

# National Institute of Health Sciences Research Bulletin

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The background of the cover is a blue-tinted photograph of a long, empty hallway. The hallway has a polished floor that reflects the overhead lights. In the distance, a person is standing near a doorway, providing a sense of scale and depth. The overall atmosphere is clean, modern, and professional.

# Abstracts

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# Management of Renal Colic in Waterford Regional Hospital's Emergency Department - A Retrospective Audit

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## INTRODUCTION

Renal colic, characterised by acute onset of severe loin pain, is a common presentation to the Emergency Department (ED) and has an annual incidence of around 16 per 10,000 people and a lifetime incidence of 2-5%.<sup>1</sup> The College of Emergency Medicine has recently published clinical standards for EDs in the management of renal colic.<sup>2</sup>

## OBJECTIVES

The primary aim of the study was to see how our department met the College of Emergency Medicine's clinical standards.

## METHODOLOGY

A retrospective study was performed examining all the patients who had a Computed Tomograph Kidneys Urinary Bladder (CT KUB) performed for suspected renal colic between 5/7/2010 and 24/11/2011. The emergency case notes for these presentations were interrogated and data collected using the College of Emergency Medicine national proforma (Microsoft Excel).

## RESULTS

A total of 100 CT KUBs were performed within the study period. The study included 53 males and 47 females. The mean age was 46.9 years. The median age was 46. In all, 97 clinical records were reviewed (3 were missing). In 67 patients, time to analgesia was recorded and the mean time in all of these patients was 67.9 minutes.

## CONCLUSION

The College of Emergency Medicine (CEM) recommends that recording pain score on arrival should be routine.<sup>2</sup> This study showed that our department was poor at documenting pain score on arrival (12% of patients had a pain score documented on arrival) and sub-optimal at administering analgesia (70% of patients were documented as having received analgesia). This is being addressed by a protocol to document pain score at triage and triage nurse-initiated administration of analgesia.

The performance of relevant investigations (full blood count, renal function, urinalysis) is good in our department but the documentation of results in the ED clinical notes is poor. This has been addressed with focused educational sessions for doctors.

The publication of clinical standards by clinical governance bodies, for example the College of Emergency Medicine, plays an important role in improving quality of care. It follows that each department should regularly audit their activity to ensure that these clinical standards are maintained. Following implementation of the changes identified, a further audit in our department will be undertaken to complete the audit loop.

## REFERENCES

Available on request.

## PRESENTATION

This study was presented as a poster presentation to the Irish Association of Emergency Medicine's Annual Academic Meeting in Carton House, Kildare on October 20th, 2012.

Table 1 - Overall Results

	Results (Total Number of Cases =100)			
	Yes	No	Not Documented	Missing Notes
Documentation of Pain Score on Arrival to the ED	12	85	n/a	3
Administration of Analgesia in the ED	70	16	11	3
Documented Evidence of Re-Evaluation of Analgesia in the ED?	25	72 cases either did not have re-evaluation of analgesia or the re-evaluation of analgesia was not documented.		3
Performance of Dipstick Urinalysis	95	1	1	3
Performance of Full Blood Count (FBC)	94	3	-	3
Result of FBC Recorded in the ED notes	18	79	-	3
Performance of Renal Function Test	94	3	-	3
Result of Renal Function Tests Recorded in the ED notes	15	82	-	3
In Patients over 60 was Abdominal Aortic Aneurysm (AAA) Excluded by Appropriate Investigation	20	0	Not applicable in 77 patients as they were under 60 years of age	3
Documentation of the CT KUB Result in the ED Clinical Notes	86	11	-	3
Documentation of Outcome in ED Clinical Notes	84	13	-	3

# A Retrospective Review of all Computerised Tomograph Pulmonary Angiograms (CT PA) Ordered in Waterford Regional Hospital Emergency Department

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## INTRODUCTION

Pulmonary embolism (PE) is a common presentation to the emergency department (ED) and has an annual incidence of around 1 per 1,000 population.

Currently, CT angiography is the modality of choice to diagnose PEs owing to its high sensitivity and specificity. Validated clinical probability rules like Wells score in conjunction with D-dimer tests in patients determined to have low clinical probability should be used to specify when to perform CT angiography.

However, several studies have noted low rates of positive CT PAs and suboptimal use of clinical probability criteria, with the suggestion that CT PAs are overused as a screening tool. To our knowledge, there has been no published study looking at the use of CT PAs and the use of clinical probability criteria and D-dimer in an Irish ED.

## OBJECTIVE

To report the rates of positive CT PAs and use of clinical probability criteria and D-dimer in our Irish ED over a one year period.

## METHODOLOGY

A retrospective study was performed examining all patients who had CT PAs performed for suspected pulmonary embolism between July 5th, 2010 and July 4th, 2011. Clinical notes for patients who had a positive CT PA within 24 hours of presentation to the ED were examined to see if a Wells score and D-dimer were documented in the ED notes.

## RESULTS

Four hundred and twenty CT PAs were done in this hospital over the 1 year period. Sixty one were positive for pulmonary embolism in patients from the ED, medical and surgical wards. Fourteen were excluded from this study as they pertained to patients who had a positive CT PA but did not relate to patients who presented acutely to ED within the previous 24 hours with acute presentation of PE (i.e. they were long term patients with other major co-morbidities). Therefore, 47 patients who presented to the ED initially were identified as having a positive computed tomograph for pulmonary embolism. Clinical notes were missing for 3 cases and 44 cases were analysed further. This included 4 patients who were initially triaged in the ED and assessed by the acute medicine team in the Medical Assessment Unit.

Table 1 - Comparison with Other Studies

	No. of Positive CT Studies	Total No. of Studies Performed	(%)
Mamlouk et al. 2010	65	1022	(6.36%)
Costantino et al. 2008	22	258	(8.5%)
Jiménez et al. 2007	624	2219	(28%)
This study 2012	61	420	(14.5%)

Table 2 - Documentation of Wells Score and D-Dimer in ED Clinical Notes

	Yes	No
Documentation of Wells Score in ED Clinical Notes	11% (n=5)	89% (n=39)
Documentation of D-Dimer in ED Clinical Notes	39% (n=17)	61% (n=27)

Only one of the patients who did not have a D-dimer result documented had a Wells score documented.

## Discussion


Our study reports that a large number of CT PAs were carried out, but it yielded a low number positive for PEs. Other large scale studies have similarly shown low rates of positive CT PAs in EDs (Table 1). This study showed that our department was poor at documenting Wells Score and D-dimers in ED notes by ED clinicians (11% and 39% respectively).

One recent study showed that the use of computerized clinical decision support reduced the use and increased yield of CT pulmonary angiography in the emergency department. In our department, we are addressing the poor documentation with focused educational sessions for doctors and liaising with our radiology colleagues to introduce some computerized clinical decision support. Following implementation of the changes identified, a further audit will be undertaken to complete the loop.

## REFERENCES

Available on request.

## Cardiac Arrests in Mid-Western Regional Hospital Limerick



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### INTRODUCTION

Audit is an important measure to improve outcomes of cardiac arrests, by identifying failures and evaluating the effectiveness of new techniques.<sup>1</sup> A cardiac arrest audit system is in place in the Mid-Western Regional Hospital (MWRH), Limerick, a 522 bed acute and tertiary referral hospital with a 361,028 person catchment area. We sought to evaluate the rate of false arrests and early outcomes of resuscitation compared to published international data.

### METHODOLOGY

In the MWRH an audit form is completed for each cardiac arrest call by the senior attending clinician. With institutional ethical approval all existing cardiac arrest report forms from 01/07/'09 to 25/12/'09 were gathered. The data from these detailed 35 point forms was collated into a Microsoft Excel (2010) spreadsheet and the data was analysed.

### RESULTS

During the six-month period studied there were 82 cardiac arrest calls. Sixteen (19.5%) occurred in a pre-hospital or Emergency Department (ED) setting, 22 (27.5%) occurred in critical care units, 42 (52.5%) occurred on the general wards and in 2 cases the location was not noted. In 55 cases (67.1%) the call was a true cardiac arrest, in 22 cases (26.8%) it was a false cardiac arrest and in 5 cases (6.1%) the reason was not recorded. In critical care 68.2% of arrest calls were true cardiac arrests, compared to 100% of pre-hospital arrests and 57.1% on general wards. The rhythm at presentation in true cardiac arrests was asystole in 17 cases (20.7%), pulseless electrical activity (PEA) in 22 (26.8%), ventricular fibrillation (VF) in 11 (13.4%), ventricular tachycardia (VT) in 7 (8.5%), supraventricular tachycardia (SVT) in one (1.2%), and bradycardia in 6 (7.3%). Resuscitation was unsuccessful in 49.1% of true cardiac arrests, with 75% of pre-hospital arrests unsuccessful, versus 42.9% on the general wards and 33.3% in critical care. Seven false arrests were of respiratory cause (31.8%), 6 of cardiac cause (27.3%), 3 due to seizures (13.6%), 3 to syncopal episodes (13.6%), 1 to pancreatitis (4.5%) and 2 were due to arrhythmia of unknown cause (9.1%).

