

conference program
&
abstracts



«Working together for new
pathways in mental health»

13th June 2019

Festsalen, Nordland Hospital Trust Rønvik, Bodø Norway

Arranger

ENTER Mental Health in collaboration with Nordland Hospital Trust



NORDLAND HOSPITAL





The Mission of the ENTER Mental Health network is to promote and defend the highest standards of mental health promotion, training and care in Europe, based on collaborative research. There is a growing trend in many countries to introduce new guidelines and standardize treatment pathways in public mental health systems. For example from January 2019 in Norway, new guidelines are being put into practice which standardise treatment pathways for people with a mental illness. At the same time Mobile Mental Health Care, Online Care, Peer Support networks, Recovery-oriented practices are being promoted in care at different settings. The question discussed in the conference is whether standardized care (planning and implementation) and associated good practices take into consideration the users' experience, knowledge, culture and needs at both individual collective levels.

ENTER Mental Health, in collaboration with Nordland Hospital Trust in Bodø Norway, have the pleasure to invite you to this one day conference on "Working together for new pathways in mental health" on the 13th June 2019.

Keynote speakers



Jan-Magne Tordenhjerte Sørensen is the leader of a user organization, «Hvite Ørn», a national organization for people with experiences of mental health and their carers, established in 2008. It works towards reducing stigma, no compulsory treatment, promote good alternatives to psychopharmica and to promote user involvement.



Arve Paulsen (57) is project manager for the "Clinical pathways for mental health and substance abuse"-project in the Norwegian Directorate of Health. He came from a position in the Ministry of Health and Care Services. Mr. Paulsen holds a Master in political science from the University of Oslo.



Hanne Kristin Clausen is a doctor and obtained her doctorate at the University of Oslo in 2017 which focused on ACT teams which are interdisciplinary teams offering treatment and follow up of people with a serious mental illness. She is a researcher at the Norwegian National Advisory Unit on Concurrent Substance Abuse and Mental Disorders and as a post doctorate at FOU dept. for psychiatry at Ahus.



Erling Kvig (45) is a clinical psychologist and PhD in Health Services and works as a clinical specialist psychologist at Nordland Hospital Trust in the Psychosis Unit.

program

THURSDAY 13th JUNE

08:30-09:00 Registration

09:00-09:20 **Opening speeches**

- Welcome from the head of the psychiatry department, Nordland Hospital: Hedda Soløy Nilsen
- Welcome from the chair of ENTER: Marja Kaunonen

09:20-10:50 **Keynote Speakers**

- The patient's or professional's health services? A critical view of current trends: Jan Magne Tordenhjerte Sørensen
- National Clinical Pathways in Mental Health– why and how?: Arve Paulsen
- Experiences with Assertive Community Treatment for people with severe mental illness in Norway: Hanne Kristin Clausen

10:50-11:05 Coffee break & poster presentations

11:05-12:30 Parallel sessions

12:30-13:15 Lunch & poster presentations

13:15-14:30 Parallel sessions

14:30-14:45 Coffee break & poster presentations

14:45-15:15 **Keynote Speaker**

- The Road not Taken—on the Differences Between Standardized Care Pathways and the Actual Pathways to Care in Early Psychosis: Erling Kvig

15:15-16:00 Closing Speeches

parallel sessions 11:15-12:30

Making your own pathway in the mental health system: From standardization to partnership	Peer Support and relevant user-led initiatives in different settings	Guidelines in mental health care
Important matters and learning orientation of mental health users' associations in Bosnia and Herzegovina: Bryan McCormick & Bojan Susic (USA & Bosnia Herzegovina)	A co-operatively inquiry with and about older adults bereaved by suicide: Lisbeth Hybholt (Denmark)	Human Computer Interaction (HCI) implications and the safe use of digital therapies for people with depression and/or anxiety: Prof Rhonda Wilson (Australia)
Supervisors assessment of the children's mental health service network in one hospital district in Finland: Marja Kaunonen (Finland)	Exploring a decade of Peer Support Initiatives, in the UK Charity the Mental Health Foundation: Jolie Goodman (UK)	Guidelines for reduction of long-term use and misuse of benzodiazepines in Lithuania: Arunus Germanavicius & Dr. Vaiva Gerasimavičiūtė (Lithuania)
DURESS : Drug Use Recovery, Environment and Social Subjectivity: Tim Greacen (France)	Mental health promotion for children in Poland based on own research: Joanna Wojda-Kornacka (Norway)	

parallel sessions 13:15-14:30

Advantages and Disadvantages concerning pathway guidelines in mental health	Mental health care in isolated or closed communities	Active Citizenship and Empowerment (Advocacy, Shared-decision making, Advance directives etc.)
Does a FACT model enhance a new pathway in mental health: Experiences from implementing a FACT model in Norway: Ann-Kristin Strømme (Norway)	Practitioner perspectives on service users experiences of targeted violence and hostility in mental health and adult safeguarding: Trish Hafford-Letchford (UK)	Advance Directives in Psychiatry: a randomized controlled trial in France: Tim Greacen (France)
National Pathways; the story so far: Tarald Sæstad (Norway)	Developing pathways for a comprehensive and culturally sensitive mental health care in Greece: Good practices and first evidence from the field: Michalis Lavdas (Greece)	What we really mean when we say "users' participation": vignettes from Slovenia: Mojca Urek (Slovenia)
Har vi lyktes med IPS i Nord Norge?: Beate Brinchmann (Norway)	Implementing a FACT model of treatment in a rural setting: Ian Dawson (Norway)	PARADISO: Process of collaboration among European countries on a participatory approach for Raising Awareness and fighting Discrimination concerning Sexual and gender Orientation in the healthcare sector: Emmanuelle Jouet (France)

Poster presentations

Cooperating across agencies—intergrated patient pathways	Ian Dawson (Norway)
Peer support in Barcelona—new steps	Silvia Rosado (Spain)
Body + mind: Nurse group therapy for anxiety and pain using sophorology	Silvia Rosado (Spain)
New digital pathways for learning	Suzanne Traynor (UK)
Mental health promotion program for university students—evaluation and recommendations in Poland	Lidia Zablocka-Zytka & Czeslaw Czabala (Poland)
World Café method to promote collaborative practices in learning and teaching on LGBT inclusive care	Trish Hafford-Letchfield (UK), Agnes Higgins (Ireland) & Mojca Urek (Slovenia)

Abstracts: Keynote speakers

Abstract title	The patient's or professional's health services? A critical view of current trends.
Name of presenting author(s)	Jan-Magne Tordenhjerte Sørensen
Author(s) name	Jan-Magne Tordenhjerte Sørensen
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Abstract	
<p>More diagnoses and more professionals who diagnose do not seem to lead to more healthy people: rather the opposite. Statistics show more sick people and more people receiving disability benefits. Is this due to the nocebo effect of the diagnosis?</p> <p>What kind of effects do psychotropic drugs actually have? Should not the plan to boost mental health services in Norway (1998-2008) have lead to more patients getting well?</p> <p>From my point of view I'd say that today's treatment with diagnosis and medication based treatment does not yield results that are satisfying. Can we say that the latest trends in mental health services have created the patients' health service in any way?</p> <p>What do we at White Eagle believe could have been the alternatives to this?</p>	
References:	
Learning objectives:	
Gain insight into the patients' perspective regarding new developments in mental health services in Norway.	
Bio	
<p>Jan-Magne Tordenhjerte Sørensen is the leader of White Eagle Norway and of The Joint Action for Drug-Free Treatment in psychiatry. Jan-Magne, a carpenter and chemical engineer, has personal experience as a patient in psychiatric health care. He was hospitalized six times from 1994 – 2004. In 1999 he took his fate into his own hands; he quit antipsychotic medication and developed his own methods to deal with and live through his psychoses. By 2005 he had healed from paranoid schizophrenia. Since 2003 Jan-Magne has been an active representative in the field of user involvement and took the initiative to start White Eagle in 2008 and The Joint Action in 2011.</p>	

Abstract title	National clinical pathways in Mental health – why and how?
Name of presenting author(s)	Arve Paulsen
Author(s) name	Arve Paulsen
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Abstract	
<p>Up to now, six national clinical pathways for mental health and substance abuse have been implemented in Norway. They are developed with the aim of providing:</p> <ul style="list-style-type: none"> • Good information, shared decisions and increased patient satisfaction • Improved/seamless collaboration between general practitioners, hospitals and municipalities – and within the specialist health care system • Patients should experience predictability and safety. Avoid unnecessary waiting for assessment, treatment and support • Equal health services for all patients • Improved somatic health care and healthy habits/lifestyle 	

Abstract title	Experiences with Assertive Community Treatment for people with severe mental illness in Norway
Name of presenting author(s)	Hanne Clausen
Author(s) name	Hanne Clausen, Anne Landheim, Torleif Ruud
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Abstract

Assertive Community Treatment teams (ACT) were implemented in Norway to improve services for people with severe mental illness who are in need of long-term and comprehensive services, but whose needs are inadequately met by traditional mental health services.

The primary aims of ACT are to engage and keep people with severe mental illness in contact with services, to provide services that aim to improve patients' outcome, including quality of life and functioning, and to reduce the extent of hospital admissions in mental health care.

