ABSTRACTS

NARRATIVE NURSING

NORDIC CONFERENCE OF MENTAL HEALTH NURSING

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Psykiatriska
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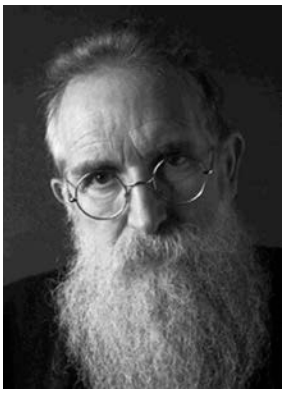
för Sjuksköterskor

KEYNOTE PRESENTATIONS

Once upon a time…



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All human life is defined by story. Before birth there is no story. The end of life marks the passing of the life story. However many characteristics we have in common, ultimately, no two persons are alike. We all are defined by our stories. We are as unique as our fingerprints.

Psychology and psychiatry, sociology or anthropology offer only stories *about* people. They discuss persons *as if* they all are similar. However interesting, all such general theories ignore the original 'elephant in the room' - the *personal story*, which belongs to the person. This story has no equal.

People make themselves up, as they talk. We alter our story, however slightly, simply by telling it. If the listener is a stranger, we must work harder to communicate. Our story must be illustrated and re-phrased; we need to give examples; all in an effort to make the story appear 'real'. This effort moves the story forward. The story is taken from the past into an emerging future. Nothing is ever the same again.

Almost 30 years ago we began to develop what is now known as the Tidal Model: a formal framework for a range of related but different conversations. All involve offering the person 'the driving seat'. All require the nurse to pay 'careful attention': not simply to listen but to give the person a 'good hearing'. Tidal is a model of nursing where the results will be owned by the person as a souvenir of the experience of care.

The psychiatric nurse may need to fulfil many tasks in the name of professional practice. All may be 'important' in their own right. Most will involve the nurse in doing things *to* or *for* the person called 'patient'.

The most important – and effective - thing a nurse might do is to *be with* the person, as their story is unfolded. This is the simplest - yet paradoxically the most complex - aspect of nursing practice. The story flows alongside the passage of time, growing, shifting and changing shape. However, the story is not re-shaped by time, but by what the person does within that time. Care should focus on helping the person 'do what needs to be done' for the story to grow and develop.

Nothing could be easier. Nothing will be more difficult.

‘Chekov is absolutely amazing’: Narrative as practice in mental health care.

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There is a need for studies on narrative and joint storytelling as a guide to mental health practice. Stories are part of daily life; human beings are inherently storytellers. When we try to make sense of something that has happened to us, we do not use abstract concepts. We tell stories. In a social constructionist perspective stories are defined as co-constructions and performances of identity. Narrative meaning is the performance *in itself*. I will share excerpts of the story of a mental health service user (MHSU) constructed in the context of a research interview. By doing so, I hope to encourage a process of critical reflection upon user involvement and professional practice in the discipline.

Within the framework of this conference's theme, *narrative nursing*, I will discuss the construction of two different clinical interaction stories through narrative positioning analysis. These two stories were narrated by Selma, a 70-year-old mother who was diagnosed as mentally ill, while she was admitted to a community mental health center (CMHC). The presentation emerges from a narrative study containing interviews with 25 individuals at three different community mental health centers in rural areas of northern Norway, addressing insight and user involvement among adult mental health service users.

Clinical stories derive from interventions between the world of biomedicine and the experienced everyday life of the mental health service users and the professionals. Both personal and socially constructed narratives shape action and experience in mental health care. A narrative positioning analysis of Selma’s clinical interaction stories illustrates how the story characters are positioned in story time and place, why the story is told in a particular way at that chosen point in time, and how the teller positions herself in relation to broader discourses. The analysis seeks to uncover Selma’s meaning-making experiences related to different methods of approaches and moral dimensions in mental health care. A dominant narrative of patient pathways exists within mental health care, *the therapeutic story*, which formulates an implicit argument for action, a quest for diagnosis. Selma is resisting the therapeutic story in both of her clinical interaction stories. Her storytelling reveals experiences of having her dignity threatened, and experiences of having her dignity confirmed and reinforced. The first story is related to a clinical meeting where the therapist acted like the expert, the second is related to a meeting where narrative was exercised as joint storytelling in practice. Both stories testify the importance of narrative as practice in mental health care.

Narrative therapy and mindfulness; the why and the how of it.

Gisli Kristofersson, PhD, RN, PMHNP

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Dr. Gísli Kort Kristófersson from Iceland is a clinical specialist in psychiatric nursing in the United States and Iceland. He is associate professor of psychiatric nursing at the Health Sciences University of Akureyri, a specialist in mental health and employee as well to the University of Minnesota.

In his lecture Dr. Kristofersson will discuss integrating narrative therapy and mindfulness in clinical practice. He will discuss the philosophical foundation of both approaches and the goodness of fit between the two approaches in clinical work. The talk will include both theoretical discussion as well as concrete clinical examples related to the topic at hand.

What mental health workers and service users talk about, when they talk about violence management – experiences from a co-operative inquiry research project about de-escalation.

Lene Lauge Berring

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Lene Lauge Berring is a mental health nurse by background and has many years of experience within the psychiatric field as a manager, clinical nurse, nurse consultant and currently as a PhD student at the Institute of Public Health, Faculty of Health, University of Southern Denmark, Odense, and the psychiatric Research Unit in Region Zealand, Denmark.

Mental health workers and service users express the intricate nature of violent and threatening interactions in their narratives. These narratives give important clues to a valuable development of violence management, and make the participants aware of their different perspectives. This fosters co-creation of de-escalation interventions helpful to all parties.

Lene Lauge Berring's keynote will outline a co-operative inquiry research project where service users and mental health workers were involved as co-researchers in developing practical knowledge about de-escalation practices. The keynote will have a specific focus on the language and discourses used before, during and after violent and threatening situations.

The language used created stereotype representation of psychiatric patients as being deviant, unpredictable and dangerous, and pictured nurses as problem solvers free of blame. It raises an awareness of how talk influences the relationship and the social interactions between staff members and service users. Staff members need to be more aware of the constitutive power of their language.
Including service users and staff members in the analyzing processes made all parties aware of how different perspectives influenced the social interactions in violent and threatening situation.

The keynote discusses the importance of conducting research together with people who have similar experiences about violence management. Knowing each other's different perspectives promote the ability to prevent violence and the use of coercive measures and to continuously improve the care in a community of inquiry.

Lastly it discusses, why a safe environment that minimizes violence and the use of coercive measure must include the patients as active participants.

The impact of narratives on nursing and identity.

Jana Mortensen, Faroe Islands

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Sometimes, nurses are put under so much strain, that it causes their work(ing) identity to suffer from some sort of meltdown.

The aim of this keynote is to shed some light on, what might cause these strains in a small scale society and to share some speculations about, whether it would be appropriate to apply a recovery model like the Tidal Model, on nurses, in an effort to help reclaiming their working identity.

Self-compassion and narrative identity

Lena Wiklund Gustin

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Lena Wiklund Gustin is a registered nurse with specialisation in psychiatric and mental nursing, and a licenced CBT –therapist. She is currently working as professor in mental health work at UiT, The Archtic University of Norway, and as an associate professor in caring science at Mälardalen University, Västerås, Sweden.