### CONCLUSION

A false cardiac arrest is a cardiac arrest call where no basic or advanced life support is needed.<sup>2</sup> This audit found a high rate of false arrests: 26.8% versus 7% reported.<sup>2</sup> A possible contributing factor to false arrests on the wards is lack of staff access to specialist training, supported by the fact that no false arrests occurred in the ED. The causes of false arrests in our audit were similar to those seen in the literature where seizures, syncope and respiratory depression are common non-cardiac causes.<sup>2</sup> In the case of true arrests the rate of initial resuscitation was low, 40.9%, but was higher in critical care; possibly reflecting earlier recognition of the arrest and rapid availability of interventions. However, long term survival data is not available within this audit and it is known that of those who are initially resuscitated only 16.7%-42.2% will survive to discharge.<sup>3</sup> The audit was hindered by poor form completion. Facilitating and encouraging staff participation in higher training such as Acute Coronary Life Support courses would improve recognition of false arrests and increase audit form completion. Future audits will readdress these issues and will incorporate long term survival data to better measure patient outcomes.

### REFERENCES

Available on request.

# The Effect of a 12 Week Walking Intervention on Inflammatory Markers of Cardiovascular Risk

Murtagh, E.M.,<sup>1</sup>  
 Davis, J.E.,<sup>2</sup>  
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## INTRODUCTION

Biochemical markers of inflammation, such as C-reactive protein (CRP) and fibrinogen are gaining recognition as predictors of cardiovascular disease risk. Walking is regularly advocated as a means of increasing daily physical activity for the sedentary majority; however few studies have considered the effect of regular walking on these markers. The present study compared the effects of light and moderate intensity walking on CRP and plasma fibrinogen in previously sedentary overweight men.

## METHODOLOGY

Thirty-seven men aged  $46.9 \pm 8.7$  years were randomly assigned to walking at  $55\%HR_{max}$  (Light) or  $70\% HR_{max}$  (Moderate) for 30 minutes on 4 days per week for 12 weeks, or no training (control). CRP, fibrinogen and body mass were measured at baseline and following 12 weeks. Twenty five participants completed the study.

## RESULTS

CRP and fibrinogen value at pre- and post-intervention are shown in Table 1. There were no significant differences between groups for CRP or fibrinogen following the intervention ( $P > 0.05$ ).

## CONCLUSION

The findings suggest that walking for 30 minutes, 4 days per week, at either light or moderate intensity for 12 weeks does not alter CRP or fibrinogen in previously sedentary men.

**Table 1 - Mean (SD) Lipid Variables and Inflammatory Markers Pre- and Post-Intervention**

		CRP (mg·L <sup>-1</sup> )	Fibrinogen (g·L <sup>-1</sup> )
Light Intensity group	Pre	2.0 (1.5)	2.7 (0.4)
	Post	1.8 (1.6)	2.6 (0.6)
Moderate intensity group	Pre	1.7 (2.0)	2.6 (0.3)
	Post	2.0 (2.0)	3.0 (0.8)
Control group	Pre	1.4 (0.7)	2.9 (0.4)
	Post	1.4 (0.7)	3.0 (0.4)

# Poor Documentation of Key Signs in Patients with Features of Aortic Dissection

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## INTRODUCTION

Acute aortic dissection is a challenging clinical emergency. Because of diverse clinical features and serious complications occurring rapidly, diagnosis has proven difficult.<sup>1</sup> Nevertheless, accurate and rapid diagnosis is essential for survival. Chest pain is the main clinical feature of aortic dissection and is present in 73% of patients.<sup>1</sup> Dyspnea, orthopnea, syncope, stroke, abdominal pain, backache, anuria/oliguria and fever have been described as presenting features too.<sup>1,2,3</sup> Interarm blood pressure difference of 20mmHg is significant and may suggest the diagnosis. In 31% of patients with acute aortic dissection there will be pulse deficit and/or blood pressure difference between arms.<sup>4</sup> The combination of sudden-onset chest/abdominal pain, pulse deficit and/or blood pressure difference between arms and mediastinal widening on chest X-ray identifies aortic dissection in 96% of patients with all of these features.<sup>4</sup> This emphasizes the importance of proper assessment of blood pressure for difference between arms and the synchronicity of radial pulses.

## OBJECTIVE

This audit was performed during March 2012 to assess the documentation of blood pressure measurement on both arms, assessment for pulse deficit and excluding early diastolic aortic murmur (as an important negative) in patients presenting with features suggestive of acute aortic dissection.

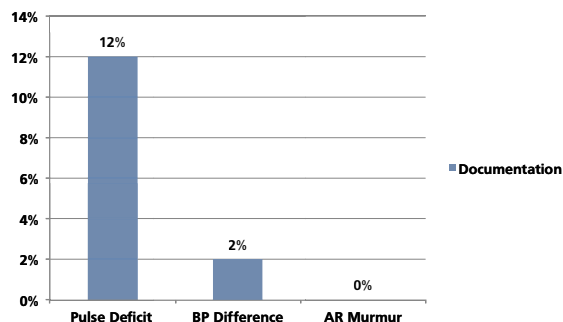
## METHODOLOGY

The ADOS navigation system was interrogated. All adults who presented with non-traumatic chest pain to the Emergency Department (ED) in the Mid-Western Regional Hospital Limerick, during December 2011, were identified. Fifty patients were randomly selected and their ED records were reviewed.

## RESULTS

Out of 50 patients only 1 patient (2%) had a blood pressure measurement on both arms. The absence or the presence of pulse deficit was documented in 12% of patients. There was no documentation of absent early diastolic aortic murmur in any of the patients (Figure 1).

**Figure 1 - Rate of Documentation of Key Features Suggestive of Aortic Dissection**



## Discussion:

This audit shows the poor rate of documentation of important clinical features of aortic dissection in the ED. This raises the issue of poor documentation in general and its negative impact on the quality of data in the healthcare system.

The information written and maintained in patient health records, once it is collected and aggregated, is used by clinicians, health system planners, researchers, and decision-makers as the basis for important decisions related to healthcare needs. Good physician documentation ensures that a better quality of data will be available on which to base critical healthcare sector decisions.

Medicine is a large sophisticated framework comprising many complex disciplines. As in any body of such magnitude, communication and documentation plays an important role in the growth and proper function of the system as a whole. Poor medical documentation is, in a sense, a sickness that holds medicine back and slows it down. Any physician or researcher in any field must treat it with as much care as any illness that may be encountered otherwise.

Poor physician documentation can, in part, be linked to the lack of focus on this issue in medical schools. This inattention to good documentation procedures continues throughout the medical training, which means that physicians are not being adequately equipped to document effectively in the course of their medical training.

## Recommendations

- Training of Non-Consultant Hospital Doctors (NCHDs) on best practice for medical documentation. A good strategy would be a weekly teaching session where 3 medical records are selected randomly and the quality of documentation is discussed openly and common pitfalls addressed.
- Development of pro forma for assessment of patients presenting with chest pain
- Re-audit after implementation of recommendations

## REFERENCES

Available on request.

## Audit of the Communication of Newly Diagnosed Infection in MWRH Limerick to the General Practitioners (Discharge Summary)

Maheshwari, P.K.,  
Qazi, J.,  
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### OBJECTIVE

The aim of this research is to audit the information communicated to General Practitioners (GPs) for the newly diagnosed infection. It is essential to provide full information to the general practitioners for new infections as it will help them to decide about prescribing antibiotics. Secondly, when they are referring these patients to hospital it helps them to keep the patients isolated depending on their known status with regard to previous infection and also helps the admitting doctor to decide if to start them on new antibiotics.

### METHODOLOGY

The method used was to get information on the newly diagnosed infections patient list for the months of February and March 2012 from the microbiology laboratory and then call the GP to check the discharge summary provided to them at the time of discharge.

