Method
Phenomenological methodology was used with a purposive sample of sixteen nurses and four HCSWs who undertake EO. Data were collected by semi-structured interview and responses were digitally recorded. Transcripts were analysed using the framework analysis method.

Results
The central finding in the study suggests that undertaking EO is “Emotionally draining.” Five themes emerged from the data: perceived effects of EO on health and wellbeing, perception of decision making process; perceived challenges; preparation for undertaking EO; and support available for staff.

Discussion
The themes provide rich and meaningful insight into nurses’ and HCSWs’ experiences and perspectives on EO. Undertaking EO can be summarised as “emotionally draining” impacting on staffs health and wellbeing, and the care of other patients. Nurses have a need to have their professional opinions valued in the decision-making process. Central to ability to deal with EO is the opportunity to access support including clinical supervision. The outcomes from this pilot study will inform development of a national study.

Learning outcomes
1. Understand the impact of EO on staff health and wellbeing.
2. Understand implications for practice development and education of mental health staff.
3. Consider development of specific training for undertaking EO.

Reading references
A quality improvement journey to ensure that all patients will have access to planned daily therapeutic activity input

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Background
It was recognised through workforce planning, SRI and a MWC visit that patient one to one sessions and therapeutic activities needed to be increased and recorded clearly in the care record to evidence same.

Aim
The aim statement was “by 31st March 2015 all patients in Lindores Ward will have access to planned daily therapeutic activity input”.

Objectives
• To provide patients with meaningful activities and one to one sessions to improve socialisation.
• To improve recording of therapeutic activity provided and to evidence through data collection, improvement in level of ward based activities.
• To embrace and motivate staff enthusiasm, to engage with patient therapies to maintain and embed practice of service improvement.

Method
Charge Nurse had recently been on a quality improvement course, facilitated, along with patients and staff to develop a scheduled activity programme.

The programme was commenced and audited every month to continue service development through quality improvement methodologies and data evidence.

Results
The results for the ward following the initial audit where.

<table>
<thead>
<tr>
<th></th>
<th>1-1 sessions</th>
<th>Activity input recorded</th>
</tr>
</thead>
<tbody>
<tr>
<td>Baseline audit</td>
<td>43</td>
<td>96</td>
</tr>
<tr>
<td>14.08.14 to 14.02.15</td>
<td></td>
<td></td>
</tr>
<tr>
<td>After quality improvement</td>
<td>322</td>
<td>705</td>
</tr>
<tr>
<td>15.02.15 to 14.08.15</td>
<td></td>
<td></td>
</tr>
<tr>
<td>Percentage increase over 6 months</td>
<td>88%</td>
<td>86%</td>
</tr>
</tbody>
</table>

Discussion/Conclusion
The practice is now embedded and continues to be audited. The staff have took ownership of the journey so therefore have the ability to lead the improvement further with the introduction of new ideas with staff, patients and carer views involved.

Learning outcomes
• Initial scope of activity was limited and it is recognised that further work requires to be completed to broaden the depth and quality of therapeutic activity.
• The quality of the therapeutic activity can now be audited. Patients will be asked their views and evaluations on the work being completed.
• Discharge evaluation audit will be undertaken to gauge quality of therapeutic activity within patients own recovery journey.
Learning from experience and preventing episodes of restraint in a low secure forensic inpatient setting

Abstract
As part of the Scottish Patient Safety Programme (SPSP) the staff (n≥36) and service users (n=15) of Iona ward set out to reduce episodes of restraint within this low secure forensic inpatient unit. NHS Lanarkshire DATIX incident recording system was used to conduct a review into the nature of violence and aggression in the ward and precipitating factors. Patient congregation, timing of staff intervention, therapeutic activity and staff communication all emerged as data variables influencing occurrence and management of violent/aggressive incidents. Violent incidents include verbal and physical acts toward staff and between patients. The SPSP's Plan Do Study Act paradigm was used to study, implement and measure change outcomes. Tests of change focused upon increasing regular planned therapeutic activity, creating individualised patient early warning systems, effectively communicating risk throughout the day, increasing patient participation, improving early intervention and supporting leadership in the team. Systems were put in place in response to the findings of tests of change. Baseline measures from DATIX recording were collected for the year preceding the study (2011/12) and 100 violent incidents were recorded. The comparative data for the following years were; 2012/13 =52, 2013/14 =34 and 2014/15 =37 incidents. These results translate to a 48, 66 and 63 percent concurrent reduction in violent and aggressive episodes since commencement of the SPSP programme. A 71% overall reduction in the application of restraint was observed. These results suggest that Iona ward is a consistently safer place for all who use it. The SPSP and all the resulting changes to culture and practices are now firmly embedded into the day to day ward routine. Being able to evidence timeous and tangible benefits from change has help support and maintain this programme. Developing leadership and individualised responsive risk management procedures has also emerged as a key learning outcome from this study.

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Using the Scottish Recovery Indicator (SRI 2) to help support the recovery of people using mental health services

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Background
The Scottish Recovery Indicator (SRI 2) is a service development tool designed to support mental health services improve their approach to supporting recovery focused outcomes. SRI 2 is structured around ten, evidence based, recovery indicators and services are asked to self-assess their practice against these indicators by examining documentary evidence and seeking the views of staff, people using services and informal carers. This evidence is then used to inform the development of a recovery focused improvement plan.