"Self-compassion and narrative identity" deals with the following topics:

- how people's narratives about themselves can contribute to mental health problems
- how self-compassion can support people's self-care, and facilitate a new understanding of themselves and their personal stories
- how care-givers by promoting self-compassion can facilitate recovery

CONCURRENT PRESENTATIONS

Attitudes towards and knowledge about recovery from a mental health professionals perspective

Maria Bendtsen Kronkvist, M.Sc., Specialist nurse in psychiatry, Aleris Care, Care for Adults, David Rosenberg, Fil.Dr.,Umeå University, Mikael Sandlund, Prof., Umeå University, Patrik Dahlqvist Jönsson, Fil. Dr, Specialist nurse in psychiatry, FOUU in Halland,

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Background: People with mental illness rights to receive care and their ability to participate in decisions about care must be strengthened. Shared decision making as a method is coherent with psychiatric nursing and the recovery orientated mental health service. During the year 2014 Psychiatric nurses and other mental health professionals from several different organizations participated in an educational intervention about three different subjects: Recovery, Shared decision making and coordinated planning. The educational intervention took place in five different places in Sweden. Users with own experiences participated both as lecturers and during the course, and took also part in workshop sessions. As a theoretical framework the "Ten Commitments" from the Tidal Model, a guide for mental health professionals was used.

Aim: What does a short educational intervention including training in Shared decision making for mental health professionals mean in terms of recovery orientation?

Method: A mixed method study was used as design. The method made it possible to evaluate changes towards attitudes and knowledge about recovery throughout the educational intervention. 87 participants answered the Recovery Knowledge Inventory (RKI) before the intervention. Nine participants were then chosen to take part in interviews where questions about experienced changes were asked regarding recovery.

Result: There was a high level of recovery orientation among the participants before the intervention. A content analyses of the material collected after the intervention resulted in three categories: 1. *Theoretical knowledge, 2. Changing attitudes about practical approach* and 3. *Gaining greater knowledge about social factors in everyday life* .The results showed that participants experienced new knowledge about Shared decision making and that they were strengthened in both theoretical and practical knowledge about recovery after the intervention.

Conclusions: The results point at possible good outcomes from training staff members in an educational intervention about recovery orientation together with Shared decision making. An important outcome which is not captured in this study is the experience by the users. This aspect will be focus in an ongoing study.

Attitudes toward suicidal behaviour among professionals at mental health outpatient clinics in Stavropol, Russia and Oslo, Norway

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Background: Attitudes toward suicidal behaviour can be essential regarding whether patients seek or are offered help. Patients with suicidal behaviour are increasingly treated by mental health outpatient clinics.

Aim: Identify possible differences in attitudes between the cultures by exploring responses to a questionnaire.

Methods: Three hundred and forty-eight (82%) professionals anonymously completed a questionnaire about attitudes. Professionals at outpatient clinics in Stavropol (n = 119; 94%) and Oslo (n = 229; 77%) were enrolled in the study. The Understanding Suicidal Patients (USP) scale (11 = positive to 55 = negative) and the Attitudes Towards Suicide Scale (ATTS) (1 = totally disagree, 5 = totally agree) were used. Questions about religious background, perceived competence and experiences of and views on suicidal behaviour and treatment (0 = totally disagree, 4 = totally agree) were examined.

Results: All groups reported positive attitudes, with significant differences between Stavropol and Oslo (USP score, 21.8 vs 18.7; $p < 0.001$). Professionals from Stavropol vs. Oslo reported significantly less experience with suicidal patients, courses in suicide prevention (15% vs 79%) guidelines in suicidal prevention (23% vs 90%), interest for suicide prevention (2.0 vs 2.7; $p < 0.001$), and agreed more with the ATTS factors: avoidance of communication on suicide (3.1 vs 2.3; $p < 0.001$), suicide is acceptable (2.9 vs 2.6; p = 002), suicide is understandable (2.9 vs 2.7; $p = 0.012$) and (to a lesser extent) suicide can be prevented (4.2 vs 4.5; $p < 0.001$). In both cities, psychiatric disorders (3.4) were considered as the most important cause of suicide. Use of alcohol (2.2 vs 2.8; $p < 0.001$) was considered less important in Stavropol. Psychotherapy was considered significant more important in Stavropol than Oslo (3.6 vs 3.4; $p = 0.001$).

Conclusions: Professionals reported positive attitudes towards helping suicidal patients, with significant differences between cities. A need for further education was reported in both cities, but education was less integrated in mental health care in Stavropol than it was in Oslo. In both cities, psychiatric disorders were considered the major reasons for suicide, and psychotherapy was the most important treatment measure.

Recovery peers

Victoria Skretting, 80% stilling i drop out team Stavanger Universitetsykehus som peers. Drop Out team består av to mennesker med egenerfaring innen rus som skal hindre drop out fra rus behandling, og/eller minke skader ved drop out. Recovery orientert praksis. Victoria er også yoga instruktør.

Pål Berger, Ansvarlig for RIO (Rusmissbrukernes Interesseorganisasjon i Helse Vest. Forsket sammen med Universitetssykehuset i Stavanger og KORFOR (Kompetansesenter for rusmiddelforskning i Helse Vest på recovery i rusfeltet. Vært peers på et ettervernstilbud i Stavanger. Sentral i utforming av Recovery i rus og psykiatrifeltet i Helse Vest. Begge har egen erfaring som rusavhengige

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We have a solid background of own addiction, lecturers and research. Our main message is recovery based. What is recovery seen from the user's standpoint, how items work and the timeframe within recovery is large. We want the system to look at an addict to a greater extent as a resource and not as resource- poor people. In addition to this we are now developing a "recovery app" that will help the addict (and eventually someone with mental challenges) to get help quickly, both from the field and peers / friends / relatives.

Pål og Victoria har avholdt en rekke foredrag i Norge vedrørende Recovery. "Recovery slik vi ser det". Noen av foredragene er på You Tube.

Implementing behavioral activation schedules on psychiatric wards; experience from nurses and nursing staff

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Background: Cognitive behavioral therapy rests on two main learning theories: behaviorism and cognitive theory. The therapy is applied to treat a variety of mental health problems in a structured, directive, time-limited and active manner. Skills provided by cognitive behavioral therapy are therefore classified as cognitive or behavioral. Behavioral skills that are part of the therapy can for instance be behavioral activation. Behavioral activation scheduling is a treatment for which research has indicated positive effects especially for depressed patients. Behavioral activation may help clients to monitor their mood and daily activities, increase pleasant activities and positive interactions with the environment. Based on this, the use of behavioral activation schedules were implemented in three psychiatric wards in Iceland, two acute wards and one rehabilitation ward. The main purpose was to increase activity and self-care among clients and to improve mood.

Aim: To implement behavior activation schedules on three psychiatric wards and to gain insight into the experience of nurses and nursing staff members during the implementation process

Methods: Nurses and staff members who were involved in the implementation process participated in this study. Five focus group interviews were conducted with a total of 16 participants. Ten were nurses and six were nursing staff members. The moderators of the interviews were experienced nurses and co-moderators were nursing students. The interviews were semi-structured and interviews were transcribed and content analyzed.

Results: The preliminary results of the content analysis revealed six main themes: 1. Base the intervention and implementation on the respective nursing philosophy. 2. Take note of inhibiting factors. 3. Build on facilitating factors. 4. Recognize different attitudes. 5. Be open to ideas from staff. 6. Take your time.

Conclusion: Participants in the focus groups agreed on the importance of using activity scheduling as one of the tools within mental health nursing. This project and the focus group research has provided valuable information for ongoing implementation of nursing interventions on psychiatric wards.

How to facilitate healthy living described of persons with persistent psychotic disorders in psychiatric out-patient settings – challenging health care professionals

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Background: Over the previous decades, scientific research has demonstrated that people with persistent mental illness like schizophrenia and other psychotic disorders have a reduced life expectancy and have a higher risk of being affected of preventable physical illnesses such as developing metabolic syndrome, cardiovascular disease and type 2 diabetes. Additionally it have made evident for lower quality of life as well. These risk factors make health promoting essential in the care providing and therefore it´s important for the health professionals to have a deeper knowledge about the facilitating factors to healthy living described by persons themselves.

