

The Wishing Well Intervention

- always room for improvement in Mental Health Organizations

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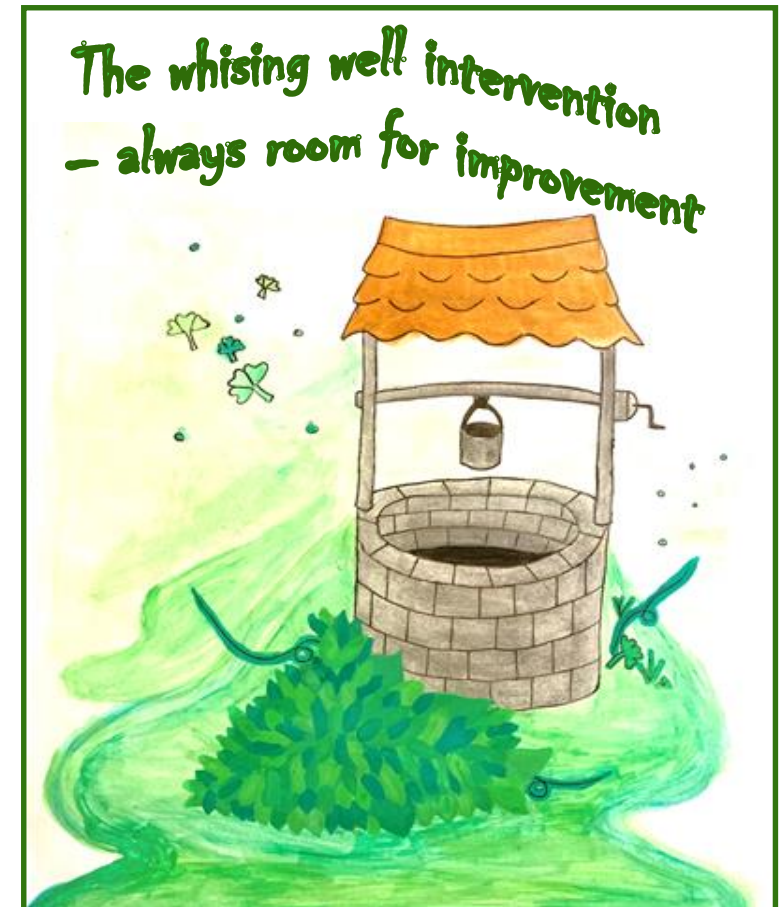
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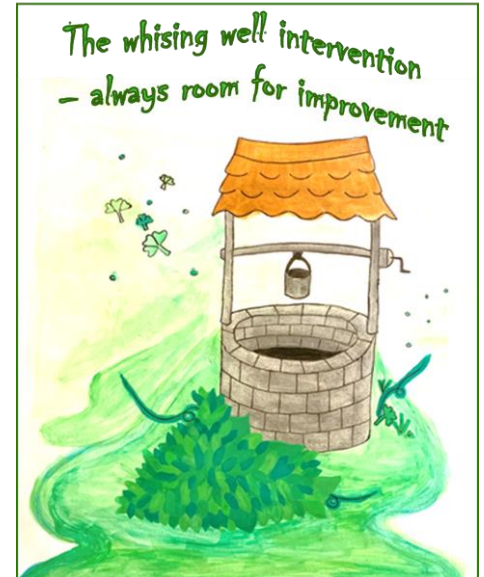
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Take Home messages

- Co-creation is possible in in-patient psychiatric settings
- User by experience must influence future mental health practice



Aim of the study

- To contribute with new knowledge on how to co-create a sustainable recovery-oriented intervention on an acute psychiatric ward
- To explore how the intervention influenced the practice towards a recovery-based approach seen from the perspective of the staff and the hospitalized individuals

Co-creation and Participation; a democratic right, also when you are in a acute psychiatric ward in the Danish Welfare State

Denmark 5,749
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Towards a new Paradigm in psychiatry

Nothing about us, without us

Moving from what is wrong with you - to what has happened to you

Founded in the public health perspective

User by experience as an active participant

Builds on positive relations

Uses the interactions as a treatment method

Aware of users by experience hope, preferences and wishes

Empowering patients

ETC...