Methods
Analysis of data generated by services that have used the SRI 2 tool including, the characteristics of the services that have completed the SRI 2 process; self-assessed ratings for each of the ten recovery indicators and six sources of evidence; analysis of the improvement plans completed by services that have completed an SRI 2. In addition, quantitative and qualitative evidence from an online survey of services that have used SRI 2 and from a number of focus group discussions.

Results
Since it was launched in 2011, almost 400 services have completed the self-assessment process using the SRI 2 framework. These services have examined over 4,700 documents including assessments and care plans and got feedback from almost 3,000 people using services and their informal carers. Over 90% of SRI 2 completions have been by services in the NHS in both in-patient and community settings. The vast majority of these SRI 2 completions have been led by nurses.

The evidence suggests that services generally rate themselves highly in terms of their recovery focus across all ten of the SRI 2 indicators. However, there is a significant range of scores across the individual indicators with some e.g. self-management, advanced planning and strengths based practice being rated lower than other indicators such as meeting basic needs and providing personalised services. The evidence also suggests that staff, people using services and informal carers involved in the SRI 2 process rate services positively but that this is not always supported in written documentation such as assessments and care plans.

Discussion
The results of the research suggests that practitioners are committed to reviewing their services using a recovery perspective. It also suggests that practitioners are committed to recovery orientated principles and generally supportive of working in a way that supports recovery outcomes. However, it also suggests that practitioners sometimes struggle with identifying ways to put these principles into practice and adopt more recovery focused ways of working with people.

The research also suggests that there is a need to further explore how services can be encouraged and supported to use SRI 2 as a framework to support continuous improvement and organisational change as well as a mechanism for empowering staff, people using services and informal carers to become more involved in conversations about how services can best support recovery focused outcomes.

Type of Presentation
Oral presentation or Workshop session.
Strengths-based, recovery-focused approach to the assessment of the older adult

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**Background**
The SRI2 was completed in the older adult wards at Stratheden Hospital in May 2013. The generated action plans highlighted a clear deficit in the existing assessment tool. It did not meet the SRI Indicators in that it wasn’t strengths based, recovery focused or person centred. It was deficit led and referred to ‘Patient dependency rating scale’. It didn’t involve carers or the patient. Also led to prescriptive care planning.

**Aims/Objectives**
To find a Strengths based recovery focused assessment tool that could be applied to the older adult – including those with moderate to advanced dementia.

**Method**
Research, scoping and networking exercises were fruitless. No such tool existed. The authors developed the Holistic Older Adult Assessment Tool. PDSA’s were completed in 2 wards and feedback gained from staff, patients and carers. A Pilot Study was carried out in all older adult mental health wards in Fife and questionnaires were completed. Education and information sessions on recovery and the older adult and the application of the tool was provided by the authors.

**Results**
Staff reported enhanced working relationships with patients, relatives and carers. Meaningful care plans were created with emphasis on individual strengths. Relatives/carers were able to understand the language used and felt their contribution was valued. As a result, they felt more involved with their relatives care. Patients felt empowered.

**Conclusion**
The mental health documentation group verified the tool and it is now embedded in practice within Fife. It has replaced the existing assessment tool and other documentation leading to a reduction in paperwork and generic care plans.

Following the official launch, other areas and disciplines within NHS Fife are looking to integrate this into their practice.

**Learning Outcomes**
1. Understand how to apply a strengths based recovery approach to the older adult with mental ill health including dementia.
2. The value of partnership working.
Male ex-prisoners experiences of health and healthcare in prison and in the community

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Background
In November 2011 prisoner healthcare in Scotland became the responsibility of a partnership between the Scottish Prison Service and the National Health Service.

Aim
The purpose of this study was to investigate male ex-prisoners’ experiences of healthcare in and out of prison in order to explore the unheard voices of its service users.

Method
The study was based upon phenomenology. A total of twenty nine ex-prisoners were interviewed with nine consenting to being recorded. The field notes and transcripts of the recorded interviews were then analysed using a thematic analysis.

Results
The data revealed that the new healthcare arrangements had effects on the agency of individuals, that these were enhanced by the structure of healthcare and that there was evidence of conflict between the SPS and the NHS. It also showed that healthcare could also play an important part in the role of desistance from crime and prevent men from entering the “Revolving door” between the community and prison that exists for many.

Conclusion
Whilst acknowledging that the study is not generaliseable or transferable due to the small sample size, it helps to make the voices of the service users heard.

I would be happy to participate in the oral presentation and poster presentation sessions and the intended learning outcomes for the conference audience are

Learning outcomes
1. Describe the change in service provision and responsibility.
2. Identify and discuss the healthcare difficulties experienced by offenders in prison and the community.
3. Reflect and debate the future healthcare provision for offenders within prison and the community.
Nursing students
Moral distress during psychiatric clinical placements:
Perspectives of nursing students and their instructors

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Background
Existing moral distress research has been largely quantitative and in predominantly medically-focused nursing areas (e.g. ICU), revealing factors contributing to moral distress in nurses. Nursing students in practice settings have been largely excluded from these studies. Retention of new and experienced nurses may be influenced by moral distress experiences.

Objectives
To gain a richer understanding of moral distress experiences of nursing students within psychiatric-mental health clinical placements, examine student responses to morally distressing situations, and explore student and instructor roles as agents of change to reduce negative impacts of moral distress.

Research Question
What is the extent, nature, and meaning of moral distress in nursing students in psychiatric clinical placements? If moral distress is significant in nursing students, how might nursing educators improve student experiences?

Method
Nursing students and instructors engaged in semi-structured interviews and focus groups, respectively.