The aims of our project were:

- i) to investigate subjective quality of life in an ACT population and to explore the associations with individual characteristics, in particular practical and social functioning (part I)
- ii) to investigate inpatient service use amongst ACT service users in the two years before and the two years after they enrolled into ACT teams and to explore associations between changes in hospitalisation and individual characteristics (part II).
- iii) to investigate service users experiences with ACT compared to previous services and treatments (part III)

All service users that enrolled into 12 Norwegian ACT teams during the teams' first year after start-up were asked to participate. A total of 149 participants were eligible for part I, 142 participants were eligible for part II, and 70 participants were recruited for part III.

Data was collected using clinician and self-reported questionnaires, semi-structured interviews according to the "user interviews user"-methodology, from local electronic records, and public registers.

The participants' subjective quality of life was positively associated with age, contact with social network, and everyday practical and social functioning and negatively associated with severity of anxiety and depressive symptoms.

The participants spent significantly fewer days in hospitals in the first two years with ACT, compared to the two years before they enrolled. This was mainly due to a reduction of inpatient days amongst participants with high use of inpatient services prior to ACT. Both participants with and without problematic substance use had significantly fewer inpatient days during ACT than before. Those with problematic substance use also had fewer involuntary inpatient days during ACT. The reduction occurred despite ongoing problematic substance use.

Participants under Community Treatment Orders (CTO) and younger participants were more satisfied with ACT than those not on CTO or older participants.

The results will be discussed in the light of new directions of clinical pathways in Norway.

References:

1. Clausen, H., Landheim, A., Odden, S., Heiervang, K. S., Stuen, H. K., Killaspy, H., Šaltytė Benth, J. Ruud, T. (2015). Associations Between Quality of Life and Functioning in an Assertive Community Treatment Population. *Psychiatric Services*, 66(11), 1249-1252, doi 10.1176/appi.ps.201400376
2. Clausen H., Landheim A., Odden S., Šaltytė Benth, J., Heiervang K.S., Stuen H.K., Killaspy, H., Ruud, T. (2016). Hospitalization of high and low inpatient service users before and after enrollment into Assertive Community Treatment teams: a naturalistic observational study. *International Journal of Mental Health Systems*, (2016) 10:14, doi 10.1186/s13033-016-0052-z
3. Clausen H., Ruud, T., Odden S., Šaltytė Benth, J., Heiervang K.S., Stuen H.K., Killaspy, H., Drake R.E., Landheim A. (2016). Hospitalisation of severely mentally ill patients with and without problematic substance use before and during Assertive Community Treatment: an observational cohort study. *BMC Psychiatry*, (2016) 16:125, doi 10.1186/s12888-016-0826-5
4. Lofthus A.M., Westerlund H., Bjørgen D., Lindstrøm J.C., Lauveng A., Clausen H., Ruud T., Heiervang K.S. (2016) Are users satisfied with Assertive Community Treatment in spite of personal restrictions? *Community Mental Health Journal* 52(8):891-97

Learning objectives:

Knowledge from the implementation of an internationally well-documented complex and evidence-based service model for people with severe mental illness in Norway will be shared and discussed.

Bio: Hanne Clausen is a physician and phd. She obtained her doctorate at the University of Oslo in 2017 which focused on patients in ACT teams. These are interdisciplinary teams providing treatment and follow up to people with serious mental illnesses. Hanne is a researcher at the Norwegian National Advisory Unit on Concurrent Substance Abuse and Mental Disorders and post doctorate at R&D dept. in mental health services at Akershus University Hospital.

Abstract title	The Road Not taken – on the differences between standardized care pathways and the actual pathways to care in early psychosis.
Name of presenting author(s)	Erling Inge Kvig
Mailing address	Leiteveien 37, N-8009 Bodø, Norway
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Abstract	
<p>In the Norwegian two-level public health system the conventional pathway to care for most common mental health problems is through the GP. Recently, care pathways within specialist care for specific mental health problems have also been implemented, with the aim of increasing access, quality and eliminating delay within services.</p> <p>International and national studies have consistently shown that the pathways to care in early psychosis are more varied and the delays more extensive than for common mental health problems. In a recent study we argued that this may be related to an interplay of intrinsic (illness and patient related) and extrinsic (service and system related) determinants.</p> <p>In this presentation we will argue that improving referral pathways and reducing the diagnostic delay in patients already receiving care from mental health services is important for improving earlier detection and treatment in early psychosis. Some concerns about the recent introduction of standardized care pathways in Norway will also be addressed.</p>	
References:	

Learning objectives:
Bio Clinical psychologist PhD in Health Sciences, UIT The Arctic University of Norway

Abstracts parallel session: Making your own pathway in the mental health system: from standardization to partnership

Abstract title	Important matters and learning orientation of mental health users' associations in Bosnia and Herzegovina
Name of presenting author(s)	Bojan Šošić
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Abstract

The World Health Organization (WHO) has identified as one of its six cross-cutting principles and approaches that the empowerment of persons with mental disorders and psychosocial disabilities must be an integral component of all health enhancing activities (WHO, 2013). As part of the reform of mental health services in Bosnia and Herzegovina (BiH) a network of more than 70 community mental health centers (CMHC) have been developed (Asocijacija XY, 2017). Each of these CMHCs has a directive to create associations of mental health service users, empowered to play an active role in mental health services. Although a number of associations have been formed, the effectiveness of these associations varies considerably according to local experts. Identifying the degree to which users' associations are characterized by qualities related to organizational effectiveness provides a foundation for identifying both assets for enhancement and needs for improvement.

Watkins and Marsick (1996) asserted that an organization's effectiveness is directly associated with the learning orientation of the organization. They characterized learning organizations as those in which continual learning provides the basis for continuous transformation and adaptation. While concepts of organizational learning orientation have been applied in the health sector the focus has been on hospitals and health systems. Within the overall sector of health, both community-based organizations (CBOs) and non-governmental organizations (NGOs) have the potential to play an important role. Users' associations in the BiH community mental health system have been expressly organized as NGOs to facilitate the inclusion of mental health service users in decisions and outcomes. Hailey and James (2002) asserted that learning represents a key organizational capacity for NGOs and "vital if organizations are to be able to continuously adapt to an uncertain future" (p. 399).

The purpose of this study was to determine the degree to which users' associations possess the qualities of learning organizations. In addition, this study sought to identify users' perceptions of important activities and effectiveness of their associations to identify if learning orientation was associated with perceived effectiveness.

Methods: During 2018-2019, users' associations in Bosnia and Herzegovina were purposively sampled to recruit members to complete a paper-and-pencil survey of their

perceptions of their organization's learning orientation. Users' associations were selected based on local knowledge of the association's functioning and membership. Associations known to exist only in name, or with virtually no membership were excluded.

Learning orientation was measured using the 21 item short-form of the Dimensions of Learning Questionnaire (DLOQ; Yang et al., 2004). In addition, questions were included related to the nature and level of activity users' association members had in 19 different organizational and advocacy areas, as well as motives and supports for membership in the association.

Findings: Data collection was begun in summer 2018 and analyses will be completed by April 2019.

Conclusions: *Findings from this study will help to identify capacities users' organizations in the BiH mental health system possess that will enable them to act as effective partners in mental health services and reforms.*

References:

Dr. Mark Salzer

Director, Temple University Collaborative on Community Inclusion

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Learning objectives:

Participants will be able to describe the concept of learning organizations

Participants will be able to identify the learning orientation of different users' associations

Participants will be able to describe implications of learning orientations for users' associations in BiH.

Bio

Bojan Šošić, ABD, is a member of the Board for Psychiatric and Neurological Research, Academy of Sciences and Arts of Bosnia and Herzegovina. He has served as research coordinator or lead researcher in studies conducted across the BiH, with samples totaling several thousands of individuals, using controlled or observational designs for the purposes of fundamental or applied research or project evaluations, and using biological, psychological or socio-economic indicators with emphasis on quantitative approaches, with budgets in total close to 0.7 million EUR. Researcher or consultant in a number of studies in the field of mental health, quality of life and well-being studies, education and determinants of socio-economic status in the country and abroad (including intercontinental studies). Provided crucial input in developing mental health service users' associations across Bosnia and Herzegovina and maintaining constant communication in the field across Europe. He has authored or co-authored close to 40 papers, book chapters, and presentations at international conferences, and two books. Was in charge or involved in organizing a number of national or international scientific gatherings.

Bryan McCormick (PhD.) is a professor of Rehabilitation Sciences in the College of Public Health at Temple University and was a Fulbright scholar at the University of Tuzla, Faculty of Medicine in 2017-2018. Dr. McCormick is a past president of the American Therapeutic Recreation Association and is a fellow in the Academy of Leisure Sciences and the National Academy of Recreational Therapists. He is the author or co-author of over 60 peer-reviewed publications, more than 40 published research abstracts, 3 books and 15 book chapters. Working with co-investigators, his group has successfully used a variety of data collection and data analysis techniques to capture the

everyday experience of adults with severe mental illness. His current work is focused on translating basic findings on everyday life activities into field-based interventions to improve social functioning and community participation among adults with schizophrenia. Dr. McCormick has provided trainings in the US and internationally on the use of recreation as a form of psychosocial intervention in psychiatric rehabilitation.

Abstract title	Supervisors assessment of the children's mental health service network in one hospital district in Finland
Name of presenting author(s)	Marja Kaunonen
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Abstract

Children's mental health service network is a critical pathway used in one Finnish hospital district. It is created for 4-13 years old children with any kind of mental disorders and it can be used by professionals in any sector working with children of this age. The aim of the network is to ensure the continuity of the children's mental health care.

