HORATIO CONGRESS BERLIN

15-17 MAY 2025

COMPLEX INTERVENTIONS IN MENTAL HEALTH

Sponsored by

The Faculty of Nursing and Midwifery (FNM), Royal College of Surgeons in Ireland (RCSI) are pleased to announce they will award FNM Continuing Nursing and Midwifery Education Units (CNMEU's) to the Horatio Congress Berlin 2025

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Welcome Message from the President of HORATIO

Welcome dear colleagues and friends,

The Board of Horatio is delighted to work with the German Association for Psychiatric Nursing (DFPP) in organizing our 2025 Congress in the wonderful city of Berlin.

As you know, it was a great disappointment that we had to cancel our event in Berlin in March 2020 due to the COVID-19 pandemic. It is with grateful appreciation and excitement that we now gather to exchange knowledge and inspiration to shape practice and influence mental health service delivery.

The selected theme Complex Interventions in Mental Health speaks to the various interacting and integrated components of psychiatric mental health nursing practice. It acknowledges the potential of collective attitudes and culture in transforming multifaceted care approaches, which are person centred to support recovery and enhance quality of life.

Mental health and well-being are strongly associated with social economic and physical environments, as well as poverty, violence and discrimination. In an age when our living conditions are better when our general health and education should be a universally higher standard we are struggling as never before. Our contemporary world right now is challenging for all human beings.

This Congress will initiate conversations of growth and pride in our profession. Let us support and congratulate one another over these three days as the Horatio family joins again to enjoy the delightful program our colleagues have prepared for us. Thank you, Susanna Flansburg, and the German team for your hard work and commitment to make this happen!

Failte Welcome all!

Aisling Culhane
President of Horatio

Welcome Message from the President of
Deutsche Fachgesellschaft Psychiatrische Pflege DFPP e.V.

Dear colleagues in mental health nursing,

It is with great pleasure that we welcome you to the **Horatio Congress 2025** here in Berlin – and to this abstract book, which reflects the depth, diversity and international character of our profession.

We, the **German Association of Psychiatric Nursing (Deutsche Fachgesellschaft Psychiatrische Pflege (DFPP) e.V.),** are honoured to host this important European congress. Originally planned for 2020, the event had to be postponed due to the pandemic. But its relevance has only grown: the role of mental health nurses – as practitioners, innovators, researchers and advocates – has never been more vital.

The **DFPP**, founded in 2012, is still a young professional association – younger than Horatio – but our goals are closely aligned. We are committed to strengthening psychiatric nursing and improving psychiatric care. Both go hand in hand. As a member organisation of Horatio, we benefit greatly from international exchange. In Germany, the development of nursing competencies, academic qualifications, and professional autonomy is progressing more slowly than in many other countries. This makes dialogue with our European neighbours all the more important – to learn from each other, to co-develop care concepts, and to engage in joint research. We are grateful for this ongoing collaboration.

In all European countries and beyond, nurses play a **key role in mental health care.** In 2024, the **International Council of Nurses (ICN)** published new *Guidelines on Mental Health Nursing*, highlighting the competencies, quality standards and evidence-based practices required to provide flexible, person-centred and recovery-oriented care. Horatio and its congresses encourage us to implement these principles – and to advocate for the structures we need to do so.

The theme of this year's congress – **"Complex Interventions in Mental Health Nursing"** – underscores the reality of our work. Psychiatric nursing rarely involves simple tasks. We address diverse causes and consequences of mental health challenges. We work with individuals and their social environments, often as part of interprofessional teams. Our interventions are dynamic, context-sensitive and holistic – and thus, by nature, complex.

However, complex interventions are not only difficult to implement – they are also challenging to conceptualise, research and evaluate. This congress provides an important space to explore these questions together – scientifically, professionally and politically.

A special word of thanks goes to **Susanna Flansburg**, who has long served as a bridge between Horatio and the DFPP, and who, together with the organising team, has made this congress possible.

Finally, we are happy to welcome you to **Berlin** – a city once divided by an almost insurmountable wall. Even decades after reunification, Berlin reminds us that bold change is possible – through courage, cooperation and perseverance.

We hope this congress will inspire scientific debate, foster meaningful encounters, and – above all – energise all of us in our shared effort to improve mental health care.

With warm regards,

Dorothea Sauter
President of Deutsche Fachgesellschaft Psychiatrische Pflege e.V. (DFPP)

Welcome Message from the Head of Scientific Committee and the Head of Organizing Committee

Dear colleagues and friends,

It is a great honour and joy to welcome you to the 2025 Horatio Congress here in Berlin — a gathering that brings together nearly 270 participants from over 21 countries to exchange, inspire, and challenge the boundaries of psychiatric and mental health nursing.

The theme of this year's congress, **"Complex Interventions in Mental Health"**, could not be more timely or relevant. With 6 keynotes, 79 individual presentations, 3 symposia, 7 workshops, and 23 scientific posters, we are proud to present an outstanding, diverse, and high-quality program that reflects the depth and maturity of our field. Every contribution — whether from established researchers, emerging scholars, or clinical innovators — brings valuable insight to our shared mission, improving mental health care through evidence, compassion, and collaboration.

As Chair of the Scientific Committee and Head of the Organizing Committee, we want to express our heartfelt gratitude to all contributors, reviewers, and behind-the-scenes organizers. This congress is the result of collective effort, professional dedication, and an unwavering belief in the power of psychiatric and mental health nursing across Europe.

Let us take Berlin — a city that has often symbolized division and fragmentation — as a metaphor for what we strive to overcome in our own systems, the siloed, fragmented care pathways that too often hinder progress. Complex interventions demand more than technical precision — they require shared understanding, continuity, and coordinated action across professions. In this spirit, may our conversations here build bridges where gaps have existed, and strengthen the unity of purpose that our field so urgently needs.

We wish you an inspiring and energizing congress.

Warm regards,

Prof. Dr. Michael Löhr
Head of the Scientific Committee

Susanna Flansburg
Head of the Organizing Committee

General Information

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Prof. Michael Löhr, Germany
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Prof. Dr. Sabine Hahn, Switzerland
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VENUE

HOTEL AQUINO
Tagungszentrum Katholische Akademie
Hannoversche Straße 5b
10115 Berlin
GERMANY

CONGRESS PARTY

Venue: DAS LEMKE - DIRCKSENSTR., S-BAHN-BOGEN 143, 10178 BERLIN-MITTE
Friday 16|5|25 - 19:00 onwards

The Lemke is located directly on Hackescher Markt and just a three-minute walk from Alexanderplatz. The history of its craft brewery began in 1999 in the atmospheric S-Bahn arches. You can expect a relaxed atmosphere, a green beer garden in the courtyard away from the street, a classic ambience, handmade German cuisine with Berlin classics and many types of beer. The registration fee includes a buffet meal and free drinks until 22:00. In addition, various beers can be tasted at a sommelier stand from 19:00-22:00.

Dress Code: Informal

SILENT AUCTION

Throughout the congress we will be holding a silent auction. For those of you not familiar with the concept it entails delegates donating objects to be auctioned and these are placed on tables in a safe room with an auction sheet next to them. The objects can be special issues from your hospital or country, and it can be related to mental health. This can serve as a memory from the event as well as it helps us to donate to good causes related to mental health.

During the event delegates can bid for the object by adding their name and amount to a sheet next to the object they are after. Obviously, you can see what the last bid is and simply increase this to whatever amount you want to bid. There is no limit to the number of times you can bid for an item (nor any amount as long as you are prepared to pay it!).

The auction will be set up on the Thursday morning and run through till Saturday. Successful bidders will be able to collect their items on the Saturday upon payment.

Please enter into the spirit of the congress and see if you cannot find that lost book, that special memento, that something special to donate to this good cause.

Silent Auction

**Because Lived Experience Matters -
Mental health crises change lives.**

Recovery companions (EX-IN) know this — not from books, but from their own experience. They offer support, encouragement, and demonstrate: recovery is possible.

Nevertheless, their work often still receives too little recognition.
exPEERienced e. V. is working to change that: through projects, networking, and committee work, they create visibility, promote participation, and build a strong voice for recovery companions.

Why is this important?

Because no one should have to go through a crisis alone. Because experience empowers. And because peer support is a profession with a future — when it is collectively strengthened.

Open network meetings regularly provide space for exchange, professional discussions, and topics from the everyday practice of recovery work. Current dates can be found on the exPEERienced e. V. website.

Currently, exPEERienced e. V. is particularly committed to establishing a **Recovery College in Berlin**. But what exactly is behind this concept?

Recovery Colleges are learning spaces where mental health is reimagined. Here, people with lived experience (peers) and mental health professionals share their knowledge as equals. Through joint courses, participants gain strength, exchange experiences, and open up new perspectives. The goal is to foster individual health literacy and enable greater self-determination.

The concept originates from the international Recovery Movement, which is based on the belief that a fulfilling life is possible even with a psychiatric diagnosis. In Germany, the model has been tested for several years — and exPEERienced is now bringing it to Berlin.

The planned **Recovery College Berlin** is a project by exPEERienced e. V. and is being developed through close, trialogical collaboration. From the very beginning, individuals with lived experience are actively involved in shaping the program.
This creates a space that promotes empowerment, reduces stigma, and sustainably transforms the psychosocial landscape.

Scientific Program

Thursday, 15ᵗʰ May 2025

07:30-09:15	Registration
09:15-10:15	**Welcome Ceremony**
10:15-11:00	**KN-01 How useful are research results for decision makers?** **The new Medical Research Council Framework for Complex Interventions** *Prof. David Richards, Bergen, Norway* Chair: Hanna Tuvesson
11:00-11:30	Coffee Break
11:30-12:15	**KN-02 Service user involvement in mental health research** **– A Consolidation between rational and personal experiences** *Sabine Rühle-Andersson, Bern, Switzerland* Chair: Alexei Sammut
12:15-13:30	Lunch

13:30-14:30	**Concurrent A (Auditorium)** – Chair Jacqueline Rixe
	• **C-01 An Introduction into Trauma Informed Practice in Mental Health Settings**
	  Lauren Keegan | Ireland
	• **C-02 Reiterating the need for trauma-informed and anti-oppressive spaced for disclosures of sexual violence: Learning from those who have lived through it**
	  Candice Wadell-Hanowitch | Canada
	• **C-03 Implementing complex interventions in mental health nursing: Post Traumatic Growth**
	  Brenda Costello | Ireland
	
	Concurrent B (Seminarraum 1) – Chair Gisli Kort Kristofersson
	• **C-04 Innovating Outpatient Care: Nurse-Led Clozapine Clinics in Iceland with a Holistic and Service-User Focus**
	  Rannveig Thorsdottir | Iceland
	• **C-05 Follow-Up of Antipsychotic Treatment Adherence to Clinical Guidelines at Akureyri Hospital**
	  Guðrún Ásbjörg Stefánsdóttir | Iceland
	• **C-06 Parenting in Precarity: Psychosocial and Family Health in the Context of a Precarious Residential Status in Switzerland**
	  Sabrina Laimbacher | Switzerland
	
	Concurrent C (Seminarraum 2) – Chair Martina Dubovcová
	• **C-07 Bridging Islands in the Stream: The Pivotal Role of Mental Health Nurses in Integrating Mental Health and Addiction Care**
	  Jürgen Magerman | Belgium
	• **C-08 The short time of sleeping and selected clinical problems as area of tasks for the professional team in the therapy of patients with alcohol dependence**
	  Damian Czarnecki, Judyta Rogóż | Poland
	• **C-09 Conceptualizing and Applying Tabletop Role-Playing Games in Inpatient Psychiatric Care and Adolescent Addiction Treatment: An Integrative Review**
	  Aleš Zajc | Slovenia
	
	Concurrent D (Seminarraum 3) – Chair Michael Löhr
	• **S-01 The implementation of the complex intervention Safewards in two clinics in Germany (Symposium)**
	  Michael Löhr | Germany
	  Andreas Bechdolf | Germany
	  Emilio Velasquez | Germany

	Concurrent E (Aquino Lounge) – Chair Uwe Genge • **WS-01 Beyond Recovery – An integrative ecosystems approach to mental health and wellbeing (Workshop)** *Peter Wolfensberger	Switzerland*
14:30-15:00	Coffee Break
15:00-16:00	**Concurrent A (Auditorium)** – Chair André Nienaber • **S-02 Guided Self Determination (GSD) – Making empowered decisions (Symposium)** **Severe Mental Illness and requirements** *Nora Bötel	Switzerland* **Guided Self-Determination: Development and Training** *Izaskun Altemir Garcia	Denmark* **The Guided Self-Determination Method: Evidence and Implementation** *Rikke Jørgensen	Denmark* **Concurrent B (Seminarraum 1)** – Chair Dorothea Sauter • **C-10 Facilitating and Hindering Factors in Recovery: Insights from Expert Interviews and Focus Groups with Affected Individuals-Oriented Psychiatric Care** *Ingo Tschinke	Germany* • **C- 11 Effects of the Discovery Group from the Tidal Model in impatient psychotherapy** *Edgar Mehlmann	Germany* • **C-12 From overpowering to EMPOWERING** *Ruth Finlay; Aisling McCullagh	Ireland* **Concurrent C (Seminarraum 2)** – Chair Tomas Petr • **C-13 Perspectives of Healthcare Professionals on Cross-sectoral collaboration Between Mental Health Centres and Municipalities: A Qualitative Study** *Kim Jørgensen	Denmark* • **C-14 Introduction of a Clinical Skills Facilitator Role in a Mental Health Setting** *Mary Corrigan	Ireland* • **C-15 Improving Physical Health among Psychiatric outpatients: A Preventative Approach in Mental Health Nursing** *Peter Hjorth	Denmark* **Concurrent D (Seminarraum 3)** – Chair Susanna Flansburg • **C-16 Best Practice Principles for Implementing Psychosocial Interventions into Adult Mental Health Nursing Practice** *Sarah Roche	Ireland* • **C-17 Shared decisionmaking for a more person-centred health care and social services for people with psychiatric conditions** *Louise Kimby	Sweden* **Concurrent E (Aquino Lounge)** – Chair Liesbet van Bos • **WS-02 Therapeutic work in mental health nursing – a puzzle consisting of science, education, practice and management (Workshop)** *Sven Andersson	Switzerland* *Katja Rother	Switzerland*
16:00	Change into Auditorium
16:15-16:30	Music
16:30-17:15	**KN-03 Navigating Complexity in Psychiatric Care to avoid Coercion: Exploring Joint Crisis Plans as a Complex Intervention** *Jacqueline Rixe, Bielefeld, Germany* Chair: Michael Mayer
17:15	Closing 1st day

17:40-19:00	**General Assembly Horatio-European psychiatric nurses**

Friday, 16th May 2025

08:20-08:30	Welcome
08:30-09:15	**KN-04 Willingness to change? Mental health nurses' reactions to implementation of a complex intervention** *Dr. Rikke Jørgensen, Aalborg, Denmark* Chair: Susanna Flansburg
09:15-10:00	**KN-05 Advanced practice mental health nursing; what is it good for?** *Prof. Gisli Kort Kristofersson, Akureyri, Iceland* Chair: Aisling Culhane
10:00-10:30	Coffee Break

10:30-11:30

Concurrent A (Auditorium) – Chair Susanna Flansburg

- **C-18 Service users' experiences and perceptions of carer support and involvement in care and treatment in adult mental health inpatient settings: a systematic review and thematic synthesis**
  Ellen Boldrup Tingleff | Denmark
- **C-19 Working beyond the individual: how systemic therapy by an APN finds its value in a Belgian mental health hospital**
  Julie Vandekerckhove | Belgium
- **C-20 The FSI forensic project: Family Support and Involvement in forensic mental health settings**
  Ellen Boldrup Tingleff | Denmark

Concurrent B (Seminarraum 1) – Chair Alexei Sammut

- **C-21 Navigating Dementia Care in the Community: A Multidisciplinary Approach to Supporting Patients and Caregivers**
  Mark Vassallo | Malta
- **C-22 Therapeutic Lying in the context of dementia care**
  Felix Friedrich Lenz | Germany
- **C-23 Interdisciplinary, Coordinated, and Structured Care for Severely Mentally Ill Patients: Emphasizing the Role of Psychiatric Home Care in Germany**
  Ingo Tschinke | Germany

Concurrent C (Seminarraum 2) – Chair Jacob Helbeck

- **C-24 The needs of families living with a loved one with schizophrenia**
  Tina Hägg-Haapanen | Finland
- **C-25 'I feel like the burden of the world is on my shoulders': A phenomenological qualitative study on the life experiences of adult children of parents with schizophrenia**
  Tuğba Pehlivan Sarıbudak; Gül Dikeç (presenter) | Turkey
- **C-26 The Effect of Bibliotherapy-Based Psychoeducation Program on Parenting Perceptions of Parents with Special Needs Children**
  Rojinda Ucak | Turkey

Concurrent D (Seminarraum 3) – Chair Sabine Hahn

- **C- 27 Transforming Care: Co-produced Interventions to Enhance Patient Safety in Complex Mental Health Settings – A PhD Study**
  Trine Vintersborg | Denmark
- **C- 28 Navigating the Impact of Coercive Measures in Psychiatry: Toward Developing Complex Interventions to Mitigate Their Effects**
  Lene Lauge Berring | Denmark
- **C-29 The long way to a program theory for debriefing after coercion**
  Sabine Hahn | Switzerland

Concurrent E (Aquino Lounge) – Chair Georg von Ungern-Sternberg

- **WS-03 Recovery College: Background, Evaluation, and Practical Implementation (Workshop)**
  Jared Omundo; Susanne Schmedthenke | Germany

11:30	Stay, Change rooms or Stretch legs
11:45-12:45	**Concurrent A (Auditorium)** – Chair Gisli Kort Kristofersson • **C-30 Constant observation in psychiatric inpatient care as a complex intervention** *Lars Alsbach | Germany* • **C-31 The impact of coercion on patients' recovery in psychiatric wards: Systematic review of qualitative literature** *Páll Biering; Hrafnhildur Benediktsdóttir | Iceland* • **C-32 Can the participation of nurses in psychiatric coercion be justified any longer? Empirical and ethical analyses** *Dirk Richter | Switzerland* **Concurrent B (Seminarraum 1)** – Chair Martina Dubovcová • **C-33 Health matters, even on the street. Street nursing and homelessness** *Charlotte Ruyssen | Belgium* • **C-34 Design thinking in Action: Tackling unforeseen challenges in Refugee Mental Health** *Michael Gibbons | Ireland* • **C-35 The Relationship between Internalized Stigmatization and Adherence Among Syrian Refugees with Mental Disorders** *Gül Dikeç | Turkey* **Concurrent C (Seminarraum 2)** – Chair Saskia Flegel • **C-36 Inner calm in turbulent times -The effect of mindfulness on people with psychotic disorders**- *Eileen Fulde | Germany* • **C-37 Using Virtual Reality Headsets for Relaxation in mental health care settings** *Ciaran Cuddihy | Irland* • **C-38 Effect of psychoactive hand massage on patients in the setting of a geriatric psychiatric day clinic** *Patrick Lemli | Germany* **Concurrent D (Seminarraum 3)** – Chair André Nienaber • **S-03 Enhancing Interprofessional Collaboration and Complex Interventions in Family-Centered Care: Exploring Potential for Sustainable Approaches in Germany and Switzerland (Symposium)** **Enhancing Collaboration Skills Through Training: A Study on Complex Interventions in Psychotherapy** *Maylien Keimeier | Germany* **Sustainable Interinstitutional Cooperation in Family-Centered Care: Insights from the Family-Medicine-Center Gütersloh (ZFM-GT)** *Fabian Klein | Germany* **Cross-system cooperation in the context of family medicine** *André Nienaber | Switzerland* **Concurrent E (Aquino Lounge)** – Chair Michael Mayer • **WS-04 Consultation liaison Psychiatry and mental health care: Expanding the role of APNs (Workshop)** *Ragnheiður Bjarman; Þórey Rósa Einarsdóttir | Iceland*
12:45-14:00	Lunch
14:00-15:00	**Concurrent A (Auditorium)** – Chair Tomas Petr • **C-39 A standard suicide risk assessment – treatmentplan to ensure patient safety** *Julia Brynjólfsdóttir | Iceland* • **C- 40 The Importance of a Process Perspective in Intimate Partner Homicide (IPH) Prevention** *Karin Örmon | Sweden* • **C-41 Complex interventions? Children exposed to parental suicidal behaviour** *Geir Tarje Bruaset | Norway*

14:00-15:00	**Concurrent B (Seminarraum 1)** – Chair Jacqueline Rixe • **C-42 Successfully implementing innovations and evidence in psychiatric practice. How can complex interventions be implemented sustainably?** *Gitte Herwig	Germany* • **C-43 Evaluating Complex Interventions in Psychiatric Nursing: A Bibliometric Analysis of Methodological Approaches** *Erman Yildiz	Turkey* • **C-44 Practice development meets personnel development: Strategy concept Pflege 3.0© as a best practice example for the sustainable implementation of complex interventions** *Michael Ziebold; Gitte Herwig	Germany* **Concurrent C (Seminarraum 2)** – Chair Anna Hegedüs • **C-45 Managing Complex Mental Health Presentations in the Patients own Home** *Sinéad Frain	Ireland* • **C-46 Recommendations for the implementation of inpatient equivalent treatment: Results of the process evaluation of the AKtiV study** *Martin Holzke	Germany* • **C-47 Effectiveness of community mental health nursing in Switzerland: mirror-image analysis of psychiatric hospitalizations** *Anna Hegedüs	Switzerland* **Concurrent D (Seminarraum 3)** – Chair Michael Löhr • **C-48 Re-thinking mental health nursing** *Dirk Richter	Switzerland* • **C-49 Creating space for the voices of Sexual Violence Victim/Survivors in Psychiatric Nursing Education: Use of a Graphic Novella to Support Education** *Candice Waddell-Henowitch	Canada* • **C-50 Self-Experience and Self-Reflection in Mental Health Nursing: Chances and Benefits** *Pascal Wabnitz	Germany* **Concurrent E (Aquino Lounge)** – Chair Christian Burr • **WS-05 User Designed Psychiatric Wards (PSYwithUS) (Workshop)** *Christian Burr; Sabine Rühle Anderson	Switzerland* *Claude Spiller; Elke Reitmayer	Switzerland*
15:00-15:30	Coffee Break
15:30-16:30	**Concurrent A (Auditorium)** – Chair Michael Mayer • **C-51 Habits of Peer Support Workers in German Psychiatry** *Michael Mayer	Germany* • **C-52 Evaluation of the Recovery College Bern** *Nora Ambord	Switzerland* **Concurrent B (Seminarraum 1)** – Chair Hanna Tuvesson • **C-53 Mental health nurse perceptions of their knowledge base of medical care interventions – A training needs analysis** *Mary Corrigan	Irland* • **C-54 Determination of psychosocial care giving status and competence of intensive care nurses** *Buse Saygin Sahin	Turkey* • **C-55 Mental Health Problems: perceptions of nurses on somatic wards** *Hanne Vandewiele; Lindsay Van Belle	Belgium* **Concurrent C (Seminarraum 2)** – Chair Georg von Ungern-Sternberg • **C-56 The Relationship Between Internalized Stigmatization and Mental Health Literacy Among Syrian Refugees Used Psychosocial Services** *Gül Dikeç	Turkey*

15:30-16:30	• **C-57 The Effect of Internalized Stigma on Social Integration in Patients with Psychiatric Disorders** *Funda Gümüs | Turkey* • **C-58 Investigation of the factors related to problematic internet use and digital game playing in university students with a structural equality model** *Hatice Irmak | Turkey* **Concurrent D (Seminarraum 3)** – Chair Tomas Petr • **C- 59 Patient-initiated brief admissions in Iceland - a nursing intervention** *Ragnheiður Bjarman | Iceland* • **C-60 Implementing hospital test discharge periods for young adults with mental health problems: a qualitative study** *Bart Debyser | Belgium* • **C-61 Implementation of an Enhanced Referral Pathway for Parallel Mental Health Assessment in the Emergency Department in a Dublin-based University Hospital** *Michelle O'Donohoe | Ireland* **Concurrent E (Aquino Lounge)** – Chair Liesbet van Bos • **WS-06 Guided Self Determination (GSD) - through a common understanding to more self-determination (Workshop)** *Susan Munch Simonsen; Izaskun Altemir Garcia | Denmark* *André Nienaber | Switzerland*
16:30	Change into Auditorium
16:40-17:10	**Horatio Fellowship Award**
17:10-17:30	**Announcement & Invitation Horatio Congress 2026**

19:00	**Congress Party „Das Lemke" (registered participants only)**

Saturday, 17th May 2025

09:00-10:00	**Concurrent A (Auditorium)** – Chair Martina Dubovcová • **C-62 Towards a Shared Understanding: Challenges and Opportunities in the Diffusion of Digital Technology in Mental Health** *Christine Therese Caroline Toreld | Denmark* • **C-63 The Meeting Between Healthcare Professionals and Patients with Mental Health Challenges During Cancer Treatment** *Kim Jørgensen | Denmark* • **C-64 Unmet Care in Psychiatric Clinics: A Nurse's Perspective** *Mizgin Demir | Turkey* **Concurrent B (Seminarraum 1)** – Chair Gisli Kort Kristofersson • **C-65 Evaluation of a brief cognitive behavioural group therapy for distressed female university students; focus group results** *Johanna Bernhardsdottir | Iceland* • **C-66 Experiences of women in mental health rehabilitation** *Sólrún Óladóttir | Iceland* • **C-67 Canadian Women Veterans with Experience Of Homelessness: What supports do they need?** *Cheryl Forchuk | Canada*

Concurrent C (Seminarraum 2) – Chair Lene Lauge Berring

- **WS-07 Starting the Conversation: Co-Producing the Next Generation of the Brøset Violence Checklist (Workshop)**
  Jacob Hvidhjelm | Denmark
  Lene Lauge Berring | Denmark

10:00-10:30	Coffee Break

Concurrent B (Seminarraum 1) – Chair Susanna Flansburg

- **C-68 Curious Collaboration: Implementing, Evaluating, and Refining a Cross-Sector Model for ADHD**
  Rikke Kristensen | Denmark
- **C-69 Working with young people in challenging times. TEJO: a unique project from Belgium**
  Christophe Casteleyn | Belgium
- **C-70 Care needs and health promotion preferences among adolescents and parents of adolescents with mental illness, to support healthy weight development: a qualitative study**
  Annika Nordkamp | Denmark
- **C-71 Adapting the Tidal Model to Child and Adolescent Mental Health Care**
  Ulf Boger; Phoebe Koch | Germany

Concurrent C (Seminarraum 2) – Chair Jacqueline Rixe

- **C-72 Mental health care professionals` interactions with individuals experiencing severe mental illnesses, who may exhibit aggressive and/or violent behaviours**
  Hilde Karlsen Sanna | Norway
- **C-73 Dealing with people with borderline personality disorder in non-disorder-specific care – recommendations for practice**
  Jacqueline Rixe | Germany
- **C-74 Assessing supportive interventions for patients with impaired emotional regulation in forensic care**
  Karsten Gensheimer | Germany
- **C-75 An Analysis of the Profiles of Forensic Psychiatric Patients with Compulsory Hospitalization in A Regional Psychiatric Hospital: A Retrospective Study**
  Gül Dikeç | Turkey

Concurrent D (Seminarraum 3) – Chair Michael Löhr

- **C-76 The training continuum, a multidimensional field of tension between different requirements and actors in the training to become a nurse**
  Maria Heuer | Germany
- **C-77 Nursing interventions throughout Hildgard Peplau´s theory of interpersonal relationship between the clinical mentor and the nursing student**
  Aljosa Lapanja | Slovenia
- **C-78 Training Psychiatric/Mental Health Nursing Students (PMHNS) in Motivational Interviewing: A practicebased educational project**
  Cornelia Schneidtinger | Austria
- **C-79 Family Nursing Education In Graduate PMH Nursing**
  Eydis Kristin Sveinbjarnardottir | Iceland

12:00-13:00	Lunch

KN-06 The role and impact of process evaluation in the evaluation of complex interventions - challenges and opportunities
Prof. Ralph Möhler, Düsseldorf, Germany

Chair: Jacqueline Rixe

Ending Ceremony

Scientific Posters (Digital presentation)

- **P-01 The questions on violence (FOV) tool for interpersonal violence inquiry in Swedish healthcare settings – evaluation of content validity, face validity and test-retest reliability**
  Karin Örmon | Sweden

- **P-02 Mental health care for people with a refugee background: a front-line perspective**
  Jürgen Magerman; Sofie Vindevogel; Yasmine Boumahdi | Belgium

- **P-03 Quality Evaluation of Welfare and Healthcare Professionals' perspectives on a Mobile Application for self-harm support: An interdisciplinary questionnaire Survey using the uMARS**
  Lise Bachmann Oestergaard; Lene Lauge Berring; Ingrid Charlotte Andersen | Denmark

- **P-04 Nurses in a self-help and advocacy group for bipolar disorders**
  Katrin Engert; Astrid Freisen | Germany

- **P-05 Improving the Inpatient Treatment and Care of Adolescents with Anorexia Nervosa**
  Caroline Pedersen; Jane Clemensen; Ellen Boldrup Tingleff; Mia Lichtenstein | Denmark

- **P-06 Supporting parents of children and adolescents hospitalized with an eating disorder in mental health care settings**
  Line Sørensen; Hanne Agerskov; Mia Beck Lichtenstein; Sara Rowaert; Ellen Boldrup Tingleff | Denmark

- **P-08 Leadership Perspectives on Implementing Time Together: Barriers and Facilitators in Psychiatric Inpatient Care**
  Andreas Glantz; Jenny Molin | Sweden

- **P-09 Complex interventions in mental health nursing in Slovakia**
  Martina Dubovcová | Slovakia

- **P-10 Clinical Supervision for Mental Health Nurses. Mental health nurse leaders working together to achieve a shared vision**
  Clare Flanagan; Ruth Finlay | Ireland

- **P-11 Men's experiences of abuse form a life course perspective - a time geographic study in a psychiatric care context**
  Lotta Sjögran, Charlotta Sunnqvist, Karin Sjöström | Sweden

- **P-12 Safewards Talk Down & Mutual Expectation Interventions introduction into an Acute Psychiatric unit**
  Theresa Donegan | Ireland

- **P-13 Development of a Co-produced Community-based Psychosocial Sports/Leisure Intervention Programme for people in the Wexford residential MHID services**
  Emma Byrne; Michael Mahon | Ireland

- **P-14 Transition in psychiatry**
  Rikke Mortensen | Denmark

Scientific Posters (Digital presentation)

- **P-15 The Association Between Self-stigma of Mental Illness and Quality of Life of Adults Living with Depression**
  Refah Alqahtani; Jan R. Boehnke; Clair Gamble | United Kingdom

- **P-16 Outcomes of Safewards Implementation in Psychiatric Inpatient Care: Impact on Coercive Measures**
  Jenny Karlsson; Anna Björkdahl; Naimi Johansson | Sweden

- **P-17 Introducing Simulation-based Pedagogy for Mental Health Nursing Students**
  Shony Chacko | Ireland

- **P-18 Collaboration in DBT skills groups**
  Zoe Dillon; Laura Collins | Ireland

- **P-19 ProLiSMental psychoeducational intervention: Developing a complex intervention to promote adolescent's mental health literacy**
  Tânia Morgado; Ana Teixeira; Luís Loureiro; Rosa Simões | Portugal

- **P-20 Reframing the Art and Science of Psychiatric Nursing through advanced practice**
  Ursula O´Neill | Ireland

- **P-21 An Educational Concept for Nurses in Managing Individuals with Impaired Mood Regulation**
  Karsten Gensheimer; Anna Schindler; Fritz Sterr | Germany

- **P-22 Mental Health Literacy programme among health undergraduate students: development of a complex intervention**
  Ana Teixeira; Sónia Martins; Tânia Morgado; Sara Lima | Portugal

- **P-23 Exploring homecare nurses encounters with patients living with mental diseases - A study on professional and organizational conditions for homecare nursing in Denmark**
  Dorte Wiwe Dürr; Anne Bendix Andersen; Anne Dalsgaard Due; Anita Lunde | Denmark

- **P-24 Experiences of mental health nurses and patients of improving physical activity in mental health care: a systematic review of qualitative evidence**
  Merve Ozturk | United Kingdom

HORATIO CONGRESS 2025

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„Complex Interventions in Mental Health"
DEVELOPING, IMPLEMENTING AND EVALUATING COMPLEX INTERVENTIONS

Keynotes

David A. Richards, Norway
"How useful are research results for decision makers? The new Medical Research Council Framework for Complex Interventions"

Rikke Jørgensen, Denmark
"Willingness to change? Mental health nurses' reactions to implementation of a complex intervention"

Gisli Kort Kristofersson, Iceland
"Advanced practice mental health nursing; what is it good for?"