### RESULTS

Type of infection	No of cases	GP got the Information	No Information provided to GPs	Not able to Trace the information
MRSA	40	6	30	4
Noro virus	32	7	22	3
VRE	37	3	30	3
C diff	13	6	5	2
ESBL	20	4	14	2
CRE	1	1	0	0


### CONCLUSION

From the above results it can be concluded that communication to the GP on the discharge summary was very poor except in the cases of C diff where it was near 50%. Another interesting observation was that those patients who were admitted simply for the infection their information was provided to the GPs, but the patients who got infected during their stay in hospital for other reasons did not have their infection information sent to the GPs.

Follow-up:

The results of the audits will be sent to all the consultants so they can advise their team to provide the specific infection information on discharge summaries with the aim of re-auditing in three months time again.

## Trends in the Incidence of Lower Extremity Amputations in People with and without Diabetes over a Five Year Period in the Republic of Ireland



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### ABSTRACT

Diabetic foot disease is a major health problem and unfortunately, lower extremity amputation remains a common outcome. Lower extremity amputation is a significant complication that is costly to individuals economically, socially and psychologically and there is a lack of published data on lower extremity amputation rates in the Republic of Ireland.

The aim of this research is to describe trends in the incidence of non-traumatic amputations among people with and without diabetes and to estimate the relative risk of an individual with diabetes undergoing a lower extremity amputation compared to an individual without diabetes in the Republic of Ireland.

All adults who underwent a non-traumatic amputation during 2005 to 2009 were identified using HIPE (Hospital In-Patient Enquiry) data. Participants were classified as having diabetes or not having diabetes. Incidence rates were calculated using the number of discharges for diabetes and non-diabetes related lower extremity amputations as the numerator, and estimates of the resident population with and without diabetes as the denominator. Age-adjusted incidence rates were used for trend analysis.

Total diabetes-related amputation rates increased non-significantly during the study period; 144.2 in 2005 to 175.7 in 2009 per 100,000 people with diabetes ( $p=0.11$ ). Total non-diabetes related amputation rates dropped non-significantly from 12.0 in 2005 to 9.2 in 2009 per 100,000 people without diabetes ( $p=0.16$ ). An individual with diabetes was 22.3 (95% CI 19.1-26.1) times more likely to undergo a non-traumatic amputation than an individual without diabetes in 2005 and this did not change significantly by 2009.

This study provides the first national estimate of lower extremity amputation rates in the Republic of Ireland. Diabetes-related amputation rates have remained steady despite an increase in people with diabetes. These estimates provide a baseline and will allow follow-up over time.

### PRESENTED

Parts of this study were presented at the 47th EASD (European Association for the Study of Diabetes) Annual Meeting in Lisbon, 2011 in abstract form.

### FUNDING

This project is partially funded by the HRB (Health Research Board), Ireland – Grant Reference Number: HPF/2009/79 and partially funded by the ICGP (Irish College of General Practitioners) Research and Education Foundation. No potential conflicts of interest relevant to this article are reported.

### SOURCE

This study was published in PLOS ONE, July 2012, Volume 7, Issue 7, e41492.

## B12 Deficiency - The Need for a Protocol



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### INTRODUCTION

In Ireland, a diagnosis of vitamin B12 deficiency is typically contingent on the results of a total serum B12 test. However, emerging evidence indicates that the total serum B12 assay is inaccurate<sup>1</sup> and that total serum B12 is an insensitive and unspecific biomarker for B12 deficiency<sup>2</sup> suggesting that B12 deficiency may be considerably under diagnosed in Ireland. Dr. Joseph Chandy, a General Practitioner (GP), in the UK National Health Service (NHS), devised a protocol for diagnosing B12 deficiency that emphasises the need to interpret total serum B12 results in light of the clinical symptoms of the patient along with the presence of a strong family history of Pernicious Anaemia and or other autoimmune conditions. Using this protocol he has successfully treated B12 deficiency in patients who would not have received a diagnosis previously. The prevalence of B12 deficiency in his practice population is 18% as opposed to 0.01% nationally.<sup>3</sup>

### METHODOLOGY

A literature review was conducted to critically examine the extent to which Dr. Chandy's protocol is supported by scientific literature.

### RESULTS

It is suggested that Holotranscobalamin (holoTC), also known as active B12, is the earliest laboratory index for B12 deficiency and that it is a much more sensitive biomarker of B12 status than total B12.<sup>2</sup> However direct empirical evidence to substantiate this claim is still lacking. It has additionally been argued that the total serum B12 may not drop significantly until late in the disease process when neurological symptoms can be irreversible.<sup>2</sup> Further evidence of the insensitivity of serum B12 has been demonstrated in a recent study wherein it was identified that when levels of serum B12 drop below 500ng/ml that neurological damage can occur and may cause neuropsychiatric symptoms including dementia.<sup>4</sup> This is particularly significant considering conventional guidelines indicate that 200-1100ng/ml is the normal range<sup>5,6</sup> for serum B12. On a related note, in an investigation of B12 deficiency in alcoholics it was found that the subjects were presenting with severe symptomatic evidence of B12 deficiency despite their serum vitamin B12 results falling within the normal range. It has furthermore been demonstrated that three widely implemented Competitive-Binding Luminescence Assays (CBLA) of serum B12 gave false positive results for individuals with Pernicious Anaemia at rates ranging from 22% to 35%, indicative of serious diagnostic failure.<sup>1</sup> Interestingly, a formerly implemented, older, test termed Radioisotope-Dilution Assay, demonstrated sensitivity of approximately 95% match of serum B12 to symptoms.<sup>1</sup> This indicates that CBLA's are being implemented as diagnostic tools without empirical evidence to support their relative accuracy. A holoTC (active B12) test is not currently available in Ireland.

### CONCLUSIONS

There are no up-to-date national guidelines for the diagnosis and treatment of B12 deficiency, and no single test to definitively identify it. Consequently, the exact prevalence of B12 deficiency in the general population is not known. Interpretation of the threshold of total B12 for treating deficiency is controversial and this is probably the crucial issue. It is likely that general population screening using some diagnostic test will be cost effective sometime in the future. In the meantime, patients are likely to continue to manifest symptoms of B12 deficiency, in the absence of 'abnormal' serum total B12. The viability of diagnosis by signs and symptoms, strong family history and the presence of other autoimmune conditions, as inherent in Dr. Chandy's protocol has been demonstrated over the past 32 years whereby remission of signs and symptoms has consistently been observed following treatment. The cost benefit effect of using the protocol would be high when the low cost of treating with B12 injections is offset against the cost of treating for diseases that can stem from untreated B12 deficiency. In summary implementing the protocol Dr. Chandy has developed would ensure that patients who are manifesting symptoms, but whose serum B12 is in the 'normal' or 'sub normal' range could be effectively diagnosed, relieved of their symptoms, and protected against potentially irreversible neurological damage. Furthermore, the health services would also likely gain from a reduction in expenditure through reduced in-patient services.

### REFERENCES

Available on request.

### PRESENTED

As 'A Protocol for B12 Diagnosis and Treatment by Primary Care Clinicians' by Dr. J. Chandy at the Pernicious Anaemia Society Annual Conference, Bridgend, South Wales on March 31st, 2012. It can be viewed along with an interactive signs and symptoms score sheet at [www.B12d.org](http://www.B12d.org)



## Caesarean Section and Subsequent Fetal Death - Systematic Reviews and Meta-Analysis



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### ABSTRACT

Stillbirth (the death of a fetus after 24 weeks of pregnancy), occurs in approximately one in every 200 deliveries. Spontaneous miscarriage (the death of a fetus before 20 weeks of pregnancy), occurs in 10-15% of recognised pregnancies. The cause of miscarriage and stillbirth is frequently unknown. However, there is some data to suggest that previous Caesarean delivery may be a risk factor.

The objective of this research was to compare the risk of stillbirth and miscarriage in subsequent pregnancy in women with a previous Caesarean or vaginal delivery.

A systematic review of the published literature was carried out which included seven databases: CINAHL; the Cochrane Library; Embase; Medline; PubMed; SCOPUS and Web of Knowledge from 1945 until November 11th, 2011 using a detailed search strategy and cross-checking of reference lists.

Studies selected included cohort, case-control and cross-sectional studies examining the association between previous Caesarean section and subsequent stillbirth or miscarriage risk. Two assessors individually reviewed titles, abstracts, and full articles to identify eligible studies, using a standardised data abstraction form and assessed study quality.

Eleven articles were included for stillbirth, totalling 1,961,829 pregnancies and 7,308 events and eight eligible articles for miscarriage, totalling 147,017 pregnancies and 12,682 events. Pooled estimates across studies were obtained by means of fixed or random-effect models. Using adjusted estimates a pooled analysis for stillbirth among women with a previous Caesarean versus women with a previous vaginal delivery yielded an odds ratio (OR) of 1.25 [95% CI 1.06, 1.49]. As only one study reported adjusted estimates in the miscarriage review [OR 1.09, 95% CI 0.78, 1.54], an overall estimate using the crude data yielded an OR of 1.11 [95% CI 1.06, 1.17] for miscarriage. Sensitivity analyses by study design, parity, and definition of stillbirth used were also performed.