The purpose of this presentation is to describe the results of a study about the experiences of the service network experienced by the supervisors in daycare, school, social work and health care sectors.

Based on the previous research it is known that it is hard to implement evidence based practice. In this research we asked for supervisors to assess how the children's mental health service network is known and used in practice, how the objectives and guidelines of the service network come true in practice and what things either promote or prevent the use of the service network.

The findings of this research is presented to one Finnish hospital district and can be used for assessing and developing the service network.

The survey was carried out by Webropol tool in spring 2016. There were 44 supervisors answering in the survey. The data were analyzed using descriptive statistical methods. The two open questions were analyzed using deductive content analysis.

Only one of four supervisors had good knowledge about children's mental health service network and less than one of five used it in their organization. The supervisors who had participated in trainings or information sessions had clearly higher understanding of service network than supervisors who had not participated. They also used service network more. According to the responses from the supervisors the objectives of the service network were partly realized. The guidelines of the children's mental health practice were partly implemented.

The things that promote the use of the service network were for example change facilitators, commitment and information sharing.

The implementation of the service network was prevented by lack of information and time as well as overlapping development projects and lack of co-operation between sectors and professionals.

Based on the findings it is recommended to arrange trainings about service network in the future.

To create structures that best serve children with mental health problems, it is demanded to put more effort in good co-operation between the sectors and the professionals. It would also be

important for the hospital district to give more support for organizations to implement the guidelines into practice. In the spirit of customer orientation, it is needed to give more information patients and involve them in the development of the service network.

It is recommended to assess the children's mental health service network and its use regularly

References:

Lakanen Heidi (2016) Esimiesten arvio lasten mielenterveystyön palveluverkon toteutumisesta Pirkanmaan sairaanhoitopiirissä (in Finnish) Master's thesis. University of Tampere, Finland.

Learning objectives:

Bio

Abstract title	DURESS : Drug Use Recovery, Environment and Social Subjectivity
Name of presenting author(s)	Tim GREACEN
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Abstract

Context: In the field of the use of illicit drugs, care policy in European countries has evolved considerably with the arrival of the AIDS epidemic and addiction treatment strategies focused on harm reduction and relying in particular on substitution treatments. Indeed, with programs based on substitution treatments, the reduction in the use of illegal products is often maintained over time. However, substitution treatments and an addiction risk and harm reduction policy cannot solve everything for the populations in question. Many people in this population have multiple problems, not only on the medical or psychological levels, but especially with regard to their social and legal situations. An addiction-only approach is often inappropriate for these people with complex problems (National Treatment Agency for Substance Misuse, 2006).

Objective: The present study aims to describe the role of the social environment (family, friends, employment, training, social rights, neighborhood...) in the recovery pathways of illicit drug users in three European cities: Porto, Milano and Paris.

Method: DURESS is a qualitative research project based on a mixed method using three approaches at each of the three sites:

1. Health diaries: at each site, 25 users kept a diary describing their drug use and the obstacles and facilitators to their health and recovery pathways over a period of six months
2. Two focus groups: (a) Group 1 with users of addiction care services and members of user associations (b) Group 2 with addiction professionals involved in accompanying care and recovery pathways. Both focus groups addressed the same two questions: *What are the facilitators and obstacles in the recovery pathways of users of illicit drugs? What is the role of the social environment (family, friends, work, social rights, neighborhood...)?*

3. Individual interviews with care professionals (n=5), users (n=5), and other stakeholders (social services, legal and local services, family, colleagues)(n=5) concerning the factors in everyday life and social life that can influence the course of recovery and social inclusion.

Results: Initial results from the DURESS project underline the importance of defining recovery for the different populations involved (abstinence? harm reduction? using drugs well?). However no matter what the definition adopted by the different participants, recovery pathways are strongly influenced by family relationships, accessing employment, changing your social network, and identifying priorities in life. Support from peer workers was frequently mentioned by users but rarely by other stakeholders. A major issue for younger people in poorer areas is the use of drugs as a way of making money and frequenting particular social circles (festive, artistic...). Differences concerning the legal approach to drug use in each country have major implications for user pathways.

References:

The DURESS Project is also producing a Scoping Review including studies focused on social environment factors involved in recovery and social reintegration in drug addiction treatment. Including qualitative, quantitative and mixed-methods research articles as well as policy documents, expert opinion pieces and other relevant grey literature elements. The main product: a synthesis map of social environment factors seeming to influence pathways to recovery and socioeconomic reintegration.

Support:

ERANID Transnational Call 2016: Society and responses to drug use. DURESS: Drug Use Recovery, Environment and Social Subjectivity. Partners: Porto University, University of Milan Bicocca, Laboratoire de recherche du GHU Paris Psychiatrie et Neurosciences.

Learning objectives:

- Health diaries: an innovative research methods in social sciences in the mental health area ; an excellent strategy for accessing personal information from subjects who are not accustomed to revealing their personal living situation.
- Use of mixed methods approaches when studying populations that are difficult to access

Abstracts parallel session: Peer support and relevant user-led initiatives in different settings

Abstract title	A co-operatively inquiry with and about older adults bereaved by suicide
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Abstract	
Background	
<p>It can be a life-shattering and life disruption experience to lose a significant and beloved person to suicide. It has negative long-term influence on the bereaved person's social life, and physical and mental health. The past-year prevalence of exposure to suicide among family, friends or someone personally known is 3.84%, equivalent to 37 million older adults worldwide (age ≥ 60). A resent systematic review revealed a total lack of research about older adults bereaved by suicide, who might need customized psychosocial interventions to promote their psychological well-being and prevent mental disorder.</p>	

The aim of this on-going study is to engage older adults bereaved by suicide, their relatives, relevant professionals and researchers in a partnership investigating the need for psychosocial support among elderly bereaved by suicide and use the new knowledge to collaboratively develop, and test and evaluate tailor-made interventions in Denmark.

Method

A co-operative inquiry with older adults bereaved by suicide, their relatives, professionals and researchers as partners.

Findings

Older adults, professionals and researchers has contributed with their different experiences and knowledge in all phases of the research e.g. identifying the research questions, developing the interview guide, analyzing the data and developing of concrete interventions.

Discussion

It can be discussed what it takes to be able to create a genuine partnership and how the partnership contribute to the research and whether all research should be conducted in a partnership. Further, the challenges and gains for the participants should be considered.

Conclusion

We experienced that older adults bereaved by suicide professionals and researchers were able to contribute with their different expert knowledge. Some parts of the research was delegated to the researchers partly because of the competences needed and partly because some parts where not a priority for the co-researchers.

References:

Heron J. Co-Operative Inquiry: Research Into the Human Condition (1996). SAGE Publications.

Hybholt, L., Buus, N., Erlangsen, A., Berring, L.L. (2018) Older Adults Bereaved by Suicide: A Systematic Literature Search Identifying Zero Studies. Arch suicide Res. p. 1–6.

Hybholt, L., Buus, N., Erlangsen, A., Fleischer, E., Havn, J., Kristensen, E., ... Berring, L. (accepted for publication). Psychosocial rehabilitation of elderly persons bereaved by suicide: a Co-operative Inquiry study protocol. Issues in Mental Health Nursing. <https://doi.org/10.1080/01612840.2018.1543742>

Learning objectives:

Three learning outcomes:

- 1) Knowledge about older adults bereaved by suicide
- 2) Knowledge about how to conduct a co-operative inquiry
- 3) Insights in participatory processes in user research

Bio

Abstract title	Exploring a decade of Peer Support Initiatives, in the UK Charity the Mental Health Foundation
Name of presenting author(s)	Jolie Goodman
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Abstract

Exploring a decade of Peer Support Initiatives, in the UK Charity the Mental Health Foundation.

Introduction (5-8 mins scene setting)

Who is the Mental Health Foundation?

The Mental Health Foundation is a UK-wide charity, established in 1949, specialising in public mental health policy and research across the life course to help people thrive through understanding, protecting and sustaining their mental health. Over the past decade, we have developed and implemented self-management courses and training and facilitated peer-support groups in many settings where people struggle with their mental health: later life, single parents, prison and school children.

The Wider Landscape of Peer Support in the UK.

Peer support is now widely available in the UK with services available in some mental health trusts. Good peer support makes people feel empowered.¹ MHF views peer support and self-management as life management rather than condition-led. Having greater control of your life will support you to look after your health.

The loss of many of user-led organisations over the last decade

The growth of peer support services unfortunately coincides with the closure of many user-led organisations. The National Service User Network (NSUN) estimates that in the last two years 200 user-led organisations were forced to close. This is concerning because of the loss of the perspective of the most oppressed and discriminated voices and those closer to the reality of current service provision. Sarah Yiannoullou NSUN CEO says *there less and less opportunity for that independent & collective voice* ².

Principles and values (8 mins)

Who we define as a peer?

Peers are people with similar life experiences. They have things in common. They may be from similar ethnic or socioeconomic backgrounds or living with similar mental or physical health conditions. Being part of a peer group at its best *allows empathetic and compassionate communication of one another's issues and experiences on a deeper level*. ³.

Gathering evidence & evaluating the work we do

We employ a variety of quantitative and qualitative measures to evaluate our work, from anecdotal reflections from participants to the use of standardised tools to assess change.

Adopting a public health approach, the pros & cons. (v brief)

The social media reach of MHF has grown considerably over the last three years. Our annual reach is 4.2m unique website users, 171,000 followers on Twitter, 244,000 on Facebook and 40,000 on Instagram. Through social media, we aim to promote our preventative approach to mental health by improving emotional literacy without alienating those who have more enduring mental health issues.

