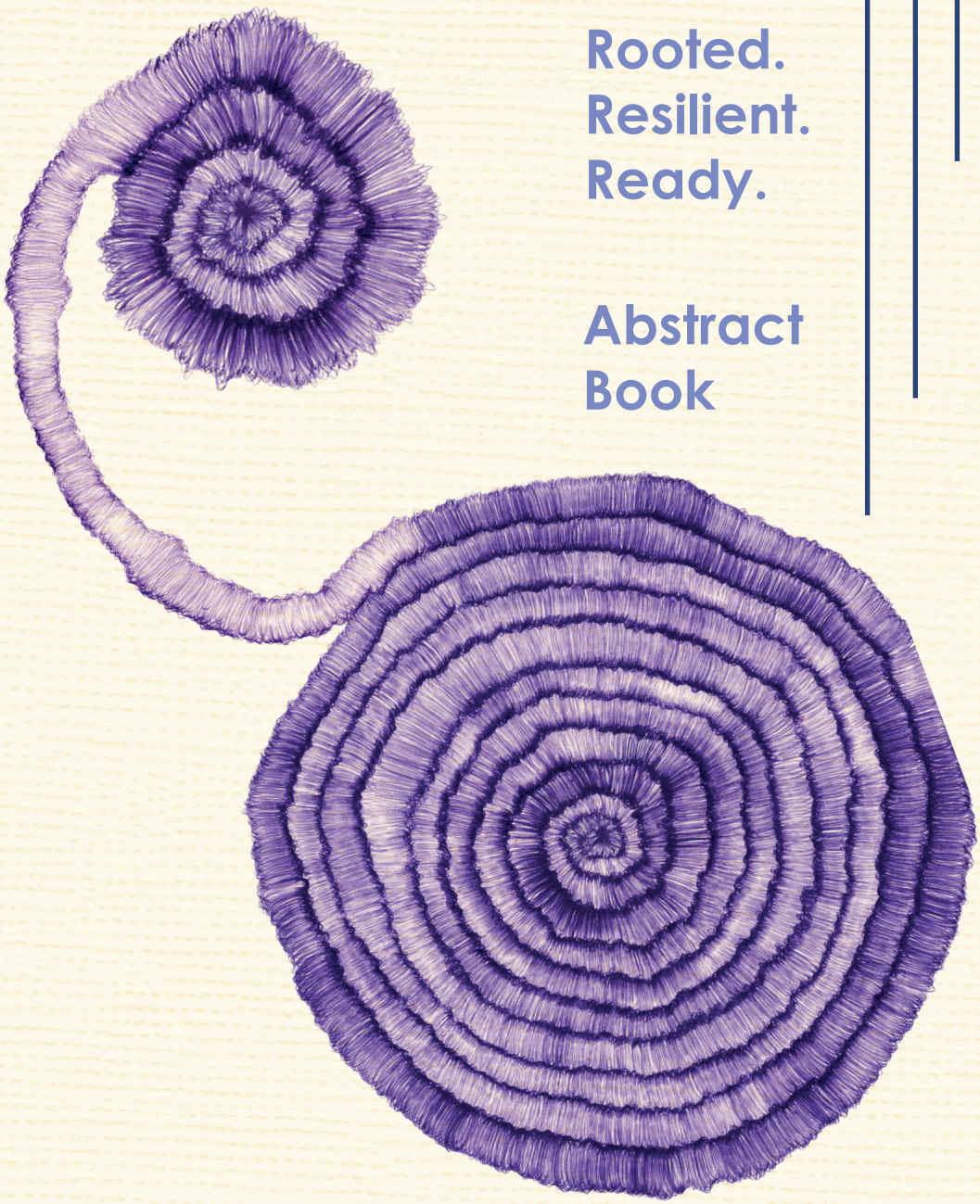
Horatio Congress

Mechelen, Belgium

28-29 May 2026

Rooted. Resilient. Ready.

Abstract Book



Content

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Programme Overview

Breakout session #1

28 May 2026 - 10:45-11:30

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28 May 2026 - 10:45-11:30

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	W05 - Tapering with Care: The Role of Advanced Practice Nurses in Antidepressant Deprescribing Kirsten Fransen, Mirjam van Zon, Charlotte Marchandisse (Netherlands)
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Stress, Sleep and Growth in the Nursing Workforce	C34 - From Stress to Strength: Growing Through Pressure in Nursing Students' Clinical Placement Experiences Núria Martínez-Boo, Anna Martin-Arribas, Míriam Rodríguez-Monforte (Spain) C35 - The First Contact Counts: The Entrance-Group as Structured Nursing Orientation in Forensic Care Theresa Batzel (Germany) C36 - Predictive Role of Psychological Resilience on Disaster Preparedness among Psychiatric Nurses: A Cross-Sectional Study Merve Geylani, Şeyma Göral (Turkey)
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	W08 - Motivational Interviewing for Loved Ones (MILO): A Promising Intervention for European Caregivers? Andreas Seierstad (Norway)

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Advanced and Emerging Roles in Psychiatric Nursing	C43 - Advanced Practice Nursing in Psychiatric Care in Switzerland: Results of a National Survey Anna Hegedüs, Nora Ambord, Peter Wolfensberger (Switzerland) C44 - Social Nurse in Psychiatry Teis Dyrlund Amundsen (Denmark) C45 - Embedding Palliative Care Expertise in Psychiatric Care: Implementation of a Palliative Nursing Consult Service Tamara Großmann, Patrick Lemli (Germany)
	W09 - Intercultural Reasoning as a Driver for Resilient Mental Health Nursing: A Skillslab Using Appreciative Inquiry Ferdy Pluck (Netherlands)
	W10 - Promoting Mental Health in Children and Adolescents: Is Germany Ready for Discovery Colleges? Insights and Perceptions among Mental Health Professionals Jared Omundo (Germany)
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	W11 - Educating Nurse Practitioners in Mental Health in Their Role Guiding the Patient Journey, Ready to Make the Difference Riet van Dommelen, Sanne Wassink (Netherlands)
	W12 - Co-Leading in Mental Health Research: Lessons from PSYwithUS and Beyond Sabine Ruehle Anderson, Christian Burr (Switzerland)
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Professional Identity, Education and Workforce Development	C58 - Professional Identity Formation in a Structured Transition Program for Mental Health Nursing: Protocol for a Qualitative Study Michael Mayer (Germany) C59 - An integrative review exploring family-engaging health interventions within forensic mental healthcare settings. Sofie Aslerin, Rikke Jørgensen; Sara Rowaert; Ellen Tingleff (Denmark) C60 - Rooted in Care: A Clinical Nurse Specialist–Led Co-Response Model at the Interface of Mental Health and Policing George Glynn (Ireland)
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	W13 - Solution Focused Practice: An Introduction Christophe Casteleyn, Bruce Vrancken, Wouter Decock (Belgium)
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Connectedness, Music and Human Encounter in Mental Health Care	C70 - Collective Music Listening Sessions, Connectedness and Quality of Care in Psychiatry Angelika Güsewell (Switzerland) C71 - Negotiating responsibility and autonomy: Mental health nurses' roles in patient participation in multidisciplinary team meetings Kevin Berben (Belgium) C72 - Rape myth, consent, and bystander Intervention: The impact of an educational session on post-secondary students Candice Waddell-Henowitch, Nadine Smith (Canada)
Leadership, Reflective Practice and Professional Support	C73 - Supervising with Purpose: A Developmental Journey in Clinical Supervision Kevin Gafa', Janice Agius, Maria Sapiano (Malta) C74 - Patients' Experiences of Clinical Assessment by Nurses in Psychiatric care Heli Kananen (Germany) C75 - Effectiveness of Cognitive Analytic Therapy Mary Donohoe (Ireland)
	C76 - The Effect of Family Functioning on Family Resilience Levels in the Rehabilitation of Parents of Children Diagnosed with Autism Spectrum Disorder Zeynep Sevgi İSPİR, Döndü ÇUHADAR (Turkey) C77 - Stargazing, an Intervention Developed by the Nursing Working Group at Psychotherapeutic and Psychiatric Center Pittem (PPC Pittem) Lotte Oosterlinck, Thomas Raemdonck (Belgium) C78 - Co-Produced Lifestyle Intervention in a Nurse-Led Clozapine Clinic: Protocol for a Multi-Phase Doctoral Research Programme Rannveig Thorsdottir, Eydis Kr. Sveinbjarnardottir (Iceland)

Scientific Posters

Nr	Title - Autors
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2	Mental Health Nurses' Knowledge of Providing Physical Health Care: Analysing Education Needs in an Irish Independent Mental Health Service Mary Corrigan; Shane Kirwan; Grainne Donohue (Ireland)
3	Advanced Nurse Practitioner Perinatal Mental Health Caseload; An Audit of Year 1 Pauline Walsh (Ireland)
4	Impact of an Emotion Regulation Program Based on Positive Mental Health for Nursing Students in Barcelona (Spain): A Pilot Study Zaida Aguera; Montserrat Puig-Llobet; Sara Sanchez-Balcells (Spain)
5	Detection of Dating Violence Among University Students in Health Sciences: A Multicentric Descriptive Study in Spain and Colombia Sara Sanchez-Balcells; Zaida Agüera; Montserrat Puig-Llobet (Spain)
6	A Safe and Trusting Care Relationship in Primary Health Care Supports the Person to Become Rooted, Resilient, and Ready for a Recovery from Long-Term Stress-Related Disorder Markus Sjösten (Sweden)
7	An exploration of psyhosocial restrictive practice in Irish Residential Care Settings and Nursing Homes JJames Doyle; Lorraine Dillon; Martina Gooney; Heather Jennings; Eleanor Kirwan; Ursula O'Neill; Frances Finn (Ireland)
8	Inter-collaboration of Advanced Nurse Practitioners in mental health and intellectual disability services in Co Wexford Michael Mahon (Ireland)
9	Exploring Experiences and Needs to Promote Positive Mental Health and Self-Care in Women During the Climacteric Period Marta Prats-Arimon; Zaida Agüera; Montserrat Puig-Llobet (Spain)
10	New Values, New Lives, New Forms of Violence: Detection and Approach to Gender-Based Violence from the Perspectives of Health Sciences Students Montserrat Puig-Llobet; Marta Prats-Arimon; Sara Sanchez-Balcells (Spain)
11	Evolving roles in mental health nursing: An analysis of the impact of ANP implementation in one Irish Mental Health Service Ursula O'Neill; Emma Byrne (Ireland)
12	Involvement of Significant Others in Resource Groups Chris Dolle (The Netherlands)
13	Exploring Existential Loneliness and Sadness During Adolescence Tide Garnow (Sweden)
14	Evaluation of a Service Integration Initiative between Psychiatry of later life and Integrated care programme for older persons Mary Russel, Kelly Brosnan (Ireland)
15	Patient Involvement in Forensic Psychiatry Kristian Paaske (Denmark)

Nr	Title - Autors
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18	Inequality in Collaboration: A Qualitative Study of Relatives' Experiences of Collaboration Across the Mental Healthcare System Trine Ellegaard Laursen (Denmark)
19	Evidence-Based Nursing Interventions to Strengthen Self-Esteem in Adolescents in Adolescent Psychiatry Naomi Beches; Gerhard Lindenhofer; Stefan Nöstlinger (Austria)
20	Ida and Noah's Mother is Receiving ECT Christina Hollensberg; Pia Merete Laulund; Ellen Boldrup Tingleff (Denmark)
21	Illness Management and Recovery: Insights from a Staff Training Evaluation Project Caroline Bergsaker Bornhauser; Andreas Seierstad (Norway)
22	Mapping Educational Gaps in Multimorbidity: A Scoping Review of Educational Programmes for Healthcare Professionals Addressing Severe Mental Disorders and Diabetes Ida Storm (Denmark)
23	Turning Walls into Windows: A Study of Crime Prevention in Forensic Mental Health Mette Overvad (Denmark)
24	Framework for Professional Development: Inter- and Intrapersonal Rembert Maes (Belgium)
25	Creative Resilience: Effects of Art-Based Interactive Workshops on Emotional Awareness, Stress Coping and Assertiveness in University Students Yagmur Zararsiz; Semra Karaca (Turkey)
26	Enhancing Access to Safety: A Resource Guide for Violence Services in Rural, Remote, and Northern Manitoba Nadine Smith; Candice Waddell-Henowitch; Andrea Thomson (Canada)
27	Indigenous Advocacy and Allyship: Expanding the Master of Psychiatric Nursing Curriculum Nadine Smith; Candice Waddell-Henowitch; Andrea Thomson (Canada)
28	Family Engagement in Forensic Mental Healthcare Settings Sofie Aslerin; Rikke Jørgensen; Sara Rowaert; Ellen Tingleff (Denmark)
29	Cardiometabolic Health Nursing in Psychiatric Care: A Bibliometric and Thematic Analysis Study Melisa Bulut (Turkey)
30	The Role of Key Performance Indicators (KPIs) in Enhancing Mental Health Services Rajinikanth Maruthu; Binu Upendran (Ireland)
31	Building Resilience and Competence in Community Mental Health Nursing: Insights from a Danish Educational Initiative Janni Carlsen; Marianne Mortensen (Denmark)
32	Mapping the Evolution of Stigmatization in Mental Disorders: A Bibliometric Analysis from 1974 to 2024 Gül Dikeç; Polat Göktaş (Turkey)

Nr	Title - Autors
33	How Do You Sleep? We Asked Women with Alcohol Dependence Judyta Rogóż; Damian Czarnecki (Poland)
34	The Relationship Between Cognitive Flexibility, Negative Symptom Severity, and Recovery in Individuals with Schizophrenia: An Ongoing Study Rojinda Ucak; Cemile Hürrem Ayhan; Murside Tuba Sinan; Mehmet Cihad Aktaş; Sakine Aktaş (Turkey)
35	I Became Isolated After HIV": Lived Experiences of Individuals Diagnosed with HIV, A Qualitative Phenomenological Study Burcu DEDEOĞLU DEMİR, Tuğba PEHLİVAN SARIBUDAK, Hacer TEKİN, Beyhan BUDAK, Sibel YILDIZ KAYA, Bilgül METE, Fehmi TABAK(Turkey)
36	An ED/Liaison Psychiatry ANP Quality Improvement Initiative to Develop a Referral Pathway Tool to Assist Decision Making Processes in an ED Anne Marie Sloane (Ireland)
37	The Attitudes and Experiences of Postvention/psychosocial Supports for First Degree Family Members Bereaved by Suicide Sinead Leavy (Ireland)

Concurrent Sessions

C01 - Realising the Unique Impact of Mental Health Nursing: Lessons from Cultural Shifts and Stagnations in Inpatient Care

Luke Molloy
University of Wollongong | Australia

Background
Mental health nursing is rooted in values of compassion, therapeutic engagement, and recovery-oriented care. These principles position nurses to deliver uniquely impactful interventions. However, inpatient cultures often prioritise risk aversion and administrative tasks, limiting opportunities for relational practice and innovation.

Aim
To explore how cultural factors within inpatient mental health services enable or restrict nurses' capacity to deliver person-centred, recovery-oriented care.

Methods
Ethnographic research across five mental health services informed this analysis: participant observation and interviews were used in data collection. Thematic analysis identified enablers and barriers within practice culture.

Results
Enablers included strong team cohesion, leadership engagement, and practice frameworks which validated clinical intuition and connected with nurse's values. Barriers included entrenched, disengaged practice culture, understaffing and administrative dominance, which displaced therapeutic engagement.

Discussion
Mental health nursing's unique impact lies in its capacity for person-centred, recovery-oriented care. Yet, cultural norms prioritising 'safe' containment and administration undermine these fundamentals of care. Interventions that embed reflective practice, interdisciplinary collaboration, and trauma-informed approaches can shift culture toward least restrictive, person-centred care. To be ready for the future, mental health nursing leadership must challenge systemic barriers and reclaim the profession's roots in therapeutic relationships as a driver of innovation.

C02 - In the zone

Bianca van den NieuwendIJk, Idan Spund, Itika Gupta
GGZ inGeest | Netherlands

Background
In The Zone is a mobile application developed to support people living with bipolar disorder in daily life. While many individuals track mood changes, these signals are often not shared with their support network when it matters most. This gap is most visible between clinical appointments, when early signs of mood shifts can go unnoticed, and support is hardest to activate. In The Zone was co-created with people with lived experience, clinicians, and family members to address this disconnect.

Aim
The aim of In The Zone is to support early recognition of mood changes and enable timely communication with trusted loved ones, strengthening shared management and support between appointments.

Methods
In The Zone combines brief daily check-ins, early warning signals, and a shared support-circle feature. Early insights were gathered through pilot use, qualitative interviews, and feedback from people with bipolar disorder, their support network, and clinicians.

Results
Preliminary findings, through interviews, show that users experience the app as accessible and non-clinical. Beyond increased awareness of mood changes, users report that the shared communication feature lowers the threshold to ask for help. Supporters describe greater clarity about when and how to respond, improving alignment outside formal care settings.
A larger pilot study will be set up in 2026.

Discussion
In The Zone highlights a shift from individual mood tracking toward shared, recovery-oriented care. While self-monitoring tools are widely available, they often leave the responsibility of acting on early signals solely with the individual. By enabling real-time communication with loved ones, In The Zone addresses a critical missing link in bipolar care: translating awareness into support.
This shared approach aligns with preventive and recovery-oriented models by supporting earlier intervention, reducing isolation, and strengthening shared decision-making. Challenges remain in sustaining long-term engagement, integrating the app into diverse clinical workflows, and ensuring ethical and privacy-sensitive use of shared data. Future research should focus on effectivenes, long-term outcomes, and the impact on relapse prevention and quality of life for both individuals and their support network. Ongoing co-creation with users and clinicians will be essential for responsible scaling and implementation.

Reading References

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- Gratzer D, Torous J, Lam RW, et al. Our digital moment: innovations and opportunities in digital mental health care. Can J Psychiatry. 2021;66:5–8. 20200630.
- Farrell, A. George, N., Amado, S. & Wozniak, J.A systematic review of the literature on telepsychiatry for bipolar disorder. Epub, 2022 Sep 14. doi: 10.1002/brb3.2743.

C03 - The Effect of Psychodrama on Mental Health Promotion in Nursing Students: A Randomized Controlled Trial

Çağlar Şimşek, Özge Karaca, Seher Yurt
Marmara University, Faculty of Health Sciences, Department of Psychiatric Nursing | Istanbul Kent University, Faculty of Health Sciences, Department of Nursing | Turkey

Background
Nursing students often encounter academic and emotional stressors that can negatively impact their mental health (1). Supporting mental health during nursing education is therefore essential for both personal and professional development. Psychodrama is an action-based group therapy that enables individuals to express emotions, gain self-awareness and improve interpersonal relationships. In educational settings, it may serve as an effective method to strengthen coping skills and promote mental well-being among nursing students.

Aim
This study aimed to examine the effect of psychodrama on mental health promotion among nursing students.

Methods
This randomized controlled pretest–posttest trial was conducted among nursing students at a foundation university. The intervention group received weekly psychodrama sessions for 12 weeks (n=25), while the control group (n=30) prepared structured group presentations on similar themes. Data were collected using a Personal Information Form and the Mental Health Promotion Scale.

Results
Psychodrama significantly improved several subdimensions of the Mental Health Promotion Scale within the intervention group, including values, personal development, self-respect, coping with stress, physical health, communication and no-saying skills ($p<0.05$). Between-group comparisons showed that improvements were significantly greater in communication and no-saying skills in the intervention group compared with the control group ($p<0.05$). The total scale score also increased significantly in the intervention group compared with the control group ($p=0.025$).

Discussion
This study showed that psychodrama positively influenced mental health promotion among nursing students. Although the intervention group had lower baseline scores across several subdimensions, significant within-group improvements were observed following the intervention. These findings indicate that psychodrama supports mental health promotion by enhancing values, personal development, self-respect, coping with stress and physical health within a supportive, experiential learning environment. By engaging students in experiential and reflective activities, psychodrama enables them to explore personal values, enhance communication and self-expression skills, and support mental health promotion, all of which are essential for their professional roles as nurses. These findings are consistent with previous studies reporting that psychodrama contributes to both mental

health promotion and professional development among nursing students (2,3). Despite improvements in several areas, significantly greater between-group changes were observed only in communication and no-saying skills, as well as in total mental health promotion scores. The absence of significant differences in other subdimensions may be related to the use of an active control group receiving cognitively oriented group activities or to baseline differences between groups. Additionally, some subdimensions may require longer or more intensive interventions. Integrating psychodrama-based programs into nursing education may contribute to students' psychosocial development and mental well-being. Further studies with larger and more diverse samples are recommended.

Reading references

- Velando-Soriano, A., Suleiman-Martos, N., Pradas-Hernández, L., Membrive-Jiménez, M.J., Ramírez-Baena, L., Gómez-Urquiza, J.L., Cañadas-De La Fuente, G.A., (2023). Factors related to the appearance and development of burnout in nursing students: a systematic review and meta-analysis. Frontiers in Public Health, 11, 1142576. https://doi.org/10.3389/fpubh.2023.1142576
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C04 - Chronos and Kairos in Mental Health Nursing: Time as a Source of Hope in Care Relationships

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Background
Nurses present time: they work in time and are shaped by it. In care contexts dominated by efficiency and quality metrics, our experience of time comes under pressure. Psychological vulnerability can confuse, slow down or fragment one's sense of time. Balancing Chronos (measurable time) and Kairos (meaningful time) provides a valuable framework to influence this dynamic. It creates space to re-anchor quality, attention and presence within care relationships.

Aim
The aim is to clarify the origins and meaning of Chronos and Kairos, explore philosophical perspectives on time, share clinical reflections, and examine how "time is hope" can become visible in nursing practice.

Methods
Through literature review, including the philosophy in Joke Hermsen's Time is Hope, we explore descriptions of Chronos and Kairos. Clinical narratives from psychosis care and Reakiro are analysed using questions such as: Where did I meet Kairos? What enabled this? What conditions foster qualitative

Results
Chronos and Kairos offer a timely perspective on temporal experience in mental health care. This philosophical frame enriches the nurse–patient relationship and encourages integrating both modes of time into our professional presence. Kairos emerges as a source of hope: moments of slowing down, presence and meaningful encounter that resonate with the often pre-verbal temporal experience of psychological vulnerability.

Discussion
Twenty-four-hour care often functions as a perpetuum mobile dominated by reporting, digital checks and SMART objectives. This Chronos-driven dynamic may overshadow the value of qualitative time. Yet nurses witness the therapeutic power of Kairos: subtle moments where meaning, connection or insight emerge despite structural pressure. This calls for elevating attention, presence and slowing down as core professional competencies, and for organisations that recognise that not everything that counts is measurable. The discussion raises questions for further inquiry: How can care environments give Kairos a legitimate place? Which skills enable nurses to recognise and facilitate Kairotic moments? And how can "time is hope" be experienced by both patients and caregivers?

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C05 - Navigating the Ethical "Space in-Between": Nurses' Lived Experiences in Forensic Inpatient Care Interpreted through Løgstrup's Ethical Philosophy

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Background
Nursing in FPC entails inherent ethical complexity, as it involves caring for individuals who have lost their personal freedom. Nurses must continuously navigate a balance between caregiving and matters of security, managing the unevenness that characterizes their relationship with patients (Jacob, 2012). The duality of their role demands that they prioritize patient well-being while also ensuring the safety of the patient, staff, and society (Hörberg, 2008). This unique context presents significant challenges (Laiho et al., 2016).

Aim
This study examines nurse—patient relationship in forensic psychiatric care using Løgstrup's philosophical perspective, with a focus on ethical complexities.

Methods
A theoretical analysis based on five empirical studies of nurses' lived experiences in forensic inpatient care. Rooted in phenomenology and hermeneutics, re-analysed using reflective lifeworld research. The analysis was interpreted through Løgstrup's ethical framework.

Results
Five key themes emerged: Having Trust or Feeling Distrust, Being Compassionate or Being Indifferent, Having Courage or Being Afraid, Being Genuine or Pretending, and Being a Ballerina or Being a Bulldozer. These themes highlight the "space in-between", where nurses navigate ethical tensions, institutional constraints, and patient interactions.

Discussion
The duality of FPC and the "space in-between" that arises in the impressions of encounters mean that the nurse is confronted with existential phenomena that constitutes one's lifeworld. These impressions of encounters entail facing one's own fragility and what is perceived as personal or private. Vulnerability can be a burden if it is not addressed and instead protected at all costs, or it can be a possibility for change through being authentic and true to oneself.
Forensic psychiatric nursing requires balancing institutional control and compassionate care. Ethical encounters emerge through both self-reflection and relational engagement. Structured reflection and dialogue help nurses navigate ethical challenges, foster professional growth, and enhance patient-centred care.

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C06 - Revealing Ethical Blind Spots through a Co-Created "Wishing Well" Intervention in Acute Psychiatric Care

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Background
Acute psychiatric wards often aim for recovery-oriented practice, yet everyday routines may unintentionally restrict patient autonomy. Co-created initiatives can expose these tensions. The "Wishing Well" intervention invites inpatients to voice concrete wishes for improving daily life, offering a window into how organizational practices align, or fail to align, with therapeutic values.

Aim
The aim was to examine how wishes expressed by inpatients reflected tensions between everyday ward routines and recovery-oriented practices.

Methods
Fourteen consecutive "Wishing Well" meetings were observed over seven months. Field notes captured wish content, interactions, and subsequent actions. A total of 100 wishes were categorized using Safewards domains and interpreted, informed by organizational routines, as an analytic framework.

Results
Over half of all wishes concerned the physical environment (53%). Others related to the staff team (20%), regulatory framework (8%), patient community (6%), patient characteristics (6%), and external influences (5%). Staff-related wishes revealed unnoticed restrictive routines that conflicted with recovery-oriented intentions.

Discussion
Findings indicate that everyday organizational routines can unintentionally constrain autonomy, even in settings committed to recovery-oriented practices. The intervention created a shared reflective space where patients and staff could identify restrictive practices, reconsider underlying assumptions, and adjust routines. This process exposed ethical blind spots that had become normalized in ward culture. By enabling small, concrete changes driven by patient input, the "Wishing Well" contributed to strengthened collaboration, enhanced ethical awareness, and practices more closely aligned with recovery values. The study demonstrates how co-created, low-threshold interventions can illuminate the gap between institutional routines and therapeutic ideals, offering a practical route for fostering autonomy, resilience, and patient-centered improvements within acute psychiatric care.

C07 - Hospitalization Syndrome: A Psychological, Sociological and Neuroarchitectural Approach to Prolonged Hospitalization, Including First-Hand User Perspectives

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Background
Patients undergoing prolonged hospitalization are profoundly affected by the interplay of mind, body, and environment. They are more sensitive to stress, anxiety, depression, apathy, passivity and trauma. Specific risk factors influence their behavior, emotions, and psychological well-being. Patients' reports reveal that confinement, social isolation, disrupted routines, and sensory monotony can undermine autonomy, emotional stability, cognitive clarity and resilience. This research reveals a gap between design intent and patient experience.

Aim
This study aimed to define the Hospitalization Syndrome, identify its symptoms and risk factors, and examine how architectural design can reduce or prevent its effects on self-perception, stress regulation, autonomy and human interactions.

Methods
A multimethod review analyzed theories, related syndromes, hospitalization stressors, and HPA-axis effects. Interviews and field observations informed behavioral links through the Five G's Model. Architectural design strategies were examined to prevent or mitigate symptom development.

Results
Stressors linked to prolonged hospitalization disrupt physical, cognitive, and emotional functioning. Environmental factors, especially social isolation, sensory monotony, and loss of autonomy, intensify symptoms such as anxiety, apathy, disorientation, and resilience.
These findings align with HPA-axis dysregulation, contributing to lasting neural and cognitive changes. Our patient room design, grounded in enactivism and affordances, supports active engagement, control, autonomy, interaction.

Discussion
As hospital environments affect stress, self-perception, cognition, behavior, and recovery, patient-centered design is essential to prevent or mitigate Hospitalization Syndrome. Our findings showed that stressors such as loss of control, limited social interaction, sensory monotony, environmental clutter, and disrupted routines can trigger persistent HPA-axis dysregulation, causing lasting emotional and cognitive effects. Integrating user input ensures environments are tailored to patients' needs, perspectives, and lived experience.
Patient insights showed that well-being relies on autonomy and control. Adjustable layouts, sensory richness, and balanced privacy can disrupt stress cycles, foster resilience, and shift hospitals from

treatment-driven settings to spaces supporting dignity, connection, and overall well-being. Enactivism highlights that health emerges through interaction with the environment, while affordance-based design shows that spaces enabling movement, choice, and social contact counter passivity and apathy. Involving patients enabled us to understand their experience and guide our research in defining Hospitalization Syndrome.

C08 - Young Adults' Recovery as a Double Challenge: A Youth-Sociological Perspective for Mental Health Nursing

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Background
First-episode psychosis in young adulthood intersects with a period of intense social and developmental change. Yet recovery research often combines broad age groups, leaving youth-specific recovery underexplored. While mental health nursing services are typically organised around symptoms and risk, a youth-sociological lens can help examine how recovery is pursued and supported within young people's everyday lives and identity processes.

Aim
To learn from young adults with psychosis how they pursue recovery in everyday life contexts, and to identify implications for youth-focused, recovery-oriented psychiatric nursing.

Methods
Qualitative PhD (interactionist/social constructivist). Study I: meta-ethnography on youth identity, psychosis, and recovery. Studies II–III: life story interviews (n=6) with early-intervention psychosis users in DK; abductive thematic analysis with 'belonging work' as a youth-sociological lens.

Results
Across studies, recovery in youth emerged as a double challenge: finding ways out of distress while building meaningful young adult lives. Participants felt unable to meet youth expectations (study, work, social engagement), which fostered loneliness and intensified distress. Recovery frequently unfolded outside formal services - through friendships and self-chosen creative or imaginative contexts, such as theatre or online roleplay, offering safety, reciprocity, and opportunities for growth.

Discussion
Findings reframe youth recovery as a foremost social and relational process centred on a sense of belonging in relationships, places, and youth culture, rather than a primarily individual clinical trajectory. For mental health nurses, this calls for practice that recognises young people's potential and their efforts to negotiate identity, stigma, and social expectations during distress. Recovery-oriented care should support access to inclusive communities, help sustain peer and friendship networks (including online), and normalise non-linear pathways towards adulthood. Integrating youth sociology with psychiatric nursing can help services develop co-created, age-sensitive recovery support rooted in young people's goals, cultures, and everyday lives.

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C09 - Patients' Perspectives on Oyster Care: Exploring a New Care Approach for People with Severe and Persistent Mental Illness

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Background
Individuals with Severe and Persistent Mental Illness (SPMI), including schizophrenia, major depression, and eating disorders, require long-term and complex care. However, within the current healthcare paradigm, individuals with SPMI are susceptible to both under- and overtreatment. Consequently, oyster care was created: an innovative approach that employs palliative principles within the domain of psychiatry, with a focus on quality of life.

Aim
While preliminary experiences indicate improved well-being, scientific evidence is lacking. This study aims to address this knowledge gap by exploring the lived experiences of individuals with SPMI within the context of oyster care.

Methods
Fifteen semi-structured interviews were conducted with individuals diagnosed with SPMI in three Flemish facilities offering oyster care. Thematic analysis was supplemented by photo-elicitation techniques to support the narrative. The interviews were subjected to thematic analysis.

Results
The analysis yielded four overarching themes: (1) social connection; (2) care; (3) sense of purpose; and (4) identity. The analysis identified areas of tension regarding coercion and autonomy, social isolation and organizational barriers, which affect well-being. Participants particularly valued stability, structure and proximity to caregivers. However, they also articulated a desire for enhanced participation, reduced coercion and increased social connection.

Discussion
The findings demonstrate that the oyster care model is effective in addressing significant care needs. However, fields of tension constrain the model's capacity. The key to reducing these areas of tension lies in strengthening participation in care pathways, breaking of social isolation, proactive somatic care, and providing organisational space to deliver personalised care.

C10 - The Inner World of Healthcare Professionals: Psychological Resilience, Stress Coping Strategies, and Humor

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Background
Healthcare professionals work in environments characterized by persistent stress, emotional labor, and high responsibility, which may challenge their psychological well-being. Psychological resilience enables individuals to adapt to stress, while coping strategies and workplace humor may function as important supportive resources. Understanding how these factors interact is essential for promoting sustainable mental health among healthcare professionals.