Sabine Rühle-Andersson, Switzerland
"Service user involvement in mental health research – A Consolidation between rational and personal experiences"

Ralph Möhler, Germany
"The role and impact of process evaluation in the evaluation of complex interventions - challenges and opportunities"

Jacqueline Rixe, Germany
"Navigating Complexity in Psychiatric Care to avoid Coercion: Exploring Joint Crisis Plans as a Complex Intervention"

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KN-01 How useful are research results for decision makers? The new Medical Research Council Framework for Complex Interventions

David Richards
Professor, Department of Health and Caring Sciences, Western Norway University of Applied Sciences, Bergen, Norway

Since Peter Criag and colleagues at the United Kingdom Medical Research Council published their 2008 seminal framework on 'Complex Interventions' research methods, much has changed in the world of health services research. Amongst other developments, patient and public involvement has become incorporated into many health systems and research plans. Programme theories and logic models have migrated from social and public health programmes into the mainstream of health services research, including clinical trials where they are now almost ubiquitous. A focus on reducing 'research waste' and conversely increasing the value of research is also now a major movement for funders and researchers. Aligned to this is the idea of 'usefulness', where research plans and results are evaluated in terms of how policy makers, patients and clinicians can make good use of research outputs. These and many other developments have been incorporated into a revised – and much longer – framework, published in 2021 by Skivington et al. This presentation will take a critical look at some of the key changes and developments, including resulting controversies, and outline strategies that researchers can take to steer a route through the new complex interventions research environment.

KN-02 Service user involvement in mental health research – A Consolidation between rational and personal experiences

Sabine Rühle-Andersson
Bern University of Applied Sciences, Switzerland

Service user involvement is the consolidation between research and expertise perspective. In mental health research this can ensure on the one hand that the requirements of the UN Convention are supported and on the other hand that patients' needs are included in scientific projects

The keynote offers a comprehensive insight into the consolidation between the two poles: analytical thinking and mental illness – analytic and expertise perspective. It shows how valuable the involvement of a service user in psychiatric research is and what obstacles can be encountered.
One does not exist without the other. The ongoing mental illness situation of mine is the legitimation to bring my own perspective into research. However, I need an empathetic and evaluative environment for me to function. This goes hand in hand with a question of attitude on the part of professionals who believe in service user involvement; Without that, it doesn't work. The consolidation between the two fronts is to be shown by using own examples and to be established based on various projects. This offers an insight into the personal situation and should be understood as trendsetting.
Another part of my work as a lecturer is an essential factor in my work, as psychiatry is still stigmatized, especially in the somatic field, and students are sometimes afraid of it. In the master's program, one's own perspective offers insights into one's personal experience of illness and experiences in the health care system.

KN-03 Navigating Complexity in Psychiatric Care to avoid Coercion: Exploring Joint Crisis Plans as a Complex Intervention

Jacqueline Rixe
Ev. Klinikum Bethel Bielefeld, Germany

The discussion on self-determination has become increasingly important in social discourse in re-cent decades and has also been given a legal framework in the health care system beyond the national framework, e.g. through the UN Convention on the Rights of Persons with Disabilities. In both somatic and psychiatric treatment contexts, advance directives have been developed in various forms to ensure the high value of self-determination even in acute phases of illness when the capacity to give consent may be limited. Advance directives can be made unilaterally, i.e. by the person alone, or bilaterally, i.e. together with a treatment team. A Joint Crisis Plan (JCP) is a bilateral advance directive between the patient and the treatment team for future inpatient treatment.

With the increasing importance of self-determination in the psychiatric context, research into JCPs has also increased. The focus here is on the influence on the experienced participation, but also on the influence of JCPs on the cumulative duration of treatment and the frequency of coercive measures.

The research situation on JCPs is heterogeneous; however, on closer inspection, JCPs in different countries also differ considerably. Despite these differences, a JCP is an important tool for psychiatric nurses, as avoiding coercive measures and supporting patients' self-determination is part of the professional ethos of nursing.

The keynote presentation will introduce different forms of JCPs and present study results. It will discuss the extent to which JCPs are a complex intervention, what should be considered when implementing them, and how psychiatric nurses can contribute to the implementation and application of JCPs.

KN-04 Willingness to change? Mental health nurses' reactions to implementation of a complex intervention

Dr. Rikke Jørgensen
Aalborg University Hospital and Aalborg University, Denmark

In mental health nursing, the implementation of evidence-based interventions is essential to ensure the highest quality of care and optimal patient outcomes. However, a deeper understanding of mental health professionals' responses to these interventions is necessary as their reactions hold significant implications for the success or failure of uptake and implementation. To maximize the effectiveness and sustainability of evidence-based interventions, it is crucial to thoroughly examine these responses and refine the implementation process accordingly.

In the Psychiatric Department in the North Denmark Region, a complex intervention has been the focus of implementation in nursing practice over the past decade. The intervention, known as the Guided Self-Determination Method, aligns with a recovery-oriented approach, and empowers mental health patients to manage their conditions by identifying everyday challenges, testing potential solutions, and developing self-management skills in collaboration with mental health professionals.

This presentation will explore the research findings and insights gained from the implementation of the complex intervention, focusing specifically on mental health professionals' attitudes and reactions toward its use. A key theme throughout the implementation process has been the ongoing challenge of readiness for change versus resistance to change, which has significantly influenced the uptake and sustainability of the intervention.

KN-05 Advanced practice mental health nursing; what is it good for?

Prof. Gisli Kort Kristofersson,
University of Akureyri Iceland

In this talk the historical context of the APMHN role will be explored and the currents that have influenced its development, both within and without Europe. The difference between the nurse practitioner role (NP) and the clinical nurse specialist (CNS) role in this clinical area will be examined and the case made for a flexible approach to APMH nursing that may have both fixed competencies and flexible ones depending on the need and context of each country and its legislative agenda and environment. With the unique philosophy of mental health nursing and its human rights emphasis to guide its role development and to make sure APMH nursing does not loose itself in the weeds of the alluring medical model as it grows, the future of APMH nursing remains bright as long as we stay vigilant.

KN-06 The role and impact of process evaluation in the evaluation of complex interventions - challenges and opportunities

Prof. Ralph Möhler
Heinrich Heine University Düsseldorf, Germany

Process evaluation is an essential part of complex intervention research to assess implementation fidelity, to clarify causal mechanisms, and to identify contextual factors that may influence the implementation and outcomes (Moore et al. 2015). However, researchers face several methodological challenges, such as defining the most appropriate topics to assess, and collecting and analysing various qualitative and quantitative data. The aim of this presentation is to provide an overview of the role and impact of process evaluation in different phases of the research process according to the Medical Research Council's updated guidance for developing and evaluating complex interventions (Skivington et al. 2021). We will reflect on frameworks for designing and conducting comprehensive process evaluation to enhance the rigour and relevance, and on common challenges, such as stakeholder involvement, use of programme theory, defining appropriate outcomes and data collection methods, and analysing and synthesising data from different methodologies.

CONCURRENT SESSIONS

C-01 An Introduction into Trauma Informed Practice in Mental Health Settings

Lauren Keegan
Regional Centre of Nursing and Midwifery Education Dublin North
Ireland

Background: Evidence determines trauma to be the most significant predictor of mental health difficulties developing later in life (Sweeney et al.2018). In alignment with national 'Sláintecare' action plan recommendations, the 'Sharing the Vision' publication on mental health policy emphasizes the significance of practitioners providing Trauma Informed Practice (TIP) (DOH, 2019; 2020). TIP is an evidence-based concept incorporating the need to respond to service-users by recognizing the impact/prevalence of trauma and preventing unintentional re-traumatization occurring within care-delivery. The nature of these settings often requiring seclusion, physical restraint, and body searches, which present risks of re-traumatising patients (Sweeney et al. 2018). The Government of Ireland is addressing the deficit of TIP in health provision as there is increased need for professionals to respond to trauma (SAMSHA, 2014).

Aim: The aim of the one-day course is to enable healthcare professionals working in mental health to acquire a foundation knowledge, skills and attitude to competently care for patients with a history of Trauma. The principles of adult education underpin course delivery, with an emphasis on facilitating learners to evaluate their own learning needs and to take responsibility for their continuing professional development.

Methods: The course includes discussions around; Defining trauma, Adverse Childhood Experiences (ACE's), traumatic experiences in adulthood, the effects of trauma on the mind-body connection, trauma related behaviors, Trauma Informed Practice approaches and our role as healthcare professionals in caring for people who present with trauma. Facilitators aim to encourage learners to engage with their peers, reflect on clinical experiences and explore trauma in a safe and open learning environment.

Results: The course includes discussions around; Defining trauma, Adverse Childhood Experiences (ACE's), traumatic experiences in adulthood, the effects of trauma on the mind-body connection, trauma related behaviors, Trauma Informed Practice approaches and our role as healthcare professionals in caring for people who present with trauma. Facilitators aim to encourage learners to engage with their peers, reflect on clinical experiences and explore trauma in a safe and open learning environment.

Discussion: A key component of TIP is the creation of a safe, supportive, and non-judgmental environment (SAMSHA, 2014). Individuals who have experienced trauma often have heightened sensitivity to perceived threats, making it essential for practitioners to establish trust from the outset (Sweeney et al. 2018). This sense of safety creates an environment where people can process their trauma and engage fully in the healing process (SAMSHA 2014). Empowerment and choice are key factors in encompassing TIP (Sweeney et al. 2018). Certain mental health settings such as acute in-patient units, were historically modelled off traditional approaches of creating power imbalances between staff and patients. This can be an image that lasts for many people who access the mental health services (Sheilds et al. 2018). Mental health practitioners have the ability to change that image, by providing care in a trauma-informed way. The collaborative underpinning of TIP leads to stronger therapeutic relationships, fostering more of a partnership that can encourage more personalized and successful treatment outcomes (Sweeney et al. 2018).

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C-02 Reiterating the need for trauma-informed and anti-oppressive spaced for disclosures of sexual violence: Learning from those who have lived through it

Candice Waddell-Henowitch
Brandon University
Canada

Background: Sexual violence is a pervasive issue. More than 25% of gender marginalized individuals have experienced sexual violence at some point in their adult life, and most of these individuals suffer in silence (1). Complicating the issue, delayed disclosures are becoming more prevalent since the #metoo, and #notokay social media movement (2-4). However, their continues to be varied, and often negative responses from health professionals to disclosures of sexual violence (5).

Aim: The aim of this presentation is to share the voices of individuals with a history of sexual violence to explore responses that are helpful and a hindrance to disclosure.

Methods: Trauma-informed qualitative research with a feminist perspective framed ten semi-structured interviews to answer the question: What is the retrospective life experience of individuals who encountered sexual violence in post-secondary education?

Results: Trauma-informed qualitative research with a feminist perspective framed ten semi-structured interviews to answer the question: What is the retrospective life experience of individuals who encountered sexual violence in post-secondary education?

Discussion: The retrospective nature of this research study provides opportunity for victim/survivors to express how they lived through sexual violence experiences. The narratives reiterate the need for PMH nurses to consider how all forms of sexual violence, whether rape, stealthing, sexual assault, or attempted rape have the potential to cause a lasting impact on victim/survivors. Due to the overwhelming presence of sexual violence, PMH nurses need to start from a place of trauma-informed and anti-oppressive care assuming all clients have an experience of sexual violence to provide space for disclosure regardless of the type of violence, or the length of time that has past since the violence.

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C-03 Implementing complex interventions in mental health nursing: Post Traumatic Growth

Brenda Costello
University of Limerick
Ireland

Background: The existing evidence demonstrates that people who have experienced trauma have experienced long-lasting and profound difficulties and challenges with their mental health. As there is an absence of evidence on post traumatic growth following trauma it was judged to be beneficial to determine the evidence underpinning interventions that promote post traumatic growth. Post traumatic growth proposes that in the struggle to manage trauma that positive personal changes are possible (Tedeschi and Calhoun 2004).

Aim: The aims is to identify the international evidence base relating to post traumatic growth. This review will draw the evidence on understanding how service-users experience posttraumatic growth. The main questions are:
What factors are identified amongst people who have experienced posttraumatic growth?
What does the literature identify as key facets to posttraumatic growth?
How do mental health nurses implement trauma informed principles to guide and promote post traumatic growth?

Methods: This study will adopt the scoping review framework by Arksey and O'Malley (2005). It involves five stages as follows: identifying the research question, identifying relevant studies, study selection, charting the data and collating, summarising, and reporting the results. This approach is broad and is expected to find diverse evidence relating to methodology and other findings that will shape further studies (Gonçalves et al. 2021).

Results: This study will adopt the scoping review framework by Arksey and O'Malley (2005). It involves five stages as follows: identifying the research question, identifying relevant studies, study selection, charting the data and collating, summarising, and reporting the results. This approach is broad and is expected to find diverse evidence relating to methodology and other findings that will shape further studies (Gonçalves et al. 2021).

Discussion: Mental health nurses play a key role in in supporting service users to identify individual strengths and opportunities for growth to achieve recovery (Reid et al 2018). Key factors in this study will be highlighted drawing on the international literature on post traumatic growth amongst patients. The findings will be shared with the audience and learning for practice and policy will be identified. This study will inform mental health nurses and contribute to their approach to supporting service-users who have experienced trauma. Nurse-Patient therapeutic engagement can be described as the use of verbal and nonverbal communication to help and improve the patient's mental health (McAllister et al 2021). The therapeutic use of self from the nurse can empower, soothe, and instil hope in service users (Koloroutis 2014). The values principles that underpin mental health nursing are:

Building therapeutic alliances
A recovery approach
Respect and dignity
Patient centred care
Trauma informed care

The CHIME recovery principles align with PTG

Connectedness
Hope
Identity
Meaning
Empowerment

All these principles guide mental health nurses in their therapeutic interactions with service users who have experienced trauma that is impacting their mental health (NMBI 2023)

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C-04 Innovating Outpatient Care: Nurse-Led Clozapine Clinics in Iceland with a Holistic and Service-User Focus

Rannveig Thorsdottir
Landspitali Nationa Hospital
Iceland

Background: Clozapine is a key antipsychotic for treatment-resistant schizophrenia, effectively reducing psychotic symptoms but posing risks like agranulocytosis, myocarditis, and severe constipation. Common side effects include weight gain and metabolic syndrome, which may lower life expectancy. Rigorous health monitoring is essential. While clozapine clinics have operated successfully abroad for years, they were introduced in Iceland in 2023, offering a structured approach to ensure safety and improve outcomes.

Aim: The goal of this initiative is to improve the quality of care and safety of individuals undergoing clozapine treatment.

Methods: A nurse-led clozapine clinic offers minimum of quarterly nursing consultations for assessments and lifestyle education. Nurses collaborate with a multidisciplinary team for monitoring and a lifestyle program is being co-designed with service users.

Results: A nurse-led clozapine clinic offers minimum of quarterly nursing consultations for assessments and lifestyle education. Nurses collaborate with a multidisciplinary team for monitoring and a lifestyle program is being co-designed with service users.

Discussion: Initial findings from the Landspitali clozapine clinic underscore the diverse and complex care needs of service users, with promising progress in addressing them. Strengthening collaboration with primary care and establishing standardized protocols for risk management are key priorities. Nurse-led interventions, including multidisciplinary and service-user-driven lifestyle programs, are being designed to reduce risk factors, improve physical and mental health, and enhance quality of life. Psychiatric nurses play a pivotal role in addressing and managing these issues, integrating physical and mental health care to support meaningful recovery and improve quality of life for individuals receiving clozapine treatment. Plans for electronic tools, such as an app for clinical management and patient self-care, are also in development.

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C-05 Follow-Up of Antipsychotic Treatment Adherence to Clinical Guidelines at Akureyri Hospital

Guðrún Ásbjörg Stefánsdóttir, Gísli Kort Kristófersson, Kristín Linda H. Hjartardóttir
Akureyri Hospital (SAk)
Iceland

Background: Individuals with severe mental illness have 10-25 years shorter life expectancy than the general population due to adverse circumstances. Antipsychotic treatment (AT) carries independent risks for metabolic and motor side effects that can worsen health. Follow-up care for AT is often inadequate, and clinical guidelines are rarely followed. Systematic follow-up is essential for recognizing risks and benefits, enhancing collaboration, and strengthening the therapeutic relationship, allowing for early detection of side effects and abnormalities.

Aim: To evaluate whether clinical guidelines on antipsychotic medication treatment follow-up are being followed in the outpatient psychiatric department (OPD) at Akureyri Hospital (SAk).

Methods: A quantitative retrospective data study, in which data from admitted service users in January 2024 at the OPD of SAk were analyzed. Data were examined from the previous year.

Results: A quantitative retrospective data study, in which data from admitted service users in January 2024 at the OPD of SAk were analyzed. Data were examined from the previous year.

Discussion: Follow-up with AT in the OPD is insufficient; there is a need to improve the measurement of vital signs, weight, and circumference, as well as to implement proposed screening lists for motor side effects. In addition, it is important to focus on the documentation practices of both physicians and nurses.

C-06 Parenting in Precarity: Psychosocial and Family Health in the Context of a Precarious Residential Status in Switzerland

Sabrina Laimbacher, Eva Soom Ammann, Martin Nagl-Cupal
Bern University of Applied Sciences
Switzerland

Background: Some legal residence permits - or the absence of one - cause particularly precarious living situations. Many affected people are parents responsible for minor children. These life circumstances can impact the parental psychosocial and family health. While access to formal healthcare services is limited, families, social networks, and communities often act as essential informal support systems. Nurses could play a key role in supporting and improving low-threshold access to healthcare in these contexts.

Aim: To develop a deeper understanding of parenting in these life contexts, how psychosocial and family health is affected and informal/formal support is used, and what it means for nursing practice.

Methods: An iterative ethnographic research approach involving participant observations and conversations is used. This interactive research strategy allows collaboration and co-production with parents, families, community key persons, and professionals.

Results: An iterative ethnographic research approach involving participant observations and conversations is used. This interactive research strategy allows collaboration and co-production with parents, families, community key persons, and professionals.

Discussion: Initial results of the ongoing PhD project 'Parenting in Precarity' will be presented and discussed at the conference.

C-07 Bridging Islands in the Stream: The Pivotal Role of Mental Health Nurses in Integrating Mental Health and Addiction Care

Jürgen Magerman, Clara De Ruysscher, Mégane Chantry
University of Apllied Sciences and Arts Ghent/ Ghent University
Belgium

Background: Research shows that 20 to 50 percent of people with mental illness use alcohol or illegal drugs. Conversely, mental health problems are common among people with drug and alcohol problems. The specific care needs of these people require extensive attention. In Belgium, care provision for these populations is highly disaggregated into separate sectors. The SUMHIT study examined the needs of these people and the experiences of users and professionals in accessing and providing care.

Aim: This presentation aims to highlight the potential role of nurse to bridge the sectors of mental health and addiction care to create an integrated network based on the actual needs of clients.

Methods: Barriers were identified through quantitative surveying and qualitative interviews. An analysis of network learned how organizations collaborate. Recommendations were made bottom-up through focus groups with health care workers and peer workers.

Results: Barriers were identified through quantitative surveying and qualitative interviews. An analysis of network learned how organizations collaborate. Recommendations were made bottom-up through focus groups with health care workers and peer workers.

Discussion: Recovery should be included in all facets of the care network to encourage individually oriented recovery pathways and commitment to self-efficacy. The establishment of specially designed integrated care circuits for persons with substance-related support needs is a critical stepping stone towards a genuine network approach. Trauma-informed care should be an important angle within this integrated approach, with additional training and structural embedding of trauma-informed principles suggested. Actions to reduce stigma and promote social inclusion are essential for changing perceptions among society and care professionals. Finally, more attention should be paid to social isolation and loneliness within care interventions and outlined care pathways. Due to the broad and relationship-centered perspectives of mental health nurses, they can play an important role in navigating clients to the most suitable formal and informal care support, building up knowledge about addiction and mental health care, breaking up stigma and creating trauma-informed environments.

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C-08 The short time of sleeping and selected clinical problems as area of tasks for the professional team in the therapy of patients with alcohol dependence

Damian Czarnecki, Judyta Rogóż, Anna Długosz, Michał Danek, Marcin Ziółkowski
Collegium Medicum in Bydgoszcz, Nicolaus Copernicus University in Toruń
Poland

Background: Sleeping disorders are common in patients with alcohol dependence. Essentially, hardly sleeping problems appear in the first time of the alcohol abstinence, e.g., in the first several weeks of the addiction treatment therapy.

Aim: Assess the association between time of sleep and clinical variables (e.g., alcohol craving, depth of alcohol dependence, appetite, and food eating) or anthropometric data as areas of problems for interventions of the professional team.

Methods: We studied 115 patients (men) who were hospitalized because of alcohol dependence. We separated patients into two groups: those who slept less than six hours (14 patients) and those who slept six or more hours (94 patients) a day in the first two weeks of hospitalization. In each patient, it was assessed clinical and anthropometrical variables such as, e.g. the intensity of alcohol craving (Y-BOCS), alcohol dependence (SADD), depression (BDI), appetite, and a somatic or a mental disorders.

Results: We studied 115 patients (men) who were hospitalized because of alcohol dependence. We separated patients into two groups: those who slept less than six hours (14 patients) and those who slept six or more hours (94 patients) a day in the first two weeks of hospitalization. In each patient, it was assessed clinical and anthropometrical variables such as, e.g. the intensity of alcohol craving (Y-BOCS), alcohol dependence (SADD), depression (BDI), appetite, and a somatic or a mental disorders.

Discussion: Over 12% of patients who start the alcohol dependence stationary therapy have shorter sleeping time than six hours a day. Additionally, they suffer from substantial clinical problems, which are essential tasks for the entire care team, like nurses, psychiatrists, psychologists, and dieticians.

C-09 Conceptualizing and Applying Tabletop Role-Playing Games in Inpatient Psychiatric Care and Adolescent Addiction Treatment: An Integrative Review

Aleš Zajc, Rok Zore, Ivona Kruljac
University psychiatric clinic Ljubljana, Center for treatment of drug addiction
Slovenija

Background: Tabletop role-playing games (TTRPGs), like Dungeons & Dragons, are gaining popularity and are being used, in conjuncture with cognitive behavioural therapy (CBT) and social skills training (SSTs), as novel tools for group therapy in mental health care. By utilizing gaming-based interventions, numerous positive outcomes on psychological well-being have been reported. The rationale for such interventions is grounded in the idea that immersive and gamified environments provide engaging, challenging experiences that can enhance therapeutic outcomes. These settings promote treatment engagement, support the development of emotional awareness and can encourage learning of new behavioural patterns. The inherent gamified properties of TTRPGs make it seem like a perfect tool to be used in an inpatient adolescent treatment programme.

Aim: In this paper we will try to examine how TTRPGs help in inpatient psychiatric treatment. The focus is on their potential benefits, effectiveness and how much patients like them. We will also examine how were these groups structured and which design methods were used in the studies. With gathered information, we would like to conceptualise, devise and implement a TTRPG based group therapy session into the inpatient adolescent drug treatment programme.

Methods: A comprehensive, integrative review will be conducted in the following databases: PubMed, Elsevier (Scopus), PsycINFO and Google Scholar. Boolean search terms will be used ("tabletop role-playing games" OR "TTRPG" OR "role-playing games") AND ("psychiatric care" OR "mental health" OR "therapy") AND ("adolescent addiction" OR "teen addiction") NOT ("video games" OR "digital games"). We will establish inclusion and exclusion criteria to ensure the selection of eligible studies.

Results: A comprehensive, integrative review will be conducted in the following databases: PubMed, Elsevier (Scopus), PsycINFO and Google Scholar. Boolean search terms will be used ("tabletop role-playing games" OR "TTRPG" OR "role-playing games") AND ("psychiatric care" OR "mental health" OR "therapy") AND ("adolescent addiction" OR "teen addiction") NOT ("video games" OR "digital games"). We will establish inclusion and exclusion criteria to ensure the selection of eligible studies.

Discussion: This literature review will lay foundations for a successful clinical implementation in the inpatient adolescent drug treatment programme. A conceptual framework outline will be proposed that will include program design, intervention mapping, therapeutic goal setting, structured group interactions, assessment, evaluation, etc. Possible limitations and challenges will be discussed and considered, including facilitator training and resistance to unconventional group therapy formats, both from patients and employees.

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C-10 Facilitating and Hindering Factors in Recovery: Insights from Expert Interviews and Focus Groups with Affected Individuals-Oriented Psychiatric Care

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Background: Recovery-oriented practice in psychiatric care seeks to empower individuals by promoting self-determination and improving quality of life. While the theoretical foundations of recovery-oriented approaches are well established, the practical implementation in various psychiatric settings faces numerous challenges. This study explores the contextual factors and mechanisms that facilitate or hinder the successful implementation recovery-oriented care as a complex intervention.

Aim: The aim was to identify the key factors influencing recovery in practice.

Methods: Nursing professionals were interviewed to explore their experiences with recovery-oriented principles. Focus groups with peers provided insight into their personal recovery journeys, focusing on the conditions of their recovery process.

Results: Nursing professionals were interviewed to explore their experiences with recovery-oriented principles. Focus groups with peers provided insight into their personal recovery journeys, focusing on the conditions of their recovery process.

Discussion: The findings from this qualitative research provide valuable insights into the mechanisms that facilitate or hinder recovery-oriented practice in psychiatric care. By incorporating the perspectives of both professionals and affected individuals, the study highlights the need for systemic changes to promote recovery-oriented models more effectively. Addressing identified barriers and reinforcing supportive factors will be crucial in improving the implementation of recovery-oriented care in both outpatient and inpatient psychiatric settings.

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C-11 Effects of the Discovery Group from the Tidal Model in impatient psychotherapy

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Background: Theories for the practice of mental health recovery are becoming increasingly important in psychiatric nursing work. The Tidal Model has been developed and was put to different trails since the 1990s in various settings globally and systematically evaluated with diverse research objectives. This randomized controlled pilot study explores potential impacts of the Discovery Group, as part of the Tidal Model, on participants' self-esteem, self-efficacy, and optimism.

Aim: Does a single participation in the Discovery Group lead to an increase in self-esteem, self-efficacy expectations, and optimism?

Methods: The study used an experimental design with concealed ranomisation into an intervention (n = 11) and a control group (n = 5). Standardised questionnaires were used to measure self-esteem, self-efficacy, and optimism. The control group recieved TAU.

Results: The study used an experimental design with concealed ranomisation into an intervention (n = 11) and a control group (n = 5). Standardised questionnaires were used to measure self-esteem, self-efficacy, and optimism. The control group recieved TAU.

Discussion: The results indicate a significant and strong effect on the analysed factors. However, it is important to note that due to the limited sample size and the possibility of socially desirable responses, the findings should be regarded as indicative rather than definitive. Further research is necessary to make definitive claims regarding the true impact of the group.

C-12 From overpowering to EMPOWERING

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Background: Essential building works to an adjoining General Hospital led to a towering red fence being erected by a building company in the court yard of an acute psychiatric impatient unit in Dublin. Routinely held community meetings with service users highlighted the impact this "overpowering", "aggressive", "loud", "bright", "harsh" structure was having on them. A service user who was experiencing paranoia felt it was very imposing and believed the fence was Russian influenced. This was extremely distressing to him in the acute phase of his illness. Another service user voiced "when you're in here involuntarily, looking at the red fence every day, it's very in your face". These statements were difficult to hear as a mental health nurse. We strive to give the best possible recovery oriented service and here was a red colored fence outside of our control causing anguish to our residents.

Aim: The above discourse with service users stimulated a response from mental health nurses in the acute inpatient center to determine solutions to help reduce the distress voiced by the service users .

Methods: Nursing management began engaging with key stakeholders, including the service user, peer advocate, nursing staff and Construction Project Coordinator. Potential solutions were researched with artists/art colleges, however a lack of a response and cost implications ruled these solutions out. An RPN led group developed and art materials were sourced. Coproduction involved service users and nursing staff working collaboratively to create a shared vision and enhance the care environment for all.

Results: Nursing management began engaging with key stakeholders, including the service user, peer advocate, nursing staff and Construction Project Coordinator. Potential solutions were researched with artists/art colleges, however a lack of a response and cost implications ruled these solutions out. An RPN led group developed and art materials were sourced. Coproduction involved service users and nursing staff working collaboratively to create a shared vision and enhance the care environment for all.

Discussion: Recovery principles guide mental health service delivery in Ireland with coproduction of services with service users being acknowledged as a way of optimizing resources, honoring lived experience and enhancing outcomes (HSE 2017). Building therapeutic relationships though meaningful, empathetic engagement is at the core of psychiatric/ mental health nursing practice (NMBI 2023), and mental health nurses play a vital collaborative role in supporting service users to identify individual strengths and opportunities for growth in order to achieve person goals (Reid et al 2018). One service user regularly consulted with co author A. McCullagh on stages of the process. She recognized his natural flair for leadership and gave him various responsibilities during the project. This trust empowered this service user and towards the completion of the artwork he was considering getting back to employment! The above example from practice demonstrates how collaboration and coproduction are embedded in the mindset of mental health nurses in this acute care setting who also show their commitment to creating a more therapeutic environment that is suggested to contribute to better care outcomes, Roviralta-Vilella (2019).

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C-13 Perspectives of Healthcare Professionals on Cross-sectoral collaboration Between Mental Health Centres and Municipalities: A Qualitative Study

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Background: The evolving healthcare landscape emphasizes integrating services across sectors to improve continuity and efficiency in mental health care. Despite its recognized importance, practical implementation often encounters obstacles.

Aim: To investigate cross-sectoral collaboration in mental health care, assessing its benefits and challenges from health professionals' perspectives.

Methods: A qualitative study in 2022 involved focus group discussions with 21 health professionals at a mental health center in Region Zealand, Denmark. Data were subjected to content analysis to identify key themes regarding cross-sectoral collaboration.

Results: A qualitative study in 2022 involved focus group discussions with 21 health professionals at a mental health center in Region Zealand, Denmark. Data were subjected to content analysis to identify key themes regarding cross-sectoral collaboration.

Discussion: This study emphasizes user-centered care, interdisciplinary collaboration, and addressing institutional barriers in mental health services. Involvement of service users aligns treatment with personal goals, enhancing trust and efficacy. Institutional barriers—legislative and bureaucratic structures—impede seamless care transitions. Policy reforms and streamlined processes are necessary for an adaptive environment.
Mutual respect among healthcare professionals improves service delivery and reduces role ambiguity. Transparent communication builds trust and empowers patients. Professional development enriches understanding and adaptability.
Staff morale affects cross-sectoral collaboration; high morale enhances engagement, while low morale leads to disengagement and hinders care. Strategies to boost morale include supportive leadership, recognition, professional development, communication, manageable workloads, and inclusive decision-making.
Organizations should foster environments to enhance staff well-being and collaboration, leading to better patient outcomes. Future research should explore specific policy reforms and the impact of communication strategies on patient empowerment and treatment adherence.