Working across the Life Course (5-8 Mins)

Using co-production to shape a project in Later Life Prisons at the Mental Health Foundation

One of the most marginalised groups in the UK is the later life prison population. Through co-production, we have demonstrated a need for a peer intervention and have begun to shape what that intervention might look like. We have run focus groups with prisoners and staff on neighbouring prisons to see what already exists and if there would be a willingness to participate in and sustain

peer groups. We also co-produced a questionnaire exploring loneliness which 150 prisoners completed. We are using this evidence to support a bid, though finding a funder is challenging.

Examples and challenges.

We run peer and self-management groups across the life course from school children to later life. Challenges include ensuring those facilitating groups are well-supported, sustaining the groups beyond our direct facilitation and funding groups for the most marginalised.

Conclusion (5 mins)

As one of the larger UK charities, MHF has a responsibility to improve the mental health of the whole population through our prevention agenda. We need to grow more partnerships with user-led organisations. Giving and receiving support in peer support groups is good for your mental health and we want this type of initiative to be available to all. We have developed a model of working which has the flexibility to adapt to the needs of different communities. To enable peer support to be relevant to different communities, it is important to work co-productively and to prioritise programmes which support those who are traditionally marginalised to best manage their lives, improving their health and quality of life.

References:

1. <https://pdfs.semanticscholar.org/91a2/fa96abcbde4c79c9a227a5efa8e1aa80da96.pdf> Journal of Mental Health, August 2011; 20(4): 392–411. *A review of the literature on peer support in mental health services.* JULIE REPPER1 & TIM CARTER2 1 School of Nursing, University of Nottingham, Duncan Macmillan House, Porchester Road, Nottingham NG3 6AA, UK and 2 Connolly Ward, Peter Hodgkinson Centre, Lincoln County Hospital.
2. <https://www.disabilitynewsservice.com/user-led-sector-faces-threat-of-extinction/>
3. Faulkner & Kalathil (2012) *The Freedom for the Chance to Dream: Preserving User Led Peer Support in Mental Health.* London Together for Mental Wellbeing

Learning objectives:

To provide a perspective on the development of peer group interventions within the charity and how this relates to the current status of user-led organisations.

Bio

Jolie is an artist who has worked from a survivor perspective in the Mental Health sector for two decades. Working for both voluntary & statutory organisations, her roles include Interim Co-Director at Lambeth & Southwark Mind. She specialises in group facilitation and co-producing relationships with a diverse range of stakeholders. She managed the Mental Health Foundation’s flag ship later life project, Standing Together; a three-year Big Lottery project beginning in 2015 in partnership with housing providers, facilitating weekly self-help groups, for tenants in later life, in extra care & retirement schemes, who experience mental health issues and loneliness.

Now as Programmes Manager for Empowerment and Later Life she sees the legacy of the Standing Together project as challenging discrimination and stigma around mental health issues in later life and is developing projects with the older people from the LGBT+ community and prisoners

Abstract title	Mental health promotion for children in Poland based on own research
Name of presenting author(s)	Joanna Wojda-Kornacka

Author(s) name	Joanna Wojda-Kornacka
Mailing address	Bakkegata 3, 2815 Gjøvik, Norway
Tel. or cell	+48 692 413 999
Email	joanna.wojda5@gmail.com
Abstract	
<p>The main topic of the presentation is mental health promotion for children (aged 7-9) in elementary schools in Poland. Children in schools are very important group for supporting their mental health. I will present results of the evaluation research of the Zippy's Friends mental health promotion programme. The Zippy's Friends programme is developed for children aged 5 to 9 lat. It's the only recommended programme in Poland that is inclined toward strengthening and promoting children's mental health.</p>	
References:	
Learning objectives:	
Mental Health Promotion for children – effectiveness of the Zippy's Friends programme	
Bio	
<p>Joanna Wojda-Kornacka (M.Sc., during PhD process) holds degrees in Clinical Psychology and Special Education. The main area of her studies and research is Mental Health Promotion. In 2007 she started working as an academic teacher and researcher on the Maria Grzegorzewska University in Warsaw. She is also an active psychotherapist. From previous year she is continuing teaching students as a contractor at the University.</p>	

Abstracts parallel session: Guidelines in mental health care

Abstract title	Human Computer Interaction (HCI) implications and the safe use of digital therapies for people with depression and/or anxiety
Name of presenting author(s)	Associate Professor Rhonda Wilson PhD
Author(s) name	Second author: Søgaard Nielsen, A., (not attending)
Mailing address	University of Canberra, ACT Australia
Email	Rhonda.wilson@canberra.edu.au
Abstract	
<p>Human Computer Interaction (HCI) implications for the safe use of digital therapies targeting people with depression and/or anxiety</p> <p>Despite the proliferation of digital mental health resources and treatments, the description of human computer interactions (HCI) in the international literature regarding digital therapies for people with depression and anxiety disorders is scant. Health professionals are increasingly interested to develop and administer digital health interventions for clinical treatment plans and pathways. Proponents of digital health highlight implied therapeutic and economic benefits to promote inclusion of these types of interventions. Yet, little attention has been given to the impact that design elements and HCI are likely to have on patient safety, effectiveness and with adherence to treatment. This represents a</p>	

significant gap in the literature that may be a risk for the future safe and effective development of innovative digital health interventions. An integrative literature review was conducted to investigate how adequately HCI is incorporated in the development of E Mental Health interventions for depression and anxiety. The PRISMA model was used to discover, select and include relevant articles from suitable databases. The main outcome of this review is that HCI aspects are superficially described in literature about digital health interventions, but insufficiently to scientifically validate design principles and HCI. This is an important limitation in most literature because it compromises the innovation and leaves those who manage and implement the interventions, such as mental health professionals, with incomplete evidence to support the safe, reliable, and evidence-driven implementation of the interventions. Research implication: Digital Health researchers should consider the need to include computing science and HCI principles as a core element of research design to improve the quality and safety of interventions they trial or implement in the future. Mental health clinician implications: Mental health clinicians should assess and consider the safety of incorporating digital health interventions based on sound and robust evidence.

References: Søgaard Nielsen, A., & Wilson, R.L. (2018 accepted 28 July). Combining e-mental health intervention development with human computer interaction (HCI) design to enhance technology-facilitated recovery for people with depression and/or anxiety conditions: An integrative literature review. *International Journal of Mental Health Nursing*. DOI: 10.1111/inm.12527

Learning objectives:

- 1. To recognise the role that the computer interface plays in the delivery of a therapeutic dose of treatment to people with depression and anxiety.**
- 2. To understand the need to apply the principles of safe administration of digital treatment (with a similar approach to the safe administration of medications and other therapeutics)**
- 3. To recognise the need for upholding patient safety through the professional critique of safe digital mental health treatment**
- 4. To recognise the need for evaluation of safe and evidence-based digital mental health interventions as they are increasingly included in routine mental health pathways for care**

Bio

Dr Rhonda Wilson has recently commenced a post as Associate Professor in Nursing at the University of Canberra, ACT, Australia. For the past 2 ½ years she has worked as Associate Professor in E Mental Health and the University of Southern Denmark, Odense, Denmark. She continues her collaborations in Denmark and has an on going adjunct affiliation with the Centre for Psychiatric Nursing, University of Southern Denmark, Middelfart, Denmark where she continues to supervise a number of PhD students.

Rhonda is a mental health nurse with 32 years experience in Australia and Denmark across clinical and academic fields. With an extensive track record of research and publications, she is particularly interested in the safe development and implementation of digital therapies that have the capacity to enhance the recovery of people with a wide range of mental health conditions.

Guidelines for reduction of long-term use and misuse of benzodiazepines in Lithuania

Vaiva Gerasimavičiūtė, Enrikas Eteris (both Ministry of Health, Lithuania), Arūnas Germanavičius (Republican Vilnius Psychiatric hospital, Lithuania; Vilnius university). ✉ vaivager@gmail.com

Benzodiazepines (BZD) are effective in a short-term treatment of anxiety, insomnia, and several other conditions.[1] In general, the duration of BZD treatment should not exceed 2-4 weeks.[2] Longer use of BZDs may lead to an increased tolerance, physical and psychological dependence, and withdrawal syndrome, if the drug is ceased abruptly.^{1,[3]} In 2017, the use of BZDs in Lithuania (37.8 DDD/1,000 people/day) was twice as high as the average BZD use in OECD countries (18.6 DDD/1,000 people/day in 2016) and 2-3 times higher than in neighboring countries of Northern Europe [4],[5]. The findings of the study, conducted at one of the primary care centers in Vilnius in 2012, showed that the average duration of BZD use was 86 months.[6] High consumption rate and long treatment duration call for action at the national level.

The aim of the project was to develop guidelines for BZD reduction and misuse in Lithuania.

Methods. The project was part of the program “Create Lithuania” and implemented during September of 2018 and March of 2019. In order to describe the magnitude of the problem, available data were gathered from the Lithuanian State Medicines Agency, the National Insurance Fund, existing surveys and research studies. Interviews with experts in the field and good practice examples were used to develop the guidelines on specific measures that need to be implemented.

Results. By March of 2019 guidelines for BZD reduction and misuse were developed. Proposed measures included those directed at better prescribing and tapering practices, public education, and regulatory changes. The implementation of several measures has been initiated during the course of the project.