Aim
This study aimed to examine levels of psychological resilience, stress coping styles, and humor-based coping among healthcare professionals, to explore their associations with sociodemographic variables, and to determine the predictive roles of resilience.

Methods
A descriptive cross-sectional study was conducted with 217 healthcare professionals. Data were collected using a Personal Information Form, the Adult Psychological Resilience Scale, the Stress Coping Styles Scale, and the Questionnaire of Occupational Humorous Coping.

Results
A total of 217 healthcare professionals participated in the study. The mean age was 35.1±8.7 years; 35.9% were under 30, and 65.9% were nurses, midwives, and health officers. Participants aged ≥40 showed higher stress coping scores ($p=0.027$). Male participants reported higher humor-based coping, particularly instrumental–aggressive and instrumental–socializing subdimensions ($p<0.05$). Humor-based coping was higher in high-intensity units ($p=0.037$).

Discussion
The findings indicate that psychological resilience, while related to coping strategies for stress, is primarily strengthened through relational, familial, and individual resources. Workplace humor was strongly associated with coping strategies but only weakly linked to resilience, indicating that humor functions as an adaptive expression of the coping process rather than a direct component of resilience. These results highlight the importance of relational resources and adaptive coping strategies in supporting healthcare professionals' mental well-being. In short, this study shows that mental health professionals remain resilient not because stress is absent, but because relational resources, adaptive coping strategies, and humor function together as foundational pillars sustaining psychological resilience.

C11 - The Fully Person-Driven Mixed Methods Single Case Study Design: A New Study Design for Mental Health Nursing Research

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Background
Mental health nursing and social-psychiatric settings pose particular challenges for evaluation. Usually the samples are small, there are no control groups, the interventions are not manualised and the service user perspective is not adequately included.

Aim
We aim to present a methodology that represents a possible alternative to conventional evaluation designs.

Methods
We discuss the reasons for developing a new study design for mental health nursing which both reflects methodological challenges and the oftentimes lacking of service user involvement.

Results
The methodology is based on the N=1 or single case study method. Within a mixed methods design, longitudinal interviews are conducted with service users in which both the quantitative indicators and the qualitative data come exclusively from the study participants themselves.

Discussion
The fully person-driven mixed methods single case study design presented here could address many of the methodological problems inherent in mental health nursing and social psychiatric settings and contribute to their solution. The study design includes a quantifiable development, incorporates a control condition, maps the individual's progress, refers exclusively to the perspective of the participating person, and requires only a comparatively small sample size. Under certain circumstances, this procedure could also be helpful in addressing the methodological challenges associated with measuring personal recovery. It could be an alternative in that it quantifies individual problems and goals and their changes rather than an abstract recovery construct.

C12 - Barriers, Consequences and Coping Strategies for Potential Workplace Violence in Municipal Mental Health Services

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Background
Research shows that many mental health workers have experienced workplace violence. Violence may include aggressive behavior and actions that are perceived as humiliating or frightening. Consequences may result in sick leave, burnout, and broader economic implications for workforce and society. Workplace violence negatively impacts treatment outcomes for service users and diminishes the quality of care provided. Despite the severity of the issue, there is limited knowledge of municipal mental health workers' experiences.

Aim
This study aimed to achieve a more comprehensive and nuanced understanding of how municipal mental health workers perceive and manage difficult interactions with service users, concerning potential workplace violence.

Methods
In this study, we employed a qualitative approach. Six focus group interviews were conducted across different municipalities, involving a total of 38 participants. The interviews were recorded, transcribed, and analysed by using reflexive thematic analysis, as outlined by Braun & Clarke.

Results
Our preliminary findings highlight several consequences related to workplace violence. Collaboration between different agencies and health levels appears to be unclear. The findings also indicate that aggression and violence exhibited by service users can be mitigated through a dynamic approach that emphasizes strong relationships. The development of confidence in managing challenging situations seems to be fostered through shared experiences and supportive workplace environments.

Discussion
The preliminary findings highlight a need to improve working conditions in municipal mental health services. Workplace violence is linked to several consequences and our results show that potentially facing violence is often more stressful than the violence itself. Unpredictability and a sense of limited control critically elevate the severity of perceived consequences.
Precarious situations can emerge from inadequate cooperations between different health levels and other agencies. Enhanced communication and coordinated service delivery can be fostered through the exchange of knowledge and a comprehensive understanding of each other's roles and responsibilities. This is important not only for optimizing the quality of services provided but also for ensuring a safer work environment.
A person-centred approach fostering lasting relationships that enable a dynamic approach to addressing service users' needs, are suggested. This underscores the importance of considering both

contextual and relational factors, rather than relying solely on standardised procedures. A sense of safety within the workplace fosters confidence in coping with precarious situations which can serve as a protective barrier against the negative burdens associated with workplace violence.

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C13 - Trauma Recovery Pathways After Gender-Based Violence: Insights from Cognitive Interviews

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Background
Gender-based violence (GBV) is a global public health and human rights concern associated with profound and long-term health and social consequences. An estimated one in three women experiences some form of GBV during her lifetime, underscoring its pervasive nature worldwide. Exposure to GBV affects individuals, families, and communities, increasing healthcare burden and reinforcing gender inequalities. Survivors progress through 7 distinct recovery pathways after GBV, each shaped by a range of personal and contextual influences.

Aim
This study aimed to examine how women survivors understand the Self-Assessment Trauma Recovery Tool through cognitive interviews and to explore how survivors' experiences across the six trauma recovery domains vary throughout their healing journeys.

Methods
Using the Self-Assessment Trauma Recovery Tool, cognitive interviews were conducted with 18 Turkish women participants, and data were collected via a snowball sampling strategy. The thematic analysis was guided by the cognitive survey response model (comprehension, retrieval, judgment, and response).

Results
Findings indicated that participants demonstrated strong comprehension and engagement with the Self-Assessment for Trauma Recovery Tool. Across cognitive interview stages, participants connected items to lived experiences, reflected on recovery as a dynamic process, and often selected growth-oriented responses. Minor cultural and linguistic refinements were identified to enhance clarity. In addition, ongoing analyses are exploring how survivors' experiences across the six recovery domains vary throughout their healing journeys.

Discussion
Findings from the cognitive interviews demonstrated that clarifying selected terms and making minor culturally sensitive revisions enhanced participants' comprehension of the items and improved measurement accuracy. Cognitive interviewing allowed for systematic examination of how participants interpreted, processed, and responded to the items, thereby strengthening content and conceptual validity. Participants' emphasis on emotional, physical, and social-relational aspects of trauma reflects a biopsychosocial understanding of recovery. Narratives describing emotional exhaustion manifesting as somatic symptoms further illustrate the tool's capacity to capture lived experiences. These narratives reinforce the view that healing is a dynamic, context-dependent process, characterized by fluctuations rather than steady progression. While the Turkish adaptation of the tool demonstrated

strong linguistic and conceptual fit, some terms appeared to carry culturally embedded meanings that may have contributed to occasional interpretive ambiguity. Refinement of such terms reduced meaning drift and improved clarity in subsequent interviews. Overall, the Self-Assessment Trauma Recovery Tool appears well-positioned to capture the multidimensional and evolving nature of recovery in GBV survivors.

C14 - Stress and Sleep in Healthcare Professionals (HeartCore Project)

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Background
Healthcare professionals and students face increasing workload, leading to stress, sleep problems, and absenteeism. This negatively impacts well-being, job engagement and care quality. Preventive strategies for stress reduction and sleep improvement remain scarce, despite growing demand for resilient professionals amid workforce shortages and societal challenges.

Aim
This project explores stress and sleep among healthcare professionals and students and evaluates the impact of the Heart Core program on stress, sleep and mental wellbeing through a quasi-experimental trial.

Methods
Mixed-method design: literature review, subjective and objective measurements (PSS, PSQI, ISI, HeartRateVariability, actigraphy), focus groups, and an intervention based on breathing exercises. Heart Core will be assessed via pre- and post-intervention measurements.

Results
Expected outcomes include prevalence data on stress and sleep disorders, insights into absenteeism experiences, and evidence of Heart Core's effectiveness in reducing stress and improving sleep. To date, 133 participants have completed baseline assessments and are actively engaged in the intervention phase. For the cross-sectional study, recruitment has already reached 766 healthcare professionals, including 306 nurses and 118 physicians. Recruitment for both components is still ongoing.

Discussion
This project addresses a pressing societal challenge: mental strain in healthcare. By systematically mapping stress and sleep and implementing an evidence-based intervention, it fosters resilience and retention among professionals. Heart Core offers an accessible approach for both prevention and remediation. Findings will inform HR strategies and policy in healthcare and beyond.

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C15 - Compassionate Care Experiences of Nurses in Acute Psychiatric Settings: A Qualitative Phenomenological Study

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Background
Despite the recognized importance of compassion in psychiatric nursing, research on nurses' perceptions and experiences of compassionate care remains limited. No studies have specifically examined compassionate care from the perspective of psychiatric nurses in acute psychiatric clinics in Türkiye.

Aim
This qualitative study explored psychiatric nurses' perceptions and experiences of compassionate care.

Methods
Eight phenomenological, semi-structured interviews were conducted between April and July 2025, and data were analyzed using Colaizzi's seven-step method. Trustworthiness is maintained through credibility, transferability, and confirmability. Ethical approval for the study was obtained.

Results
Five themes emerged: translating compassion into practice, non-compassionate behaviors, dual faces of care, barriers to sustaining compassion, and recommendations. Compassionate care involved patient-centered listening, empathy, tolerance, and an attentive humane approach. Non-compassionate behaviors included neglect, rudeness, judgment, and traumatic practices such as restraint or isolation, often used for nurses' convenience rather than patients' well-being.

Discussion
Findings highlight the urgent need to prevent non-compassionate care due to adverse effects on adherence, recovery, and trust. Conversely, compassionate care positively influences emotional regulation, engagement, and recovery. Sustaining compassion requires professional development, counseling, and reflective practice.

C16 - Getting Evidence into Practice: Implementing Guideline-Based Interventions to Prevent Coercion in Acute Psychiatry

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Background
The use of coercive measures in inpatient psychiatry varies widely between hospitals, posing major ethical, clinical, and organizational challenges. In Germany, the national guideline "Prevention of Coercion" (DGPPN, 2018) provides evidence- and consensus-based recommendations and formed the basis of a multicentre randomised controlled trial (PreVCo study, 2020–2023). While PreVCo demonstrated successful guideline implementation across 55 wards, implementation in routine clinical settings and readiness for transfer remain challenging.

Aim
The project aims to implement the national guideline into routine practice by applying the PreVCo implementation framework on acute adult psychiatric wards to assess implementation levels and derive taylored, context-specific improvement strategies.

Methods
Using the PreVCo implementation framework, guideline implementation on acute adult psychiatric wards in one psychiatric hospital is assessed through participatory, team-based reflection, enabling identification of implementation gaps and development of tailored context-specific improvement measures.

Results
By January 2026, implementation ratings had been completed on all acute wards. Initial structured ratings were conducted with ward leadership, followed by reflective discussions with multidisciplinary teams who prioritised two to three guideline recommendations and agreed on ward-specific action plans, including responsibilities and timelines. Initial interventions have already been initiated on several wards. The project will continue throughout 2026 and will be adapted to the revised national guideline expected in the second quarter of 2026.

Discussion
The project indicates that structured, participatory implementation processes may support the transfer of guidelines into routine psychiatric care beyond studies. Combining leadership-based assessment and reflective team discussions supported shared understanding of current practice and locally anchored decision-making. Prioritising a limited number of guideline recommendations and agreeing on concrete actions may enhance feasibility and sustainability of implementation efforts. Open and sometimes controversial discussions promoted professional reflection, collegial exchange, and consensus-building, creating an atmosphere in which differing perspectives were welcomed and negotiated. Such processes may strengthen team resilience and professional accountability.
In line with the congress theme Rooted. Resilient. Ready., the project illustrates how evidence can be

rooted in daily clinical practice, how participatory dialogue may foster resilience, and how structured processes can support readiness for sustained implementation.
Limitations must be acknowledged. At the time of abstract submission, implementation is ongoing. Observations therefore remain preliminary and require systematic analysis. Completion before the Horatio Congress will allow more comprehensive reflection.

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C17 - Organizational Factors of Aggression in a Psychiatric Ward: Nursing Observations

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Background
Aggressive behavior of patients hospitalized in psychiatric hospitals is considered a common problem.

Aim
The aim of the study is to assess the organizational risk factors for patient aggression in a psychiatric ward and to compare the obtained data with available statistical data.

Methods
The study was conducted in a psychiatric ward and involved observing the organizational factors of aggression risk. The research team used the results of the Yudofsky Aggression Scale questionnaire as the criterion for aggression.

Results
During day shifts in which acts of aggression occurred, there were fewer male staff, fewer recovery assistants, fewer visits by social workers, and fewer patients under close observation compared to shifts without acts of aggression.

Discussion
Preliminary analyses indicate that the number of shifts with acts of aggression during the study period (over 46-47 days) was 35 (day shifts) and 36 (night shifts). This means that aggressive acts would need to be reported in 76% of shifts on the psychiatric ward, considering every type of aggression. It is necessary to conduct research that helps identify risk factors for aggression and organizational changes that will enable the diagnosis, reporting, and de-escalation of aggressive behaviors in individuals with mental disorders.

C18 - The MAP Across Project: Feasibility of Conducting Aggression Management Training across Nursing Contexts

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Background
Violence in mental health settings is global challenge for health care workers. (WHO, 2022). The Norwegian Management of Aggression Program (MAP) is a two day long training program for health care professionals in mental health care settings (Nag et al., 2019) which have been found to increase long term self-efficacy (Himle et al. 2025). However, factors relating to staffing/accessibility of instructors could be pivotal when implementing aggression management programs (Ward-Stockham et al, 2024).

Aim
Utilized mixed methods to assess whether it's feasible to administer MAP to groups of health care workers representing diverse nursing contexts without compromising perceived quality, usefulness and relevance of the program.

Methods
Participants in the ongoing MAP Across project (N=39) completed a digital survey after participating in a two day training program. Instructors (N=7) were interviewed about their experiences and text data from interviews were analyzed with content analysis (Erlingsson, 2017).

Results
Anonymous quantitative data from the digital survey found that participants perceived the training to be highly relevant and useful for their clinical practice, and of good quality. Qualitative data from open questions yielded two major themes: 1) gaining uniform knowledge aid collaboration, and 2) perspectives of others amplify learning outcomes. Qualitative data from instructors highlighted that collaboration facilitated professional development but required thorough planning.

Discussion
The project was initiated by professional development nurses at Gaustad Hospitals as a response to a perceived need. Few instructors at individual sites hampered utilization of the training program, thus it seemed relevant to pool resources and arrange shared courses. However, caveats and limitations were noted and discussed. Could it be that the day to day activities in a geriatric outpatient clinic differs so much from a psychosis inpatient ward that separate courses was necessary?
Managerial support was seemingly strong, and participants from diverse inpatient settings were enrolled for the course: early intervention in psychosis, geriatric psychiatry and long term psychosis inpatient wards were represented. Instructors were from corresponding settings. After three iterations of the MAP Across course participants report high levels of perceived utility, relevance and quality. A known problem with satisfaction reports is ceiling effect (Salman et al., 2020), yet open ended questions/instructor interviews corroborated our findings: meeting and learning from/with nurses from other contexts was seen as beneficial. Staffing issues and resource scarcity is a crucial implementation barrier (Ward-Stockham et al, 2024) thus we consider our findings also relevant for others.

C19 - Strengthening Continuity After Mental Health Crisis: A Psychiatric Nurse-Led Acute Follow-Up Model

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Background
In 2024, Akureyri Hospital established a psychiatric nurse-led acute follow-up service to address gaps in continuity for patients presenting in severe psychological crisis. Numerous factors, including poor psychiatrist staffing, highlighted the need for an accessible model. The service aims to ensure timely follow-up after crisis visits and strengthen continuity of mental health care across clinical settings[RV1.1].

Aim
To describe the development and implementation of an acute follow-up service and to highlight the contribution of psychiatric nurses in ensuring safe, person-centered continuity of care following acute events in mental health services.

Methods
This implementation project involved nurses collaborating with psychiatrists and service users. Data included service-use records (207 users; 1–5 sessions) and user and staff surveys. Nurses led assessments, follow-up, and outcome evaluation to support continued service improvement.

Results
Since the service began on April 1, 2024, 207 individuals have received acute follow-up care, which has improved access, continuity of service, and a sense of security. The results from the data are now being processed. Initial indications point to satisfaction with increased collaboration and clearer work processes, as well as user satisfaction. Today, a full-time nurse provides flexible follow-up with interviews and by phone, tailored to the needs of each individual.

Discussion
This project demonstrates how the core principles of psychiatric nursing—compassion, clinical skill, and therapeutic relationships—can drive meaningful service innovation. By establishing a structured, nurse-led follow-up, continuity of care was strengthened at a critical juncture for individuals in suicidal crisis or acute psychiatric distress. The service also highlights a major challenge in rural and remote areas: long travel distances, limited access to specialists, and fluctuating staffing make it difficult for people to receive timely mental health support. Despite increased demand and scarce resources, psychiatric nurses provided safe, flexible, and accessible care, including telephone and remote follow-up for individuals living far from services on the outskirts of North Iceland. Early outcomes align with international research such as ED-SAFE, showing that structured follow-up reduces risk and supports recovery. This model therefore demonstrates clear potential for adaptation across mental health systems, particularly in rural regions where nurse-led approaches can close care gaps and enhance crisis support. Rooted in nursing values, this initiative is resilient in meeting emerging needs and is well positioned to shape future mental health care.

C20 - Bridging the Gap in Nursing Complexity: Transversal Care for Individuals with Dual Diagnosis

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Background
Individuals with intellectual and other developmental disabilities (IDD) are at increased risk of psychiatric symptoms (PS). This dual diagnosis (DD) population presents complex care needs that frequently exceed the capacity of traditional service models. Fragmentation between disability care and mental health systems undermines continuity and quality of care. Innovative mental health nursing is pivotal in addressing these gaps through coordinated, person-centered interventions.

Aim
This project aims to develop and implement an integrated mental health nursing model that strengthens nursing-sensitive outcomes by bridging clinical expertise and care capacity between IDD services and psychiatric care for individuals with a DD.

Methods
Through intersectoral collaboration between two Belgian care organizations (Zonnelied & Zorggroep St-Kamillus), an interdisciplinary transversal DD unit (Dwarshoudt) was established, embedding advanced mental health nursing within a shared care framework across disability and mental health sectors.

Results
The transversal model supports DD patients through intensive interdisciplinary care, with mental health nurses coordinating care processes and interventions. Nursing-sensitive outcomes include improved safety, enhanced emotional regulation, increased functional participation, strengthened therapeutic relationships, and greater continuity of care, enabling progression toward a high-quality life within a licensed care provider.

Discussion
Dwarshoudt operationalizes shared responsibility between disability care and mental health services through a transversal unit centered on mental health nursing expertise. Key principles include intersectoral collaboration and the integration of nursing, psychological, and psychiatric competencies. Mental health nurses play a central role in clinical assessment, care coordination, and relational continuity, contributing directly to nursing-sensitive outcomes such as safety, symptom monitoring, emotional support, and functional recovery. Nursing interventions focus on fostering self-worth, autonomy, and existential meaning while maintaining a stable therapeutic environment. Continuity of care is reinforced through active involvement of referring professionals and the resident's social network throughout the care trajectory. This model demonstrates how integrated mental health nursing can effectively address the complexity of DD care and generate measurable nursing-sensitive outcomes.

C21 - Relationship between Resilience, Secondary Traumatic Stress and Work-Related Factors among Mental Health Professionals

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Background
Resilience can be described as the maintenance or rapid recovery of mental health during or after periods of stress exposure. Due to the nature of mental health services, mental health professionals may experience workplace stress because of verbal or physical violence, emotional labor, challenging situations such as isolation and restriction, and exposure to many traumatic stories. Secondary traumatic stress can be defined as effects that occur as a result of witnessing or listening to the traumatic experiences of individuals.

Aim
This study purposed to identify the relationship between resilience, secondary traumatic stress and work-related factors levels among mental health professionals who worked in a regional psychiatric hospital.

Methods
This study used a descriptive search design. Data were collected between January and March 2021 with Personal Information Form, Resilience Scale for Adults, and Secondary Traumatic Stress Scale.

Results
There was a significant positive relationship between resilience and the secondary traumatic stress level of the participants. It was found that the regression model established with secondary traumatic stress, gender, educational status, willingness to work in mental health, satisfaction, and the unit of work was significant on resilience.

Discussion
It was found that secondary traumatic stress levels and work-related factors, such as willingness and satisfaction of working in the field of mental health and the unit, played an essential role on resilience. Providing supervision and institutional support might enhance the resilience of mental health professionals. It is also recommended that institutions take measures to reduce secondary traumatic stress and increase the motivation of mental health professionals.

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C22 - Why Psychiatric Nurses Need to Ask More Than Once: Short-Term Variability of Suicidal Ideation in Inpatient Adolescents

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Background
Nurses in inpatient psychiatric settings provide continuous care to individuals, including those experiencing suicidal ideation (SI). Consequently, psychiatric nurses play a central role in ongoing observation and clinical assessment. To date, short-term fluctuations in SI have primarily been assessed in adults; however, little is known about such fluctuations among adolescents in inpatient settings.

Aim
To better understand SI and its fluctuations among adolescents, we examined its short-term variability.

Methods
Adolescents completed a 7-day ecological momentary assessment (EMA) study with 7 prompts per day, rating their momentary passive and active SI on two items each using a 5-point Likert scale. We computed sum scores for passive and active SI and an overall score across all four items (range = 4–20).

Results
We recruited N = 51 adolescents (aged 12–18 years) from three inpatient child and adolescent psychiatry clinics in Germany. Adolescents completed 78.1% of prompts, resulting in 1,941 valid assessments. Different variability measures (e.g., intraclass correlation coefficient [ICC], root mean square of successive differences [RMSSD]) indicate pronounced short-term variability in SI among adolescents (e.g., mean RMSSD = 2.85), which is further illustrated by individual time-series plots.

Discussion
For instance, in our data, an RMSSD of 2.85 on a 4-20 scale of overall SI indicates that, on average, adolescents' overall SI changed by nearly three points between consecutive assessments, reflecting substantial fluctuations over approximately two hours. Furthermore, compared with EMA studies in adult samples, our findings suggest greater short-term variability in SI among adolescents. The result highlights the need for repeated assessments in clinical practice, particularly by psychiatric nurses, who are often in contact with adolescents experiencing suicidal thoughts. Single point-in-time assessments (e.g., once per day) therefore appear insufficient to adequately capture suicidal risk among adolescents.

C23 - Rooted, Resilient, Ready: The Evolving Role of Mental Health Nurses in Drug Consumption Rooms

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SPoR NSF | Norway

Background
Drug consumption rooms or supervised injecting facilities are healthcare facilities where people who use drugs can do so in safer and more hygienic conditions. Drug consumption rooms across Europe are facing rapidly shifting realities. An increasingly unpredictable drug supply, the rise in crack cocaine use, and growing levels of mental distress place significant pressure on frontline services. In this demanding environment, mental health nurses play a central role grounded in person-centred, holistic, and relational care.

Aim
To explore how mental health nursing fundamentals -values, skills, and therapeutic relationships -play a key role in connecting marginalised populations of people who use drugs, often experiencing high barriers to accessing medical and social support -with health and social support services.

Method
This presentation draws on clinical experience, reflective practice, and observations from daily nursing work in a drug consumption room, highlighting key relational and holistic approaches.

Results
Mental health nurses provide stability in volatile settings by integrating mental and physical health assessment, responding to shifts in drug supply, from opioid injecting dominance towards stimulant and poly drug use with increasing crack cocaine consumption with rapid shifts. Building trust through consistent relational presence, their skills create safety and dignity, enabling people to connect and access broader health and social support.

Discussion
Harm reduction is known for pushing limits of what is understood as health response, as the aim might be unclear for many and often misunderstood.
A broader understanding of health responses and the nursing perspective in these surroundings are much needed, from my point of view. Drug consumption rooms illustrate both the complexity and necessity of mental health nursing.
To understand the people we meet, we must accept that many lives marginalized lives where the use of drugs are given meaning and function and must therefore be seen as coping mechanisms.
Inside European drug consumption rooms, we see rapid changes in drug supply and drug patterns, rising crack cocaine use, and more potent opioids as nitazenes on site, all this leading to high levels of distress that demand advanced assessment skills, de-escalation competence, and strong therapeutic relationships.
Mental health nurses integrate mental and somatic health needs within a person-centred, holistic

framework. Relational work becomes a stabilizing force, fostering trust and opening pathways to care for people who often fall outside traditional services. To connect is one of the main goals for a drug consumption room.

This reflect the core fundamentals of mental health nursing -compassion, presence, and human connection. Mental health nursing in drug consumption rooms are well positioned to embody the conference theme: rooted, resilient, and ready for what lies ahead.

C24 - Strengthening School-Based Mental Health Support: A Nursing-Led Webinar Series for Secondary School Teachers in Ireland

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Background
Teachers are increasingly required to identify and respond to students' mental health needs, yet many report limited training and confidence in this area. Early identification and supportive responses within schools are critical to improving child and adolescent mental health outcomes. Nurses, particularly those working adolescent mental health settings, are well positioned to deliver evidence-informed education to school staff.

Aim
To design, deliver, and evaluate a nursing-led series of mental health webinars aimed at improving teachers' knowledge, confidence, and preparedness in supporting student mental health needs

Methods
A series of 4 interactive webinars was developed and delivered by registered mental health nurses over one academic year. Topics included: Anxiety, Eating disorders, Low mood and depression and managing challenging conversations of self harm or suicide.

Results
As this is an ongoing project final number of attendees have not been determined. Over 300 attended the first webinar delivered. Initial post-webinar evaluations from the first webinar demonstrated increased self-reported knowledge of common child and adolescent mental health conditions and improved confidence in initiating supportive conversations with students. Participants reported greater clarity sign and symptoms and boundaries of their role.

Discussion
Initial feedback and post webinar questionaries suggest that nursing-led mental health webinars are a feasible and effective approach to enhancing teachers' capacity to support student wellbeing. Virtual delivery enabled broad access and flexibility while maintaining interactive engagement. This initiative demonstrates the expanding role of nurses in preventive mental health, cross-sector collaboration, and early intervention. Future work should explore long-term impact on teacher practice and student outcomes, as well as integration into whole-school mental health frameworks. Targeted, nurse-led educational interventions can strengthen school-based mental health support and contribute to early identification and intervention strategies within the community.

C25 - Implementing Brief Therapeutic Conversations based on Cognitive Behaviour Therapy in Psychiatric Inpatient Care delivered by Mental Health Professionals

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Background
Mental health professionals in psychiatric inpatient care attend to patients in a vulnerable situation and they have an important role in the delivery of psychosocial support, and to possibly contribute to a long term process of recovery for patients. In general, the demands for psychosocial support often exceeds what inpatient care can offer, mostly due to lack of resources and the acute nature of daily work at the ward. In summary, evidence supports the use of psychological interventions and highlights the importance of patient-staff relation.

Aim
The aim of the present study was to explore the experiences of mental health professionals involved in this project, specifically their work with a manual-based structure for therapeutic conversations within a psychiatric inpatient setting.

Methods
Design: To obtain the experiences of mental health professionals' in delivering a manual-based CBT intervention, a qualitative approach was chosen with individual semi-structured interviews analyzed with qualitative content analysis.

Results
The result of these interviews came out to be three main categories named; Transition from supporting to treating, Prerequisites for prioritizing conversations, and Seeing the resourceful patient.

Discussion
Engaging in therapeutic conversations with participants was described as a new approach, and to work with a structured method and a predefined agenda was initially associated with feelings of uncertainty. However, over time participants described an increased confidence with gained experience, greater flexibility when using the manual, a recognition of the method's practical value, and a sense of professionalism when working with patients. In addition, the growing confidence — reflecting an enhanced self-efficacy — was accompanied with increased job satisfaction.This study also contributes to the understanding of the experiences of mental health professionals work with therapeutic conversations in psychiatric inpatient care, including a shift towards recognizing patients' strengths, experiences of initiating recovery processes during inpatient care, an increased sense of professionalism and closer relationships with patients.

C26 - Reshaping Mental Health Services with 'Open Dialogue': A Comparative Case Study of 19 Teams in Flanders (Belgium)

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Background
'Open Dialogue' was developed in Finland as an innovative approach to treating psychosis. By centering the network of client, context, and providers, care is organized through recurring network meetings. Finnish studies show positive long-term results regarding symptom reduction and reintegration. While 'Open Dialogue' is spreading internationally, its implementation often faces structural barriers and is subject to local reinterpretations and adaptations to fit existing psychiatric systems.

Aim
This study identifies how residential and ambulatory mental health teams in Flanders (Belgium) apply the 'Open Dialogue' approach, exploring the variations in practice across different organizational contexts.

Methods
A comparative case study was performed using semi-structured interviews with teams whose staff completed the 'Open Dialogue' Foundation Training (20 days). Data from 19 teams were analyzed thematically using the seven 'Open Dialogue' principles as a framework.

Results
The results show a diversity in 'Open Dialogue' practices. Some teams use 'Open Dialogue' as standard-of-care, others for complex cases. "Immediate response" is often limited by context factors like waiting lists. 'Open Dialogue' humanizes care, touching the core of professional identity by shifting from "experts" to "equal partners". The "social network perspective" includes proactive outreach and "absent voices". Practitioners emphasize that 'Open Dialogue' fundamentally enhances connection with clients, networks and colleagues.

Discussion
The study highlights the potential of 'Open Dialogue' as a strategy to shape tomorrow's mental health services. As intended, 'Open Dialogue' is not a monolithic set of principles that need to be implemented exactly as in Finland, but rather a practice that requires context-sensitive development over time.
The potential of 'Open Dialogue' in this regard is reflected by the impact of 'Open Dialogue' on professional identity, ways of delivering care as well as connecting to others: "This is what I was missing in mental healthcare." Practitioners report moving from an "expert" role to being a "compagnon de route," which increases their professional resilience when dealing with complex crises.
The study shows that 'Open Dialogue' allows for a horizontal, democratic way that values all voices equally, including those previously absent. However, structural challenges like fixed hospital shifts and fragmented financing remain. This research paves the way for context-sensitive follow-up studies, demonstrating that even in systems not designed for 'Open Dialogue', teams can successfully reshape care by "planting dialogical seeds." It proves that the essence of the profession lies in authentic human connection: "We are there as humans, connecting from person to person."

C27 - Supporting International Students' Sexual Health and Well-Being: Insights from a Qualitative Study

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Background
International students often face unique challenges accessing sexual health information while also navigating new cultural environments, academic stressors, and emotional transitions that affect overall well-being. As sexual health and mental health are closely connected, mental health nursing has an important role in supporting students' holistic wellness. Understanding students' needs and preferences is essential for creating culturally inclusive supports that integrate both sexual and mental health.

Aim
This study aimed to explore international students' experiences with sexual health education, their current knowledge and needs, and the types of resources they prefer to support their sexual health and mental well-being.

Methods
In 2024, an exploratory qualitative study with 18 international undergraduate students from 11 countries, examined their prior sexual health education, current knowledge, informational needs, and preferred learning formats and resources.

Results
Participants described varied high-school sexual health education, mostly focused on HIV/AIDS, abstinence, and contraception. They reported major gaps in comprehensive content and wanted more on women's rights, gender equality, consent, relationships, boundaries, and broader sexual health. Students also expressed diverse needs and preferences for campus resources to feel informed, supported, and confident.

Discussion
Findings highlight the need for post-secondary institutions to develop culturally inclusive, accessible, and student-informed sexual health programs. Tailored resources and targeted support can empower international students to make informed decisions, navigate relationships safely, build confidence in establishing boundaries, and support their mental well-being. A holistic approach that acknowledges the emotional, relational, and cultural, factors influencing sexual health can help students feel supported. By addressing the gaps identified in this research and providing sexual health resources that are accessible, inclusive, and responsive to international students' diverse needs, institutions can enhance mental well-being, promote sexual health equity, and create a more supportive campus environment.