Results
Nursing students experience moral distress when they are powerless and lack role models to follow in taking action to address situations that are “not right”. Nursing instructors acknowledge their responsibility to prepare students for practice, but are also powerless as “guests” within the practice setting to effect change on a hierarchical medical system.

Discussion
Both nursing education and health care institutions must make changes in their approaches to practice if they wish to empower nursing professionals to provide safe, competent, and ethical care to patients.

Learning Outcomes
1. To consider nursing education implications in preparing students to manage moral distress in practice.
2. To consider the role of nurses as mentors and role models for nursing students in practice.
3. To examine relationships between education and practice in providing quality learning experiences and socialization into the nursing profession.
Introducing electronic practice assessment documentation to registered nurse mentors and student mental health nurses

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Background
The BSc mental health nursing programme requires student nurses to spend 2300 hours in practice having competency based assessments in clinical areas. This documentation, relating to NMC standards, is completed by registered nurses who are mentors and supervise and assess student nurses in practice. This document is large and is carried by the student nurses for a year throughout their placements. It is reviewed by lecturers at the University between placements and is evidence of competency throughout the course.

Challenges related to using a hard copy assessment record include:
• Expense to print individually.
• The condition deteriorates throughout the year.
• Risk of being misplaced.
• Only one person can access the document at a time, for example the University cannot access it when the student has it in practice.

Aims/Objectives
To collect data about introducing an electronic assessment document for student nurses who are out in clinical practice. Currently the document is in hard copy and is completed by hand by mentors and student nurses and then submitted to the University.

The electronic version means it can be accessed at any point by the student nurse, mentor, Practice Education Facilitator in the health boards and the University lecturer.

All assessment documentation will become electronic nationally in the next few years, so this project is to introduce a small test of change. By gaining the views of the users, the change management strategy used in the future will hopefully be more effective and meaningful to users by offering the appropriate support.

Method
Participants: Five first year pre-registration mental health nursing students, ten registered nurse mentors - NHS Fife, two Practice Education Facilitators – NHS Fife.

Materials: The assessment document has been put on PebblePad by TLE at Abertay University. A workshop has been provided for all the first year mental health students.

Questionnaires about confidence and anticipated support will be used with mentors and students pre and post placement.

Procedure: Meeting and training on the system of mentors and the student nurses.

Questionnaires (pre and post placement) about confidence, anticipated support requirements and then actual support needed.

Analysis of results and themes.

Results
Preplacement 1
Students - The student nurses have just completed their first placement using the electronic assessment record. Post placement questionnaires have been sent to participating students and mentors with a return date of the beginning of December.

Students – pre placement. There was an average score of five out of ten for IT skills confidence (The highest being a nine and the lowest a three). There was also an average of five out of ten for confidence of completing the electronic assessment record (the highest being an eight and the lowest a one).
The responses about support ranged from wanting familiarisation and overview of the system whilst one student stated they were unsure about the whole system and felt they would need a lot support.

Mentors – The mentor’s responses were positive overall with a high level of confidence with IT skills with an average score of eight out of ten and the ability to be able to navigate around the system effectively. The main concern was regarding access to support.

**During placement 1**

Anecdotal evidence from the Practice Education Facilitators is that there were some initial technical issues regarding one person who could not log in and another who had not verified an account, but this was solved quickly. The Practice Education Facilitators were in regular contact with the mentors and students throughout the four week placement and there were no issues raised.

**Post placement 1**

Reviewing the electronic assessment records shows that on the whole, each section is completed correctly – although there are some omissions and this will be explored. The lecturer was able to review the assessment documents electronically to identify sections that had not been completed fully and then contacted the students directly.

The post placement questionnaires have been sent to the students and mentors. By the time of the conference, the project will be complete (five students going to two placements with involvement of ten mentors) and the results would have been returned.

**Discussion/Conclusion**

There was an expectation that there would be a high level of anxiety with registered nurses in practice regarding the use of electronic documentation. At the moment though, this has not been the case (although there were some concerns) – possibly due to early adopters being allocated to be part of the pilot.

The contact throughout the placement for support has been a lot less than expected; there was a specific PebblePad session for the students and one for mentors prior to the placement, and the Practice Education Facilitator and TLE staff were available for support.

At the moment this shows that with the right level of preparation, organisation and communication, available support and regular contact, the introduction of a new method of assessment can be appropriately managed between the HEI and practice.

This method of recording assessment allows timely interaction between the University, student and mentor which can result in prompt action and support being taken if issues arise. By being able to support student nurses in competency achievement, patient care is enhanced and the relationship between the University and NHS is enhanced because of increasingly effective communication.
Nursing and midwifery student attitudes toward illness

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Background
There is a lack of research examining the attitudes of adult nursing and midwifery students towards people with mental health issues. It is known that mental health nursing students' attitudes improve with exposure to clinical practice (Thongpriwan et al., 2015). Further, Schafer et al. (2011) found mental health students had significantly more positive attitudes towards mental health issues than other student nurses. The current project will therefore examine attitudes across all branches at all stages of student nursing and midwifery to better understand the relationship between branch of nursing/midwifery, time spent as student, and exposure to people with mental health problems.

Aim/Objectives
• Quantify attitudes to mental health problems in each branch of nursing and midwifery and in each year of study.
• Explore any differences between and within the branches over time.
• Examine the relationship between exposure to people with mental health problems and attitude scores.