Aim: The aim of this qualitative study was to describe the experiences of persons affected by persistent mental illness such as schizophrenia or other psychotic disorders what facilitates healthy living in their everyday life. The presentation has the focus on the facilitative factors applying health professionals when providing care for persons in psychiatric out-patient settings.

Method: The study was carried out in three different psychiatric out-patient settings in the southern Sweden. The data was collected through qualitative interviews (*N= 16*) and analyses by qualitative, inductive approach abased on Granheim and Lundmans´ conceptualization of content analysis.

Results: First, it is essential for persons with persistent and severe mental illness that they get support to bring out their needs to healthier living by having a dialogue about the issues of healthy living in their everyday life. In this dialog they may also need support to reflect and find out their own motivating factors to healthier living. Additionally, in this dialogue it is important to be aware of that they will be regarded as a whole person and include many areas of life like daily structure and social life. The professionals should show a truly involvement and active interest to persons when increasing healthy living.

Conclusion: Many persons with persistent mental illness need practical support in their everyday life to maintaining healthier living. This requires the close cooperation between psychiatric out-patient settings, the housing support professionals from municipalities and the social services.

Experiences of health care and support among multicare-users with drug addiction

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Background: To live with drug abuse and addiction and to be in need of periodic care and support is a complex situation, and it can be difficult to grasp the full understanding of what it means from an individual point of view. How this is experienced from these people's perspectives and experiences need to be further studied in order to develop understanding and care for them.

Aim: The aim of this study was to describe multicare-users with drug addiction experiences of substance abuse, health care and support.

Method: A qualitative approach with interviews as a method was used to illuminate these individuals (n=8) experiences related to their substance abuse, health care and support.

Result: The results showed that they all had some form of co-morbidity and recurrence of psychiatric intensive care with detoxification in hospital. Finding ways to relieve mental illness was present all the time in their narratives, along with expressed needs to be listened to and to be taken seriously. The power to influence their situation and the power to change it together with others was experienced as strengthening their health. The fluctuation between formation and degradation and a lack of care depleted their body and soul.

Conclusion: If health care and support professional, as mental health nurses, take into account these individuals full potential and are focused on self-management abilities this could lead to opportunities for change and recovery.

Telling work-stories & learning & nursing

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Background: Health workers are expected to exert evidence-based knowledge and professional judgment. The educational institutions are expected to practise education that facilitates the development of that competence in their students. Science says that the connection between learning in the classroom and application in the working place very often is rather weak. Several issues make this happen due to science. A Danish researcher, Wahlgren, points out three elements:

- The condition in the working place: 45%
- The condition of the students: 35%
- What is going on in the classroom: 20%

My research pays attention to the work in the classroom.

Aim: to describe what participating in the narrative reflections mean to the participants.
Based on pilot test and the first impressions from my research I'll reflect upon the following questions:

- What do we learn when we tell? E.g. hit the road together, discover limitations & possibilities, discover new connections and make sense of what represents surprises and wonders
- What do we learn when we listen? E.g. sharing experiences, creating hope and capacity by sharing

Brief admission (BA) – a crisis intervention for patients with emotional instability

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Background: Self-harm is a growing problem in society and health care, especially among young people. When self-harm is linked to emotional instability, which in its most pronounced forms is diagnosed as borderline personality syndrome, self-injury and suicidality often becomes a complex system of self-destructive behavior that is difficult to manage, both for the individuals themselves and care. Inpatient care in people with emotional instability is often associated with the right self-harm and suicidality as well as comorbidity, particularly with anxiety disorders. In this context there is a lack of knowledge based methods to care for the group. They frequently end up in the long inpatient stays, where coercive measures may be used to putting, autonomy and self-care out of play. It often results in worsening of the condition and, in the long run, likely high costs for society.

Aim: to investigate if brief self-controlled admission (BA) operates as crisis intervention for people with emotional instability and self-harm.

Method: The project will use several types of approaches and evaluation methods: 1) Single - case design, 2) quasi-experimental design, 3) Epidemiological design, 4) Qualitative design, and 5) Health economic evaluation. The context for the study is two large psychiatric clinics in Stockholm, Sweden: Northern Stockholm Psychiatry and the Southern Stockholm Psychiatry. At these clinics BA is offered to patients with emotional instability and self-harm behavior. Single- case design used in all patients: they regularly estimate their anxiety / depression level before, during and after periods of BA. The frequency of self-harm, need for hospitalization, degree of anxiety / depression and sense of self-control is taken from registers or rated by established rating scales.

This project is just about to start and therefore there is no results to report.

Empathy and selfhood

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In the following paper, I will make an attempt to describe the essential connections between the experiential self, narrative self, empathy, and human dignity. Within the constraints of phenomenological psychology, empathy can be seen as an irreducible directedness towards the other person's meaning-expression. A health care professional (e.g. a psychiatric nurse, a psychiatrist or a psychologist) utilizing the phenomenological psychological reduction (as opposed to the philosopher's transcendental reduction) can disclose empathy deliberately. Consequently one becomes open to the experiential self of the other, that is, following the other as a subject. Empathy then, as following the primacy of the other (i.e., the other as a subject), includes the constituent of valuing the other's ownership or ipseity of an experience. In terms of consciousness, the phenomenological psychological approach to empathy can thus be the starting point for the health care professional in respecting the minimal requirement for human dignity in relation to selfhood.

Good nursing practice as a personal responsibility in person-centred psychiatric inpatient care

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Background: Therapeutic nurse-patient relationships are considered essential for good nursing practice in psychiatric inpatient care. However, patients experience that their expectations are not met, and nurses experience that the strenuous reality of inpatient care prevents them from engaging with and meeting the needs of patients. Increased knowledge is needed to inform the development of inpatient care towards person-centred, recovery-oriented practice.

Aim: This presentation summarises and discusses research aimed to further explore the content and context of adult psychiatric inpatient care.

Methods: Findings presented in three papers are used to discuss good nursing practice in relation to psychiatric inpatient care and person-centred care while emphasizing the vital importance of interpersonal relationships.

Results: The first paper reports of an evolutionary concept analysis of person-centred care in the context of inpatient psychiatry based on a review of 34 scholarly papers. The second paper reports of a qualitative content analysis of focus group interviews with 26 professional caregivers aimed to describe their reasoning in challenging situations in psychiatric inpatient care. The third paper reports of an interpretive descriptive analysis of interviews with 12 skilled, relationship-oriented nurses and nurse assistants aimed at describing experiences of good nursing practice in psychiatric inpatient care.

Discussion: Results show that person centred care is expected to result in quality care when interpersonal relationships are used to promote recovery. Different concerns in caregiver-patient interaction results in a focus on either meeting patients' individual needs or solving staff members' own problems. Circumstances in the clinical setting affect nurses' ability to work through relationships. These findings are used to argue that good nursing practice is what psychiatric nurses can and should contribute to person-centred psychiatric inpatient care.

Conclusion: The findings suggest for this to happen nurses in psychiatric inpatient care need sufficient resources and time to be present and develop relationships with patients. They also need to be able to take personal responsibility for their professional practice.

A qualitative study exploring adolescents' experiences with a school-based mental health program

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Background: Supporting positive mental health development in adolescents is a major public health concern worldwide. Although several school-based programs aimed at preventing depression have been launched, it is crucial to evaluate these programs and to obtain feedback from participating adolescents.

Aim: This study aimed to explore adolescents' experiences with a school-based cognitive-behavioral depression prevention program.

Method: Eighty-nine adolescents aged 13–15 years were divided into 12 focus groups. The focus group interviews were analyzed using qualitative content analysis.

Result: Three categories and eight subcategories were found to be related to the experience of the school-based program. The first category, intrapersonal strategies, consisted of the subcategories of directed thinking, improved self-confidence, stress management, and positive activities. The second category, interpersonal awareness, consisted of the subcategories of trusting the group and considering others. The third category, structural constraints, consisted of the subcategories of negative framing and emphasis on performance.