Conclusions. It is expected that by 2022 BZD use in Lithuania will decrease to 20.0 DDD/1,000 people/day.

[1] Griffin C.E., Kaye A.M., Rivera Bueno F., et al. Benzodiazepine pharmacology and central nervous system mediated effects. *Ochsner J.* 2013; 13(2): 214–223.

[2] Guina J., Merrill B. Benzodiazepines I: upping the care on downers: the evidence of risks, benefits and alternatives. *J Clin Med.* 2018; 7(2): 17.

[3] Discontinuation strategies for patients with long-term benzodiazepine use: a review of clinical evidence and guidelines. Rapid response report: summary with critical appraisal. Ottawa (ON): Canadian agency for drugs and technologies in health; 2015 Jul 29.

[4] Lithuanian State Medicines Control Agency. Benzodiazepine consumption in Lithuania 2013-2017.

[5] Pharmaceutical market: pharmaceutical consumption. Organization for economic co-operation and development. <https://stats.oecd.org/>

[6] Aranauskas R. , Vaičiulienė L. Šeimos gydytojo pacientų, vartojančių benzodiazepinus, priklausomybės išsivystymo tendencijos (Addiction development trends among patients who use benzodiazepines of primary care physicians). *Sveikatos mokslai/ Health sciences.* 2018, 28 tomas, Nr. 2, p. 95-100

Abstracts parallel session: Advantages & disadvantages concerning pathway guidelines in mental health

Abstract title	Does a FACT model enhance a new pathway in mental health: Experiences from implementing a FACT model in Norway.
Name of presenting author(s)	Ann-Kristin Strømme
Author(s) name	Ann-Kristin Strømme

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Email	Ann-kristin.stromme@sus.no
Abstract	
<p>The OBS team in Stavanger was established in 2006 and is run on similar principles of a FACT model. It is a collaboration between the specialised hospital trust and the municipality. It has a main aim to secure good and coordinated services for users with a serious mental illness with a variety of additional needs and who need follow-up from both specialized hospital services and local mental health services.</p> <p>The team aims to:</p> <ul style="list-style-type: none"> • Give long-term and stabile help over time • Good collaboration between the municipality and specialized hospital services • Transition from homelessness to permanent housing • Good and stabile follow-up in the home • Safeguard patient rights • Access to assessment and treatment where the user is <p>This presentation asks and attempts to answer the following 2 questions:</p> <ul style="list-style-type: none"> • Has the OBS team achieved these aims and secured a patient pathway that the users are satisfied with? • Has the use of a FACT model been a correct choice? 	
References:	
Learning objectives:	
Bio	

Abstract title	National pathways: the story so far
Name of presenting author(s)	Tarald Sæstad
Mailing address	Bulratsvei 7, N-8020 Bodø, Norway
Email	Tsa017@nlsh.no
Abstract	
<p>01.01.19 was the starting point for the "Clinical pathways for mental health and substance abuse" in Norway. A reform that aims at standardizing and structuring care in mental health and substance abuse nationally. The main goals of the reform are:</p> <ol style="list-style-type: none"> 1. Increase patients involvement and satisfaction 2. Establish predictable, continuous and coordinated pathways 3. Avoid unnecessary waiting time 4. Provide equal care for patients and relatives regardless of where in Norway they live 5. Better care for somatic health and good living habits 	

The clinical pathways describes how the Norwegian Health services are obliged to provide care, how all of the public and private health services have to cooperate and coordinate their services, and what legal rights patients and relatives have in the health services.

In this presentation I will describe the implementation process in Nordland Hospital, how this theory and practice suited our traditions and way of live, and what results we can see so far.

References:

Learning objectives:

Bio Master in Psychology

Abstracts parallel session: Mental health care in isolated or closed communities

Abstract title	Practitioner perspectives on service users experiences of targeted violence and hostility in mental health and adult safeguarding
Name of presenting author(s)	Trish Hafford-Letchfield
Mailing address	Department of Mental Health and Social Work School of Health and Education Middlesex University Town Hall Annexe Room G33 The Boroughs, Hendon, London, NW4 4BT
Tel. or cell	+44 7588101958
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Extra AV requirements	Internet to show digital story online
Abstract	
<p>People with lived experience of mental distress experience higher rates of targeted violence and hostility based on their mental health status. This user-led study explored practitioners perceptions and experiences of supporting service users in these challenging situations focusing particularly on the role of adult safeguarding. Six focus groups with practitioners (n=46) responding to data documenting service user's experiences; facilitated knowledge exchange between the research team and practitioners on the ground. Findings illuminate a very complex picture where lack of effective structures and processes mitigate against service users in these difficult situations. Discourses of abuse defined in policies and legislation need to be challenged. Practitioners need to invest in trusting relationships, optimising resources and helping service users with lived experience of mental distress find their own solutions to empower and replace feelings of isolation and rejection with hope, a sense of agency and belief in personal control.</p> <p>Keywords: Mental health; mental distress; hate crime; adult safeguarding; professional practice; co-production.</p>	
References:	
Carr, S., Holly, J., Hafford-Letchfield, T. , Faulkner, A., Gould, D., Khisa, C., Megele, C. (2017) Mental health service user experiences of targeted violence and hostility and help-	

seeking in the UK: a scoping review *Global Mental Health* 4, e25, page 1 of 20.
doi:10.1017/gmh.2017.22

Learning objectives:

- People with lived experience of mental distress are at a higher risk of exposure to hate crimes, hostility and discrimination but these often go unrecognised.
- There is a lack of knowledge and understanding about what people need, how they cope and what helps in these situations.
- Professionals and practitioners from different disciplines face very complex challenges in responding and helping people, resulting in service users falling through the net when they need it most.
- Services in the community and hospital re not working together effectively to support people experiencing targeted violence and hostility including the criminal justice and adult safeguarding frameworks.
- There is an urgent need to listen to and engage with service users own voices in these environments and to work with them to find solutions that help them feel safe and in control, particularly utilising relationship-based practice and peer support..

Bio

Trish Hafford-Letchfield is Professor of Social Care at Middlesex University and co-director of the Centre for Co-Production in Mental Health and Social Care. She is a qualified nurse, social worker, educator and manager. Trish's research interests are with older people using social care from marginalised communities, using co-production in learning, teaching, research and practice and the arts in pedagogy as a vehicle for engagement.

Abstract title	Developing pathways for a comprehensive and culturally sensitive mental health care in Greece: Good practices and first evidence from the field
Name of presenting author(s)	Michalis Lavdas ⁽¹⁾
Author(s) name	Marit Borg ⁽²⁾ , Bengt Karlsson ⁽³⁾ , Trude Gøril Klevan ⁽⁴⁾ , Chrysanthi Tatsi ⁽⁵⁾ , Stelios Stylianidis ⁽⁶⁾
Mailing address	Amaroussiou Halandriou 68 str., Maroussi, Attica, Greece
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Abstract

Humanitarian emergencies (physical disaster, conflict, forced migration, etc.) lead to an increase in mental health problems as scientific evidence has shown. During and after humanitarian emergencies, it is important to build on peoples' resilience and support them in coping with depression, anxiety and stress or more severe psychosocial difficulties whether or not exposure to the adversity has caused these conditions. As stressed in recent evaluations (Ministry of Health, 2010, 2013), the national mental health system in Greece is fragmented and specialized services are often scarce in terms of availability and cultural sensitivity. Access to mental health care is often restricted by the severity of the symptoms, usually giving priority to crises that could otherwise be averted. In this sense, providing proper mental health care to asylum seekers brings into question already established practices and pathways.

By the end of January 2019, 50,511 refugees are currently in Greece through UNHCR data and UNHCR Greece has created 26,452 places in the accommodation scheme as part of the ESTIA programme. EPAPSY as an implementing partner of UNHCR Greece has access to the

abovementioned population developing and sustaining an intervention with specialized professionals in Attica and Thessaloniki, two major urban sites for the accommodation project.

The aim of the pilot-project that has been implemented since 03/2018 in Attica, is to provide mental health services to asylum seekers and refugees with severe mental health conditions. The services consist of assessment, short-term treatment, inpatient treatment if required, and tailored support through

A multidisciplinary mobile team was established consisting of 1 psychiatrist, 1 child psychiatrist, 2 psychologists and 1 social worker, 2 interpreters and cultural mediators and 2 experienced clinicians facilitate the clinical supervision of the project. The plan of the Refugee Outreach Mental Health Team (ROMHT) was to be responsible for a caseload of an average of 35 refugees with mental health problems (30 adults and 5 children/adolescents) who are beneficiaries of the ESTIA program as delineated by the UNHCR accordingly. The initial goal in terms of service provision was fully met and the project was extended for 4 more months raising the caseload to 60 beneficiaries. An evaluation plan has also been developed to assess the effectiveness of the intervention with the collaboration of the Faculty of Health and Social Sciences, University of South-Eastern Norway. A qualitative approach was followed leading to the emergence of major themes that indicate the essential elements of the intervention.

The team approach is inspired by ACT team methodology, emphasizing outreach, relational and communicational work, social and practical needs and what the person and his/her family find most urgent. Safety and continuity of care is emphasized. Integration of refugee mental health care in the generic mental health and social care systems is also a central part of the team work, including needs of networking, capacity building and supervision.