C-14 Introduction of a Clinical Skills Facilitator Role in a Mental Health Setting

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Background: Mental Health nursing staff have often reported a deficit of skills addressing the physical care needs of service users (SUs). They describe a lack of practical skills that encompass roles more often seen in the general hospital setting e.g. use of emergency equipment, specimen collection and wound care.

Aim: The role of Clinical Skills Facilitator was funded initially for a six-month period to establish its necessity. The initial purpose of the role was to meet the educational requirements of nursing staff, to facilitate the induction process of new nursing staff and to conduct a training needs analysis of nursing staff to establish 'Mental Health Nurses perceptions of their knowledge base of medical care intervention.'

Methods: Education sessions that were informed by focus groups and needs analysis surveys with staff were delivered to nursing staff. This included use of emergency equipment, urinalysis, aseptic technique, first aid management of burns and scalds, interpretation of blood results. Questionnaires were devised to establish staff's knowledge before and after the session, and their opinion of the education session itself, including feedback on the instructor and delivery.

Results: Education sessions that were informed by focus groups and needs analysis surveys with staff were delivered to nursing staff. This included use of emergency equipment, urinalysis, aseptic technique, first aid management of burns and scalds, interpretation of blood results. Questionnaires were devised to establish staff's knowledge before and after the session, and their opinion of the education session itself, including feedback on the instructor and delivery.

Discussion: Feedback from staff has been overwhelmingly positive with much emphasis on the benefit of the practicality and opportunities for interaction that enhance the educational experience of the session. There have been many enquiries by nursing staff throughout the organisation who would like to attend the current sessions and there is a plan to continue these into the future alongside additional sessions that were highlighted in the training needs analysis. The role is to continue currently at 0.5 Whole Time Equivalent (WTE) it is hoped it will be increased to a full WTE soon.

C-15 Improving Physical Health among Psychiatric outpatients: A Preventative Approach in Mental Health Nursing

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Background: Patients with mental illnesses often experience a reduced life expectancy, primarily due to preventable somatic conditions such as cardiovascular diseases and diabetes. This disparity

Aim: The project aims to address these disparities by integrating preventative health strategies into psychiatric care. Planned for conducted in summer 2025, this study will evaluate the effects of systematic health checks and targeted lifestyle interventions on somatic health and overall well-being among psychiatric outpatients.

Methods: Methods
The intervention includes comprehensive health screenings conducted by medical specialists, supported by a multidisciplinary team. Assessments will focus on metabolic parameters, cardiovascular health, and lifestyle factors such as diet, smoking, alcohol use, and physical activity. Individualized follow-ups, facilitated by a project nurse, focus on translating health plans into actionable lifestyle changes.

Results: Methods
The intervention includes comprehensive health screenings conducted by medical specialists, supported by a multidisciplinary team. Assessments will focus on metabolic parameters, cardiovascular health, and lifestyle factors such as diet, smoking, alcohol use, and physical activity. Individualized follow-ups, facilitated by a project nurse, focus on translating health plans into actionable lifestyle changes.

Discussion: By incorporating preventative health measures into psychiatric care, this project seeks to bridge the gap between mental and somatic health, improving both the physical and psychological well-being of psychiatric patients. It highlights the crucial role of mental health nurses in delivering comprehensive, integrated care that addresses the diverse needs of this vulnerable population. The findings may contribute to the development of scalable models for preventative health interventions in psychiatric settings, emphasizing the importance of holistic, patient-centered care.

C-16 Best Practice Principles for Implementing Psychosocial Interventions into Adult Mental Health Nursing Practice

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Background: Psychosocial interventions (PSI) are non-medication based, recovery focused interventions which are acknowledged to have a dual function- supporting and maintaining wellness and prevention of relapse in mental illness. PSI has been shown to have efficacy for improved functioning, quality of life and symptom management for individuals living with mental illnesses. PSI can be used alone or in conjunction with medication to attempt to alleviate symptoms of mental illness and aid recovery. Mental Health Nurses are optimally placed to engage individuals in PSI. Gaining an awareness of opportunities to learn and develop the skills needed to deliver certain PSI in practice can reap multiple benefits. Mental Health Nurses benefit by availing of opportunities to develop their clinical skills and competencies and support their professional practice by gaining the knowledge to deliver specialist and non-specialist PSI.

Aim: The aim of the project was to develop a guidance document for Mental Health Nurses in Ireland to support Best Practice Principles for Implementing Psychosocial Interventions into Adult Mental Health Nursing Practice. This involved incorporating a standardized definition of PSI for use in mental health nursing practice.

Methods: A literature review was commissioned to inform the development of the document. Literature consisted of quantitative, qualitative and mixed methods studies and incorporated the established work of Dr S. Smyth and both primary research studies and systematic reviews relevant to the topic. A steering group worked collaboratively to develop the guidance document based on the results and outcomes of the literature review.

Results: A literature review was commissioned to inform the development of the document. Literature consisted of quantitative, qualitative and mixed methods studies and incorporated the established work of Dr S. Smyth and both primary research studies and systematic reviews relevant to the topic. A steering group worked collaboratively to develop the guidance document based on the results and outcomes of the literature review.

Discussion: Members of the steering group were from a variety of professional backgrounds including nurse education, nursing and midwifery planning and development, research, nurse management and clinical practice. All members had experience and expertise in the area of Mental Health and Mental Health Nursing.

The process took approximately 2 years to complete: at the time of submitting this abstract the document is in the final edit stage with plans to print, launch and disseminate early 2025.

It is envisioned that this guidance document will be beneficial to nursing staff working in adult mental health settings in Ireland and will support them with information and guidance around the benefits of PSI, need for different levels of training in PSI interventions, and the implementation and use of appropriate PSI in everyday practice. The document also outline's supports needed for mental health nurses to avail of opportunities to engage in training in PSI and deliver same within the clinical area. It is also hoped the development of this document will benefit mental health service users and services by advocating for and supporting the use of PSI in conjunction with an individual care and treatment plan.

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C-17 Shared decisionmaking for a more person-centred health care and social services for people with psychiatric conditions.

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Background: The National Board of Health and Welfare is a government agency that gives support and expert knowledge. Since 2022, we have an government mission to strengthening person-centered care and social services for individuals with complex psychiatric needs. Shared decisionmaking is an important method that needs to be implemented in mental healthcare and socialservices. We have therefore produced a clinical practice guideline with a recommendation to health care and social services for using shared decision making for people with psychiatric conditions. The aim is to support the implementation of the method shared decision-making, to develop a more person-centred health care and social services for people with psychiatric conditions

Aim: The aim is to present a clinical practice guideline for shared decisionmaking in order to support a more personcentred care for people with complex psychiatric conditions. The product is relevant for psychiatric nurses and includes description of the method and how it can be applied practically. It also includes information regarding how healthcare and social care organizations can implement the method, the research regarding the method and how the method relates to laws and regulations

Methods: The clinical practice guideline is based on a combination of selected research literature, central legislation, guidelines from the National Institute for Health and Care Excellence (NICE), dialogues and close collaboration and continuous dialogue with a reference group

Results: The clinical practice guideline is based on a combination of selected research literature, central legislation, guidelines from the National Institute for Health and Care Excellence (NICE), dialogues and close collaboration and continuous dialogue with a reference group

Discussion: The right to participation in care and social services is enshrined in Swedish law. There is great need to increase participation for people with psychiatric conditions, especially when the condition is severe and the need for interventions is high. Shared decision-making can increase participation for people with psychiatric conditions and mental disabilities and contribute to person-centered and recovery-oriented mental health care and social services.
The method means that people who need care and support collaborate with staff to make decisions about interventions. The method involves an exchange of knowledge between the parties involved, where the people's knowledge and wishes are taken into account and valued. With the help of the method, people can become involved in decisions and strengthen their empowerment. The method is also a tool for staff to better adapt interventions to the person's needs and wishes. Using the method is especially important when the person has a difficult condition and great needs

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C-18 Service users' experiences and perceptions of carer support and involvement in care and treatment in adult mental health inpatient settings: a systematic review and thematic synthesis

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Background: Internationally, practice views and clinical guidelines advocate for the active involvement of carers (including family members) in the care and treatment of service users (SU) in mental health settings, while also emphasizing the need to support carers [1]. Considerable attention has been given to explore the experiences of carers and HCP regarding cares' participation in care planning, e.g. relapse planning and shared decision-making processes. However, surprisingly less emphasis has been placed at the SU's experiences and viewpoints [2].

Aim: To review peer-reviewed research literature concerning SUs experiences and perceptions of carer support and involvement in care and treatment in adult mental health inpatient settings.

Methods: A qualitative systematic review and thematic synthesis was conducted using the framework by Flemming and Noyes (2021) [3]. The review adheres to the PRISMA Statement reporting guidelines and follows a registered review protocol [4].

Results: A qualitative systematic review and thematic synthesis was conducted using the framework by Flemming and Noyes (2021) [3]. The review adheres to the PRISMA Statement reporting guidelines and follows a registered review protocol [4].

Discussion: Overall interpretive analysis shows that SUs wishes regarding carer support and involvement, and the meaning they ascribe to it, is closely linked to how significant and meaningful their relationship with their carer is. Further, these relationships are greatly influenced by the carers' knowledge of mental illness and their understanding of the difficulties these conditions create for the SU in their daily lives.
Consequently, this study emphasizes the major importance of psychoeducational interventions, particularly if carers are to be included in the care trajectories of the service users. Additionally, psychoeducational interventions was found important to alleviate burdens and concerns among carers.
In line with other studies exploring carer involvement and support from the perspective of both carers and health care professionals [5], this review also identifies various institutional barriers to carer support and involvement. These barriers includes inflexible hospital routines, capacity constraints, lack of structured approaches to engage with carers, and health care professionals lacking the competencies to manage a three-way conversation involving the SU, carer and health care professionals.

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C-19 Working beyond the individual: how systemic therapy by an APN finds its value in a Belgian mental health hospital

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Background: In 2023, 6,400 adult Flemish individuals were surveyed about their mental health. The study revealed that over 22% of adult Flemish individuals met the criteria for a mental disorder (Bruffaerts et al., 2024).
Having mental health problems affects the relationships people form in their lives. Conversely, those relationships also contribute to the mental well-being of the individual. (Vanlinthout et al., 2020)
Systemic therapy addresses this on a relational level. How the individual reacts, thinks and feels finds it meaning in their social context. In systemic therapy, the starting point is exploring the intricate web of interactions, dynamics and perspectives. (Savenije et al., 2014)
The complexity of mental health care and its social component calls for advanced expertise in systemic therapy (Vanlinthout et al., 2020). International standards emphasize the role of advanced psychiatric and mental health nurses in providing (psycho)therapy within this framework (ANA, 2022).

Aim: Systemic interventions, including couples counselling, children of parents with mental illness or COPMI-sessions and family therapy, can be performed by an advanced nurse practitioner. To make sure these interventions are effective, they have to be embedded into the structural and cultural organisation of patientcare . The role of the advanced nurse practitioner will be further discussed.

Methods: In order to have a positive impact on the way systemic interventions are perceived and implemented, it's important for the APN to have advanced knowledge and expertise in systemic care. This is why it is necessary to have an additional (psycho)therapeutical education. But maybe even more important is the way the APN navigates throughout the hospital and works together with other important stakeholders in order to make systemic care an integrated part of the treatment.

Results: In order to have a positive impact on the way systemic interventions are perceived and implemented, it's important for the APN to have advanced knowledge and expertise in systemic care. This is why it is necessary to have an additional (psycho)therapeutical education. But maybe even more important is the way the APN navigates throughout the hospital and works together with other important stakeholders in order to make systemic care an integrated part of the treatment.

Discussion: There is still a need to further embed a systemic approach into the day-to-day operations of our mental health hospital. The more healthcare workers become involved, the more systemic care will evolve into a natural and integral part of mental health care, rather than an occasional occurrence. One potential pitfall is that all aspects of systemic care might be delegated exclusively to the APN or another systemic therapist. This risks isolating systemic interventions and diminishing their overall impact.
To prevent this, it is crucial to find ways to inspire other healthcare workers, whether by involving them in systemic interventions, providing education, or adopting creative approaches. These efforts are essential to ensure systemic care becomes a shared responsibility rather than a task confined by a selected few.

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C-20 The FSI forensic project: Family Support and Involvement in forensic mental health settings

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Background: International clinical guidelines emphasize and advocate for the importance of engaging with family members in mental health care settings [1]. However, the implementation of these guidelines in forensic mental health settings (FMHS) is mediocre at best, as few interventions have been developed or adapted to accommodate with the unique barriers associated with FMHS [2]. Nor do the interventions target the particular challenges these family members face, for instance struggles with legal proceedings and experiences of dual stigmatization [3].

Aim: To adapt, test and evaluate targeted interventions aiming to provide support and facilitate involvement of family members in FMHS based on research-based knowledge.

Methods: The project is rooted in the methodology of American pragmatism and includes various methods, such as systematic reviews, surveys, and interviews. The overall design is inspired by a framework for developing and evaluating complex interventions [4].

Results: The project is rooted in the methodology of American pragmatism and includes various methods, such as systematic reviews, surveys, and interviews. The overall design is inspired by a framework for developing and evaluating complex interventions [4].

Discussion: The project will result in interventions specifically designed for FMHS and the unique needs of these family members. Thereby, this project will improve how health care professionals in FMHS engage and collaborate with family members, incorporate their resources and knowledge of the service user, and support them in their role as carers. Consequently, the project has the potential to reduce the burdens on family members, enhance their quality of life, and positively impact the service users' illness trajectory and recovery process.
However, several challenges and considerations must be addressed to ensure acceptability and feasibility in clinical FMHS. These include the unique nature of FMHS, such as the secure environment and restrictive procedures (e.g., limitations on visits or restricted visiting hours), and a lack of competencies among health care professionals to meet the needs of family members. Furthermore, evidence reveals that health care professionals working in FMHS may hold stigmatizing attitudes towards family members, which can further challenge meaningful engagement [5].
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C-21 Navigating Dementia Care in the Community: A Multidisciplinary Approach to Supporting Patients and Caregivers"

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Background: Dementia poses significant challenges for both patients and their caregivers, particularly in community settings where support services may vary. This case study examines the role of a multidisciplinary Dementia Intervention Team (DIT) in managing the progressive needs of a 68-year-old woman diagnosed with vascular dementia and her primary caregiver, her husband, over a 44-month period.

Aim: To evaluate the effectiveness of tailored, community-based interventions in addressing the complex mental, physical, and emotional challenges faced by dementia patients and their caregivers.

Methods: Through seven visits, the DIT provided multidisciplinary care, including nursing, psychotherapy, physiotherapy, Telecare, respite, and psychoeducation. Interventions were adapted based on the evolving needs of the patient and her caregiver.

Results: Through seven visits, the DIT provided multidisciplinary care, including nursing, psychotherapy, physiotherapy, Telecare, respite, and psychoeducation. Interventions were adapted based on the evolving needs of the patient and her caregiver.

Discussion: This case highlights the value of a dynamic, multidisciplinary approach in managing dementia within the community. Early integration of services like Telecare and psychoeducation, combined with adaptable care plans, addressed the complex and interrelated needs of the patient and caregiver. Future practice should emphasize timely access to multidisciplinary support and scalable community resources to improve outcomes for similar cases.

C-22 Therapeutic Lying in the context of dementia care

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Background: Interacting with people with dementia (PwD) can be challenging due to cognitive decline and altered reality perception. Caregivers are ought to act honestly - however, there are occasions where telling the truth can lead to distress, e.g. when PwD ask about deceased relatives. This creates an ethical dilemma in which carers must choose between the truth and an alternative approach that may involve the use of untruths. Research indicates that the delibarete use of lies and deception – summarised as "therapeutic lying" (TL) - is a common practice.

Aim: This work examines attitudes towards TL among both formal and informal caregivers and PwD, focusing on arguments for and against its use, as well as underlying motives and ethical considerations.

Methods: This work is based on a structured literature search in MedLine and CINAHL using the terms "dementia" and synonyms for untruths and deception, limited to Title/Abstract. Eleven peer-reviewed articles were included and analyzed.

Results: This work is based on a structured literature search in MedLine and CINAHL using the terms "dementia" and synonyms for untruths and deception, limited to Title/Abstract. Eleven peer-reviewed articles were included and analyzed.

Discussion: It appears that lying and deceiving are pervasive in the context of dementia care. On the other hand lying is against professional guidelines. Formal caregivers may justify these actions based on ethical principles like non-maleficence and the restoration of well-being, with less intensive lying considered more acceptable if it reduces harm. This emphasizes the importance of establishing taxonomies for TL in order to define their nature on a continuum between lying and deceiving. However, the small sample sizes and study designs limit the generalisability of current findings, and bias due to varying sample criteria is likely. The use of lies is associated with numerous uncertainties. In order to address these, it is necessary to implement regulation through professional standards and guidelines on how to deal with TL. Also, there is a need for clear regulations as to whether and when the use of TL can be legitimated (e.g. when other attempts to relieve distress have been made). Carers should be supported through training and guidance in the use of TL. More knowledge on the issue of TL is needed.

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C-23 Interdisciplinary, Coordinated, and Structured Care for Severely Mentally Ill Patients: Emphasizing the Role of Psychiatric Home Care in Germany

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Germany

Background: Germany's psychiatric care system is shaped by directives aimed at improving the quality, coordination, and accessibility of care, particularly for individuals with severe mental illness and complex treatment needs. A key directive focuses on interdisciplinary, coordinated, and structured care, with specific goals to enhance care for severely mentally ill patients with psychiatric, psychosomatic, or psychotherapeutic needs. Psychiatric home care plays a central role in achieving these goals by providing support of recovery and resilience.

Aim: This abstract explains Germany's directive on interdisciplinary, coordinated, and structured care for severely mentally ill patients, highlighting the role of psychiatric home care.

Methods: The primary goal of the directive is to improve care for severely mentally ill patients with complex treatment needs.

Results: The primary goal of the directive is to improve care for severely mentally ill patients with complex treatment needs.

Discussion: Despite its comprehensive goals, the directive has faced criticism in practice, particularly concerning the role of psychiatric care providers and the ability to maintain patient contact:
Challenges in Maintaining Patient Contact:
One of the main critiques of the directive is that specialist practices (e.g., psychiatrists and psychotherapists) find it difficult to maintain the required level of contact with severely mentally ill patients. If patients fail to attend scheduled appointments, the contact is often lost, and the therapeutic relationship weakens. While delegating contact management to psychiatric home care services would be an effective solution, this is rarely implemented.
Limited Integration of Psychiatric Home Care:
Another significant limitation of the directive is the insufficient integration of psychiatric home care into the overall care framework. The networked care outlined in the directive spans a period of three years, whereas psychiatric home care under standard provisions typically lasts only four months. This discrepancy leads to gaps in continuity of care, as psychiatric home care services are not embedded in the long-term treatment plans of patients, despite their potential to provide critical ongoing support in the home environment.

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C-24 The needs of families living with a loved one with schizophrenia - Collaboration and coproduction in complex interventions: Collaboration with service users, nursing colleagues, family members, other disciplines, community services pp. is pivotal in complex interventions.

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Finland

Background: Schizophrenia is serious mental illness affecting almost 24 million people worldwide (WHO 2022).It is a disease that also affects the lives of them loved ones (Al-Sawafi et al. 2021, Iswanti et al. 2024, Pan et al.2024), which is why it is important to take into account their experiences in order to develop social and health care services to meet the needs of citizens.

Aim: The aim of this presentation is to highlight the needs of families living with a loved one with schizophrenia, based on evidence.

Methods: This presentation is based on a systematic literature review. All original research articles in English from 2020-2024 that used a qualitative method and studied families' experiences of living with a person with schizophrenia.

Results: This presentation is based on a systematic literature review. All original research articles in English from 2020-2024 that used a qualitative method and studied families' experiences of living with a person with schizophrenia.

Discussion: It should be noted that most of the studies had been carried out in so-called third countries,
perhaps because in these countries the family is specifically responsible for its loved ones (Pan et al.2024), because there are very few or no mental health services (Bonsu et al. 2023) and because of collectivist cultural (Tirupati & Padmavati 2022). In Western countries, too, the position of families has become increasingly important due to economic cuts, a shortage of nursing staff and an emphasis on outpatient care.
Information about mental illness should be provided at all levels of education and in the media in order to reduce stigmatization, because according to studies, stigmatization was a crushing experience for families, which has many serious consequences. According to studies (Al-Sawafi et al. 2021, Fernandes et al. 2021, Poursaadati et al. 2023) stigmatisation was stronger in religious communities and so-called third countries. This is important to consider in multicultural nursing work.
It is also worth mentioning that the main responsibility for caring for a person with schizophrenia was borne by women; primarily mothers of adult children, but also daughters or wives. Why care is the responsibility of women globally needs further research.

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C-25 'I feel like the burden of the world is on my shoulders': A phenomenological qualitative study on the life experiences of adult children of parents with schizophrenia

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Turkey

Background: Schizophrenia diagnostic processes and the experience of caregiving, especially given the chronic nature of the condition, can create feelings of grief, loss, and depression while putting pressure on all family relationships (Mittendorfer-Rutz et al., 2019). There are a limited number of studies investigating the experiences of adult children of parents with schizophrenia (ACPS) (Cleary et al., 2020; Issac et al., 2022), and no qualitative study has been found examining this issue in Türkiye.

Aim: This study aimed to examine the life experiences of ACPS providing primary care.

Methods: This phenomenological qualitative study was conducted with 14 ACPS in acute clinics of a psychiatric hospital in Istanbul between March-August 2024. The data were collected through individual in-depth interviews and analyzed using Colaizzi's method.

Results: This phenomenological qualitative study was conducted with 14 ACPS in acute clinics of a psychiatric hospital in Istanbul between March-August 2024. The data were collected through individual in-depth interviews and analyzed using Colaizzi's method.

Discussion: This study determined that ACPS experienced significant stressors during childhood and difficulties providing care in adult life, which changed the flow of their daily lives while challenging their ability to cope. They provided care without receiving care themselves; the burden of care was heavy, and they experienced problems in family, social home, and working life due to caregiving. It was determined that they were able to experience various emotions and dilemmas due to all these experiences, used effective and ineffective methods while coping, and needed social, financial, and mental support while providing care. Psychiatric nurses have essential tasks to support ACPS in coping with difficult life experiences and reducing their care burdens. ACPS needs to be informed about schizophrenia, monitor the mental state of these individuals starting from early life periods, and implement initiatives that will protect or improve their mental health. The findings obtained from this study are limited to the experiences of the participants. However, this study's strengths include the fact that it is the first study targeting this population in Türkiye.
Note: Ethical approval was obtained from the Ethics Committee of X University (01.03.2024, No: 04).

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Cleary, M., West, S., Hunt, G.E., McLean, L., Kornhaber, R. (2020). A qualitative systematic review of caregivers' experiences of caring for family diagnosed with schizophrenia. Issues in Mental Health Nursing, 41, 8, 667-683, Doi: 10.1080/01612840.2019.1710012

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C-26 The Effect of Bibliotherapy-Based Psychoeducation Program on Parenting Perceptions of Parents with Special Needs Children

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Background: Parents of children with special needs face various psychological and social challenges that can negatively affect their perceptions of parenting roles. These challenges may weaken their sense of self-efficacy and increase stress levels. The literature emphasizes the importance of supportive approaches for these parents (Applequist & Stoner, 2007). Bibliotherapy is a method that helps individuals make sense of their difficulties, gain new perspectives, and build resilience (Burke et al., 2016). Research shows that bibliotherapy enhances self-efficacy and contributes to stress management for parents of children with special needs (Stoner & Angell, 2005). This study examines the effects of a bibliotherapy-based psychoeducation program on parenting perceptions.

Aim: This study aims to evaluate the effects of a bibliotherapy-based psychoeducation program on the parenting perceptions of parents with special needs children. Specifically, it seeks to enhance parental self-efficacy, reduce stress levels, and improve parent-child relationships.

Methods: This quasi-experimental study utilized a pretest-posttest control group design. Thirty participants were equally divided into experimental and control groups. The experimental group attended a six-session bibliotherapy-based psychoeducation program, while the control group received a single-session informational training. Data were collected using the Parental Self-Efficacy Scale, Parental Self-Stigma Scale, Parental Stress Scale, and Adult Reading Motivation Scale, and analyzed using SPSS.

Results: This quasi-experimental study utilized a pretest-posttest control group design. Thirty participants were equally divided into experimental and control groups. The experimental group attended a six-session bibliotherapy-based psychoeducation program, while the control group received a single-session informational training. Data were collected using the Parental Self-Efficacy Scale, Parental Self-Stigma Scale, Parental Stress Scale, and Adult Reading Motivation Scale, and analyzed using SPSS.

Discussion: This study aims to highlight the potential benefits of bibliotherapy-based interventions for parents of children with special needs. The literature suggests that such interventions improve emotional regulation, increase self-efficacy, and reduce feelings of loneliness among parents (Applequist & Stoner, 2007; Burke et al., 2016). Bibliotherapy allows individuals to make sense of their challenges through narratives and enhances resilience (Davis Bowman, 2013; Farley et al., 2020). Peer support provided through group discussions likely plays a significant role in mitigating the isolation commonly reported by these parents (Stoner & Angell, 2005). Upon completion, this study is expected to provide broader evidence on the effectiveness of bibliotherapy-based psychoeducation programs in addressing psychosocial challenges faced by parents. ,
Keywords: Bibliotherapy, psychoeducation, parenting perception, special needs children, parental self-efficacy.

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C-27 Transforming Care: Co-produced Interventions to Enhance Patient Safety in Complex Mental Health Settings – A PhD Study

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Background: The shortage of nurses, particularly in caring for patients >65 with coexisting physical and mental health conditions, is a critical issue within healthcare. Patients face fragmented care due to complex treatment needs, increasing risks like medication errors and readmissions. These challenges are prominent in mental health settings where patients may present with aggression and unpredictable behavior. Poor nursing work environments (high workloads, low staffing) affect nurses' mental health, leading to burnout and compromised quality and care.

Aim: To enhance patient safety and improve the work environment for nurses by developing an intervention to support the prioritization of nursing interventions in caring for elderly multimorbid patients

Methods: A scoping review explores the link between nurses' work environment and patient safety for elderly patients with multimorbidity. An intervention will be developed with stakeholders, followed by workshops and testing to assess its impact.

Results: A scoping review explores the link between nurses' work environment and patient safety for elderly patients with multimorbidity. An intervention will be developed with stakeholders, followed by workshops and testing to assess its impact.

Discussion: This study highlights the need to address patient safety and nurses' work environment in caring for patients with complex needs. Aggression, absconding, and the use of restraint, common in mental health settings, are critical predictors of safety issues, as they often indicate underlying care challenges. The intervention leverages nurse-sensitive indicators to improve prioritization, reducing risks related to fragmented care. By co-developing, the tool aligns with real-world needs and enhances adaptability. Incorporating the prototype into nursing education and electronic health platforms prepares future and current nurses to manage complex care. Future research should assess long-term effectiveness and impact on patient safety and nurse well-being.

C-28 Navigating the Impact of Coercive Measures in Psychiatry: Toward Developing Complex Interventions to Mitigate Their Effects

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Background: Coercive measures, such as seclusion and restraint, can have profound psychological and emotional impacts on service users, carers, and mental health professionals.
Research on coercion in mental health care has predominantly focused on its prevention and adverse effects, with limited evidence on facilitating recovery.
Recovery from such experiences requires complex interventions fostering environments that uphold dignity, promote safety, and empower individuals.

Aim: To design complex intervention, this study systematically synthesize qualitative research to identify the factors/processes that facilitate recovery from coercive experiences in psychiatry.

Methods: A meta-ethnography of 23 qualitative studies was conducted, involving service users, carers, and staff, to identify key themes and processes that support recovery.

Results: A meta-ethnography of 23 qualitative studies was conducted, involving service users, carers, and staff, to identify key themes and processes that support recovery.

Discussion: Systemic and Cultural Challenges is needed:
Recovery depends on ward culture and staff-patient relationships, not just specific interventions. Traditional mental health systems often prioritize control and risk management, fostering coercive environments that hinder recovery-oriented practices.
The Role of Relationships is important:
Recovery is shaped by power dynamics within care. Humane, empathic care that builds therapeutic alliances reduces the trauma of coercion. Practices like open communication, debriefing, and shared decision-making can empower individuals and restore dignity.
Ethical and Practical Tensions
Balancing safety and autonomy is challenging. While coercion may be necessary in crises, systemic reliance risks normalizing practices that compromise human rights and dignity.
Recovery-Oriented Practices
Empathy and respect must be central, focusing on individuals beyond their diagnoses. Creating non-coercive environments through reduced aggression and shared decision-making fosters empowerment.
Recovery is both personal and systemic. Leadership must challenge traditional practices, promote cultural change, and prioritize complex interventions such as debriefing, post-coercion support, and staff education to ensure humane, recovery-oriented care.

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C-29 The long way to a program theory for debriefing after coercion

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Background: Program Theory is grounded in assumptions and logical relationships explaining how program activities lead to desired outcomes. Post-coercion reviews in psychiatric care aim to enhance understanding, repair therapeutic relationships, provide emotional relief, and prevent future coercive measures. Despite their potential, models or guidelines for such reviews are lacking and rarely implemented. Without sufficient assumptions and logical frameworks, extensive foundational work is needed. Consequently, intervention studies in this area are rare.

Aim: This study aims to develop a best practice model for care after coercion, forming the basis for a Program Theory to support an intervention study.

Methods: A systematic meta-ethnography review synthesized knowledge on recovery from coercive measures. The online survey explored debriefing in coercive measures. Next step will develop and validates a best practice model in a Delphi study with expert input.

Results: A systematic meta-ethnography review synthesized knowledge on recovery from coercive measures. The online survey explored debriefing in coercive measures. Next step will develop and validates a best practice model in a Delphi study with expert input.

Discussion: The first two steps of the study were part of the EU-COST Action CA19133 FOSTREN, which aims to reduce coercion in European mental health services. These initiatives are vital for developing a widely accepted best practice model, forming the foundation for a Program Theory on care after coercion by integrating perspectives of service users, relatives, and professionals. Limited knowledge in this area demands significant resources for model development.
Our findings highlight the lack of standardized guidelines, legal frameworks, and professional standards in debriefing practices for coercive measures. This contributes to service users not being treated as individuals seeking safety amid inner and outer turmoil. Staff interactions—before, during, and after coercion—often lack a human-centered approach. While debriefings with service users are relatively common, team debriefings are rare, leading to uncertainty, minimal regulation, and varied satisfaction levels.
Describing the state of debriefing practices is therefore essential for constructing a feasible and effective model. In the competitive research landscape, where third-party funding often prioritizes intervention studies, foundational work of this nature is at risk of being underfunded.

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C-30 Constant observation in psychiatric inpatient care as a complex intervention

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Background: Inpatient psychiatric acute care protects individuals in crisis. Constant observation, a key measure, is resource-intensive, intrusive, and lacks standardized implementation. Its use is unpopular, especially with limited shared decision-making. Evidence for effectiveness is lacking, and it's often performed by less qualified staff. Qualified personnel, however, reduce self-harm, restrictive measures, and observation frequency. Prolonged observation resembles surveillance more than intervention.

Aim: What opportunities and risks does Constant observation present from the perspectives of affected individuals and nursing professionals?

Methods:
Systematic literature review
Episodic individual interviews with experts with lived experience of mental health crises
Focus groups with psychiatric nursing professionals
Analysis using the Documentary Method

Results:
Systematic literature review
Episodic individual interviews with experts with lived experience of mental health crises
Focus groups with psychiatric nursing professionals
Analysis using the Documentary Method

Discussion: Constant observation is a highly complex intervention that carries both opportunities and risks for those involved. It requires well-trained professionals and must be tailored individually to the needs of the person being cared for to maximize its effectiveness. The term "constant observation" requires clearer definition, and the involvement of peers and family members should be integral to the intervention. The study's findings provide a foundation for developing prac-tice guidelines and training manuals.