C28 - Family Interventions in Mental Health Nursing

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Vid specialized university | Norway

Background
International research shows that families and children as next of kin lack information and inclusion when a loved one is affected by mental illness. The “Carpe Study” focuses on children as next of kin when a parent is affected by suicidal behavior. As far as we know, there is limited knowledge about the experiences of children who have grown up with a parent exhibiting suicidal behavior. There is also little understanding of the needs of suicidal parents regarding support for their children.

Aim
The experiences of adult children who grew up with a suicidal parent: How did this experience impact their upbringing? Additionally, what experiences do suicidal parents have regarding healthcare professionals involvement of their children?

Methods
The design was qualitative, employing a narrative inductive approach. A total of 22 participants were included, consisting of 11 next of kin and 11 parents. Next of kin and parents had no prior acquaintance or familial relationship with each other. Narrative thematic analysis was utilized.

Results
Adult children did not perceive the suicide attempt as the most traumatic event of their childhood; instead, they interpreted the suicide attempt as a consequence of the parent’s mental illness and/or substance dependence. The suicide attempt was rarely discussed, and in some cases, it was covered up. Parents were generally supportive of healthcare professionals (Hcp) involving children and families in treatment. However, it appears that Hcp rarely implement family-oriented interventions.

Discussion
The findings indicate that children who have grown up with a suicidal parent experience a lack of support from their families, society, and healthcare professionals. For some time, there has been a prevailing belief that children should be shielded from serious topics, such as parental suicidal behavior. This belief seems to extend to healthcare professionals, including nurses. Similar findings have been reported in studies involving children raised in the context of severe mental illness, substance dependence, and serious physical illness. In this regard, nurses bear a significant responsibility for children as next of kin. One might question whether openness about serious topics is always beneficial. It can be frightening for a child to learn that a parent has contemplated leaving them. Nonetheless, findings indicate that, in some cases, children have witnessed the suicide attempt and recognize early on that something is wrong. Therefore, they must be offered the opportunity for conversations with healthcare professionals. Nurses act as the glue within hospital departments and are often responsible for the initial interactions with both patients and their families. A forward-looking nursing service must increasingly focus on family-oriented care.

C29 - Supporting Parents of Children and Adolescents Hospitalized with an Eating Disorder in Mental Health Care Settings: Adapt, Test and Evaluate a Support Group Intervention

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

Aim
The aim of this project is to adapt, test, and evaluate support groups for parents of children and adolescents hospitalized with an eating disorder in mental health care settings.

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

Results
The project is an upcoming PhD project. The project will result in an intervention as a support group specifically designed to support parents of children and adolescents hospitalized with an eating disorder.

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

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C30 - Exploring Parental Agency in the Context of Youth Suicidal Behaviour

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Background
Caring for an adolescent with suicidal behaviour involves navigating profound emotional and practical challenges, yet existing research has only minimally examined the broader social and cultural contexts that influence parents' ability to act. Therefore, parental agency, understood as parents' capacity to undertake this demanding form of care, remains poorly theorized.

Aim
To abductively explore how parents responded to their child's behaviour within the conditions of their socioeconomic contexts. Using figured worlds theory, we explored how parental agency and identities were shaped by cultural norms of good parenting.

Methods
Using a qualitative exploratory design informed by an interactionist perspective, we conducted semi-structured interviews with 21 parents of sons and daughters with suicidal behaviour between September 2019 and November 2020. The interview transcripts were analysed using an abductive approach.

Results
Participants navigated and negotiated the positions available to them within two distinct figured worlds of parenting, each characterized by different parental identities and capacities for agency. Those who situated themselves emotionally close to their child had a broader scope for action, enabling them to take up and improvise a wider range of roles and forms of influence than those who did not.

Discussion
The study offers a novel contribution to research on parental experiences in the context of adolescent suicidal behaviour. To our knowledge, this is the first to apply figured worlds theory to conceptualize parental agency. Our findings highlight that enhancing parental agency requires more than fostering individual skills and motivation; it also entails addressing the social, economic, and relational conditions that shape parents' capacity to care. They also suggest that not all parents are equally positioned to take on an active role in youth suicide prevention. Interventions that strengthen relational connections may help parents renegotiate their position and expand their scope for agency.

C31 - From Safety to Agency: Patients' Experiences of a Generic Model for Self-Admission in Mental Health Care

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Background
Patients with mental health conditions often report feeling misunderstood and insufficiently involved during emergency care encounters, which may hinder timely care-seeking to inpatient care. Self-admission is a crisis intervention that enables individuals to directly contact their psychiatric inpatient ward for a brief admission when needed. To ensure consistent implementation, a transdiagnostic model for self-admission was developed in Stockholm for use across psychiatric services, regardless of location or diagnosis.

Aim
This study examined experiences of access to self-admission among patients with diverse mental health needs, and its impact on their everyday life.

Methods
Semi-structured interviews were conducted with sixteen patients in adult psychiatry who had at least six months of experience with self-admission and varied in gender, diagnosis, and age. The interviews were subsequently analyzed using Braun and Clarke's thematic analysis.

Results
One overarching theme, From safety to agency, and three themes were identified: Sense of security, Care that supports, and Facilitating recovery. Self-admission promoted self-awareness, earlier help-seeking, and use of coping strategies and crisis plans. Further, self-admission contributed to maintaining meaningful routines and social connections, and in preventing further deterioration and need for inpatient care. Self-admission was generally perceived as empowering, but some participants experienced challenges in managing increased autonomy.

Discussion
This study suggests that this transdiagnostic self-admission model may improve accessibility and continuity of care, as well as autonomy and patient involvement, ultimately fostering a greater sense of security, control, and self-efficacy in everyday life. Participants described improved relationships with, and support from, close relatives after gaining access to self-admission. This self-admission model appears to reduce relatives' burden and promote a more family-oriented, supportive approach to mental health care. At the same time, it was noted that care could be improved by involving relatives more actively in the process. In addition, healthcare providers should recognize the challenges patients face in managing increased autonomy and offer appropriate support, especially during the initial period after they gain access to the model. This self-admission model appears to be a valuable approach for promoting person-centred care and personal recovery.

C32 - Enhancing Belonging and Mental Well-Being Among Visible Minority Nursing and Psychiatric Nursing Students

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Background
Visible minority nursing and psychiatric nursing students often face unique challenges that can affect their sense of belonging, coping, and overall mental well-being within academic programs. Understanding their experiences is essential for developing supports, strategies, and resources that promote mental health and academic success.

Aim
This study explored the experiences of visible minority nursing and psychiatric nursing students at a western Canadian university, focused on factors that influence sense of belonging and coping strategies.

Methods
A multiple-methods approach was used. An online survey of second, third, and fourth-year nursing and psychiatric nursing students assessed belonging and coping. Semi-structured interviews with self-identified visible minority students provided insight into their lived experiences.

Results
The study identified key factors that contributed to students feeling included, supported, and ability to maintain mental well-being when confronted by academic stress. Participants highlighted resources, strategies, and supports that enhanced belonging, coping, and mental health, and identified gaps where additional support would be valuable.

Discussion
Findings from this study highlight the importance of developing targeted, inclusive, and culturally responsive strategies within nursing and psychiatric nursing programs that support both academic success and mental well-being. By addressing identified gaps , institutions can strengthen student engagement, reduce stress, promote equitable learning environments, and foster a supportive campus culture to enhance the overall mental well-being, resilience, and academic experience of visible minority students.

C33 - Psychiatric Nursing Interventions in German-Speaking Countries: Evidence from a Narrative Review of Randomized Controlled Trials

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Background
Psychiatric nurses play a key role in mental health care, yet evidence on the effectiveness of their interventions in German-speaking countries (DACH) remains limited. Internationally, nursing-led interventions show promising outcomes, but their implementation in DACH countries is slow. This review synthesizes current evidence from randomized controlled trials (RCTs) and meta-analyses to inform practice and policy.

Aim
To present findings from a narrative review on psychiatric nursing interventions, highlighting effectiveness, intervention types, and implications for practice and research in the DACH region.

Methods
A narrative review was conducted using PubMed, Embase, and CINAHL (2015–2025). Inclusion criteria: interventions delivered by psychiatric nurses; RCTs or systematic reviews/meta-analyses of such RCTs; target group: people with mental illness; languages: English/German.

Results
Twenty-eight RCTs from 13 countries were included, mostly in community settings. Interventions clustered into four categories: psychological/psychotherapeutic (e.g., CBT, motivational interviewing), psychosocial/self-management (e.g., recovery programs), holistic-creative (e.g., body-mind-spirit, art therapy), and structural-systemic (e.g., collaborative care). Consistent positive effects were found for psychiatric symptoms, social functioning, and health behavior.

Discussion
Psychiatric nursing interventions show strong potential to improve outcomes such as symptom reduction, recovery, and social participation. However, most evidence comes from non-DACH countries and outpatient settings, highlighting a research and implementation gap. To leverage this potential, the DACH region needs targeted training, clear role profiles, and supportive frameworks for advanced practice roles. Interventions reflect core nursing values—person-centeredness, empowerment, and recovery orientation—but require structural support to scale. Future research should prioritize recovery-oriented outcomes, PROMs/PREMs, and co-production with service users to ensure relevance. Methodological innovation is essential: complex interventions cannot always be captured by traditional RCTs, calling for mixed-methods and pragmatic designs. Strengthening interprofessional collaboration and integrating nursing expertise into guidelines will be key to addressing unmet needs and improving mental health care quality.

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C34 - From Stress to Strength: Growing Through Pressure in Nursing Students' Clinical Placement Experiences

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Background
Nursing students face significant stress due to their dual role as learners and future healthcare professionals. Clinical learning environments (CLEs) are a major source of stress, which can negatively impact students' psychological well-being, academic performance and professional identity. While stress may sometimes motivate learning, high levels often lead to adverse effects. Understanding the complex stressors and their influence on nursing students is essential to promote optimal educational outcomes based on compassion and competence.

Aim
To explore third-year nursing students' experiences of stress during clinical placements focused on students' self-perceived stress levels, main stressors and potential gender differences in stress and coping strategies.

Methods
Qualitative study using triangulation to explore third-year nursing students' stress during 2023–24 hospital placements. Purposive sample n=23. Collected 11 observations and 3 focus groups (recorded, transcribed). Inductive–deductive thematic analysis with researcher triangulation. following COREQ.

Results
26 final-year nursing students participated in the study. They ranged from 20 to 39 years, of whom 15 were women. The thematic analysis of the data revealed four main themes that describe the student nurses' experiences of stress during clinical placements. These themes directly address the objectives by elucidating the psychological stress sources, the protective factors in Clinical Learning Environments and the student coping skills. Gender inequalities were identified through the themes.

Discussion
The findings show that perceived stress among third-year nursing students during hospital placements is a complex phenomenon shaped by individual, academic, and structural factors within the clinical context.
Students reported academic overload, feeling insufficiently competent, and struggling with the dual student–professional role, all of which remain central stressors aligned with previous literature. Personal life disruption and the emotional burden of interacting with patients and families further increased their psychological vulnerability.
A key element is the impact of gender inequalities, which emerged as a cross-cutting determinant influencing both the learning climate and the formation of professional identity. At the same time, support—especially from clinical and academic mentors—acted as a crucial protective factor, helping students regulate emotions, resolve conflicts, and build confidence.

Growing self-efficacy throughout training, along with self-care strategies, also helped mitigate stress. Overall, the results highlight the need for a comprehensive approach to addressing stress in clinical placements, considering the learning environment, gender dynamics and institutional resources to promote equitable and sustainable conditions for future nurses.

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C35 - The First Contact Counts: The Entrance-Group as Structured Nursing Orientation in Forensic Care

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Background
The first days in forensic addiction treatment are marked by disorientation, power asymmetry and high relational vulnerability. Mental health nurses become the first therapeutic anchor, balancing safety with person-centred engagement. The Entrance-Group was developed as a structured, nurse-led intervention to provide transparent orientation, reduce anxiety and enable early autonomy during this critical transition phase.

Aim
To present the Entrance-Group as a nursing-led innovation that strengthens early therapeutic engagement by providing orientation, relational safety and autonomy for individuals newly admitted to forensic addiction treatment settings.

Methods
A mixed-methods design guided development: a systematic literature review identified core orientation needs; a nurse-developed four-module concept was created; and patients in the admission phase completed a structured questionnaire evaluating clarity, usefulness and relevance.

Results
Patients reported high relevance of clear rules, rights, expectations, and communication norms. Orientation reduced uncertainty and enhanced early therapeutic understanding. Nurses described improved consistency, transparency and relationship-building. Feedback led to refining modules, especially around explaining “therapy”. Findings indicate that structured orientation supports motivation and reduces early-phase tensions.

Discussion
The Entrance-Group demonstrates how mental health nursing can actively shape the most critical and vulnerable point of forensic care: the moment of admission. Orientation is not merely informational but a relational and ethical nursing intervention that transforms disorientation, fear and power imbalance into clarity, predictability and early engagement. By translating security requirements into transparent, comprehensible structures, nurses reduce escalation risks and strengthen autonomy in a coercive environment. The model makes visible that relational safety—created through tone, transparency and consistent expectations—is a core nursing contribution often overlooked in forensic discourse. Patient feedback informed further refinement, underscoring the value of co-creation in restrictive settings. Although exploratory, findings indicate that structured, nurse-led orientation enhances motivation, trust and therapeutic readiness. The Entrance-Group offers a transferable framework for European mental health services seeking to integrate ethical sensitivity, safety and person-centred care at the point where it matters most: the first contact.tices.

C36 - Predictive Role of Psychological Resilience on Disaster Preparedness among Psychiatric Nurses: A Cross-Sectional Study

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Background
Psychiatric nurses are integral to disaster response; effective management demands both technical proficiency and robust psychological resilience. Elucidating the nexus between this internal resilience and disaster preparedness is imperative for fortifying the readiness of the psychiatric nursing workforce during global crises.

Aim
This study aimed to determine the predictive role of psychological resilience on disaster preparedness among psychiatric nurses, seeking to enhance workforce readiness for future crises.

Methods
This descriptive, cross-sectional study included 140 psychiatric nurses. Data were collected via a Personal Information Form, Psychological Preparedness for Disaster Threat Scale, and Brief Resilience Scale. Analysis utilized Pearson correlation, linear regression, t-tests, and ANOVA.

Results
Mean disaster preparedness was 62.77±13.79. Resilience significantly predicted preparedness (β=0.272, p=0.001), explaining 6.7% of variance. Preparedness was higher for nurses with formal disaster training (p=0.003) and ≥5 years experience (p=0.028). Exclusive night-shift nurses had significantly lower scores than day/rotating peers (p=0.024), though interpreted cautiously due to small sample size.

Discussion
While psychological resilience serves as a vital internal resource for disaster preparedness, it is not solely sufficient to ensure comprehensive readiness. The findings indicate that clinical experience and targeted education are equally critical components. Furthermore, the observed vulnerability among night-shift personnel highlights a potential structural gap in training accessibility. Healthcare institutions must address these disparities by integrating psychological empowerment initiatives with high-fidelity, simulation-based disaster training. Crucially, organizational policies should guarantee that these professional development opportunities are equitably accessible to all staff, irrespective of their shift schedules. Future research utilizing larger cohorts with balanced shift representations is warranted to elucidate the nuanced impact of working hours on crisis readiness. By cultivating both psychological resilience and technical competencies, the workforce can be better equipped to safeguard patient well-being during disasters

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C37 - Experience and Attitude of Staff in Psychiatric Wards at Landspitali University Hospital to Intermittent Supervision and Suicide Observation

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Background
Observation is a key safety intervention on psychiatric wards used to prevent aggression, absconding, self-harm and suicide. Intermittent observation at 5–15 minute intervals is one type. Failure to implement it can result in serious harm. Implementation may be disrupted by staff shortages and attitudes of staff and patients. Following two suicides, protocols in psychiatric wards at Landspitali University Hospital were reformed in 2019 and divided into supervision- and suicide observation. Literature is sparse on implementation outcomes.

Aim
The aim of the study was to explore the experience and attitudes of staff in psychiatric wards at Landspitali towards the implementation of intermittent observation, and to explore staff experience with factors influencing the implementation.

Methods
Hermeneutic methodology was used and data gathered with focus groups. Participants were fifteen, nine males and six females from six psychiatric wards at Landspitali. Mean age was 38,3 years and mean seniority 7,16. Participation required one year experience and 50% employment.

Results
According to participants, observations were usually implemented regularly and reduced conflict behavior. The implementation could fail because of disorganization, overuse, incorrect use of observation sheets/monitoring and mistrust between professionals. Factors that worsened the implementation were: environmental factors, unsuitable location of observation sheets/monitoring, lack of communication between staff and staff shortages. Observation sheets/monitoring seem to improve implementation of observation and suicide observation is safer.

Discussion
Although observation is an important nursing treatment it cannot prevent all conflict behaviours. As suicide may occur within 15 minutes the intermittent observation cannot be completely safe. There was inconsistency in the participants responses. Various things could disturb the implementation and jeopardise observation. Observation sheets/monitoring are important instruments for implementing observation. It is important to use observation sheets in all psychiatric wards where intermittent observation is done as they seem to improve the implementation of the observation as a reminder. Intermittent suicide observation is useful and should be used where patients are at risk of suicide. Because of unsuitable housing of psychiatric wards at Landspitali, significant improvements

need to be made to the environment, to ensure safety. Staffing problems were severe, varying by wards. Staffing needs to be improved, especially at night when patients are admitted at high risk. However, consideration could be given to reducing observation at night for those not in suicide risk. Communication between staff needs to be improved. Not the least between different professions. It is worth to consider improving communication with patients while implementing the observation to make it more humane.

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C38 - Reflections and Lessons Learned from a Journal and Research Club in Advanced Mental Health Nursing Practice

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Background
Advanced practitioners play a key role in leading evidence-based care but often lack time, skills, and organisational support for research. Many ANPs feel unprepared to appraise and apply evidence, with added challenges in mental health settings. Despite clinical demands, research, leadership, and education remain essential pillars. Journal and research clubs may help build confidence and strengthen research skills.

Aim
This quality improvement initiative aimed to establish a journal and research club to support advanced nurse practitioners (ANP) in mental health in transitioning to the ANP role in mental health services.

Methods
Following the SQUIRE 2.0 framework for publication of quality improvement studies, written reflections (n = 70) from seven ANPs were analysed using content framework analysis to identify lessons learned.

Results
Four themes revealed: research capabilities, expanding the ANP role and practice, learning through reflective practice, and group synergy.

Discussion
The initiative strengthened ANPs' research confidence and skills, supporting their transition into the advanced role. Four themes emerged. Theme 1 focused on developing research capability, highlighting gains in confidence, competence, and the ability to identify, appraise, and apply evidence within mental health practice. Theme 2 reflected the expanding ANP role, capturing challenges, the value placed on education, and a growing commitment to research and quality improvement. Theme 3 emphasised learning through reflective practice, with the journal club providing a safe, supportive space that encouraged open discussion and collective learning. Theme 4 highlighted group synergy, showing how shared learning, facilitation, and peer support strengthened networks and enabled ANPs to assume leadership roles as their research confidence grew.

C39 - Mental Health Concerns Among Canadian Women Veterans with Experience of Homelessness

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Background
Pathways to homelessness for Canadian Veterans are complex and influenced by pre-existing health conditions and experiences related to military service. Conservative estimates suggest there are 2,400 Canadian Veterans experiencing homelessness with 30% identifying as women. A study among Veterans in Ontario, Canada revealed that nearly 30% of Veterans seek mental health support from a primary health care provider within 5 years of discharge but the specific needs among women Veterans is unclear.

Aim
The aims of this study are threefold:
(1) to address the knowledge gaps in the literature;
(2) to deepen the understanding of how gender intersects with psychosocial factors;
(3) to co-create solutions to homelessness among Canadian Women Veterans.

Methods
Recruitment is currently ongoing and is utilizing a mixed-method design. The qualitative component employs ethnographic approaches to consider the broader cultural experiences as well as individual experiences. The quantitative component includes descriptive statistics and subgroup analysis.

Results
Preliminary emergent findings uncovered widespread issues of trauma and mental illness, requiring additional support. Post-traumatic Stress Disorder, military and pre-military sexual trauma, substance use disorder and depression were reported by participants. A lack of awareness and access to mental health resources was also widely reported. Some participants reported difficulty maintaining employment and losing their housing due to mental health.

Discussion
The preliminary findings revealed that more mental health support and gender-specific models need to be developed. Greater access and awareness of mental health programs need to be made more readily available. Future housing programs should focus on housing specifically for women Veterans as congregate living may not be suitable for those with sexual trauma. A lack of awareness for psychiatric supports and resources specifically for Veterans was also reported. This indicates that there may be a disconnect in the transition from military to civilian lifestyle. Ensuring referrals to resources upon discharge may help to alleviate issues reported by women Veterans. The data and analyses generated from this study will contribute a significant step towards laying the foundations for future Veteran research across Canada and the international community. It is hoped that this study will accelerate population-level functional zero homelessness in communities through the development of gender-specific recommendations for practice, housing and policy.

C40 - Anxiety and Depressive Symptom Experiences in the Perinatal Period: Samples of Two Different Countries

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Background
Perinatal mental health problems, particularly anxiety and depression, occur in approximately 20% of women during pregnancy or in the first year after birth. This rate can be as much as double in developing countries.

Aim
This study was conducted to determine the levels of anxiety and depressive symptoms and the factors affecting them in women during the perinatal period in Diyarbakır, Türkiye, and Accra, Ghana.

Method
This descriptive and cross-sectional study was conducted with 1,021 (TR: 437; GH: 584) perinatal women between 25.06.2024 and 15.09.2025. Data were collected using the Information Form, Hospital Anxiety and Depression Scale (HADS).

Results
Women living in Turkey had significantly higher anxiety levels than women living in Ghana. 53.5% of women living in Turkey scored between 8 and 10, while 33.9% of women living in Ghana scored in the same range. A significant difference was found between the two groups in terms of anxiety levels. No significant difference was found between women living in the two countries in terms of depression scores and levels.

Discussion
This study determined that factors associated with anxiety and depression in perinatal women are influenced by cultural factors in both countries. Therefore, it is recommended that any changes made to this approach be culture-specific.

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C41 - Transition to Parenthood and the Birthing Experience: Reflections from Individuals with a History of Sexual Violence and/or Birthing Trauma

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Background
Giving birth is a significant life event; however, for individuals with a history of sexual violence, it can also be deeply complex and potentially re-traumatizing. While a great deal of research focuses on the impact of childhood sexual violence on childbearing, there is a notable absence of research that examines the impact of sexual violence experienced in adulthood on the birthing experience. This gap is particularly important, as research suggests that adults process sexual violence differently than those who experienced it during childhood.

Aim
This project explores the experience of childbirth and the transition to parenthood for birthing individuals with a history of sexual violence in adulthood, and those with a history of birth trauma either with or without a sexual violence history.

Methods
Using trauma-informed qualitative research methods we conducted semi-structured interviews with individuals who have given birth since January 2022. All participants experienced sexual violence in adulthood, had a traumatic birth, or had both. All participants were from the same geographic area.

Results
Through thematic analysis, our findings offer critical insights into how sexual violence experienced in adulthood shapes birthing and the transition to parenthood. We explore the experiences of these individuals while focusing on the attitudes and practices that impacted their trauma, as well as those that were protective factors.

Discussion
The results of this research study provide valuable insights into the methods to improve birthing experiences for all individuals. Additionally, we explore the benefit of psychiatric and mental health nurses being available and present in environments, where they are not typically included, to provide support for birthing individuals with a history of trauma, either prior to the experience or during. We also explore the implications of these findings for nursing practice more broadly, and reiterate the importance of using a supportive, trauma-informed approach during childbirth.

C42 - Experiences of Self-Admission Among Adolescents in Child and Adolescent Psychiatry

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Background
Child and adolescent psychiatry (CAP) is under increasing strain due to rising mental health needs among adolescents, which may lead to delayed care, more severe conditions, and a higher risk of coercive interventions. This highlights the need for care models that promote early support and increased patient participation. Patient-Initiated Brief Admission (PIBA) is one such intervention. While well established in adult psychiatry, it remains less explored within CAP, indicating a need for further research on adolescents' experiences of PIBA.

Aim
To explore adolescents' experiences of Patient-Initiated Brief Admission within CAP.

Methods
A qualitative design was used. Data were collected through semi-structured interviews with ten adolescents who had experience of PIBA within CAP. The interviews were audio-recorded, transcribed verbatim, and analyzed using thematic analysis.

Results
Preliminary findings generated three main themes with subthemes. PIBA was experienced as support before crisis escalation, offering an alternative to, and protection from self-harm and a pause from overwhelming situations. It also provided a more predictable pathway to care, reducing uncertainty and strengthening adolescents' sense of control. However, PIBA became helpful through relational nursing support, including validation, proactive outreach and individual adjustment.

Discussion
PIBA appears to offer several potential benefits for adolescents within CAP. Through PIBA, adolescents were given the opportunity to influence decisions regarding their own care and decide for themselves when admission was needed. This contributed to increased participation, a sense of security, and feeling respected- elements aligned with the need for person-centred care. PIBA also appears to provide a safe alternative to self-harm and suicide attempts. Although some areas for improvement were identified, the preliminary findings suggest that PIBA may be a suitable intervention for supporting adolescents and potentially preventing or reducing severe mental health problems. Providing adolescents with the opportunity of PIBA can be an important step toward taking greater responsibility for their own care and well-being. Building trust with healthcare providers and learning to recognize early signs of deterioration are key prerequisites for encouraging adolescents to seek help proactively in the future.

C43 - Advanced Practice Nursing in Psychiatric Care in Switzerland: Results of a National Survey

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Background
Advanced Practice Nursing (APN) is increasingly discussed as a response to complex mental health care needs. While international evidence highlights positive outcomes of APN roles, their implementation in psychiatric care in Switzerland remains limited. In Switzerland, APN roles in mental health nursing are still evolving, and empirical data on their distribution, activities, and perceived impact are scarce.

Aim
To describe the distribution, roles, and activities of Advanced Practice Nurses in psychiatric care in Switzerland and to explore perceived contributions, facilitators, and barriers to role implementation.

Methods
A national, cross-sectional online survey was conducted between January and March 2025. Participants were APNs with a completed or ongoing MSc in Nursing, working in specialized psychiatric care in Switzerland. The questionnaire included closed and open-ended questions.

Results
57 APNs participated in the survey (mean age 39 years; mean psychiatric experience 13 years; mean experience as APNs: 4 years). Most worked in inpatient (67%) and / or outpatient settings (52%). Core activities included relationship building, education of patients, caregivers or health professionals, treatment planning and disease management, and coordination of care. APNs reported positive contributions to patient empowerment, care quality, team competence, and service efficiency, alongside substantial structural and role-related barriers.

Discussion
The findings highlight APNs as key drivers of person-centred, relational, and recovery-oriented mental health care—core fundamentals of mental health nursing. Their work is deeply rooted in nursing values such as therapeutic relationships, holistic assessment, and advocacy, while simultaneously fostering innovation at organisational and system levels. Reported outcomes suggest that APNs strengthen resilience among service users, families, teams, and services, particularly by addressing complexity, continuity of care, and stigma.
However, unclear role definitions, limited regulatory frameworks, and insufficient funding constrain the full potential of APN roles, especially in outpatient mental health care. The diversity of APN roles represents both a strength and a challenge, requiring clearer articulation of competencies and stronger policy support.
This study underscores the need for targeted role development, improved visibility, and stronger evidence generation to ensure that APNs are ready to shape the future of mental health nursing in Switzerland and beyond.

C44 - Social Nurse in Psychiatry

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Background
Since 2022, the Capital Region of Denmark has employed “social nurses” in all psychiatric hospitals with emergency wards. Social nurses have the specific task of supporting socially vulnerable patients during hospitalisation and at discharge, ensuring that appropriate support is in place afterwards. Some patients are homeless, have legal issues, substance use problems, or limited or no financial support. Social nurses provide support in contact with other sectors, always with regard to the patient’s psychiatric condition.

Aim
Social nurses support the socially vulnerable and work to counteract the stigma some of them experience. They provide direct assistance to patients, but also work at a more general level within the psychiatric system through education and sparring.

Methods
During the implementation of the function, it was evaluated by a Professor specialising in dual diagnosis. Patients were interviewed or completed questionnaires. Psychiatric staff and staff from other sectors were interviewed about their experiences with social nurses.

Results
Patients reported high satisfaction with the support provided. They highlighted specific assistance in finding appropriate social support. Social nurses gave patients hope that their situation could change. Patients reported experiencing less stigma related to substance use, which in turn made them more willing to talk about it. Staff highlight the social nurse knowledge on socially vulnerable. Other sectors describe psychiatry as a closed system, social nurses bridge the gap between sectors.

Discussion
Through their focus on socially vulnerable patients, psychiatric social nurses have a significant impact on a highly vulnerable group that often experiences stigma and exclusion. Social nurses are directly involved in the individual patient’s pathway within psychiatric care. Through their relationship with the patient, they help to bridge gaps between sectors. This occurs at an organizational level, but also through physically accompanying patients and participating in meetings with municipal authorities, treatment centres, and other collaborating partners. Through this work, social nurses provide advocacy for a vulnerable group that often experiences difficulties in dealing with authorities and the healthcare system.
Collaborating partners in other sectors report that social nurses make cooperation with psychiatry easier in individual cases. Social nurses create continuity in a system where different psychiatrists and staff may be involved from day to day. Collaborating partners also report that they receive guidance from social nurses due to their knowledge of psychiatry and the psychiatric system. A substantial part of the social nurse role is the education of staff and collaborating partners on topics related to social vulnerability.

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C45 - Embedding Palliative Care Expertise in Psychiatric Care: Implementation of a Palliative Nursing Consult Service

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Background
Individuals with chronic psychiatric disorders (e.g. schizophrenia) often require long-term care, either in psychiatric long-term care facilities or through ambulatory services. Many individuals affected prefer to live at home as long as possible and wish to die in their familiar environment, highlighting the need for palliative care expertise among psychiatric nurses. However, to the best of our knowledge, only a small number of psychiatric nurses have specialized training in palliative care.

Aim
We aimed to implement a palliative care nursing consult service to raise awareness of palliative care and to make the expertise more accessible in daily psychiatric nursing practice.

Methods
We developed the approach in 2024 in collaboration with nursing experts in psychiatric long-term care, including those with specialized training or in training. In 2025, the project was piloted at the German Center for Psychiatry Südwürttemberg (ZfP Südwürttemberg).

Results
During implementation, challenges included the lack of standardized documentation for nurses trained in palliative care. Preliminary results showed a small number of psychiatric nurses with such expertise in long-term care. To address this, networking and exchange platforms were established as a first step. Additionally, documentation processes were reviewed to enable future evaluation.

Discussion
Feedback from palliative care nurses indicated the effectiveness of the initiative in raising awareness of palliative care, providing insight into the need for continuous learning and adaptation. However, this pilot project serves as a best-practice example focusing specifically on the nursing profession within psychiatric care. Further research should focus on its utilization in daily care and its effectiveness. Currently implemented only in the long-term care setting, there are plans to expand it to other areas of psychiatry (e.g. geriatric psychiatry). The initiative also envisions broadening the scope to include interprofessional collaboration, contributing to person-centered care.

C46 - One-Minute-Wonder in Psychiatric Nursing: Implementing Microlearning as a Strategy for Knowledge Transfer and Trust-Building in a German Mental Health Setting

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Germany

Background
Nurses often face idle minutes in clinical routines, such as waiting at a blood gas analyzer. In the 1980s, the One-Minute-Wonder (OMW) was created to use this time for microlearning. OMWs summarize best practice knowledge on a single page, readable in one minute. Today, OMWs are established in German-speaking countries. A survey of 191 network members showed 74% use, with high educational gains and impact on reflection and knowledge sharing (Krüger et al., 2022).

Aim
To implement One-Minute-Wonders in a German psychiatric hospital, fostering continuous development in mental health nursing and establishing trust in a new nursing development role through evidence-informed microlearning.

Methods
Since 2024, OMWs were developed in-house at Fachklinikum Bernburg. Topics included DBT, de-escalation, trauma-informed care, and suicide prevention. Posters were biweekly displayed in staff rooms and waiting areas, with staff input shaping topics and ownership.