A new paradigm requires new interventions

Changing Psychiatry

In 2003: Recovery was introduced

- a deeply personal, unique process of changing one's attitudes, values, feelings, goals, skills and/or roles. It is a way of living a satisfying, hopeful, and contributing life even within the limitations caused by illness

In 2015: Safewards was introduced

- to make psychiatric wards more peaceful
- to create better relationships between patient and staff
- to use less time on containment and more on engagement

In 2021: Wishing well meetings



- Safewards, a recovery-oriented milieu
 - The patient community
 - Staff team
 - Physical environment



The outset of the intervention

A meeting between in-patients and staff

- Improvement based on requests from in-patients
- Inspired by lean

We wanted to co-create an intervention to:

- Strengthen the relationship between in-patients and staff (safewards-inspired)
- Support a recovery-oriented practice with hope, meaning, identity, connectedness and empowerment

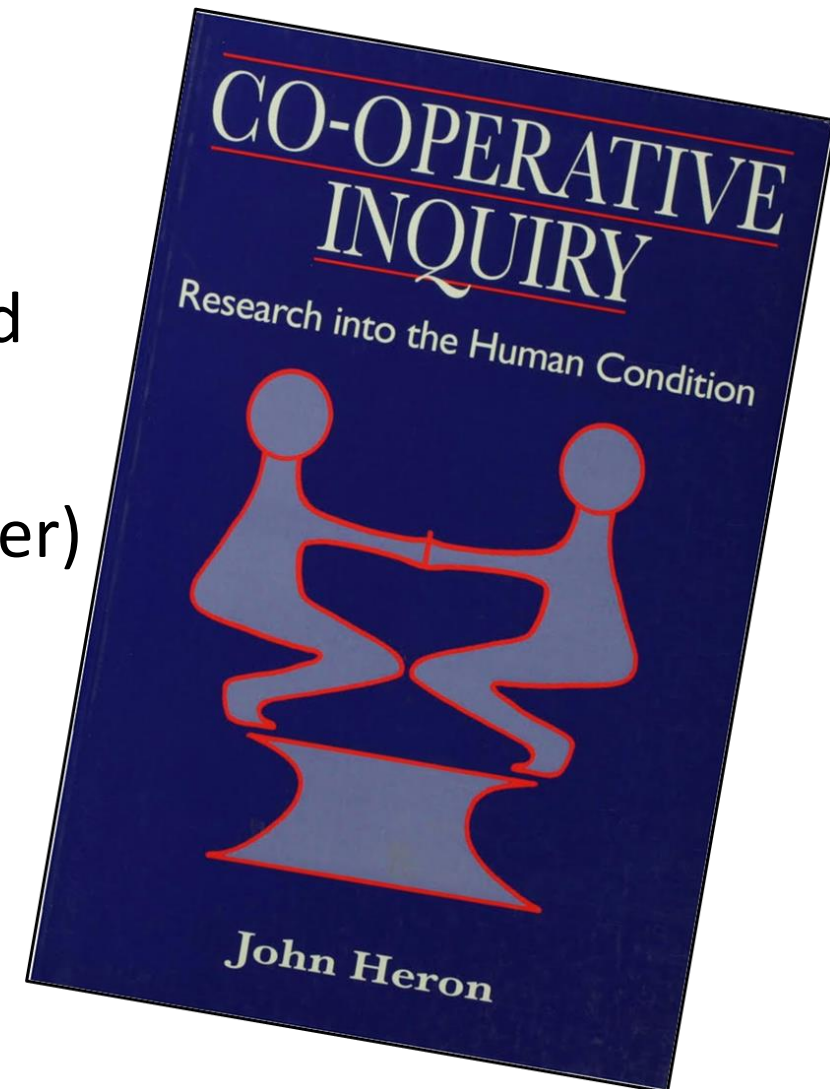


Ref. Mathisen V, Lorem GF, Obstfelder A, Maseide P. (2016); Oeye C, Bjelland AK, Skorpen A, Anderssen (2009); Waldemar AK, Esbensen BA, Korsbek L, Petersen L, Arnfred S. (2019); Oeye C, Bjelland AK, Skorpen A, Anderssen N. (2009); Waldemar AK, Arnfred SM, Petersen L, Korsbek L. (2016); Waldemar AK, Esbensen BA, Korsbek L, Petersen L, Arnfred S. (2018); Rise MB, Westerlund H, Bjørgen D, Steinsbekk A. (2013); Solbjør M, Rise M, Westerlund H, Steinsbekk A. (2011)

Developing the intervention: A joint venture

Co-operative inquiry group:

- Experts by experience
- Employed with different educational background
- The head nurse
- A development instructor (the original idea maker)
- A researcher as advanced secretary



Heron, J., & Reason, P. (2001)

Phases in the co-operative inquiry

Preparation phase:

- 6 meetings in the inquiry group, a workshop and an evaluation of the collaboration

Orientation phase:

- 2 meetings in the inquiry group, 5 wish meetings at the ward (led by the instructor)

Intervention phase:

- 2 meetings in the inquiry group, 1 evaluation of the collaboration and 7 wish meetings at the ward (led by employed at the ward)

Evaluation phase (not conducted):

- 3 meetings in the inquiry group planned and small ad hoc working group



PATIENTERNES ØNSKETAVLE *Næste møde 8/6*

ØNSKER SOM PATENTER PÅ Ø3 HAR FÅET OPFYLDT	ØNSKER.....	ARBEJDSLISTE OVER PATIENT-ØNSKER			
		ØNSKE	ARBEJDSGRUPPE	OPGAVE/DELOPGAVE	DATO/HVORNÅR
NY Fødselsplan		Patient Carline	JAN	JAN/NO IT	3/6
Skal have et nyt patient nummer og i den samme		JAN/ANNA	JAN/ANNA	I PROCES	22/6
Skal have et nyt patient nummer		KRISTIN	KRISTIN	TRAVOK ARD	23/6
Har skrevet på patient nummer		ANDERS	ANDERS	I PROCES	23/6
Har skrevet på patient nummer		ANNE TIL HAN	GITTE	TERAKK ARD	23/6
Har skrevet på patient nummer		ANNE TIL HAN	JAN/ANNA	PATIENTANSVARE	23/6
Har skrevet på patient nummer		SØSUNNE	SØSUNNE	Personale om patient information	23/6
Har skrevet på patient nummer		ANNA E HETTE	ANNA E HETTE	YOUTUB CANE	2/6
Har skrevet på patient nummer		GITTE/JANUET	GITTE/JANUET	LIGER HOS LEGEDOKTOR OG IT	5/6
Har skrevet på patient nummer		JAN/ANNE	JAN/ANNE	Personale om patient information	23/6
Har skrevet på patient nummer		HETTE	HETTE	I PROCES	2/6
Har skrevet på patient nummer		HETTE	HETTE	SEER HOS PATIENT	8/6
Har skrevet på patient nummer		HETTE	HETTE	VILDE TIL PERSONAL	5/6
Har skrevet på patient nummer		JAN/ANNA	JAN/ANNA	Personale om patient information	8/6

Challenges and possibilities – the inquiry group

It is a challenge to inform, include and engage the staff besides the inquiry group

Co-creating the wish meetings is one of the coolest and most meaningful things I have been involved in - to develop something together was a completely different role and togetherness.

It can be a challenge to bring the group together



It was important I felt safe and comfortable for joining in at the discussions

Being a part of the inquiry group is a part of my own recovery process

It really made good sense for me to partake - also because I have been in the psychiatry so many years, thus I really have a lot to contribute

Preliminary results of the intervention (with reservations)

- 52 % of the present in-patients participated in the wish meeting (66 out of 127)
- 85 wishes within the domains: the patient community, staff team and physical environment
- 38 wishes was closed down (no interest among the patients, safety reasons, already existing, in process, not a general wish, combined with another wish)
- 47 wishes for processing
- 43 wishes with a working group to process the wish (Staff: n=34, staff and patients: n=9, patients: n=0)
- 4 wishes on the waiting list
- 17 wishes fulfilled
- 12 rejected after processing
- 14 still in process

Fulfilled wishes

The patient community

- 1) Children as relatives can visit the creativity room with their hospitalized parent
- 2) Joint garden project (herb garden)