Method
In Jan 2016, 550 students in all branches of nursing and midwifery in first, second and third year at a Scottish University will complete Community Attitudes to Mental Illness (CAMI) Questionnaire (Taylor and Dean, 1981). Exposure to mental illness will be measured using categorical (yes/no) question supplemented with Likert scales. Parametric or non-parametric tests will then establish the statistical significance of any observed relationships.

Results
This conference will present results of the following three hypotheses:
1. Mean CAMI scores will be highest in mental health cohort.
2. Mean CAMI scores will increase over the three years of study.
3. Individual CAMI scores will be associated with degree of exposure.

Discussion/Conclusion
The future of mental health care in UK is everyone's business. The results of this study will add valuable empirical data to the debate on the action required to facilitate this vision across all fields of nursing and midwifery.

References


Intended Learning Outcomes
By the end of this session delegates will be able to:
1. Critically appraise attitudes held towards mental health issues by student nurses and midwives of all branches throughout training.
2. Explore the implications of the findings for service users.
3. Discuss various potential avenues for the direction of nursing and midwifery education.
Asperger’s Syndrome (AS) is commonly associated with mental health difficulties (Ghaziuddin 2005), however community mental health teams (CMHT) often feel ill equipped to meet the needs of these individuals. The Scottish Strategy for Autism (2011) emphasises the need for services to be better informed and to have additional skills to meet the needs of autistic adults who access their services.

This project aimed to positively impact on the mental wellbeing and self-management ability of individuals with AS and a severe and enduring mental health condition, currently accessing the CMHT by establishing a therapeutic group addressing their sensory, interpersonal and cognitive needs and providing psycho-education and peer support.

The multi-disciplinary group comprised of 6 sessions run on a monthly basis. Each session involved psycho-education about an aspect of AS led by SLT and a group-based activity facilitated by OT. Standardised measures were used to gather quantitative data, and self-reported questionnaires collected qualitative outcomes.

All participants showed improved levels of activity, participation and wellbeing. They reported increased understanding of AS and the development of additional coping strategies, sharing experiences and peer support was also viewed positively. Staff involved reported increased awareness of the specific needs of individuals with AS and the development of transferable knowledge and skills to other clients accessing the service.

This demonstrates the importance for staff working in CMHTs to have access to additional knowledge and skills to provide appropriate and equitable levels of support for individuals with AS accessing mental health services. Attendees will learn about the development of the group, the specific issues around group work with this client group, and the modifications required to facilitate groups for individuals with AS.

Reading references
Capacity Building: One community team’s attempt to increase effectiveness and efficiency in meeting the sensory needs of adults with a learning disability, who also display severe challenging behaviour

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Background
Evidence shows that for many people with a learning disability (LD), physical, sensory and mental health needs often go unrecognised and unmet by services (Scottish Government. P6). Consequently, there is acknowledged negative impact upon quality of life, opportunities, life expectancy and experience of services.

Those who display severe challenging behaviours, are further excluded.

The NHS Tayside Behaviour Support and Intervention (BSI) Multidisciplinary Team support this group, working within a Positive Behavioural Support (PBS) Framework.

Supported by NHS Education Scotland (NES), we aim to:

Aims and Objectives
• Increase the team capacity to provide screening and Sensory Integration (SI) intervention;
• Develop and pilot standard training to increase SI knowledge within social care organisations;
• Pilot intervention with primary carers;
under the supervision of trained SI therapists.

Method
3. Review current literature and practice to support development of evidence based practice;
4. Develop sensory equipment resource (assessment, treatment and training);
5. Up-skill BSI nurses to deliver intervention and training;
6. Work intensively with one complex individual and primary carer to pilot intervention;
7. Pilot development of ‘tool box’ interventions with a primary carer;
8. Develop modular training and pilot with two care groups.

Results
9. Written case study (evaluation, outcome measures and analysis of findings) at project conclusion in line with NES project outcomes – March 2016.

Discussion/Conclusion
Aims: identify potential impacts on service capacity & interventions for this client group, of meeting sensory needs using SI theory & practice.

NHS Tayside Adult Mental Health and Learning Disability Service, Behaviour Support and Intervention Community Team.

Reference
The development and initial validation of a screening scale for antenatal anxiety

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This research project is funded by the Scottish Government Chief Scientist Office (ref. DTF/15/03).

Background
Anxiety in pregnancy is as common as depression estimated to affect 14% of women. Significant clinical antenatal anxiety can impact negatively on subsequent child behavioural, emotional and cognitive development and is one of the strongest predictors of postnatal depression. Recent systematic reviews highlight the lack of anxiety measures with sound psychometric properties for screening use with pregnant women.

Aims
To develop and test for reliability and validity a questionnaire specifically for use by midwives and other healthcare professionals to screen for antenatal anxiety.

Method
Mixed method studies, including in-depth interviews, a Delphi study and a validation study.

Study 1 – A systematic review to examine core constructs and psychometric properties of a range of anxiety measures. Involvement of women with experience of poor perinatal mental health and health professionals will further inform the generation of a proposed construct of antenatal anxiety and development of a new screening scale.

Study 2 – 200 pregnant women will be asked to complete the new and best existing measure, selected in study 1, at three time-points through pregnancy. A sub-sample of 60 women will be assessed by a perinatal mental health specialist to validate the new scale against a gold-standard clinical diagnostic interview.

Results
This study is in its initial phases. The systematic review identified psychometric properties of different anxiety measures and allowed us to select a best candidate for comparison in the validation study.

Discussion/Conclusion
Over the next two years we will develop and test a scale to screen for antenatal anxiety, based on contributions from diverse stakeholders.