References:

Learning objectives:

Bio

- (1) Sc. Responsible of the EPAPSY Intervention for Refugee Mental Health Care, Secretary of the Board of the Association for Regional Development and Mental Health (EPAPSY)
- (2) Professor in Mental Health Care, University of South-Eastern Norway (USN), Member of the Board of the World Association for Psychosocial Rehabilitation
- (3) Professor in Mental Health Care, University of South-Eastern Norway (USN)
- (4) Associate Professor on Mental Health Care, University of South-Eastern Norway (USN)
- (5) Project Manager, EPAPSY Intervention for Refugee Mental Health Care
- (6) Professor in Social Psychiatry, Panteion University, Department of Psychology, Consultant and Founder of EPAPSY

Abstract title	Implementing a FACT model of treatment in a rural setting
Name of presenting author(s)	Ian Dawson
Mailing address	Salten DPS Nordlandssykehuset HF Postboks 1480 8092 Bodø Norway
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Abstract	
<p>FACT is model of treatment, which was developed in an urban setting; short distances and access to both a variety of services and professionals (psychiatrists, psychologists etc). Although there is a national policy to encourage the establishment of such teams in Norway there are challenges in implementing such a model in a rural setting.</p> <p>This presentation will highlight how we are adapting a FACT model in the north of Norway where some communities are a 3- 4 hour drive from the hospital services.</p>	
References:	
Learning objectives:	
Bio	
<p>Psychiatric nurse and Social work who has worked in mental health the last 45 years. At present employed at the Salten district psychiatric center and Responsible for good cooperation between Salten Psychiatric Centre and the 12 municipalities within the catchment area through supervision, teaching and cooperation & development of services.</p>	

Abstracts parallel session: Active citizenship and empowerment (Advocacy, shared decision making, advance directives etc)

Abstract title	Advance Directives in Psychiatry: a randomized controlled trial in France
Name of presenting author	Tim GREACEN
Principal authors	Aurélie TINLAND, Magali PONTIER
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Telephone	+33622512818
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Abstract	
<p>Title: Advance Directives in Psychiatry: a randomized controlled trial in France</p> <p>Context: An advance directive is a written document that expresses in advance a person's wishes concerning the sort of treatment, services and support they would prefer during an eventual mental health crisis. The person can also name a third party to be their advocate until the crisis is over. Recent research in US contexts has concluded that using trained facilitators to help people with severe mental illness formulate psychiatric advance directives increases therapeutic alliance with care professionals, enhances patients' treatment satisfaction and perceived autonomy, and improves treatment decision-making capacity. A key question remains as to consolidating the therapeutic alliance and empowering patients with regard to care decisions by reflecting on and creating advance directives will actually have an impact on the incidence and duration of involuntary hospitalization for the patients in question.</p> <p>Objectives: The principle research hypothesis in the present study is that people with severe psychiatric disorders who have drafted advance directives will be hospitalised without consent less frequently than people in the care-as-usual group. Secondary hypotheses include reducing the number of days that subjects are hospitalised with or without their consent and the corresponding</p>	

costs; improving therapeutic alliance; improving mental health; improving patients' experience of care: autonomy, quality of life, satisfaction, relationship with their care providers (in particular, with their psychiatrist, and the psychiatric emergency staff). The objective of the qualitative study is to describe the life trajectories of participants, the impact on the individual but also on all stakeholders on the advance directives approach, as well as studying the impact of directives on how the care system is actually organised and identifying eventual obstacles and facilitators to implementing such programmes. The participatory action research component aims to explore new channels of communication between users, carers, health care providers including peer support workers and external researchers, to better understand the challenges involved in implementing advance directives in mental health settings.

Method: A rigorous randomized controlled research trial will recruit a total of 400 people at three sites across France (100 in Paris, 150 in Lyon and 150 in Marseille). Inclusion criteria: adults >18 years old, able to understand French, with full health rights, currently deemed able of making decisions by themselves, and, of key importance, having been hospitalised without their consent during the 12 months preceding inclusion. Subjects will be randomized into two groups: 200 people will complete their advance directives assisted by peer support workers; 200 others will receive care as usual. Subjects will be included into the research project by their psychiatrist. Each subject will be followed up for one year, with interviews at inclusion, and at 6 months and at 12 months.

Results: It is hoped that the present study will contribute to understanding how using peer health workers to help people with severe mental illness reflect upon their personal needs and priorities during mental health crises may actually have an impact on their future need for involuntary health care.

Key References for further reading:

- Swanson et al., Facilitated Psychiatric Advance Directives: A Randomized Trial of an Intervention to Foster Advance Treatment Planning Among Persons with Severe Mental Illness", American Journal of Psychiatry, Volume 163, Number 11: 1943-1951, November 2006
- Nicaise P, Lorant V, Dubois V. Psychiatric Advance Directives as a complex and multistage intervention: a realist systematic review. Health Soc Care Community. janv 2013;21(1):1-14.
- Campbell LA, Kisely SR. Advance treatment directives for people with severe mental illness. Cochrane Database Syst Rev. 21 janv 2009;(1):CD005963
- Van Dorn RA, Scheyett A, Swanson JW, Swartz MS. Psychiatric Advance Directives and Social Workers: An Integrative Review. Soc Work. avr 2010;55(2):157-67
- Srebnik DS, Russo J. Consistency of psychiatric crisis care with advance directive instructions. Psychiatr Serv. sept 2007;58(9):1157-63
- Henderson C, Flood C, Leese M, Thornicroft G, Sutherby K, Szmukler G. Effect of joint crisis plans on use of compulsory treatment in psychiatry: single blind randomised controlled trial. BMJ. 17 juill 2004;329(7458):136.

Learning objectives: Understanding whether advance directives in psychiatry have an real impact on user pathways

Brief Biography of Presenting Author: Dr Tim Greacen, who received his PhD in Psychology from the University of Paris in 1981, has been Director of the Maison Blanche Research Laboratory in Paris since 2001. Co-founder of the Cité de la Santé and former Chairperson of AIDES Ile-de-France, the principal HIV/AIDS organisation in the region, Dr Greacen is a recognised figure in France in the field of health empowerment and user participation. He is also current Chairman of the Mental Health Working Group in the Greater Paris Area Regional Health & Autonomy Authority (CRSA IDF) and current member and former Chairman of the ENTER Mental Health European Network, where he has managed French participation in EU projects such as Participatory Approach for Raising Awareness and Fighting Discrimination against Sexual and gender Orientation in the healthcare sector (PARADISO, JUST/REC-DISC-AG-2016), Drug Use Recovery, Environment and Social Subjectivity (DURESS, ERANID 2018-2020), Promoting Mental Health Minimising Mental Illness and Integrating Social Inclusion through Education (PROMISE, DG SANCO, n°2008-216), Best Practice in Access,

Quality and Appropriateness of Health Services for Immigrants in Europe (EUGATE, DG SANCO, n° 2006-129), Best Practice in Promoting Mental Health in Socially Marginalized People in Europe (PROMO, DG SANCO, n° 2006-328), Dual diagnosis patient pathways through care (ISADORA, EC FP5: QL4-CT-2002-00911) and Empowerment of Mental Illness Service Users Through Lifelong Learning Integration and Action (EMILIA, CIT-3-2005-513435). Current programmes include experimenting advance directives in psychiatry in the national French context. Author and editor of seven books and numerous publications in the field of mental health promotion and service user empowerment, targeting both scientific and professional audiences as well as the general public, Dr Greacen teaches regularly at the University of Paris and the Conservatoire national des arts et des métiers (CNAM).

Abstract title	What we really mean when we say “users’ participation”: vignettes from Slovenia
Name of presenting author(s)	Mojca Urek
Author(s) name	
Mailing address	Faculty of SW, Topniška 31, 1000 Ljubljana
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Email	Mojca.Urek@fsd.uni-lj.si
Abstract:	
<p>The users’ participation seems to be a trademark of contemporary EU social mental health policy, but the question is whether it is really in place and what it means in different mental health settings. The term certainly has a range of different meanings, such as considering someone's story, experiences, knowledge, desires, needs in the course of the treatment; it means to support people to make decisions which concern their life; it means to participate in designing of responses to the distress, or it means to have autonomy to define one's own reality and people come together and self-organise. The existing research conducted by the author shows a gap between the declarative participation policy, stemming from ratified conventions, and lived experiences of participation in current provision of services. Beside the critical view on this gap the author will also point out some innovative participatory and advocacy practices in mental health settings in Slovenia and their potential to move participation from being merely a buzzword and tokenistic practice to the practice with a potential for the transformation of mental health services.</p>	
References:	
<p>Beresford, P. (2012). From ‘vulnerable’ to vanguard: Challenging the Coalition. In J. Rutherford & S. Davison (Eds.), <i>Welfare reform: The dread of things to come</i> (pp. 66–77). London: Lawrence & Wishart [Adobe Digital Editions version].</p> <p>Carey, M. (2009). Happy shopper? The problem with service user and carer participation. <i>British Journal of Social Work</i>, 39, 179–188. doi:10.1093/bjsw/bcn166</p> <p>Jouet, E., Las Vergnas, O., & Flora, L. (2012). Priznavanje izkustvenega znanja bolnikov in bolnic : pregled stanja [Recognising experiential knowledge of patients: Overview]. <i>Socialno delo</i>, 51(1–3), 87–101.</p> <p>Russo, J., & Beresford, P. (2015). Between exclusion and colonisation: Seeking a place for mad people’s knowledge in academia. <i>Disability & Society</i>, 30(1), 153–157.</p> <p>Urek, Mojca. Unheard voices: researching participation in social work. <i>European journal of social work: the forum for the social professions</i>, ISSN 1369-1457, 2017, vol. 20, no. 6, pp.. 823-833.</p>	

Learning objectives:

- To understand the gap between the policies and ideology of participation on the one hand and lived experiences of participation practices.
- To understand some of theoretical and practical contradictions in understanding «users' participation
- To get an insight into some of participatory and advocacy practices in mental health settings in Slovenia.