Given the recent revision of the National Institute for Health and Clinical Excellence Guidelines (NICE), providing women with the right to request a Caesarean, it is essential to establish whether mode of delivery has a causal effect on subsequent risk of fetal death. Overall, compared to vaginal delivery, the pooled estimates suggest that Caesarean delivery may increase the risk of stillbirth by 25% and miscarriage by 11% in subsequent pregnancies.

### PRESENTED

At the Society for Gynecologic Investigation Conference, 59th Annual Meeting, San Diego, USA, on March 24th, 2012 by Sinéad O'Neill.

### FUNDING

This research has received funding from the National Perinatal Epidemiology Centre [NPEC], Irish Health Research Board [HRB], and School of Medicine and Health University College Cork (Bursary Recipient 2012).

### SOURCE

This study was published in PLOS ONE, January 2013 and is available at

<http://www.plosone.org/article/info%3Adoi%2F10.1371%2Fjournal.pone.0054588>

## The Use of Corticosteroids in a Specialised Palliative Care Unit

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### INTRODUCTION

Corticosteroids are frequently used to control symptoms in patients with advanced malignancies. Their use can be classified into two groups, specific and non-specific. Specific indications include treatment of conditions such as spinal cord compression, superior vena cava obstruction and raised intracranial pressure from intracranial metastases. Non-specific indications include their use as antiemetics, appetite and energy stimulants and adjuncts to pain relief. Side effects of steroid treatment are common and often predictable. The practice of using steroid treatment cards minimises risks of side effects by providing education to patients and families, avoiding drug interactions and planning steroid weaning. These cards were introduced to the in-patient unit in August 2008.

### OBJECTIVES

The objectives of the audit were to evaluate the indications, dosage and safety of steroid use at our Specialist Palliative Care in-patient unit and to assess monitoring of steroids using steroid treatment cards.

1. The following dose ranges and indications were used as standards for steroid prescribing:<sup>1,2</sup>

Dexamethasone Dose	Indications
2 - 4mg	Anorexia To improve general well-being Fatigue Non-specific pain
4 - 8mg	Nerve compression pain Liver capsular pain Anti-emesis Bowel obstruction Post radiation inflammation
12 - 16mg	Raised intracranial pressure Superior vena cava obstruction Lymphangitis carcinomatosis Spinal cord compression

2. Steroids should be given once or twice daily with the last dose being given before 2pm unless there is an emergency situation.
3. All patients taking steroids should be monitored for steroid induced side effects.
4. It is recommended that the clinical response to steroids be reviewed regularly and the drug discontinued if there is no benefit.<sup>3-5</sup>
5. Steroid cards are recommended in patients who use systemic steroids for more than three weeks.<sup>6</sup>

### METHODOLOGY

A retrospective chart review was done to identify 20 consecutive in-patients who were treated with systemic corticosteroids from November 2010 to February 2011. The hospice is a 30-bedded in-patient unit which accepts patients who require specialist palliative care from acute hospitals and the community. Demographic data, diagnosis and evidence of metastatic disease were documented on a specially designed record sheet. We recorded details of the corticosteroid initiation, indications for treatment and safety data. The medical notes and drug charts were reviewed over a 2-week period to identify documentation of response to steroids and to note any dose changes. We also sought to determine whether common drug interactions were taken into consideration when steroids were commenced. The practice of using steroid treatment cards was introduced at the hospice in August 2008. We documented whether one was completed for the 20 patients.

### RESULTS

Twenty patients were either admitted with or commenced on steroid treatment during the study period. Of these, 11 were male and 9 were female. The mean patient age was 67 and median was 69. Sixteen patients had known metastatic disease.

Dexamethasone was the steroid prescribed in all twenty patients. 16 patients (80%) received steroids orally and 3 patients were treated subcutaneously. In 75% of the charts reviewed there was clear documentation of the indication for steroid treatment. The most common indications were fatigue (25%), raised intracranial pressure (20%), pain (15%) and dyspnoea (15%). Five patients had more than one indication for steroid treatment.

The dose ranged between 1 and 8mg per day with 6mg (35%) being the most prescribed dose followed by 8mg (30%). These doses predominantly correlate with the non-specific indications for steroid treatment. No patient received a dose higher than 8mg, including the two patients who were treated for superior vena cava obstruction and spinal cord compression. The former was a 55-year-old lady with progressive non-small cell lung cancer and was not a candidate for radiotherapy or shunting. The second patient was 58-year-old male with prostate cancer who presented with back pain and evidence of opioid toxicity. Following admission he developed lower limb weakness and the steroid dose was increased to 16mg. This patient subsequently developed a fatal upper gastrointestinal bleed. One patient was prescribed 8mg for fatigue, which is higher than the dose recommended by these hospice guidelines.

Documentation that the patient had been informed of potential side effects of steroids was written on one chart only. With the rest this was either not documented or they



were not informed. In 60% of the patients the steroids were recommended and prescribed by a palliative medicine doctor. General practitioners prescribed steroids in 15% of the cases and they were the second most common prescribers. The prescriptions for all patients ensured steroids were administered before 2 o'clock in the afternoon.

For 20% of the patient cohort it was documented that the patient had received a course of steroids in the preceding year. Four patients were receiving drugs that interact with steroids listed above. It was documented that the pharmacological management was adjusted to account for the interaction for just one patient. Steroid cards were not completed for any of the patients.

On review of the patients' notes no instructions were found to monitor blood glucose when the steroids were initiated. Gastro protective drugs were prescribed for all 4 patients who were documented as taking non-steroidal anti-inflammatory drugs or aspirin. Antifungal treatment was prescribed in 6 of the 20 patients. The drug of choice was mycostatin in each of these patients.

The presence or absence of a clinical response was documented at least once in the notes of 75% of the patients within two weeks of commencing steroids. The steroid dose was also reviewed during that period. Four patients died within the first two weeks of commencing steroids and 7 patients were discharged. Of the discharged patients, 5 had a clear plan for future steroid monitoring and the patients' general practitioner was charged with the responsibility of dose adjustments in all but one patient, whose dose was to be adjusted by the homecare specialist nurse. Eight patients were recommended planned dose reduction regimes. Preliminary audit results were presented at the local medicine management meeting.

## CONCLUSION

This audit shows that dexamethasone was the most commonly prescribed steroid and that the most frequent indication was fatigue. Compliance with the use of steroid treatment cards needs attention at this palliative care unit. The reason for non-adherence to the recommendations at this unit was not apparent during the audit period. The doses prescribed in these patients generally matched the indications locally prepared guidelines.

The lack of evidence of instructing blood glucose monitoring does not necessarily translate to this practice not taking place and it is suspected that this may be related to incomplete documentation. The use of gastric protection was good in patients treated with other gastro-toxic drugs. Less than a third of the patients were prescribed antifungals. Oral candida in a cohort comprised of patients with advanced malignancy is not necessarily related to steroid treatment.

The results of this audit show that clinical response to steroids was reviewed in the majority of the patients and that there was a clear plan to follow those discharged on steroids. There is, however, room for improvement particularly with appropriate dosing, instructions for glucose monitoring and the use of steroid treatment cards.

## RECOMMENDATIONS

Following this audit a review is recommended to ascertain views of staff on the usefulness of steroid cards. The progress at this unit will be monitored with a subsequent re-audit.

# An Audit of the Emergency Theatre Activity in a Regional Hospital

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## INTRODUCTION

During the working days of the week (Monday-Friday) urgent and emergency surgery is often delayed until the elective operating list has finished, particularly for non-life threatening situations. The American College of Surgeons recommend the provision of a dedicated emergency operating theatre; this intervention could reduce the incidence of complications. Several authors have reported improvement in the quality of emergency services by providing easy access to theatres during daytime and effectively minimising out-of-hours operating.

Following the amalgamation of emergency services in the Mid-Western region in 2009, the number of emergency medical admissions continues to rise, swamping surgical wards, the total number of acute hospital beds continues to fall beyond the demand and available intensive care unit (ICU) beds have become a rarity. The professionals trying to provide the service for patients have to compromise on their own standards of care and to work in suboptimal conditions. Few professionals mind having their work judged, provided that they are given the time and tools that they require to do the job properly. The basic requirements for emergency care are:

- Beds in the right place
- Fully staffed emergency operating theatres
- Availability of properly trained surgeons
- Availability of ICU beds

It is no longer acceptable for the emergency service to depend on trainee doctors operating throughout the night because there is no emergency theatre available during the day, or for patients to be transferred from one hospital to another in search of an ICU bed.