Conclusion: The school-based mental health program was perceived as beneficial and meaningful on both individual and group levels, but students expressed a desire for a more health-promoting approach.

The self-perceived experience as a source of knowledge.

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Aim: Getting to profiting by the own experience of recovery from severe mental illness. To collect these experiences in written form and to prepare participants to lecture for the profession. That work led, driven and implemented by a person who himself made the journey from severe mental illness to recovery.

Method: To gather participants who made the journey from severe mental illness to recovery. To get participants to both tell their story, write it down and present it introducing as lecturers. Launching the participants and as a lecturer at various forums within the profession and also working to launch the written story in book form to interested parties.

Results: The project has run over three years and an assessment is being compiled (completed in February 2016). The project has involved approximately 15-20 individual participants who contributed very little variety. It has produced a book and a magazine with stories and articles about mental health from both the self-perceived perspectives but also in the interview form from a profession's perspective. Some 50 lectures have been held in different forms - Giving individual lectures within the framework of coordination Federation's members but also a large number of lectures in a number of other arenas throughout Skåne. Participants have also been used in a variety of situations where their own lived experience has been valuable.

Staffs experiences with post incident review (debriefing) after use of physical restraint in a psychiatric ward

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Background: The use of coercion in mental hospitals sometimes prevents damage and even death, although it can have negative effects on the patients exposed to it. In several studies, use of coercion is documented as an increase of stress for human beings who already suffer of a mental illness. Tania Strout (2010) found in her review that an increase of stress as a result of coercion can be: 1) negative psychological impact, 2) retraumatization, 3) perceptions of unethical practices and 4) a broken spirit. Other negative consequences can be physical damage as heart problems, aspiration of vomit, rhabdomyolyses or in worst cases death as a consequence of use of mechanical restraint or holding the patient in the bed or on the floor. Post incident review with staff has been a routine in several hospitals through the years. However, studies document that post incident review with both patient and staff are one of several core-strategies for reducing the use of seclusion and restraint. Also Norwegian authorities have introduced post incident review as a possible tool in the process to reduce restraint in mental hospitals. Still, post incident interview routines are not frequently and systematic used in Norway. Where the review routine is implemented, different interpretation, elements of uncertainty and confusion occurs when carried out.

Aim: to explore staffs experiences with systematic post incident interview after use of physical restraint.

Method: The study has a qualitative design where the data is in depth interviews. The analyze method is thematic content analysis. This paper is focus on staff's experiences with systematic post incident review. 19 staff members with post incident review experience, from different professions; nurses, social educators, psychologists, doctors and psychiatrists participate.

Results: We found that post incident interviews; creates an arena for mutual exchange of experience, helps to identify what triggers the patient, increase the staff's knowledge about preventing coercion and stimulate the staff to reflection.

Acupuncture in anorexia nervosa patients experiences

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Background: Anorexia nervosa is a serious eating disturbance, causing suffering and low quality of life and having the highest mortality rate among mental illnesses. Interventions are often complex and have limited effect. Anxiety, especially around meal-times, is a central symptom. Anxiolytic medical treatment has no evidence and finding non pharmacological methods is desirable. Before any structured psychological treatment can take place an initial weight gain is necessary. Admission into a specialized eating disorder ward often brings the patient anxiety and ambivalence from releasing control and independence. Acupuncture is used as a complement in psychiatric care to reduce anxiety and depression, and to promote sleep. There is a lack of knowledge about how patients with anorexia experience acupuncture.

Aim: to illuminate how patients with anorexia experience acupuncture.

Method: Narrative interviews with nine persons with severe anorexia were conducted in a specialist ward for eating disturbances where they received ear acupuncture as a complement to usual care. Informants were interviewed 1-3 times, rendering in total 16 interviews. Data collected was rich. Transcriptions were analyzed with a phenomenological hermeneutic method.

Results: Four themes emerged. Patients revealed stories of long-term suffering. They had suffered for many years, tried several treatment options without getting cured. Eating was associated with high levels of anxiety and it was a challenge to change eating habits. Acupuncture was perceived as having a definite positive effect, especially on anxiety. It was described as very relaxing in a stressful environment. Stressful thoughts calmed down and they often fell asleep during treatment. The deep relaxation offered a pause from ongoing anorectic thoughts and thus a chance for reflection. Tense muscles became loose and somatic symptoms like pain were relieved. Acupuncture was described as an attractive treatment. Patients asked for acupuncture and recommended it to peers. Patients also gave clinical suggestions of how acupuncture should be offered to optimize the effect; often, regularly, voluntary, immediately after the main meal and in a calm environment.

Conclusion: Acupuncture offered a pause, necessary for reflection. Acupuncture might reduce anxiety and thereby aid recovery in persons with anorexia.

(This study is part of a larger trial where psychiatric patients, nurses who give acupuncture and stakeholders are interviewed about their experience of acupuncture as a complement in psychiatric nursing.)

Aggression on psychiatric wards: effect of the use of structured risk assessment

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Background: Health care workers are often exposed to violence and aggression in psychiatric settings. Short-term risk assessments, such as the Brøset Violence Checklist (BVC), are strong predictors of such aggression and may enable staff to take preventive measures against aggression.

Aim: This study evaluated whether the routine use of the BVC could reduce the frequency of patient aggression.

Methods: We conducted a study with a semi-random regression discontinuity design in 15 psychiatric wards. Baseline aggression risk was assessed using the Aggression Observation Short Form (AOS) over three months. The BVC was implemented in seven intervention wards, and the risk of aggressive incidents over three months of follow-up was compared with the risk in eight control wards. The analysis was conducted at the ward level because each ward was allocated to the intervention and control groups.

Results: At baseline, the risk of aggression varied between wards, from one aggressive incident per patient per 1,000 shifts to 147 aggressive incidents per patient per 1,000 shifts. The regression discontinuity analysis found a 45% reduction in the risk of aggression (Odds Ratio (OR) = 0.55, 95% confidence interval: 0.21-1.43).

Conclusions: The study did not find a significant reduction in the risk of aggression after implementing a systematic short-term risk assessment with the BVC. Although our findings suggest that use of the BVC may reduce the risk of aggression, the results need to be confirmed in studies with more statistical power.

Challenges Narrated During Peer Supervision by Mental Health Nurses and Social Workers Recently Trained as Case Managers in Sweden

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Background: In Sweden the implementation of case management as a model in the psychiatric health care and social services has gained momentum. This study concerned recently trained Case Managers (CMs) from six out of 33 municipalities and a county council Region Skåne. To support the CMs in their new role and function they were offered the opportunity to take part in peer supervision.

Aim: This study aimed to identify work-related challenges in community mental health services expressed by recently trained CMs.

Method: Using a qualitative approach data were collected during ten peer supervisions session's by audio recordings of narrations made by 13 mental health nurses and social workers. The sessions were facilitated by an experienced clinical supervisor, and the role as peer leader alternated among the CMs. A qualitative content analysis was used to analyze the transcribed audio recordings.

Result: An overall theme "Confronting the existing systems" was revealed including the categories; Organizational hindrances; Economic prerequisites; Nominated administrators; Role function; and Model fidelity. Bearing these challenges in mind the participants also narrated with pride and enthusiasm about their new function as CMs.

Conclusion: We conclude that the existing organizations seemed to be unprepared to hold and facilitate more person-centered approaches, such as designating CMs.

Experiences of Housing Support for Persons with Schizophrenia and the Role of the Media

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Background: The mental healthcare system in Sweden, as in many other counties, has its main focus on the reduction of psychiatric symptoms and the prevention of relapses. People diagnosed with schizophrenia often have significant health issues and experience reduced well-being in everyday life. The social imaginary of mental illness as an imbalance of the brain has implications concerning general attitudes in society. The news media are an important source of information on psychiatric disorders and have an important role in cultivating public perceptions and stigma. News media can contribute to the maintaining of mental illness stigma and place individuals with mental illnesses at risk of not receiving adequate care and support.