Results
Initial feedback indicates high acceptance: staff describe OMWs as “quick refreshers” and “useful reminders.” They stimulate team discussions and reflection on practice. The visibility of OMWs also increased awareness of the nursing development unit, building trust. A retrospective survey is planned to further evaluate usefulness, relevance, and suggestions for improvement, combining quantitative and qualitative responses.

Discussion
The implementation of OMWs in psychiatric nursing confirms evidence that microlearning fosters retention, lowers barriers to training, and complements formal education. In psychiatry, where workloads and emotional demands are high, low-threshold educational tools can act as anchors for resilience and professional identity. OMWs do not replace structured training but bridge theory and practice, offering “knowledge at a glance” in idle moments. Importantly, their introduction also strengthened the credibility of the nursing development role: by providing tangible and practical benefits, OMWs enhanced staff engagement and established the unit as a trusted partner in daily practice. The project illustrates how microlearning can be adapted to mental health settings and used strategically to support both professional competence and organizational development.

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C47 - Enhancing Recovery in Outpatient Care: Findings from a Group Intervention in the North Denmark Region

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Background
There is a growing demand for person-centered and recovery-oriented interventions. Mental health nurses have been hesitant to deliver such interventions in group formats. To address this, two service users, a researcher, and a mental health nurse co-designed a person-centered recovery-oriented group intervention comprising two Discovery Group sessions from Tidal Model and ten Guided Self-Determination sessions. Groups comprised one mental health nurse facilitator and three to four outpatients.

Aim
To evaluate clinical and implementation outcomes of a person-centered group intervention delivered in outpatient clinics for patients with affective or psychotic disorders.

Methods
The study used a mixed-methods concurrent design. Quantitative data were collected at baseline, at the end of the group intervention, and again three months later. Qualitative data were gathered at the end of the intervention and at the three-month follow-up.

Results
Twenty-four patients consented to participate in the study, and seventeen completed the group intervention. Both facilitators and participants found the structure and content of the intervention acceptable and meaningful. Participants showed improvements in self-esteem as well as in goal and success orientation, both quantitatively and qualitatively, and described the intervention as positively influencing their personal recovery in daily life. Notably, participants emphasized that peer support.

Discussion
Our findings indicate that both the Discovery Group sessions and the Guided Self-Determination Method components contributed meaningfully to participants' personal recovery process. While participants emphasized the value of peer relationships and the Guided Self-Determination Method reflection sheets over the role of facilitators, the competence of facilitators remains crucial. Effective delivery of the intervention requires facilitators to have a solid understanding of the intervention content, the ability to manage group dynamics, and the capacity to apply recovery-oriented practices. In addition, ongoing supervision is important to strengthen facilitators' confidence, support their professional development, and ensure fidelity to the intervention.

C48 - Health promotion in forensic psychiatric care: Nurses' experiences

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Background
Forensic psychiatric care entails a complex interplay between therapeutic goals and stringent legal and security requirements. In this setting, registered nurses play a pivotal role in promoting health and supporting patients' daily lives, yet their perspectives on health-promoting work remain insufficiently studied.

Aim
This study aimed to examine how registered nurses experience the promotion of health and everyday life in forensic psychiatric care.

Methods
A qualitative approach was employed using reflexive thematic analysis guided by Braun and Clarke. We conducted individual face-to-face, semi-structured interviews with fifteen nurses working in Sweden.

Results
Three themes were shaped:
(1) Dialogue as a foundation for participation,
(2) Everyday practices as vehicles for recovery,
(3) and Navigating paradoxes within restrictive care.
Nurses emphasized trust-building dialogue, practical routines, and recovery activities, while struggling with medication side effects, security demands, and institutional constraints. Despite the dual mandate of care and security, nurses strive to integrate relational, practical, and structural aspects of health promotion.

Discussion
Dialogue is essential for trust and participation, while everyday practices underpin recovery and well-being. Persistent challenges include balancing health promotion with coercive measures and organizational limitations. Enhanced structural support, interprofessional collaboration, and systematic strategies could strengthen recovery-oriented nursing and ensure the sustainability of health-promoting work under restrictive conditions.

C49 - Nursing Work Environments and Patient Safety for Older Adults with Multimorbidity: A Co-Created Scoping Review

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Background
Older adults represent a growing and clinically complex patient group, often at heightened risk of adverse events. Limited is known about how nursing work environments influence safety outcomes in this group, and evidence syntheses often overlook contextual factors crucial within mental health settings. Nurses' work environments shape both clinical decision-making and the capacity to provide safe care. Co-creation approaches, involving knowledge users in the research process, offer a way to enhance relevance and capture practice-based insights.

Aim
To map evidence on how nursing work environments affect patient safety outcomes among older adults within mental and physical health care, using a co-creation approach with knowledge users.

Methods
A scoping review guided by JBI methodology. Five databases were searched in 2022 and 2024, and knowledge users (nurses, leaders, patient representatives, relatives) co-created the review by contributing to question refinement, screening, data interpretation, and relevance assessment.

Results
The review identified variation in how studies conceptualised work environments and patient safety. Staffing levels, skill mix and education emerged as factors linked to safety, including medication errors, falls and mortality. Few studies specifically investigated mental health outcomes; those that did examined cognitive impairment and depression, both linked to increased errors of omission and mortality. Knowledge users highlighted organizational elements, leadership and emotional impact.

Discussion
This review suggests that nursing work environments influence patient safety for older adults, particularly those with cognitive impairment or depression, which were linked to higher rates of errors of omission and mortality. Findings indicate that relational and organizational factors, such as leadership and communication, shape care quality in ways not captured by traditional measures like staffing and skill mix. Their interaction raises the possibility that the work environment-safety relationship functions as a wicked problem shaped by shifting contexts and without a definitive solution.
Knowledge users added practical and contextual insights not evident in the literature, identifying potential intervention areas like improved collaboration and greater attention to nurse well-being. Co-creation surfaced priorities, including context-specific risk management and the need for structured guidance.
Collectively, these insights point to the value of strategies that address both structural and relational aspects of nursing work environments and better reflect the needs of multimorbid older adults. They also highlight the potential of co-created context-sensitive interventions to bridge gaps between evidence, practice, and policy while capturing real-world complexity.

C50 - Building Ethical Infrastructure: A Nursing-Led Case Conference in Forensic Psychiatry

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Background
Clinical decisions in forensic mental health are shaped by risk, institutional routines and asymmetric power relations. Without structured reflection, teams risk relying on implicit norms or ad-hoc responses, undermining autonomy and consistency. The nursing-led case conference provides a systematic framework that integrates ethical reasoning, multiperspective analysis and recovery-oriented principles into everyday decision-making.

Aim
To analyse how a nursing-led case conference formalises ethical reasoning, makes underlying assumptions visible, and strengthens consistent, accountable decision-making in forensic mental health teams.

Methods
A six-step model was developed from forensic nursing and moral case deliberation evidence. Guided by structured tools and reflective questions, it was used routinely. Practice observations informed evaluation of feasibility, team engagement and ethical clarity.

Results
Teams reported greater transparency, reduced reliance on ad-hoc interventions and improved consistency across shifts. The structured process highlighted ethical tensions - such as safety vs. autonomy - and facilitated shared reasoning. Participation increased across roles, and integrating the patient perspective enhanced alignment with recovery goals. Documentation quality improved, supporting accountability and continuity of care.

Discussion
The nursing-led case conference exposes a critical blind spot in forensic mental health: many clinical decisions are shaped less by evidence than by implicit power structures, risk-averse routines and fragmented interpretations. By forcing teams to articulate assumptions, justify interventions and confront ethical tensions, the model redistributes interpretive authority and challenges the dominance of habitual decision-making. It reframes case discussion as an ethical infrastructure in which safety, autonomy and relational accountability are jointly negotiated rather than hierarchically imposed. The process strengthens moral resilience by making value conflicts discussable and by preventing responsibility from collapsing onto individuals. Integrating the patient perspective disrupts paternalistic tendencies and anchors decisions in recovery principles. While exploratory, early observations indicate that structured, ethically grounded reflection reduces variability, curbs ad-hoc coercive responses and fosters a culture in which nursing is not merely executing decisions but shaping their ethical legitimacy.

C51 - Empathy as the Foundation of the Therapeutic Relationship in Psychiatric Nursing

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Background
Empathic therapeutic relationships are essential in psychiatric nursing, especially in intensive wards marked by tension and mistrust. Empathy as both value and skill supports respect for patients' experiences and enables active participation in treatment. Nurses' self-reflection, self-criticism and self-care strengthen relationships and prevent burnout. The Safewards model, with tools like Soft Words, Positive Words and Know Each Other, reduces conflict, builds safety and fosters trust.

Aim
To explore how empathy strengthens the therapeutic relationship in acute psychiatric nursing and to examine how Safewards interventions support compassionate, safe, and collaborative care through structured relational practices.

Methods
A narrative literature review was performed across major databases. Studies on empathy, therapeutic relationships and Safewards in acute psychiatric care (2014–2024) were screened, critically appraised and thematically synthesized.

Results
The review shows that empathy significantly strengthens the therapeutic relationship in acute psychiatric care by improving trust, collaboration, and emotional safety. Safewards interventions further enhance these effects by reducing conflict and providing structured opportunities for compassionate communication. Together, empathetic skills and Safewards strategies promote safer wards, stronger nurse–patient partnerships, and a greater focus on recovery-oriented care.

Discussion
The findings emphasise that empathy is a clinical competency that directly influences the quality of therapeutic relationships in acute psychiatric settings, as well as a personal value. Empathic communication fosters trust, de-escalates distress and encourages patient participation, even in high-tension environments. However, empathy alone is insufficient without structural frameworks to sustain it in daily practice. Safewards provides this framework by embedding relational principles into practical ward routines, enabling nurses to consistently and safely express empathy. Interventions such as 'Soft Words', 'Know Each Other', and 'Mutual Help Meetings' create predictable moments for connection, reduce flashpoints, and encourage staff to respond with compassion rather than coercion. The combination of empathic skills and Safewards practices strengthens ward culture, enhances emotional safety, and reduces conflict. To sustain these outcomes, ongoing staff reflection, team support and attention to self-care are required to prevent emotional fatigue. Overall, integrating empathic practice with Safewards structures offers a powerful way to make psychiatric nursing more humane, collaborative and recovery-oriented.

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C52 - Academic Service Partnership in PMH Nursing

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Background
Structure and collaboration between academia and clinical practice is called an Academic Service Partnership (ASP). ASPs often include a written agreement between academia and clinical practice, i.e., sharing a vision on education, research, and service developments. ASPs aim to improve the quality of patient care and encourage innovation. Most ASPs have been established in the United States, but fewer are in Europe, both in community and hospital settings. ASPs in PMH nursing have hardly been described in the academic literature.

Aim
To describe and review the ASP agreements between a university and a university hospital in Iceland since 2001, and to describe and critically assess how these ASPs have influenced educational and research developments in PMH nursing in Iceland.

Methods
Use critical discourse methods to examine the signed ASP agreements between the university and the hospital and systematically describe how they have evolved since 2001. Especially, how the discourse has influenced PMH nursing academic and clinical developments in the last quarter of a century.

Results
The ASP agreements have strengthened the education of health professionals and scientific research in health sciences. Moreover, the ASP agreements have promoted evidence-based practice in service, education, and research. The Expert Council on Mental Health Nursing was established to promote PMH nursing, both academically and clinically. The first doctoral students in PMH nursing entered the PhD program at the University in 2007. In 2022, the first clinical master's program in PMH nursing was established.

Discussion
The aim of establishing strategic academic-service partnerships (ASP) in nursing between education and clinical practice in health care is to promote a shared vision related to practice, education, and research. ASPs have been described in the literature since the 1950s; some are structured, and others are less structured. The ASP in PHM-nursing is officially structured with a formal contract and has a somewhat clear management structure within the Landspitali University Hospital and the University of Iceland. The Director of Academic PMH-nursing is a full-time academic professional at the University and a part-time professional at the University Hospital. The Expert Council on Mental Health Nursing is active. Its board meets monthly and organizes expert lectures on PMH nursing on Teams. The Council is a leading body that publishes an annual report which gives an overview of research publications and academic presentations both locally and internationally, and quality projects in PMH-nursing. The ASP has been an essential corpus in education and research in psychiatric

mental health nursing. The Expert Council is now developing more collaboration with people with lived experiences in research and clinical practice.

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C53 - Evaluating a Psychiatry of Later Life Advanced Nurse Practitioner Model of Care: A Two-Year Service Review in Mid-West Ireland

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Background
Ireland is experiencing a demographic shift, marked by a rapidly growing older population. With this, there is an increasing demand for psychiatry of later life (POLL) services. Older persons in acute and community hospital settings often present with complex care needs such as delirium, psychosis, mood changes and agitation but services face gaps in timely, integrated care. Local evaluations of ANP impacts are lacking. This study evaluates the development and outcomes of a POLL ANP liaison psychiatry service over a two-year period.

Aim
Objective of this study to identify referral patterns, caseload characteristics and service outcomes of a POLL ANP service over a two- year period. To evaluate service performance against timeliness, continuity, outcomes to date and future directions

Methods
A West of Ireland Psychiatry of Later Life service providing liaison mental health support. completed a retrospective audit from clinical database over two years. Descriptive analysis through excel/ SPSS statistics software was utilized. The audit was reviewed under local governance structures.

Results
- Reduced waiting times- 97% patients seen within 72 hours
- Increase in new referrals to the service- 31% of all POLL referrals were liaison this number was 15% the years previous to ANP addition to service
- Decrease in re-referrals of patients assessed by the ANP- 2% re-referral rate
- Service integration initiatives developed- POLL and ICPOP (Integrated care programme for older persons) integration- patient satisfaction survey completed
- Referral characteristics highlighted delirium remains under recognized in medical wards/training needed

Discussion
This study demonstrates the complex interplay of physical, mental, and social health in ageing which requires ongoing training and holistic frameworks. The establishment of a detailed clinical database has allowed for a clear analysis of the service impact of the ANP role from a clinical perspective. The role has helped improve access, reduced delays, promoted collaboration of healthcare services and support continuity of care post hospital discharge. It promotes policy ambitions for integrated, person-centered care in Ireland. Ongoing research and education are necessary to drive changes in practice.

ANP's are well positioned to critically appraise and apply research in practice to drive improvements in patient care and outcomes, and to support the implementation of evidence-based practice (World Health Organization, 2020). The need for strong, collaborative system leadership, positive working relationships, a shared vision/ culture and robust health IT systems is well documented. ANP's are well positioned as enablers of these changes to practice and the findings of this study highlight this.

C54 - Development and Clinical Implementation of an Aggression Management Care Bundle: An Experience Report

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Background
Aggression in psychiatric clinics is a common problem with potentially devastating consequences for patients, their environment, and the care team. It negatively impacts clinical care and compromises therapeutic relationships. While alternative interventions for managing aggression have been shown to reduce the use and duration of seclusion and restraint, these restrictive measures remain in practice. Consequently, there is a clear need for a clinically acceptable, applicable, and evidence-based aggression management tool.

Aim
This report details implementing an aggression management care bundle for psychotic disorders, developed via evidence review per Bundle Design Guidelines and evaluated in an RCT, to standardize care and improve outcomes.

Methods
A 6-element aggression management care bundle was implemented over five months in a psychiatric clinic. The researcher, acting as a known participant observer, collected quantitative data and observational notes while guiding staff. Post-implementation, notes were compiled and categorized by bundle.

Results
The following themes emerged during the implementation process of the care bundle: 1. General Flow of the Implementation Process, 2. Difficulties Encountered 3. Effective Facilitating Factors,4. Lessons Learned, 5. Important Clinical/Practical Points.

Discussion
This report details the experience of integrating an aggression management care bundle into clinical practice. The bundle proved compatible, acceptable, and applicable, though challenges like documentation burden and environmental limitations were noted. A key outcome was the clinical benefit of daily risk assessment, enabling early intervention. However, sustainability relies on reducing nurses' documentation load. Patients rapidly adopted cognitive exercises, indicating appropriate difficulty and challenging stigmatizing assumptions. Group-based interventions for social skills and anger management were effective, though paranoia required individual preliminary sessions. Nurses quickly adopted tension reduction techniques, strengthening the clinic's safety culture. Sleep interventions exceeded expectations, with patients independently using relaxation techniques. However, environmental factors like noise limited full sleep hygiene effectiveness. Overall, the bundle was successfully adapted, improving clinical functioning, safety, and therapeutic relationships.

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C55 - Implementing an Advanced Practice Nurse Role in Long-Term Mental Health Care

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Background
The long-term care of people with severe mental illness requires stable, relationship-centered nursing and pragmatic solutions. As part of an organization-wide project, an Advanced Practice Nurse (APN) was introduced in a specialized nursing home, drawing on Hamric's core competencies and the PEPPA framework. This practice report describes the changes that became visible on site and the impact the role has on everyday practice.

Aim
To describe the implementation of an APN in long-term psychiatric care, present staff-perceived added value, and outline how the APN's core responsibilities influence everyday nursing practice.

Methods
Qualitative practice report framed as a single case study. Data sources: APN role description, field observations during implementation, documented team meetings and informal staff feedback. The illustrative case demonstrates concrete interventions and the APN's day-to-day functions.

Results
The APN rapidly became an accessible resource for complex nursing issues. Key activities were case consultation and coordination, staff coaching, development of pragmatic solutions, and interdisciplinary liaison. Staff reported increased professional confidence, reduced decisional uncertainty in critical situations, and faster, pragmatic problem-solving. A structured project framework supported integration and clarified the role.

Discussion
This report shows that meaningful practice-based insights can guide implementation without extensive formal research. An APN in long-term psychiatric care differs from hospital APN roles: often no physician is continuously onsite, curative interventions are less central, and emphasis lies on long-term therapeutic relationships, continuity of care, daily functioning and care coordination rather than episodic, procedure-driven treatment. The APN embeds advanced clinical and systems expertise into routine care, mentors staff, promotes professional accountability and initiates context-sensitive, pragmatic solutions while not supplanting established responsibilities. Key implementation challenges were role clarity, overlaps with other professions, workload pressures and limited resources. Effective strategies included explicit task definitions, early stakeholder engagement, regular interdisciplinary exchange, supervision/mentoring structures and alignment with Hamric's competencies and the PEPPA framework to ensure a participatory, evidence-informed rollout. In settings without constant medical presence the APN acts as a catalyst for team resilience, improved decision-making and sustainable, person-centered long-term care.

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C56 - Health Care Aiming to Improve the Inpatient Treatment and Care of Adolescents with Anorexia Nervosa

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Background
Hospital admissions for adolescents with anorexia nervosa (AN) is increasing faster than for other psychiatric diagnoses. Weight gain is the main focus of inpatient treatment and care, but patients and families often feel unheard and uninvolved, and research has largely targeted prevention or outpatient care. High readmission and relapse rates highlight the need to actively involve patients and their families in developing more supportive, recovery-oriented interventions to improve the inpatient care and treatment.

Aim
The overall aim of this PhD project is to improve inpatient treatment and care for adolescents with AN by identifying their needs and preferences, and, based on this knowledge, to design, test, and evaluate an intervention that addresses them.

Methods
A three-phase Participatory Design study: (Study I) field observations, individual and focus group interviews, (Study II) co-design workshops to develop and refine a tailored intervention, and (Study III) a feasibility evaluation using observations and interviews.

Results
Preliminary observations suggest gaps between current inpatient practices and what patients and families may find supportive and necessary. It is expected that the co-design process will identify specific relational, emotional, and informational needs, and highlight strategies, such as specific approaches, clearer communication, and/or structured support tools, that could enhance engagement and treatment experiences.

Discussion
The participatory approach ensures that the intervention is co-created with patients, families, and healthcare professionals, aligning care with their actual needs and experiences. Designed to be both meaningful and applicable in a clinical context, the intervention will provide more targeted inpatient treatment and has the potential to enhance patient satisfaction, strengthen collaboration, and reduce relapse and readmission rates. It is distinct from existing initiatives by focusing on the most acute phase of the illness trajectory, which is underrepresented in current research that mainly addresses prevention and outpatient treatment. The findings will inform local guidelines and contribute to broader evidence-based practices in adolescent eating disorder treatment and care. Beyond these clinical benefits, the project will generate new knowledge on patient experiences and patient-centered approaches, informing future interventions and further research.

C57 - Identifying the Landscape and Contribution of Advanced Nurse Practitioners in Supporting Healthcare Provision in Ireland in the 21st Century: An Integrative Review

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Background
In Ireland the role of advanced nurse practitioner has developed significantly since 2001. This evolution is rooted in the growing recognition of the need for highly skilled nursing professionals to address complex healthcare demands and improve patient outcomes.

Aim
To scope the landscape and identify the effect of advanced nurse practitioners on healthcare provision in Ireland.

Methods
A systematic search of eight databases was conducted, with two reviewers screening studies. Additional backward and forward citation searches were done. Methods were appraised using MMAT and AACODS, and findings were mapped to six advanced nurse practitioner domains following PRISMA.

Results
All papers included in this review spanned across the last 20 years. In total, 45 papers met the inclusion criteria: quantitative (n = 11), qualitative (n = 15), mixed methods (n = 4), and discussion/clinical cases (n = 15) papers. Advanced nurse practitioners in Ireland contribute substantial impacts on management and team competence, clinical-decision making, leadership and professional scholarship, professional values and conduct, communication and interpersonal competence, and knowledge and cognitive competence domains.

Discussion
In this review of advanced nurse practitioners in Ireland, we have offered insights into their role and contribution, highlighting critical domains of practice and identified both strengths and areas for development. What we found aligns with the broader international literature on advanced nurse practitioners. The diversity and scope of the studies included, spanning two decades, reflected the evolving and multifaceted role of advanced nurse practitioners, which has been well-documented in international research (Unsworth et al., 2024; Blair, 2018). We have underscored the importance of embracing and prioritising each of the six domains of advanced nurse practitioner practice, as these domains are not only foundational to the role, but also critical for optimising patient outcomes and advancing healthcare systems. The six domains of advanced nurse practitioner practice used in Ireland are consistent with frameworks used in other countries to guide practice and evaluate the contributions of advanced nurse practitioners. For instance, similar domains are emphasised in the United States of America, Canada, the United Kingdom, and Australia (Wheeler et al., 2022).

C58 - Professional Identity Formation in a Structured Transition Program for Mental Health Nursing: Protocol for a Qualitative Study

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Background
In several European countries, including Germany, nurses enter psychiatric inpatient care following generalist education without mandatory specialist preparation. Unlike psychiatric physicians and psychotherapists, who complete structured specialisation programs including supervision and self-reflection, newly qualified nurses receive no equivalent transitional qualification. Structured transition programs are being piloted, yet how professional identity develops within such frameworks remains empirically unexplored.

Aim
To present the protocol of a qualitative study exploring how early career mental health nurses construct professional identity within a structured transition program and to identify conditions under which epistemic confidence and a distinct profession...

Methods
We plan to conduct 4-6 semi-structured focus groups with nurses who have less than two years of psychiatric experience and are enrolled in the transition program. Data will be analysed using structured qualitative content analysis with a deductive–inductive category system informed by professional i...

Results
Preliminary observational data from a piloted transition program show that supervision discussions focus predominantly on relational challenges – including proximity-distance regulation and emotional boundary management – while structured nursing process reasoning receives less attention. Participants report strong interest in biomedical knowledge alongside marked uncertainty about a distinct nursing role. These patterns suggest a tension between biomedical orientation and nursing-specific epistemology warranting systematic empirical investigat...

Discussion
Early psychiatric nursing practice unfolds at the intersection of competing knowledge frameworks and professional role expectations. In contrast to medicine and psychotherapy – where structured specialisation is mandatory – nursing in Germany relies on informal socialisation during entry-level practice, leaving epistemic confidence and professional identity formation largely unsupported. Observations from piloted transition programs indicate that relational demands dominate early practice, while nursing-specific reasoning and professional role clarity remain underdeveloped. This study will systematically examine how early career nurses position themselves in relation to these competing demands and how transition program structures function as resources for identity work. Findings are expected to contribute to evidence-informed discussions on transition program design, specialisation policy, and the conditions under which a distinct and confident professional identity in mental health nursing can be cultivated within and across European health systems.

C59 - An integrative review exploring family-engaging health interventions within forensic mental healthcare settings

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Background
Research indicate that family members in mental healthcare often are excluded from the care given to their relative, which may contribute to worsening families' quality of life and health challenges. In the field of forensic mental health, families' emotional burdens appear to be increasing, yet few family engaging interventions have been developed to address this specific setting. Considering this, there is a need to improve our knowledge of existing interventions seeking to engage family members in forensic mental healthcare.

Aim
To investigate the existing research literature regarding family-engaging health interventions within forensic mental healthcare settings, to gain a more comprehensive insight into the characteristics of these interventions.

Methods
An integrative review of the research literature. Electronic search databases and grey literature were searched. JBI evidence appraisal tools were applied to evaluate methodological quality and content analysis was used to synthesize findings.

Results
A total of 15 publications were identified. Quantitative research design predominated in most of the publications, which were mainly conducted in Western countries.
The identified interventions were characterized by including educational, supportive or therapeutic elements. Structural obstacles, such as sufficient time and few qualified staff members, were reported as barriers for implementing the interventions. The results suggest that the interventions reduce caregiving burden among families

Discussion
The project will enhance our understanding of family-engaging interventions in forensic mental healthcare, helping to prioritize initiatives and to organize practices aimed at improving family support and involvement in forensic mental healthcare settings.
The engagement of families in forensic mental healthcare is highly relevant to service users recovery process, as research suggest family support and involvement is associated with increased medicine adherence, reduced symptoms of mental health illness as well as shorter hospitals stays and relapse prevention. In addition, if families are engaged and supported care and treatment they seem to have a better understanding of mental health issues, enabling them to provide better care to service users. Considering the above, it is important to investigate whether the interventions identified in the review are relevant in eyes of the service users and their families. To do this, the next step will be to explore

service users' experiences and wishes regarding family-engaging interventions. And at last, to ask the families related to forensic mental healthcare, to prioritize interventions in accordance with how relevant each intervention is, in terms of supporting and involving families in forensic mental healthcare settings.

C60 - Rooted in Care: A Clinical Nurse Specialist–Led Co-Response Model at the Interface of Mental Health and Policing

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Background
Across Europe, people experiencing acute mental health crisis frequently come into contact with policing and emergency services in the absence of timely clinical intervention. In many jurisdictions, limited pre-arrest diversion pathways result in unnecessary criminalisation, emergency department attendance, or involuntary detention. Mental health nurses are uniquely positioned to offer therapeutic, relational, and rights-based responses at these critical moments of distress.

Aim
To explore the contribution of a Clinical Nurse Specialist embedded within a multidisciplinary mental health–policing co-response model, and to examine how core mental health nursing values can drive humane and future-focused crisis intervention.

Methods
A reflective practice and service-evaluation approach was undertaken, drawing on anonymised case material, routinely collected service activity data, and structured reflection mapped to the five core domains of CNS practice. Analysis was informed by recovery-oriented and trauma-informed frameworks.

Results
Embedding a Clinical Nurse Specialist within frontline policing enabled immediate clinical assessment, therapeutic de-escalation, and collaborative risk formulation at the point of crisis. Early outcomes demonstrated reduced reliance on emergency departments, avoidance of unnecessary involuntary detention, and increased use of community-based supports and diversionary pathways. The role functioned as a clinical bridge between health and justice systems, supporting continuity of care following crisis events.

Discussion
This paper demonstrates how mental health nursing—rooted in therapeutic relationships, resilient in complex and high-risk environments, and ready to lead innovation—can meaningfully reshape crisis response at the interface of health and policing. The Clinical Nurse Specialist embedded within the co-response model brought advanced nursing judgement, trauma-informed assessment, and rights-based advocacy directly into frontline decision-making, supporting proportionate and compassionate alternatives to criminalisation.
The findings highlight the unique contribution of mental health nursing in moments of acute distress, where rapid clinical formulation, relational de-escalation, and system navigation are required simultaneously. By functioning as a clinical bridge between services, the CNS supported continuity of care beyond the immediate crisis and reduced reliance on emergency departments and involuntary

pathways.
While situated within an Irish pilot context, the learning is highly transferable to European settings where similar challenges exist, including fragmented crisis responses and limited pre-arrest diversion options. The model illustrates how fundamental mental health nursing competencies can act as drivers for future service design across Europe.

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C61 - Bringing Companions Together: How We Support, Develop and Spread Open Dialogue Practice in Flanders, Belgium

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Background
In the Open Dialogue approach, mental health professionals seek connection and dialogue with and between everyone involved, both personally and professionally. Without delay, to listen openly to the different voices, experiences and perspectives. Open Dialogue translates the “being with” and “”doing with”” concepts into an authentic dialogical practice. In searching for a new understanding to carry on together, there’s time and a future to be won.

Aim
The Open Dialogue approach originally started in Western Lapland, Finland (Jaakko Seikkula & others) and is now developing further through Europe and the rest of the world, also promoted by the WHO Guidance on Community Mental Health Services (2021).

Methods
With the involvement of many teams in different regions, Open Dialogue practice also continues to firmly develop throughout Flanders, Belgium.

Results
In cooperation with mental health organisations, people with lived experience, people with family experience, social welfare partners and training of health professionals/peer workers, we are also actively connecting Open Dialogue practice to strengthening and spreading other recovery-based, community-based and right-based mental health practices.

Discussion
Dag Van Wetter is Open Dialogue trainer and ‘Open Dialogue compagnon’, co-creating Open Dialogue practice in Flanders, Belgium. After promoting Open Dialogue development in the region of North-West-Flanders since 2016, Dag is now also facilitating Open Dialogue meetings, training teams and co-coordinating projects on the development of Open Dialogue practice all over Flanders. Next to this, working from El Camino Bekegem he’s also a project coordinator for preparing a Soteria House in Bruges.

C62 - Evidence-Based Nursing Interventions for Affective Disorders: Enhancing Self-Efficacy and Promoting Mental Health

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Background
Affective disorders are complex conditions resulting from the interplay of psychological, social, and somatic factors, necessitating a holistic approach to care. Persistent maladaptive cognitive schemas, external stressors, and dysfunctional behavioral patterns contribute to the chronicity of depressive states, significantly impairing quality of life and imposing economic burdens on individuals and society.

Aim
The aim is to implement targeted, evidence-based nursing interventions to reduce dysfunctional patterns, foster adaptive coping strategies, and support long-term self-regulation.

Methods
A structured, evidence-based nursing assessment used standardized tools to monitor psychological, physical, and psychosocial health. After interview and preliminary diagnoses, patient dialogue set shared goals and tailored interventions, promoting effective, needs-based care.

Results
The identified interventions, such as promoting self-management, addressed key issues including rumination, hopelessness, social withdrawal, and somatic symptoms. These factors were found to perpetuate psychological distress and hinder engagement in therapeutic processes.

Discussion
Nursing interventions play a critical role in stabilizing and improving the quality of life for individuals with depression. Evidence supports the effectiveness of structured, scientifically grounded approaches, particularly in enhancing self-regulation and reducing functional limitations in daily life. Building on accurate assessment and clear diagnostic reasoning, nurses can identify key problem areas and tailor interventions that address both emotional and functional needs. Targeted nursing care, grounded in diagnostic accuracy and active patient participation, demonstrates significant potential in mental health support and recovery. Through ongoing dialogue, goal setting, and continuous monitoring, patients are empowered to engage in their own care process, strengthening motivation and fostering resilience. This collaborative, person-centered approach not only supports symptom reduction but also promotes long-term well-being by helping individuals regain confidence, autonomy, and stability in their daily routines.

C63 - Family Engagement in Mental Health Care: How Far Have We Come?

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Background
Fostering family engagement in mental healthcare settings is increasingly recognized internationally. Clinical guidelines and practice perspectives emphasize not only the active involvement of carers in the care and treatment of individuals with mental health conditions but also the importance of supporting carers in their caregiving roles. Yes, the question remains: are mental healthcare settings fostering family engagement?

Aim
The aim of this presentation is to critically review and discuss evidence on family engagement in mental healthcare settings.