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C-31 The impact of coercion on patients' recovery in psychiatric wards Systematic review of qualitative literature

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Background: The use of coercive interventions in psychiatric services is a highly controversial practice, despite being frequent. The purpose of these interventions is to protect the individual from harm. However, patients have expressed great anguish caused by these interventions, stemming from damage to their self-worth, trust in care providers, and treatment outcome. While the general consensus against coercive interventions is growing stronger, some studies indicate that the use of some form of coercive intervention is increasing.

Aim: To gain a better understanding of the impact of coercive interventions on psychiatric patients' personal recovery, this review focuses on patients' lived experiences and the deep-set consequences of coercive interventions.
Design: A systematic review of primary, qualitative literature was conducted, and data was analyzed using thematic synthesis.

Methods: In February and March of 2024, a search was conducted on Pubmed and PsycINFO for studies carried out between 2004 and 2024. Thematic synthesis was employed to analyze the gathered data, which culminated in the development of analytical themes.

Results: In February and March of 2024, a search was conducted on Pubmed and PsycINFO for studies carried out between 2004 and 2024. Thematic synthesis was employed to analyze the gathered data, which culminated in the development of analytical themes.

Discussion: According to patients, coercive interventions pose a significant threat to their fundamental values, autonomy, and self-determination, resulting in lasting psychological harm. These interventions have a negative impact on patients' overall psychiatric service experience, and damage confidence in caregivers and treatment outcomes. While coercion may be deemed necessary in certain cases, patients desire greater involvement in their care and more treatment alternatives that involve less coercion. By enhancing psychiatric nurses' comprehension of patients' experiences, treatment quality can be improved with the goal of minimizing the need for coercive interventions.

C-32 Can the participation of nurses in psychiatric coercion be justified any longer? Empirical and ethical analyses

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Background: The use of coercion is one of the most controversial activities in psychiatry in general and in mental health nursing in particular.

Aim: To explore the empirical evidence and the conceptual issues for the legitimisation of coercion in mental health care.

Methods: Five key criteria are examined: (1) the demonstrable existence of a mental disorder; (2) the effectiveness of psychiatric measures; (3) the use of coercion as last resort and as least possible restriction; (4) the benefit of the person affected by the coercive measure and (5) the restoration of the affected person's autonomy.

Results: Five key criteria are examined: (1) the demonstrable existence of a mental disorder; (2) the effectiveness of psychiatric measures; (3) the use of coercion as last resort and as least possible restriction; (4) the benefit of the person affected by the coercive measure and (5) the restoration of the affected person's autonomy.

Discussion: The use of psychiatric coercion in general and the involvement of mental health nurses in coercive measures in particular can no longer be justified.

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C-33 Health matters, even on the street. Street nursing and homelessness

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Background: Despite the overall poor health status of the homeless population, their access to health care remains limited [1,2]. This suboptimal health status is associated with an increased frequency of emergency care interventions and residential admissions, which are frequently preventable. Combined with difficult access to primary care, this leads to the inefficient use of health care resources [2]. Street nurses are ideally positioned to connect with the population, identify (health care) needs, and facilitate access to health care [3,4]. Until now, few studies have examined the contribution of street nursing among homeless individuals, and additional experienced care needs and care gaps [5].

Aim: This study explores the needs and care experiences of homeless individuals within categories 1 and 2 of the ETHOS typology in Flanders. Additionally, it examines the care gaps they experience and how they perceive the functioning of street nursing.

Methods: From August 2022 to February 2023, data were collected using 15 semi-structured interviews, including one duo interview (n=16) and three observational sessions. Data collection and analysis were conducted based on the principles of Grounded Theory.

Results: From August 2022 to February 2023, data were collected using 15 semi-structured interviews, including one duo interview (n=16) and three observational sessions. Data collection and analysis were conducted based on the principles of Grounded Theory.

Discussion: Homeless individuals in Flanders experience a variety of care needs, with physical and social care needs dominating. Psychological care needs are less frequently reported, despite high prevalence rates of psychiatric disorders in the target population. Street nurses can effectively address the complex needs of the population and promote reintegration through their presence, interpersonal relationship and the principles of intensive case management.

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C-34 Design thinking in Action: Tackling unforeseen challenges in Refugee Mental Health

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Background: Approximately 5 years ago whilst working as a nurse on the General Adult Community Mental Health Team which covered a large accommodation center for Asylum Seekers and Refugees, I noted several trends unique to this population. There were high rates of non-attendance at clinic appointments, low utilisation of traditional mainstream supports such as the day hospitals, and an increase in hospital admissions, often more admissions involuntary and involving multi agency input, indicating a greater burden of illness. I set about evidencing the need and gained permission to scope form my Director of Nursing. After engaging with key stakeholders, I wrote a business case and secured funding to pilot a full time in-reach Advanced Nurse Practitioner, the first of its kind nationally. In tandem, I upskilled independently and took up the role in January 2024 in line with nursing, health and social care policy.

Aim: Initially I applied for the SPARK Innovation Programme to develop a multilingual resources for Asylum Seekers and Refugees. However, through collaboration with the Spark designer we identified a more pressing challenge: fragmented, siloed services that make navigating care difficult for both providers and users. Our focus then turned to creating a multi agency tool to streamline services and improve coordination, addressing this previously unforeseen challenge.

Methods: Using the double diamond approach, we iterated and reflected critically, returning from the define to the discover stage to uncover deeper insights. Tools like stakeholder mapping, empathy maps, and personas highlighted the siloed nature of services and diverse stakeholder needs. The process illuminated how my professional identity and organisational structures contributed to fragmentation mirroring patterns in the field. By reframing our approach we pivoted to develop a resource suite.

Results: Using the double diamond approach, we iterated and reflected critically, returning from the define to the discover stage to uncover deeper insights. Tools like stakeholder mapping, empathy maps, and personas highlighted the siloed nature of services and diverse stakeholder needs. The process illuminated how my professional identity and organisational structures contributed to fragmentation mirroring patterns in the field. By reframing our approach we pivoted to develop a resource suite.

Discussion: This project highlights the power of innovation in healthcare, particularly through the application of design thinking. The shift from a narrow initial focus to a broader approach enabled us to address systemic challenges in service coordination for asylum seekers and refugees. By engaging stakeholders in co-creation, we gained deeper insights into service fragmentation and the barriers to effective care. The potential to develop a "Neighborhood Support Network" aims to address these challenges through trauma-informed care, enhanced communication, and accessible technology. Early intervention and preventative strategies are key to reducing service duplication and improving long-term outcomes.

While it's essential for nurses and clinicians to expand their skillsets, this project also underscores the value of collaboration with designers. Design thinking thrives when clinicians, as experts in care, partner with designers who bring expertise in user-centered design. Clinicians should guide the process with their deep understanding of healthcare needs, while designers lead the creation of functional, user-friendly solutions. This partnership creates a more efficient, collaborative model that holds promise for improving service delivery and integration across sectors.

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C-35 The Relationship between Internalized Stigmatization and Adherence Among Syrian Refugees with Mental Disorders

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Background: Although mental disorders are more common among refugees, treatment adherence problems are high rates in refugees where mental disorders are common. There are many factors affecting treatment adherence. Especially for refugees who migrate to a different cultural geography, their own culture and attitudes determine their adherence to treatment as much as the culture they live in. Today, stigmatization of mental disorders is still prevalent in most cultures and countries.

Aim: The aim of this study was to determine the relationship internalized stigma of mental disorders and treatment adherence of Syrian refugees in Turkey.

Methods: The study was planned as a cross-sectional and correlational study. Data were collected with Information Form, Internalized Stigma of Mental Illness Scale (ISMI) Arabic Form, and Medication Adherence Reporting Scale (MARS).

Results: The study was planned as a cross-sectional and correlational study. Data were collected with Information Form, Internalized Stigma of Mental Illness Scale (ISMI) Arabic Form, and Medication Adherence Reporting Scale (MARS).

Discussion: Psychiatric and mental health nurses should identify the factors affecting the treatment adherence of refugees towards psychotropic treatment and to implement interventions to reduce the internalized stigma of mental disorders in these individuals.

C-36 Inner calm in turbulent times -The effect of mindfulness on people with psychotic disorders

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Background: Mindfulness is a topic that is becoming increasingly present in society and has been finding its way into therapeutic treatment for decades. With programmes such as Mindfulness-Based Stress Reduction (MBSR) and Mindfulness-Based Cognitive Therapy (MBCT), there is evidence that mindfulness-based interventions (MBIs) are effective against depression, anxiety and stress. They may also have positive effects during the recovery process of people with psychotic disorders. However, the use of MBIs for people with psychotic disorders is controversial. Drug therapy has generally been the standard treatment for the last decades. As the quality of life can be severely restricted by the symptoms of psychosis, the question arises as to whether mindfulness represents a complementary treatment option to conventional therapy.

Aim: In this review we shed light on the current state of research concerning the effects of MBIs on people with psychotic disorders, as well as proposing further research avenues in this field.

Methods: The literature search was conducted in the databases Cochrane, Pubmed, Cinahl, as well as in the publisher databases Hogrefe, Thieme, Springer and Elsevier. We used the terms "Achtsamkeit" AND "Psychose" or "mindfulness" AND "psychosis". We included English and German articles published between 2022 and 2024 were included. Six relevant studies were identified.

Results: The literature search was conducted in the databases Cochrane, Pubmed, Cinahl, as well as in the publisher databases Hogrefe, Thieme, Springer and Elsevier. We used the terms "Achtsamkeit" AND "Psychose" or "mindfulness" AND "psychosis". We included English and German articles published between 2022 and 2024 were included. Six relevant studies were identified.

Discussion: The current results indicate that mindfulness can be an important complement to conventional therapy. Nevertheless, the included studies show considerable variation in the effects of MBI. There is therefore a need not only for standardised MBIs for people with psychotic disorders, but also for standardised ways of recording the effects. Further studies are needed to identify and analyse the effects of specific mindfulness exercises on specific symptoms of psychotic disorders. For psychiatric carers, this results in the challenge of adapting the implementation of MBIs to the needs of the group participants. Targeted training of the group leaders is of crucial importance. The standardised recording of effects that occur requires the implementation of the corresponding assessment in the ward routine.

C-37 Using Virtual Reality Headsets for Relaxation in mental health care settings

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Background: Acute inpatient mental health units can be stressful places for both service users and staff. Managing this stress and implementing relaxation techniques for service users has been an integral part of interventions delivered to service users for many years. Relaxation sessions can however be difficult for some service users with issues of poor memory, concentration and imagination often being experienced. Inpatient wards can be noisy and disruptive and there is a challenge to provide dedicated relaxation rooms that service users can avail of away from the busy ward environment. Access to outside spaces can be limited due to service users status and their observation level. Many wards and hospitals are situated in urban areas and exposure to nature can be restricted also.
It is suggested that the use of virtual reality technology could overcome these barriers. This study will commence in January 2025

Aim: The aim of this project is to introduce Virtual Reality Headsets to service users on inpatient units. The VR Headset will mimic a nature environment with a led relaxation exercise.

Methods: VR Headsets will be offered to service users. There will be an inclusion and exclusion criteria and a risk assessment will be performed prior to use.

Results: VR Headsets will be offered to service users. There will be an inclusion and exclusion criteria and a risk assessment will be performed prior to use.

Discussion: It is anticipated that service users feedback will form the discussion on the benefits or not of using VR Headsets on mental health inpatient units

C-38 Effect of psychoactive hand massage on patients in the setting of a geriatric psychiatric day clinic

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Background: People aged 65+ have an increased risk of developing depression. In 2022, the 12-month prevalence of depression in this group was 20.4% in Germany. Due to the complexity of treating this population, scientifically based complementary methods are needed to reduce symptoms. The knowledge that specific nerve fibers influence the perception of touch is also applied in the psychoactive hand massage intervention. Previous studies have shown that this sort of massage have a positive effect on depression symptoms.

Aim: The research aims to evaluate psychoactive hand massage in geriatric psychiatric care to enhance the quality of life for older individuals with depression and inspire innovative nursing concepts.

Methods: An exploratory study was conducted using a qualitative descriptive study design. Interviews were held with ten patients who received a psychoactive hand massage from 01.-03.24. The analysis was conducted using Kuckartz's qualitative content analysis.

Results: An exploratory study was conducted using a qualitative descriptive study design. Interviews were held with ten patients who received a psychoactive hand massage from 01.-03.24. The analysis was conducted using Kuckartz's qualitative content analysis.

Discussion: Studies have shown that well-being is closely linked to health and illness. Positive effects on well-being were primarily reported, with the psychoactive hand massage associated with calming effects, physical relaxation, stress reduction, and a general feeling of warmth and comfort. Such positive effects of massages have been demonstrated in many studies. When examining the results related to psychological effects, they initially appear inconclusive. Five out of eight participants reported a neutral effect on their psychological state, while only three expressed positive effects from the psychoactive hand massage. This contradicts existing literature, as Eckstein et al. (2020) indicate that the majority of studies show a calming and stress-reducing effect on those receiving touch. The treatment of older, multimorbid adults is generally more complex, and complementary methods like psychoactive hand massage can help alleviate symptoms. Factors that positively and negatively influenced the hand massage were identified. The technique of the hand massage was appreciated, leading to a personal valuing of the experience. However, most influences were negative. In addition to a cold room, which created unfavorable conditions, many personal stressors prevented any significant effects.

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C-39 A standard suicide risk assesment – treatmentplan to ensure patient safety

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Background: ER nurses play a key role in caring for patients who present with suicidal thoughts or following a suicide attempt. They require specialized knowledge and skills to assess suicide risk, ask about suicidal ideation, and understand appropriate treatment options. The experiences and job satisfaction of nurses may vary, but experience, training, and longer tenure are associated with more positive attitudes and a better understanding of care. '

Aim: This review aims to assess if the implementation of standardized suicide risk assessment and safety plan training improves ER nurses' knowledge, skills, and job satisfaction with suicidal patients.

Methods: A systematic integrative review was conducted using APA PsycInfo, CINAHL, PubMed, and Scopus. Joanna Briggs Institute tools assessed article quality, and a PRISMA flow diagram presented the study selection. Data were organized with the matrix method.

Results: A systematic integrative review was conducted using APA PsycInfo, CINAHL, PubMed, and Scopus. Joanna Briggs Institute tools assessed article quality, and a PRISMA flow diagram presented the study selection. Data were organized with the matrix method.

Discussion: The review shows that standardized suicide risk assessments increase nurses' knowledge, skills, and job satisfaction. Despite these benefits, barriers like time pressure and insufficient support remain, affecting consistent implementation. Enhanced training and collaboration among healthcare professionals are crucial to overcome these obstacles. Regular training and interdisciplinary teamwork create a supportive environment, boosting ER nurses' confidence and competence in managing suicidal patients. These findings underscore the importance of ensuring effective emergency care by equipping nurses with appropriate knowledge and skills to reduce suicide risk and improve patient safety. Lack of support from specialized mental health staff also causes feelings of inadequacy and insecurity among ER nurses, especially when dealing with complex cases. Greater collaboration and regular consultation with mental health professionals can reduce stress and enhance patient care. Future research should develop adaptable protocols that integrate into daily practice to bridge gaps and reinforce care quality and staff resilience

C-40 The Importance of a Process Perspective in Intimate Partner Homicide (IPH) Prevention

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Background: Intimate partner homicide (IPH) represents a significant portion of global homicides, with one in seven homicides occurring within intimate relationships and over a third of all femicides perpetrated by a partner. While mental health issues are a recognized risk factor, IPH perpetrators display distinct mental health patterns relative to those who commit other forms of familial homicide. Perpetrators who die by suicide post-IPH frequently have histories of depression, differentiating them from those who do not.

Aim: To investigates the prelude to IPH and identifying key behavioral and contextual factors that signal an increasing risk of lethal violence within intimate relationships.

Methods: Data from court verdicts of IPH cases in Region Västra Götaland, Sweden, involving 40 male and 10 female perpetrators from 2000 to 2016. Thematic analysis was applied, focusing on the evolving dynamics and behaviors leading up to IPH incidents.

Results: Data from court verdicts of IPH cases in Region Västra Götaland, Sweden, involving 40 male and 10 female perpetrators from 2000 to 2016. Thematic analysis was applied, focusing on the evolving dynamics and behaviors leading up to IPH incidents.

Discussion: These findings underscore the importance of equipping practitioners with tools to monitor escalation in known IPH risk factors, particularly male possessiveness and indicators of separation. Proactive interventions may be facilitated by directly addressing suicidal ideation in men contemplating violence, including questions about potential harm to others. A process-oriented view of IPH provides critical insights into gender-specific patterns and situational contexts, enhancing targeted intervention efforts. Health professionals must recognize the distinct patterns associated with IPH risk, with implications for timely and gender-sensitive prevention strategies.

C-41 Complex interventions? Children exposed to parental suicidal beahavior

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Background: In Norway, an estimated 6,000 to 7,000 individuals attempt suicide annually, with a significant number of these individuals being parents. While studies have examined the grieving process of children who have lost a parent to suicide, there seem to be limited knowledge regarding the experiences of children who grew up with a suicidal parent. Additionally, there is a lack of understanding of the types of support that parents admitted to a psychiatric ward may require. Previous research indicates that healthcare providers may be hesitant to involve children in the treatment of a hospitalized parent.

Aim: The objective of this study is to explore the experiences of children who have been exposed to parental suicidal behavior and identify the interventions required to support the entire family.

Methods: This study utilized a qualitative, exploratory design.
Semi-structured interviews were conducted with a total of 23 participants, including 12 adults who had grown up with a suicidal parent, and 11 parents who had been admitted to psychiatric hospitals. The participants were not related. The interviews lasted approximately 70 minutes, were recorded using a dictaphone, and subsequently transcribed by the researcher. Thematic analysis, using Braun and Clarke's method, was employed.

Results: This study utilized a qualitative, exploratory design.
Semi-structured interviews were conducted with a total of 23 participants, including 12 adults who had grown up with a suicidal parent, and 11 parents who had been admitted to psychiatric hospitals. The participants were not related. The interviews lasted approximately 70 minutes, were recorded using a dictaphone, and subsequently transcribed by the researcher. Thematic analysis, using Braun and Clarke's method, was employed.

Discussion: Previous research suggests that healthcare providers may be hesitant to involve children in the treatment of a suicidal parent. Reasons for this reluctance are complex and may include a lack of experience talking to children about stigmatized issues, fear of scaring the child, and a lack of time, support, or guidance. Our study's findings revealed that children who grew up with a suicidal parent reported a lack of support from the professional support system. Additionally, parents who were hospitalized expressed a desire for healthcare providers to talk to their children, and for guidance on how best to approach this issue. Healthcare professionals encounter various ethical dilemmas and complex issues in their daily work. Values can be conflicting: on one hand, the need to protect children growing up with parents with serious illness, and on the other hand, the need to provide support to parents in acute life crises. There is a need for family-oriented interventions when a parent is hospitalized with suicidal behavior.

C-42 Successfully implementing innovations and evidence in psychiatric practice. How can complex interventions be implemented sustainably?

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Background: Sustainable implementation of complex interventions is of great importance for patients, practitioners, managers and the organisation itself. Twenty-three years ago, a group of researchers proclaimed: 'We are in the paradoxical situation of implementing evidence-based procedures with non-evidence-based methods' (Drake et al., 2002). In the meantime, a great deal of knowledge about theories, models and frameworks relevant to implementation science is available in order to be able to plan, manage and evaluate complex implementation projects in practice. A fundamental question is therefore: How can complex interventions such as new treatment concepts and programmes (e.g. Safewards, Primary Nursing) as well as guideline recommendations and expert standards be sustainably implemented in healthcare practice?

Aim: The lecture provides an overview of implementation science theories and models and their significance for clinical practice. Project leaders, such as APNs and managers, can deepen their knowledge of relevant implementation science. This knowledge enables facilitators, for example, to better understand and explain why implementation projects succeed or fail.

Methods: The presentation will discuss theoretical foundations of the process model 'Ottawa Model of Research Use, OMRU' (Logan & Graham, 2010) and the framework 'Consolidated Framework of Implementation Research, CFIR 2.0' (Damschroder et al., 2022) in a practical way and present success factors and key strategies for successful implementation of complex interventions.

Results: The presentation will discuss theoretical foundations of the process model 'Ottawa Model of Research Use, OMRU' (Logan & Graham, 2010) and the framework 'Consolidated Framework of Implementation Research, CFIR 2.0' (Damschroder et al., 2022) in a practical way and present success factors and key strategies for successful implementation of complex interventions.

Discussion: Implementation is not an end in itself. The cost of implementation must be justified by an improvement in the assistance provided to users. Bringing about a lasting change in practice requires far more than a formal decision - because the real challenge is to change routines of behaviour (Rogers, 2003). This change is based on complex social processes, influenced by a variety of factors at the levels of the individuals involved, the organisation and the socio-political framework. Theories, models and frameworks of implementation science can help to identify influencing factors and challenges in implementation processes at an early stage, to plan strategies precisely and to evaluate outcomes.

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C-43 Evaluating Complex Interventions in Psychiatric Nursing: A Bibliometric Analysis of Methodological Approaches

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Background: Psychiatric nursing and complex interventions represent an important but understudied area in health research. This study aims to illuminate the research landscape in this area using bibliometric analysis and to provide valuable insights to mental health care professionals, especially psychiatric and mental health nurses.

Aim: This study aims to examine the evolving literature on complex interventions in psychiatric and mental health nursing from 1987 to 2024.

Methods: The Web of Science database was searched using specific keywords and 208 relevant publications were selected. These publications were examined using bibliometric analysis tools such as Bibliometrix (4.3.3) and VOSviewer (1.6.20).

Results: The Web of Science database was searched using specific keywords and 208 relevant publications were selected. These publications were examined using bibliometric analysis tools such as Bibliometrix (4.3.3) and VOSviewer (1.6.20).

Discussion: Our findings highlight the diversity and evolution of methods used to evaluate complex interventions in psychiatric nursing. The increasing importance of integrated care approaches and patient-centered outcome measures is noteworthy. However, the lack of standardized assessment tools and difficulties in measuring long-term effects remain major methodological barriers in the field. Future research is recommended to include greater use of mixed-methods approaches, integration of digital health technologies, and development of culturally sensitive assessment methods. The main conclusion of our study is that more holistic and personalized approaches are needed in the evaluation of complex interventions in psychiatric nursing.
For psychiatric nursing practice and research, it is recommended to develop evidence-based and patient-centered evaluation methods, increase international collaborations, and strengthen methodology training in nursing education programs. These steps will contribute to the development of the field and provide a better understanding of the effectiveness of complex interventions.

C-44 Practice development meets personnel development: Strategy concept Pflege 3.0© as a best practice example for the sustainable implementation of complex interventions

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Background: The demands on healthcare professionals in clinical settings can be considered highly complex in view of the increasing number of chronically ill and multimorbid patients, structural changes and the demand for evidence-based practice.

Aim: In this context, a strategic framework concept for practice and personnel development was implemented in 2018 by the authors on behalf of the nursing management at the ZfP Emmendingen. Two objectives were focused: 1. Evidence-based development of practice and nursing quality, in particular the sustainable implementation of complex innovations. 2. systematic integration of nursing specialists as a career model for recruiting and retaining employees.

Methods: A literature search was conducted in the subject databases MEDLINE, CINAHL, the online journal Implementation Science, in German and English-language journals, and reference books on the topics of human resources and practice development.

Results: A literature search was conducted in the subject databases MEDLINE, CINAHL, the online journal Implementation Science, in German and English-language journals, and reference books on the topics of human resources and practice development.

Discussion: Practice and personnel development are inextricably linked: the Pflege 3.0© strategy concept serves the evidence-based development of clinical practice and also provides a career model for academically and non-academically trained nursing specialists. The integrative roles of nursing specialists at both the clinic and ward level should be emphasized. These guarantee a sustainable transfer of theory into practice through scientific facilitation and strategic control of all development projects and the direct, continuous support of the actors in clinical practice.

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C-45 Managing Complex Mental Health Presentations in the Patients own Home

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Background: In 2020, the Irish Government published Sharing a Vision: A Mental Health Policy for Everyone, building on the progress made since A Vision for Change: Report of the Expert Group on Mental Health Policy (2006). This document aimed to further the shift toward community-based mental health care in Ireland. The commitment to this approach predates the 2020 policy, with earlier documents such as The Psychiatric Services: Planning for the Future (1984) and the 1967 Commission of Inquiry on Mental Illness advocating for the move from institutional settings to community care. As a result, community-based care was emphasized in certain regions even before 2006. The service discussed in this presentation has been at the forefront of developing comprehensive community-based services as an alternative to hospital admission, with a key component being the establishment of Home-Based Treatment Teams.

Aim: The aim of this presentation is to describe the role and purpose of home-based treatment teams and their alignment with current government policy in Ireland's mental health services. In particular, the presentation will focus on the role of the Advanced Nurse Practitioner within these teams, with a focus on the complex presentations in her care. A case study will be included to illustrate the impact of this role on patient care.

Methods: This presentation will be descriptive, drawing on statistics from the nurse's own records and key performance indicators (KPIs). The case study will involve a retrospective review of the patient's clinical files to provide the necessary clinical information.

Results: This presentation will be descriptive, drawing on statistics from the nurse's own records and key performance indicators (KPIs). The case study will involve a retrospective review of the patient's clinical files to provide the necessary clinical information.

Discussion: This presentation aims to explore the work of an Advanced Nurse Practitioner in providing complex interventions to acutely unwell patients in their own homes as an alternative to hospital admission. The role of the Advanced Nurse Practitioner will be discussed in detail, including the referral process to this service. Additionally, the presentation will examine how the service aligns with relevant government policies.

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Commission of Enquiry on Mental Illness. Report of the Commission of Enquiry on Mental Illness. Dublin: The Stationery Office, 1967.

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C-46 Recommendations for the implementation of inpatient equivalent treatment: Results of the process evaluation of the AKtiV study

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Germany

Background: When the option of ward-equivalent treatment (StäB) was created in 2018, the wish of many hospitals for a treatment option in the home environment was fulfilled (Längle et al., 2018). Nevertheless, experience shows that the implementation of IET is still not a matter of course (Boyens et al., 2021; Gottlob et al., 2022; Lang et al., 2024). In Germany, IET is currently the only legally regulated and thus regularly refinanced option for hospitals to enable acute treatment of patients requiring full inpatient treatment in their home environment.

Aim: The aim is to identify factors that promote and hinder the implementation of inpatient equivalent treatment and to derive recommendations for the implementation.

Methods: A mixed-methods design with quantitative and qualitative process evaluation was carried out at ten study centers as part of the AKtiV study. Data was collected using structural questionnaires, COPSOQ, ZUF_ZfP, expert interviews and focus groups.

Results: A mixed-methods design with quantitative and qualitative process evaluation was carried out at ten study centers as part of the AKtiV study. Data was collected using structural questionnaires, COPSOQ, ZUF_ZfP, expert interviews and focus groups.

Discussion: The results provide valuable insights into the implementation processes of IET and support clinics in the introduction of this form of treatment. The recommendations serve as a guideline for practice and promote the further development of IET in Germany.

C-47 Effectiveness of community mental health nursing in Switzerland: mirror-image analysis of psychiatric hospitalizations

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Bern University of Applied Sciences
Switzerland

Background: Community-based mental health services have gained considerable attention for their potential to lower both the duration and frequency of hospital stays, thereby reducing pressures on the healthcare system and mitigating the adverse effects on patients. Community mental health nursing (CMHN) is an integral part of community mental health services worldwide In Switzerland, an increasing number of CMHN professionals are employed by home care organizations, delivering mental health care through outreach. However, there remains a lack of national and international research on the effectiveness of CMHN interventions.

Aim: We aimed to answer the following research question: What effect does admission to community mental health nursing have on the psychiatric hospitalisation of people with mental illness?

Methods: We conducted a retrospective mirror-image study. Therefore, we used previously collected, anonymized routine data from the interRAI-CMH needs assessment tool from HomeCareData and data from the hospitals' medical statistics provided by the Federal Statistical Office of Switzerland. Both datasets were linked using an anonymized personal key. Service users aged 18 years or older were included.

Results: We conducted a retrospective mirror-image study. Therefore, we used previously collected, anonymized routine data from the interRAI-CMH needs assessment tool from HomeCareData and data from the hospitals' medical statistics provided by the Federal Statistical Office of Switzerland. Both datasets were linked using an anonymized personal key. Service users aged 18 years or older were included.

Discussion: To our knowledge, this is the first study evaluating the effectiveness of CMHN on psychiatric hospitalization rates in Switzerland. The observed reduction in hospital admissions following the initiation of CMHN highlights the potential of these services to improve outcomes for individuals with mental illnesses. In the context of ongoing health policy discussions, these findings underscore the value of CMHN and support its further integration into the Swiss healthcare system.

C-48 Re-thinking mental health nursing

Dirk Richter
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Switzerland

Background: The definition of mental health nursing has been the subject of much debate and controversy for many decades. More recently, human rights and recovery have played an increasingly important role in the theory and practice of nursing.

Aim: To re-think central contents of mental health nursing in order to better fulfil human rights and recovery.

Methods: Key approaches of mental health nursing will be critically considered and alternatives to existing approaches will be proposed.

Results: Key approaches of mental health nursing will be critically considered and alternatives to existing approaches will be proposed.

Discussion: Fundamental changes will be proposed: (1) neurodiversity rather than mental disorders; (2) psychosocial support rather than caring; (3) abolition of coercion; (4) human rights-based care rather than human rights-orientation; (5) personalized goals as outcomes; (6) prevention prior to treatment; (7) person-drivenness rather than person-centeredness.The implications for nursing practice and training will be discussed.

C-49 Creating space for the voices of Sexual Violence Victim/Survivors in Psychiatric Nursing Education: Use of a Graphic Novella to Support Education

Candice Waddell-Henowitch
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Canada

Background: One in four women in post-secondary institutions will experience sexual violence before the age of 24 (1). Therefore, post-secondary institutions are integral in the prevention and appropriate intervention for this type of violence (2). With the right educational tools, psychiatric nursing classes offer opportunity for sexual violence awareness, rape myths reduction, and appropriate intervention, while simultaneously building empathy to improve future practitioner response to disclosures.

Aim: The aim of this presentation is to highlight the creation and evaluation of a graphic novella, which can be used as a tool to teach about sexual violence in psychiatric nursing classrooms.

Methods: The graphic novella was created using composite narrative. Composite narrative is a way to maintain anonymity of research participants by taking numerous voices (in this case ten) and merging them into one singular voice (3).

Results: The graphic novella was created using composite narrative. Composite narrative is a way to maintain anonymity of research participants by taking numerous voices (in this case ten) and merging them into one singular voice (3).

Discussion: Incorporating lived experience into psychiatric nursing curriculum has been a crucial educational strategy for decades (4). Providing opportunity for students to learn from the lived experience, in a manner that provides safety and anonymity to those presenting is an ongoing struggle with some sensitive topics. Including these narratives in a course on sexual violence prepares practitioners to respond appropriately to disclosure of sexual violence (5). The use of a graphic novella using composite narrative provides the students access to the true stories, provides structure for educational discussions, while also protecting those that have lived through the violence.

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C-50 Self-Experience and Self-Reflection

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Working in psychiatry presents all professional groups with significant psychological as well as physical challenges. In particular, the development of interpersonal and professional relationships with patients and clients requires strong reflective skills regarding one's own behavioural patterns, emotional barriers and pitfalls, as well as personal biographical influences. Self-experience has been an established method for years to address these and other challenges in psychiatric and psychotherapeutic practice. However, in Germany, this form of professional development and support for self-reflection is reserved for only a few professional groups.