Bio

Assoc. Prof Mojca Urek, Ph.D. has worked at the University of Ljubljana, Faculty of Social Work since 1992. Between 2001-2013 she was the Chair of the Department of the Community Mental Health at the Faculty. She has undertaken research on the narrative approaches in social work, mental health, deinstitutionalisation and gender based violence. Beside involvement in several national researches, she was the national lead in four European mental health projects with a strong training element on empowerment through education and employment, on participation of children with mental disabilities in taking decisions about their life, on inclusion of experiential knowledge in academia and services, on methods of overcoming prejudices and heteronormativity practices in homes for older people through staff-training, and others. She was a lead of a national project on the introduction of statutory advocates into the psychiatric hospitals and social care homes under Mental health Act in Slovenia.

Abstract title	PARADISO: Process of collaboration among European countries on a participatory approach for Raising Awareness and fighting Discrimination concerning Sexual and gender Orientation in the healthcare sector
Name of presenting author(s)	Emmanuelle JOUET & the PARADISO Consortium.
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Abstract

Fighting against discrimination and stigmatisation experienced by the persons from the LGBTQI communities is still a major challenge in European countries and even in the healthcare sector. It has been observed a lack of information, training and also a prevalence of false social representations among the professionnals. This situation tends to create misunderstanding but also exclusion from the care system for people who would need specific and personnalized care.

The PARADISO project aims at reducing gaps between health professionals and the LGBTQI individuals by creating booklets to provide an insight as well as raise awareness and help combat discriminatory attitudes and behaviors against LGBTQI+ people. Four booklets' aim is to create the best conditions for both LGBTQI+ people and healthcare providers, so they feel comfortable and a relationship of trust can be built. In addition, these booklets provide healthcare providers with basic instructions on how to avoid potential questions which may be embarrassing or abusive for the LGBTQI+ patients etc...

A collaborative process has been followed including LGBTQI associations, healthcare professionnals associations, and educationnal and social institutions from Greece. Participatory training sessions have been conducted by the consortium and experts from France has been delivered some genealogic aspects of the civil rights movement of french LGBTQI communities. The 4 booklets have been used as training materials as part of a taining process that aims for inclusive and LGBTQI friendlt healthcare.

The paper will show the collaborative aspects of the process and the specificities of the participatory approach within the project and focuses on how the French partner in the PARADISO project is

using the results of this project to develop specific LGBTQI information and training programmes for health professionals in France.

References: PARADISO- Participatory Approach for Raising Awareness and fighting Discrimination concerning Sexual and gender Orientation in the healthcare sector - **NUMBER — 777738 - D2.5 - All partners, i.e. ESDY-NSPH, HMA, PRAKSIS, OLKE, EPAPSY, CMT Prooptiki Ltd., EFPC, EPSMB & N.K.U.A**

Learning objectives:

Bio

Abstracts posters

Abstract title	Cooperating across agencies – intergrated patient pathways
Name of presenting author(s)	Ian Dawson
Author(s) name	Olav Bremnes & Ian Dawson
Tel. or cell	+4775501618
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Abstract	
<p>1. Background: How can we develop good services for patients with a serious mental illness who need coordinated services. Evaluation of the National Mental Health Plan in Norway showed that this patient group's needs were still not being met. The Coordination reform suggested several actions to strengthen cooperation, so that patients received more integrated services.</p> <p>2. Aim: Through use of “Integrated Patient Pathways” method we show how the different agencies can together develop a coherent and good service for these patients.</p> <p>3. Method: Interactive use of the workshop where the delegates will be challenged to see each other's perspective in the development of a integrated patient pathway. We will use a case to elucidate the complexity of cooperation, and how we can through “Integrated Patient Pathways” throw light on:</p> <ul style="list-style-type: none"> ○ How patients and their families needs can be met ○ The cooperating agencies will see ways to better cooperation ○ The cooperating agencies different skills and roles in such cases ○ Clarify expectations to each other <p>How this method can be used to follow up the intentions of the Coordination Reform in Norway.</p>	
References:	
Learning objectives:	
Bio	

4. Ian Dawson, Nordland Hospital, Bodø Norway (ida@nlsh.no) and Olav Bremnes, NorthTrøndelag Hospital Trust, Namsos Norway (olav.bremnes@hnt.no)

Abstract title	PEER SUPPORT IN BARCELONA: new steps
Name of presenting author(s)	SILVIA ROSADO
Author(s) name	MONTSE SORO, PAZ FLORES
Mailing address	Hospital del Mar- IMIM, Pg Marítim 25
Tel. or cell	606829338
Email	srosado@parcdesalutmar.cat
Abstract	
INTRODUCTION	
<p>This project started in September 2016 and will finish in September 2019. In Barcelona, we are immersed in a change of model and paradigm in which we want to promote the active incorporation of users with personal experience in mental health services.</p> <p>At the beginning of the project, 25 people (users, families, mental health professionals), participated in 5 sessions of 5h to analyze the future of this new figure. They discussed the needs and contents of the training modules called Peer Support.</p> <p>The Peer to peer is supposed to be carried out by people with personal experience of mental health, and they will be referents for the recovery process of other users, so they need some empowerment and training to know the services and assistency system. Their work will consist in the accompaniment, and their interventions will have to promote recovery, prevention to avoid crisis. Moreover, they need to find tools for self-management and self-care to prevent relapses and stress situations, and will require close supervision.</p> <p>Peer to peer is present by now in some countries like Canada, Great Britain, Denmark, Finland, United States, and will be soon present in Spain.</p>	
AIMS:	
<ul style="list-style-type: none"> - Conduct theoretical and practical training for mental health users to be able to offer peer support. - Give information about about mental health problems, mutual support, recovery and communication skills - Evaluate the experience and satisfacton of the participants in the training 	
METHOD:	
<p>The training started with 2 preparatory sessions, 1 session for presentations and then 5 sessions. All the presentations, reflections and conclusions were made in a in a transversal and equal way between users, families and mental health professionals. The participation were 60% users, 30% professionals and 10% families.</p> <p>Contents of the sessions:</p> <ul style="list-style-type: none"> - Linkage in the social health system - Accompaniment from equality - Examples of peer assistance groups - Crisis and mechanical restriction 	

– Self-care and self-management

The training activities were based in the active and participative learning regarding personal experiences and reflection.

Our training proposal had these main topics:

- Mental Health problems
- Peer Support
- Recovery
- Communicative skills

The course started from May 3th 2018 to Desember 20th 2018, with 25 participants at the beggining and 18 at the end.

Several Mental Health Services welcomed the participants in internships

CONCLUSIONS:

The participants considered the contents of the training modules excellent (38,5%) or very suitable (61,5%). They also valued positively the dynamics of the sessions and the trainers.

There is still a long way to go to introduce this peer support in the mental health services in a remunerated way, as well as the acceptance by the rest of the mental health professionals. Once the process is finished, it should be evaluated to improve future promotions.

References:

- Naslund JA, Aschbrenner KA, Marsch LA, Bartels SJ. The future of mental health care: peer-to-peer support and social media. Epidemiol Psychiatr Sci. 2016 Apr; 25(2): 113-122.
- Valestein M, Pfeiffer P. Peer-delivered self-management programmes in mental health. The Lancet. 2018 Aug 4; 392: 364-365.

Learning objectives:

- Conduct theoretical and practical training for mental health users to be able to offer peer support.
- Give information about about mental health problems, mutual support, recovery and communication skills

Bio

Abstract title	BODY+MIND=1 Nurse group therapy for anxiety and pain using sophorology
Name of presenting author(s)	SILVIA ROSADO
Author(s) name	BEGOÑA VILLORIA
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Abstract

INTRODUCTION

As we know, body and mind are related, and that's why we base our care on a holistic approach when we face users that have both anxiety and chronic pain diseases. Anxiety and pain are related too and can be very limiting. Group therapy is a good way to treat these disorders and nurses are very active now in this field. Sophrology is a discipline that uses relaxation and imagination techniques to promote wellness, and gives special emphasis to corporality and the integration of the body schema, this leads to the consolidation of the mind-body balance, improving the relationship with oneself and providing greater confidence in life. Etymologically it means the study of consciousness in balance.

AIMS

- To be aware of body tensions and negative thoughts
- To learn how to relax body and mind
- To learn strategies to cope with anxiety and pain
- To assess user's satisfaction of the nurse group intervention
- To assess user's satisfaction about sophrology techniques

METHOD

The nurse conducted 4 groups of women with anxiety disorder and fibromyalgia, recruited in the Hospital del Mar in Barcelona (N=40).

It is a closed semi-structured group of 6-10 women, with 8 sessions of 1h, once a week.

To evaluate the results, they answered the psychometric tests HAD (for anxiety and depression) and SDI (for disability) at the first session of the group and at the end of the last session. At the beginning and at the end of each session they answered the pain scale EVA and a test of emotional consciousness using emoticons.

The nurse started each session with psychoeducation (management of anxiety, mood, emotions and pain), solving doubts and facilitating emotional expression, and then they practiced a sophrology technique for relaxation.