Methods
The presentation will draw upon systematic reviews and empirical evidence examining service users' preferences for family involvement, the impact of caregiving roles on carers' daily lives, and healthcare professionals' perceptions of implementing family-inclusive practices.

Results
Service users generally value involving carers in care and treatment, with meaningful engagement shaped by the quality of relationships and carers' understanding of mental illness. Carers report significant burdens from caregiving, including challenges navigating the healthcare system. Healthcare professionals experience organizational constraints in implementing family-engaging initiatives and interventions, although initial steps have been taken.

Discussion
Despite existing policy guidelines, strongly supported by extensive research advocating for a family-engaging culture in mental healthcare settings, the literature indicates that full organizational integration remains limited. From the perspectives of service users, carers, and healthcare professionals, multiple organizational constraints – such as limited time, resources, and structural support – continue to impede meaningful family engagement. While substantial evidence exists on family-engaging interventions, including psychoeducation, support groups, and collaborative care approaches, these interventions are often not context-specific or adequately adapted to diverse populations and care environments. Moreover, ongoing professional education is critical to strengthen competencies in supporting carers, facilitating triadic collaboration, and ensuring interventions are both feasible and effective in practice. Addressing these gaps is essential to promote a sustainable shift toward a culture where family engagement is an integral part of mental healthcare, ultimately improving outcomes for service users and supporting carers in their roles.

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C64 - Reducing Restrictive Practices in an Acute Mental Health Unit in Ireland

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Background
Kildare West Wicklow Mental Health Service (KWWMHS) set up a Reducing Restrictive Practices Committee in 2021. In 2023 with the launch of new guidance from the Mental Health Commission (Regulator) on the use of seclusion/ physical restraint and mechanical restraint a number of changes were required in the acute mental health unit (Approved centre) to ensure compliance with the new regulatory requirements.

Aim
The aim was to give a clear and transparent commitment to patients and the public that the service and its staff will endeavour to work together to ensure that the use of restrictive practices is minimised and work towards elimination.

Methods
An MDT review and oversight committee was established to review each episode of restrictive practice. A programme of audit, education, training, review of staffing and implementation of quality initiatives was introduced to promote reduction/elimination of restrictive practices.

Results
There was a huge reduction in the use of RPs and length of episodes of seclusion in the acute mental health unit the author works in. This coincided with the national picture in Ireland with overall declining use of restrictive practices in approved centres in Ireland in 2023 and 2024. This is underpinned by the steps taken by the Mental Health Commission and by service providers to improve quality care through the adoption of a human rights-based approach.

Discussion
The KWWMHS caters for people living in the Kildare/West Wicklow catchment area in Ireland, population approx 260,000. The service is predominantly community based with care in community mental health centres and community residences. There is 1 acute mental health unit to service the area. The acute mental health unit provides care for people with varying mental health needs. It consists of 29 beds. Both men and women over 18 years of age are admitted to the unit through a number of referral pathways. The unit is old and not purpose built and faces challenges relation to space and resources.
The MHC collect data on the use of RP in Ireland . In their 2025 thematic report they outlined that the use of restrictive practices (physical restraint and seclusion) in approved centres in Ireland is declining. This is reflected in the area this author works in.
The KWWMHS and the approved centre staff where the Author works are committed to ensuring high standard of care is provided to patients. The service is committed to continuous quality improvement

to improve the compliance with the standards set out by the Mental Health Commission and to reduce the occurrences of the use of seclusion. Year on year there has been a reduction in the number of episodes of RPs.

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C65 - Low Dose High Frequency Simulations as an Adjunct to Traditional OVA Training

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Background
This session will give an overview of a pilot program currently being run that aims to address the critical patient and staff safety gap between traditional hospital run OVA training and the complex realities of patient safety care. The program evaluates a low dose high frequency simulation program. The pilot program aims to validate a simulation package that supports staff confidence, improves multidisciplinary team dynamics, and identifies systemic risks and fosters a culture of patient safety as an adjunct to traditional OVA training.

Aim
Increase awareness of new approaches to OVA training that improves staff confidences, skill levels and also have better outcomes for consumers and their experience of care.

Methods
Using a mixed-methods approach the pilot will use quantitative and qualitative data to evaluate the impact of the program. Data will include the Confidence in Coping with Patient Aggression Instrument (CCPAI) participant scores, incident reports, debriefing sessions and focus group interviews.

Results
Results will be collated and initial evaluation findings will be shared during this session.

Discussion
Occupational violence and aggression (OVA) are a pervasive risk, not only in acute mental health care, but also are common across community care, geriatric and community/subacute settings. While most healthcare organisations provide staff with traditional in person training this standard approach generally only increases short term knowledge and confidence within specific staff groups. Evidence shows that this type of training alone is insufficient to increase the long term impact on OVA levels, incidences of aggression or improve long term staff wellbeing. Furthermore, there continues to be challenges in embedding key principals in practice and the current training effectiveness in addressing the complex realities of OVA is unclear.
The literature in simulation based education has evolved from focusing on traditional individual skills to a translational system orientated approach. This shift addresses the limitation of traditional periodic training through embedding simulation into routine practice ensuring multi-disciplinary involvement. Research strongly supports shifting from an individual focused skill training approach to a system that includes simulation-based education training through use of low dose high frequency simulation training models.

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C66 - The Silent Crisis: Burnout, Resilience, and Lack of Compassionate Support among Psychiatric Nurses: A Cross-Sectional Study

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Background
Burnout among psychiatric nurses poses a critical challenge to mental health services. Identifying individual and organisational factors that influence this phenomenon is essential for developing effective supportive strategies and structural interventions.

Aim
This study examined relationships between burnout, self-compassion, and psychological resilience among psychiatric nurses and determined the predictors of burnout.

Methods
This convenience-sampled study involved 148 psychiatric nurses. Data were collected via a personal information form, Maslach Burnout Inventory, Brief Resilience Scale, and Self-Compassion Scale-Short Form. Reporting followed STROBE guidelines.

Results
Nurses showed moderate emotional exhaustion (15.43 ± 7.68) and depersonalisation (6.71 ± 4.39), and low personal accomplishment (20.13 ± 6.44). Self-compassion and resilience correlated positively ($r = .71$, $p < .001$). Both correlated negatively with emotional exhaustion and depersonalisation, but positively with personal accomplishment. The regression model was significant ($F(3,144) = 5.360$, $p = .002$, $R2 = .100$). Non-voluntary career choice ($B = 5.925$, $p = .045$) and lack of managerial support ($B = 6.985$, $p = .008$) predicted higher burnout.

Discussion
These findings indicate that self-compassion and psychological resilience serve as protective individual resources against burnout, whereas managerial support is a decisive organisational factor in mitigating burnout. Interventions aimed at reducing burnout among psychiatric nurses should adopt a comprehensive approach that addresses both individual and organisational levels.

C67 - Nurses' experiences and perceptions of caring for patients with mental health problems in somatic wards

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Background
Mental health problems (MHP) are highly prevalent among patients in general hospitals and can be challenging for somatic healthcare services (1). Nurses working in somatic wards play a pivotal role in identifying and managing MHP. Given the current and increasing demands associated with caring for patients with MHP in somatic settings, it is essential that nurses feel adequately equipped to address these needs.

Aim
This study explores the experiences and perceptions of nurses working with patients with MHP in somatic wards.The findings provide insight into nurses' intimacy of contact with these patients, role support, therapeutic commitment and role competency.

Methods
An online cross-sectional survey was conducted from January to April 2025 among nurses working in somatic wards at a Belgian University Hospital. The survey included sociodemographic variables, the Level of Contact Report (LCR) (2) and the Mental Health Problems Perception Questionnaire (MHPPQ) (3).

Results
Preliminary analysis included 203 completed questionnaires (response rate 17%). Nurses estimated that approximately 33% of patients had MHP. Daily contact with patients with MHP was reported by 26% of respondents. Nurses reported moderate intimacy with MHP (mean LCR 7.7; range 1–12), and generally positive professional attitudes towards patients with MHP (mean total MHPPQ 114.9; SD 20.8; range 52-177). MHPPQ scores were significantly higher among nurses in non-critical care units compared to those in critical care units ($p = 0.009$).

Discussion
This study sheds light on the perceived prevalence of mental health problems (MHP), nurses' intimacy with MHP, and their professional attitudes toward patients with MHP in somatic wards. Our preliminary results indicate that nurses in somatic settings frequently encounter patients with MHP, report moderate intimacy with these conditions, and generally hold positive professional attitudes toward this patient group.
Final analyses, including further examination of factors associated with professional attitudes, will be presented at the congress. A deeper understanding of nurses' perceptions of patients with MHP is essential for strengthening integrated care and developing interventions to support patients with psychiatric comorbidity in somatic wards. The frequent exposure of nurses to patients with MHP highlights the need for structured support and targeted training to enhance the detection and management of MHP in somatic care.

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C68 - A Safety-Planning Smartphone App for Adolescents: Implications for Psychiatric Nurses

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Background
Many adolescents are affected by suicidal thoughts and behaviors. In situations where suicidal thoughts occur, the safety planning intervention can be used to help individuals manage such situations. Current efforts focus on digital safety planning to enable adolescents to use their safety plan on their smartphone whenever needed. To date, to the best of our knowledge, no smartphone app has been specifically developed with and for adolescents.

Aim
We aimed to design and develop a safety-planning smartphone app for adolescents, informed by the needs and requirements of adolescents, parents, and practitioners (including psychiatric nurses).

Methods
We conducted focus group interviews in Germany (2023-2024) with adolescents (N = 7; 13–17), parents (N = 4), and practitioners (N = 4). We analyzed the data using Kuckartz's qualitative content analysis. Drawing on the focus group findings and relevant theories, we designed and developed the app.

Results
Participants identified requirements regarding app settings (e.g., notifications), adjustability (e.g., opportunities to "try something new") and content. The content-related aspects were closely aligned with the concepts of empowerment and recovery. For instance, the digital HopeBox allows individuals to store positive memories such as pictures in order to foster hope.

Discussion
Digital safety planning may offer an additional opportunity to support adolescents in self-management during emotional crises. The developed app, named emira, is currently being evaluated in a randomized controlled trial. Moreover, the safety-planning app offers new opportunities for psychiatric nurses, who can introduce and rehearse its use with adolescents, integrate it into ongoing care, and help ensure that safety plans are recalled and applied in crisis situations.

C69 - Immersive Technology in Healthcare Training – Aggression Training App

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Background
Nurses must maintain competence through continuing education, yet understaffing, workload and care complexity make this difficult. XR training may offer flexible, repeatable learning, but long-term evidence from real-world nursing settings remains limited1. Within the Immersive Technology in Healthcare Training project, three XR modules were developed. This presentation focuses on the VR de-escalation training for workplace aggression, a highly relevant problem among nurses in which appropriate communication may prevent conflict escalation (2).

Aim
To evaluate learning effects, retention and implementation experiences of a speech-based VR de-escalation training for nursing staff in real-world healthcare organizations.

Methods
In a mixed-methods design, nurses practiced with the VR training over 30 days. Outcomes were measured pre-training, after session 1, after the training month and at three-month follow-up using two validated scales on coping with aggression (3,4), AI-based in-app scores and open-ended responses.

Results
Confidence in coping with patient aggression increased significantly over time, with improvements maintained at three-month follow-up. Perceived de-escalation skill showed a similar yet smaller time effect. Technology acceptance, presence and simulator sickness did not moderate outcomes. Qualitative data highlighted usefulness, safe practice and feedback, but also practical limitations regarding both hard- and software.

Discussion
The VR de-escalation module produced sustained gains in self-efficacy, but effects on perceived de-escalation skill were more modest and app-based performance trajectories were mixed. The qualitative findings help explain both the value and the limitations of the intervention; participants appreciated the opportunity to practise difficult conversations in a safe, interactive and feedback-rich environment, which is difficult to achieve through theory-based education alone. At the same time, technical and practical barriers affected authenticity and learning flow. Speech-based VR can therefore complement aggression-management education, especially when repeated, individualized rehearsal is needed. However, implementation requires structured onboarding, protected time, technical support and continued refinement of dialogue fidelity and scenario breadth. The study contributes longitudinal evidence from real-world clinical settings and provides practice-informed design guidance for scalable simulation-based nursing education.

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C70 - Collective Music Listening Sessions, Connectedness and Quality of Care in Psychiatry

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Background
The starting point for this research is twofold. On the one hand, there is a lack of space and time for meeting, exploring, and working on the caregiver-patient relationship in the daily hospital routine of psychiatric care teams (McAndrew et al., 2014). On the other hand, music has a complex impact on intersubjective relationships (Schütz, 1932/2016; Small, 1999).
Based on these findings, our interdisciplinary team developed and implemented collective music listening sessions, which were tested in a research study.

Aim
Inspired by the phenomenological music listening workshops of Vion-Dury & Mougin (2021), these sessions aim to put illness aside, focus on human interaction, and reflect together on the experience of listening to a particular piece of music.

Methods
The design and implementation of the program required preliminary collaborative work between the research team and volunteer music-loving caregivers from two partner institutions (psychiatric hospitals in French-speaking Switzerland).

Results
The principle of the sessions is as follows: patients are seated in a circle, caregiver offers a choice of six pieces of music, listening to these pieces is followed by a discussion. Eight listening sessions are scheduled for fall 2025 at each of the partner institutions. A mixed methodology (participant observation, standardized questionnaires, in-depth interviews with patients/caregivers) is used to collect data on the conduct and impact of the sessions on participants' subjective experience.

Discussion
At the time of submitting this proposal, the sessions and data collection are still ongoing. Starting in January, the impact on patients' subjective well-being and sense of belonging, as well as on the care relationship, will be studied. It is therefore too early to draw any conclusions. However, it is already apparent that the program is having an impact on all those involved, and that the relational dynamics that are being established and the shared listening moments are opening a door to inner experiences. In our presnetation, we will draw on data from both questionnaires and participant observation to address the question of the relational matrix that is created on the one hand, and the sense of belonging on the other.

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C71 - Negotiating responsibility and autonomy: Mental health nurses' role in patient participation in multidisciplinary team meetings

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Background
Mental health patients are increasingly invited to participate in multidisciplinary team meetings during their admission to inpatient mental health units. While nurses play a central role in preparing, supporting and following up this participation, little is known about how they interpret their professional role in this process.

Aim
This study aims to understand how mental health nurses experience their role when guiding patient participation in multidisciplinary team meetings and to identify which dynamics are meaningful to them.

Methods
A qualitative interview study, informed by grounded theory methodology, was conducted. Seventeen mental health nurses working in five inpatient mental health units in Belgium participated in semi-structured interviews. Data were analysed using the constant comparative method.

Results
The conceptual framework that emerged reveals that nurses engage in a continuous process of recalibrating professional responsibility and patient autonomy. Four interrelated processes were identified as central: interpreting shifting professional boundaries, negotiating ownership of the participation process, managing asymmetrical responsibilities within the multidisciplinary team and extending participation into everyday nurse–patient relationships.

Discussion
These findings highlight that patient participation reshapes nurses' professional positioning without necessarily redistributing responsibility. Recognising the interpretative and relational work involved may support teams and organisations in creating conditions that foster meaningful and sustainable patient participation in multidisciplinary team meetings.

C72 - Rape myth, consent, and bystander Intervention: The impact of an educational session on post-secondary students

Candice Waddell-Henowitch, Nadine Smith
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Background
Sexual violence is a pervasive problem that disproportionately affects gender-marginalized individuals. Delayed disclosures, years, or months after victimization are common, and the reaction of the recipients of these disclosures influences victims/survivors healing. Unfortunately, there is evidence that professionals often have negative responses to disclosures of sexual violence due to preconceived notions, a lack of knowledge, and a lack of comfort talking about sexual violence experiences.

Aim
The aim of presentation is to share the impact of an educational session that focuses on sexual violence education in nursing, psychiatric nursing, and social work classes in North America.

Methods
To evaluate the educational session, the researchers use pre-posttests that include quantitative questions about rape myth, consent, and bystander intervention. Additionally, qualitative questions are posed that consider the students experience with the educational session.

Results
The results provide insight into the effectiveness of the educational session on teaching nursing, psychiatric nursing, and social work students. Specific examples of the impact on rape myth, consent, and bystander intervention are provided. The evaluation also provides insights into how structured teaching tools may impact future health professionals practice.

Discussion
Determining new and innovative ways to include lived experience in the classroom of health and social service professionals is essential in increasing appropriate responses to disclosures of sexual violence. By situating lived experience in a non-threatening and engaging format, we can see positive results that could provide insights into how creative educational sessions can be used for other difficult topics. Overall, increasing professionals' ability to respond to disclosures with decreased rape myth, increased understanding of consent, and increased understanding of bystander intervention creates safer spaces for disclosure which ultimately impacts the quality of care.

Reading References
To be provided at the session

C73 - Supervising with Purpose: A Developmental Journey in Clinical Supervision

Kevin Gafa', Janice Agius, Maria Sapiano
Mental Health Services | Malta

Background
Clinical supervision (CS) within the Maltese Mental Health Services had largely been practiced informally, with limited theoretical grounding or consistency. To address this gap, six nurses from the Practice Development Unit undertook a postgraduate course in CS. The course aimed to strengthen supervisory competence and align practice with CS literature, which emphasises reflective practice, the supervisory alliance, and the supportive, formative, and normative functions of supervision.

Aim
To present the group's developmental journey as clinical supervisors, demonstrating how postgraduate training fostered a more structured, theory-informed approach to CS and supported critical reflection by identifying gaps in reflective practice.

Methods
The participants' development was assessed using both quantitative and qualitative methods. Supervisory skill growth was measured using a pre–post Supervisor Development Scale, while qualitative insights were obtained from reflective abstracts completed by each prospective clinical supervisor.

Results
These will be finalised and presented during the congress.

Discussion
The discussion will be finalised and presented during the congress.

Reading References

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C74 - Patients' Experiences of Clinical Assessment by Nurses in Psychiatric care

Heli Kananen
Integrierte Psychiatrie Winterthur – Zürcher Unterland | Germany

Background
People with mental illnesses have an increased risk of dying up to twenty years earlier than the general population. Somatic symptoms are often misidentified or stay unrecongnized by healthcare professionals. The WHO launched 2013 an action plan, that people with mental illness should receive also adequate somatic treatment.
In order to make nursing professionals more aware about changes in somatic states psychiatric patients, the ipw has implemented a concept to promote the application of clinical assessment skills by nursing professionals.

Aim
In order to gain patients' insights perspectives on the implementation of the concept, the following research question was formulated:
"How do inpatients in psychiatric wards experience the use of clinical assessment (CA) by a nurse with CA skills?".

Methods
A qualitative descriptive research approach was chosen for this study to explore the experiences of patients. Data from the 15 participants were collected using semi-standardized expert interviews and analyzed using Schreier's qualitative content analysis method, applying thematic categories.

Results
The core phenomenon highlights that patients do not differentiate between being examined by a nurse or a doctor. The nurses were highly accepted and the test subjects felt comfortable during the examination.
The experience of inpatients in psychiatric wards with regard to CA by nurses could be conceptualized as follows:
"At first patients showed distant attitudes towards CA. Throught positive experience with the use of CA by nursing staff, resulted in to a positive attitude toward the use of CA by nursing staff".

Discussion
In the somatic field, the added value of CA for nursing professionals has been proven many times. This study investigated the experiences of inpatients in psychiatric wards when nursing professionals used clinical assessment in nursing care. The psychiatric inpatient show high acceptance towards the use of CA by nursing staff and consider it by nursing staff to be professional. Despite the small sample size, this tailwind could be an advantage in the role implementation of academically trained nursing professionals and motivate them to actively use their CA skills, that may not have been used until now, into practice. Various studies show that strong stakeholders – such as patients in this case – are

indispensable if nursing professionals want to take on new functions in treatment settings.
In somatic hospitals, nursing professionals have been routinely implementing clinical assessment for a long time and enjoy a high level of acceptance in most places. Excellent care in psychiatry requires a holistic approach from nursing professionals, and skills that are not used is uneconomical practice. For patients, it is not the title that counts – the main thing is competence.

C75 - Effectiveness of Cognitive Analytic Therapy

Mary Donohoe
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Background
I was given the opportunity to learn about Cognitive Analytic Therapy and apply it to my work within the healthcare setting. I am a clinical nurse specialist in community mental health. I was referred five patients for CAT therapy. Formalised in 1984, CAT is a brief relational talk therapy, usually 16-24 sessions, It helps people suffering from depression and anxiety. It focuses on how people relate to themselves and others, using reformulation, recognition and revision. It uses maps and letters to explore and change patterns collaboratively.

Aim
CAT assesses the impact of anxiety, depression and borderline personality disorder. By therapy's end, goals include resilience, emotional regulation and practical tools and mechanisms for coping. CAT aims to change negative relational patterns.

Methods
A personality structured questionnaire and a clinical outcomes questionnaire were carried out pre and post Cognitive Analytic Therapy. The psychotherapy file was completed with all patients and depending on severity a state description procedure was carried out. Results were analysed pre and post.

Results
PSQ and the CORE-OM 34 measures were carried out pre and post CAT. PSQ Above 28 = Features of BPD. Four out of five patients scored above 28 on the PSQ. All five patients achieved a reduction in their post CAT PSQ score. Higher Scores in CORE-OM 34 Indicate Greater Level of Psychological Distress and Functioning. All achieved a reduction in their CORE-OM 34 score post CAT. Four out of five were below the clinical cut-off (no longer in clinical population). 4 of 5 Patients Discharged Back to G.P.

Discussion
CAT uses a collaborative and compassionate approach that helps patients tell their story and reflect on how they relate to others. Through reformulation letters, mapping and goodbye letters, patients can recognise patterns, question them and develop new ways of coping and interacting. These tools act as third entities in the room, making it easier to discuss distressing past and present experiences. They help patients identify unhelpful reciprocal roles rooted in childhood and move away from rigid ways of thinking and relating. Supervision is vital for noticing and naming transference and countertransference, and guiding reflection and next steps. CAT is an individualised therapy where no two treatments are the same because each story is unique. It gets to the root of relational problems, builds resilience and supports patients in facing relational challenges. While further research is needed to validate its effectiveness, a systematic review and meta-analysis concluded that 'patients with a range of presenting problems appear to experience durable improvements in their difficulties after undergoing

CAT (Hallam et al, 2021). This has also been my experience as demonstrated by the results above.

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C76 - The Effect of Family Functioning on Family Resilience Level in Rehabilitation of Parents of Children Diagnosed with Autism Spectrum Disorder

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Gaziantep University, Health Science Faculty | Turkey

Background
Autism spectrum disorder is a neurodevelopmental disorder that appears in the first years of life and continues throughout life, with impairments in cognitive, behavioral, and social interactional functions, and progressive regression if left untreated. The family plays an important role in the child's development and social participation. From the moment of birth, the child is under the influence of the family's behaviors and experiences. Family-centered assessments should consider the importance of the family's role in rehabilitation.

Aim
This study aims to determine the effect of family functionality in rehabilitation on family resilience levels of parents of children diagnosed with Autism Spectrum Disorder.

Methods
The research is a descriptive, correlational study. The study population consisted of 136 parents of children diagnosed with ASD. Data were collected using the "Descriptive Information Form", "Family Functionality in Rehabilitation Scale", and Family Resilience Scale.

Results
Following diagnosis, 44.9% of parents reported increased anger levels, and 42.6% reported feelings of worthlessness. The most challenging aspect for parents when interacting with their child was behavior control (self-harm, etc.) at 43.4%, followed by communication at 26.5%. Additionally, engaging in play with siblings or other children (11%) and teaching (10.3%) were also challenging for parents.

Discussion
Family participation in the treatment and rehabilitation process is crucial for children with autism spectrum disorder, and the responsibilities undertaken in this process can also affect family functionality. Psychiatric nurses can assess the family's level of functionality and resilience during the rehabilitation process and lead the planning of interventions aimed at strengthening the family during rehabilitation.

Reading references

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C77 - Stargazing, an Intervention Developed by the Nursing Working Group at Psychotherapeutic and Psychiatric Center Pittem

Lotte Oosterlinck, Thomas Raemdonck
Psychotherapeutic and Psuchiatric Center (PPC) Pittem | Belgium

Background
In PPC Pittem, nurses regularly engage in shared reflection on nursing-related themes. In this context, they developed the nursing intervention "stargazing." This intervention is inspired by the television program "Alleen Elvis blijft bestaan," in which a public figure selects video clips that are personally meaningful. In a conversation, the host adopts an open, sincere, and curious attitude, refraining from judgement. "Stargazing" is a onehour conversation in which the care recipient brings five objects that hold personal significance.

Aim
The purpose of the intervention is to gain a deeper understanding of the individual and what they consider meaningful, but perhaps even more so to collaboratively explore a wide range of mental contents together with the care recipient.

Methods
During "Stargazing," the focus lies on engaging in conversation and joint reflection about various experiences, approached from a reflective and mentalizing mode. One zooms in and out of the objects, the narratives, and the emotions—examining and discussing them both in detail and in their entirety.

Results
This intervention contains both supportive and exploratory components. The supportive elements can be linked to both presence theory and MBT. Examples include the focus on the lived experience and perspective taking (presence theory), and attention to agency (MBT). In addition to person-empowering, the conversation is also characterized by exploration. The focus is primarily on the care recipient and their inner world, helping them to shape and articulate their thoughts, feelings, and experiences.

Discussion
The name "Stargazing" originates from the idea that, just as one can view the night sky either in its entirety or focus on a specific star or point within it, the intervention invites a similar shifting of perspective.
This approach can succeed only if the nurse is able to adopt, as fully as possible, an open, nonjudgmental, emotionally responsive, engaged, interested, and exploratory stance toward the care recipient and the material he or she brings into the conversation. These characteristic elements (and the relationship with the care recipient) form the protective boundary within which the (emotional) information can flow freely and safely.
Although the intervention does not necessarily have to focus on processing less integrated pieces of information, it is intended to fully engage the individual's capacity for mentalizing and reflection.

C78 - Co-Produced Lifestyle Intervention in a Nurse-Led Clozapine Clinic: Protocol for a Multi-Phase Doctoral Research Programme

Rannveig Thorsdottir, Eydis Kr. Sveinbjarnardottir
Landspítali – The National University Hospital of Iceland | Iceland

Background
People with severe mental illness experience a substantial mortality gap shaped by interacting biological, social and systemic factors, including preventable physical illness. Clozapine increases metabolic risk and the need for structured health support. While lifestyle interventions show benefit, sustaining change and embedding person-centered approaches within specialized Clozapine services remains challenging. Co-production is increasingly emphasized but underexplored in this setting.

Aim
To develop and evaluate a co-produced, nurse-led lifestyle intervention in a Clozapine clinic as part of a doctoral research programme, contributing to sustainable lifestyle support within specialized mental health services.

Methods
The programme comprises three interconnected studies: (1) qualitative feasibility study guided by Bowen's framework; (2) quasi-experimental pre–post outcome evaluation (N = 30–40); and (3) critical participatory inquiry exploring experiences of the co-production process.

Results
Data collection for Phase 1 is ongoing. The intervention is a 16-week nurse-led programme integrating individual consultations, motivational interviewing, group sessions, peer support, and interdisciplinary collaboration. Feasibility findings will inform refinement of the intervention prior to outcome evaluation. Subsequent phases will examine changes in wellbeing, recovery and physical health, as well as experiences of partnership and power within the co-production process.

Discussion
The intervention builds on core values of psychiatric nursing, including therapeutic relationships, person-centered care and recovery-oriented practice, and is developed in collaboration with service users and peer workers as partners in its design and ongoing refinement.
Co-production is conceptualized not merely as involvement, but as a relational and ethical commitment to shared knowledge production, responsiveness to lived experience and attention to power dynamics within service development. By integrating co-production, feasibility testing, outcome evaluation and participatory process analysis, the programme seeks to generate practice-informed knowledge while acknowledging the complexity of lifestyle change in Clozapine settings.
The phased design supports iterative learning and refinement within routine Clozapine care. By embedding co-production in everyday clinical practice, the programme seeks to strengthen psychiatric nursing's role in addressing lifestyle-related health challenges while remaining attentive to lived experience and relational dynamics.

Through gradual development and evaluation, the project aims to support more sustainable, collaborative and practice-informed approaches within specialized mental health services.

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Workshops

W01 - Strengthening Family Involvement in Mental Health Nursing Practice

Jo Tambuyzer, Nele Feryn
Familieplatform | Belgium

Background
Worldwide, one in seven people live with a mental illness (WHO, 2025), affecting their families as well. Over the last two decades, research highlights the importance of involving families in mental healthcare at all levels (Ong et al., 2021). Family engagement improves outcomes for patients, relatives, and professionals (Mabunda, 2024; Kim & Kim, 2024). Nurses play a crucial role in implementing family-oriented care (Mabunda, 2024), yet in overall practice, family involvement often remains limited.

Aim
This presentation aims to inspire nurses to strenghten their family-oriented way of working. Our goal is to translate this into daily practice through four key domains towards family: respectful interaction, information, support, and involvement.

Method
Familieplatform, a collaboration of family organisations in Flanders, supports the involvement of families of people with mental health problems. Our workshop integrates findings from multiple studies and translates them into interactive training to strengthen family-oriented practice.

Results
Literature shows that family involvement improves patient recovery, reduces family burden, enhances their wellbeing, and increases professional satisfaction (Mabunda, 2024; Kim & Kim, 2024). Building on this evidence, we work interactively committing to the four domains of family policy that include respectful interaction (how families are treated), information (clear and honest communication), support (practical and emotional), and involvement (active participation in care and decision-making).

Discussion
Research and policy emphasise the necessity of family involvement in mental healthcare, fueled by patient and family rights movements and relational recovery-oriented approaches (De Corte et al., 2023). Effective care involves a triad: patient, family/caregivers, and professionals, shifting practice from dialogue to trialogue (Familieplatform, 2024). Nurses are key facilitators, translating family-oriented principles into daily practice (Mabunda, 2024). Despite progress, families still feel overlooked during inpatient treatment, citing limited access to information, few opportunities to express perspectives, few attention for children or parenthood and exclusion from decisions. Recognizing family needs and wellbeing as important supports patient recovery and strengthens family resilience. Platforms like Familieplatform help integrate these principles in Flanders, fostering family-centered mental healthcare culture.

Learning outcomes

- Recognize the four domains of effective family policy in mental healthcare.
- Reflect on barriers and enablers of family involvement in practice.
- Develop concrete actions to foster a family-friendly organisational culture.

Reading references

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W02 - Creative Teamwork in Mental Health Nursing: An Art-Based Experiential Workshop

Yagmur Zararsiz, Aysenur Cetin Uceriz
Marmara University, Health Sciences Intstitute | İstanul Health and Social Sciences Vocational School | Turkey

Background
Mental health nursing is grounded in relational practice, collaboration, and shared responsibility within multidisciplinary teams. However, teamwork skills are often taught theoretically, with limited opportunities for embodied and experiential learning. Art-based and body-oriented methods offer a unique way to explore team dynamics, emotional awareness, and interpersonal processes in a safe and reflective learning space.

Aim
This workshop aims to enhance participants' awareness of teamwork processes in mental health care by using art-based experiential techniques to explore communication, leadership, cooperation, and emotional regulation within teams.

Methods
The 2-hour interactive workshop combines art-based practices, movement, role-play, and reflective group work. Participants engage in structured warm-up activities, non-verbal group exercises, collaborative drawing, and collective clay work. Experiences are followed by guided reflection.

Results
Participants are expected to gain experiential insight into their individual roles within teams, including tendencies toward leadership, cooperation, withdrawal, or competition. Art-based group work facilitates emotional expression, mutual attunement, and shared meaning-making, strengthening awareness of how relational dynamics influence teamwork and care outcomes.

Discussion
Experiential and creative approaches allow mental health nurses to explore teamwork beyond cognitive understanding, engaging emotional, bodily, and relational dimensions of practice. By integrating art-based methods into professional education, nurses can develop reflective capacity, resilience, and collaborative skills essential for contemporary mental health services. This workshop aligns with nursing values of compassion, co-creation, and relational care, highlighting creativity as a driver for innovation and sustainable practice in diverse clinical and educational contexts.