The presentation outlines and discusses theoretical backgrounds and concepts of professional self-experience, as well as its application in psychiatric nursing. Furthermore, the results of a qualitative study on the experience of self-experience within the framework of an academic education program will be presented. Their implications for practice, as well as for the professional and academic development of psychiatric nursing, will be explored.

C-51 Habits of Peer Support Workers in German Psychiatry

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Background: Peer Support Work (PSW) is an approach in which people with personal experience of mental health problems are employed to make explicit use of their experience in supporting service users. However, the integration of PSWs into mental health services is often difficult due to a lack of clear roles and acceptance. Little is known about the habitus with which they provide peer support.

Aim: The aim of this study is to highlight the habitus, associated social positioning and areas of tension as an element of Peer Support Workers' professional identity.

Methods: A qualitative study with a reconstructive design was carried out. The research partners were interviewed using semi-structured interviews based on the Critical Incident Technique. The evaluation was carried out using the documentary method and a positioning analysis.

Results: A qualitative study with a reconstructive design was carried out. The research partners were interviewed using semi-structured interviews based on the Critical Incident Technique. The evaluation was carried out using the documentary method and a positioning analysis.

Discussion: The results of the study highlight the critical role of the Peer Support Workers' own experience and show how this experience is used in different ways (relationship building, own guidance). The ambiguity of the peer workers' role is also evident in this study in the tensions between professional and peer roles and between closeness and distance in the interaction. The study thus contributes to a better understanding of peer work.

C-52 Evaluation of the Recovery College Bern

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Background: Recovery Colleges (RCs) are mental health education centers co-produced by experts with lived experience of mental health problems and mental health professionals. By incorporating key aspects of personal recovery, RCs can be seen as strengthening the recovery orientation of mental health services. RCs offer courses on different aspects of mental health, focusing on coping with everyday life and promoting open discussion and understanding of mental health through education and shared experiences. They are open to people with mental health problems, people close to them such as relatives, health professionals and anyone else who is interested. The first RC opened in the UK in 2009 and at least 22 countries around the world have followed, including the RC Bern in Switzerland. Evaluations are crucial to understanding the impact of RCs and ensuring their continued development. The use of mixed methods is recommended to achieve comprehensive evaluations of RCs.

Aim: The aim of the study was to evaluate the impact of the RC Bern on its students with mental health problems by measuring and assessing the outcomes of personal recovery, well-being and self-stigmatisation.

Methods: We used a mixed methods evaluation design. The quantitative part included a pre-post evaluation with standardized questionnaires to assess participants' personal recovery, well-being and self-stigmatisation. The baseline was completed before the first course attended and follow-up questionnaires were completed at the end of each course. The qualitative part included two focus groups with participants who had completed the courses, in which the topics of the questionnaires were further discussed.

Results: We used a mixed methods evaluation design. The quantitative part included a pre-post evaluation with standardized questionnaires to assess participants' personal recovery, well-being and self-stigmatisation. The baseline was completed before the first course attended and follow-up questionnaires were completed at the end of each course. The qualitative part included two focus groups with participants who had completed the courses, in which the topics of the questionnaires were further discussed.

Discussion: The results show that this form of educational mental health service has the potential to significantly improve the lives of people with mental health problems. This positive impact highlights the need for the continued availability and development of RCs. RCs are complex interventions that require innovative evaluation methods. Co-production is essential at all stages, including the conduction of the evaluation, to address this complexity and ensure the development of effective approaches. Future evaluations should assess wider impacts on professionals, relatives and others, as well as the cumulative benefits of attending multiple courses. The qualitative component of this study provided important insights that enhanced the understanding of the results. However, the lack of a control group limits the robustness of the findings. Future studies could address this by using propensity score matched controls.

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Ambord, N., Burr, C., & Zuaboni, G. (2025). A Glimmer of Hope: The Impact of the Recovery College Bern on Personal Recovery, Well-Being and Self-Stigmatisation-A Mixed Methods Study. International journal of mental health nursing, 34(1), e13482. https://doi.org/10.1111/inm.13482

C-53 Mental health nurse perceptions of their knowledge base of medical care interventions – A training needs analysis

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Background: It is important that the confidence and knowledge of mental health nurses (MHN) in relation to medical care are explored to enable a greater understanding of the feasibility of medical care training for mental health nurses. This is crucial to reduce physical health inequalities experienced by patients with serious mental illness.

Aim: The aim of this study is to complete a training needs analysis of MHN perceptions of knowledge and confidence in delivering medical care interventions. The objectives are to determine MHN perception of their own medical care competency, and the type of training requirements they require personally and as a group.

Methods: Mixed methods study using Likert type questions in an anonymous survey to all nurses in an Irish independent mental health service. Open ended questions were thematically analysed. Ethical approval was received (13/24).

Results: Mixed methods study using Likert type questions in an anonymous survey to all nurses in an Irish independent mental health service. Open ended questions were thematically analysed. Ethical approval was received (13/24).

Discussion: This study has determined the need for flexible and consistent training for mental health nurse preparation for providing medical care for people in hospital experiencing mental ill health. The participants of this study were predominantly experienced MHNs with ten or more years of experience, indicating that the need for physical healthcare training is not restricted to newly qualified nurses. It also demonstrates the appetite for educational sessions in this area by experienced nurses, with 97% indicating they would attend further training on physical care if offered. Further studies evaluating the effectiveness of educational modules should be conducted, examining the effectiveness both in terms of nurse and patient related outcomes.

C-54 Determination of psychosocial care giving status and competence of intensive care nurses

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Background: In intensive care unit (ICU) psychosocial problems occur due to reasons such as light, noise, device sounds, not being able to see family members, being connected to various tools, being in a different environment, loss of day and night separation, presence of mechanical devices such as monitoring and ventilator. In addition, patients are forced to temporarily give up their previous roles (family, work, etc.) and adopt a passive and dependent role towards the healthcare team working in the hospital and the machinery and equipment surrounding them. Nurses observe the differences in the behaviors of the patients and meet their psychosocial needs. Therefore, nurses should know the answers to the developing psychological responses and make psychosocial interventions for them. Nurses' competencies are one of the important criteria for providing psychosocial care. However, studies show limited knowledge about psychosocial competencies of ICU nurses.

Aim: This research was conducted as a descriptive and correlational study in order to determine the psychosocial care-giving status and competencies of intensive care nurses.

Methods: The sample of the study consisted of 100 nurses working in the intensive care unit. The data were collected through "Google Forms" between March and April 2022 by using the Individual Characteristics Form, Psychosocial Care Giving Status Questionnaire Form which are created by the researcher and also Psychosocial Care Competence Self-Assessment Scale. The data were analyzed with the Mann Whitney U Test, Kruskal Wallis Test and Pearson Correlation Test methods using the SPSS program.

Results: The sample of the study consisted of 100 nurses working in the intensive care unit. The data were collected through "Google Forms" between March and April 2022 by using the Individual Characteristics Form, Psychosocial Care Giving Status Questionnaire Form which are created by the researcher and also Psychosocial Care Competence Self-Assessment Scale. The data were analyzed with the Mann Whitney U Test, Kruskal Wallis Test and Pearson Correlation Test methods using the SPSS program.

Discussion: As a result, it was seen that the education level and working conditions of the intensive care nurses have an effect on the rates of psychosocial care. Therefore, the psychosocial care practices of intensive care nurses should be supported by in-service trainings and awareness and competencies of intensive care nurses should be increased.

C-55 Mental Health Problems: perceptions of nurses on somatic wards

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Background: Mental health problems (MHP) are a challenge in somatic health care. Hovever, attention for the interaction between physical and psychological factors is also needed. Studies indicate that up to half of patients admitted to a general hospital suffer from MHP (Peeters et al, 2020). Only 0.8% of nurses indicate that they rarely or never come into contact with MHP in their patients. 70.3% of nurses feel incompetent to handle MHP (De Keyser. 2010). This makes caring for patients on somatic wards with mental health complex interventions.

Aim: Given the lack of insights into nurses' perceptions of dealing with people with MHP his study examines how nurses in somatic departments perceive mental health problems.

Methods: Nurses on somatic wards will be invited to complete a questionnaire online composed out of the Level of contact report and the MHP Perception Questionnaire with subscales Role Support, Role Competency and Therapeutic Commitment.

Results: Nurses on somatic wards will be invited to complete a questionnaire online composed out of the Level of contact report and the MHP Perception Questionnaire with subscales Role Support, Role Competency and Therapeutic Commitment.

Discussion: A more thorough discussion will be presented during the congress. Given the lack of insights into nurses' perceptions of dealing with people with mental health problems his study examines how nurses in somatic departments perceive mental health problems. The insights will guide the necessary (complex) interventions to adjust possible perceptions, knowledge and skills among nurses and to improve the care for people with mental health problems in somatic health care. The expected results can lead to developing tools by the advanced practice mental health nurses that meet the needs identified by this study.

Reading references:
De Keyser, Tom. Implementatie Van Een Multidisciplinair Liaison Psychiatrisch Team : Effecten Op De Praktijk Van De Somatische Hulpverlener. 2010.

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C-56 The Relationship Between Internalized Stigmatization and Mental Health Literacy Among Syrian Refugees Used Psychosocial Services

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Background: Every year, individuals leave their homes and migrate due to war, violence, and climate change. Mental health problems are common in individuals who migrate, but unfortunately, they cannot benefit from mental health services sufficiently. Among the reasons for this situation may be low mental literacy or high internalized stigma towards mental illnesses.

Aim: This study aimed to examine the relationship between the internalized stigma of mental disorders and mental health literacy in Syrian refugees receiving psychosocial services.

Methods: The design of this study was cross-sectional and correlational study. Data were collected by self-reporting, the Arabic language Information Form, the Internalized Stigma of Mental Illness Scale (ISMI), and the Mental Health Literacy Scale (MHLS).

Results: The design of this study was cross-sectional and correlational study. Data were collected by self-reporting, the Arabic language Information Form, the Internalized Stigma of Mental Illness Scale (ISMI), and the Mental Health Literacy Scale (MHLS).

Discussion: Internalized stigma scores of women and those who had children were statistically higher. Those who had no history of mental illness and psychosocial support had significantly higher mental literacy.

C-57 The Effect of Internalized Stigma on Social Integration in Patients with Psychiatric Disorders

Funda Gümüş, Abdullah Atli, Leyla Zengin Aydin
Dicle University
Turkey

Background: Community integration refers to helping patients effectively manage their illness, become independent, and participate in community life. While patients were moderate in terms of adapting to community life when they were first discharged from the hospital, they reported that it was actually difficult to adapt to society as they lived in the community. Because one of the biggest obstacles to integration is stigma.

Aim: The purpose of this study is to determine the effect of internalized stigma on community integration in patients with psychiatric disorders.

Methods: this study conducted with 152 psychiatric patients in a descriptive correlational design, Internalized Stigma of Mental Illness Scale (ISMIS) and Community Integration Scale for Adults with Psychiatric Disorders (SCIDI) were used to collect data.

Results: this study conducted with 152 psychiatric patients in a descriptive correlational design, Internalized Stigma of Mental Illness Scale (ISMIS) and Community Integration Scale for Adults with Psychiatric Disorders (SCIDI) were used to collect data.

Discussion: In this study, it was determined that internalized stigma was higher in patients with psychotic symptoms and substance use. It is thought that this result may be due to the fact that psychotic symptoms and substance use aggravate the disease picture and negatively affect functionality. As the duration of the disease, the number of hospitalizations and the number of suicide attempts increase, perceived stigma increases, and as internalized stigma increases, social integration decreases. In addition, it was determined that internalized stigma and the number of suicide attempts are predictors of social integration. In short, since psychotic symptoms, substance use and suicide attempts do not comply with social norms, they increase stigma and reduce social integration, from which patients can benefit in many ways, such as feeling valued, adopting social roles, life satisfaction, self-esteem and increasing individual competencies. Similar results have been obtained in studies conducted in the literature (1-3). It can be said that when internalized stigma increases, social integration decreases. Mental health and psychiatric nurses can guide patients and their families in combating stigma and ensure the integration of patients and their families into society.

Reading references:

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Raitakari, S., Haahtela, R., & Juhila, K. (2016). Tackling community integration in mental health home visit integration in F inland. Health & social care in the community, 24(5), e53-e62.

C-58 INVESTIGATION OF THE FACTORS RELATED TO PROBLEMATIC INTERNET USE AND DIGITAL GAME PLAYING IN UNIVERSITY STUDENTS WITH A STRUCTURAL EQUALITY MODEL

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Background: The purpose of the development of the Internet is to facilitate and accelerate communication and to make the exchange of information secure. Especially with the recent development of technology and information systems, the internet has become indispensable in daily life. In the "We Are Social Digital in 2021" report, it was reported that there are 4.66 billion internet users, accounting for 59% of the world population, 4.20 billion social media users, accounting for 53% of this population, and 5.22 billion mobile users, accounting for 66%.

Aim: The aim of this study was to enable multiple variables affecting "problematic internet use" and digital game playing to be considered in the same model to explain and verify complex new relationships.

Methods: Data were collected using Generalized Problematic Internet Use Scale Digital Gaming Addiction Scale UCLA Loneliness Scale, Self Efficacy Scale Brief Symptom Inventory. AMOS 21, Structural Equation Model were analyzed data obtained from 1165 students

Results: Data were collected using Generalized Problematic Internet Use Scale Digital Gaming Addiction Scale UCLA Loneliness Scale, Self Efficacy Scale Brief Symptom Inventory. AMOS 21, Structural Equation Model were analyzed data obtained from 1165 students

Discussion: In general, as a result of the findings of this study, it was seen that high duration of internet use, loneliness, brief symptoms (depression, anxiety, somatization, hostility/aggression, negative self) and self-efficacy were associated with problematic internet use and digital game playing and these variables mediated each other in the structural model. The mediation of loneliness in three models in the study findings can be explained by the fact that the independent variables of brief symptoms and loneliness are important predictive factors in problematic internet use and digital gaming, and loneliness is another most important predictor. In other words, it can be interpreted that loneliness has a great effect on these relationships. In the literature, it is seen in many studies that there is a close relationship between loneliness and self-efficacy or brief symptoms. When the related literature was examined, no study was found in which these three variables were used together in a structural model. However, there are studies that examine the relationship between loneliness and internet addiction, brief symptoms (depression, anxiety, somatization, hostility, negative self) and self-esteem.

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C-59 Patient-initiated brief admissions in Iceland - a nursing intervention Patient-controlled brief admissions - a nursing intervention

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Background: Patient-controlled brief admissions (PIBA) are an innovative intervention designed to empower individuals with severe emotional dysregulation, often resulting in self-harm, and suicidality. PIBA provides patients the opportunity to assess their own need for a short admissions for stabilization. However, successful implementation requires clear clinical guidelines and staff training to ensure effective and supportive care.

Aim: To develop clinical guidelines for PIBA and implement a DBT-informed educational and supervisory program for inpatient staff.

Methods: A mixed-method study will be conducted, incorporating the Self-Harm Antipathy Scale (SHAS) to measure staff attitudes and qualitative interviews to explore staff and patient perspectives.

Results: A mixed-method study will be conducted, incorporating the Self-Harm Antipathy Scale (SHAS) to measure staff attitudes and qualitative interviews to explore staff and patient perspectives.

Discussion: This quality improvement initiative has the potential to transform inpatient psychiatric care by fostering patient autonomy and improving staff competence in DBT-informed approaches. Anticipated benefits include enhanced therapeutic relationships, reduced stigma surrounding self-harm, and better support for patients using PIBA. Challenges include aligning PIBA with existing inpatient workflows and ensuring consistent application of DBT principles. The project's findings will inform the broader integration of PIBA into mental health services and contribute to the growing evidence base for patient-driven care models. The project aims at user involvement at every step, resulting in improvement based on co-creation.
The project has the potential of becoming an effective way of reducing suffering for a sensitive, and often misunderstood group of users, and at the same time empowering them and the mental health professionals delivering services.

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C-60 Implementing hospital test discharge periods for young adults with mental health problems: a qualitative study

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Background: Mental health problems often start early in life and negatively affect the ability of adolescents & young adults to perform age-appropriate developmental tasks. Young adults already struggling with mental problems in earlier childhood or adolescence, are even more vulnerable. Therefore, age-specific mental healthcare services for young adults were created. In Flanders, only a limited number of facilities specifically for young adults exist. Key service components for age-appropriate mental health care for this group are not well examined in research. To the best of our knowledge, there is no research known evaluating the significance or impact of hospital test discharge periods for this group.

Aim: The aim of this study is to map how young adults perceive and experience a test discharge period during their residential admission. This study is the first of a tri-phased research project. Additionally to the perspectives of the young adults, the perspectives of their assigned nurses and support persons will be explored.

Methods: An exploratory qualitative study was set up. Eight semi-structured interviews were conducted with a heterogeneous group of young adults hospitalized on a (semi-)residential young adult unit. The young adults participating in this study were exposed to a lesser or more extent to a test discharge period varying from at least 2 weeks to a maximum of 5 weeks during their admission. All participants know at time of admission that a test discharge period is part of their treatment program.

Results: An exploratory qualitative study was set up. Eight semi-structured interviews were conducted with a heterogeneous group of young adults hospitalized on a (semi-)residential young adult unit. The young adults participating in this study were exposed to a lesser or more extent to a test discharge period varying from at least 2 weeks to a maximum of 5 weeks during their admission. All participants know at time of admission that a test discharge period is part of their treatment program.

Discussion: The study unfolded how young adults face many practical and emotional challenges during the hospital test discharge period. Supporting young adults and their context in dealing with these challenges prior, during and after the (test) discharge period, is crucial to build up trust and confidence in themselves and to work towards their own recovery.

C-61 Implementation of an Enhanced Referral Pathway for Parallel Mental Health Assessment in the Emergency Department in a Dublin-based University Hospital

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Background: In the literature there is a clear preference for parallel assessment, however the issue of when to refer and when to review patients with a potential mental health presentation in practice has continually surfaced as a topic of deliberation.
This difficulty is on both sides of the referral process; with opinions that ED staff refer patients too early when they are not yet fit to engage in MH assessment or have not been adequately medically worked up, and from psychiatry requesting that patients be 'medically cleared' before they carry out mental health assessment. As a result it was felt that a referral pathway process was needed. The initial creation of the pathway was completed by Liaison psych. and presented to ED. The initial version was implemented in Sept. 23 and piloted for 8 weeks. During the time questionnaires were completed pre and post implementation, analysed and considered ahead of the final implementation in Feb. 24.

Aim: The aim of this current research study was to review the implementation of this Referral Pathway for parallel assessment for patients presenting to the Emergency Department with mental health needs 4-6 months post its' implementation. The goal was to collect and analysis quantitative and qualitative data in regard to feedback from clinicians about the Referral Pathway's implementation and practical use in the ED setting on both sides of the referral process.

Methods: The research process included;
Mixed methods
Probability/random sampling (simple random sampling)
Quantitative (Likert scale) and qualitative (open-ended) questionnaires – specific to the Psychiatry clinicians and those working in the ED
Focus groups - Ideally each focus group will have 8-10 participants representing a mixture of disciplines from psychiatry and ED, plus a facilitator and a note taker – proposal to complete up to 3 focus groups

Results: The research process included;
Mixed methods
Probability/random sampling (simple random sampling)
Quantitative (Likert scale) and qualitative (open-ended) questionnaires – specific to the Psychiatry clinicians and those working in the ED
Focus groups - Ideally each focus group will have 8-10 participants representing a mixture of disciplines from psychiatry and ED, plus a facilitator and a note taker – proposal to complete up to 3 focus groups

Discussion: There was a strong emphasis during the creation and implementation of the Referral Pathway that it would serve to eradicate terms such as 'medically fit' or 'medical clearance', with encouragement towards the terms 'fit for assessment', 'fit for review' or 'fit for discharge' to ensure parallel working which is supported by the Royal College of Psychiatrists, Royal College of Nursing, Royal College of Emergency Medicine & Royal College of Physicians (2020).
The concept of parallel assessment versus the reality of implementing it in a high intensity environment with a high turnover of both patients and staff such as ED will be challenging. However, what this Referral Pathway serves to do is to change the dialogue used on each side of the referral process and remove barriers or delays to patient assessment and care.
This pathway is endorsed from both Liaison Psychiatry and Emergency Medicine with authors representing both perspectives. This combined focus on implementation makes it more likely to have a lasting positive effect on practice.

C-62 Towards a Shared Understanding: Challenges and Opportunities in the Diffusion of Digital Technology in Mental Health

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Background: Despite thorough development of digital technology in mental health, which users find helpful, health care professionals may be reluctant to adopt these in their practice. In this study, we take example in SAFE, which is a mobile application (app) co-produced together with people with lived experiences of self-harm who wanted to share with others their own experiences with helpful solutions. A previous study suggests that lack of time, resources and knowledge were experienced as barriers for adoption of the app in an Emergency Department.

Aim: In preparing for a wider implementation of SAFE, we explored experts' opinions and expectations to adoption of digital technology in mental health, focusing on the facilitators, barriers and gains.

Methods: We conducted three focus groups with a total of 14 participants who were potential end-users. To gain more comprehensive knowledge, four eHealth and self-harm experts were interviewed individually. A reflexive thematic analysis was applied to data.

Results: We conducted three focus groups with a total of 14 participants who were potential end-users. To gain more comprehensive knowledge, four eHealth and self-harm experts were interviewed individually. A reflexive thematic analysis was applied to data.

Discussion: The experts' opinions and expectations indicate that adoption of digital technology in mental health is a complex process which is under influence of the beliefs of possible adopters and how knowledge of the innovation is communicated.
In the perspective of Roger's Diffusion of Innovations theory, general knowledge from e.g. mass media is important to create awareness among adopters; however, interpersonal communication is the most convincing for forming their beliefs towards an innovation. Our study indicates that mobilising the expertise, experience and engagement of peers and professionals is supposed to be essential to building up a shared belief in the advantage of digital technology in mental health. The engaging way in which SAFE is co-created with people who self-harm creates transparency as it has a shared understanding of what constitutes self-harm and what methods are useful. Thus, to support the process of a large-scale diffusion of digital technology, it seems important to focus on knowledge sharing through a diversity of communication channels and to encourage communication between people in a target group, especially between peers.

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C-63 The Meeting Between Healthcare Professionals and Patients with Mental Health Challenges During Cancer Treatment

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Background: Patients with both cancer and mental health disorders face complex challenges impacting their treatment experiences and outcomes. The interplay of physical and psychological symptoms exacerbates emotional distress, hinders treatment adherence, and reduces quality of life. Understanding these patients' perspectives is essential for holistic care and improving therapeutic relationships. Despite these complexities, research on interactions between healthcare professionals and these patients is limited.

Aim: To investigate the experiences of patients with dual diagnoses undergoing cancer treatment, and to explore healthcare professionals' perspectives on caring for them.

Methods: Qualitative study involving patient interviews and focus groups with oncology professionals at a hospital in Copenhagen. Recruiting 10–15 patients with cancer and mental disorders, and 10–20 professionals. Data analyzed using content analysis.

Results: Qualitative study involving patient interviews and focus groups with oncology professionals at a hospital in Copenhagen. Recruiting 10–15 patients with cancer and mental disorders, and 10–20 professionals. Data analyzed using content analysis.

Discussion: The anticipated findings aim to contribute to the limited research on dual diagnoses in oncology settings. By integrating patients' and healthcare professionals' viewpoints, the study seeks to identify areas for improvement in communication and care practices, and to develop patient-centered care models addressing both physical and mental health needs. This could inform clinical practices and policies, ultimately improving the quality of care and patient outcomes for patients with dual diagnoses.

C-64 Unmet Care in Psychiatric Clinics: A Nurse's Perspective Unmet Care in Psychiatric Clinics: A Nurse's Perspective

Mizgin Demir, Mahmut Can Tas, Funda Gümüs Camuz
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Turkiye

Background: Unmet nursing care is defined as not providing necessary nursing care to patients and affects patient outcomes (Griffiths et al., 2018).

Aim: It was conducted to determine the perceptions of nurses working in psychiatric clinics about the causes of unmet care.

Methods: This research was conducted in a qualitative design with individual in-depth interviews with 9 psychiatric nurses who met the criteria for the study. This study is an ongoing study.

Results: This research was conducted in a qualitative design with individual in-depth interviews with 9 psychiatric nurses who met the criteria for the study. This study is an ongoing study.

Discussion: This occurs when nurses are required to perform more than one activity at the same time and are unable to participate in some nursing activities under time constraints. The mechanism thought to be the cause of this situation is that the inappropriate number of nurses causes nurses to feel time constrained and unable to meet some nursing activities, leading to negative patient outcomes (Jones et al., 2015; Martsolf et al., 2016). In conclusion, psychiatric nurses lack psychiatric knowledge and skills, especially psychiatric knowledge and skills for unmet care in psychiatric clinics, and it is recommended that super vision trainings be conducted for psychiatric nurses to overcome this.
Keywords: Unmet care, Psychiatric clinics, Nursing

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C-65 Evaluation of a brief cognitive behavioural group therapy for distressed female university students; focus group results

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Background: Mental health of young people is of global concern and is increasingly seen as an important public health issue. University students' mental health is no exception and both students and professionals are calling for resources to deal with this issue. A major concern is that college and university students who are psychologically distressed are not receiving the professional care needed. To address the need for more professional support, an evidence-based, 6 week cognitive-behavioural group therapy intervention was developed for female university students assessed as being psychologically distressed.

Aim: The aim of this presentation is to describe the qualitative evaluations of the female students' experience and their assessments of this brief cognitive behavioural group therapy (CBGT). The original study intervention was provided in six consecutive weekly sessions facilitated by two advanced practice psychiatric nurses. All study participants in the study were evaluated as psychologically distressed.

Methods: Three post-intervention focus groups were held at the university locals. Nineteen female students from different university faculties who had received the CBGT intervention 2-4 moths prior to the focus groups participated. The age range was 22-42 years, 60% were undergraduates. The interviews were tape recorded and transcribed. The content analysis was conducted by the presenting two authors. Data was analysed with the framework by Graneheim & Lundman (2004).

Results: Three post-intervention focus groups were held at the university locals. Nineteen female students from different university faculties who had received the CBGT intervention 2-4 moths prior to the focus groups participated. The age range was 22-42 years, 60% were undergraduates. The interviews were tape recorded and transcribed. The content analysis was conducted by the presenting two authors. Data was analysed with the framework by Graneheim & Lundman (2004).

Discussion: Only a few qualitative research studies have been conducted about the experience of university students receiving CBGT for psychological distress. They have shown similar positive results as this current research. Findings from this Icelandic focus group research will further guide development of future CBT interventions for university students such as the number of students in the group, the type of group delivery such as in person vs telehealth, length of group intervention, treatment for all genders and for students studying at different learning levels.

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C-66 Experiences of women in mental health rehabilitation

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Background: Women facing mental health challenges often experience exclusion due to their gender and disabilities, making it challenging to find a fulfilling and meaningful rhythm in life. There is limited information about the rehabilitation experiences of these women, and a significant need to gain insight into their experiences.

Aim: To explore the experiences of women facing mental health challenges in rehabilitation services provided by an interdisciplinary team, including psychiatric nurses, focusing on how well those services met their needs during rehabilitation and after discharge.

Methods: Four focus group interviews with a total of 12 women who have undergone mental health rehabilitation in Iceland. Data has already been gathered from two focus groups, and two more groups will be interviewed early in the year 2025.

Results: Four focus group interviews with a total of 12 women who have undergone mental health rehabilitation in Iceland. Data has already been gathered from two focus groups, and two more groups will be interviewed early in the year 2025.

Discussion: Our primary findings underscore the importance of conducting additional studies focusing on the unique needs of women with mental health challenges seeking rehabilitation services. This involves exploring the need for follow-up support from psychiatric nurses and other professionals after the rehabilitation period.

C-67 Canadian Women Veterans with Experience Of Homelessness: What supports do they need?

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Background and Aims: The intersection of homelessness, veteran status and gender are complex. Conservative estimates suggest there are 2,400 Canadian Veterans experiencing homelessness with 30% identifying as women. A systematic review revealed only 52 studies on Women Veteran homelessness, but all were conducted in the United States. Our objective is to co-create solutions to homelessness among Canadian women Veterans. This national study also aims to address the knowledge gaps in international literature.

Method: Up to 160 Women Veterans currently or previously experiencing homelessness will take part in individual mixed-method interviews. The qualitative component gathers data regarding lived experiences, and recommendations for solutions. Quantitative data includes demographics, housing history, quality of life and services accessed.

Results: This study gives a deeper understanding of the intersections between gender and various psycho-social dimensions; uncovers the experience of service barriers by Women Veterans; and, generates suggestions to assist in reducing Women Veteran homelessness. Early qualitative analyses have uncovered:

- Trauma and mental health issues widely reported yet often under treated. Trauma prior to the military as well as during service were identified.
- Transitional housing can be helpful but mostly males are living there.
- More awareness needed for supportive Veteran services.
- Veteran and Gender-specific housing and outreach services are needed.

Discussion: This study contributes a significant step towards greater attention and services for Women Veterans experiencing homelessness in Canada. Since all prior publications are from the US, this adds to the international understanding of the issues. The prior literature emphasized military sexual trauma, but our participants report broader examples of trauma including trauma prior to service and a wider range of trauma experiences. Complex intervention addressing gender, past trauma including military related trauma, and supports for housing stability need to be developed for Women Veterans. The data and analyses generated from this study will help lay the foundations for future Veteran interventions.

C-68 Curious Collaboration: Implementing, Evaluating, and Refining a Cross-Sector Model for ADHD

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Background: Cross-sectoral collaboration is vital for cohesive care pathways for children and adolescents with ADHD, uniting psychiatric services, municipal agencies, educators, and families. Yet aligning these distinct sectors proves challenging due to varied policies, resources, and professional cultures. Our intervention addresses fragmentation, communication gaps, and context-specific barriers. Using Complex Adaptive Systems (CAS) as an analytical lens for qualitative data, we illustrate how local conditions and stakeholder dynamics shape implementation. Early findings suggest that trust, clear roles, and flexible coordination are crucial, though organizational constraints can limit progress. By detailing how real-world complexities affect both processes and outcomes, this study provides essential insight into integrated strategies for children with ADHD.

Aim: We developed a cross-sectoral collaboration model for children and adolescents with ADHD, which we have implemented, evaluated, and iteratively refined to meet diverse stakeholder needs. Our goal is to investigate how families, professionals, and organizations experience this integrated approach. We focus on identifying factors that either promote or hinder effective collaboration, ultimately enhancing support for this population.

Methods: A mixed-methods study combined Patient-Reported Outcome (PRO) data with qualitative interviews among families and professionals. CAS analysis illuminates how local contexts influence implementation. Key variables include the model's integration, alignment with stakeholders' needs, and PRO measures (W-FIRS, PedsQL, ADHD RS) of functioning, quality of life, and symptom burden, informing feasibility and ongoing adjustments.

Results: A mixed-methods study combined Patient-Reported Outcome (PRO) data with qualitative interviews among families and professionals. CAS analysis illuminates how local contexts influence implementation. Key variables include the model's integration, alignment with stakeholders' needs, and PRO measures (W-FIRS, PedsQL, ADHD RS) of functioning, quality of life, and symptom burden, informing feasibility and ongoing adjustments.

Discussion: Developing and refining complex interventions for children with ADHD demands continuous curiosity, from initial design through evaluation and implementation. We must routinely assess feasibility, ensuring that the model can adapt and remain sustainable beyond short-term funding or pilot phases. Barriers—such as unclear mandates, limited resources, or stigma linked to outcome measures—can be as instructive as successes, guiding us toward more resilient solutions. By inviting frank, probing questions at every stage, we uncover hidden obstacles and opportunities for synergy across sectors. Our outcome measures must hold meaning for families and professionals alike; otherwise, data collection risks diminishing trust and engagement. In this context, it may be more insightful to capture parental experiences throughout the assessment process, comparing families who receive a collaboration model against those in standard care. Such a shift could reveal how parental well-being and stress levels evolve under different organizational supports. Ultimately, being bold enough to explore less conventional endpoints—and to recognize shortcomings along the way—fosters a deeper, more authentic co-creation of interventions that endure and genuinely serve those in need.