Aim: The aim of this preliminary study was to describe users' experiences of housing support in everyday life.

Methods: Twenty-four letters from members of the local service user association, The Interest Alliance for Schizophrenia and Allied Disorders with narratives regarding experiences of municipality housing support in everyday life were analyzed using a qualitative content analysis method.

Results: The results revealed three themes of housing support; which were needed, but frequently insufficiently fulfilled in the municipality. The three themes were; Support to Practice Healthy Routines in Daily Life, Support to Shape Meaningful Contents in Everyday Life and Support to Meet Needs of Integrity and Respect.

Conclusions: The findings support previous studies arguing that current mental health care and municipality housing support fails to meet basic needs and may lead to significant and unnecessary health risks among this this group. Further investigation is needed regarding the links between attitudes to mental illness in society and political and financial principles for mental health care and municipality housing support for persons with schizophrenia. Further research is also needed regarding the role of the media in policymaking in society concerning health promotion interventions for persons diagnosed with schizophrenia.

Ability and will to reflect on- and exercise knowledge - Preceptors' expectations of nursing students' preparation prior to practice in mental health care

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Background: Nurses must be qualified to carry out nursing care at all levels of the health service. Nursing care for people suffering from mental illness must be part of nursing education and preparation. This requires using themselves therapeutically as a non- instrumental tool. The intra- and interpersonal nature of nursing forms the basis of the therapeutic use of self, and this personal knowledge is emphasized as difficult to teach and master. Studies shows that nursing students are anxious, uncertain and unprepared to care for people with mental illness. This challenge nursing education including clinical placements to strengthen knowledge and skills in mental health nursing. The preceptor has a key role in facilitating and monitoring students' learning during practice in mental health care.

Aim: to describe preceptors' expectations of nursing students' preparedness before placement in mental health care.

Method: A qualitative study where fifteen preceptors were recruited from three different practice arenas: community mental health service, a district psychiatric centre and a specialist psychiatric hospital. Data was collected with focus group interviews and analysed using conventional content analysis.

Results: The results shows that preceptors are concerned about the nursing students will and ability to reflect on and exercise knowledge for managing the student role and themselves, for adapting their perspective on humanity, for their understanding of illness, and for how they are interacting with people with mental illness. The findings entails that students have to practice reflection before action. Reflection will be an aid, both before and after action. According to preceptors have students with life experience faced fewer obstacles in their reflexive learning process compared to immature students.

Conclusion: The preceptors expect the educators to improve and develop the student's ability to encounter and interact with people with mental illness, to give sufficient theoretical knowledge and assess the students' personal maturity prior to entering mental health care.

Family sense of coherence, parents' perceived psychological distress and well-being – in families with a child having ADHD

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Background: Attention deficit hyperactivity disorder (ADHD) is one of the most common behavioral disorders in children. Living in a family with a child having ADHD influences the whole family both inside the family sphere and socially. Families with children with ADHD encounter many challenges, Family sense of coherence describes a health-protective life orientation, which may reflect the inner force that the parents describe regarding the family. Family sense of coherence has shown to be important in managing everyday life.

Aim: The aim of this study was to investigate associations between family sense of coherence and psychological distress, well-being, social support, and the child's behavior in families with a child having ADHD from the parents' perspective.

Method: A cross-sectional study was performed. In total, 265 parents to children with ADHD, 217 mothers and 48 fathers (response rate 48.2%) responded to a questionnaire regarding characteristics of the parent and the child, psychological distress, well-being, social support, and family sense of coherence.

Results: The results showed that particular psychological distress, well-being, and social support were associated with family sense of coherence. The behavior of the child with ADHD had, however, less impact.

Conclusion: Support from the public health nurse of the parents in the parental role, a positive involvement from the father in the upbringing of children may influence the family sense of coherence.

Safewards – making psychiatric wards more peaceful, implementing the Safewards model in a Nordic context

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Background: Safewards is an evidence-based conflict resolution model. The model indicate, that there is a set of conflicting factors, which can give rise to specific flash points that can cause a conflict. When staff know those flash points, staff can influence the extent of conflicts and management of those in the section. The model is derived from Len Bowers (Bowers, 2014; Bowers et al., 2014) research and from the research efforts of many others around the world, about how to reduce conflicts and containment such as physical and mechanical restraints. The model includes 10 simple and practical interventions, which together provides ideas for how conflicts can firstly be prevented and secondly managed in the psychiatric wards. The purpose of the interventions is to improve the relationship between staff and patients and to create safe and peaceful environments. The introduction of Safewards in UK, has had great influence on the incidence of violence and coercion in general acute psychiatric units in London and elsewhere in England. The Safewards model have recently been translated to Finish, Dutch, French, German, Turkish and Danish.

Aim: To translate the Safeward model to Danish

Method: The presenters was leading the Danish translation (Berring & Bak, 2015) in collaboration with Len Bowers and stakeholdes from psychiatric units in Denmark.

Result: Safewards is implemented in many psychiatric units in Denmark

Conclusion: Safewards fits the mental health care approach in Denmark. However, there is a need to evaluate the effect on violence and coercion.

The workshop

The workshop introduces the participants to the Safewards model, and invites moreover the participants to reflect upon the usability in a Nordic context. Therefor will the presentation be a mix of the Danish and the English language.

The workshop contains:

- A short introduction to the Safewards model
- Development of the 10 interventions
- A short introduction to the 10 interventions
- The evidence behind the Safewards
- A presentation of the Danish translation

In the workshop, we divide participants into groups. Each group investigate and discuss the 10 Safewards interventions and places them in prevention groups (primary, secondary and tertiary prevention). In conclusion, implementation of the Safewards model in Nordic mental health care will be evaluated.

Young adults' experiences of psychiatric care during transition to adulthood

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Background: The number of young adults with mental illness has increased during recent decades and hence the need of psychiatric care. Psychiatric care in Sweden is organized in such a manner that children up to the age of 18 benefit from Child and Adolescent Psychiatry (CAP) and adults above 18 benefit from General Psychiatry (GenP). During transition from CAP to GenP there is a risk for disruption in continuity of care and when the young adults come of age, they need to take responsibility for their matters of health. Transition to adulthood can be a critical period and young adults with mental illness can be less prepared to take care of themselves than their peers. As young adults with mental illness who need continuing psychiatric care undergo multiple transitions, it is important that professionals understand their behavior in order to make appropriate interventions. Further, it is important to give support to reduce the risk for dropouts of care.

Aim: The aim of the study was to explore young adults' experiences of psychiatric care during transition to adulthood

Method: Individual interviews were collected with 11 young adults aged 18-26 years and analyzed according to Grounded Theory.

Results: The results showed that support was a prerequisite for transition to adulthood. Furthermore, the young adults needed support for taking responsibility for matters of health and be motivated to continue care. By being encountered as a unique person based on their level of maturity, supported by professionals and relatives, and encouraged to express feelings, the young adults felt hope and kept on striving to reach recovery. On the other hand, relationships lacking in supportive communication fostered feelings of hopelessness and offended dignity, consequently, the risk for dropouts of care increase.

Conclusion: It seems to be more important how the professionals relate to the young adults when they provide support than what they do. How they provide support includes creating a caring relationship, instill hope and empowering them. It is important that the professionals understand the ambiguity of being neither an adolescent nor an adult to be able to connect to them and create a caring relationship, thus making it possible to support them in a way that correspond to their needs.

Quality of interactions influences everyday life in psychiatric in-patient care - patients' perspectives

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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: 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 analysed 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 is 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.