Learning outcomes
- After this workshop, participants will be able to:
- Reflect on their personal role and interaction style within teams
- Recognize emotional and relational dynamics affecting teamwork

- Experience art-based methods as tools for team development
- Apply creative and experiential approaches to mental health nursing education and practice

Reading references

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W03 - The Power of Dialogue: Resilience, Systems, and Self-Care for Psychiatric Nurses

Ferdy Pluck
HU University of Applied Sciences Utrecht | Netherlands

Background
Psychiatric nurses work in diverse and complex care settings, facing ethical dilemmas, organizational challenges, and the need for resilience. This workshop brings together organizers with varied professional backgrounds to create space for dialogue and shared learning essential for strengthening our profession and shaping its future.

Aim
To inspire and empower psychiatric nurses through a World Café that fosters dialogue on critical themes shaping mental health care and professional well-being, viewed through the lens of the mental health nurse practitioner (MHNP).

Methods
An interactive World Café format with rotating tables on three themes:
1. Patients who have exhausted all treatment options yet remain in care,
2. How psychiatric services are organized in the Netherlands; challenges and opportunities for collaboration,
3. Staying balanced as a psychiatric nurse.

Results
Participants will co-create actionable ideas, share best practices, and strengthen networks. The dialogue will highlight resilience, creativity, and collaboration as drivers for innovation in mental health nursing.
Each table will be facilitated by students training as mental health nurse practitioners (MHNPs), creating a unique opportunity for intergenerational learning and exchange across all facets of psychiatric care.

Discussion
Mental health nurse practitioners (MHNPs) play a crucial role in psychiatric care, combining clinical expertise, leadership, and person-centered values. They often face complex dilemmas such as patients who have exhausted all treatment options yet remain in care while navigating diverse psychiatric settings. These challenges require ethical reflection, creativity, and resilience.
The World Café format creates a unique space for dialogue and shared learning. Unlike traditional sessions, it invites every participant to contribute, exchange perspectives, and co-create solutions. Discussing these themes together is essential: continuity of care, systemic organization, and professional well-being cannot be addressed in isolation.
By exploring how care is structured and how we maintain balance as MHNPs—the instrument of care itself—we strengthen our profession's foundations. This workshop will leave participants energized, connected, and equipped with practical strategies to transform challenges into opportunities and lead mental health nursing into the future.

Learning Outcomes

- Identify strategies for managing complex discharge situations.
- Explore systemic challenges and opportunities in psychiatric care.
- Develop personal resilience and self-care practices to sustain professional well-being.

W04 - Developing Conceptual Competence in Teaching Psychopathology: Integrating Alternative Models in Nursing Education

Christian Burr
Bern University of Applied Science | Switzerland

Background
In Psychiatric Mental Health Nurse Practitioners (PMHNP), the biomedical model is introduced as part of advanced competencies. While essential, this emphasis risks overshadowing alternative frameworks and critical thinking skills. Embedding conceptual competence alongside critical thinking—identified as vital for mental health nurse education—helps students question assumptions and avoid an overly narrow medical perspective.

Aim
To demonstrate how conceptual competence can be cultivated in PMHNP education by integrating alternative explanatory models into psychopathology teaching, broadening perspectives beyond the dominant medical paradigm.

Methods
PMHNP students explored eight alternative models (e.g., psychiatric genetics, network model, harmful dysfunction, spiritual perspectives, PTM framework) through pre-readings and structured group discussions, contrasting each with the biomedical model during psychopathology courses.

Results
Students reported greater awareness of theoretical diversity and its implications for advanced practice. Discussions revealed tensions between models and highlighted the value of epistemic pluralism. Participants appreciated structured reflection on conceptual assumptions and expressed interest in applying these insights clinically.

Discussion
Embedding conceptual competence and critical thinking in PMHNP curricula addresses two urgent gaps: navigating diverse explanatory models and challenging biomedical dominance. Fisher argues that critical thinking—through Socratic questioning, case-based ethics, and reflexivity—enables nurses to interrogate hegemonic assumptions and mitigate epistemic injustice. Combined with exposure to models such as biopsychosocial, network, evolutionary, and PTM, this approach fosters epistemic pluralism and prepares students for complex ethical decisions in practice. Structured reading and discussion sessions, integrated with critical thinking strategies, offer a feasible way to nurture reflective, context-sensitive clinicians who can balance workforce realities with the courage to ask “why?”

Learning Outcomes

- Understand the concept and relevance of conceptual competence and critical thinking in PMHNP education.
- Identify and compare key alternative models of mental health problems.
- Explore practical strategies for integrating conceptual inquiry and critical thinking into advanced practice curricula.

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W05 - Tapering with Care: The Role of Advanced Practice Nurses in Antidepressant Deprescribing

Kirsten Fransen, Mirjam van Zon, Charlotte Marchandisse
GGZ ingeest | Netherlands

Background
Prescribing psychotropic medication requires not only knowledge of dose escalation but also deprescribing. There is limited scientific evidence to guide how, when, and for whom antidepressant tapering should occur. Current guidelines lack robust recommendations, and research often prioritises clinical recovery over functional outcomes, an area where advanced practice nurses excel. Practical tools are needed to support collaborative tapering decisions between clinicians and patients.

Aim
To share practical, patient-centred approaches for tapering antidepressants, addressing evidence gaps and supporting clinicians in deprescribing safely and effectively.

Methods
Narrative synthesis of clinical practice from a specialised tapering clinic, including case examples, monitoring strategies for withdrawal symptoms, and differentiation between withdrawal and relapse. Emphasis on holistic assessment and shared decision-making.

Results
Participants will gain insight into common trajectories in antidepressant tapering, key risk factors for withdrawal symptoms, and strategies for personalised taper plans. The workshop highlights the value of advanced practice nursing in monitoring, supporting, and adjusting tapering plans in real-time.

Discussion
Antidepressant tapering is a complex clinical challenge without clear evidence-based protocols. Patients and prescribers—nurse specialists, GPs, and psychiatrists—express a need for practical guidance. Building strong therapeutic alliances is critical for shared decision-making in deprescribing. The Afbouwpoli model offers tailored advice on taper schedules, monitoring withdrawal symptoms, and distinguishing these from relapse. Tailoring means sometimes advising against tapering at a given time. Advanced practice nurses are uniquely positioned to lead this work due to their holistic perspective and integration of medical and nursing interventions across care contexts. The session will provide actionable clinical considerations that align with the Congress theme by reinforcing core professional values and advancing practice that responds to patient needs while promoting resilience and readiness within mental health nursing.

Learning Outcomes
- After this workshop, participants will be able to:
- Describe current evidence and limitations regarding antidepressant tapering.
- Identify key considerations and risks associated with tapering.

Differentiate between withdrawal symptoms and recurrence of mood/anxiety symptoms.
Co-develop personalised taper plans with patients.
Apply practical strategies to support clients throughout the tapering process.

Reading References

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W06 - Time for a Nursing-Focused Treatment in Psychiatric Outpatient Care: How Can We Co-Create It?

Joachim Eckerström, Annie Fors
Karolinska Institutet, Department of Clinical Neuroscience | Sweden

Background
Mental health disorders pose a growing public health challenge, requiring accessible, person-centred, evidence-based psychiatric outpatient care. Nurses, the largest professional group in psychiatry, play a key role in promoting holistic recovery, patient participation, and multidimensional support. Yet their role in outpatient settings often remains vague, as emphasis on medication monitoring and medical tasks can overshadow core nursing aspects. Therefore, there is a need to clarify and structure nurses' role in psychiatric outpatient care.

Aim
To explore nurses' experiences of providing nursing care in psychiatric outpatient settings and their beliefs about the components of a nursing-focused treatment.

Methods
Two interrelated qualitative studies with inductive approaches were conducted. Both involved semi-structured interviews with nurses in psychiatric outpatient care in Stockholm and were analysed using qualitative content analysis.

Results
The first study identified five categories: patients' nursing care needs, organization of nursing care, nursing approaches and methods, competence development, and organizational challenges. Nurses highlighted person-centred care, support talks, adapted communication, medication management, and collaboration, hindered by scarce resources and unclear structures. The second study revealed four categories: treatment structure, nursing in psychiatry, patient needs, and organizational adaptations.

Discussion
Nurses' work in psychiatric outpatient care is complex, balancing psychosocial, relational, and medical tasks, with person-centred care and trust-based nurse-patient relationships at its core. However, resource limitations and unclear structures restrict systematic nursing. In recent years, the development of nursing diagnoses has progressed, and the further development of the International Classification for Nursing Practice (ICNP) is expected to contribute to making nursing care more visible. A nursing-focused treatment should include clear nursing diagnostics, be person-centred, flexible, and recovery-oriented to meet individual patient needs, optimise nurses' roles, and strengthen holistic care. This requires clearer guidelines, ongoing competence development, organisational support, and co-creation with specialist nurses and patients to advance future mental health nursing practice.

Learning Outcomes

- Describe the key aspects of nurses' role in psychiatric outpatient care, including the balance of psychosocial, relational, and medical tasks with a person-centred focus.
- Identify common barriers to systematic nursing and explain the value of clear nursing diagnostics in recovery-oriented care.
- Discuss the potential of co-creating nursing-focused treatments with patients and colleagues, supported by tools like ICNP, to increase visibility and impact of nursing.

W07 - Beyond Deinstitutionalization: Recovery, Citizenship and Quality of Life for People Experiencing Severe and Persistent Mental Illness

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Background
People living with severe and persistent mental illness (SPMI) often endure significant distress and experience a diminished quality of life. Although the deinstitutionalization of mental health care has sought to reintegrate these individuals into the community, evidence suggests that the outcomes have not consistently met expectations in terms of improving quality of life. In certain cases, this approach has even contributed to a form of reinstitutionalization, as seen in settings such as detention centers.

Aim
This workshop will explore the dynamics of recovery within this specific population, framed within nursing theoretical perspectives. The focus will be on recovery as it pertains to the enhancement of QoL, which is considered the primary goal.

Methods
The workshop will begin with a concise overview of the delineation of the target population, the existing research, and the specific challenges associated with this group. Subsequently, participants will be invited to critically reflect on several key topics.

Results
There will be a reflection on the topics below. Depending on the available time, more or fewer topics will be covered:

- Conceptualization of recovery
- Implications of deinstitutionalization
- How to ensure the right to full citizenship
- The competencies required for effective engagement with this population
- The degree to which these competencies are intrinsically linked to the nursing profession

Discussion
Participants will be challenged to further reflect on the concept of recovery, how it is implemented in practice, the specific nursing value added within recovery, and the competencies required for this. Additionally, participants will be asked to explore how we can collaborate with other disciplines, even in transdisciplinary constellations, and critically consider the value that nurses bring to this process. Finally, attention will be given to the role of lived experience in this context.

Learning Outcomes

A critical examination of the boundaries of recovery and the potential contributions of nurses within interprofessional collaboration with people experiencing SPMI.

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W08 - Motivational Interviewing for Loved Ones (MILO): A Promising Intervention for European Caregivers?

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Background
Family interventions in psychosis (FIP) could ameliorate important outcomes for patient and caregiver alike (Barlati et al., 2024) yet clinical uptake remain limited (Hansson et al., 2022). Interventions that are scalable and sustainable could be a viable path toward increased implementation. Motivational Interviewing for Loved Ones (MILO) is a RCT validated communication course for caregivers of people with psychosis (Kline et al., 2022). In 2024 we conducted a pilot study on a Norwegian-translated version of MILO.

Aim
Use mixed methods to assess the feasibility of MILO in a Norwegian sample of caregivers of people with psychosis.

Methods
100 caregivers of patients with psychosis were invited by mail. Rates for recruitment and adherence were recorded. Satisfaction was measured with the client satisfaction questionnaire 8 (Pedersen et al., 2022) and qualitative focus groups were held to help explore and triangulate findings.

Results
15% of invited caregivers enrolled. Participants (N=15) met with an instructor at a hospital in southeastern Norway over the course of three afternoons in November 2024. 15/14/8 participated during the sessions. Satisfaction as measured with the CSQ-8 was high. Qualitative findings from focus groups (N=8) found that caregivers perceived it as important to meet, get to know, identify with and learn from other caregivers, as well as attain new communication skills.

Discussion
The findings from our pilot study is in line with previous research on MILO (Kline et al. 2021; 2022, Ipecki et al. 2024) and we therefore consider it a promising nurse-delivered, scalable and possibly sustainable approach to family interventions in psychosis. Following the pilot study MILO have been professionally translated back and forth from its original language, and we have arranged several workshops with lived experience consultants (caregivers and patients) as well as clinicians to co-create intervention content relevant for a European caregiver population. All new content have been reviewed and validated by Kline and colleagues. Our ongoing mixed methods feasibility study MILO Norway (N=30) will assess whether MILO could influence important outcomes such as coping, expressed emotion and caregiver burden. If selected for a concurrent session we will also share tentative findings from this project.

W09 - Intercultural Reasoning as a Driver for Resilient Mental Health Nursing: A Skillslab Using Appreciative Inquiry

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Background
Intercultural reasoning is essential for mental health nursing in increasingly diverse contexts. Appreciative Inquiry (AI) offers a strengths-based approach to foster collaboration and resilience. By focusing on positive experiences and co-creating solutions, nurses can enhance inclusive care and leadership.

Aim
To enable participants to practice intercultural reasoning through a condensed Appreciative Inquiry process, strengthening values and skills that drive future-oriented mental health nursing.

Methods
A 1-hour interactive workshop using three AI steps: Discover (10 min): Share successful intercultural experiences in pairs. Dream (20 min): Small-group brainstorming on an ideal future. Design (20 min): Formulate 2–3 actionable ideas. Closing with group reflection (10 min).

Results
Participants will generate concrete strategies to integrate intercultural reasoning into practice. The process highlights resilience, creativity, and collaboration as foundational nursing values, demonstrating how AI can drive innovation and inclusive care.

Discussion
This workshop aligns with the congress theme Rooted. Resilient. Ready. by emphasizing intercultural reasoning as a fundamental skill rooted in nursing values. Appreciative Inquiry fosters resilience by focusing on strengths and shared aspirations, enabling nurses to co-create solutions for complex, multicultural care environments. The approach supports readiness for future challenges by promoting adaptability, inclusivity, and leadership. Evidence from recent research underpins the effectiveness of AI in enhancing intercultural competence and collaborative decision-making, making this method highly relevant for education, practice, and policy. Additionally, the principles resonate with the Neuman Systems Model, emphasizing holistic and systems-based approaches to stressors and client resilience, which underpin mental health nursing practice and education.

Learning outcomes
Understand how Appreciative Inquiry strengthens intercultural reasoning.
Experience a condensed AI cycle in a practical workshop format.
Develop actionable strategies to improve intercultural collaboration in mental health nursing.

Reading references

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W10 - Promoting Mental Health in Children and Adolescents: Is Germany Ready for Discovery Colleges? Insights and Perceptions among Mental Health Professionals

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Background
Discovery Colleges, an innovative approach to promoting mental health literacy and wellbeing through co-produced educational models, have gained international recognition. However, their potential application in Germany, particularly for children and adolescents, remains unexplored.

Aim
To explore mental health professionals' perceptions and attitudes toward Discovery Colleges as an innovative approach to promoting mental health among children and adolescents.

Methods
This study investigated the Mental Health Professionals (MHPs') perceptions of Discovery Colleges in Germany. We conducted an online survey using the SoSci survey tool (N = 98). Quantitative data were analysed with SPSS, while free-text responses underwent thematic analysis.

Results
Contemporary findings show a strong perceived need for Discovery Colleges to promote mental health and literacy among children and adolescents in Germany. Quantitative results revealed professional agreement on service gaps and the value of co-produced educational models. Thematic analysis revealed enthusiasm for participatory, recovery-oriented approaches, but also identified barriers, including limited resources and challenges in integrating these models into existing systems.

Discussion
Mental health professionals in Germany demonstrate both readiness and interest in Discovery Colleges as a means of advancing child and adolescent mental health literacy and wellbeing. These insights provide a foundation for pilot initiatives and further research on feasibility, implementation, and long-term impact within the German context.

Learning outcomes:
- By the end of this congress workshop, participants will be able to:
- Describe the concept and core principles of Discovery Colleges and how they differ from traditional mental health service models.
- Analyse perceptions, expectations, and concerns of mental health professionals regarding the implementation of Discovery Colleges in the German context.
- Evaluate the cultural and structural readiness of the German mental health system to adopt youth-focused, co-produced learning approaches.

- Identify facilitators and barriers (e.g., policy, training, collaboration, stigma, resources) influencing implementation.
- Reflect on opportunities for interprofessional and lived-experience collaboration in promoting mental health through Discovery College models.
- Propose practical strategies or next steps to pilot or adapt Discovery Colleges for children and adolescents in Germany.

W11 - Educating Nurse Practitioners in Mental Health in Their Role Guiding the Patient Journey, Ready to Make the Difference

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Background
The Master Advanced Nursing Practice Mental Health is a two-year program for Bachelor level nurses with ≥ 2 years practical experience in order to become a nurse practitioner. The APN program is rooted in partnership with practice-organizations. Fulltime education and practice at the same time. The role of coordinating practitioners is becoming increasingly important in mental health care. In 2017 the Mental Health NP became a principal clinician on the same level as psychiatrist or psychologist depending on the patient demand to guide the pati....

Aim
In this workshop/presentation we will give an overview how the NP mental Health is rooted in practice. From educational perspective we will focus on the entrustable professional activity directing the patient journey as a principal caregiver.

Methods
We design the EPA directing patient journey in an interactive way based on your one practice. The individual practical curriculum is developed on the basis of five Core Tasks or Entrustable Professional Activities:
EPA 1: Diagnose
EPA 2: Treatment
EPA 3: Directing the patientjourney

Results
The program includes practical assignments, aimed at increasing independence in performing the EPAs. An assessment of the level of independence is made every semester during the progress interview.

Discussion
To gain insight into the progress of a students' learning process and learning outcomes, a good digital portfolio is necessary. For each assignment differentiated feedback (feed-back, feed-up, feed-forward) is visible at an aggregated level in a digital portfolio. The portfolio must offer a transcending overview for both student and supervisors/evaluators.

Learning Outcomes
- After this workshop, participants
- Know how important the directing role of the nurse practitioner can be in mental health care to guide the patient's journey.
- Know how to use a portfolio to educate nurse practitioners/students in a partnership between a university and a practice organization in a reliable way.
- have a basic guideline whether this concept is suitable for their institute.

W12 - Co-Leading in Mental Health Research: Lessons from PSYwithUS and Beyond

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Background
Co-production and service user involvement are increasingly recognized as essential for rights-based mental health research. Yet, true co-leadership—where professionals and service users share decision-making power—remains rare. The PSYwithUS project, developing an online platform for user involvement in psychiatric ward design, offers insights into challenges, opportunities, and prerequisites for successful co-leading.

Aim
To explore experiences of co-leading research between professionals and service users, using PSYwithUS as a case study, and to collaboratively identify challenges, opportunities, and conditions for success.

Methods
The workshop builds on PSYwithUS experiences of shared leadership in participatory research. After a brief input on co-production principles and project insights, participants will engage in structured group discussions around three guiding questions: challenges, opportunities, prerequisites.

Results
PSYwithUS demonstrated that co-leading fosters empowerment, richer perspectives, and innovative solutions. However, it requires clear role definitions, shared decision-making, flexible structures, and resources for training and support. Participants will co-create a summary of key success factors for future projects.

Discussion
Co-leading in mental health research challenges traditional hierarchies and demands cultural change. Experiences from PSYwithUS show that success depends on early involvement, transparent agreements, equitable compensation, and continuous reflection. Practical enablers include training for all partners, emotional and methodological support, and commitment to flexibility. Barriers such as institutional constraints, power imbalances, and unclear expectations must be addressed proactively. The workshop invites participants to share perspectives and co-develop actionable strategies for embedding co-leadership in research practice, moving beyond tokenistic ivolvement toward genuine partnership.

Learning Outcomes
- Understand the concept and value of co-leading in mental health research.
- Identify challenges and opportunities from real-world experience.
- Develop practical recommendations for implementing co-leadership.

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W13 - Solution Focused Practice: An Introduction

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Background
Solution Focused Practice (SFP) emerged in the 1980s within family therapy and developed through mutual influences between Milwaukee (USA) and the Bruges-Paris-Amsterdam group.
Grounded in clinical practice, the approach shifted attention from analysing problems and deficits to capture strengths, possibilities and/or actionable steps towards a desired future. SFP found its way beyond psychotherapy, becoming influential in mental health, nursing, education, organisation and leadership. Today, it resonates with a recovery oriented care.

Aim
This workshop aims to introduce key principles of SFP and to inspire psychiatric nurses, educators, and practitioners to explore how these principles may inform clinical practice, education, organisation, and leadership.

Methods
The workshop combines a brief theoretical introduction with experiential exercises, dialogue, and reflective discussion. Participants actively engage with basic solution focused tools adaptable to their own professional contexts.

Results
Participants will receive an introduction to the background, mindset, and key techniques of SFP. Through practical exercises, they will explore how subtle shifts in language and attention can enhance hope, personal agency, and collaboration.

Discussion
SFP offers psychiatric nursing a respectful and pragmatic way of working that aligns well with recovery oriented and person centred care. Rather than positioning professionals as problem experts, it invites a collaborative stance in which clients, students, and colleagues are recognised as experts in their own lives. This collaboration is grounded in the principle of human equity.
Such an orientation resonates with current challenges in mental health care, including stigma, discrimination, organisational and policy constraints, and human rights concerns. Introducing solution focused thinking through experiential learning enables participants to reflect on their professional identity, communication style, and implicit assumptions about change.
The workshop does not aim to promote a prescriptive model, but rather to open a space for curiosity, dialogue, and meaningful application within diverse cultural, organisational, and clinical contexts.

Learning outcomes
- After the workshop, participants will be able to:
- Describe the origins and core principles of Solution Focused Practice (SFP)
- Demonstrate basic solution focused interventions

- Identify opportunities for applying a solution focused mindset within their own professional contexts

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Symposia

S01 - Reakiro, a Care Model for Persons with Severe and Persistent Mental Illness and a Persisting Death Wish

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Background
Persons with severe and persistent mental illness (SPMI) who hold a persistent death wish form an understudied and hard-to-reach group. Research shows they suffer severely across psychological, social, and existential domains and often feel alienated from mainstream services. Innovative care models such as Reakiro integrate presence-based, existential, recovery-oriented, and palliative principles to better attune to their needs.

Aim
Present an integrated scientific–clinical symposium illustrating how psychiatric nurses can relate to persons with SPMI and a persistent death wish through tailored, presence-based and existentially attuned care that fosters meaning and connection.

Methods
We intertwine empirical findings from mixed-method studies with embodied narratives from Reakiro. Quantitative data map risk and protective factors; qualitative data illuminate lived experience and change processes. Our narratives demonstrate relational, existential, and palliative practices.

Results
Across studies, participants report very high suicidal ideation, severe dysfunction, and marked existential anxiety, alongside diminished hope, empowerment, and meaning. Yet qualitative findings show that attuned, non-judgemental presence can foster relief, perspective, emotional change, and renewed connection. Relational safety enables exploration of ambivalence between life and death.

Discussion
This symposium can inspired psychiatric nurses who play a pivotal role in supporting persons with SPMI and a persistent death wish. Scientific data highlight a population with profound suffering, often feeling misunderstood, stigmatized, or excluded from traditional services. Clinical practice shows that nurses who adopt an attitude of presence—remaining steady, receptive, and non-polarized toward life or death—create conditions for safety and dialogue. By validating ambivalence, acknowledging existential concerns, and integrating recovery-oriented and palliative principles, nurses help patients articulate layered meanings of their death wish, re-engage with agency, and sometimes reconnect with life. Rather than focusing solely on risk management or curative treatment, this approach broadens nursing practice toward meaning-making, shared decision-making, and humane end-of-life care. This paradigm offers ethically grounded pathways for psychiatric nurses working at the frontier of suffering, autonomy, and hope.

S02 - Advancing Appropriate Psychiatric Nursing Care: Integrating Family Involvement, Recovery-Oriented Practice and Implementation of Nurse-Led Interventions

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Background
Across mental-health settings, psychiatric nurses face growing complexity. Evidence shows that engaging relatives, addressing functional recovery, and implementing feasible psychosocial interventions, such as behavioral activation (BA), can improve outcomes, reduce readmissions, and strengthen continuity of care. However, fragmented care structures, insufficient collaboration, and implementation barriers limit the use of these approaches in practice.

Aim
To (1) synthesize evidence on family involvement interventions, (2) develop an intervention for functional recovery in late-life depression and (3) gain deeper insight into facilitators and barriers to the implementation of BA for depressed elderly.

Methods
We conducted a systematic literature review (aim 1), an Intervention Mapping (IM) process integrating quantitative and qualitative findings (aim 2), and qualitative focus groups and interviews (aim 3). Data sources included published studies, stakeholder perspectives, and case-based discussions.

Results
The family-involvement project showed that structured engagement of relatives improves collaboration and clarifies treatment goals. The IM project defined intervention goals and developed a collaborative care intervention targeting functional recovery in late-life depression. The third project showed five relevant themes for implementation of nurse-led BA in primary care: older adults, general practice professionals, liaison between patient and care professional, overarching terms, and ageism.

Discussion
Taken together, these projects demonstrate that appropriate, recovery-oriented care can be strengthened when nurses hold a central and leading role. Across designs, ranging from IM to quantitative and qualitative research, the findings highlight that the combination of scientific evidence, practical expertise, and active involvement of patients and relatives is essential for sustainable improvement of care processes.
Clinically relevant recommendations can be extracted from the systematic review to improve family involvement in inpatient psychiatric care. The second project shows that although patients and professionals were involved in the development of the intervention (aim 2), a pilot study must be conducted to provide information about feasibility and preliminary effects on functional recovery in late-life depression. Third, themes found in the implementation study (aim 3) could be both barriers

and facilitators.
Integrated, nurse-led approaches create more continuity and ensure that diagnostic and treatment processes are better aligned with the lived experience of patients.

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S03 - Ready for Resilient Roots: Improving Clinical Education

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Background
Due to shortage of staff and increasing workload on the ward units it became more and more difficult to find new vocational trainers, willing to sustain the balancing act between educational work and everyday work with patients. The UPD Berne reacted with three projects to the difficulties: Full time vocational trainers, learning and working communities and support by teaching the decider life skills to all students and vocational trainers to maintain their own mental health. These measures increased educational quality mainly.

Aim
Improve educational quality in our clinic in order to gain well-trained and motivated future healthcare professionals without overspending existing budget commitments.

Method
After literature study and consultation of other institutions solutions, we designed our own projects starting with pilot projects and rolling them out after evaluations.

Results
Full time vocational trainers working with the studying technique learning and working communities including the Decider Life Skills are leading to a quality improvement in learning processes and well-being in education. Students feel strengthened in their competencies and actions to manage challenging situations and vocational trainers feel enabled to concentrate on their educational work.

Discussion
Through employment of full time vocational trainers the attendance continuity of the students was enabled and their satisfaction has been increased. The students are always awere who their contact person is and they get constantly specific feed backs about their standings in practical training. Vocational trainers are working directly in everyday situations and are assuming a part of daily workload of the ward unit, therefore more coordination with the ward team is needed. In addition, learning and working communities (LWC) are facilitating to profit of each other's know how and personal experiences. Thereby upcoming questions can be treated together. Introducing the Decider Life Skills the students and vocational trainers received a method to maintain their own mental health in order to develop a common language to pick out difficult situations and find solutions for their own resilience.

S04 - Nursing Care for Individuals with Suicidal Ideation: An Interpersonal Perspective

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Background
Nursing care for individuals with suicidal ideation is inherently interpersonal, requiring genuine engagement and collaboration. However, mental health practice often prioritizes observation and containment, overlooking relational aspects. Understanding the fundamentals of nurse–patient interactions is essential to ensure safety, build trust, and support recovery. To explore this, two qualitative studies were conducted in mental health wards: one examining the patients' perspectives, and the other examining the nurses' perspectives.

Aim
Examine patients' experiences of nurse engagement during suicidal crises and nurses' experiences caring for individuals with borderline personality disorder and long-term suicidality.

Methods
Two qualitative studies using semi-structured interviews and grounded theory were conducted. The first involved 11 hospitalized adults experiencing suicidal crises, and the second included nine nurses providing care to patients with borderline personality disorder and long-term suicidality.

Results
Patients felt supported by compassionate, consistent engagement, fostering safety, trust, and coping, whereas impersonal responses reinforced feelings of worthlessness. Nurses balanced intense experiencing with reflective awareness, managing engagement, responsibility, boundaries, and emotional burden, highlighting the importance of reflection, team support, and structured organizational conditions.

Discussion
Effective care for suicidal patients requires an interpersonal engagement. Compassionate, attuned interactions build trust, safety, and recovery, while reflection, team dialogue, and clear organizational support protect nurse well-being. Dichotomous views, especially of patients with borderline personality disorder, can weaken therapeutic relationships, emphasizing the need for conscious positioning and relational insight. Moving from procedural, containment-focused care toward interpersonal, caring–healing approaches encourages patient participation and recovery. Supporting nurses through supervision, reflection, and team collaboration fosters resilience.

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S05 - The Psychiatric Nursing Specialization Year (PVJ): Bridging Generalistic Training and Advanced Competence in Mental Health Care

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Germany

Background
Generalistic nursing education in Germany provides only limited psychiatric training (mandatory placement 120 hrs). Graduates complete at EQF Level 4, often lacking confidence for specialized mental health settings. To address this gap, the Psychiatric Nursing Specialization Year (PVJ) was developed, combining structured rotations with modular training.

Aim
The PVJ aims to prepare new graduates for psychiatric nursing, foster competence at EQF/DQR Level 6, and strengthen retention and professionalism through structured rotations, weekly modules, and systematic evaluation.

Methods
The 12-month PVJ includes six two-month rotations across acute, gerontopsychiatry, addiction, and child/adolescent psychiatry. Weekly modules cover DBT, communication, de-escalation, and ethics. Evaluation combines surveys on expectations and competencies with interviews.

Results
The PVJ launched in 2025. First feedback is highly positive from stations and ward managers, who see clear benefits for integration and team relief. Initial impressions from new graduates indicate motivation but also some skepticism about added value. Evaluation with surveys and interviews will assess competence gains, self-efficacy, and professional integration.

Discussion
The PVJ addresses gaps left by generalistic education: lack of psychiatric depth, uncertainty at entry, and risk of turnover. Rotations expose graduates to diverse settings, while modules develop competence and reflective practice. Grounded in the MRC framework for complex interventions and inspired by STEP ONE onboarding models, the PVJ bridges EQF Level 4 training with Level 6 competence. Early signals suggest strengthened expertise, professional identity, and institutional loyalty, especially valued by ward managers. At the same time, initial skepticism among new graduates highlights the need for close evaluation of acceptance and long-term outcomes. The PVJ may serve as a transferable model for specialization pathways following generalistic nursing education, both in psychiatry and beyond.

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Scientific Posters

P01 - The relationship between social media usage characteristics and cyber dissociation among young people

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Background
The widespread availability of technology products has become a defining feature of modern life, with the age of first access to digital tools decreasing each year. Parallel to these technological advancements, social media has become deeply embedded in daily routines, and its excessive or uncontrolled use has given rise to the growing problem of social media addiction. Behavioral addictions may lead to significant family and social difficulties, reduced ability to fulfill responsibilities, and symptoms such as stress, restlessness, and anxiety.

Aim
This research was conducted to determine the relationship between social media usage characteristics and cyber dissociation among young people.

Methods
This study used an analytical and cross-sectional design. The study population consisted of 767 university students . Data were collected online, Descriptive Information Form, the Social Media Addiction Scale–Adult Form (SMAS-AF) and Dissociative Experiences Scale(DES).
Data were analyzed in SPS.

Results
A statistically significant difference was found between the average DES scores based on the amount of time spent on social media during the day ($p<0.001$). It was determined that as the time spent on social media increased, the average DES scores also increased, with individuals using social media for more than 5 hours a day having the highest average DES score (28.24±17.62). Individuals using multiple accounts on the same social media platform had significantly higher average DES scores (24.08±17.06) compared to those using only one account.

Discussion
Overall, the findings indicate that characteristics related to social media use, such as increased time spent on social media, use of multiple accounts, creating a profile different from real life, and distorted perception of time, are significantly associated with levels of dissociative experiences.