C-69 Working with young people in challenging times .TEJO: a unique project from Belgium Working with young people in challenging times. TEJO: a unique project from Belgium

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Belgium

Background: Research suggests that 25% of mental health disorders have their onset in adolescence, specifically before the age of 24. As a result, adolescence provides us with a unique window of opportunity for prevention and early intervention that can improve long-term outcomes. However, many young people in need of mental health services receive no treatment or insufficient treatment, known as the treatment gap (Kazdin, 2017; Rocks et al., 2020).

Aim: This presentation aims to highlight the philosophy of TEJO: a unique outpatient treatment model for young people with mental health issues. TEJO wants to change something in a positive way about the described 'treatment gap'.

Methods: The philosophy and unique characteristics of TEJO are described. We illustrate all this with qualitative research about the changes young people experiences who come to TEJO.

Results: The philosophy and unique characteristics of TEJO are described. We illustrate all this with qualitative research about the changes young people experiences who come to TEJO.

Discussion: The positive outcomes observed in Belgium suggest that the TEJO model could be successfully adapted and implemented in other cultural and national contexts, as it has been in the Netherlands.
TEJO focuses on the core business, which is: providing mental healthcare to young people. As a volunteer organization, you have many other tasks as well (finances, accommodation, sponsorship, promotion, prevention) but this should not distract from the primary focus: "how can we, as an organization, facilitate our therapists so they remain motivated to volunteer their time?".
As a volunteer organization, every local 'Tejo house' needs to be well-supported by a daily management team that monitors day-to-day operations and a board of directors that outlines general policy. Ensuring quality work also involves maintaining the standards of volunteer therapists during recruitment (completed education + relevant experience working with young people). If you want to form a team, you need 1/3 therapists, 1/3 administrative staff and 1/3 organizational staff.

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C-70 Care needs and health promotion preferences among adolescents and parents of adolescents with mental illness, to support healthy weight development: a qualitative study

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Background: This study originates out of the daily clinical challenges healthcare professionals face when working with adolescents with both mental illness and overweight or obesity. Adolescents with mental illness are at higher risk for obesity, and several medications used to treat mental illnesses in adolescents can cause weight gain. Both obesity and mental illness are linked to stigma, bullying, and worsened mental health outcomes, such as self-injury and suicide attempts. Both conditions carry the risk of persisting into adulthood, reducing quality of life and increasing disability, morbidity, and mortality. However, obesity is rarely addressed in child and adolescent mental health services, and promoting healthy behaviors is challenging. Mental health nurses report a lack of training and uncertainty about the best approach. Identifying effective care strategies for adolescents with both mental illness and obesity remains a key challenge.

Aim: The aim of this study is to explore the care needs and health promotion preferences among adolescents and parents of adolescents with mental illness in relation to healthy weight development. The intention is to generate knowledge that can guide healthcare professionals in effective care that support and assists young individuals and their parents in managing their illness and health.

Methods: Purposive sampling was used to ensure information richness, and the sample size was determined through ongoing data collection and concurrent analysis. Efforts were made to achieve diversity in gender, age, diagnosis, weight management experience, and recovery stage. Eligible participants included adolescents, and parents of adolescents, aged 14-17, diagnosed with a mental illness, and with a BMI at or above the 85th percentile.

Results: Purposive sampling was used to ensure information richness, and the sample size was determined through ongoing data collection and concurrent analysis. Efforts were made to achieve diversity in gender, age, diagnosis, weight management experience, and recovery stage. Eligible participants included adolescents, and parents of adolescents, aged 14-17, diagnosed with a mental illness, and with a BMI at or above the 85th percentile.

Discussion: The study sheds light on the specific and nuanced needs of adolescents, and parents of adolescents, with mental illness and overweight, concerning healthy weight development. By understanding these preferences, healthcare professionals can enhance their ability to assist young individuals with mental illness, and their families, in health promotion efforts to bolster overall well-being. The findings serve as a foundation for crafting tailored interventions to support this vulnerable group and their families.

C-71 Adapting the Tidal Model to Child and Adolescent Mental Health Care

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Background: Recovery-orientation is state of the art in mental health. It took some time for the concept to reach Germany, but since the 2010s a couple of publications brought it to mind of mental health professionals. Several guidelines recommend the implementation of recovery in mental health care in Germany, and they also recommend usage of the Tidal Model (TM) of Mental Health. It was translated to German in the early 2010s and is since then used in different clinics in German-speaking countries.

Aim: First, to determine, whether the Tidal Model is applicable for child and adolescent mental health care, and how it needs to be adapted. Second, we examined how to successfully implement the model.

Methods: A literature research was performed in the databases PubMed and CINAHL. We searched for literature in German and English published after the first publication of the Tidal Model in 2003.

Results: A literature research was performed in the databases PubMed and CINAHL. We searched for literature in German and English published after the first publication of the Tidal Model in 2003.

Discussion: Research on the Tidal Model in youth mental health is scarce. In its German version the Tidal Model is directed to adult mental health. It is known, that children and adolescents have different needs than adults and experience recovery in an own way, but still, they benefit from recovery orientation. An obstacle in German mental health landscape is the knowledge of the concept of recovery, which needs to be explained to professionals, as well as service users and their guardians. Research on youth recovery experiences, developmental tasks, and the nature of youth mental health service in Germany show the necessity of adaptions when working with the Tidal Model in youth mental health.
The phase model provided by the DNQP seems to be best suited to successfully implement a complex intervention like the Tidal Model. It is designed to adjust quickly to the needs of the users and obstacles in the implementation process.
Our work was of theoretical nature, so future research examining the effect of working with the Tidal Model on service users and professionals in youth mental health is needed. Currently, we are in the process of implementing the Tidal Model at the Klinikum am Weissenhof and will in time provide an evaluation of the implementation process and the impact of the model.

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C-72 Mental health care professionals` interactions with individuals experiencing severe mental illnesses, who may exhibit aggressive and/or violent behaviours

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Background: Workplace violence against health care professionals is a global concern. The relationship between violence and mental illness is both controversial and problematic, as it can perpetuate stigma. However, some individuals with severe mental health problems (such as psychoses and schizophrenia, substance abuse issues, functional impairment, e.g.) may experience difficulties that disrupt their daily lives. These challenges can be intimidating to others and cause distress for the individuals themselves, their families, the mental health care professionals, and society. In recent decades, there has been a reduction in the capacity for inpatient mental health treatment. Despite efforts to support individuals within their communities, there remains a lack of research on the management of violence risk and mental illness in non-institutional healthcare settings, particularly within the context of municipalities.

Aim: This Ph.D.-project investigates how mental health care professionals can increase their management of their roles and safety for themselves and others, while striving to deliver adequate mental health services within community settings. The aim of this study is to expand knowledge on enhancing the competence of mental health care workers and ensuring a safe working environment. It is desirable that the findings could contribute to practice development, potentially leading to improved services.

Methods: This study is the third part of a Ph.D.-project, lasting for twelve months. A cooperative inquiry design has been chosen, with mental health care workers from one ward at the front-line level participating. An intervention comprising various workshops, dialogue-based teaching and dialogue café, along with multistage focus groups will form the basis for the data collection. This process is carried out in several cycles, with the goal of cooperative inquiry being to conduct research for action.

Results: This study is the third part of a Ph.D.-project, lasting for twelve months. A cooperative inquiry design has been chosen, with mental health care workers from one ward at the front-line level participating. An intervention comprising various workshops, dialogue-based teaching and dialogue café, along with multistage focus groups will form the basis for the data collection. This process is carried out in several cycles, with the goal of cooperative inquiry being to conduct research for action.

Discussion: The research question in this study is "How do mental health care workers co-create practices in their work with people with severe mental illness and risk of aggression and violence, in a co-operative inquiry?" Previous research indicates that competence is vital for addressing the risk of aggression and violence related to severe mental illness. By employing cooperative inquiry we aim to develop skills necessary to achieve the study`s objectives. This approach seeks to identify areas for improvement, such as increasing/decreasing specific practices, enhancing competence, and creating better conditions within one ward. This intervention allows space for reflection, critical thinking, and the acquisition of tacit knowledge related to professionalism and judgement. Cooperative inquiry focuses on evolving practices through reflection and heightened awareness, enabling participants to improve their work with individuals at potential risk of aggression and violence, thus fostering development through collaborative engagement. Although it is too early to present definitive results, preliminary findings from the first cycle will be shared at the conference.
There would be a pleasure to receive feedback during the conference to facilitate appropriate adjustments to the project.

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C-73 Dealing with people with borderline personality disorder in non-disorder-specific care – recommendations for practice

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Background: The German Society of Psychiatric Nursing (Deutsche Fachgesellschaft Psychiatrische Pflege, DFPP) aims to develop support for people with significant mental health problems and uses various strategies to reach practitioners and improve practice. In 2022, it was reported that the care needs of people with borderline personality disorder in Germany are still often not met adequately or professionally in practice, highlighting a gap between theoretical knowledge and practical implementation.

Aim: The DFPP aimed to identify specific deficits in the care of people with borderline personality disorder (BPD) and to improve (care) practice through targeted recommendations.

Methods: Following a predefined, structured process, a group of experts with professional and/or lived experience identified key problem areas, addressed them by synthesising background knowledge, and developed concrete, actionable advice (e.g. DOs and DON'Ts).

Results: Following a predefined, structured process, a group of experts with professional and/or lived experience identified key problem areas, addressed them by synthesising background knowledge, and developed concrete, actionable advice (e.g. DOs and DON'Ts).

Discussion: Professional caregivers often lack expertise with patients with BPD, leading to unintentional invalidation, stigmatisation and unnecessary hospitalisation, which may perpetuate BPD and promote its chronicity. Problem areas were identified mainly in non-disorder-specific inpatient settings (e.g. acute psychiatry) and in complementary settings (e.g. community mental health).
The BPD practice guideline emphasises the need for better interface and symptom management, clarifies boundaries and aims to strengthen cooperation between all parties involved and to ensure that services implement relevant knowledge (e.g. DOs and DON'Ts). This can lead to more disorder-specific, low-threshold care that prevents long-term worsening of symptoms, promotes the initiation of disorder-specific therapy and thus supports recovery. Motivating and supporting professionals to work sustainably with people with BPD is essential for long-term care.

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C-74 Assessing supportive interventions for patients with impaired emotional regulation in forensic care

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Background: Treatment of borderline personality disorder is associated with annual costs estimated at about 4 billion euros, of which about 90% is due to inpatient care. The average length of stay, 65 days, gives an idea of the gravity and complexity of the disorder and the burden it places on the healthcare system. A core characteristic of BPD is impaired emotion regulation (ER), which can trigger a wide range of affective, cognitive, somatic, and/or behavioral symptoms. This dysfunction significantly contributes to the instability of self-concept and interpersonal interactions. In forensic settings, transfers to somatic hospitals following severe self-injuries pose significant complications for caregivers, but especially for patients.

Aim: The aim is to explore supportive interventions for dysfunctional emotion regulation through systematic nursing diagnostic dialogues and collaboratively develop strategies with patients to reduce self-harm behaviors. This approach could be helpful in dealing with stressful events, and at the same time improve the use of compensatory strategies to manage illness-related impairments more effectively.

Methods: In a comprehensive multi-phase nursing diagnostic framework, focused assessments will be used to identify the most important health maintenance problems. Afterwards, evidence based objectives and interventions such as Meta Cognitive Training interventions for borderline personality disorders can be developed in a further participatory process.

Results: In a comprehensive multi-phase nursing diagnostic framework, focused assessments will be used to identify the most important health maintenance problems. Afterwards, evidence based objectives and interventions such as Meta Cognitive Training interventions for borderline personality disorders can be developed in a further participatory process.

Discussion: The unique conditions inherent in the treatment of people in forensic settings may bring along additional factors impeding the implementation of evidence-based practices. Accordingly, there is a need for careful determination of the requirement for support to improve the adaptive strategies of forensic patients.

C-75 An Analysis of the Profiles of Forensic Psychiatric Patients with Compulsory Hospitalization in A Regional Psychiatric Hospital: A Retrospective Study

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Background: Examining the profiles of forensic psychiatry patients is essential for preventing psychiatric patients' potential involvement in crime and their history of repeated offenses.

Aim: This study aims to retrospectively examine the profiles of forensic cases who were mandatorily hospitalized and treated at a regional psychiatric hospital over the past decade.

Methods: This retrospective study was conducted after obtaining ethics committee approval and institutional permission. Data were collected between May 2023 and June 2024. From 2000 records of patients admitted as forensic cases to a regional psychiatric hospital between January 2015 and June 2024, resulting in the analysis of 548 patient files. The data were obtained using an "Information Form" prepared by the researchers.

Results: This retrospective study was conducted after obtaining ethics committee approval and institutional permission. Data were collected between May 2023 and June 2024. From 2000 records of patients admitted as forensic cases to a regional psychiatric hospital between January 2015 and June 2024, resulting in the analysis of 548 patient files. The data were obtained using an "Information Form" prepared by the researchers.

Discussion: In this study, when examining patient profiles, it was determined that substance use, being male, having a history of prior criminal involvement, and being followed with a diagnosis of psychotic disorder were more common among the patients. It was observed that the patients had a history of repeated hospitalizations. Therefore, it may be recommended that mental health professionals working in forensic psychiatry consider these variables and develop preventive interventions against criminal behavior. These findings highlight the need for forensic psychiatric services to be personalized according to the individual. Treatment approaches should take into account patient characteristics such as substance addiction and mental health issues. Effective rehabilitation and follow-up programs should also be developed to combat recurring offenses. In conclusion, this study demonstrates the need for further research and improvement efforts in forensic psychiatry. More resources and support should be provided to integrate these patients into society better and prevent them from reoffending.

C-76 The training continuum, a multidimensional field of tension between different requirements and actors in the training to become a nurse

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Background: Professional nursing care in Germany is characterized by an above-average level of effort. This results, among other things, from the highly emotional nature of the work combined with increased work pressure. At the same time, the experience of reward is considered to be low compared to other European countries. Within such complex practical conditions, the training of trainee nurses poses a particular challenge. With the help of qualitative research, however, life spheres such as those of trainees can be explored more thoroughly.

Aim: The aims of this qualitative study are therefore to investigate how trainee nurses experience their training, how they perceive their experience of stress and what coping strategies they know and use.

Methods: The qualitative study is based on Grounded Theory. Individual interviews were conducted with trainee nurses. Data collection and data analysis were carried out as closely as possible to Grounded Theory using open, axial an selective coding.

Results: The qualitative study is based on Grounded Theory. Individual interviews were conducted with trainee nurses. Data collection and data analysis were carried out as closely as possible to Grounded Theory using open, axial an selective coding.

Discussion: The overarching theory of the training continuum was formed. The training continnum is a multidimensional field of tension between different requirements and actors, with the focus on the trainee as a person with her/his individual competence development.
Various potential improvements were identified for the design of practical training for example the welcoming culture in nursing teams, cooperation between practical instructors and nursing staff as well as targeted measures to strengthen the components of resistance resources, learning experience and the sense of coherence. For this purpose, a multi-week programme for dealing with stress or difficult feelings is being developed for nursing trainees and will be introduced in practical training.

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C-77 Nursing interventions throughout Hildgard Peplau´s theory of interpersonal relationship between the clinical mentor and the nursing student

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Background: Theoretical models in nursing are a framework for quality and safe nursing. The theory of interpersonal relations according to Hildegard Peplau is important in all areas of nursing care, because in every interaction with a patient, an interpersonal relationship develops, through which his needs for nursing care are met.

Aim: The aim of the paper is to investigate the applicability of Hildegard Peplau's theory in the clinical training of nursing students in the field of mental health.

Methods: A review of the scientific literature will be made. The literature will be searched in EBSCO, CHINAL, ScienceDirect databases with the following keywords: interpersonal relationship, nursing student, mentor, Hildegard Peplau theory.

Results: A review of the scientific literature will be made. The literature will be searched in EBSCO, CHINAL, ScienceDirect databases with the following keywords: interpersonal relationship, nursing student, mentor, Hildegard Peplau theory.

Discussion: A high level of emotional intelligence, knowledge and ethical and moral attitude is necessary for a high-quality interpersonal relationship between a mentor and a nursing student. The application of Peplau's theory to the interpersonal relationship between a mentor and a nursing student adds to the mentoring process a higher value and quality of learning.

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C-78 Training Psychiatric/Mental Health Nursing Students (PMHNS) in Motivational Interviewing: A practicebased educational project

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Background: Motivational Interviewing has been shown to be highly effective in psychiatric settings, addressing challenges such as treatment adherence, substance use disorders, and ambivalence toward behavioral change .However, MI is often not integrated into nursing curricula, with many programs lacking it due to insufficient knowledge or training. While some programs include MI to meet accreditation requirements, there remains a significant gap in its widespread adoption, highlighting the need for greater emphasis on MI education in nursing programs, despite MI being recognized as a best practice in psychiatric nursing care for many years. By equipping PMHNSs with MI skills, they are better prepared to engage patients in collaborative and empathetic conversations that promote positive outcomes and patient autonomy. Due to the critical importance of Motivational Interviewing (MI) skills in psychiatric nursing, MI has been integrated into the curriculum for the University program in psychiatric nursing specialization in Vorarlberg/Austria

Aim: The objective of this practice-based project was to design a lecture that would ensure that students not only understand the principles of Motivational Interviewing (MI), but also develop the necessary skills to apply them effectively in real-world psychiatric settings.

Methods: The lecture was planned as a two-day introductory module to provide participants with initial insights into MI and offer practical exercises. Relevant expert literature, such as Rosengren (2017) and Motivational Interviewing Network of Trainers (MINT) (2020) was used to inform the content and structure of the course, ensuring that it was based on established best practices and current research in MI training. Competency-based learning objectives were formulated at the start to guide the participants' development. The lecture included theoretical inputs, but it also emphasized numerous exercises, especially those focused on self-reflection and understanding the MI Spirit. Practical skills were practiced with a simulated patient, enabling participants to apply MI techniques in realistic clinical scenarios using the ALOBA (Agenda-Led Outcome-Based Analysis) framework as outlined by Silverman et al. (2017).

Results: The implementation of the lecture presented various challenges. While small group sizes are optimal for effective learning, they require meticulous planning and resource allocation, particularly due to the additional costs associated with utilizing simulated patients. Justifying these expenses is crucial to ensure adequate funding and support. Additionally, students often experience anxiety regarding role-playing exercises, which can hinder active engagement. Following the lecture, students provided verbal feedback, reporting positive experiences and significant gains in both confidence and practical skill application.

Discussion: The implementation of the lecture revealed several critical insights regarding the integration of MI into psychiatric/mental health nursing education. A key finding was that small group sizes were particularly effective in fostering engagement and providing individualized attention, although this required careful planning and resource management. The use of simulated patients, while essential for practical skill development, introduced additional costs. Furthermore, addressing the students' anxieties regarding role-playing exercises was a significant challenge. These concerns were effectively mitigated through the creation of a safe, supportive learning environment, which allowed students to gain confidence and engage in the exercises. In conclusion, this practical project generated positive feedback, with students reporting

valuable experiences and an increased understanding of Mi. However, further scientific studies are needed to evaluate the impact and effectiveness of

this lecture. Specifically, research should investigate whether students have truly acquired the necessary MI skills and whether they can effectively apply them in clinical settings. Additionally, there is a clear need for MI to be integrated into psychiatric/mental health nursing curricula more systematically.

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C-79 Family Nursing Education In Graduate PMH Nursing

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Background: Family nursing interventions have shown to be effective for patients and families dealing with mental health challenges. In clinical practice it seems that mental health nurses find it difficult to integrate evidence-based family support into their care. The graduate program in PMH nursing in Iceland is a collaboration between the University of Iceland and University of Akureyri and clinical institutions. It includes a 6 ECTS course in advanced specialized family nursing.

Aim: To describe a graduate educational program in specialized family nursing for specialist nurses in mental health and how they are going to use their knowledge into their nursing care in mental health.

Methods: Descriptive and qualitative methods/focus group interview.

Results: Descriptive and qualitative methods/focus group interview.

Discussion: Nurses who get family nursing education in their undergraduate and graduate studies are more likely to include families into their care in mental health. Their attitude towards families becomes more positive and they realize how important it is for families with family members with mental health problems that their challenges are validated by professionals within mental health.

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SYMPOSIUM

S-01 The implementation of the complex intervention Safewards in two clinics in Germany

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Background: Safewards is a structured intervention aimed at reducing conflict and restraint in psychiatric settings by enhancing staff-patient communication and fostering a safer ward environment. Developed in the UK, it includes strategies such as mutual expectations, calming communication, and de-escalation techniques. The intervention has demonstrated effectiveness in reducing seclusion, mechanical restraint, and coercive medication. This study aims to implement Safewards in two psychiatric clinics in Germany – Urban Klinikum Berlin and LWL-Klinikum Gütersloh. The primary outcomes include changes in the ward climate and a reduction in the use of coercive measures, such as mechanical restraint, isolation, and forced medication. The project evaluates how Safewards can be adapted to the German context and assesses its impact on improving safety, reducing containment practices, and enhancing staff-patient interactions.

Aim: This study aims to implement the complex intervention Safewards in two psychiatric clinics in Germany (Urban Klinikum Berlin and LWL-Klinikum Gütersloh) and evaluate its effectiveness in improving the ward climate and reducing coercive measures, including mechanical restraint, isolation, and forced medication. The study also seeks to explore changes in staff-patient interactions and identify challenges in adapting this complex intervention to the German healthcare context.

Methods: This study employed a pre-post design with follow-up measurements to evaluate the implementation of Safewards in two psychiatric clinics in Germany. In Berlin, two wards were evaluated, while in Gütersloh, one ward was studied. Data were collected through staff and patient surveys, as well as clinical records, assessing changes in ward climate and the use of coercive measures (e.g., mechanical restraint, isolation, forced medication).

Results: This study employed a pre-post design with follow-up measurements to evaluate the implementation of Safewards in two psychiatric clinics in Germany. In Berlin, two wards were evaluated, while in Gütersloh, one ward was studied. Data were collected through staff and patient surveys, as well as clinical records, assessing changes in ward climate and the use of coercive measures (e.g., mechanical restraint, isolation, forced medication).

Discussion: The implementation of the Safewards intervention in both clinics led to positive changes in the ward climate and a reduction in coercive measures, such as mechanical restraint, isolation, and forced medication. These findings align with previous studies, suggesting that Safewards can improve staff-patient communication and reduce conflict. The positive effects were maintained at follow-up, indicating the intervention's potential for long-term impact. However, challenges were faced, particularly in adapting Safewards to the unique characteristics of each clinic, including institutional culture and staff engagement. Despite initial resistance to change, staff reported increased confidence in managing difficult situations. This highlights the importance of tailored implementation strategies and ongoing support. Future research should further explore the long-term effects of Safewards, focusing on patient outcomes and staff well-being. Overall, this study demonstrates that complex interventions like Safewards can be effectively implemented in German psychiatric clinics, with significant improvements in both safety and care quality.

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S-02 Guided Self Determination (GSD) – Making empowered decisions with a complex intervention

Severe Mental Illness and requirements

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Background: Coping with an illness is always a challenge, regardless of whether it is acute or chronic. However, people with long-term or chronic illnesses in particular have a number of tasks to develop a way of coping with it. In the first part of the presentation a classification will be made on the topics of severe (mental) illness: definition, prevalence and references in social systems. The overarching areas of responsibility and challenges, that come up are also examined. These findings can be used to jointly develop requirements. In connection with the findings of the first part, the second part of the presentation requires an understanding of person-centred care from a mental health nursing perspective and what this means in terms of coping with the illness. In the third and final part, reference is made to the third pillar, self-management. With these insights from the three areas, a network for the Guided Self-Determination method can now be developed.

Aim: The aim is to give an overview about the background and thoughts about severe (mental) illness and how to cope with the challenges, that occure.

Methods: The presentation will be divided in three parts, in which general thoughts will be shown, which challenges might come up and how to deal with them.

Results: The presentation will be divided in three parts, in which general thoughts will be shown, which challenges might come up and how to deal with them.

Discussion: People with severe mental illness have special requirements with regard to care and support in the sense of person-centred care. The presentation will describe a possible prelude to a discussion on this topic within the framework of the entire symposium from a mental health nursing perspective.

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Guided Self-Determination: Development and Training

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Background: Today, patients expect a collaborative and equal dialogue with healthcare professionals (HCPs), where they actively participate in their treatment and share their own insights on living with illness. To support this collaborative approach, HCPs require skills and tools that consistently foster patient involvement. Guided Self-Determination (GSD) is a patient-centered, empowerment-based method designed to promote effective collaboration between HCPs and patients. The method has its origins in the care of people with type 1 diabetes and is used here to support them in dealing with their disease and to improve their individual disease management. The core of GSD is a combination of structured reflection sheets completed by the patient and subsequent guided conversations with a trained HCP. This setup helps patients gain insight into their unique needs, values, and strengths, empowering them to express these during their care.

Aim: This presentation aims to provide an overview of the Guided Self-Determination (GSD) method and its core elements, as well as insights into the associated training program designed for healthcare professionals (HCPs).

Methods: The presentation is divided into two parts: the first explores the GSD method, including its origins, development, and key principles; the second focuses on the GSD training program, which equips HCPs with the competencies needed to integrate and apply the method in their professional practice. The training fosters a person-centered approach, enhancing HCPs' ability to engage patients effectively.

Results: The presentation is divided into two parts: the first explores the GSD method, including its origins, development, and key principles; the second focuses on the GSD training program, which equips HCPs with the competencies needed to integrate and apply the method in their professional practice. The training fosters a person-centered approach, enhancing HCPs' ability to engage patients effectively.

Discussion: The GSD training program provides HCPs with a structured framework for practicing patient-centered care. It combines e-learning, in-person sessions, and supervised clinical practice, augmented by self-monitoring tools and logbooks. These components, alongside supervision from experienced GSD practitioners, help HCPs refine their skills, cultivate an equal and open communication style, and enable patients to take the lead in setting healthcare agendas.

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The Guided Self-Determination Method: Evidence and Implementation

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Background: The Guided Self-Determination (GSD) method is a person-centered, evidence-based intervention designed to enhance patient involvement while fostering self-understanding and self-management in individuals with chronic or long-term conditions (Zoffmann, 2004). The GSD method has gained significant recognition and dissemination (Linnet Olesen & Jørgensen, 2023). In mental health care, there is an increasing emphasis on delivering person-centered and recovery-oriented interventions. Given its adaptability to diverse settings and conditions, the GSD method represents a valuable approach for integration into mental health services. Consequently, the Psychiatric Department in the North Denmark Region has prioritized the adaptation and implementation of the GSD method within mental health nursing practice.

Aim: The aim is to present evidence supporting the application of the Guided Self-Determination (GSD) method across various settings and conditions, alongside insights into its implementation within mental health nursing practices, including both outpatient clinics and inpatient units.

Methods: The presentation will begin with an overview derived from a recently published integrated review of the Guided Self-Determination (GSD) method. The second part will focus on both published and ongoing research, as well as practical experiences with the application of the GSD method in mental health nursing practice.

Results: The presentation will begin with an overview derived from a recently published integrated review of the Guided Self-Determination (GSD) method. The second part will focus on both published and ongoing research, as well as practical experiences with the application of the GSD method in mental health nursing practice.

Discussion: The Guided Self-Determination (GSD) method is not a "one-size-fits-all" intervention. However, its flexibility and adaptability make it highly suitable for diverse conditions and settings, where patients require support to make empowered decisions about managing their illness

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S-03 Enhancing Interprofessional Collaboration and Complex Interventions in Family-Centered Care: Exploring Potential for Sustainable Approaches in Germany and Switzerland

Enhancing Collaboration Skills Through Training: A Study on Complex Interventions in Psychotherapy

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Background: Complex interventions (CIs) are essential in psychosocial care, particularly for individuals with severe mental health conditions. These interventions require coordinated efforts among professionals from diverse sectors, including psychiatry, psychotherapy, family assistance, and legal services. Despite evidence highlighting the benefits of interprofessional collaboration, it remains underdeveloped in both practice and training for health professionals (Gurtner & Wettstein 2019). This project addresses significant gaps in conceptual understanding, training, and systematic evaluation of CIs.

Aim: The project aims to explore current practices and challenges in implementing CIs, develop and evaluate a targeted training program for psychotherapists, and produce a manual to support the effective application of CIs in psychosocial care systems.

Methods: Quantitative surveys and semi-structured interviews assess current practices, knowledge, attitudes, and barriers related to CIs among psychotherapists. A training program focuses on improving interprofessional collaboration and CIs. Pre- and post- training evaluations measure skill acquisition and attitudinal changes with follow-up assessments evaluating long-term impact. Insights from research and training evaluations will inform the development of a practical manual for psychotherapists.

Results: Quantitative surveys and semi-structured interviews assess current practices, knowledge, attitudes, and barriers related to CIs among psychotherapists. A training program focuses on improving interprofessional collaboration and CIs. Pre- and post- training evaluations measure skill acquisition and attitudinal changes with follow-up assessments evaluating long-term impact. Insights from research and training evaluations will inform the development of a practical manual for psychotherapists.

Discussion: The project contributes to addressing training gaps and enhancing interprofessional collaboration in psychosocial care. The findings and manual will support psychotherapists in navigating complex systems, ultimately improving care quality for individuals with severe mental health needs. This presentation will discuss initial results, insights from training evaluations, and the broader implications for integrating CIs into psychotherapy education and practice.

Reading references:
Gurtner, S. & Wettstein, M., Ec. (2019). Interprofessionelle Zusammenarbeit im Gesundheitswesen - Anreize und Hindernisse in der Berufsausübung. In Bundesamt für Gesundheit BAG & Berner Fachhochschule, Berner Fachhochschule [Report].

Eller, N. & Berg, M. (2023). Difficult to reach mentally ill people and their psychotherapeutic supply. Chances for psychotherapy training in reducing barriers to outpatient psychotherapy for hard-to-reach clients. Psychotherapie Forum, 27(1–2), 3–8. https://doi.org/10.1007/s00729-023-00219-x

Sustainable Interinstitutional Cooperation in Family-Centered Care: Insights from the Family Medicine Center Gütersloh (ZFM-GT)

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Germany

Background: The German healthcare system encompasses a multitude of support services for individuals facing social and psychological challenges. However, families with complex, multifaceted issues often find it difficult to navigate these diverse offerings. Simultaneously, institutions encounter challenges in integrating their interventions into existing support structures. This underscores the necessity for transprofessional, systemic, and family-centered collaboration among various institutions to enhance service accessibility and effectiveness.

Aim: The project aimed to optimize cooperation between child and adolescent psychiatry, adult psychiatry, and youth welfare services by developing a low-threshold, community-based network. This integrated approach sought to improve support for families requiring multiprofessional care and to bridge gaps in existing service chains.

Methods: Eight specific measures were designed to enhance interinstitutional cooperation and treatment efficacy. The project evaluated these measures by assessing their impact on coordination, communication structures, and service outcomes. Both qualitative and quantitative data were collected to determine the effectiveness of the interventions and the sustainability of the developed structures.

Results: Eight specific measures were designed to enhance interinstitutional cooperation and treatment efficacy. The project evaluated these measures by assessing their impact on coordination, communication structures, and service outcomes. Both qualitative and quantitative data were collected to determine the effectiveness of the interventions and the sustainability of the developed structures.