Staff team

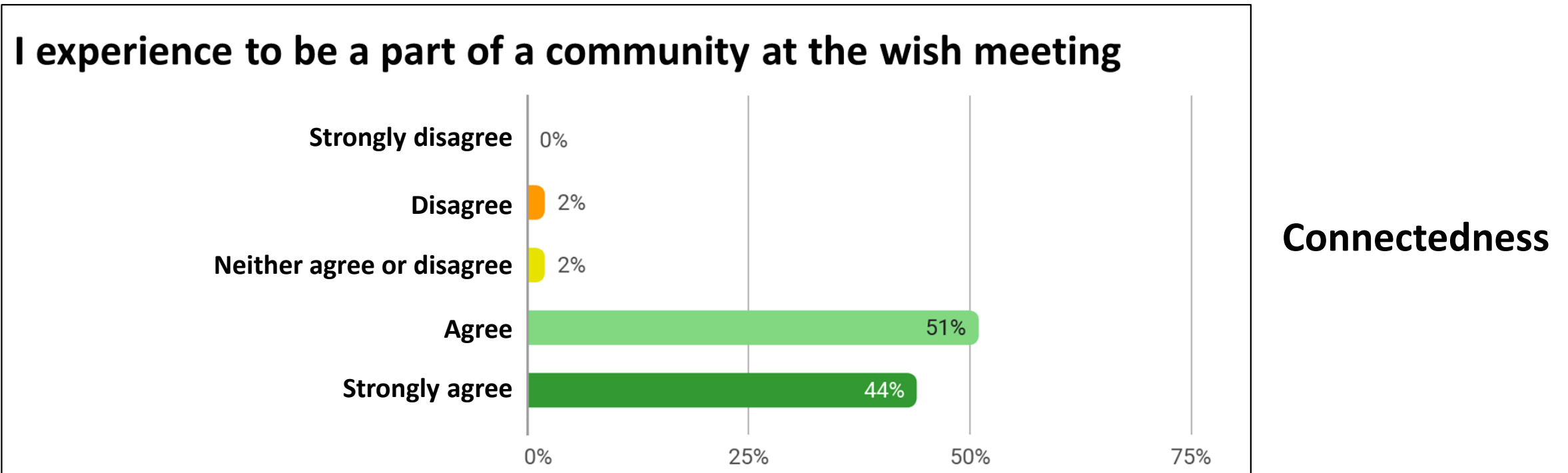
- 3) A new note on the door to the office about contacting the staff under rapport
- 4) Week schemes for the patients room for more structure and predictability
- 5) The contact person must greet the patient at the beginning and the end of their watch and offer a conversation (to make the patients feel acknowledged)
- 6) More user-led beads (restricted and based on approval by the leaders)

Physical environment

- 7) A new remote for the television
- 8) Repairing the doors on the ward reducing noise when closes/opens (preventing disturb sleep)
- 9) Speakers to play music at the training facilities and the creativity room
- 10) Disposable slippers
- 11) Lighter in the smoke room are fixed
- 12) Boards to assemble puzzles on
- 13) Hair conditioner (in limited quantity)
- 14) Table benches in the pavillion
- 15) More puzzle boards
- 16) Hangers for clothes in the patient rooms
- 17) Non-slip tape at the entrance to the ward

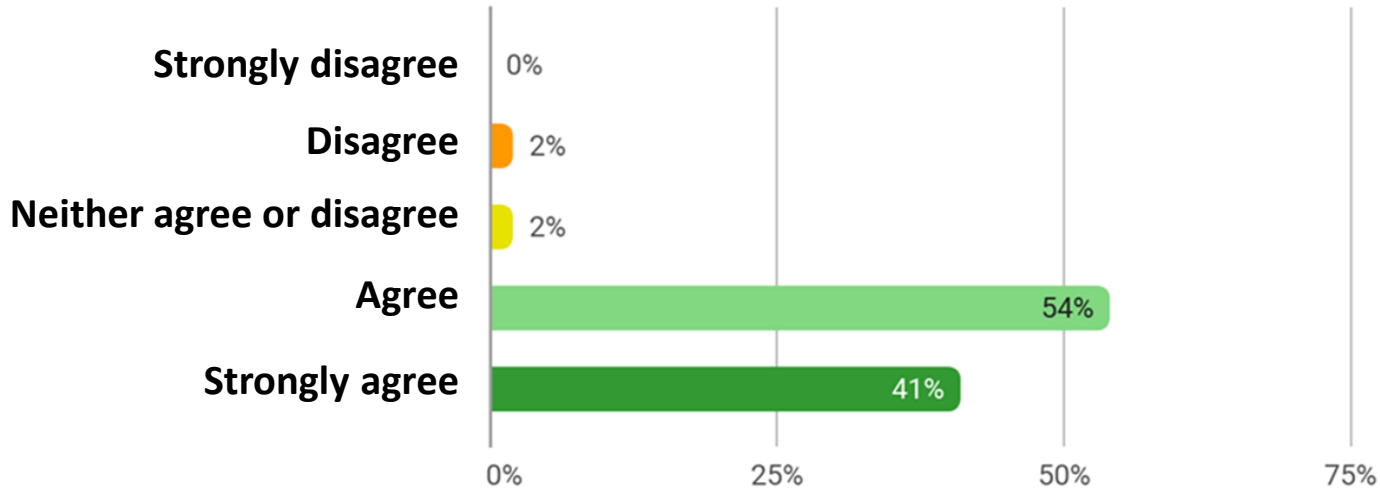
Evaluation: 65 % of the participants (N: 43)