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P02 - Mental Health Nurses' Knowledge of Providing Physical Health Care: Analysing Education Needs in an Irish Independent Mental Health Service

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Background
Many people living with serious mental illness experience physical health issues, making it important to adopt an integrated approach to care. Assessing the training needs of mental health nurses in providing physical health care can help to implement appropriate training in holistic care.

Aim
This study aimed to understand mental health nurses' perceptions of knowledge and confidence in delivering physical health care to determine the type of training requirements they require personally and as a group.

Methods
A mixed methods approach was used for the study. An anonymous survey with Likert-type questions was sent to all nurses in an Irish independent mental health service. Open-ended questions were thematically analysed. Ethical approval was received.

Results
The largest perceived gaps in physical healthcare knowledge related to delivery of intravenous fluids (64.8%), vascular skin changes (58.1%), interpretation of bloods (45.9%) and wound care (41.8%). Three themes were identified from the thematic analysis: value of interactive sessions, method and frequency of educational sessions and mental health upskilling. Flexible and consistent training was needed for mental health nurses to effectively provide physical health care for people in hospitals experiencing mental ill health...

Discussion
Implications for practice: This study highlights the need for consistent, flexible, and skills-based physical health training to strengthen mental health nurse competence in core areas such as wound care, diabetes management, intravenous therapy and interpretation of blood results. Strengthening these skills can enhance early recognition of physical deterioration, improve holistic care, and ultimately support safer outcomes for mental health service users. Further studies evaluating the effectiveness of educational modules relating to physical healthcare should be conducted, examining their effectiveness both in terms of nurse- and patient-related outcomes.
Interestingly, the areas with the highest levels of dissatisfaction in knowledge in this study (intravenous fluid administration and blood interpretation) did not correlate with the responses relating to areas needing the most training (wound care and diabetes care). This could be because mental health nurses may have identified the training most applicable to their current roles in mental health as opposed to

physical healthcare interventions, which while important, may not be as relatable to their practice. However, there may be other reasons that could be explored in further studies.

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P03 - Advanced Nurse Practitioner Perinatal Mental Health Caseload; An Audit of Year 1

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Background
The ANP Perinatal Mental Health caseload was defined by a working group and finalised with an SOP in Feb 2023. The ANP began the role in Feb 2024, with high-risk women identified as suitable for the caseload. After a year in practice, a desktop audit of routinely collected data assessed whether the caseload aligned with the SOP criteria.

Aim
To ensure the Perinatal ANP caseload reflect the criteria outlined in the Standardized Operating Procedure for the Perinatal ANP and the criteria set out in stakeholders meeting.

Methods
All women on the ANP Perinatal caseload (n=34) over the past 12 months have their data captured routinely in an excel document which captures data under 28 headings related to each woman. Every woman on the ANP Perinatal Caseload was included in this audit.

Results
Women were mainly referred from ANC or CMHT, with high rates of genetic vulnerability and prior CMHT engagement. Over half had previous APU admissions. Many required internal or external supports, and some needed pre-birth planning. Half were not prescribed for by the ANP.

Discussion
This audit demonstrates that in the main the ANP Perinatal caseload reflects what was agreed and predicted from the SOP and the stakeholder meetings, under the agreed headings.

- Referrals from CMHT constitute a notable portion of the distribution, reflecting the collaborative nature of mental health care. CMHTs are often involved in ongoing care and support for patients with complex mental health needs.
- Consistency in Diagnoses: The primary diagnoses remain consistent across the dataset, with BPAD and Anxiety being the most common.
- Presence of Genetic Vulnerabilities: A significant portion of patients have genetic vulnerabilities, highlighting the importance of considering genetic factors in mental health assessments and treatment planning.
- Stable Referral Patterns: Referrals within and outside SPMHT show stable patterns, indicating consistent referral practices. - 7 of the 34 women on the caseload did not meet the ANP caseload criteria based on diagnosis.

However, they were prioritized for ANP caseload based on other factors such as significant deliberate self harm incident.
Others were prioritized based on the high level of input and resources that would be required to prevent a deterioration in their mental health.

P04 - Impact of an Emotion Regulation Program Based on Positive Mental Health for Nursing Students in Barcelona (Spain): A Pilot Study

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Background
Emotional regulation and positive mental health (PMH) are key for health sciences students to maintain well-being and provide high-quality care. Studies in nursing students and professionals show that deficits in emotion regulation are linked to stress, burnout, and lower academic performance, while interventions targeting PMH factors can enhance coping, resilience, and self-awareness, fostering better emotional and professional outcomes. However, training programs to develop these skills, though recommended, are rarely offered.

Aim
To assess the impact of an emotion regulation programme based on the PMH construct in nursing students from Barcelona (Spain).

Methods
A pilot study with 40 nursing students was conducted at the University of Barcelona. The Difficulties in Emotion Regulation Scale (DERS) and the PMH Questionnaire (PMHQ) were administered before and after a program on the six PMH factors. Paired t-tests were performed in SPSS.

Results
Mean age of the sample was 21.13 years (SD = 6.19). Most participants were female (85%), single (75%), and living with their parents (72.5%). DERS subscales decreased after the programme, with significant changes in Difficulties Engaging in Goal-Directed Behavior ($p < .001$), Limited Access to Emotion Regulation Strategies ($p = .033$), and total DERS score ($p = .009$). PMHQ showed significant decreases in Problem Solving ($p < .001$) and the total PMHQ score ($p < .001$).

Discussion
Preliminary results suggest that the program may promote improvements in certain aspects of emotion regulation, particularly in difficulties maintaining goal-directed behaviors under negative emotions and in access to emotion regulation strategies. Unexpectedly, some dimensions of PMHQ, such as Problem Solving and the total score, showed lower scores after the intervention. This could be explained by an increase in critical self-awareness promoted by the program, which aimed to develop self-knowledge and emotional reflection. By increasing awareness of their own abilities, participants may have provided more objective and less idealized responses.

P05 - Detection of Dating Violence Among University Students in Health Sciences: A Multicentric Descriptive Study in Spain and Colombia

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Background
Dating violence (DV) is a form of intimate partner violence encompassing emotional, physical, or sexual abuse, and it particularly affects adolescents and young adults, with a notably higher prevalence among women.

Aim
To determine the prevalence of DV among Health Sciences university students in Spain and Colombia.

Methods
A multicentre cross-sectional study was conducted with 511 Health Sciences students from eight universities in Spain and Colombia. The Multidimensional Dating Violence Scale (EMVN) was used to assess experiences of dating violence. The study was approved by all participating ethics committees.

Results
The findings indicate that the highest scores, for both victimisation and perpetration, were concentrated in the dimensions of control and monitoring and sexual violence, while physical violence was the least frequent. The most frequently reported items were “giving unwanted gifts or favours” and “insisting by sending messages via social media”, highlighting a predominance of behaviours associated with control. Bivariate analyses showed gender- and country-based differences, with men reporting higher physical and sexual perpetration and notable....

Discussion
Our findings, consistent with existing scientific evidence, show that the highest scores for both victimisation and perpetration emerged in control/monitoring and sexual violence, while physical violence appeared least frequent. The prominence of unwanted gifts and persistent social-media messages suggests a normalisation of controlling behaviours in young relationships. Gender- and country-based differences mirrored previously documented patterns, with higher male perpetration and contextual variability. These patterns underscore the urgency of strengthening educational and preventive efforts aimed at improving early identification of abusive dynamics.
Education and awareness of early warning signs, together with the promotion of healthy, respectful relationships, are therefore essential strategies to prevent violence. Within this framework, our study provides valuable insight into the knowledge and detection skills of Health Sciences students, a group that will play a crucial role in identifying and supporting victims in their future professional practice. Moreover, its multicentre and international design enables the comparison of perceptions and detection capacities across sociocultural contexts, offering evidence that can inform and refine intervention strategies.

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P06 - A Safe and Trusting Care Relationship in Primary Health Care Supports the Person to Become Rooted, Resilient, and Ready for a Recovery from Long-Term Stress-Related Disorder

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Background
Long-term stress-related disorders such as clinical burnout are increasing and a common reason for sick-leave in many countries in the western world. A stress-related disorder affects a person's health and life situation in often profound ways and there are no clear guidelines how to provide care when the person visits a primary healthcare centre. This study highlights important aspects of the care relationship in primary health care and how it affects the recovery from stress related disorders.

Aim
The study aimed to describe how the care relationship in primary healthcare has contributed to the recovery of persons with stress-related disorders.

Methods
This study used a phenomenological approach, Reflected Lifeworld Research (RLR). 15 persons, two men and 13 women, subjectively recovered from long-term stress and who had received care in primary health care, were included. Lifeworld interviews were conducted and phenomenologically analysed.

Results
The participants experienced the importance of being met in the care relationship in primary health care with a genuinely person-centred approach, where feelings of safety, hope and trust were essential. The results also showed a need for support in rest and existential reflection on one's life situation to initiate growth and sustainable recovery. In contrast, the results further shows that a sense of disharmony in the care relationship can intensify a person's vulnerability and thereby threaten recovery from long-term stress-related disorders

Discussion
The result of this study shows in-depth understanding of the importance of a person's experience of feeling safe within the care relationship when recovering from stress-related disorder with support from primary health care. A person's experience of disharmony in such care relationship can reinforce vulnerability, pose a threat to and hinder a recovery process. The results point to important implications for clinical practice, particularly that care relationships in primary health care should be built on trust and safety and provide the opportunity for the person to be listened to in their narrative and to engage in existential reflection on their life situation in order to initiate recovery.

P07 - An exploration of psyhosocial restrictive practice in Irish Residential Care Settings and Nursing Homes

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Health Service Executive | Ireland

Background
Psychosocial restrictive practices are widely used within residential care and nursing home settings, yet remain poorly defined, inconsistently recognised, and largely absent from regulatory and academic communications. While physical, mechanical and chemical restraint are subject to robust governance, everyday practices that limit autonomy, privacy and self-determination are frequently normalised as routine care.

Aim
To explore how psychosocial restrictive practices are conceptualised and operationalised within Irish residential care and nursing home settings using statutory regulatory data.

Methods
A qualitative secondary analysis of 1,188 HIQA statutory notifications categorised as "Other" was conducted. Data were analysed using Braun and Clarke's reflexive thematic analysis, informed by Rodgers' Evolutionary Concept Analysis framework.

Results
Four themes were identified: Restricted Access, Travel Restrictions, Surveillance and Monitoring, and Inhibiting Personal Autonomy. Practices included environmental controls, conditional travel measures, technological surveillance, and clinically driven limitations on privacy and decision-making. These restrictions were framed as safety-driven but collectively shaped everyday autonomy.

Discussion
The findings demonstrate that psychosocial restrictive practices are widespread, embedded, and largely normalised within Irish residential care. While framed within discourses of protection, safeguarding, and clinical responsibility, these practices operate across environmental, technological, interpersonal, and procedural domains, often without explicit recognition of their restrictive nature. The cumulative effect is the quiet erosion of autonomy through routine care practices that are rarely interrogated or critically examined. Applying Rodgers' evolutionary model highlights a pattern whereby organisational risk, regulatory accountability, and clinical vulnerability function as antecedents; restrictive practices emerge as attributes of care delivery; and diminished self-determination, privacy, and agency become unintended consequences. Importantly, these consequences may themselves become antecedents to behaviour that challenges, creating a cyclical relationship between restriction and behavioural escalation. This study advances conceptual clarity by positioning psychosocial restrictive practices as a distinct and ethically significant category of restriction. It highlights the need for regulatory recognition, consistent terminology, and rights-based governance frameworks.

P08 - Inter-collaboration of Advanced Nurse Practitioners in mental health and intellectual disability services in Co Wexford

Michael Mahon
Health Service Executive Ireland | Ireland

Background
People with intellectual disabilities experience high levels of mental and physical ill health and require coordinated, interdisciplinary input to ensure holistic, person-centred care. In Co Wexford, collaboration was established between three Advanced Nurse Practitioners (ANPs) in mental health, positive behaviour support, and chronic disease management to address complex and overlapping health needs...

Aim
To describe the development and impact of inter-collaboration between Advanced Nurse Practitioners across mental health and intellectual disability services in Co Wexford.

Methods
A collaborative ANP-led model of care was implemented, integrating cross-disciplinary assessment, joint decision-making, and coordinated interventions addressing mental health, physical health, behavioural support, and chronic disease management.

Results
The collaborative model enabled access to a broader range of specialist expertise and comprehensive assessment. Physical illness, chronic disease, and behavioural presentations were identified and treated appropriately, reducing misdiagnosis of mental illness and inappropriate antipsychotic prescribing. Mental health medication was prescribed only where a confirmed mental health diagnosis was present.

Discussion
Inter-collaboration between ANPs supports holistic, high-quality care for adults with intellectual disabilities. ANP-led episodes of care improved diagnostic accuracy, reduced restrictive practices and antipsychotic use, enhanced physical and mental health management, and improved quality of life. This model demonstrates benefits for patient safety, staff support, and overall quality of care, and has potential for wider application across intellectual disability services.

P09 - Exploring experiences and needs to promote positive mental health and self-care in women during the climacteric period

Marta Prats-Arimon, Zaida Agüera, Montserrat Puig-Llobet
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Background
The climacteric remains an under-recognised stage, even in advanced societies, where taboos persist. However, growing interest in women's experiences, driven by greater gender awareness and the empowerment of historically invisible groups, highlights the need for a deeper understanding of this phase. Exploring women's experiences and emotional needs during the climacteric may generate valuable knowledge for the development of future evidence-based nursing interventions aimed at promoting positive mental health and self-care through a holistic approach.

Aim
To explore the experiences and needs of women during the climacteric period to inform the design and co-creation of nursing activities that promote positive mental health and self-care.

Methods
A qualitative study with an interpretative phenomenological approach was conducted. Data were collected through an online questionnaire and two focus groups with n = 12 women between February and April 2025. The sample was recruited by convenience sampling. Inclusion criteria were women experiencing the climacteric period and being available to attend the focus groups. The discussions were audio-recorded, transcribed verbatim, and analysed using ATLAS.ti version 25.

Results
Findings were structured into three main categories: symptoms, self-care, and aesthetic pressure, and a total of 59 codes were identified.

Discussion
The current lifestyle has transformed the profile of women in the climacteric stage. Nowadays, women show greater awareness of this phase and demand clear information and agreed protocols to better understand it. In addition, self-care and positive mental health are emerging as key elements in coping with this transition period with greater well-being.

P10 - New Values, New Lives, New Forms of Violence: Detection and Approach to Gender-Based Violence from the Perspectives of Health Sciences Students

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Background
Gender-based violence in dating relationships is a multifaceted issue that encompasses diverse forms. In university settings, high prevalence rates have been reported, with psychological violence being the most common. New forms of digital violence, such as cyberbullying, control through social media, and digital aesthetic pressure, further complicate the phenomenon.

Aim
Explore Health Sciences students' perceptions, experiences, and interpretations of gender-based violence in dating relationships, with the aim of identifying key dimensions that shape its recognition and response.

Methods
This qualitative study explored Health Sciences students' perceptions of dating violence, with the aim of identifying key dimensions for its understanding and approach. Focus groups were conducted with ten participants using the Interpretative Phenomenological Analysis (IPA) methodology.

Results
Four main themes emerged: the characteristics of gender-based violence in dating relationships, the types of violence identified, aesthetic pressure in affective relationships, and strategies for detecting and responding to violence.

Discussion
The findings of this study deepen the understanding of gender-based violence in dating relationships by showing how students interpret its manifestations within both offline and digital spheres. Participants highlighted the predominance of psychological and emotional forms of abuse, together with the increasingly relevant presence of digital control, social-media surveillance and aesthetic pressure. These insights reveal the challenges young adults face in recognising subtle and normalised behaviours that contribute to coercive dynamics. Moreover, students' reflections on detection and response strategies underscore the need for improved training in communication, boundary-setting and early identification of warning signs. The study highlights the importance of incorporating students' voices into prevention strategies and proposes educational interventions that address both the offline and online dynamics of gender-based violence in dating relationships. By integrating their lived experiences into curriculum design, academic institutions can better prepare future health professionals to identify, understand and respond effectively to diverse forms of dating violence.

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P11 - Evolving roles in mental health nursing: An analysis of the impact of ANP implementation in one Irish Mental Health Service

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Background
Psychiatric nurses hold a unique position in healthcare and mental health nursing is often poorly understood. More than ever, there is a greater need for complex mental health interventions to address these increasingly complex mental health needs. The advanced nurse practitioner (ANP) in mental health represents the highest level of clinical competency within a particular area of specialty. The ANP working in mental health services range from perinatal mental healthcare, primary care mental health, liaison, early intervention in psychosis, CAM...

Aim
To explore the impact of investment in and development of advanced nurse practitioner roles on the development and implementation of complex mental health interventions in one Irish mental health service.

Methods
An analysis was conducted on the development and implementation of Advanced Nurse Practitioner (ANP) led complex mental health interventions. These interventions were offered to patients over a two-year period following the development of the ANP role.

Results
Three advanced nurse practitioner positions created between 2022 and 2024. Significant progress in the development and implementation of complex mental health interventions evidenced.
Integrated interdisciplinary educational interventions improved expert service teams' knowledge and competence in specialist mental health.

Discussion
Three ANP posts were developed between 2022-2024. These ANPs developed advanced mental health interventions whilst also demonstrating enhanced knowledge and clinical competence. The ANPs manage all stages of ANP nursing process, overseeing complex mental healthcare. They possess leadership, educational, and interdisciplinary competencies. Multidimensional interventions have had varied outcomes for specific patient populations.
This analysis demonstrated ANP potential as pioneers in service development and leaders in psychiatric nursing and mental healthcare provision.

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P12 - Involvement of Significant Others in Resource Groups

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Background
In mental health care, resource groups are increasingly used within Flexible Assertive Community Treatment (FACT) to support recovery in people with severe mental illness (SMI). These groups actively involve significant others, yet their impact on both patients and significant others remains insufficiently explored.

Aim
This study aims to examine the effects of involving significant others in resource groups on patients with SMI and their significant others within FACT treatment.

Methods
A systematic literature review was conducted between 1 March 2024 and 1 July 2024 using the databases Medline, Embase, and PsycINFO, supplemented by the snowball method. Four studies were included and compared regarding population, study design, sample size, intervention, control intervention...

Results
The findings suggest that involvement of significant others in resource groups is associated with several positive outcomes for patients with SMI, including increased empowerment, enhanced personal recovery, improved social functioning, and higher satisfaction with treatment.

Discussion
Overall, the results indicate that involving significant others in resource groups may strengthen recovery-oriented care within FACT treatment. However, the literature also highlights potential challenges, as increased involvement can lead to higher levels of stress and emotional burden among significant others. These findings underscore the importance of balancing patient benefits with adequate support for significant others when implementing resource groups in mental health care.

P13 - Exploring Existential Loneliness and Sadness During Adolescence

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Background
Loneliness and sadness are often used as indicators of worsening mental health among adolescents. Yet, these experiences are not illnesses in themselves but fundamental aspects of human life. Therefore, there is a risk that existential experiences are pathologised and inadequately addressed. During adolescence, existential reflections and feelings of loneliness and sadness may surface and can be difficult to manage without support. Professionals working with young people thus need a deeper understanding of adolescents' experiences and needs.

Aim
The overall aim of this thesis was to investigate existential loneliness and sadness during adolescence.

Methods
The thesis comprises one quantitative cross-sectional study based on survey data (n=1489; 15–17 years), and three qualitative studies based on individual interviews (n=16; 15–21 years), retrospective written narratives (n=67; university students), and focus group discussions (n=30; 16–21 years).

Results
Existential loneliness and sadness manifest in diverse ways and involve a vulnerability that is difficult to express. The experiences were linked to feeling different, misunderstood, and constrained, and to feelings of emptiness and being lost. Adolescents' needs were found to vary between individuals and over time. Some wished for someone who listened and acknowledged their experiences, others needed solitude or temporary distance from painful emotions. There was a strong desire to have a trusted person available when needed.

Discussion
Understanding existential loneliness and sadness during adolescence is closely connected to encounters with the unknown. Experiencing existential loneliness for the first time often involves a painful confrontation with uncertainty. As adolescents come to realise their own uniqueness, they may also recognise that they can never be fully understood by others, which can lead to feelings of remaining permanently unknown. Consequently, there is often a strong longing to be met with understanding and recognition, rather than invisibility.
However, the experiences may be hard for others to recognise and interpret, which complicates the provision of appropriate support and increases the risk that adolescents are left alone with their distress. Expressing vulnerability and sharing one's inner experiences are central to identity development; withholding emotions and thoughts may therefore hinder this process.

Adolescents experiencing existential loneliness wish to be met with respect and genuine interest in who they are and how they feel. They want reassurance that someone is available when needed. At the same time, their needs differ between individuals and fluctuate over time. Adequate support thus requires sensitivity to adolescents' subjective and changing needs.

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P14 - Evaluation of a Service Integration Initiative between Psychiatry of later life and Integrated care programme for older persons

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Background
In January 2024 a service integration initiative was developed between a psychiatry of later life (POLL) team and an integrated care programme for older persons (ICPOP). HSE (2025) note in order to optimise the physical and mental health needs of older persons it is essential that both aspects of health are addressed simultaneously. Advanced Nurse Practitioners (ANP's) from each team co-ordinated this model of care. Casey and O'Connor (2022) note Advanced Nurse Practitioners are in a key position as clinical leaders to bring about change and drive high quality, evidence- based practice and safe care.

Aim
The objective of this collaborative initiative was to enhance the care journey of individuals referred to either service through providing advice on management of care and referring for joint care assessments for some individuals. During case discussions ICPOP provided advice to POLL in areas such as cognitive decline, physical health decline and frailty. POLL provided advice to ICPOP in areas such as non- cognitive symptoms of dementia, mood disorders and psychosis.

Methods
Patients were discussed at fortnightly integrated multidisciplinary meetings attended by an ANP and senior Doctor from each team. Joint teaching sessions were also arranged attended by members of each team. A database was set up on establishment of the service. Descriptive statistical analysis was undertaken to identify referral characteristics, care outcomes and areas for future developments in practice. Staff surveys were completed and patient/carer satisfaction surveys were completed with attendees of the service.

Results
Patients under the care of both teams were discussed at each integration meeting. Sixty individuals were discussed as new case discussions. Positive feedback received from patients/ carers and staff from both teams following this initiative.

Discussion
This service initiative has proved mutually beneficial to both services and the individuals they serve. The initiative may be transferable to other POLL and ICPOP teams nationally that wish to expand their liaison services and it may identify other models of integration for each team promoting a truly integrated approach to caring for the older person.

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P15 - Patient Involvement in Forensic Psychiatry

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Background
The Danish healthcare system has been entrusted with introducing patient involvement across all sectors, including forensic psychiatry. Yet implementation has proven difficult. First, patient participation demands self-restraint, which is hard to expect in forensic units. Second, patient participation conflicts with three dominant rationales in psychiatry: neoliberalism, a narrow view of knowledge, and medical paternalism. Despite these barriers, nurses remain committed to working with patient involvement.

Aim
The aim of the study was to examine how patient involvement is conceptualized and practiced within forensic psychiatry, explore the experiences of forensic healthcare professionals, and identify opportunities and barriers to its implementation.

Methods
The study applies future workshops, research workshops, and a final implementation phase. It began with a future workshop for forensic healthcare professionals (10 participants) aimed at generating ideas and drafting new practices for patient involvement.

Results
The workshops resulted in an idea catalogue outlining priorities for patient involvement. It included: 1) discharge planning from admission, 2) more engaging activities, 3) involving patients in meaningful ward activities to prepare for life outside, 4) supporting patients in creating an attractive future, 5) and bedside handover. We continued working on points 1), 3), and 4), while staff initiated point 2) independently.

Discussion
After the workshops, staff began systematically exploring patients' future aspirations using structured dialogue frameworks to uncover hopes and dreams. Previously, such conversations occurred spontaneously, offering flexibility but limiting opportunities to challenge unrealistic or harmful visions, such as those involving crime or substance abuse. The structured approach increased professional confidence and demonstrated that many patients were willing to share their dreams when sessions were planned and followed up, regardless of their illness. Structure also allowed flexibility, enabling patients to redirect dialogues toward new topics and engage actively.
For patients with unresolved sentences or uncertain lengths of stay, envisioning a future proved difficult, and structured dialogues about concrete plans were therefore avoided.
Frequent changes in working conditions and competing tasks often hindered staff from conducting planned sessions, while high patient turnover made it challenging to complete initiated processes.
Despite these obstacles, the structured approach marked a shift from ad hoc conversations toward a more systematic and reflective practice, enhancing both patient engagement and professional confidence.

P16 - Implementing Organisational Change Using Implementation Science Tools

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Background
The quality of nursing care largely depends on the continuity of treatment. This can be achieved by using the NANDA-I Nursing Diagnosis and Nursing Outcome Classification system to ensure that documentation is consistent and comprehensive. The Psychiatric University Hospital Zurich introduced these systems through a major development project that used implementation science tools, including the i-PARIHS Framework. An evaluation was conducted to analyse the developments and to improve the current implementation strategies.

Aim
We wanted to find out if our implemented changes had been successful and if our implementation strategies based on the Expert Recommendations for Implementing Change had worked. We wanted to understand how the organisation was coping with the change.

Methods
We conducted a multi-component evaluation. This involved four focus group interviews. The participants were from the hospital. The interviews included nursing staff, ward experts, management and the project team. We also organised a structured qualitative evaluation workshop for the ward experts.

Results
Preliminary results show that the implementation strategies were successful, significantly impacting the organisation's structures and processes. Responsibilities and tasks could be assigned to individual roles. The results also show that considerable time and effort was invested by the wards in implementing the changes, demonstrating a high degree of fidelity. The wards appreciated the close support provided by specially trained internal experts. They also valued monitoring as a useful way to visualise the changes.

Discussion
Implementation science tools, such as the i-PARIHS Framework, support the implementation of projects involving organisational change. Targeted and tailored implementation strategies can help to anchor major organisational changes. This requires significant organisational effort. A project team with technical and organisational expertise is needed to carry out conceptual tasks. Wards demand consistent and reliable support from experts with outstanding technical and interpersonal skills. Integrating the changes into their processes also requires considerable time and personnel resources. In addition to the technical and professional challenges associated with change, open and hidden resistance can also inhibit successful implementation. Addressing this issue necessitates technical

expertise to demonstrate the benefits, as well as management support to find constructive solutions. The organisation itself must also be prepared to implement the changes sustainably, which requires adapting traditional processes and structures. In addition, established monitoring can be useful for tracking progress. Overall, successfully implementing organisational changes is highly time-consuming and resource intensive, but it is possible with the help of implementation science tools.

P17 - From Local Innovation to National Application: SAFE App, a Digital Solution for People Who Harm Themselves and Their Network

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Background
Self-harm is an increasing public health concern, implying hospital admissions and emergency department visits. Healthcare professionals (HCP) experience emotional strain and uncertainty when supporting people with self-harm. SAFE app is a dialogue-oriented tool, developed by people with lived experience of self-harm, to strengthen calming techniques, education, and communication between patients and their network. This study suggests that including SAFE app in care may reduce negative patient experiences and support constructive encounters.

Aim
This study investigates if SAFE app can successfully supplement usual care when implemented across Denmark. The study focuses on the feasibility of national implementation, HCP's acceptance, and the perceived impact on patients and their network.

Methods
Using an action-oriented research design, a co-created, sustainable solution was implemented and evaluated from 2023 to 2025. Data collection: Focus groups with stakeholders, staff assessments via User Version of the Mobile Application Rating Scale (u-MARS), and interviews with patients and network.

Results
Using Braun and Clarke's thematic analysis, 4 themes reflecting implementation of a MHealth intervention (SAFE app), were generated: Navigating the Digital Jungle, Negotiating Relevance, Rooted in Traditional Mindsets and Fostering Shared Awareness. 121 healthcare workers participated with 66.9% (81/121) fully completing the u-MARS. Ratings: SAFE app quality=very good, (mean=4.08) (SD 0.68), Functionality, aesthetics, and information=very good (mean>4) and Engagement=good (mean=3.82) (SD 0.85).

Discussion
This study explored stakeholders' perspectives on the adoption and implementation of mHealth interventions in mental health care. Using SAFE app as a specific example, the findings reveal how adoption is influenced by organizational support, technical considerations, and social interaction, for example, collaborative sense-making among providers, healthcare staff, and patients who self-harm. The findings challenge simplistic views on implementation by illuminating the need for flexible, context-sensitive strategies that can accommodate the relational and complexity of clinical practice. The four themes illustrate how adoption unfolds through both individual and collective sense-making, shaped by organizational structures, interpersonal dynamics, and professional values and competencies. From the perspective of healthcare staff, aspects of quality of SAFE app were rated highly across a range

of domains using the validated measure (u-MARS). The indications of good quality and usability can facilitate mental health staff's use of the app in clinical practice. Findings inform adjustments to SAFE app and increase knowledge on how digital tools can support the care and treatment of patients engaging in self-harm.

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P18 - Inequality in Collaboration: A Qualitative Study of Relatives' Experiences of Collaboration Across the Mental Healthcare System

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Background
Informal caregivers play a crucial role in supporting individuals with severe mental illness. However, caregiving can be burdensome, leading to emotional and relational strain, as well as disruptions in everyday life, particularly when engaging with the healthcare system. Understanding the experiences of informal caregivers when interacting with the system can help create a more resilient and systematic mental healthcare practice.

Aim
This study explores how informal caregivers of individuals with mental illness experience and make sense of collaboration across the mental healthcare system.

Methods
As part of a broader survey, this study investigates informal caregivers' experiences with collaboration through qualitative interviews. The guide was informed by literature, survey results, and input from an advisory board. Data will be analyzed using reflexive thematic analysis by Braun & Clarke.

Results
Twenty-two informal caregivers of individuals diagnosed with severe mental illness were selected through purposive sampling. The sample included parents, adult siblings, partners, and adult children, with equal gender distribution. Preliminary findings indicate that informal caregivers engage with numerous professionals, complicating their navigation of the public system. The collaboration is often perceived as inadequate and fragmented, creating inequality due to its unsystematic nature and dep

Discussion
Navigating the healthcare system requires a diverse set of skills from informal caregivers. When collaboration relies on caregivers' own ability to communicate and navigate the system and the individual healthcare professionals, there is a risk of unequal experiences. Mental health nursing could serve as a pivotal practice for systematic involvement of informal caregivers. Nursing's core values and competencies can foster a supportive approach to caregivers, but targeted interventions are necessary to alleviate their burden and reduce their risk of negative health outcomes. The Fundamentals of Care Framework (FoC) emphasizes the importance of building trusting therapeutic relationships between healthcare professionals, care recipients, and informal caregivers. The FoC could therefore provide a practical framework to guide mental health practice toward more consistent and systematic caregiver involvement.
The findings presented are preliminary, and more robust results will be shared at the conference.

P19 - Evidence-Based Nursing Interventions to Strengthen Self-Esteem in Adolescents in Adolescent Psychiatry

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Background
In recent years, adolescent anxiety and depression have risen, with many youth lacking adequate treatment. Low self-esteem is a key transdiagnostic factor, shaping the onset and maintenance of symptoms. Psychiatric nursing staff are pivotal in strengthening self-esteem through therapeutic relationships and adaptive interventions. Yet evidence on effective nursing measures is scarce, impeding targeted implementation. Systematic identification and evaluation of such interventions are needed to improve adolescent psychiatric care.

Aim
This study identifies and synthesizes evidence-based nursing interventions to strengthen adolescents' self-esteem in psychiatric settings. By assessing effectiveness, feasibility, and context, it yields recommendations for nursing practice.

Methods
A systematic search (CINAHL, PubMed, PsycINFO) identified 24 studies (2015–2025), with 8 included (4 RCTs, 4 quasi-experimental). Data on design, setting, intervention, and outcomes (e.g., self-esteem via Rosenberg Scale) were synthesized into 3 intervention groups. PRISMA guidelines were followed.

Results
Eight studies (4 RCTs, 4 QES) with 40–200 adolescents (11–18) in CAPMH, homes, and schools: CBT/EMI increased self-esteem and reduced anxiety/depression ($\eta^2 \approx 0.13$); social skills/anger/assertiveness training improved self-esteem ($d \approx 1.96$) and reduced aggression; body image/self-concept programs enhanced self-esteem and reduced bullying. Gains persisted 4–12 weeks, strongest with CBT/EMI. Nurses led groups, exercises, and reinforcement. Findings transferable with context-specific adaptation.