Discussion: Beyond the initial project phase, experiences gathered over several years post-completion have provided valuable insights into the long-term sustainability and effectiveness of cross-sector collaboration models. This presentation will discuss the project's components, lessons learned, and experiences gained in building resilient interprofessional networks. Additionally, it will reflect on the outcomes reported in the aforementioned publication and share experiences from the years following the project's conclusion.

Reading references:
Klein, F., Möllerherm, J., Holtmann, M. & Kronmüller, K. (2023). Interinstitutionelle Kooperation der Jugendhilfe, der Kinder- und Jugendlichenpsychiatrie und der Erwachsenenpsychiatrie – Eine empirische Untersuchung. Psychiatrische Praxis, 50(08), 415–423. https://doi.org/10.1055/a-2117-9720

Cross-system cooperation in the context of family medicine

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Background: In families where one or both parents have a mental illness and are undergoing treatment, it is important to also look at the children (Nienaber et al., 2017; Wabnitz et al., 2016). Studies show that these children are often overlooked in the psychosocial support system and especially during inpatient treatment and are even less considered in treatment (Lenz, 2012; Mattejat et al., 2011). Against this background and with the aim of drawing attention to the topic of children as relatives, as well as focussing on parental rights and children's rights at the same time and thus both recognising and addressing patients in their role as parents during inpatient treatment and helping to ensure that appropriate interventions are initiated, the guidelines of the Social Services of the University Psychiatric Clinics (UPK) Basel 'Patients and their underage children' were published and presented in 2022. In addition, further training courses were organised in cooperation with t

Aim: The aim of the presentation is to introduce the guidelines and the training programmes. In addition, the results of the pre- and post-evaluation at the UPK Basel will be presented.

Methods: A self-developed questionnaire was used to assess the current situation regarding children of mentally ill parents in the departments of the University Psychiatric Clinics (UPK).

Results: A self-developed questionnaire was used to assess the current situation regarding children of mentally ill parents in the departments of the University Psychiatric Clinics (UPK).

Discussion: The guidelines and further training are available to the departments to support them with regard to the topic. The post-evaluation is currently underway. The modified questionnaire is being used again for this and the documentation is also being analysed in order to identify issues related to the situation of children

Reading references:
Institut Kinderseele Schweiz. (2024). Weiterbildungsmodule Stärkung von Kindern psychisch erkrankter Eltern. Institut Kinderseele Schweiz,. Retrieved 13.12.2024 from https://www.kinderseele.ch/media/pages/fachpersonen/weiterbildungen/c72eaee95f-1718869904/2024_weiterbildungsmodule-kantonbaselstadt.pdf

Lenz, A. (Ed.). (2012). Psychisch kranke Eltern und ihre Kinder (Vol. 25). Psychiatrie Verlag.
Mattejat, F., Lenz, A., & Wiegand-Grefe, S. (2011). Kinder psychisch kranker Eltern-Eine Einführung in die Thematik. Wiegand-Grefe, Silke/Mattejat, Fritz/Lenz, Albert (Hg.): Kinder mit psychisch kranken Eltern Klinik und Forschung. Göttingen: Vandenhoeck & Ruprecht 2011, S. 13-24.

Nienaber, A., Wieskus-Friedemann, E., Kliem, S., Hoppmann, J., Kemper, U., Lohr, M., Kronmuller, K. T., & Wabnitz, P. (2017, Feb). ['NischE - Nicht von schlechten Eltern' - Evaluation of a Multidisciplinary Teamwork Approach to Support Children in Families with Mentally Ill Parents]. Gesundheitswesen, 79(2), 89-95. https://doi.org/10.1055/s-0035-1564249 ("NischE - Nicht von schlechten Eltern" - Evaluation eines Kooperationsprojektes zur Unterstutzung von Kindern in Familien mit psychisch- oder suchtbelasteten Eltern.)

Wabnitz, P., Kronmuller, K. T., Wieskus-Friedemann, E., Kliem, S., Hoppmann, J., Burek, M., Lohr, M., Kemper, U., & Nienaber, A. (2016, Nov). ["Nicht von schlechten Eltern - NischE": A Family Orientated Collaborative Care Approach to Support Children in Families with Mentally Ill Parents]. Prax Kinderpsychol Kinderpsychiatr, 65(9), 668-687. https://doi.org/10.13109/prkk.2016.65.9.668 (Nicht von schlechten Eltern - NischE: Ein Bruckenkonzept familienorientierter Versorgung von Kindern mit psychisch oder suchtbelasteten Eltern.)

WORKSHOPS

WS-01 Beyond Recovery – An integrative ecosystems approach to mental health and wellbeing

Peter Wolfensberger; Steve Trenoweth
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Switzerland

Background: Over the last couple of years, the demand for recovery-oriented, person-centred and human rights-based mental health and psychiatric care has been increasingly emphasised by organisations such as the World Health Organisation and the World Psychiatric Association and more. And although recovery-orientated approaches are increasingly finding their way into mental healthcare, they often remain quite distant from fundamental changes in the system that are desperately needed.

Aim: What may help to start changing the current system from within or what kind of initiatives would support these changes? What can mental health nurses do?
Methods: The contribution presented here is based on personal experiences and reflections, results from research studies, various literature, as well as discussions with, and countless stories and testimonials from service users and health professionals. It is the result of an advanced but continuing discussion from which projects are still need to be developed.

Results: The contribution presented here is based on personal experiences and reflections, results from research studies, various literature, as well as discussions with, and countless stories and testimonials from service users and health professionals. It is the result of an advanced but continuing discussion from which projects are still need to be developed.

Discussion: We are convinced that nowadays it is no longer enough to talk about how we can improve and optimise care within psychiatric institutions only. All too often, it is this limited way of thinking that prevents us from improving care on a larger scale.
We therefore not only need an individualised approach in the personal support and care of those affected in hospitals, outpatient clinics or elsewhere, but also to think and act beyond individual pathways. The integrative ecosystems approach we propose demands new ways of acting everywhere. Various examples for good practice already exist, as the WHO states in its guidance on community mental health care (2021), and we see the integrative ecosystems approach potentially well imbeded in many of these. So why don't we endeavour to expand these positve examples, offer them more comprehensively and thus improve the well-being of everyone in our society. It would be a step forward towards a truly human rights-based, recovery-oriented and person-centred care. In this workshop we would like to discuss opportunities and ideas to move the approach and change forward. However, we would also gladly accept a presentation only.

Reading references:
Recovery in the Bin - A critical theorist and activist collective. 2022, https://recoveryinthebin.org/

Richter, Dirk: Menschenrechte in der Psychiatrie - Prinzipien und Perspektiven einer psychosozialen Unterstützung ohne Zwang. Köln: Psychiatrie-Verlag 2023 (Open Access E-Book)

Richter, D., Rühle Andersson, S., Burr Furrer, C. M., Domonell, K., Hasler, M., Hegedüs, A., & Wolfensberger, P. (2023). Menschenrechte in der schweizerischen Psychiatrie: zum Stand der Umsetzung der UN-BRK: Psychiatrische Pflege, 8(2)

WHO, Guidance on community mental health services: promoting person-centred and rights-based approaches. 2021, World Health Organization: Geneva

Wolfensberger, P. & Trenoweth, S. (2022) Demokratie in der Psychiatrie - Von der Notwendigkeit, psychiatrische Pflege weiter zu denken. Psychiatrische Pflege, 7(6), 12-15

Learning lessons:

1. Mental health nurses recognise possibilities to improve care within their own setting in focusing on the integrative ecosystems approach

2. Ideas to move services forward are discussed and existing or planned projects are shared and potentially collaborations established

3. Participants recognise the need for major changes in the way we provide mental health care in still too many places and feel empowered to be part of these changes

WS-02 Therapeutic work in mental health nursing – a puzzle consisting of science, education, practice and management

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Switzerland

Background: After diagnosis, the nursing diagnostic process requires professional and evidence-based measures orientated towards respective nursing phenomena and the individual needs of the clients. In mental health nursing, therapeutic work is indispensable in ensuring a modern patient care providing the following items: implementation of an open ward psychiatry; reduction of relapse rates; a recovery orientated quality development based on service user needs; reduction of aggression incidents.

Aim: Our aim is a systematical development of therapeutic competence in nursing practice. Thus, we want to contribute to the development of quality in nursing care and to improve patient-relevant outcomes

Methods: We want to illustrate how we systematically implement the development of therapeutic competences, several Puzzle bits" – evidence based education, practice and management- fit together in order to convey therapeutic interventions to service users.

Results: We want to illustrate how we systematically implement the development of therapeutic competences, several Puzzle bits" – evidence based education, practice and management- fit together in order to convey therapeutic interventions to service users.

Discussion: Upon presentation of the strategic orientation of the nursing care as a guiding frame model, various conceptual building blocks shall be presented in an exemplary manner: huddle board, coaching, case conferences, qualitative evaluation of the nursing care quality for example by means of capturing key moments, education models, certified further education, psychosocial caring, milieu therapy and more. All these building blocks shall strengthen the therapeutic orientation of the nursing profession and develop the therapeutic competences. At this occasion, nursing professionals from the previously mentioned fields shall elaborate concretely by means of case examples how they provide their daily contribution towards the comprehensive puzzle "therapeutic competence" in the nursing practice.

Learning lesson:

Decentral quality management, putting into practice and living of innovation, practice oriented education interventions

WS-03 Recovery College: Background, Evaluation, and Practical Implementation

Jared Omundo, Susanne Schmedthenke
Recovery College Guetersloh-OWL
Germany

Background: The recovery orientation is central to modern psychiatric services [1], shifting from a pathogenetic model to a framework emphasizing resilience and empowerment [2]. Recovery colleges (RCs) exemplify this shift, using adult education to enhance health literacy and mental health management [3, 4]. Gaining traction in German-speaking regions, RCs focus on personal empowerment and education [5], offering unique opportunities to strengthen recovery-oriented approaches and empower individuals in mental health systems.

Aim: The workshop aims to provide a collaborative platform for participants to share experiences and insights regarding the RC approach in fostering recovery, empowerment, and personal development.

Methods: Participants will explore strategies to integrate recovery-oriented principles into psychiatric practice through guided discussions and collaboration, emphasizing how this approach complements and enhances mental health care.

Results: Participants will explore strategies to integrate recovery-oriented principles into psychiatric practice through guided discussions and collaboration, emphasizing how this approach complements and enhances mental health care.

Discussion: RCs represent an innovative complement to traditional mental health care by promoting empowerment and education through non-clinical interventions. Successful RC implementation depends on aligning educational content with recovery-focused values like person-centered care, autonomy, and hope. The workshop will explore how existing strategies can sustain RC's alignment with recovery-oriented goals, highlighting the opportunities of successful integration within mental health care systems.

Reading references:
[1]. Zuaboni, G., Curschellas, J., & Maier, R. (2021). Recovery in der Psychiatrie: Zuversicht, Wahlmöglichkeiten und erweiterte Formen der Partizipation. Schweizer Zeitschrift für Psychiatrie und Neurologie, 4, 4-8.

[2]. Ashford, R.D. et al. (2019) 'Defining and operationalizing the phenomena of recovery: a working definition from the recovery science research collaborative,' Addiction Research & Theory, 27(3), pp. 179–188. https://doi.org/10.1080/16066359.2018.1515352

[3]. Whitley, R., Shepherd, G., & Slade, M. (2019). Recovery colleges as a mental health innovation. World psychiatry: official journal of the World Psychiatric Association (WPA), 18(2), 141–142. https://doi.org/10.1002/wps.20620

[4]. Stiehl, S. et al. (2023) 'Förderung und Prävention von seelischer Gesundheit und Wohlbefinden in der Gemeinde,' Prävention Und Gesundheitsförderung [Preprint]. https://doi.org/10.1007/s11553-023-01075-y

[5]. Zuaboni, G., Schulz, M., & Löhr, M. (2020). Recovery Colleges: Gemeinsam psychische Gesundheit und soziale Teilhabe durch Bildung fördern. Kerbe, 1, 25–27.

Learning lessons:

1. Participants will gain a comprehensive understanding of RCs as a recovery-oriented intervention.
2. Learn about RC participants' experiences.
3. Explore effective methods for translating RC principles into mental health practice.

WS-04 Consultation liaison Psychiatry and mental health care: Expanding the role of APNs

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University of Akureyri
Iceland

Background: The importance of collaboration and integrated mental health assessment and care within medical settings is well-established (Stein et al., 2020). Consultation-liaison (CL) psychiatry services play a crucial role in identifying mental health concerns, recommending appropriate treatments, and collaborating closely with primary care teams to address patients' holistic needs. Advanced Practice Mental Health Nurses (APMHNs), equipped with interdisciplinary expertise, educational proficiency, and comprehensive assessment capabilities, provide specialized support within CL psychiatry. With the implementation of enhanced training opportunities (Howland, 2024) and the adoption of more proactive care models (Oldham, 2021), the role of APMHNs in CL psychiatry could be further expanded to optimize patient outcomes and streamline mental health interventions.

Aim: To explore the role of APMHNs in CL psychiatry as active partners with other health care professionals in improving patient outcomes with regards to different models of care in the general hospital medical setting.

Methods: Two introductory presentations on CL Psychiatry, history, role, and different models as well as introducing recommendations for successful integration of CL psychiatry team in somatic care. Also interactive discussions, case studies, and group problem-solving engagement.

Results: Two introductory presentations on CL Psychiatry, history, role, and different models as well as introducing recommendations for successful integration of CL psychiatry team in somatic care. Also interactive discussions, case studies, and group problem-solving engagement.

Discussion: Historically, a divide between mental and medical care in healthcare systems has led to poorer outcomes for individuals managing co-occurring mental and physical health challenges. Despite evidence that patients receiving medical care often lack adequate access to mental health services, efforts to bridge these gaps have included embedding Consult Liaison (CL) Psychiatry within general hospital care. CL Psychiatry has emerged as a specialty aimed at enhancing care and outcomes for individuals with combined mental and physical health needs.
Advanced Practice Mental Health Nurses (APMHNs) are integral to CL Psychiatry, offering holistic assessments, educating medical staff on mental health care, and championing patient-centered approaches. However, systemic barriers, including role ambiguity, stigma, and unclear responsibilities for care outcomes, hinder effective implementation of CL services. This workshop will address these challenges, exploring strategies to foster collaboration, establish sustainable workflows, and secure managerial support. Case examples will illustrate how APMHNs in CL Psychiatry enhance patient outcomes, reduce healthcare costs, and improve satisfaction, emphasizing their value in integrated care models.

Reading references:
Howland, M., Gershengoren, L., Strong, M.A. et al. Developing an Advanced Practice Provider Skills Course in Consultation-Liaison Psychiatry. Acad Psychiatry (2024). https://doi.org/10.1007/s40596-024-02089-0

Stein, B., Müller, M.M., Meyer, L.K., and Söllner, W. The CL Guidelines Working Group; Psychiatric and Psychosomatic Consultation-Liaison Services in General Hospitals: A Systematic Review and Meta-

Analysis of Effects on Symptoms of Depression and Anxiety. Psychother Psychosom 14 January 2020; 89 (1): 6–16. https://doi.org/10.1159/000503177

Oldham, M.A., Desan, P.H., Lee, H.B., et.al. Proactive Consultation-Liaison Psychiatry: American Psychiatric Association Resource Document. Journal of the Academy of Consultation-Liaison Psychiatry. 2021, 62(20), 169-185. https://doi.org/10.1016/j.jaclp.2021.01.005.

Learning lessons:

1. Describe the role, function, and outcome of CL Psychiatry services
2. Describe the role of the APMHN in CL Psychiatry
3. Identify opportunities to integrate mental health care into somatic care settings, systemic barriers and strategies to overcome these.

WS-05 **User Designed Psychiatric Wards (PSYwithUS)**

Christian Burr, Sabine Ruehle Anderson, Claude Spiller, Elke Reitmayer
Bern University of Applied Sciences
Switzerland

Background: Even the development of outpatient acute care in psychiatry is expanding and at the same time coercive measures and compulsory admissions to inpatient psychiatry have increased.
Users' perceptions of acute psychiatric wards are often negative. Particularly, they criticise a lack of support for individual needs, as well as a feeling of rejection and exclusion. Additionally, the built design and atmosphere are not supporting recovery and safeness.
Guidelines and reports show how acute psychiatric wards should be designed promoting recovery and seen as safe spaces. Both the quality of relationships and the structural and built design are central aspects.
A participatory approach is required to further develop and design psychiatric wards incorporating experiences and needs of users and systematically linked with evidence-based findings from various disciplines, including psychological-sociological-and neuroscience based architecture

Aim: 1. Development of a prototype of a guideline for the participatory process of the development and design of an acute psychiatric ward, taking into account the needs of service users.
2. Creation of an exemplary architectural and interior design prototype of an acute psychiatric ward.
3. Development of recommendations for the requirements for relationship building and the range of treatments in the context of interprofessionality on an acute psychiatric ward.

Methods: 1. Co-production / service user involvement: Involving users as researchers in various roles from the outset
2. Action research: Participatory and iterative approach. Regular feedback loops considering many different perspectives
3. Architectural profiling: procedure to incorporate the needs of individuals into the structural and built design.
4. Mixed methods: quantitative and qualitative analysis of individual and group interviews, participant observation and questionnaires.

Results: 1. Co-production / service user involvement: Involving users as researchers in various roles from the outset
2. Action research: Participatory and iterative approach. Regular feedback loops considering many different perspectives
3. Architectural profiling: procedure to incorporate the needs of individuals into the structural and built design.
4. Mixed methods: quantitative and qualitative analysis of individual and group interviews, participant observation and questionnaires.

Discussion: In addition to the involvement of service users, the inclusion of other stakeholders, such as nursing staff as the largest professional group in inpatient psychiatry, and architects, also appears to be important in this project. Although the inclusion of the needs of service users was given a high priority at the beginning of this project, it became clear in various exchange forums with experts and service users that the participatory approach in this project had to be extended to include nursing and other professions so that all perspectives and needs could be taken into account.

Reading references:

Foye, U., Li, Y., Birken, M., Parle, K., & Simpson, A. (2020). Activities on acute mental health inpatient wards: A narrative synthesis of the service users' perspective. Journal of Psychiatric and Mental Health Nursing, 27(4), 482-493. https://doi.org/https://doi.org/10.1111/jpm.12595

Health Improvement Scotland (ihub). (2021). Inpatient Mental health user experiences and service redesign Rapid summary of recent literature. https://ihub.scot/media/8196/inpatient-mental-health-user-experiences-and-service-redesign.pdf

Soravia, L., Schwab, S., Walther, S., & Müller, T. (2021). Rescuers at Risk: Posttraumatic Stress Symptoms Among Police Officers, Fire Fighters, Ambulance Personnel, and Emergency and Psychiatric Nurses. Frontiers in Psychiatry, 11, 602064. https://doi.org/10.3389/fpsyt.2020.602064

World Health Organisation (WHO). (2021). Guidance on community mental health services. Promoting person-centred and rights-based approaches. World Health Organisation (WHO),. https://www.who.int/publications/i/item/9789240025707

Learning lessons:

1. Participants understand what user-involvement mean in psychiatric research
2. Participants reflect their own attitudes to user-involvement in research and practice
3. The participants learn, how they can transfer aspects of user-involvement to their practical field

WS-06 Guided Self Determination (GSD) - through a common understanding to more self-determination

Susan Munch Simonsen, Andre Nienaber, Izaskun Altemir Garcia
Region Hovedstaden Center for HR og Uddannelse (CHRU)
Denmark

Background: GSD is an evidence-based person-centered intervention that contributes to equal decision-making. It ensures that the patient and the health professional work together on the challenging aspects of the current situation based on the patient's experience. GSD includes elements of reflection, co-operation, the development of mutual understanding and change. It helps patients and therapists to develop a mutual understanding of the condition and situation and to work together constructively in relation to severe health conditions. The main advantages of GSD are the preparatory reflection sheets on the one hand and the discussions with a GSD-trained therapist to empower the patient on the other. Patients complete various reflection sheets between appointments to reflect on their situation and prepare for the sessions. This should help them to find out and understand together what is most difficult in the current situation. The aim is to gain access to their own reactions.

Aim: The workshop aims to provide participants with an overview and initial understanding of the person-centered intervention Guided Self-Determination (GSD).

Methods: The workshop includes theoretical presentations, an introduction to key GSD methods e.g., reflection sheets, and practical, hands-on exercises.

Results: The workshop includes theoretical presentations, an introduction to key GSD methods e.g., reflection sheets, and practical, hands-on exercises.

Discussion: Since this is a workshop, there will be no discussion at this point.

Reading references:
Jorgensen, R., Licht, R. W., Lysaker, P. H., Munk-Jorgensen, P., Buck, K. D., Jensen, S. O. et al. (2015). Effects on cognitive and clinical insight with the use of Guided Self-Determination in outpatients with schizophrenia: A randomized open trial. Eur Psychiatry, 30(5), 655-663.

Simonsen, S. et al (2019). About me as a person not only the disease – piloting Guided Self-Determination in an outpatient endometriosis setting Scandinavian Journal of Caring Sciences.

Zoffmann, V. (2004). Guided Self-Determination - a life skills approach developed in difficult Type 1 diabetes. University of Aarhus, Denmark.

Zoffmann, V., Hornsten, A., Storbaekken, S., Graue, M., Rasmussen, B., Wahl, A. et al. (2016). Translating person-centered care into practice: A comparative analysis of motivational interviewing, illness-integration support, and guided self-determination. Patient Educ Couns, 99(3), 400-407.

Zoffmann, V. & Kirkevold, M. (2012). Realizing empowerment in difficult diabetes care: a guided self-determination intervention. Qual Health Res, 22(1), 103-118.

Learning lessons:

1. Participants will understand the background and goals of the person-centered intervention GSD.
2. Participants will gain insight into how the GSD intervention can be applied in the treatment and support of individuals with mental illnesses.
3. Participants will experience how the GSD intervention functions in practical application.

WS-07 Starting the Conversation: Co-Producing the Next Generation of the Brøset Violence Checklist

Jacob Hvidhjelm, Lene Lauge Berring
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Denmark

Background: The Brøset Violence Checklist (BVC) has proven effective in predicting short-term violence in psychiatric settings (). However, its current form lacks integration of patients' perspectives, and key stakeholders often face challenges in applying it effectively. Despite its widespread use, no study to date has included patients' viewpoints on the use of the BVC. To address this gap, a participatory research project aimed at co-producing an enhanced version of the BVC is being initiated.
Before launching a participatory research project to co-produce an enhanced version of the BVC, this workshop aims to gather insights, identify challenges, and explore innovative approaches to designing the study.

Aim: To engage participants in a collaborative dialogue that informs the methodological framework for a co-produced study on improving the BVC. The workshop will explore stakeholder engagement, ethical considerations, and practical strategies for co-creating risk assessment tools.

Methods: The workshop will employ participatory techniques to foster dialogue and generate actionable insights.

Results: The workshop will employ participatory techniques to foster dialogue and generate actionable insights.

Discussion: See above

Learning lessons:

1. Awareness of how participatory research methodologies can be applicable to violence risk assessment.
2. Gain insights into co-production approaches that prioritize inclusivity and stakeholder engagement.
3. Establish an international professional network of practitioners and researchers to foster collaboration, share knowledge, and develop innovative strategies for violence prevention.

Scientific Posters (Digital presentation)

P-01 The questions on violence (FOV) tool for interpersonal violence inquiry in Swedish healthcare settings – evaluation of content validity, face validity and test-retest reliability

Karin Örmon
Västra Götaland Region Competence Centre on Intimate Partner Violence
Sweden

Background: Previous research indicates that routine inquiry or screening conducted by healthcare providers may significantly increase the identification of interpersonal violence. There is a lack of comprehensive instruments to routinely assess patients about interpersonal violence a in the household.

Aim: The aim was to assess content validity, face validity and reliability of the
Questions on Violence (FOV) tool, within a Swedish healthcare context.

Methods: content validity index with six experts within the research field, cognitive interviews with nine patients recruited from a primary healthcare facility, and an evaluation of the test-retest reliability based on responses from 37university students.

Results: content validity index with six experts within the research field, cognitive interviews with nine patients recruited from a primary healthcare facility, and an evaluation of the test-retest reliability based on responses from 37university students.

Discussion: The FOV instrument has good content and face validity and good to excellent test-retest reliability. The study provides healthcare professionals with a short yet comprehensive instrument for identifying patients who have experienced or perpetrated interpersonal violence.

P-02 Mental health care for people with a refugee background: a front-line perspective

Jürgen Magerman, Sofie Vindevogel, Yasmine Boumahdi
University of Applied Sciences and Arts Ghent
Belgium

Background: The mental health effects of forced migration are extensively documented, indicating a higher prevalence of psychological distress among migrant populations. Enhancing knowledge about these challenges is essential, as the ability to navigate complex adversities is influenced by the support provided by surrounding social ecologies during this critical transition. By increasing awareness of the mental health issues faced by people with a refugee background, we can develop more effective support systems and improving well-being.

Aim: This poster examines the multifaceted challenges encountered by individuals with a refugee background during their stay in asylum facilities, as well as the training needs support of caregivers.

Methods: To explore the mental health and training needs of people living and working in asylum centers, 391 employees were surveyed quantitatively and 48 employees and residents were surveyed qualitatively.

Results: To explore the mental health and training needs of people living and working in asylum centers, 391 employees were surveyed quantitatively and 48 employees and residents were surveyed qualitatively.

Discussion: Based on the findings, three e-learning modules were developed. The first module focuses on comprehensive mental health support, addressing topics such as the effects of refugee experiences, the asylum context, cultural diversity in mental health care, the significance of presence, resilience in the context of refugee background, and transcultural interviewing techniques.
The second module emphasizes strengths for enhanced support, including trauma-informed care, psychological first aid, strategies for managing anhedonia, the crisis development model, and ethical principles related to information sharing and intern collaboration.
The third module concentrates on effective methods for disseminating mental health support outside the walls of the asylum and optimizing the integration of formal and informal care within a network, facilitating collaboration with external experts on mental health issues and specific intervention strategies.

P-03 Quality Evaluation of Welfare and Healthcare Professionals' perspectives on a Mobile Application for self-harm support: An interdisciplinary questionnaire Survey using the uMARS.

Lise Bachmann Oestergaard, Lene Lauge Berring, Ingrid Charlotte Andersen
Psychiatric Research Unit
Denmark

Background: People who self-harm experience significant distress, impacting both themselves, their next of kin and professionals. The SAFE app, co-created with individuals who have experience with self-harm, offers educational content and calming techniques to support individuals, relatives, and professionals in managing stress.
While digital solutions can complement treatment for non-suicidal self-harming behavior, assessing their quality remains challenging.

Aim: To evaluate the user interface and quality of the SAFE app using the uMARS to determine usability as perceived by potential end-users e.g. nurses and peer workers.

Methods: A nation-wide survey using the Mobile Application Rating Scale (uMARS) was conducted in Denmark. The uMARS includes 20 items across five objective and subjective quality subscales.
Welfare, healthcare professionals and peer workers participated.

Results: A nation-wide survey using the Mobile Application Rating Scale (uMARS) was conducted in Denmark. The uMARS includes 20 items across five objective and subjective quality subscales.
Welfare, healthcare professionals and peer workers participated.

Discussion: This study contributes to understanding how professionals and individuals engaging in self-harm perceive the SAFE app's engagement and utility.
Results from the survey suggest, that health care professionals find SAFE app useful and recommendable. More in dept knowledge will be generated, when we talk to professionals in the end of the implementation process.
The findings can guide future improvements to the SAFE app and similar technologies to better support individuals who engage in self-harm. By addressing engagement, functionality, and perceived usefulness, developers can optimize user experience, impacting attitudes, engagement, and sustained app use.
This aligns with the Technology Acceptance Model (TAM) (Davis, 1989), which highlights how perceived usefulness and ease of use drive technology adoption. Insights into how users interact with SAFE app in real-world settings provide critical information for tailoring the app to meet end-users' needs.
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P-04 Nurses in a self-help and advocacy group for Bipolar Disorders

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Background: Although health care professionals have a high risk of being diagnosed with mental disorders, mental health stigma is widespread in health services. Resulting feelings of shame and self-stigmatization lead to withdrawal and poorer chances of recovery. The self -help- and advocacy group "Selbst Betroffene Profis" (Self-affected Professionals) was founded in 2014 by three psychiatrists with lived experience of bipolar disorder, aiming at reducing self-stigmatization and mental health stigma.

Aim: Founded by psychiatrists, the SPB attracted mainly doctors, psychologists and students of both disciplines. Since 2021, efforts have been started to increase the number of nurses in the group.

Methods: To increase the number of participating nurses public media directed at nurses was used, e.g. by publishing an interview in the nurses` journal "Die Schwester | Der Pfleger", participating in podcasts, and presenting the SBP at congresses for nurses.

Results: To increase the number of participating nurses public media directed at nurses was used, e.g. by publishing an interview in the nurses` journal "Die Schwester | Der Pfleger", participating in podcasts, and presenting the SBP at congresses for nurses.

Discussion: The SBP is a self-help and advocacy group open for all professionals working in the health sector who have been diagnosed with bipolar disorders. It offers confidential email and phone support, and virtual online self-help groups. Compared to the estimated number of nurses being affected by bipolar disorders in Germany, their number being organized in the SBP remains small despite our efforts to raise more awareness. Thus, it seems very important to identify possible causes: One of them might be that the support offered is not specifically targeted for nurses with their complicated shift plans which makes it difficult to attend regular (online) meetings. Another reason might be a lack of knowledge about the SBP and their support offers and advocacy work despite the group´s effort. In this case it is essential to identify better ways of reaching out to that special group of health care professionals. In Germany, most of the nurses are not organized in national unions, which makes it difficult to spread our information. Another assumption is that in the nursing field the experience of stigmatization and the reluctance in seeking help might be even worse than among other health workers

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P-05 Improving the Inpatient Treatment and Care of Adolescents with Anorexia Nervosa

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Background: Anorexia Nervosa (AN) is a health problem that entails major consequences for the patient and has the highest mortality rate of any psychosomatic disorder. AN often debuts in early adolescence and reduces the development of healthy coping strategies. Early intervention is important to increase recovery and preventing harmful consequences. Due to the life-threatening implications, weight gain is the main target in treatment. Patients acknowledge the necessity of weight gain but reports the missing of patient's needs and family involvement

Aim: Improve the inpatient treatment and care of adolescents with AN by 1) Identifying needs and wishes 2) Designing and developing a tailored solution 3)Evaluate the experiences of the developed solution

Methods: Through a Participatory Design approach, various ethnographic methods will be used across the three phases, including field observations, individual interviews, focusgroup interviews and collaborative workshops.

Results: Through a Participatory Design approach, various ethnographic methods will be used across the three phases, including field observations, individual interviews, focusgroup interviews and collaborative workshops.

Discussion: The results are expected to enhance clinical practice and will be implemented in the Psychiatry in Denmark and hopefully be incorporated in the development of clinical guidelines. The findings will likely contribute to the ongoing evolution of clinical standards in the research field and the patient-involvement approach. The opportunities for research results that can change and improve practice will be increased by working interdisciplinary and across both sciences and sectors. By involving the patients in several parts of the research process, a bridge is built between research and practice.

P-06 Supporting parents of children and adolescents hospitalized with an eating disorder in mental health care settings

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Background: Parents are a crucial resource in their child's recovery from an Eating disorder. Numerous of studies show that parents experience high levels of caregiver burden in terms of fear, hopelessness, guilt and shame. These burdens can lead to clinical levels of depression and anxiety. Importantly, parental burdens may impose limitations on treatment, suggesting that it is essential to improve family well-being to ensure the child and adolescent's recovery. Recent research highlight that parents seek support and connections to parental support groups

Aim: To adapt, test, and evaluate support groups for parents of children and adolescents hospitalized with an eating disorder in mental health care settings.