## OBJECTIVES

The aim of this audit was to study the pattern of emergency surgery and causes of delays encountered in the emergency theatre list in the Mid-Western Regional Hospital (MWRH), Limerick.

## METHODOLOGY

The MWRH is one of the main hospitals in Ireland covering a population of about 150,000 people. Its normal capacity is approximately 350 in-patient beds. The operating theatre consists of 9 suites out of which only one provides emergency cover under normal conditions. It has to accommodate general surgical, vascular, colorectal, urological, orthopaedics, gynaecological and eye/ENT emergencies at the same time. A retrospective audit of the emergency theatre activity in the MWRH during a 3 month period (August to October 2011) was done.

## RESULTS

A total of 601 emergency procedures were performed from 01/08/2011 to 31/10/2011. The great majority of these were general surgical procedures, 310 out of 601 (51.6%). Orthopaedics cases were 57 (9.5%), ENT 46 (7.6%), Vascular 45 (7.5%), Urology 42 (7%), Colorectal 35 (5.8%), Maxfax 27 (4.5%), Gynae 23 (3.8%) and Eye 11 (1.8%). In general surgical procedures the majority were appendicectomies or diagnostic laparoscopies, 130 (21.6%). Out of the 601 cases 76 were cancelled (12.6%). 36 were not put on the emergency list and were taken directly to theatre (5.9%). Booking time was not mentioned in 194 cases (32.3%). 324 cases were done on the day they were booked (53.9%) whereas 153 were done on the next day (25.4%). There was a delay of more than 24 hours in 29 cases (4.8%)

## CONCLUSION

From this study it was concluded that the emergency list is not properly maintained and looked after. A senior member of the staff like the theatre sister should be given the responsibility to look after the emergency list and patients should be booked for emergency surgery only in her presence.

Furthermore there was a significant delay in about 30% of cases which is unacceptable. High standards for emergency surgical service require that a number of conditions are met:

- Staffed operating facilities are available for emergencies throughout the 24-hour period with both in-hours and out-of-hours diagnostic imaging services.
- Beds and observational facilities are available in acute surgical admissions units and not overrun by medical emergency admissions.
- Fully staffed, high-dependency and intensive-care beds are provided in sufficient numbers to meet both planned major surgery and emergency requirements.

## An Appraisal of the Quality and Utility of ENT Consultant Postal Questionnaires



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### INTRODUCTION

Despite an increase in ENT (Ear, Nose & Throat) postal questionnaires the quality of their methodology has been questioned.<sup>1</sup> This study examined whether quality and utility of such questionnaires published since 2005<sup>1</sup> has improved.

### METHODOLOGY

Six ENT journals were searched for consultant postal questionnaires published between 2005 and 2012. Appraisal of study quality was performed using the same fifteen criteria previously established to evaluate postal questionnaire study design.<sup>1</sup> Each study was given a 30-point score based on compliance with these criteria. Citation rates were used as an indicator of utility. The specific comments made in each citing paper was also reviewed which provided information on whether the findings from the questionnaire had (i) an impact on clinical practice and (ii) were the citing comments positive (iii) negative or (iv) non-specific.

### RESULTS

Recurrent methodological flaws were identified in all questionnaires. The average score assigned was 44%, compared with 32% previously reported<sup>1</sup> ( $P < 0.01$ , Student t-test). The low citation rate demonstrates poor utility for postal questionnaires. Most citations were in the form of general non-specific referencing with no clear indication that the findings from any questionnaire resulted in a positive impact on clinical practice.

### CONCLUSIONS

Although the quality of ENT postal questionnaires has improved since the original study in 2005,<sup>1</sup> important recurring methodological flaws still exist. The poor utility, based on low citation rates, also reflects the continued deficiencies in design quality. It is recommended that authors of questionnaire based research should ensure that guidelines for questionnaire design are adhered to<sup>1</sup> in order to improve the validity of findings and hence impact on clinical practice.


### REFERENCES

Available on request.

### PRESENTED

At the Royal Academy of Medicine Ireland Spring Meeting in Castlemartyr, Co. Cork on April 21st, 2012 by Mr. Stephen Ryan.

# Surgeon-Performed Ultrasound at the Bedside for the Detection of Appendicitis and Gallstones - Systematic Review and Meta-Analysis



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## ABSTRACT

We undertook a systematic review and meta-analysis to compare surgeon-performed ultrasound (SPUS) for suspected gallstone disease or appendicitis to the "gold standard" of radiologist-performed ultrasound (RPUS) or pathological examination.

MEDLINE, Embase, trial registries, conference proceedings, and article reference lists were searched to identify trials and/or studies comparing SPUS with RPUS or pathology as the reference standard. Data were abstracted from eligible studies to produce 2x2 contingency tables, permitting the calculation of pooled sensitivity and specificity values.

Eight studies (1,268 patients) evaluated SPUS for appendicitis. For appendicitis, SPUS had a pooled sensitivity of 0.92 (95% confidence interval [CI], 0.887-0.939) and a pooled specificity of 0.96 (95% CI, 0.946-0.974). SPUS for gallstones was evaluated in 8 studies (1,019 patients). The pooled sensitivity was 0.96 (95% CI, 0.934-0.979), and the specificity was 0.99 (95% CI 0.983-0.998).


SPUS achieves acceptable sensitivity and specificity for both appendicitis and gallstones. However, there was some evidence of heterogeneity. Data regarding cost-effectiveness are lacking.

## SOURCE

American Journal of Surgery. 2013 Jan;205(1):102-8

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## Outcomes of Ossiculoplasty in the Paediatric Population



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### INTRODUCTION

The middle ear conductive hearing mechanism can be damaged by disease such as cholesteatoma or chronic otitis media. The aims of an ossiculoplasty are to restore this conductive mechanism. Ossiculoplasty is considered successful if 'useful' hearing is restored to the ear. This can be determined both subjectively and also objectively by pure-tone audiometry coupled with use of the Glasgow benefit plot. The majority of ossiculoplasties are performed in adults, but the procedure is occasionally performed in children.

### OBJECTIVE

This study aims to investigate clinical outcomes following paediatric ossiculoplasty and identify factors which may predict hearing results.

### METHODOLOGY

All paediatric patients (aged 18 or below) undergoing ossiculoplasty between 2001 and 2011 at St. George's Hospital, London, were identified from clinical coding databases. Medical records were obtained and a retrospective chart review was performed. Data including operative findings, type of prosthesis used and pre and post-operative pure tone audiometric thresholds were extracted.

### RESULTS

Twenty two children underwent a total of 28 ossiculoplasty procedures. The mean age at operation was 10.8 years (range 3-18). The majority (19 patients) had undergone treatment for cholesteatoma. Thirteen individuals were fitted with a total ossicular replacement prosthesis (TORP) and 9 were fitted with a partial ossicular replacement prosthesis (PORP). Eight of the recorded procedures were revision cases. Twelve children underwent ossiculoplasty at the same time as surgery for cholesteatoma. Seventeen ossiculoplasties (60.7%) resulted in hearing improvement with a mean of 5.5 dB (SD 14.1). This improvement was deemed to be 'useful' in 15 children, as assessed with the Glasgow benefit plot (within 20dB of the other ear). Three ossiculoplasties (10.7%) resulted in no hearing change and 8 procedures (28.6%) resulted in audiometric threshold worsening (mean 10.5dB, SD 5.5), of which recurrent cholesteatoma was present in 4 cases. Hearing improved following eight TORP procedures (7 patients).

### CONCLUSIONS

Ossicular reconstruction following mastoid or tympanoplasty surgery is helpful in improving hearing outcomes. Those patients who underwent reconstruction with a PORP were more likely to have an improvement. There appears to be some association between absence of the stapes suprastructure and a less favourable hearing outcome. There is also some association between cholesteatoma recurrence and a poorer hearing outcome in this series: these patients were more likely to ultimately require a TORP prosthesis and undergo revision ossiculoplasty due to expansion and recurrence of cholesteatoma.

# Midwives' Knowledge, Attitudes towards Post-Operative Pain Assessment and Measurement in Lower Segments Caesarean Section (LSCS)

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## INTRODUCTION

The experience of postoperative pain in the maternity setting is complex. Mothers are challenged to recover from major abdominal surgery and care for newborn infants. Olden et al.<sup>1</sup> reported that nurses caring for women undergoing caesarean delivery are highly likely (55%) to underestimate women's post-caesarean pain score rating.