Survey with participating in-patients inspired by CHIME and formulated by the co-operative inquiry group



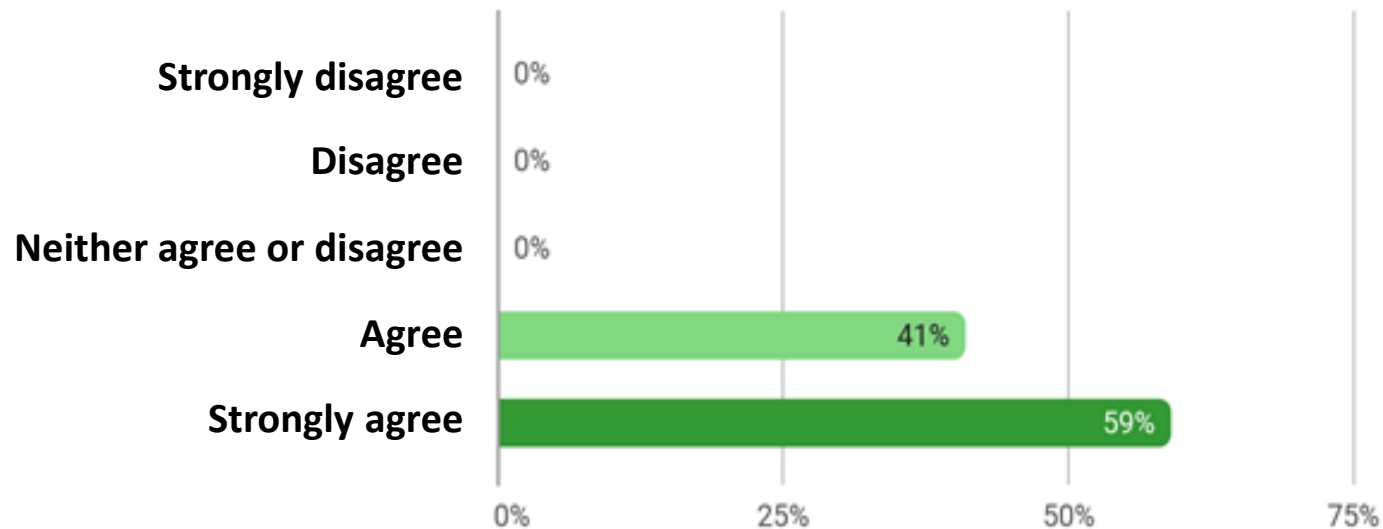
Inspired from Leamy, M., Bird, V., Le Boutillier, C., Williams, J., & Slade, M. (2011).