Learning outcomes
Anxiety in pregnancy is relatively common but under-recognised; Effective screening procedures would enable midwives and other health professionals to identify women who might benefit from additional monitoring and support.
Borderline Personality Disorder and staff attitudes

NEAREST: A new framework for assessing and supporting people at risk of suicide

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Background
Suicide is a significant community wide health problem that accounts for almost a million deaths each year (WHO 2012). The Scottish Government’s current suicide strategy identifies responding to people in distress as one of its key themes (Scottish Government 2013), and one of the proposed strategies is to support improvements on areas of practice which will make mental health services safer for people at risk of suicide. Consequently, it is essential that workers supporting people at risk of suicide are familiar with the process of assessment and intervention skills required to recognise and support people presenting with suicide ideation. Providing workers with appropriate training is a promising approach in suicide prevention. However, some research suggests that only modest gains in knowledge is gained from attending suicide prevention training (Cusimano & Sameem 2011). This presentation provides an opportunity for participants to discover a new suicide assessment and intervention values based framework called NEAREST, which is supported by a 1 day workshop. The framework aims to help workers learn and sustain the necessary knowledge and skills to support the Scottish Government strategy, whilst helping NHS organisations meet current HEAT targets.

Aims
Participants will become aware of the NEAREST model, and have an opportunity to consider and discuss its contribution to the current suicide prevention strategy.

Method
Workshop evaluations from mental health nursing students will reveal quantitative and qualitative data.

Results
Attending the 1 day workshop was effective in the improvement of knowledge, skills and self-efficacy.

Conclusion
The NEAREST suicide and assessment framework can make improvements in how people assess and intervene when working with people at risk of suicide. The NEAREST framework has the potential to contribute to national and local implementation strategies, however, the retention of these attributes and the ability to measure the transfer of knowledge and skills to practice requires further research.

Learning Outcomes
1. Awareness of the NEAREST framework as a suicide and intervention approach to working with people at risk of suicide.
2. Discuss and explore it’s contribution to national and local suicide initiatives.
3. Consider the results from the 1 day workshop and consider the challenges transferring the framework to clinical practice.

Topic Areas Addressed
1. Suicide assessment and intervention
2. Nurse education

References
Mental health nurses’ attitudes, behaviour, experience and knowledge regarding adults with a diagnosis of borderline personality disorder:
Systematic, integrative literature review

**Background**
There is some evidence that people diagnosed with borderline personality disorder are unpopular among mental health nurses who respond to them in ways which could be counter-therapeutic. Interventions to improve nurses’ attitudes have had limited success. We aimed to establish whether mental health nurses responses to people with borderline personality disorder are problematic and, if so, to inform solutions to support change.

**Methods**
Systematic, integrative literature review. Computerised databases were searched from inception to April 2015 for papers describing primary research focused on mental health nurses’ attitudes, behaviour, experience, and knowledge regarding adults diagnosed with borderline personality disorder. Analysis of qualitative studies employed metasynthesis; analysis of quantitative studies was informed by the theory of planned behaviour.

**Results**
Forty studies were included. Only one used direct observation of clinical practice. Nurses’ knowledge and experiences vary widely. They find the group very challenging to work with, report having many training needs, and, objectively, their attitudes are poorer than other professionals’ and poorer than towards other diagnostic groups. Nurses say they need a coherent therapeutic framework to guide their practice, and their experience of caregiving seems improved where this exists.

**Conclusions**
Mental health nurses’ responses to people with borderline personality disorder are sometimes counter-therapeutic. As interventions to change them have had limited success there is a need for fresh thinking. Observational research to better understand the link between attitudes and clinical practice is required. Evidence-based education about borderline personality disorder is necessary, but developing nurses to lead in the design, implementation and teaching of coherent therapeutic frameworks may have greater benefits. There should be greater focus on development and implementation of a team-wide approach, with nurses as equal partners, when working with patients with borderline personality disorder.
Interventions to improve mental health nurses’ skills, attitudes, and knowledge related to people with a diagnosis of borderline personality disorder: Systematic review

Background
There is some evidence that mental health nurses have poor attitudes towards people with a diagnosis of borderline personality disorder and that this might impact negatively on the development of helpful therapeutic relationships. We aimed to collate the current evidence about interventions that have been devised to improve the responses of mental health nurses toward this group.

Methods
Systematic review in accordance with the Preferred Reporting Items for Systematic Reviews and Meta Analyses statement. Comprehensive terms were used to search CINAHL, PsycINFO, Medline, Biomedical Reference Collection: Comprehensive, Web of Science, ASSIA, Cochrane Library, EMBASE, ProQuest [including Dissertations/Theses], and Google Scholar for relevant studies.

Results
The search strategy yielded a total of eight studies, half of which were judged to be methodologically weak with the remaining four studies judged to be of moderate quality. Only one study employed a control group. The largest effect sizes were found for changes related to cognitive attitudes including knowledge; smaller effect sizes were found in relation to changes in affective outcomes.

Conclusions
There is a dearth of high quality evidence about the attitudes of mental health nurses toward people with a diagnosis of borderline personality disorder. This is an important gap since nurses hold the poorest attitudes of professional disciplines involved in the care of this group. Further work is needed to ascertain the most effective elements of training programmes; this should involve trials of interventions in samples that are compared against adequately matched control groups.
FOOTBALL: The role of collaborative team sport in mental health recovery

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Background
There is a growing awareness of the need for mental health nurses to provide interventions that improve physical health (Robson, Haddad et al. 2013 & Happell, Platania-Phung et al. 2011).