## OBJECTIVE

The purpose of this study was to assess the effectiveness of a four hour pain education programme in improving midwives' knowledge and attitudes towards post-operative pain assessment and measurement in women undergoing major abdominal surgery of LSCS.

## METHODOLOGY

Using a quasi-experimental research approach, an educational programme was developed in collaboration with the hospital's Acute Pain Service (APS) and the Centre for Nursing and Midwifery Education (CNME). Ethical approval was granted by the Local Ethics Committee. Following written informed consent midwives (n=60) attending a four hour pain education programme were invited to complete a validated questionnaire<sup>2</sup> prior to the programme. The same questionnaire was given to the group one year later to compare pre and post knowledge of pain assessment and measurement.

## RESULTS

- Knowledge, Attitude to Pain

Cross-tab analysis and Fisher's exact test was used to analyse correct answers to each of the pain statements from the questionnaire in the pre group and follow-up groups. While some of the proportions of observed correct answers are higher in the follow-up study, only Q12 (indicating knowledge and attitude to pain) showed a near significant improvement in the proportion of correct answers in the follow-up group, 71.4% (25 out of 35) when compared to the proportion in the pre group, 50% (29 out of 58), Fisher's test p-value < 0.05.

When looking at the overall number of correct scores the follow-up group had a slightly higher mean (mean of 17.95 compared to a mean of 18.46 for the pre group) and a median score (median of 19 compared to a median of 18 for the pre group).

- Knowledge and Skills in Administration of Medication

Using cross-tabulations, the number of midwives with experience of administering oral opioids had increased from 77.4% (24 out of 31) in the pre group to 100% (25 out of 25) in the follow-up study (Fisher's exact test p-value < 0.013).

- Use of Pain Scales for Assessment of Pain

Midwives using the numerical rating scale had increased from 83.3% (50 out of 60) in the pre group to 97.1% (34 out of 35) in the post group (Fisher's exact test p-value < 0.05).


## CONCLUSIONS

This study identified a significant improvement in midwives' knowledge and attitudes towards post-operative pain with a significant increase of 21.4% in the follow-up group, compared to the pre group. Midwives increased their use of the NRS pain rating scale by 13.8% as a result of the education programme. Results indicate that continuing pain education programmes improve midwives' knowledge and attitudes of pain assessment and measurement in mothers undergoing LSCS.

The findings of this study have implications for the future role of midwives and may provide more positive outcomes for mothers post LSCS. Practice guidelines and educational programmes regarding postoperative pain management for women undergoing LSCS should be developed. In addition, providing a framework for regular audit and feedback of performance should be widely emphasized as part of quality assurance.



## Roles, Attitudes and Concerns of Practice Nurses in the Management of Patients with Type 2 Diabetes in Primary Care in the HSE Midland Area



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### INTRODUCTION

The HSE Service Plan 2012 has provided a commitment for the roll out of a chronic disease management programme for diabetes during 2012. These developments for the management of diabetes in primary care are likely to have a substantial effect on the role of the practice nurse. This study investigates the current roles, attitudes and concerns of practice nurses in the HSE Midland Area in the management of patients with Type 2 Diabetes.

### METHODOLOGY

Part 1 of this study was a postal survey to all known practice nurses (n=123) in the HSE Midland Area addressing practice demographics, practice nurse experience, current management of Type 2 Diabetes and education issues. The study was reviewed and approved by the Irish College of General Practitioners Research Ethics Committee.

### RESULTS

The response rate was 49% (n=60). Respondents were primarily from mixed or rural practices with a median of 4,500 patients registered per practice. Practice nurses reported working for an average of seven years at their current practice which is encouraging from a continuity of care point of view for patients.

Management of Type 2 Diabetes is a large component of the practice nurse workload with 93% reporting involvement in diabetes care for a median of five hours per week. This care involved explaining diabetes and supporting patient self care (90%), blood testing (98%), blood pressure monitoring and dietary advice (88%).

Poor patient motivation, particularly in the area of lifestyle change, was seen as a major barrier to achieving good glycaemic control in addition to poor medication compliance and poor understanding of the condition. Practice nurses believed that they could favourably influence the length of, and the quality of life of their patients with diabetes.

Practice nurses recognised their educational requirements in diabetes management with 55% having completed an accredited Diabetes Nursing Module. 89% of respondents reported that they required further ongoing education in areas such as foot care, dietary and medication management. 85% felt it was possible to improve diabetes education of patients in their practice but 75% highlighted a lack of protected time for diabetes patient education as a significant barrier to care.


### CONCLUSION

The survey element of this study has highlighted the role of the practice nurse in the management of Type 2 Diabetes. Practice nurses are vital to the delivery of diabetes care in general practice. Concerns were noted regarding the management of Type 2 Diabetes care, in particular the further education needs of practice nurses and the findings from this study emphasise the importance of providing adequate support for the practice nurse. These and other themes will be further explored in the focus group component of this study.

### PRESENTED

As a poster presentation at the Irish College of General Practitioners (ICGP) Summer School Research & Audit Conference, Lyrath Estate Hotel, Kilkenny on June 23rd, 2012.

## Development of a Nursing Workload Measurement Score



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### INTRODUCTION

Nursing care accounts for more than a quarter of hospital costs. Several methods for measuring nursing workload have been suggested. However, none have found universal acceptability for routine use as they all require additional resources to implement.

### METHODOLOGY

Recordings were made of the length of time required to collect current documentation. Nursing staff responses to questionnaires were analyzed on an individual basis and at group discussions that included members of the nursing staff at all levels. Multiple iterations of a workload score were trialed and the opinion of staff on them was audited and results incorporated into the final workload score.

### RESULTS

In order to avoid a situation where measuring workload would increase it further we initially considered only using data already routinely collected by the nursing staff. Nursing documentation in Nenagh Hospital currently includes the Barthel score, falls risk assessment, a manual handling score and the Waterlow bedsore score, completion of which takes approximately 30 minutes. Audit of our nursing staff, however, revealed that they considered that mental status, including the presence of dementia and/or erratic behavior that required constant supervision, as well as the provision of certain services were also required to adequately capture their patient care workload. These special care services were blood transfusions, special infusions (e.g. Infliximab), chemotherapy, and complex dressings for ulcers (e.g. v.a.c.therapy® KCI Medical) and certain surgical procedures.

Since, unlike the Glasgow Coma Scale, it includes both agitation and sedation the Richmond Agitation and Sedation Scale was selected as the preferred measure of mental status; eight domains, therefore, were used to measure workload: the Barthel index, falls risk, Waterlow score, manual handling, severity of dementia, erratic behavior, Richmond Agitation and Sedation Scale, and special services.


It was generally agreed that workload could only be subjectively estimated by most nurses using a five point color coded scale (i.e. average workload [yellow], above average [orange] or below average [green], and very low [blue] or very high [red]). The workload rating for each of the eight domains was determined by a questionnaire distributed to 36 key members of the hospital's nursing staff. A variety of methods of combining these different measures of workload were abandoned because they were time consuming, too complex and too difficult to calculate. Instead, it was agreed that the highest workload measure in any of the eight domains would be

that patient's workload score. The justification for this simple approach is that if a patient generates an exceptionally heavy workload it will make little practical difference if this is in one or several domains.

### CONCLUSION

A workload score was developed that considered eight domains and classified patients into one of five categories of increasing workload.

## READS - Rapid Electronic Assessment Documentation System



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### INTRODUCTION

Patient documentation is time consuming and can detract from care.

### METHODOLOGY

We report a novel computer programme which manipulates routinely collected information to quantify nursing workload, along with the reason for admission, functional status, estimates of in-hospital mortality and life expectancy. The programme stores information in a database, and produces a print-out in a situation/background/assessment/recommendation (SBAR) format.


### RESULTS

A total of 629 patient encounters took 6.6 SD 4.6 minutes to enter into the programme. Pain was the commonest presentation for low workload patients, whilst high workload patients often presented with altered mental status and reduced mobility. There is only a modest correlation between the risk of death and nursing workload.

### CONCLUSION

The programme measures nursing workload without further paperwork, improves routine documentation with a legible brief report that is automatically generated and shared, and provides data that is immediately available for audit, quality control and service planning.