Methods: The design is guided by MRC framework for developing interventions. 1. Adaptation: An integrative review of existing knowledge. 2. Adapt intervention through co-production involving parents and healthcare professionals. 3. Feasibility and pilottest.

Results: The design is guided by MRC framework for developing interventions. 1. Adaptation: An integrative review of existing knowledge. 2. Adapt intervention through co-production involving parents and healthcare professionals. 3. Feasibility and pilottest.

Discussion: Current interventions targeting parents, such as psychoeducation and skills training, often take a didactic approach, potentially increasing parental responsibility without offering the support need to ensure they can manage the situation. Sharing experiences foster a sense of solidarity, which mainly explains why parents strongly advocate for support groups. Support groups for parents has the potential to reduce the caregiver burden, improve quality of life, and positively influence the recovery process of their child.
The project's intervention will be tested in a clinical setting. Acceptability and feasibility will be evaluated through individual or joint interviews with parents and focus group interviews with the healthcare professionals. Future perspectives will involve adjustments based on evaluation, implementation, and the measurement of the impact of participating in a support group.

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P-08 Leadership Perspectives on Implementing Time Together: Barriers and Facilitators in Psychiatric Inpatient Care

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Background: Time Together (TT) is an intervention developed with the aim of setting aside time each day where patients and nursing professionals in psychiatric inpatient care (PIC) can interact through joint activities without interruptions. Previous studies investigating TT highlight difficulties in implementing and executing the intervention as intended, with several factors influencing implementation of the intervention. Furthering the understanding of such factors could lead to successful implementation efforts of TT in the future.

Aim: The aim of this study is to investigate which barriers and facilitators are identified by mid-level managers and implementation leads, in relation to implementation of TT in daily practice in PIC

Methods: This study used semi-structured interviews with mid-level managers and implementation leads to explore their perspective on factors known to affect implementation processes when implementing TT. The data was analyzed using deductive content analysis.

Results: This study used semi-structured interviews with mid-level managers and implementation leads to explore their perspective on factors known to affect implementation processes when implementing TT. The data was analyzed using deductive content analysis.

Discussion: Preliminary results indicate that mid-level leaders and implementation leads consider factors related to both the inner setting, the individuals leading and delivering TT as well as the implementation process, as crucial to consider during implementation. These findings underline the importance for researchers, leaders and implementation facilitators to understand specifically how staffing levels and organization of tasks can act as either facilitating or hindering the implementation efforts. Furthermore, the opportunity and capability of mid-level leaders, implementation leads and implementation deliverers are vital factors to consider when implementing TT in a PIC setting. Ongoing analysis aims to uncover further barriers and facilitators identified by participants.

P-09 Complex interventions in mental health nursing in Slovakia

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Background: Complex interventions in mental health nursing in Slovakia typically refer to the multi-faceted approaches and strategies used to address the diverse needs of individuals with mental health disorders. These interventions often combine clinical care, social support, and rehabilitation, aiming to provide holistic and person-centered care. Some of the key aspects of complex interventions in mental health nursing in Slovakia include: Integrated Care Models, Psychosocial Interventions,Person-Centered Care, Crisis Intervention, Psychiatric Nursing Education and Training, Challenges and Future Directions. These interventions are designed to address the diverse needs of patients, improve their quality of life, and facilitate their reintegration into society. However, challenges such as resource limitations, stigma, and workforce shortages remain, which will need to be addressed in the future to enhance mental health services.

Aim: We want to inform about the complex interventions in mental health nursing in Slovakia which are include in National Action Plan on Mental Health for years 2025-2030.

Methods: Analysing informations from new national document National Action Plan for Mental Health we explore key core competencies for Mental Health Nurses for implemenation National Program for Mental Health in Psychiatric nursing care.

Results: Analysing informations from new national document National Action Plan for Mental Health we explore key core competencies for Mental Health Nurses for implemenation National Program for Mental Health in Psychiatric nursing care.

Discussion: Psychiatric Nursing Education and Training-education in Mental Health - Nurses in Slovakia receive specialized education and training in mental health, which equips them with the skills necessary to manage a wide range of mental health conditions. This training includes both theoretical knowledge and practical experience in settings such as psychiatric hospitals, community care, and outpatient clinics. To keep up with emerging trends and research in mental health care, mental health nurses are encouraged to engage in continuous professional development, including attending workshops, conferences, and additional training in evidence-based practices. The National Action Plan on Mental Health in Slovakia is a multi-faceted document influenced by national priorities, international frameworks, and WHO guidelines. For the most specific and up-to-date information, consulting the Ministry of Health of Slovakia, WHO, or European Commission reports would be a good starting point. Additionally, reviewing academic and policy research on mental health in Slovakia can provide deeper insights into the ongoing development and effectiveness of these plans.

P-10 Clinical Supervision for Mental Health Nurses. Mental health nurse leaders working together to achieve a shared vision

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Background: Clinical Supervision improves patient care by promoting high standards of safe practice and supporting professional development of nurses. It has been shown to increases adherence with policies, protocols and guidelines and support nurses with the emotional impact of their work in complex healthcare settings. Clinical supervision allows nurses a space to reflect on there practice and learn from their experiences, which fosters a culture of learning. Increased job satisfaction and reduced rates of burn out have also been associated with clinical supervision for nurses.

Aim: This quality improvement initiative aims to support the implementation of Clinical Supervision for mental nurses in Dublin South and Wicklow Mental Health Service. The initial steps included building an understanding of Clinical Supervision among nursing

Methods: A local Clinical Supervision steering group was established to support the implementation of Clinical Supervision for mental health nurses with sustainability at the heart of this initiative. Service Innovation and Improvement funding was secured from th

Results: A local Clinical Supervision steering group was established to support the implementation of Clinical Supervision for mental health nurses with sustainability at the heart of this initiative. Service Innovation and Improvement funding was secured from th

Discussion: Dispite the known benefits of clinical supervision to healthcare professionals, its implementation remains uncommon amongst nurses in Ireland. Many challenges have been identified that may be contributing to this including misperceptions about its purpose and benefits, lack of experieneced supervisors and competing priorities leading to reduced uptake of clinical supervision.The mental health service involved in this initiative was aware of the need for a clear understanding of clinical supervision in advance and created an online learning module that all supervisees and the steering group were required to complete.This was based on the Irish National Clinical Supervision Framework and Implementation process and all decision making is informed by the best available evidence. Nursing management support and commitment was key to the sucess and implementation of this initiative with the Area Director of Nursing chairing the steering group. All steering group members are committed to a shared long term vision of the future. A collaborative approach with mental health services around the country led to open discussions and sharing of learning about their experiences and challenges of implementing clinical supervision among mental health nurses.

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P-11 Men's experiences of abuse form a life course perspective - a time geographic study in a psychiatric care context.

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Background: For men in a psychiatric care context, experience of abuse as a traumatic life event is common throughout the life course. Understanding life events and charting the patients lived experience can play a central role within psychiatric and mental health nursing that will help to understand the comprehensive situation lived by the patient. Asking about abuse experiences specifically is an important part of the medical history and disclosing experience of violence could be crucial for male patients' recovery.

Aim: The aim was to explore the life course of men who had abuse experiences as both victims and perpetrators using a time-geographic method - in a psychiatric context.

Methods: The study was performed as a qualitative study aiming to create a life chart together with the patient, by using a time-geographic interview technique. Nine men in a psychiatric context who had abuse experiences were included.

Results: The study was performed as a qualitative study aiming to create a life chart together with the patient, by using a time-geographic interview technique. Nine men in a psychiatric context who had abuse experiences were included.

Discussion: During childhood the nine men had multiplied experiences of difficult home conditions such as separation from parents, parents with addiction problems or mental ill health. All men but one were exposed to emotional and physical abuse by a family member during their upbringing. Many of these experiences can be equal with adverse childhood experiences (ACE) and can give consequences for one's mental health later in. Several men suffered from depression during their life and four men had tried to commit suicide and as many had been admitted at a psychiatric ward at some point in their life. Almost all men additionally reported problematic use of alcohol or/and drugs, and several men had to seek institutional treatment via social care for this. This is all in line with previous research highlighting the association between ACE and depression, suicidal behavior, and addiction problem.
The findings of this study may provide us with a deeper understanding of what a life with experiences of violence can mean for a man within psychiatric care. It might also provide a good example of how the time geography life chart model can be used within a psychiatric care context.

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P-12 Safewards Talk Down & Mutual Expectation Interventions introduction into an Acute Psychiatric unit.

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Background: To implement a complex intervention called Safewards in an Acute Psychiatric Unit. Safewards is an evidence based organisational approach. In 2010 Safewards was developed by Prof. Len Bowers. The Safewards Model identified six originating domains as sources of conflict and containment: the patient community, patient characteristics, the regulatory framework, the staff team, the physical environment, and outside hospital.The objective of the Safewards model is to reduce conflict and containment within mental health services. Safewards is a model and a set of ten interventions. Introduction of this quality initiative will aid in reducing restrictive practices, fostering inclusive relationships, enhancing patient engagement, collaboration, co-production, patient satisfaction and aiding in making the approved centre a safer place for patients and staff

Aim: Introduce two Safewards interventions. These interventions will aid in reducing restrictive practices, fostering inclusive relationships and enhancing patient engagement.Talk Down intervention focuses on de-escalation to aid in provision of safer, respect

Methods: Early engagement with key stakeholder- Staff and inpatients. Education programme was formulated and delivered Weekly engagement at patient forum to discuss Safewards. The patient forum utilised 4 group sessions to co-produced mutual expectations with serv

Results: Early engagement with key stakeholder- Staff and inpatients. Education programme was formulated and delivered Weekly engagement at patient forum to discuss Safewards. The patient forum utilised 4 group sessions to co-produced mutual expectations with serv

Discussion: Safewards provides an opportunity to align practice with recovery-oriented concepts . There is evolving evidence and research to align that Safewards has been identified as an ideal framework from which to launch and utilize recovery-oriented practice. Safewards has been researched and implemented internationally into mental health settings. There is ongoing research exploring safewards, implementation patient responsiveness,benefits and its role in reducing restrictive practices. By utiling Safewards it resonates with recovery-oriented practice which is directly linked to how patients experience safety, and is know that patients feel safer when the nursing positively interact and engage with them (Cutler et al. 2020). Safewards allows as a vehicle for co-production, collaboration and aids in reducing the power dynamic in the nurse patient relationship. These interventions strengthen the therapeutic nurse patient relationship, aid in reducing restrictive practices, making acute psychiatric wards safer, increasing patient satisfaction and also allowing recovery-oriented practice.

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P-13 Development of a Co-produced Community-based Psychosocial Sports/Leisure Intervention Programme for people in the Wexford residential MHID services

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Background: People with Intellectual Disabilities have, according to Osugo & Cooper (2016), a high prevalence of mental and physical ill health, where standard Health Promotion interventions that may be designed for the general population, may not be accessible to people with a dual diagnosis of Intellectual disability and mental health disorder (World Health Organisation 2021). Moroney et al (2022), highlights that 60% 0f people with ID experience mental health disorder and 50% of people with intellectual disability are obese, which negatively impacts on their quality of life outcomes. Lauria and Waldrop (2020) highlight the need address the widespread health disparities and inequalities currently experienced by this population which can then result in limited access to community, education, employment and social relationships, with social isolation and exclusion.

Aim: To develop a co-produced community-based psychosocial Sports/Leisure intervention programme for people with ID in the Wexford ID residential services, to reduce the severity of their Mental Health Disorder, the frequency of use of Restrictive Practices

Methods: Clients' abilities audited while using an Indoor arena, while concentrating on shared emotions. Assessment tools utilised were the CORE-OM, Glasgow Anxiety and Depression Scales, The Becks Depression Inventory Scale and the The World Health Organisation Q

Results: Clients' abilities audited while using an Indoor arena, while concentrating on shared emotions. Assessment tools utilised were the CORE-OM, Glasgow Anxiety and Depression Scales, The Becks Depression Inventory Scale and the The World Health Organisation Q

Discussion: Guiding Principles for People with ID in the Wexford MHID Residential Services are Rights, access to recreation therapeutic engagement and inclusion, access to community life.
Service users were central to the interventions, where choices with family & staff were given within a recovery-orientated practice with hope, expectation, fulfilling life with appropriate supports, promoting independence where autonomy was recognised.
Capacity was identified & individuality was maximised, with evidence-based treatments, where specific assessment tools were used to inform clinical research.
Implementation of specific activity programmes by Designated Practitioners and removing barriers to access needs to be established.
Enhancing quality of life outcomes is a key priority for this client group and expansion of the service to service users across all disability services as per Slaintecare guidelines.
As a result this study can:

- Initiate policy change-mandate for physical activity intensive inclusion.
- Increase research/education to both mental health and intellectual disability carer disciplines, reduce polypharmacy & restrictive practices & stigma.
- Reduce challenging behaviour and the risks to clients and staff.
- Impact positively on staff stress management and wellbeing.

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P-14 Transition in psychiatry

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Background: Transition from Child and Adolescent Mental Health Services (CAMHS) to Adult Mental Health Services (AMHS) when a young person turns 18 is marked by significant gaps, which is concerning given that many psychiatric disorders either first emerge or persist during this crucial period of life. This time is already filled with other major transitions, such as finishing school, moving out of the family home, forming new relationships, building social networks, and establishing an adult identity. Several factors contribute to the challenges in transitioning from CAMHS to AMHS. As a result, many young patients feel abandoned and confused during a critical period of their lives. Furthermore, the experience from parents is that this period is difficult and uncertain

Aim: The aim is to explore the challenges faced by young patients during the transition from Child and Adolescent Mental Health Services/CAMHS to Adult Mental Health Services/AMHS at the age of 18 and seeks to identify key factors contributing to a problematic

Methods: It is an interdisciplinary quality and development project with associated qualitative and quantitative research. The interventions is joint transition conversation with CAMHS and AMHS and patient and possibly relatives, as well as a transition workshop w

Results: It is an interdisciplinary quality and development project with associated qualitative and quantitative research. The interventions is joint transition conversation with CAMHS and AMHS and patient and possibly relatives, as well as a transition workshop w

Discussion: There continues to be an increased need for cross-service collaboration and an opportunity to expand the cooperation around this patient group of 18-year-olds. The structure of the system creates barriers to continuous patient pathways, and there is a risk that the changed diagnostic practices may become potentially critical for the young person and their recovery process.

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P-15 The Association Between Self-stigma of Mental Illness and Quality of Life of Adults Living with Depression:

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Background: Self-stigma describes when an individual with a mental illness internalises the negative attitudes that society holds about their condition (Corrigan and Rao, 2012). Self-stigma is prevalent among people with depression, which can lead to significant harm and negatively impact on their lives (Corrigan et al., 2009).

Aim: The aim of this review was to investigate the association between self-stigma and quality of life (QoL) in adult patients with depressive disorders. Additionally, the review explored which factors and physical comorbidities are associated with self-stigma

Methods: A systematic review was conducted following PRISMA and JBI guidelines. The review was registered on Prospero (CRD42024500276). Nine databases were searched. Quantitative or mixed methods studies were included if they sampled adult populations for both gen

Results: A systematic review was conducted following PRISMA and JBI guidelines. The review was registered on Prospero (CRD42024500276). Nine databases were searched. Quantitative or mixed methods studies were included if they sampled adult populations for both gen

Discussion: The review showed that the experience of self-stigma was negatively associated with QoL. Importantly, substantially smaller associations were observed in studies that controlled for other variables, pointing to potential confounding factors or mediators. As a main limitation, all included studies were cross-sectional and none of them explicated a causal model, highlighting a need for further research uncovering the potential impacts of self-stigma on QoL. The review offers recommendations that will contribute to clinical healthcare settings and public health field by educating the clinicians about the formation, risk factors and consequences of self-stigma. In addition to encourage them to use the self-stigma scale routinely for patients diagnosed with depression to determine if they are developing self-stigma to enrol them into anti-stigma programs such as, the Coming Out Proud (COP) program which found to be beneficial in helping patients with mental illness to overcome harmful consequences of self-stigma (Corrigan et al., 2015). Public health is responsible for increasing public awareness regarding mental illness issues. This involves introducing the public to the topic of mental illness stigma, explaining the associated risks, and how public stigma can lead to self-stigma.

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P-16 Outcomes of Safewards Implementation in Psychiatric Inpatient Care: Impact on Coercive Measures

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Background: Creating a safe and therapeutic environment in psychiatric inpatient care is crucial for recovery but remains a challenge. Many patients perceive psychiatric wards as unsafe, often due to violence, coercive measures, and strained staff-patient relationships. Coercive measures like seclusion, restraints, and involuntary medication, while intended to prevent harm, are linked to trauma, poor outcomes, and damaged therapeutic bonds. The Safewards model, developed in the UK, is an evidence-based approach designed to reduce conflict and containment. Through ten structured nursing interventions, it aims to improve communication, collaboration, and safety. While international studies support its effectiveness, research on its implementation in Sweden is limited. This study aims to assess the impact of Safewards on coercive measures in Swedish psychiatric wards.

Aim: This study aims to evaluate the impact of the Safewards model on reducing coercive measures in Swedish psychiatric wards. It will compare intervention wards to control wards across pre-, trial, and post-trial periods, while also examining changes within t

Methods: This study uses a retrospective, quasi-experimental design, comparing pre- and post-intervention data with control groups. Nine Safewards intervention wards are matched with nine control wards across three Swedish regions. Monthly ward-level data (2020–20

Results: This study uses a retrospective, quasi-experimental design, comparing pre- and post-intervention data with control groups. Nine Safewards intervention wards are matched with nine control wards across three Swedish regions. Monthly ward-level data (2020–20

Discussion: As data analysis is still ongoing, the detailed results and the discussion will be presented at the conference. The discussion will focus on the effects of the Safewards model on the use of coercive measures in general psychiatric inpatient care in Sweden. It will explore factors such as implementation fidelity, normalization, that may have influenced the outcomes

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P-17 Introducing Simulation-based Pedagogy for Mental Health Nursing Students

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Background: Simulation-based pedagogy (SBP) can be used to mimic real-life experiences and provides an opportunity for nursing students to practice essential interpersonal and assessment skills in a safe environment. It supplements traditional teaching methods, enabling nursing students to develop professional competency and reflect on their experiences.

Aim: To introduce and evaluate simulation-based pedagogy for mental health nursing students to enhance their learning experience.

Methods: 40 mental health nursing students attended 2 half-day SBP sessions based on 4 real-life scenarios relevant to their clinical practice. The HSE People's Needs Defining Change Model (2018) was used to support this initiative. A post-intervention survey was

Results: 40 mental health nursing students attended 2 half-day SBP sessions based on 4 real-life scenarios relevant to their clinical practice. The HSE People's Needs Defining Change Model (2018) was used to support this initiative. A post-intervention survey was

Discussion: SBP is an effective pedagogy that supports nursing students' learning when faced with sensitive topics that are frequently encountered in the mental health clinical setting.

P-18 Collaboration in DBT skills groups

Zoe Dillon, Laura Collins
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Ireland

Background: Collaboration in complex interventions is essential to developing true holistic care. Holistic care is a central tenet in 3rd wave CBT interventions (Rizvi & Linehan, 2005) and it was proposed that it would be mutually beneficial for current service users in a sub-acute mental health day hospital, to attend a group co facilitated by an "expert by experience" – a previous day hospital attendee and members of the clinical staff.

Aim: To evaluate the benefits and challenges with true co-facilitation of a DBT skills group in the context of complex interventions.

Methods: Service users who had attended a day hospital & were discharged were invited back to co-facilitate a DBT skills group with two nurses.It involved a 45-minute preparation session between the nurses & service user prior to the co facilitated group & open di

Results: Service users who had attended a day hospital & were discharged were invited back to co-facilitate a DBT skills group with two nurses.It involved a 45-minute preparation session between the nurses & service user prior to the co facilitated group & open di

Discussion: The feedback results were overwhelmingly positive from both current day hospital attendees and the expert by experience co facilitator and clinical facilitators, indicating a possible need for further Co-facilitated groups across the service.
It was agreed that monthly co-facilitated DBT skills group sessions would be beneficial for all and so this service development was implemented.
Another suggestion was for other groups to be adapted to allow Co facilitation or indeed to have a seperately weekly Co facilities group, all of which can be explored for future service developments.

P-19 ProLiSMental psychoeducational intervention: Developing a complex intervention to promote adolescent's mental health literacy

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Portugal

Background: Several health policies aim to empower communities and individuals to achieve the highest standards of mental health and well-being. Mental health literacy (MHL) is a significant strategy for mental health promotion, empowering communities to take action for better mental health outcomes. The concept of MHL was first defined in the late 1990s as the "knowledge and beliefs about mental disorders which aid their recognition, management, and prevention" (Jorm et al., 1997). In the 2000s, the components of literacy in this context were defined (Jorm, 2012). Interventions to promote adolescents' MHL on anxiety and to prevent pathological anxiety are critically needed.

Aim: To develop and evaluate the feasibility of a psychoeducational intervention to promote mental health literacy about anxiety among adolescents in the school context.

Methods: A mixed-methods approach during the development and feasibility/piloting phases, guided by the United Kingdom Medical Research Council Framework. This included: 1) a systematic literature review; 2) focus groups with health and education professionals and

Results: A mixed-methods approach during the development and feasibility/piloting phases, guided by the United Kingdom Medical Research Council Framework. This included: 1) a systematic literature review; 2) focus groups with health and education professionals and

Discussion: This studies demonstrated the feasibility of the "ProLiSMentAl" psychoeducational intervention to promote mental health literacy on anxiety in adolescents at school context. We hope that this psychoeducational intervention will contribute to increasing adolescents' MHL, allowing them to access, understand and use information about mental health and help them in the prevention, recognition and/or management of anxiety. In the future, we intend to proceed to the evaluation and implementation phases of the complex interventions by the United Kingdom Medical Research Council Framework (Skivington et al., 2024) and highlight the statistical and clinical impact of the ProLiSMental psychoeducational intervention.

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P-20 Reframing the Art and Science of Psychiatric Nursing through advanced practice

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Background: Psychiatric nursing is the art and science of journeying with the person and their family, facilitating them to find hope in their recovery. The advanced nurse practitioner (ANP) in mental health represents the highest level of clinical competency within a particular area of speciality. The complex needs of individuals in mental healthcare services requires nurses with a sound knowledge base, emotional intelligence and compassionate care. Advanced practice includes the utilisation of complex mental health interventions to manage complex clinical care. While ANP roles have been successfully evaluated in many settings, such analysis remains in its infancy from a mental health perspectives. The future competencies for psychiatric nursing are intricate largely due to increased complexity and there is a growing need for complex evidenced based mental health interventions to adequately address these dynamic mental health needs.

Aim: To explore the impact of investment in and development of advanced nurse practitioner roles on the development and implementation of complex mental health interventions in one Irish mental health service.

Methods: An analysis of the development and implementation of ANP led complex mental health interventions which have been made available to patients over a two-year period post ANP role development in three specialist services was conducted: Eating Disorders, Ment

Results: An analysis of the development and implementation of ANP led complex mental health interventions which have been made available to patients over a two-year period post ANP role development in three specialist services was conducted: Eating Disorders, Ment

Discussion: The advanced nurse practitioner in mental health plays a pivotal role in progressing psychiatric nursing practice. The ANP manages all steps within the ANP nursing process, from assessment to discharge, often overseeing very complex mental healthcare, in collaboration with the multidisciplinary team. Additionally, ANPs have been found to possess the leadership, educational and interdisciplinary competencies to alter the nature of psychiatric nursing far beyond its foundations in the therapeutic nurse patient alliance to incorporate very complex mental health interventions. These complex interventions are multidimensional with considerable components and therefore the possible outcomes are increasingly varied when applied to specific patient populations. The experience within one Irish mental health service of ANP role development has demonstrated that within their specialist competency, ANPs can be pioneering in service development and leaders for psychiatric nursing and mental healthcare provision as a whole.

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P-21 An Educational Concept for Nurses in Managing Individuals with Impaired Mood Regulation

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Background: The healthcare system is burdened by the treatment of Borderline Personality Disorder (BPD), requiring intensive care (Bohus, 2007; Priebe et al., 2017). A key feature of BPD is impaired mood regulation (IMR), leading to maladaptive responses that affect well-being and participation in the nursing process (Bohus et al., 2004; Liebke et al., 2018). Healthcare professionals face challenges in implementing the nursing process per § 4 PflBG despite complex symptoms (TT VA & DGP, 2024). Discrepancies between legal requirements, expectations, and care situations cause stress and withdrawal (Dickens et al., 2016; McKenzie et al., 2022). Stigmatization of BPD patients as "difficult" or "manipulative" reduces support willingness (Dickens et al., 2016). Negative attitudes and knowledge gaps hinder care quality and outcomes (McKenzie et al., 2022). Educational interventions to enhance competence and involve patients are crucial, but existing models lack standardization.

Aim: The aim of this study is to develop a needs- and requirement-based educational concept specifically tailored to nursing practice for individuals with impaired mood regulation (IMR) and to investigate its impact on practice-relevant outcomes.

Methods: A Mixed-Methods design meets the project's needs and nursing care realities (Richards & Borglin, 2011). The multiphase design combines parallel and sequential approaches, suitable for long-term studies (Quasdorf & Holle, 2018). The first phase addresses t

Results: A Mixed-Methods design meets the project's needs and nursing care realities (Richards & Borglin, 2011). The multiphase design combines parallel and sequential approaches, suitable for long-term studies (Quasdorf & Holle, 2018). The first phase addresses t

Discussion: Currently, no discussion is provided, as the research is still in progress.

P-22 Mental Health Literacy programme among health undergraduate students: development of a complex intervention

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Portugal

Background: Mental health literacy (MHL) is crucial for undergraduate students as it empowers them to recognize, understand, and address mental health challenges. This knowledge also contributes to improved happiness by reducing stigma, fostering resilience, and promoting positive coping strategies. On the other hand, enhanced emotional well-being results from effective stress management and the ability to seek help when needed. Ultimately, MHL positively influences academic life satisfaction by creating a supportive environment, reducing the impact of stressors, and fostering a holistic approach to well-being in the challenging context of higher education.

Aim: This development phase study aimed to evaluate MHL and assess its association with satisfaction with academic life, happiness, psychological well-being and psychiatric symptoms in undergraduate students. Also intended to identify how students understand a

Methods: This development phase is part of a broader research project, guided by the United Kingdom Medical Research Council and Framework. A mixed method study was conducted.The quantitative study included sociodemographic and clinical data, and the following ins

Results: This development phase is part of a broader research project, guided by the United Kingdom Medical Research Council and Framework. A mixed method study was conducted.The quantitative study included sociodemographic and clinical data, and the following ins

Discussion: In this sample there was a high percentage of students who have already used formal support to treat mental health problems, and a considerable number of them are currently taking medication. Overall, better levels of MHL were associated with previous and family history of mental health. These preliminary findings are a contribution for designing interventions to promote mental health in academic contexts, aimed at positive and healthy changes in the academic environment, particularly in line with their expectations and needs, with the aim of reducing levels of psychological distress. This results are crucial for the feasibility/piloting phase.

P-23 Exploring homecare nurses encounters with patients living with mental diseases - A study on professional and organizational conditions for homecare nursing in Denmark

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Background: This study examines the work of homecare nurses (HN) when providing care to citizens with mental disorders. The study is conducted in Denmark, where citizens with mental disorders receive an increasing part of their care and treatment within the primary healthcare sector.

The de-institutionalization of the psychiatric field over the past two decades has led to increase in outpatient treatment replacing hospitalization. This has resulted in a situation where many citizens with mental illness experience more contact with municipal authorities than with specialized psychiatric health services. This means a shifts in responsibilities in psychiatric nursing care from the secondary to the primary healthcare sector. Studies showed that HNs can be challenged by the encounters with citizens with mental disorders, because they experience lack competencies in psychiatric nursing care. However, there is lack of knowledge about the specific challenges HN's face in their practice.

Aim: The aim is to gain knowledge about homecare nursing AND to develop recommendations for homecare for citizens with mental disorders.

SUB-STUDY 1 aims to generate knowledge about current practices by exploring how HNs act in clinical practice.

SUB-STUDY 2 aims to develop recommendations on how the existing practice can be changed towards more coherent citizen trajectories. This is done in collaboration with actors from the field of 'homecare nursing' e.g. the citizens, hospital and homecare staff.

Methods: The study consists of two sub-studies:

SUB-STUDY 1: An ethnographic field study. The data collection method is participant observation, where the researchers will follow HNs' in their clinical practice.

SUB-STUDY 2: An action research process based on the methodology 'dialogical action research'. The process is based on results from sub-study 1, which will create a basis for participants' collaboration on developing recommendations for future practices.

Results: The study will take place from January 2025 until June 2027 and will address HN's challenges in ensuring care and treatment for this group of citizens. This poster is a presentation of the aims and methods of the study.

Discussion: In a society with an increasing number of citizens with mental disorders, it is relevant to investigate how nursing care and treatment for these citizens is conducted. Furthermore, it is relevant to collaborate with the actors involved in these forms of practice in solving the many challenges within these practices, because these actors' perspectives are valuable knowledge that should be included in the organization of future homecare nursing regarding citizens with mental disorders.

P-24 Experiences of mental health nurses and patients of improving physical activity in mental health care: a systematic review of qualitative evidence

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Background: Worldwide, mental disorders and poor physical health are a global concern that affects low-, middle- and high-income countries, reducing quality of life and resulting in significant health expenditures (Firth et al., 2019). This issue results from both the increased risk of chronic physical illnesses among people who suffer from mental disorders and the inadequacy of health services to address these complexities (Firth et al., 2019). Consequently, the co-occurrence of mental disorders and physical health problems has emerged as a multifaceted challenge that requires comprehensive interventions. Physical activity is positively associated with improving mental health and decreasing chronic comorbidities. Promoting physical activity can be optimized by understanding the experiences of patients suffering from mental disorders and mental health nurses by identifying barriers to, or facilitators, increasing patients' physical activity.

Aim: This study aimed to systematically review existing qualitative evidence on mental health nurses' and patients' experiences of promoting physical activity within mental health services. Synthesizing findings from qualitative research, this study seeks to identify critical factors that influence the integration of physical activity into mental health care, and thereby inform strategies to improve patient outcomes and holistic care practices.

Methods: Study design: A systematic review of qualitative evidence
Methods: Eight databases (MEDLINE, Cumulative Index to Nursing and Allied Health Literature, EMBASE, PubMed, PsycINFO, Web of Science, Scopus and OpenGrey) were searched from 2000 to 2024. All studies included were critically appraised using the Critical Appraisal Skills Programme Qualitative checklist. Thematic synthesis was applied to qualitative evidence.

Results: Ten studies were included in the review, comprising nine qualitative and one quantitative study. Seven focused on the experiences of individuals with mental disorders, while three explored those of mental health nurses in improving physical activity. Barriers identified included inadequate safe and supportive environments, lack of integrated regulations in mental health services, symptoms of mental illness, psychotropic medication side effects, and social/self-stigma. Facilitators included support from healthcare professionals, providing mental health services with a holistic approach, and ensuring a safe, supportive environment.

Discussion: This systematic review synthesised qualitative evidence to explore the experiences of people with mental disorders and mental health nurses in improving physical activity. The findings highlighted overlapping barriers and facilitators from both perspectives. Barriers included symptoms of mental illness such as hallucinations, delusions, low motivation and energy, side effects of psychotropic medication, lack of advice from health professionals and social/self stigma.
Enablers included the holistic approach of mental health services, advice and encouragement from health professionals, the perceived benefits of physical activity and the availability of accessible physical environments.
The findings highlight the complex interplay between barriers and facilitators. For example, lack of professional support was a significant barrier for people with mental disorders, but systemic issues such as unclear regulation and unclear lines of responsibility among mental health professionals compounded these challenges. Addressing these interrelated factors is critical to promoting physical activity in mental health settings, where a more consistent and integrated approach could improve outcomes.