Aims
To investigate the experiences of the players in 4 football and mental health projects in Fife and Tayside in order to ascertain;

Method
The study will employ a qualitative design using focus groups and individual interviews to meet study aims. The guiding approach to data collection and analysis will be to adopt a realist standpoint by attempting to understand what participants say in a straightforward way such that it reflects their experiences and opinions. Focus group and interviews will be transcribed verbatim.

Results
So far data has initially been analysed from two of four focus groups. These have been linked, coded and contrasted within a framework for analysis of emerging themes. These were categorised into six themes so far and further analysis with the other two transcripts will be cross referenced and counted to establish reliability and to confirm initial findings with which to clarify any preliminary findings.

Conclusion
Emerging themes so far reflect how the group identifies itself, what they call the group, who attends the group and when. Also reflected within the emerging data is a sense of ownership in how they fund the group, arrange the group or contribute in some way to the function of the group.

Learning outcomes
1. Awareness of team sports for mental health recovery.
2. Discuss and explore the benefits of this intervention for increasing health, fitness and wellbeing.
3. Discuss and explore the benefits of team sports for increasing motivation, identity and relationships.
Background
People who experience mental health problems are at increased risk of also experiencing communication difficulties (Enderby & Emerson 1996, Walsh et al. 2007). These communication difficulties compound their negative experiences of mental ill-health; increasing isolation and lowering self-esteem (France 2001). Further, people with communication difficulties are known to experience barriers to fully accessing and engaging with the services that are available to support them (Scottish Government 2011). This is a challenge for professionals who support people with mental health problems and has the potential to impact on the individual’s quality of life in terms of independence, social relationships, self-determination and ultimately recovery.

Aim
To support improved quality of life and recovery by promoting inclusive communication practice across adult mental health services.

Method
A training package for mental health workers was created which aimed to:
• develop understanding of communication difficulties and disorders.
• improve recognition of communication support needs.
• increase knowledge of communication support strategies.
• support integration of good communication support practice into the workplace.

Results
• Quality of life measures, taken prior to and 1 year following the training, demonstrated increased participation levels, independence, social inclusion and improved mental well-being amongst mental health service users.
• Workers who undertook training reported increased confidence in their role and improved relationships with service users.

Conclusion
• Increased understanding of communication support needs and adoption of inclusive communication strategies amongst workers in mental health services can have a positive impact on services users’ recovery journey.

Learning Outcomes
• increased awareness of communication support needs amongst individuals who access adult mental health services and impact on individual’s recovery.

References


Background
The Individual Recovery Outcomes Counter (I.ROC) is a 12-item individual level recovery questionnaire designed by mental health providers in consultation with people using community mental health services. Initial psychometric testing demonstrates I.ROC has good validity, reliability (Monger et al, 2013), and usability (Ion et al, 2013). I.ROC is now used within a number of organisations across Europe. Whilst the psychometric properties of the tool have been established, the impact of using the tool in practice has not yet been investigated.

Aims/Objectives
To explore the role of I.ROC and mental health support within the personal recovery narratives of people using community mental health services in Scotland.

Method
People with a lived experience of personal recovery who were using community mental health services provided by a Scottish third sector organisation were asked to participate in a one to one semi-scheduled interview with a trained member of staff from the support organisation. Participants were asked to tell their story, and were then asked specifically about the support they had received and the role they felt it played in their recovery. Participants were not asked directly about I.ROC, instead they were asked about their support more generally, to explore to what extent the tool played a part in their own narrative. Interviews were recorded and transcribed. The transcripts were then used as the basis for a thematic analysis.

Results
Approximately 15 interviews were completed with participants from across Scotland. The themes that came out of these interviews will be discussed, particularly in relation to the important factors in people's support, recovery, and the role of tools such as the I.ROC.

Discussion/Conclusion
The implications for practice will look particularly at the use of measurement tools, and of implementing a recovery approach within organisations.
Simulated learning for sensory and cognitive impairment in older adults: A pedagogical innovation for pre-registration nurse education in Scotland

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Background
The global prevalence of dementia is estimated to be 46.8 million which is projected to increase to 131.5 million by 2050 (Prince et al. 2015). Cognitive impairment is one of the key disabling symptoms that results from dementia. Hearing and visual impairment are the most frequent cause of global disability (World Health Organisation. 2014) (World Health Organisation. 2015). Both sensory and cognitive impairments are identified as the most common chronic and disabling conditions of later life that can impact significantly on quality of life and safety in older people and their ability to carry out activities of living.

Methods
A participative simulation resource was developed to provide student nurses with first-hand experience of appreciating the impact of sensory and cognitive impairment in older adults particularly with dementia. Five learning stations created ‘microworlds’ for students to experience visual, hearing and dual sensory impairments followed by reflection and debrief (Wilford, Doyle 2006)(Bruce, Bridges & Holcomb 2003). Workshop evaluation was carried out using reflections at each station and an online questionnaire.

Results
In total, 131 nursing students participated in the research. Findings suggest that participation in the workshop was critical to their learning experience. 75.6% of students reported that simulated activity improved their understanding and confidence in caring for older adults with visual impairment while 70.22% reported improved confidence in caring for older adults with cognitive impairment. Significantly, students reported enhanced understanding, empathy, heightened sensitivity and patience in caring for older people with these impairments.