## Stress in Parents of Children with Cystic Fibrosis in Ireland - A Mixed Methods Approach



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### INTRODUCTION

Cystic Fibrosis (CF) is the most common inheritable life threatening disease in Ireland. Recently, the transition of managing care to home and outpatient settings has intensified parental responsibilities. There are particular strains on parents with younger children in managing the disease.<sup>1</sup> Parental stress has been shown to impact parenting styles,<sup>2</sup> quality of life and may increase the risk for psychopathology in parents and children.<sup>3</sup>

There is a lack of research explicitly examining stress in parents of children with CF. Unlike most chronic illnesses, CF frequently influences the decision by parents to extend their family. Therefore an illness specific methodology is further warranted when evaluating outcomes in parents.<sup>4</sup> Caregivers of children with CF have been shown to have higher levels of distress and depression symptomology.<sup>5,6</sup> Timing of diagnosis may have a significant impact on parents.<sup>7,8</sup>

### OBJECTIVES

The aims of this study were to examine stress in parents of children under 12 with cystic fibrosis and to explore factors impacting parental stress and diagnosis.

### METHODOLOGY

Participants were recruited from the Paediatric Cystic Fibrosis Unit at the Mid-Western Regional Hospital Limerick. The Parent Stress Index-Short Form<sup>9</sup> was completed by parents (n=21). Parent age, child age and family characteristics were recorded. Descriptive statistics, Pearson's product moment correlation and Independent Sample t-tests were conducted to report means and relationships. Parents (n=5) were randomly selected to participate in a semi-structured interview which focused on impact of CF at the present time and explore diagnosis retrospectively. Thematic analysis analysed the qualitative data.

### RESULTS

Of the 21 participants recruited, 23.8% had total stress scores in the clinical range.

No significant difference was found between parent or child age and total stress. Subgroup analysis revealed parent-child dysfunction interaction increased linearly with parental age ( $r=0.576$ ,  $p<0.001$ ) and with child's age ( $r=0.475$ ,  $p<0.05$ ). Number of children was moderately associated with overall stress ( $r=0.530$ ,  $p<0.05$ ) parent distress ( $r=0.518$ ,  $p<0.05$ ) and parent child dysfunction interaction ( $r=0.503$ ,  $p<0.05$ ).

There was no significant difference ( $p=0.211$ ) in stress between an earlier (0-12 months) ( $M=76.67$ ,  $SD=26.47$ ) and a later ( $\geq 13$  months) diagnosis ( $M=63.22$ ,  $SD=8.82$ ).

The qualitative results identified five themes: Importance of Mother's Role; Emphasis on the Present; Impact of CF on Other Children in the Family; Timing of Diagnosis; Level of Information Surrounding Diagnosis. Parents reported a focus on living day to day; have a significant caregiving responsibility; understand the impact of CF on healthy siblings; and timing of and information received at diagnosis significantly impacted their experiences.


### CONCLUSION

These results are broadly in line with stress pertaining to parents of children with chronic illness. Methodological differences may at least partly explain any inconsistencies. The qualitative data provides insight into the experience of parents in caring for their child with CF and highlights factors that significantly contribute to the impact of the diagnosis. Despite a small sample size and relative brief study period, this is the only study to our knowledge examining the impact of CF on parents of children in an Irish context using a mixed methods approach. This study provides a baseline of stress scores from a well validated instrument and highlights the role that medical professionals play in supporting parents at diagnosis and subsequently. The results of this exploratory study may inform future research and guideline practices on communicating diagnosis.

### REFERENCES

Available on request.

# An Evaluation of a Behaviour Support and Education Group for Parents of Children with ADHD



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## INTRODUCTION

Attention Deficit Hyperactivity Disorder (ADHD) in children and adolescents is characterised by symptoms of inattention, hyperactivity and impulsivity.<sup>1</sup> ADHD is the most common reason for referrals to child and adolescent mental health services (CAMHS).<sup>2</sup> Combined pharmacological and psychosocial intervention has the potential to address the core symptoms of ADHD, as well as the associated social, academic, parenting and family factors.<sup>3</sup> Children with ADHD attending CAMHS receive regular medical reviews; other input may be limited to cases of serious behavioural, emotional or psychological difficulty.

This study evaluated the effectiveness of a 5-week behaviour support and education group for parents of children with ADHD in a CAMHS service. This was a novel group developed and delivered on the basis of previous service based research.<sup>4</sup> Parents are the primary models for social interaction and can act as the main agents of behavioural change in their children.<sup>5</sup> Much research has examined parent-training models primarily for disruptive behaviours. Few studies however, have examined the efficacy of parent education and support groups for those with children specifically identified as having ADHD<sup>6</sup> and fewer still have approached this with a mixed methods design. It was hypothesised that following participation in the group, parent and child functioning would improve. Participants' experience of the group was also explored using in-depth interviews.

## METHODOLOGY

A mixed methods design was used. Data was collected from 5 participants before and after participation in the group. Parent functioning was assessed using (i) The Kansas Parenting Satisfaction Scale, (ii) Parental Stress Index (PSI).<sup>7</sup> Child functioning was assessed using (iii) the Strengths and Difficulties Questionnaire (SDQ).<sup>8</sup> A sample of 5 parents also took part in a qualitative interview following completion of the group. Data was analysed using Statistical Package for the Social Sciences (SPSS) version 19, and the interviews were analysed using qualitative thematic analysis.

## RESULTS

A paired samples t-test found a statistically significant difference in mean scores on the Parental Competence subscale of the PSI between T1 (M: 43, SD: 7.314) and T2 (M: 35.8, SD: 1.781), ( $p < 0.05$ ,  $t = 2.85$ ,  $df = 4$ ). A paired samples t-test found a statistically significant difference in mean scores on the parental Role Restriction subscale of the PSI between T1 (M: 27, SD: 5.366), and T2 (M: 21, SD: 3.781), ( $p < 0.05$ ,  $t = 3.254$ ,  $df = 4$ ).

Nine themes emerged: shared understanding, parents as the experts, validation, changing perspectives on CAMHS clinicians, need for information, isolation, lack of support connections with CAMHS, siblings needs, need for further

groups. From these themes, two master themes were generated: satisfaction with the group experience, and the need for more support.


## CONCLUSIONS

Findings of the current study support the use of the group as an effective intervention to improve the functioning of parents of children with ADHD. This study illustrates that participants were extremely satisfied with the group experience. It identified that learning from other parents, and feeling validated were the main reasons for participant satisfaction. This study suggests that families are eager for further support in relation to their child's ADHD, and do not feel that the current level of support on offer is adequate. Discussion considers the use of similar groups for children with ADHD, and their siblings. Study limitations, implications and recommendations for practice are discussed.

## REFERENCES

Available on request.

# Development and Evaluation of a Group Intervention Based on 'Cognitive-Behavioural' Principles for Young Children with an Anxiety Disorder



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## INTRODUCTION

Anxiety disorders are characterised by excessive amounts of fear that negatively impact on an individual's life. While pathological anxiety is estimated to be common in the general population,<sup>1</sup> it can be managed effectively with Cognitive Behavioural Therapy (CBT). Very few studies have explored the benefits of a group-based CBT intervention for children under the age of eight who present with an anxiety disorder. The current study aims to address this gap in the literature by developing and evaluating a brief group-based intervention for anxious young children based on cognitive-behavioural principles. It was hypothesised that following the intervention, children participating would (1) no longer meet the Diagnostic and Statistical Manual of Mental Disorders - Fourth Edition revised DSM-IV-TR criteria for an anxiety disorder and (2) display significantly lower levels of anxiety as measured by a parent-report measure.

## METHODOLOGY

A mixed methods approach was employed for the current study. Participants consisted of children and parents of children who had been referred to the Health Service Executive and diagnosed with an anxiety disorder. The study was divided into two phases. In the first phase of the study, semi-structured individual interviews were conducted with parents, N=4, a month before the intervention began. The purpose of these interviews was to gain insight into participants' experiences of parenting a child with an anxiety disorder and to use this data to help develop the content of group sessions. The interviews were recorded and then transcribed with the data then being interpreted through the use of thematic analysis. In the second phase of the study, a repeated measures experimental design was used where anxiety levels of children enrolled in the six session group, N=3, were measured. The Anxiety Disorder Interview Schedule for Children-IV Parent version (ADIS-IV-P) and Screen for Child Anxiety Related Disorders-Parent version (SCARED-P) were administered to parents one month before the beginning of the intervention and again in the week following its conclusion. The data collected from the SCARED-P was analysed using paired sample t-tests.

## RESULTS

Detailed analysis and interpretation of the interview data in the first phase of the study yielded three distinct themes. Parents acknowledged the devastating influence that anxiety had on their child's life (*impact of anxiety*). They explored the numerous challenges that they face as a parent (*managing an anxious child*). Finally, parents shared their hope that their children will be able to overcome their difficulties as well as outlined their

expectations for the group (*wishes*). Following the intervention; all three participants met DSM-IV-TR criteria for the same anxiety disorder that had been identified before the first group session began. In addition to this, no statistically significant changes in anxiety levels as reported by parents were observed over the course of the study.