Discussion: Our results highlight the importance of ordinary relationships between staff and patients in psychiatric in-patient care. 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.

From vision to resignation – staff's perspectives on everyday life in psychiatric in-patient care.

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Background: Everyday life is the foundation for all forms of human endeavor. It consist of personal experiences of life but also what one communicate to others about the world. By this reasoning, one can assume that life in psychiatric in-patient care will become everyday for persons who stay there and that staff will become representatives of that world.

Aim: This study aims to explore everyday life in psychiatric in-patient care, as described by staff in interprofessional teams.

Method: A grounded theory design was used and thirty-six participants, staff with experiences of working in psychiatric in-patient care were interviewed, using a mix of focus group discussions, duo and individual interviews.

Results: Through the analysis a core category; *From vision to resignation*, was constructed. This process consisted of three categories; *Being aware of the course, Walking a path of hinders* and *Shifting focus from care to self-survival* that were linked together.

Discussion: Staff needs ordered structures for prioritizing time with the patients as well as reflective dialogues within the team to be able to work in line with their visions. These results can be useful to develop psychosocial interventions and a reflection basis for staff when striving towards their visions.

TANNAP: Therapeutic alliance (TA) between nurses and nurse assitants and hospitalized psychiatric patients

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Background: Since H. Peplau's research, relashionships has been at the heart of psychiatric nursing pratice. Since then, *therapeutic relationship* has evoloved and become Therapeutic Alliance (Zetzel), Helping Alliance (Luborsky) or Working Alliance (Bordin). Recent articles show that these concepts are still important despite modern computer tools (for example *serious games.* Fovet et al. 2016) and remain at stake for people in need of mental health care. But how do nurses and nurse assistants build this alliance when symptoms are very expressive, during the acute phase that brought them to the hospital? Is the TA modified whether it be during volountary or involuntary hospitalization? Finally, how do nurses and nurse assistants actually build this alliance on a daily basis?

Aim: Find correlations between independant variables and TA quality. Understand the mechanisms of building the TA on a nurse and nurse assitant perspective. Is a high quality TA a factor of high post-hospitalization compliance?

Method: Observational multicenter study. 1St stage : score mesure of patient TA at the end of the hospitalization (N=240). 2Nd stage: qualitative study using the inductive method of patient interviews (N=50). 3Rd stage: qualitative study using the inductive method of caregiver interviews (N = 4 *focus group*).

Results: A therapeutic alliance may be built with all hospitalized patients since its quality does not depend on diagnosis or whether it be during a voluntary or involuntary hospitalization. Proxemy (as described by Lev Vygostki in his Zone of Proximal Development theory) is the main creative factor for TA announced by patients.

Mental health work in school health services and Public Health Nurses' involvement and attitudes

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Background: Mental health problems in children and young people are an increasing public health problem worldwide. According to the Studies of Youth in Norway, the prevalence has increased since 2010, with more depression and anxiety, especially in girls. Public Health Nurses (PHNs) meet all pupils in schools and are therefore an important recourse in mental health issues.

Aim: The aim of the study was to explore PHNs' experiences, knowledge and attitude towards working with young people with mental health problems.

Method: A qualitative, explorative study was performed based on three open-ended questions in a cross-sectional study. The questionnaire consisted of questions with regard to the PHNs' involvement in mental health work and training needs, which was sent to a random sample of 849 PHNs throughout Norway and returned by 284. A qualitative content analysis was used to describe the PHNs' experiences.

Result: The PHNs experienced a need for a more multidisciplinary collaboration in order to meet the challenges faced by the pupils with mental health problems but also appropriate brief psychological interventions and assessments. In addition, they highlight the importance of more knowledge about mental illness and a closer communication and collaboration with the pupils' families.

Conclusion: The PHNs need more appropriate tools and adequate knowledge to be able to meet this increasing public health problem.

The importance of general and moral stress for the ward atmosphere among nursing staff in psychiatric in-patient care

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Background: The ward atmosphere in psychiatric care contexts is often described as the %u201Cpersonality%u201D of a setting and considered to characterize its tone or mode. The ward atmosphere could also be described as being produced by means of verbal and non-verbal communication between individuals and also between individuals and the physical environment. Such an assumption would mean that the ward atmosphere could be understood as a narrative phenomenon and climate, having a bearing for narrative nursing and the situation of staff. A rich amount of research in this area illustrates the importance of the ward atmosphere for both patients and staff. However, previous research has not approached the idea that the staff themselves and the work situation of staff may influence the determinants and characteristics of the ward atmosphere and actually being one main reason for how the ward atmosphere is produced.

Aim: The overall aim of the study was to investigate how individual characteristics and stress factors were related to perceptions of the ward atmosphere among nursing staff in psychiatric in-patient wards.

Methods: This cross-sectional study was approved by the Regional Ethical Review Board in southern Sweden. Ninety-three nursing staff (registered nurses and nurse assistants) completed a self-report questionnaire measuring the ward atmosphere, perceived stress, stress of conscience, moral sensitivity, mastery and demographic characteristics.

Results: Multivariate analysis showed that stress of conscience, in terms of Internal Demands, was an indicator of perceiving high levels of Anger and Aggressive Behaviour. Perceiving high levels of general stress was also found to increase the likelihood of perceiving low levels of Order and Organization, Program Clarity and patient Involvement at the ward. The results also showed that nursing staff scoring high on moral burden was more likely to perceive low levels of Program Clarity.

Discussion and Conclusion: The perceptions of the ward atmosphere in psychiatric in-patient care are influenced by staff stress. The results indicate that experiencing moral stress and general stress make the nursing staff more vulnerable to perceiving high levels of Anger and Aggression and low levels of Order and Organization, Program Clarity and patient Involvement on the wards. The work situation, moral bearing and composition of nursing staff may be a crucial aspect in the determinants and characteristics of the ward atmosphere in psychiatric in-patient wards.

What is your story? The experiences of patients and nurses in secure forensic environments

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Aim: The aim of this presentation is to give voice to the experiences of patients and nurses engaged in therapeutic encounters within the confines of secure forensic mental health environments.

Abstract

Nurses who work in forensic environments, practice at the shifting interface of the criminal justice system and the health care system. How they view those in their care, and more importantly, how they engage those in their care, is a significant concern for nursing. Forensic clients are members of a highly stigmatized and stereotyped population. The ability of forensic mental health nurses to provide competent and ethical nursing care is often compromised by personal, social, and political animosity regarding crime, criminality, and mental disorder. Pausing to reflect on the stories of clients and nurses, within a narrative context, evokes understanding, and contributes to the creation of person centered care.
In paper one, the coercive treatments experienced by a man who has spent many years in compulsory care in a variety of secure psychiatric settings is explored in response to his confession "I don't dare to tell them I feel okay!" In paper two, how nurses transition to their roles as *forensic* nurses is considered as they straddle the custodial and therapeutic aspects of their work, often expressing concerns with their perceptions of "education of the fly" or "faking it 'til you make it." In paper three, the mental health contributions of nurses who practice in prisons and correctional institutions is captured in the words "that's why I bought into this profession, to instill hope and recovery."

Through the examination of these vignettes that have emerged through research and practice, participants will be engaged in an interactive discussion as we consider the implications of narrative nursing vis-à-vis the vast tensions that exist between theory, practice, and research in forensic mental health nursing. Finally, the universal nature of these issues, highlighting contributions from Sweden, Germany and Canada will be illustrated.