The techniques practiced were:

- Slow diaphragmatic breathing
 - Muscular basic relaxation
 - Removing tensions
 - Positive somatization
 - Improving concentration
 - Free futurization
 - Reinforcing self-esteem.
- Improving the sleep

CONCLUSIONS

32 women assisted to all the sessions.

The most difficult for them was to find time to practice regularly at home between sessions. Regarding to the psychometric tests, we saw that the women who practiced every day had better results at the end.

At the end of each session most of the patients referred to be more relaxed and with less pain. In some cases the pain increased in first sessions as they were more aware of body tensions. The preferred technique was different for each patient.

The subjective assessment of the users was positive. They appreciated the group as "necessary to express themselves", and they found useful to learn new relaxation techniques. They evaluated the nurse intervention as "very helpful" and they felt accompanied during the process.

References:

- Rafael Solans. *Resetea tu vida con 9 sencillos ejercicios de sofrología*. Barcelona: Ed RBA; 2015.
- Paulino Tevar J, Segura Escobar E, Revuelta Evrard E. *Depresión, ansiedad y fibromialgia*. *Rev Soc Esp Dolor* 17. 2010; 7 :326 – 332.

Learning objectives: Learn how to manage anxiety and pain, learn new relaxation techniques to relax body and mind.

Bio

Abstract title	New digital pathways for learning
Name of presenting author(s)	Suzanne Traynor
Author(s) name	Suzanne Traynor
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Abstract

My Care Academy is a knowledge building partnership with Middlesex University and two London Mental Health Trusts. We are supporting the workforce by utilising their talents and skills and embracing digital solutions to connect, collaborate and co create for their learning and development needs.

Coproduction with service users is a cornerstone of this work and they have been part of all aspects of our digital learning journey.

Supporting the learning and development needs of staff is a key priority for organisations but relying on a classroom-based model of learning has previously been presented as the standard approach. The fast pace of changing clinical practice within healthcare settings requires staff to quickly access learning support to ensure they are able to practice safely.

However, within the context of increased financial pressures this classroom-based model is now seen as too costly and no longer sustainable. More importantly it misses out on the opportunities that digital solutions and bitesized learning can provide. (1)

Digital solutions enable the sharing of knowledge and supports practice in many ways.

Using a collaboration tool (Slack) to support a digital community of practice with several groups of staff enabling them to connect and learn together. We have coproduced bespoke units of bitesize online learning using an E authoring software package available to all staff via their NHS on line

training platform. These bitesized learning units can be completed at a time and pace that works for the staff members. These units of learning are further supported by blogging and signposting to additional resources and materials. Using Twitter as a micro blogging site is another means of sharing resources and professional networking. (2)

Mental health services are evolving and to keep pace with changing patterns of service delivery we can support staff with these new technology's as well as forming new partnerships through these digital networks.

References:

(1) Bitesize learning: A new world of learning opportunities
<http://mycareacademy.org/all/bitesize-learning-a-new-world-of-learning-opportunities/>

(2) Twitter as a powerful tool for healthcare professionals and students
<http://mycareacademy.org/all/why-is-twitter-a-powerful-tool-for-healthcare-professionals-and-students/>

Learning objectives:

- The concept of bitesize learning will be explained
- The learning pathways of digital technologies will be explored
- Challenging traditional models of learning within the context of changing healthcare pathways

Bio

Suzanne Traynor (Associate Professor Mental Health Practice)
 Having spent most of my NHS career working clinically in acute mental health settings I have spent the last couple of years working with My Care Academy with a focus on digital learning and collaborating. I enjoy the new opportunities for learning that the digital world offers, and I am curious about all forms of technology and learning.

Abstract title	Mental health promotion program for University students- evaluation and recommendations in Poland.
Name of presenting author(s)	Lidia Zabłocka-Żytka
Author(s) name	Lidia Zabłocka-Żytka, Czesław Czabała
Mailing address	The Maria Grzegorzewska University Ul. Szczęśliwicka 40 Warsaw, Poland
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Abstract

Mental health promotion programs are important in mental health care and empowering (Jane-Llopis, Anderson, 2006). These days young adults suffer from mental health disorders more often (Sokołowska et al., 2015). There is great need to build and implement in university settings effective mental health promotion programs (Karla et al., 2012). «PsychoŻak» for university students is one of

the few programmes implemented in Poland. During the presentation the content of this program will be described as well as the results of the preliminary implementation.

References:

Jané-Llopis E, Anderson P. Promocja zdrowia psychicznego i zapobieganie zaburzeniom psychicznym. Polityka dla Europy. Warsaw: IPiN; 2006.

Kalra G, Christodoulou G, Jenkins R, Tsipas V, Christodoulou N, Lecic-Tosevski D et al.

Mental health promotion: Guidance and strategies. Eur. Psychiatry 2012; 27(2): 81–86.

Sokołowska E, Zabłocka-Żytka L, Kluczyńska S, Wojda-Kornacka J.

Zdrowie psychicznemłodych dorosłych. Wybrane zagadnienia. Warsaw: Difin Publishing House; 2015.

Learning objectives:

Bio

Abstract title	World Café method to promote collaborative practices in learning and teaching on LGBT inclusive care
Name of presenting author(s)	Trish Hafford-Letchfield (UK), Agnes Higgins (Ireland), Mojca Urek (Slovenia)
Author(s) name	Elisa Bus, Sandra Connell, Anže Jurček, Brian Keogh, Alfonso Pezzella, Irma Rabelink, George Robotham, Nina van der Vaart.
Email	P.Hafford-Letchfield@mdx.ac.uk ; ahiggins@tcd.ie ; Mojca.Urek@fsd.uni-lj.si
Abstract	
<p>The non-normative sexual orientation and gender expression at the intersection of old age represent a risk of discrimination and social exclusion. One of the consequences of homo (trans, bi) phobia is also that this population may be invisible in the whole life-course, also to the social and health system. In old age, such a situation may only make things worse. Rarely, this population makes use of forms of help, home visits, placements in older people's homes and all other situations that could hypothetically trigger coming out and ill-treatment. ENTER members Trinity College Dublin, Middlesex University and University of Ljubljana are involved (along with two organisations from the Netherlands, the National Foundation for the Elderly as a project lead and Stichting Consortium Beroepsopderwijs as well as LGBT organisation Outhouse from Dublin) in the EU project »<i>Best practices for Care and Wellbeing Education to support the needs of LGBT people as they age - BEING ME</i>« (Erasmus + Strategic Partnerships, 2018-2020). In the project we use innovative participatory methods, such as "World Cafe" (form of group dialogue), to research good practice in education and develop online learning material that might help the teachers of the future professionals. In the first World Café Session in Amersfoort, educators, students, practitioners and LGBT+ older people discussed their experiences with care, the role of educators in care and wellbeing and how we can prepare future care professionals towards more inclusive care. In the second World Café Session in Dublin we discussed concrete suggestions of methods and resources for training and education. The results of both sessions help us at current stage to develop learning resources and teaching tools.</p>	

References:

Fish, Julie (2012), *Social Work and Lesbian, Gay, Bisexual and Trans people : Making a Difference*. Bristol: The Policy Press.

Higgins, Agnes, Danika Sharek, Edward McCann, Fintan Sheerin, Michele Glacken, Marianne, Breen, Mary McCarron (2011), *Visible Lives: Identifying the Experiences and needs of older lesbian, gay, bisexual and transgender people in Ireland (Main report)*. Dublin: Gay and Lesbian Equality Network (GLEN) Dublin. Available: http://lgbt.ie/wp-content/uploads/2018/06/attachment_233_Visible_Lives_-_Main_Report_Nov_2011.pdf.

[Priscilla Dunk-West](#), [Trish Hafford-Letchfield](#) (eds.) (2018), *Sexuality, Sexual and Gender Identities and Intimacy Research in Social Work and Social Care: A Lifecourse Epistemology*. London: Routledge.

Website of the project *Best practices for Care and Wellbeing Education to support the needs of LGBT people as they age - BEING ME*: <https://www.beingme.eu>.

Learning objectives:

- To present the opportunities of participatory approach such as group dialogue (World Café) to research good practice in education and to develop teaching tools in the field of care of oppressed groups.

Bio

Prof. Trish Hafford-Letchfield is Professor of Social Work at Middlesex University and is a qualified nurse and social worker. Trish research interests are in the care experiences of older people from marginalised communities. She has also written extensively on lifelong learning in care services; leadership and management and the use of the arts in social work education.

Prof. Agnes Higgins is a professor in mental health nursing within the School of Nursing and Midwifery in Trinity College Dublin where she teaches and supervises across undergraduate and postgraduate programmes and leads a team of lecturers and researchers in developing quality evidence to inform mental health education, practice and policy decisions. She is a registered mental health nurse, general nurse and nurse tutor with over thirty five years' clinical and education experience in the areas of mental health, palliative/hospice care and general nursing. In addition to being a national and international leader in mental health nursing, research and education, she is considered a champion in the area of mental health service user/patient involvement.

Assoc. Prof Mojca Urek, Ph.D. has worked at the University of Ljubljana, Faculty of Social Work since 1992. Between 2001-2013 she was the Chair of the Department of the Community Mental Health at the Faculty. She has undertaken research on the narrative approaches in social work, mental health, deinstitutionalisation, gender based violence, participation of children with mental disabilities in taking decisions about their life; inclusion of experiential knowledge in academia and services, on overcoming prejudices and heteronormativity practices in homes for older people through staff-training, and others.