I hope that I can improve the ward by participating in the wish meeting



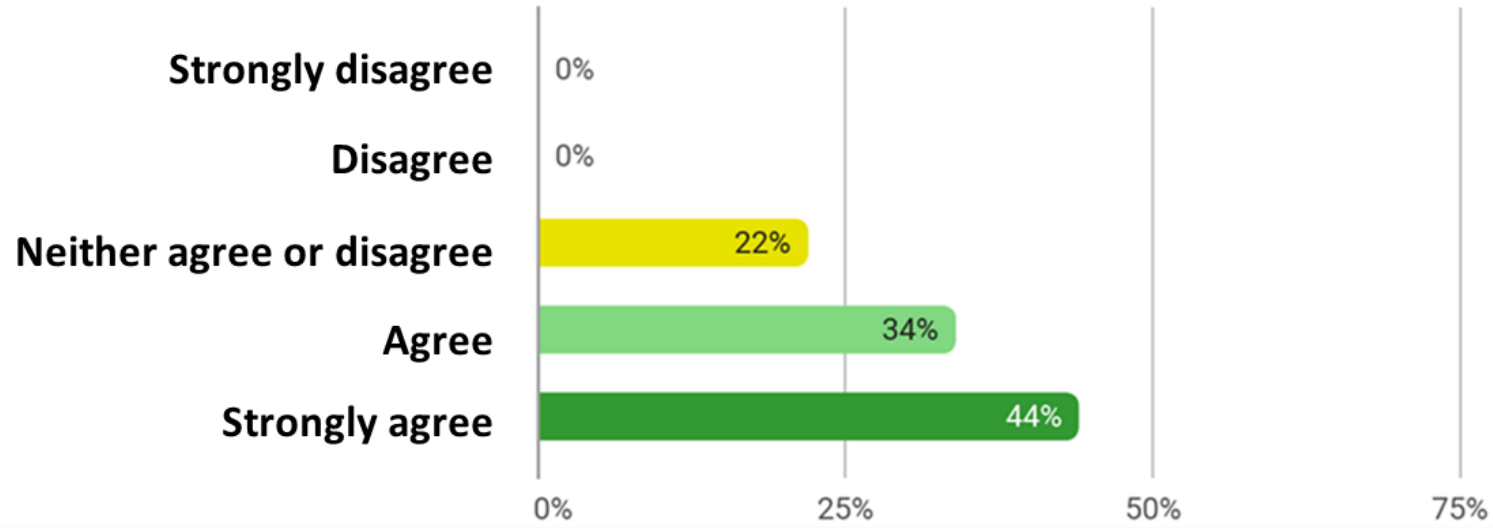
Hope and optimism

I experience that I was respected at the wish meeting



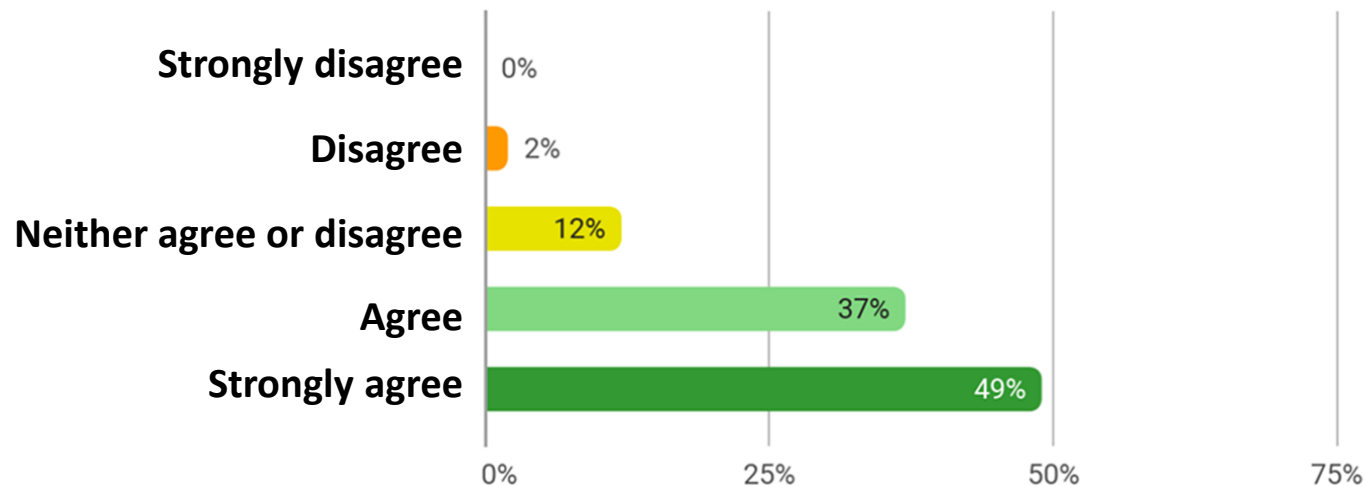
Identity

It was meaningful for me to participate in the meeting



Meaning

I feel that the wish meeting provide me influence on the conditions on the ward



Empowerment

Challenges and possibilities

I have realized how difficult it can be fulfill even simple wishes due to a sluggish system

It is a great meeting, some of the ideas are probably hard to implement – but it is good that they are mentioned

Thanks a lot for at good wish meeting



Time consuming to process wishes

It is meaningful togetherness with the patients

It means a lot for me with a mutual plan between me and the staff

A good meeting and a great idea

Questions and comments

Learning objectives for the presentation:

- To gain knowledge about how to co-create interventions in an in-patient setting
- To gain knowledge about how users by experience can influence future nursing practice



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