Implementation of Nursing Diagnosis (i.e. NANDA) in a Forensic Psychiatric setting

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Background: The Swedish legislation indicates that patients in the forensic psychiatric setting should be re- integrated into society through rehabilitative measures including nursing care. This was recognized by the National Board of Health and Welfare in 2002, butconcluded that there is a vast knowledge gap regarding the aim and the content of nursing care in forensic psychiatric settings. Still nursing care in forensic psychiatry is sparsely described. Recent research confirms this description of a knowledge gap and adds that there is a lack of structured nursing care in forensic psychiatry. Nonetheless, the content and outcome of nursing care in the forensic psychiatric setting is hard to visualize. The actual patient needs and problems has to be identified and defined. To meet this knowledge gap, structured and categorized descriptions of the patients' nursing care needs need to be described. Frauenfelder and co-workers (2014) claims that NANDA could be the tool to label problems and risk diagnoses, although they call for further research.

Aim: to describe the implementation process of using nursing diagnoses.

Method: The implementation of nursing diagnoses according to NANDA started in 2011, one year after *Forensic Psychiatry Care Stockholm* became one department, and the implementation process is still on-going. Previously, the forensic psychiatric care in Stockholm had been spread out over three different departments with dissimilar culture. The new management wanted a "unified department", and one way to achieve this was to use NANDA as a tool for a common language in nursing care. The implementation started with a meeting with the ward managers and Registered Nurses. A project plan for the implementation was presented and discussed. The project leader met all RNs in the department in small groups to describe and motivate the use of NANDA. Up till now eleven wards have been involved and at least two meetings have been held at each ward. The project leader has participated at ward rounds and supervised the RNs in the use of NANDA. In conclusion, more RNs need to be engaged to continue the progress of the project. Another task is to find a less time consuming implementation process and to evaluate the implementation to this point. It is also important, further down the line, to introduce the tools Nursing Diagnoses Interventions (NIC) and Nursing Diagnoses Outcome (NOC) in the forensic psychiatric setting. Apart from a common nursing language, the use of standardized descriptions, actions and goals would fill the knowledge gap regarding aim and content of nursing care in forensic psychiatric settings.

Drama in clinical supervision

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Background: Process-oriented clinical supervision in a group is a support to develop nurses' ability to manage complex care situations. Clinical supervision can be described as a didactic process where self-perceived / patient-related situations are discussed. In clinical supervision there are openings to support the nurse to integrate the practical and theoretical knowledge. The sessions related to critical thinking, clinical reasoning and reflection provide practical strategies and overall a theoretic perspective. To reflect nurses' work is a way to get support, develop a professional role and find strategies for improved actions. From a nursing perspective, the consequence may be an increased level of awareness in new health care situations. Teaching methods such as drama uses the group to support learning processes and the guideline is based on a nursing theoretical perspective as a compass in nursing supervision.

Aim: The aim was to describe the drama of clinical supervision for dialogue in the nurse – patient relationship through theoretical context gaining support for practical examples.

Method: The methodology chosen was an inductive hermeneutic with a descriptive approach

Results: It may be important to use creativity and playfulness to find new strategies for managing complex care situations. It is possible to move an actual or possible care situation that has happened or may happen to the here-and-now. Playfulness could create a distance to the situation, and create an opportunity for reflection and new understanding of the situation. Drama was used for specific situations, and treatment of patients with special needs. Drama was also useful to improve the nurse's ethical and relational skills, openness, dialogue, understanding and personal reflection The use of drama can be a part of the development of lifelong learning and, for improve nurses' personal development and professional attitudes and develop empathy. There are four parts in devolving empathy; the moral, the cognitive, the communitive, and the relational component. Empathy it's an important part to understand patient's lifeworld and develop nurses self-awareness.

Conclusion: The use of drama in nursing supervision can create an opportunity for greater development of empathy, as well as a greater understanding of both cognitively and emotionally for the nurse in her profession. This can create opportunities for improved understanding and care of the patient.

POSTER PRESENTATIONS

An isolated involvement in the mental health care - Descriptions from parents to young adult

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Background: Young adults' mental health/illness has increased in Sweden and other countries as well as the suicide rates compared to elderly. Studies show that young adults with mental health problems have difficulties to finish education, enter the labor market, keep friends and establish new social relationships. They are more dependent on their parents then healthy adolescents both in terms of household, housing, economy and self care support (Johansson et al, 2013; 2014).

Aim: to describe parents' involvement in the informal and professional care of their young adult child with mental illness. A further aim was to examine concepts in the theory, Involvement in the light - Involvement in the dark, in the mental health care context.

Method: Ten parents with a son or daughter with long-term mental illness (between 18 - 25 years old) were interviewed. A deductive qualitative content analysis was done out of the theory, Involvement in the light - Involvement in the dark.

Results: The results are described by following concepts in the theory: 'Knowing', 'Doing', 'Being' and the 'Attitude of the health professionals'. Much of the result are consistent with the metaphor, Involvement in the dark, which describe an isolated involvement where the parents were not informed, seen or acknowledged by the health professionals. A sense of powerlessness and frustration arose which made their care and support more difficult.

Conclusion: The theory, Involvement in the light - Involvement in the dark, can be a tool with which the professionals can improve the collaboration between patients, family members and professionals and a help in co-creating participation. The professionals have the responsibility for a co-creative communication and the interaction with the family.

Components of a brief cognitive behavioral group program to prevent psychological distress among female university students

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Background: According to international literature the prevalence of psychological distress among university students is high and most results show that the prevalence is significantly higher among females. Icelandic research has shown that psychological distress in the form of depression and anxiety among university female students is 22.5% and 21.2%, respectively. However, less than one third of the distressed women receive professional help. Based on this it was decided to develop and evaluate the acceptability of a cognitive behavioral group therapy (CBGT) to prevent psychological distress in university female students.
Aim: Elucidation of the experience of female university students undergoing the brief CBGT and their perceptions of components that were supportive in reducing psychological distress while participating in the brief therapy.

Methods: A four sessions CBGT program based on Beck´s cognitive behavioral therapy, Meleis'es middle range theory of transitions and Pearlin´s et al. stress process model was formulated. The program was provided to a sample of 19 females in three groups meeting in four weekly two hours sessions. Two to four weeks post intervention, individual qualitative interviews were conducted with a semi-structured interview guide. The interviews were then transcribed and analyzed by means of content analysis according to Krippendorff and Baxter.

Results: The major finding of the qualitative study was that the female participants found the brief CBGT acceptable and most felt their psychological distress had improved. Four themes emerged from the qualitative content analysis: "To gain knowledge and understanding," "To become more positive and balanced in thinking," "To feel more self-confident and in control" and "Opportunities for practice and in-depth-reflections".

Conclusion: The students found the brief CBGT favourable and the combination of education, cognitive restructuring and group discussions was seen as the most helpful part of the therapy. This indicates that a brief cognitive behavioural group therapy targeted to female students' psychological needs could be developed and offered by advanced practice psychiatric nurses at university mental health services.

Experiences of data collection issues in qualitative studies involving people diagnosed with schizophrenia

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Background: The viewpoint and special needs of individuals with severe mental illness are crucial for the development of mental health nursing. In-depth knowledge of the perspectives of people with schizophrenia is primarily established in dialogue with individuals with experience of the phenomenon investigated. Attaining trustworthiness in the findings in qualitative studies is of great importance and the interview approach used should assure trustworthiness in the data collection at different levels with regard to the perspectives of the individual, which is essential for developing nursing research and practice.

Aim: The aim of the paper was to describe and discuss the issues related to data collection in qualitative studies involving people diagnosed with schizophrenia.

Method: Six qualitative interview studies regarding experiences of different aspects of life among people diagnosed with schizophrenia were reflected on and discussed in terms of issues related to data collection involving people with severe mental illness such as schizophrenia (N=75).

Results: The discussions that generated the results revealed three topics in qualitative studies involving individuals diagnosed with schizophrenia: 1) Selection of research context with respect to participants' different aspects of life, 2) Sampling issues with regard to judgements of participants' ability to contribute with information and 3) Choice of data collection methods to meet the aim of the enquiry.