Discussion
Social skills/anger management/assertiveness training led to significant self-esteem increases ($p < 0.01$) and strong reductions in aggression/impulsivity ($p < 0.001$). Assertiveness training in girls showed significant gains ($p < 0.001$). Mechanisms included social interaction, conflict resolution, and self-assertion, with nursing staff acting as trainers/coaches. Body image/self-concept programs improved body satisfaction and self-esteem ($p < 0.05$) and reduced bullying, though behavioral changes were partly absent. Mechanisms involved self-acceptance, positive body image, and self-compassion. Overall, all interventions consistently increased self-esteem. Nursing-led programs were effective but less common, often embedded in interdisciplinary settings. Findings align with cognitive and biopsychosocial models (Fennell, Rimes), highlighting CBT elements, self-compassion, and social skills as key levers. External evidence shows moderate effects ($d \approx 0.57$). Manualized group formats

and EMI enhance practicality and sustainability. Limitations include heterogeneous designs, small samples, and limited European evidence. Recommendations: integrate interventions into routine care, train nursing staff, use standardized outcomes (e.g., RSES), and conduct more nursing-led RCTs in Europe.

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P20 - Ida and Noah's Mother is Receiving ECT

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Background
Research has consistently shown that children of parents with severe mental illness may experience elevated levels of anxiety, confusion, and emotional distress. Despite this, these children are often overlooked in clinical settings. In the context of ECT treatment, healthcare professionals have reported particular challenges in explaining the procedure and its potential side effects to children. Consequently, a need was identified for resources specifically designed to support children whose parents are undergoing ECT treatment.

Aim
The aim was to develop resources intended to support healthcare professionals and family members in engaging with children about ECT treatment in a safe and child-friendly manner.

Methods
In a collaboration between students and nurses specialized in ECT treatment, an interdisciplinary project was conducted. Targeting children aged 4–8 years, a book was developed with careful attention to word choice, content selection, and the use of metaphors to make the material understandable

Results
A children's book titled "Ida and Noah's Mother is Receiving ECT" was developed to explain ECT treatment and the emotions children may experience when a parent has severe depression. The story follows a mother, a father, Noah (4 years old), and Ida (8 years old), addressing themes such as depression, the emotions of both parents and children, and the importance of open communication. The book presents the treatment visually and accessibly, aiming to break taboos and alleviate children's feelings

Discussion
The book is now available in both Danish and English and is distributed by healthcare professionals at the Psychiatric Department in Vejle, Mental Health Services in the Region of Southern Denmark, to patients receiving ECT treatment. It is also used by professionals to engage in conversations with children.
To explore the implications and impact of the book, qualitative research interviews are planned.
Group interviews with healthcare professionals aim to examine how they experience using the book as a tool for dialogue with patients and their children, how it supports engagement with children about ECT treatment in a safe and child-centered manner, and to identify potential adjustments or alternative materials that could further support professionals.
Joint interviews with family members are planned to explore whether families perceive that the book supports conversations within the family, helps break taboos, alleviates children's feelings of self-blame, and promotes increased understanding and openness regarding the parent's illness. These interviews will also inform potential improvements or supplementary materials to further support families.

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P21 - Illness Management and Recovery: Insights from a Staff Training Evaluation Project

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Background
Personal recovery, a concept developed in the context of institutionalization and the civil rights movement advocate self-determination and oppose coercion with psychiatric services (Guerrero et al, 2024). Offering practitioners training in evidence based personal recovery oriented interventions and evaluating whether training increases knowledge and affect attitudes might be a viable path toward strengthening implementation of recovery oriented services.

Aim
Assess whether at two day long training course in the recovery practice Illness Management and Recovery (IMR) lead to increased knowledge about personal recovery and/or lead to changes in attitudes towards personal recovery.

Methods
Participants (N=40) will complete a translated version of the Recovery Knowledge Inventory, a validated tool for assessing knowledge of/attitudes toward recovery (Bedregal et al, 2006) before and after the training, as well as questionnaire measuring satisfaction after training.

Results
The planned two-day course will take place on the 12/13 of February 2026. Participant professional and occupational backgrounds vary, adding diversity and generalizability to the sample.

Discussion
In their seminal article 2014 article "The Uses and abuses of recovery: implementing recovery-oriented practices in mental health systems" (Slade et al, 2014) published in World Psychiatry, Slade and coauthors point out that recovery is not about making people "fit in", i.e., become "normal", neither is it about getting better or ceasing to need support. Furthermore, they recommend evidence-based recovery interventions, amongst them the IMR program, which teaches illness-management strategies to people with severe mental illness (Slade et al, 2014). Although IMR itself is a recovery-oriented treatment option validated by several randomized controlled studies (Yuksel, 2021), more knowledge is needed on which factors predict successful implementation. Egeland et al. (2017) found that clinician competence is an important factor when implementing IMR. Thus, we consider it highly relevant to assess whether staff training can affect clinician knowledge and attitudes toward recovery and hope to share insights from our work with international colleagues in Mechelen.

P22 - Mapping Educational Gaps in Multimorbidity: A Scoping Review of Educational Programmes for Healthcare Professionals Addressing Severe Mental Disorders and Diabetes

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Background
People living with both severe mental disorders (SMD) and diabetes face excess mortality, demanding self-care and fragmented services. Nurses often coordinate care across mental and somatic settings, yet it is unclear how educational programmes prepare healthcare students and practitioners to support this multimorbid group.

Aim
To map international educational programmes and curricula for healthcare professionals on multimorbidity, focusing on co-occurring SMD and diabetes, and to identify gaps in educational provision to inform future programme development.

Methods
Scoping review (JBI; PRISMA-ScR). Searches: MEDLINE, EMBASE, PsycINFO, CINAHL, WoS, Cochrane, ERIC + grey literature (2010–). Two reviewers screen/chart; content analysis. Consultation with nursing students, practitioners, and service users refines findings.

Results
The review is ongoing. We map programme format, content, cultural tailoring, and effects on participants and patients. Initial screening suggests no programmes solely upskill somatic staff in psychiatric care, while several upskill mental health staff in diabetes care. Several address both, but integration varies. Patient outcomes are rarely evaluated; stigma, collaboration, and user involvement are seldom addressed. Consultation workshops will validate and prioritise gaps.

Discussion
Mapping current educational provision for healthcare professionals will clarify how multimorbidity, diabetes and SMD are integrated in training and where gaps remain. Together with stakeholder consultation, the results will support curriculum recommendations that strengthen the integration of mental and physical health care, collaborative and recovery-oriented practice, and attention to stigma and service fragmentation. The findings can guide educators and policymakers in shaping future nursing and interdisciplinary roles across sectors and countries.

P23 - Turning Walls into Windows: A Study of Crime Prevention in Forensic Mental Health

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Background
Forensic mental health (FMH) aims to prevent reoffending, yet recidivism after treatment is 24–40%. A Danish Ministry of Justice review found treatment pathways inadequate: only 14% of treatment plans addressed recidivism risk. Traditionally, crime among people with mental illness was seen as preventable by treating the disorder, despite recommendations for broader approaches targeting criminogenic needs such as substance use and homelessness.

Aim
To explore how staff and patients perceive current crime prevention practices and identify evidence-based strategies to improve treatment pathways, integrating broader criminogenic factors beyond mental disorder management if needed.

Methods
Substudy 1: A systematic review of existing knowledge of crime prevention in FMH
Substudy 2: A quantitative study that examines criminal recidivism in FMH
Substudy 3: A follow-along study, that describes the work of doctors and nurses in FMH

Results
As this abstract is based on a PhD study that has not yet been completed, I currently have no results to include in this abstract. I expect to have results from sub-study 1 ready for the conference.

Discussion
As this abstract is based on a PhD study that has not yet been completed, I currently have no discussion to include in this abstract. I expect to have the discussion from substudy 1 ready for the conference.

P24 - Framework for Professional Development: Inter- and Intrapersonal

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Background
Five years ago, UPC KU Leuven launched a mobile team for older adults with (sub)acute mental health problems. From the start, we placed a strong emphasis on facilitating professional and personal growth within this multidisciplinary team. The mobile team provides care to older adults who have difficulty accessing hospital-based services, offering interventions in the patient's home environment. Because team members often work independently in complex situations, organizational support through supervision and intervision is crucial.

Aim
We aim to inspire other healthcare organizations to invest in structures that support the wellbeing and professional evolution of their employees.

Methods
In this poster presentation, we will share the development of this model and illustrate how a team within a mental healthcare network can grow both professionally and personally.
The development of the poster was in co-creation with the team and the leading staff of the mobile team.

Results
Supporting personal and professional development is therefore essential for employee wellbeing and retention.

Discussion
Many countries, including Belgium, are experiencing a significant decline in the number of healthcare workers.

Reading References
- Research shows that clinical supervision can reduce psychological distress among nurses and increase their confidence in addressing personal issues. It is also associated with higher job satisfaction, greater vitality, improved coping, and reduced stress and emotional exhaustion (Koivu et al., 2023).
- The quality and effectiveness of employees' interventions are closely linked to their personal and professional development. Evidence indicates that organizations can enhance individual and team performance by 20–25% through the use of systematically conducted debriefings. (Tannenbaum & Cerasoli, 2012)

P25 - Creative Resilience: Effects of Art-Based Interactive Workshops on Emotional Awareness, Stress Coping and Assertiveness in University Students

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Background
Young adulthood represents a sensitive developmental period characterized by escalating cognitive, emotional, and social demands. Strengthening resilience and foundational psychosocial competencies is therefore central to mental health nursing. Emerging evidence indicates that art-based interventions can facilitate emotional regulation and adaptive coping. Altınçapa et al. (2018) further demonstrated their efficacy in enhancing coping processes among university students.

Aim
This study examined the effects of interactive art workshops on university students' emotional awareness, stress-coping styles, and assertiveness.

Methods
A quasi-experimental pretest–posttest controlled design was used with 28 students. The experimental group completed a 12-session interactive art program; controls received no intervention. Data were analyzed using t-tests and repeated-measures ANOVA.

Results
Posttest analyses indicated no significant differences between the experimental and control groups in emotional awareness, assertiveness, or any coping subscales. However, within the experimental group, the Self-Confident Approach and Optimistic Approach subscales of the Coping with Stress Scale showed significant improvements.

Discussion
This study examined the effects of interactive art workshops on university students' emotional awareness, stress-coping styles, and assertiveness. No significant posttest differences were found between the experimental and control groups, yet within-group analyses revealed selective change. Students who completed the 12-session program showed significant improvement only in the Self-Confident and Optimistic Approach subscales of the Coping with Stress Scale, suggesting that creative, experiential activities may contribute to more adaptive coping patterns. These findings are consistent with research showing that art-based interventions can support emotional expression, reflection, and stress management in young adults. However, no significant changes were observed in emotional awareness or assertiveness, which may reflect the brief intervention period, small sample size, or the need for more structured skills-focused components. Prior studies note that broader psychosocial gains typically require longer or more intensive programs. Overall, the results indicate that interactive

art workshops may serve as a feasible approach for enhancing specific coping resources, even when other psychosocial outcomes do not demonstrate immediate measurable change.

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P26 - Enhancing Access to Safety: A Resource Guide for Violence Services in Rural, Remote, and Northern Manitoba

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Background
Intimate partner violence (IPV), sexual violence (SV), and gender-based violence (GBV) are major public health concerns, with people in rural, remote, and northern (RRN) regions facing higher risks and barriers such as isolation, limited transportation, and fewer supports. A scoping review showed limited research in RRN contexts and inconsistent definitions, highlighting the need for clearer information and improved access to services.

Aim
The aim of this research project was to develop an accessible, centralized resource that helps individuals and service providers quickly identify and connect with IPV, SV, and GBV supports across rural, remote, and northern Manitoba, Canada.

Methods
An environmental scan used online searches and follow-up calls to confirm services. A survey gathered provider perspectives. Findings were used to create a print and digital guide with maps, legends, and service tables for each Manitoba health region.

Results
The scan identified 22 resources across RRN Manitoba. Services included shelters, advocacy, counselling, virtual care, transportation, childcare, and more. These were compiled into a regional mapping tool with descriptions, symbols, and updated service information.

Discussion
This project addresses a critical gap in accessible service information for individuals experiencing violence in RRN regions. By offering an up-to-date, easy-to-navigate tool, the resource is intended to support service providers in guiding individuals toward the most appropriate and accessible services. Ongoing partnerships and regular information updates are essential to ensuring the tool remains relevant and responsive to changing community needs.

P27 - Indigenous Advocacy and Allyship: Expanding the Master of Psychiatric Nursing Curriculum

Nadine Smith; Candice Waddell-Henowitch; Andrea Thomson
Brandon University | Canada

Background
The Master of Psychiatric Nursing (MPN) program in Manitoba, Canada builds on students' foundational preparation to advance skills in psychiatric nursing. In response to the Truth and Reconciliation Commission of Canada: Calls to Action, the program introduced a new course, Indigenous Wellness, Resilience, Advocacy, and Allyship. This course addresses a key gap by exploring colonization's impact, systemic oppression, anti-Indigenous racism in health care, and the resurgence of Indigenous culture.

Aim
Developed with Indigenous leaders and reviewed by Indigenous leaders and scholars, this course deepens MPN students' understanding of colonization, systemic barriers, and advocacy to support culturally grounded, equitable, and socially just care.

Methods
A faculty-led working group conducted a comprehensive curriculum review of the MPN program, gathering faculty and student feedback, benchmarking across Canada, and co-developing the course description, objectives, and readings with Indigenous leaders for cultural relevance.

Results
The goal is for students to demonstrate increased awareness of systemic and structural oppression affecting Indigenous communities in Canada, identify anti-Indigenous practices in health care, critically analyze policy and institutional barriers, and develop actionable strategies for advocacy in advanced psychiatric nursing.

Discussion
Integrating Indigenous Wellness, Resilience, Advocacy, and Allyship into the MPN curriculum addresses a critical educational gap in Canadian graduate nursing programs. By fostering cultural responsiveness, social justice, and equity-focused practice, this course will prepare graduates to provide safe, inclusive, and effective mental health care for Indigenous clients. The curriculum serves as a model for embedding Indigenous-focused advocacy and anti-racism education in advanced nursing programs.

P28 - Family Engagement in Forensic Mental Healthcare Settings

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Background
In recent years, a compelling rationale has emerged for developing clinical practices that promote family engagement in mental healthcare, particularly interventions designed to support and involve families. In forensic mental healthcare, however, most interventions are not developed to address the unique challenges, families within forensic mental healthcare faces (e.g. navigating legal proceedings). This project is part of the FSI-project, which aims to adapt, test, and evaluate family-engaging interventions in forensic mental healthcare.

Aim
To explore interventions that support and involve family members in adult forensic mental healthcare, and to explore the experiences and attitudes of service users and their families towards these interventions.

Methods
The project includes three sequential studies: an integrative review of interventions for family engagement in forensic mental healthcare, qualitative interviews with adult service users based on identified interventions, and a national survey among adult families in forensic mental healthcare.

Results
The project will identify interventions designed to support and involve family members in forensic mental healthcare. Perspectives of service users and families regarding interventions, provides understanding of how the interventions is perceived and insight into most relevant family-engaging interventions. The project enhances understanding of interventions to prioritize in the adaptation of interventions and organize practices aimed at improving family engagement in forensic mental healtcare.

Discussion
This project will provide insights into interventions that can be implemented within forensic mental healthcare settings. Accordingly, the project will enhance how healthcare professionals in forensic mental healthcare engage and collaborate with families, integrate their knowledge and resources regarding the service users, and support them in their role as family members. As a result, the project has the potential to reduce burdens on families, improve their quality of life, and positively influence the service users' illness trajectory and recovery within forensic mental healthcare.

P29 - Cardiometabolic Health Nursing in Psychiatric Care: A Bibliometric and Thematic Analysis Study

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Background
Individuals with psychiatric disorders face a significantly elevated risk of chronic physical illness and premature mortality compared to the general population. Although these risks are both predictable and frequently preventable, the physical health needs of this population are often neglected. In response to this unmet need, the “Cardiometabolic Health Nurse” has emerged as a novel, specialized nursing role.

Aim
This study aims to bibliometrically analyze the development, collaboration networks, and research themes in cardiometabolic health nursing in psychiatry to identify influential works and future research priorities.

Methods
A comprehensive search of the Web of Science database was conducted using relevant keywords. The retrieved data were then analyzed bibliometrically with VOSviewer and Python, and interpreted thematically to identify key research topics.

Results
The analysis showed that the first studies in the field were published in 2009, with the most influential citations concentrated in 2017, totaling 20 publications. Collaboration networks were concentrated in two main clusters, with the England, emerging as the most productive country and the Nordic Journal of Psychiatry emerging as the most influential journal. The thematic analysis summarizes research focuses under three core themes.

Discussion
This bibliometric analysis aimed to quantitatively map the development, collaborations, and thematic trends of the field of cardiometabolic health in psychiatric nursing. Findings indicated that, although the field is relatively new (first published in 2009), it began to mature around 2017. The identification of a total of 20 studies suggests a limited volume of research in this specialized area. The analysis revealed that research collaborations are concentrated in two main clusters, while country collaborations are also concentrated in two clusters. The United Kingdom stands out as the most productive country, while the University of Oslo Faculty of Medicine is identified as the most influential institution. The Nordic Journal of Psychiatry is the most influential journal in the field, both in terms of publication count and citation rate. The thematic analysis revealed that research is clustered around three main focuses: Integrated Care and Risk Management, Critical Outcome Improvement in High-Risk Populations, Psychophysiological Interactions and Diagnosis-Specific Presentations.The study found

that integrating cardiometabolic nursing into psychiatric care is a promising strategy for addressing physical health disparities, but more research and evidence is needed.

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P30 - The Role of Key Performance Indicators (KPIs) in Enhancing Mental Health Services

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Background
High-quality, person-centred mental health care relies on robust performance measurement systems that can effectively evaluate service delivery and clinical outcomes. Key Performance Indicators (KPIs) serve as structured, evidence-based metrics that enable mental health services to monitor performance, identify gaps, guide quality improvement, and support accountability.

Aim
This poster examines the role of KPIs in enhancing practice across Community Psychiatry of Old Age (POA), General Adult Community Mental Health Services, and Liaison Psychiatry, highlighting their relevance within contemporary healthcare frameworks.

Method
KPIs encompass outcome measures that track recovery, readmission, and satisfaction; process indicators that reflect adherence to protocols, waiting times, and timely interventions; and balanced metrics that integrate both clinical and experiential dimensions.

Results
When designed according to SMART principles, KPIs provide clarity, relevance, and measurability, allowing teams to assess progress against organisational and clinical priorities. Their use strengthens alignment across multidisciplinary teams, enhances transparency, and supports evidence-informed decision-making.

Discussion
The poster further outlines key considerations in selecting appropriate KPIs, emphasising the importance of stakeholder engagement, including clinicians, service users, and management, to ensure that chosen metrics are meaningful, feasible, and aligned with person-centred care values. Incorporating both quantitative and qualitative indicators, particularly service-user-reported outcomes, ensures a holistic understanding of service quality. Effective implementation requires structured data collection systems, staff education, and ongoing review processes. Embedding KPIs within established quality improvement models, such as PDSA cycles or accreditation frameworks, ensures that performance data translate into sustained service enhancement. While KPIs offer significant benefits, the poster also acknowledges challenges such as over-reliance on numerical targets and the potential for unmeasured aspects of care to be overlooked, underscoring the need to balance metrics with professional judgement and narrative feedback.

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P31 - Building Resilience and Competence in Community Mental Health Nursing: Insights from a Danish Educational Initiative

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Background
The psychiatric sector in Denmark is undergoing reform. A national 10-year plan and healthcare reform aim to strengthen mental health. Therefore, several responsibilities are being transferred from regional to municipal authorities, resulting in increased accountability for local actors in terms of clinical leadership and coordination of mental health care pathways. This decentralization challenges home care nurses (HCN) to enhance clinical judgment, ethical reflection, and interprofessional collaboration.

Aim
To strengthen HCN' clinical judgment, ethical reflection, and interprofessional collaboration skills through a course with recovery-oriented and person-centered approaches and to foster resilience and preparedness to meet future demands.

Methods
In collaboration with a municipal partner, a course (10 ECTS) was developed, focusing on recovery-oriented and person-centered approaches. HCN applied theoretical knowledge in practice through continuous engagement with a citizen. Reflective notes supported professional insight and action competence.

Results
Evaluation through surveys: a Midterm Survey (Practical Relevance), a Final Survey (Practical Relevance), and a Final Survey (Educational Design). Across these, HCN featured practice-related outcome as:
Strengthened guidance competencies in peer support and complex citizen care pathways
Enhanced understanding of person-centered perspectives and the impact of mental illness on everyday life
Development of action competence and methods to support individuals in vulnerable life situations.

Discussion
Findings suggest that targeted competence development based on recovery-oriented and person-centered approaches can reinforce HCN's roles in community-based mental health care. The course contributed to increased professional reflection, action competence, and the ability to support citizens in vulnerable situations. These competencies contribute to a new and deeper insight and a curious engagement with the citizen's lived, inside perspective. Considering Denmark's healthcare reform and the national psychiatric plan, which delegate greater responsibility for mental health care to municipalities, HCN emerge as key actors in interprofessional collaboration. Experiences from this course indicate that practice-oriented education, emphasizing the citizen's perspective and continuous reflection, can support clinical judgment and resilience in a complex and evolving practice.

These insights are relevant to international contexts where decentralization and recovery-oriented approaches are increasingly shaping.

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P32 - Mapping the Evolution of Stigmatization in Mental Disorders: A Bibliometric Analysis from 1974 to 2024

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Background
This bibliometric study scrutinizes the thematic evolution of research on stigma and discrimination in mental disorders, covering a span of five decades. It reflects on the shifting paradigms within the stigma-focused mental health research community from 1974 to 2024.

Aim
The bibliometric analysis conducted across five decades provides a comprehensive overview of how stigma-focused mental health research has evolved, both thematically and geographically.

Methods
A comprehensive bibliometric analysis was employed using the Bibliometrix R package and VOSviewer software, analyzing 1,892 articles from databases like Scopus, Web of Science, PubMed Central, and APA PsycInfo. Adherence to PRIBA guidelines ensured a holistic representation of the evolving researchs...

Results
The analysis outlined three distinct periods: the Genesis Period (1974–2007), focusing on foundational concepts of mental disorders and stigma; the Growth Period (2008–2015), which experienced a broadening into themes of discrimination and diagnostic refinement; and the Rapid Growth Period (2016–2024), characterized by a surge in research on child mental disorders and the impacts of posttraumatic stress disorder.

Discussion
The study maps a significant transformation in stigma-focused mental health research themes over fifty years, highlighting the growing complexity and the need for ongoing research into stigma and discrimination. It calls for interdisciplinary approaches to tackle these enduring challenges effectively.

P33 - How Do You Sleep? We Asked Women with Alcohol Dependence

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Background
Sleep duration is an individual characteristic of a person. It is known that women's sleep differs from men's. Women sleep longer than men. As women age, they tend to fall asleep later. Sleep problems affect women twice as often as men. In women, changes in the levels of hormones are accompanied by alterations in the sleep-wake cycle. Alcohol consumption, regardless of gender, can cause changes in sleep architecture. Alcohol shortens sleep, lengthens the time needed to fall asleep, and disrupts the sequence and duration of sleep phases.

Aim
The aim was to analyze the sleep of women at different stages of alcohol addiction treatment. The question addressed was: How did you sleep?

Methods
Three women of similar age from AA meetings, were invited to complete an anonymous survey, which included the question: How do you sleep? On a scale from 1 to 5, where 1 meant very poorly and 5 very well. Sleep and alcohol addiction were examined. Scales used: AIS, ESS, PENN, SADD, GHQ.

Results
First is 15 days abstinent, rates sleep at 2 pts, sleeps average of 8,5 hours, takes 50 minutes to fall asleep, wakes up twice due to nightmares, uses sleep medication.
Second is 16 months abstinent, rates sleep at 3 points, sleeps average of 8 hours, takes 15 minutes to fall asleep, sleeps all night, uses sleep medication.
Third is 17 years abstinent, rates her sleep at 5 points, sleeps average of 8 hours, takes 15 minutes to fall asleep, sleeps all night, does not use sleep medication.

Discussion
Sleep in women undergoing alcohol addiction treatment improved with the duration of abstinence. The number of hours slept did not correlate with sleep quality, as each woman slept long—8 or more hours each night—yet rated her sleep differently. After several years without alcohol, the woman was able to fall asleep without the use of sleeping medication.
The first nights after quitting alcohol are the hardest, which is why it is the nurse—being closest to the patient—first notices that sleep quality has worsened. If the problem of poor sleep quality is not addressed, over time, it may develop into a permanent sleep disorder. Especially because research shows that almost half (48.6%) of patients with insomnia after a period of abstinence returned to alcohol.
Brower et al. described the phenomenon of self-medicating insomnia with alcohol: "I often drink alcohol to fall asleep." There is a general scientific consensus that both acute and chronic alcohol use

disrupt sleep patterns. Therefore, self-medicating insomnia with alcohol can lead to a vicious cycle in which alcohol initially facilitates falling asleep, but as tolerance develops, its sleep-disrupting effects become more apparent.

P34 - The Relationship Between Cognitive Flexibility, Negative Symptom Severity, and Recovery in Individuals with Schizophrenia: An Ongoing Study

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Background
Schizophrenia is a severe mental disorder characterized by persistent cognitive impairments and negative symptoms that substantially limit functional recovery. Cognitive flexibility, a core executive function, has been associated with adaptive functioning and psychosocial outcomes, yet its role in the recovery process of individuals with schizophrenia remains insufficiently explored.

Aim
This study aims to examine the relationships between cognitive flexibility, negative symptom severity, and recovery in individuals diagnosed with schizophrenia.

Methods
This cross-sectional correlational study includes individuals with schizophrenia attending a university hospital psychiatry outpatient clinic. Data will be collected using sociodemographic, cognitive flexibility, negative symptom, and recovery scales. Correlation and regression analyses will be performed.

Results
It is expected that higher levels of cognitive flexibility will be associated with lower negative symptom severity and higher recovery levels. Cognitive flexibility is anticipated to partially explain the relationship between negative symptoms and recovery.

Discussion
Understanding the role of cognitive flexibility in the recovery process may provide valuable insights into mechanisms underlying functional improvement in schizophrenia. The expected findings may support the development of psychosocial and nursing interventions targeting cognitive flexibility to reduce negative symptom burden and promote personal recovery. This study may contribute to recovery-oriented mental health care by highlighting modifiable cognitive processes relevant to clinical practice.

P35 - I Became Isolated After HIV": Lived Stigma Experiences of Individuals Diagnosed with HIV: A Qualitative Phenomenological Study

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Background
Human immunodeficiency virus (HIV) has become a chronic, manageable condition; however, people living with HIV continue to experience emotional, social, and psychological burdens, particularly related to stigma and identity disruption.

Aim
To explore the lived experiences of people living with HIV in Türkiye, identify factors shaping these experiences, and examine their coping strategies using a descriptive phenomenological approach.

Methods
The study included 11 adults with HIV receiving inpatient care in Istanbul. Purposive sampling was used. Data were collected May–October 2025 through semi-structured interviews, transcribed and analyzed using Colaizzi's method. Trustworthiness and ethical approval were ensured.

Results
Five themes emerged:
(1) diagnosis and initial reactions, including shock, fear, hopelessness, death anxiety, and suicidal thoughts;
(2) traces of illness such as physical symptoms, fatigue, distress, and social withdrawal;
(3) stigma affecting work, family, relationships, and healthcare;
(4) coping, from spirituality, support and acceptance to denial or avoidance;
and (5) hopes for reduced stigma, confidentiality, social acceptance, and better awareness.

Discussion
Living with HIV in Türkiye is experienced as a multidimensional process that extends beyond biomedical management and is powerfully shaped by stigma and interactions with healthcare professionals. Nurses should provide holistic, compassion-based, stigma-free care, integrating empathic communication, psychosocial and suicide-risk assessment, and support for adaptive coping to enhance quality of life and treatment adherence.

P36 - An ED/Liaison Psychiatry ANP Quality Improvement Initiative to Develop a Referral Pathway Tool to Assist Decision-Making Processes in an ED

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Background
ED presentations are largely unscheduled, and triage assigns acuity for assessment and intervention. Mental health presentations—self-harm, suicidal ideation, low mood, psychosis—are common. Triage nurses often lacked mental health expertise, and no local guidance existed. An audit identified inconsistent referral practices and highlighted the need for accessible clinical information. This led to the development of a structured ED referral pathway for patients presenting with mental health concerns.

Aim
To develop a tool that enhances healthcare professionals' understanding of the role and function of liaison psychiatry within the Emergency Department, thereby supporting more informed and effective referral decision-making.

Methods
A narrative approach was used to outline the problem and chart the development of a quality intervention supporting referral decision-making among non-mental-health professionals in the Emergency Department. The initiative is reported in accordance with SQUIRE 2.0.

Results
The results of an audit identified an explicit need for access to information on items to be considered before referring to liaison psychiatry for mental health assessments. A referral pathway flowchart was developed to aid decision-making in the Emergency Department for use at all stages on the Emergency Department journey for someone presenting with mental health challenges to ensure good communication, appropriate assessment and interventions and safe systems handover/referral to mental health practitioners.

Discussion
The implementation of the Liaison Psychiatry–ED referral pathway demonstrates how structured decision-support tools can enhance safety, triage accuracy, and interprofessional communication in emergency care. Early indications suggest improved handover quality and more appropriate referral patterns, aligning with broader health-system priorities for timely, evidence-informed care. This is particularly relevant in ED settings where clinicians frequently report limited mental-health training, heightened role strain, and environmental constraints that impede optimal assessment. While the narrative approach limits objective outcome measurement, it provides valuable insight into system pressures and the practical utility of the tool. Its integration into local policy and positive uptake among

staff indicate meaningful progress in standardising practice, reducing delays, and supporting safer, more consistent management of mental-health presentations.

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P37 - The Attitudes and Experiences of Postvention/psychosocial Supports for First Degree Family Members Bereaved by Suicide

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Background
Suicide bereavement is the act of mourning after a loss by suicide. Individuals bereaved-by suicide are at higher risk of mental and behavioural disturbances, complicated grief and substance misuse. Suicide bereavement also increases the risk of self-harm and suicidal ideation, attempted suicide, depressive episodes and psychiatric admission. Thus, family's bereaved-by-suicide require postvention/ psychosocial supports immediately after the bereavement occurs and for a significant time afterwards.

Aim
The aim of this dissertation is to evaluate the attitudes and experiences of postvention/psychosocial supports for first degree family members bereaved-by-suicide.

Methods
A systematic search of the bibliographic databases of CINAHL, MEDLINE (EBSCO host), PychINFO and EMBASE was conducted in February 2022.
Additional grey-literature, hand and miscellaneous searching ensured any additional studies were found.

Results
Of the 3065 articles retrieved 1157 duplicates were removed. 1908 studies were screened on title and abstract which resulted in 1848 studies being excluded due to nonrelevance to the review aim. The remaining 60 studies were then brought forward for full text review of which 56 did not meet the strict inclusion criteria.

Discussion
A total of 4 studies remained for inclusion in the review. The 4 included studies were appraised for their methodological quality by the reviewer and the academic supervisor using The Quality Assessment Criteria and Scoring tool by Brunton et al. (2011) and all 4 studies scored 'HIGH'. Data was then extracted using pre-determined data extraction forms and this was overseen by the academic supervisor. Thematic analysis and synthesis of the 4 included qualitative papers revealed three core themes, family experiences of suicide bereavement support's, difficulties navigating services and connecting with others bereaved by suicide. In this systematic review families highlighted their varying support requirements after a suicide occurs. Thus, participants felt it pivotal that GP's and counsellors providing these supports were experienced in suicide bereavement. However, the data from this review suggests that when bereaved individuals engaged with professionals their lack of training and knowledge was evident. Families proposed signposting to services along with a guidebook of resources to ensure the bereaved are linked with adequate services. Moreover, support groups were viewed as the most beneficial postvention.

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