Conclusion
Participation in simulation and experiential learning can help nursing students to develop both an awareness and appreciation of the impact of sensory and cognitive impairment on older adults at a very early stage in their pre-registration nursing education.
Nursing and midwifery students’ encounters with poor clinical practice: a systematic review

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Background
The focus of this review is nursing and midwifery students’ encounters with poor clinical care. We define poor care as occasions where care falls below an acceptable standard as a result of conscious action, neglect, incompetence or abuse. This excludes errors and mistakes, except where they are associated with poor professional behavior.

Aims
The objectives were to identify, describe and synthesise current evidence relating to nursing and midwifery students’ encounters with and responses to poor clinical care witnessed while on practice placement.

Methods
A systematic review of English language qualitative, quantitative and mixed methods studies was conducted. The following databases were searched: British Nursing Index, CINAHL, Proquest Central, Science Direct, Taylor and Francis online, Web of Science (including Medline). Google and the Grey Open database were used to identify relevant grey literature.

Results
Thirteen empirical papers were identified. Nine employed qualitative approaches; there was one mixed-methods and three quantitative studies. Most drew on samples from the UK, although work from Canada, Israel, Taiwan, South Africa and Australia was also found. Study quality was variable. Synthesis of findings indicates that sometimes students do encounter poor practice that is likely to be worthy of professional sanction; and that they do not always report this. A number of factors, extraneous to the index incident, impact the likelihood that students will report. Encounters with poor care appeared sometimes to have a lasting effect on nursing students who witnessed it.

Conclusions
Further work is required to determine the extent to which students encounter poor care, when and where they encounter it, and what might be done to increase the chances that they will comply with professional expectations to report it.
Background
This study builds on an earlier qualitative research exploring ‘Factors influencing Student Nurse Decisions to Report Poor Practice Witnessed While on Placement’. Little is known about what student nurses perceive to constitute poor practice or about their decision-making process in terms of reporting concerns.

Aims
This study aims to measure student nurses’ responses to hypothesised clinical situations that involve potentially poor practice.

Methods
Student nurses are presented vignettes or short (fictional) case examples with a focus on which situations meet the threshold to be considered ‘poor practice’ and what steps students take in response to these examples. The vignettes are based on short or condensed, anonymised accounts of publically available cases of poor practice from the Nursing and Midwifery Council (NMC). Data is collected through a semi-structured interview delivered by trained student peers which also asks students to elaborate on their experiences in practice including if, or when, they may have observed any poor practice and how they responded.

Results
Data collection is in progress. Data analysis will involve comparing student responses to vignettes with those of the NMC and thematic analysis of student accounts of their responses to practice vignettes.

Conclusions
The presenters will discuss the research so far.
Promoting co-production in nurse education: Personal perspectives

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Background
There continues to be a growing expectation that Higher Education Institutions providing nurse education should do so in partnership with people with lived experience and their families (NES 2008a, b, & c, NMC 2010). Currently mental health nursing programmes in the UK have a variable level of involvement in the recruitment and selection of students and in the programme/module learning, teaching and assessment.

Despite this involvement, people who provide services in health care settings are reported to continue to hold negative attitudes towards true partnership working and these attitudes are reported to stand in the way of making progress in relation to meaningful service user and carer involvement and in adherence to policies related to the shaping of contemporary mental health care (Warne & Stark 2004, Warne & McAndrew 2007). Educating the nurses of tomorrow in a way that not only models and advocates involvement but also provides opportunities for active and meaningful involvement could be seen as the much needed catalyst for the culture change needed in clinical practice (Breeze et al. 2005).

Aims/Objectives
This concurrent session will give an overview of two studies, one where the student nurse perspective of user and carer involvement in the education programme is explored (McIntosh 2011 unpublished) and the findings of a current study that explores the family carer perspective of involvement.

Method
Both studies were qualitative in nature using Interpretive Phenomenological Analysis (IPA) to explore the personal meaning drawn from students and family caregivers based on transcribed and analysed individual interviews.

Results, and Discussion/Conclusion
The initial study indicated the involvement of family carers in the education programme has the potential to bring about transformative learning in relation to students appreciation of carers role, expertise and value in the carer/service user/nurse relationship. In the latter study preliminary findings generated consideration to the reasons why carers contribute to nurse education and what they hope it achieves.

The presentation will be delivered in conjunction with people with lived experience/family carers who deliver and assess a theory module at Edinburgh Napier University. (298 words)

Three intended learning outcomes.

• Examine the student and caregiver perspective of involvement in mental health nurse education.
• Explore the personal narrative of co-production in mental health nurse education.
• Evaluate the perceived value of involvement in education as a strategy to build partnerships.

References


NES (2008b) A Capability Framework for Working in Acute Mental Health Care: The values, skills and knowledge needed to deliver high quality care in a full range of acute settings. Edinburgh. NES.


Exploring the lived experience of suicidality: Challenges and support needs of family carers

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Background
There is a lack of good quality, qualitative studies exploring this area despite the significant negative impact that this experience has on family members. There appears to be a range of supports available to family members bereaved by suicide, however, this level of support does not seem to be available to non-bereaved family members who care for a suicidal loved one. With the shift in mental healthcare from hospital to the community, family members are under increased pressure to support their loved one to live successfully in the community with limited support for themselves. The literature that does explore this phenomenon tends to focus on bereaved samples. It is felt that knowledge of the outcome of a loved one’s suicidal behaviour will significantly impact their retrospective accounts of when the loved one was suicidal. Consequently, this study explores family members’ experiences of caring for a loved one who has attempted but not completed suicide.