Conclusion: Three crucial areas in data collection in qualitative studies with individuals diagnosed with schizophrenia were revealed. Further studies regarding sampling procedures and analysis of collected data are needed to ensure trustworthiness of findings regarding interviews involving people with severe mental illness.

Relatives' experiences of participation in decision-making in adult psychiatric care

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Aim: to describe the experience of participation in decision-making in adult psychiatric care of relatives to individuals with chronic mental illness. The study fits well in the theme of the conference because the emphasis is on lived experience of health promoting relationships in mental health care. The focus of this study was on the experiences of the relationship between psychiatric nurses and the relatives of their patients.

Results: Relatives to individuals with mental illness often feel powerless and unwelcome in psychiatric care. They also experience that it is difficult to maintain a good relationship with psychiatric nurses. Relatives who tried to be more involved in the care experienced that they were seen as a threat. Also, the relatives feel that they have limited opportunities to influence and challenge the decisions taken in psychiatric care. It has emerged that the psychiatric nurses are not actively inviting the relatives to be a part of decision making even if they consider it important. This means that the premise for relatives' participation is that the relative or the patient actively requests it.

Shared decision making in psychiatric inpatient care - a comparison between patients' and nurses' perceptions

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Background: Patient focused care is one of six areas which the National Board emphasizes as important conditions for good care. Patient focused care promotes recovery and in order to enhance patient participation and co-creation there is a model called ‘Shared decision making’. The model creates space for the patient to take an active role in decision-making on health promotion and care and support.

Aim: to compare patients’ and nurses’ perceptions of shared decision making in recovery oriented actions in psychiatric inpatient care. This study is a prospective cross-sectional study with questionnaires. Participants are patients (n=29) and nurses (n=32) of six units in the psychiatric indoor care in the southwest of Sweden.

Results: the result shows that there is a consensus in the answers to many questions but also areas where responses differ between patients and nurses in the perceptions of involvement in nursing. In comparison to the patients, the nurses tend to estimate the experience of patient participation higher.

Conclusion: The conclusion is that nurses, more so than the patients, felt that the personnel of the ward used actions that promoted patients recovery. This indicates that the work with shared decision making to promote recovery needs to change.

Continued research, as well as information and education in participatory work to managers and nurses should be a priority.

Health-Related Quality of Life—From the Perspective of Mothers and Fathers of Adult Children Suffering From Long-Term Mental Disorders

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Background: Studies have shown that parents of adult children with a mental disorder report emotional and practical experiences that have an impact on their psychological well-being. Few studies have been conducted on parental experiences of Health-Related Quality of Life (HRQOL) that taken gender into account. No studies were identified that specifically describe experiences of the approach of mental health professionals to both mothers and fathers of adult children suffering from long-term mental disorders.

Aim: The aim of this study was to investigate a group of mothers and fathers of adult children suffering from long-term mental disorders in Sweden in relation to: (1) their HRQOL compared to Swedish normative data, (2) reported anxiety and depression, burden and experiences of encounters with the psychiatric services and (3) the level of association between the above variables and the participants' HRQOL.

Method: A cross-sectional study was therefore carried out with 108 mothers and 43 fathers. Data were collected by means of the Short Form Health Survey (SF-36), the Hospital Anxiety and Depression Scale (HADS), the Family Involvement and Alienation Questionnaire (FIAQ) and the Burden Assessment Scale (BAS).

Result: Significant lower levels of HRQOL were found for both mothers and fathers compared to Swedish normative data. The SF-36 revealed significant lower lever of HRQOL in nearly all sub-scales (Md 30.4 vs. 44.8, $p < 0.001$) in mothers compared to fathers. In the HADS significant higher levels of anxiety (Md 10 vs. 6, $p < 0.001$) and depression (Md 8 vs. 5, $p < 0.01$), in the BAS significant higher levels of objective burden (Md 29 vs. 25, $p < 0.01$) and subjective burden (Md 28 vs. 23, $p < 0.001$) were found in mothers compared to fathers. No significant differences between genders in the FIAQ were found. In the FIAQ, significant negative associations were found for the mothers between felling of alienation and SF-36.

Conclusion: Mothers' HRQOL was affected to greater extent than that of fathers' in the study group as well as compared with Swedish norms. HRQOL was predominantly related to ratings on HADS and BAS.

Improvements in forensic psychiatry using a digital tool

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Introduction: Working systematically to improve patients' experience of participation in care that is not voluntary and also involves coercion is highly demanding. The mean length of stay in Swedish forensic psychiatry is four years. The value of involving patients in their care can be crucial for compliance in the treatment.

Background: In 2010-2015, the Regional forensic psychiatric clinic in Växjö worked with the PDSA methodology in everyday care. However, measurements of patients' experience of participation in care were inconclusive since patients are transported between units. During 2015, a pilot with a platform of digital tools was performed in two units under surveillance by the Swedish Association of Local Authorities and Regions. In January 2016, all nine units including more than 100 patients started using the digital tool while working with daily improvements and measurements in care.

Aim: The overall aim is to increase patients' experience of participation in care, to improve psychiatric care overall and decrease the use of coercion.

Methods: All units work actively by the PDSA methodology to implement small changes in daily care. By using the digital tool, monthly measurements are performed among forensic patients. Questionnaires consists of questions on experiences of participation in care, attitude from caregivers, knowledge of rights, the ward environment and feeling of security in the treatment situation. Questionnaires are also performed monthly among caregivers and reported experiences of possibility to influence the work situation, work environment, cooperation and knowledge.

Results: Among patients, 53% reported a high level of experiences of participation, which is an increase by 8%. Further on, 51% reported good knowledge of rights which is an increase by 10%. Also, patients' feeling of security in their care situation increased from 58% to 63%. Among the caregivers, results overall decreased during the first three months. Knowledge was highly rated while the possibility to influence ones work situation decreased.

Conclusions: Results show that by working actively with PDSA methodology, there is a possibility to increase patients' experiences of participation and by extension improving psychiatric care. With the digital tool there is a possibility to measure factors on multiple units simultaneously. It is also designed to measure quantity of coercion and evaluate improvements in care according to the PDSA methodology. The digital tool is simple to use and puts patients' experiences and care quality at the centre of improvement.Yet, its capacity to measure and visualize large organizational improvements on multiple levels is outstanding.

Teenagers with ADHD in a creative, innovative process with the Clinic

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To accommodate teenagers with ADHD and their need for a different, more interactive way of learning, I have developed an ADHD quiz and an additional ADHD manual.

ADHD is a complex disorder as the symptoms have many variables. People with ADHD are often experts themselves in understanding their own ADHD, but might benefit from other people's ways of managing the problems they have, related to ADHD.

I am specialized in ADHD through my work as a nurse in a regional ADHD clinic.
Yet I do not have all the best answers to managing all the problems related to ADHD.

I guide groups of teenagers in our ADHD clinic. I have been doing it on my own the past two years. Together with the teenagers I have developed the ADHD quiz to find another way to learn more interactive, after a traditional school day.

Some questions relate to facts, but many of the questions involves the teenagers own knowledge about ADHD. Eg. questions like:
How can you learn to be better at getting up in the morning?
The teenagers' answers are added to the original answers.

Even though the quiz is already put into production, I still collect new possible answers or interesting questions for a revised edition – coming up in a couple of years.

Parallel with the quiz, I have authored an ADHD manual which is divided into the same categories as the game.

The book provides in depth material about the questions and categories and the reader can learn more about, what the difficulties of ADHD may mean, through case studies.
The quiz can be used by colleagues with specialized experience and in combination with the book it can also be used by people with an interest in learning more about ADHD. This could be a school class, a support contact or family members. The book can also be used by new colleagues or by other people whom have a wish to learn more about the widths and depths of ADHD.

Many thanks to our sponsors and exhibitors who contributed to our conference!

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