Aims
To gain a rich understanding of the loved one’s lived experience of caring for a suicidal family member. To identify their support needs, what supports they engage in, barriers to support and their views on best practise.

Method
A sample of eight adult participants were recruited through mental health charities in Scotland and through a Gumtree recruitment advertisement. Each participant took part in a one-to-one, semi-structured interview. Interviews were transcribed verbatim and analysed using IPA.

Results
Still at data collection stages. Results will be available by March 2015.

Discussion/Conclusion
As above.

Learning Outcomes
1. To increase understandings of the experiences of family members living with a suicidal loved one – coping mechanisms, impact on wellbeing and mental health, on family members’ ability to keep loved one safe and competing pressures e.g. work, raising children.
2. To make tentative suggestions about how family members can be appropriately and effectively supported by mental health professionals.
Investigating the ethical issues experienced by mental health nurses in the administration of antipsychotic depot and long acting intramuscular injections

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Background
Morally stressful situations are connected to the big ethical issues found in mental health nursing. The emotionally inherent nature of mental health nursing is now well recognized (Warne & McAndrew 2008) and care delivered has been described as restricting, paternalistic, hostile, regimented and coercive (Eizenberg et al. 2009; Soininen et al. 2013). This presentation will provide an overview of a study that explores the ethical issues experienced by eight mental health nurses in two hospitals in Fife, Scotland.

Aims
The presentation will highlight some of the participant narratives. Key findings will be presented which raises much needed awareness of the need for mental health nurses and nurse educators to consider the ethical issues experienced whilst performing the skilled procedure. An e-learning resource and an interactive workshop will be described which aims to help mental health nurses deliver evidence based and morally appropriate care in accordance with their knowledge.

Method
A phenomenological research method guided by Max van Manen’s science approach describes and interprets the ethical issues involved in performing the procedure.

Results
Four main themes emerged from the analyses:
1. Lack of alternatives.
2. Safety.
4. Difficulty maintaining the therapeutic relationship.

Conclusion
The findings indicate a need for nurse education providers and work organizations to provide opportunities for mental health nurses to address mental health nurses ‘lived experiences’.

Educational courses are needed to equip mental health nurses with the technical and critical thinking skills to administer safe and effective antipsychotic depot and long acting intramuscular injection.

Learning Outcomes
1. Understand the ethical issues experienced by mental health nurses in the administration of antipsychotic depot and long acting injections.
2. Acknowledge the theory practice gap that exists in the procedure of administration of antipsychotic depot and long acting injections.

Topic Areas Addressed
1. Administration of antipsychotic depot and long acting injections.
2. Ethical issues.

References


This is a new and flexible programme which gives Registered Mental Health Nurses the opportunity to advance nursing practice within an integrated healthcare service. It provides the opportunity of career progression and a contemporary qualification relevant to practice. Students will gain the knowledge and skills required to lead and transform mental health nursing practice.

What makes this course special:
- Delivered and developed in collaboration with Scottish NHS Boards and subject experts.
- Specifically created to reflect national policies and a commitment to recovery-focused practice.
- Designed with maximum flexibility in mind to give students the ability to combine academic study with their working career.
- Opportunity for API and credit transfer from previous study.

Programme outline
Students will have the opportunity to study three core modules and a choice of four option modules.

Core Modules: Recovery and Self-Management, Research Methods, Research Project.

Option Modules: Motivational Interviewing, Mental Health in Older Adults, Crisis Intervention and Resolution, Work-based review, Leadership.

Delivery
The programme is delivered primarily through distance learning with sessional study days. It offers the opportunity for the enhancement of core academic and professional skills; engagement with a breadth of teaching styles and learning materials; and the creation of a learning environment both within and beyond the classroom through activities, reading and discussion forums.

Duration
Two - three years on a part-time basis.

Course fee
£4300 in total (flexible payment options available).

How to apply
Please apply using the online application form: www.abertay.ac.uk/courses/pg/mhnursing

For further information please contact:
Emma Lannan
Programme Lead, MSc Mental Health Nursing
Email: e.lannan@abertay.ac.uk
or visit: bit.ly/MScNursing
Essential Information
- Training in Pluralistic Integration of Counselling and Psychotherapy.
- High quality training in fastest growing counselling approach in the UK.
- Part-time masters over three years resulting in professional recognition as a Counsellor.
- BACP accredited *.
- Counselling placement and supervised practice.

Suitable for:
- Those interested in a career in Counselling and Psychotherapy.
- People working in the field of mental health.
- Those wishing to enhance a current role in voluntary sector counselling.

Entry
- Potential ability to study at level 11 (Masters Level).
- Desire to work in the counselling profession, mental health and/or psychology.
- IELTS 7.

Exit Points
- After 1 year PGCert Counselling skills.
- After 2 years PGDip Counselling skills.
- After 3 years MSc Counselling (professional registration with BACP).

What you will study
- Counselling theory and integration, and the process of therapeutic change.
- Practice skills in counselling.
- Professional and ethical aspects of counselling.
- Personal growth and resilience.
- Mental health issues such as depression, anxiety and the impact of long-term conditions.
- Optional module in mental health, psychology, sociology, or practice-based learning.

This professional masters is designed to allow students to progress from the early stages of counselling conversations, to becoming fully qualified practitioners over three years.

For more information and how to apply go to: http://www.abertay.ac.uk/studying/pg/counselling-msc/

*Subject to status - reaccreditation in progress