## CONCLUSIONS

The aims of the current study were to inform the development of and evaluate an anxiety management group for children under the age of eight years based on cognitive behavioural principles. The intervention was successfully designed and implemented using information gathered from interviews with parents of children presenting with an anxiety disorder. With regard to the evaluation of the intervention, it cannot be concluded from the research findings that the intervention was responsible for significantly lower levels of anxiety in the current sample of children. Therefore the hypothesis cannot be supported. A number of possible explanations for these findings were discussed in detail. There is however some evidence that the intervention served a purpose clinically. Future studies should include greater participant numbers in order to eliminate the effects of confounding variables on research findings.

## REFERENCES

Available on request.

## An Evaluation of an Enhancing Behaviour Workshop

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### INTRODUCTION

Behaviour difficulties in children are growing and are increasingly present at younger ages. Parenting programmes are recognised interventions which aim to enhance parenting skills and in turn reduce behaviour difficulties. The Incredible Years programme has been found to be an effective parenting programme by enhancing positive behaviour and decreasing inappropriate behaviour in children.<sup>4</sup> The Child and Psychology team in Carlow and Kilkenny receive a high number of referrals for children displaying behavioural problems. The service developed an Enhancing Behaviour workshop for parents based on the principles of the Incredible Years programme.

### OBJECTIVE

The study was undertaken to determine if the workshop is effectively meeting the needs of parents and enhancing behaviour. Furthermore, by undertaking this study, the service can determine whether resources are being allocated effectively.

### METHODOLOGY

The research design adopted a mixed-methods approach using a standardised measure and interviews to collect both quantitative and qualitative data. The Child Behaviour Checklist-Parent form (CBCL-p) is a standardised instrument, which can be used to identify emotional and behavioural difficulties in children and adolescents.<sup>1</sup> Parents were asked to complete the CBCL-p prior to the workshop (n=12). Post measures were obtained six weeks after the workshop (n=1). A decrease from pre to post-workshop measures for internalising, externalising and total problems on the CBCL-p was indicative of enhanced behaviour. Given the poor response rate for post-workshop measures, pre and post findings were compared using descriptive statistics. Semi-structured interviews were conducted to obtain a parental perspective on the effectiveness of the workshop (n=4). Thematic analysis was used to identify key themes from the data. Parents attending the workshop were either self-referred or referred by the Primary Care and Child Psychology Service.

### RESULTS

Pre and post-workshop measures indicate that the workshop is effective in reducing internalising, externalising and total problems (n=1), demonstrated in Table 1.

**Table 1 - Pre and Post T Scores for Behavioural Difficulties**

	Pre or Post Workshop	T scores
Internalising Difficulties	Pre-test	60
	Post-test	45
Externalising difficulties	Pre-test	76
	Post-test	72
Total problems	Pre-test	72
	Post-test	68

Findings demonstrate a decrease in reported internalising difficulties from pre-test measures (T=60) to post treatment (T=45), indicating a move from the clinical to the normal range for internalising difficulties 6 weeks after the workshop had been completed. Furthermore, findings indicate a decrease in externalising difficulties [pre-workshop T=76, post-workshop T=72] and for total problems [pre-workshop T=72, post-workshop T=68]. Data analysis from interviews demonstrate that 100% of participants (n=4) reported that they found the workshop beneficial and it met their expectations and needs as parents. All participants (n=4) reported that the workshop would have long lasting benefits. Participants (n=4) reported an increased awareness on strategies they could implement to enhance behaviour and were reported to be applying their knowledge.


### CONCLUSION

The findings demonstrate that the workshop is effective in enhancing behaviour and meeting the needs of parents. Findings support previous research as there remained a reduction in internalising and externalising difficulties after attending a parenting workshop.<sup>2,3</sup> The study would benefit from a larger sample size in particular with post-workshop measures to determine whether the differences between pre and post-workshop findings are significant. It is recommended that future studies consider the impact that attending the workshop has on parents' confidence and stress. Based on the findings from this study the service can conclude that resources are being allocated effectively.

### REFERENCES

Available on request.

## An Evaluation of the Cool Kids Child and Adolescent Anxiety Programme



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### INTRODUCTION

Approximately 1 in 5 children experience debilitating anxiety,<sup>1</sup> which if left untreated can increase risk of anxiety and mood disorders in adulthood,<sup>2</sup> as well as academic and career impairments, family dysfunction, social isolation and substance abuse.<sup>3</sup> Current literature identifies cognitive behaviour therapy (CBT) as the most widespread, empirically supported treatment for childhood anxiety<sup>4,5,6,7</sup> delivered in either individual or group format.<sup>8,9,10</sup> However, mixed results highlight methodological issues in terms of proven efficacy. Results of evaluations of parental inclusion in treatment have also been mixed. This study seeks to evaluate the effectiveness of the Cool Kids CBT anxiety management programme aimed at reducing anxiety in children and supporting parents in helping their children manage anxiety. A self-esteem adjunct was included in the programme.

### METHODOLOGY

Four females and five males (aged 9-12 years) deemed suitable were selected from the service waiting list, and each child had one parent attend (eight mothers, one father). The programme comprised; psycho education, cognitive restructuring, gradual exposure, contingency management, and parent training. Parallel groups ran over eight weekly sessions of one and a half hours duration, with parents and children attending separate groups.

This study employed a mixed methods design. Quantitative analysis compared scores of self and parent reported measures of anxiety, and self-reported measures of self-esteem, pre and post-treatment. Instruments administered include; Spence Children's Anxiety Scale (SCAS), Spence Children's Anxiety Scale-Parent Report (SCAS-P), Beck Self Concept Inventory (BSCI). A series of paired sample t-tests using PASW Statistics 18 were conducted to compare scores. The qualitative analysis comprised semi-structured interviews with five of the parents who attended the programme. Using thematic analysis, interview transcripts were coded and categorical themes were generated according to patterns which emerged.

### RESULTS

During quantitative analysis, no significant differences were found for scores on the SCAS-P; ( $t(8)=0.23$ ,  $p=0.982$ ), the SCAS; ( $t(8)=-0.189$ ,  $p=0.855$ ) or the BSCI; ( $t(8)=0.233$ ,  $p=0.822$ ). Thirty nine themes emerged from the transcripts during qualitative analysis. These were further categorised and four broad themes emerged; Support, Improved Communication (With Child), Acquisition of New Skills, and Recommended Improvements to Programme.

### CONCLUSIONS


Quantitative results indicate that participants did not display statistically significant differences in levels of anxiety or self-esteem as anticipated post-treatment. While the absence of a control group and the small sample size make it difficult to generalise from the results of this evaluation, this study further highlights methodological issues in terms of delivering and evaluating such a programme. Several factors which potentially affect the efficacy of CBT treatments for childhood anxiety have been identified,<sup>4</sup> many of which are relevant to this study; methods of assessing outcome, child factors such as type of disorder, severity and comorbidity, parent factors such as parental anxiety, psychopathology and inclusion in treatment, and treatment factors such as group versus individual treatment. Full understanding of the child and parent relationship, as well as measurement of family functioning and parental distress are key to treatment<sup>11</sup> and should be explored in detail. Additional factors such as cognitive competence for CBT and recommended number of participants in the group may also be worth considering. Qualitative analysis challenges quantitative results and illustrates positive outcomes according to parents who attended the programme. If methodological issues such as those mentioned above are addressed in future studies, more promising results may be expected in future studies.

### REFERENCES

Available on request.



# An Evaluation of a Novel Parent and Adolescent Programme for At-Risk Students of Non-School Completion Entitled 'Getting to Know Your Teenager'



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## INTRODUCTION

This paper is an evaluation of a novel parent and adolescent group designed with multi-agency input in response to a cohort of second level male students (n=6, mean age=14yrs 3m) at risk of non-school completion. A multi-systemic approach was utilised involving the Second Level Community College, School Completion Programme, Child Clinical Psychology Services, Child and Family Support Services, the at-risk adolescents and their parents. The identified parents and adolescents were invited to attend an eight week course consisting of a two hour group meeting per week. The Parent Group (n=3) was facilitated by a Clinical Psychologist from Child Clinical Psychology Services and a Childcare Manager from Family Support Services. The Adolescent Group (n=6) was facilitated by a Project Worker from the School Completion Programme and an Adolescent Worker from the Child Care Services. The groups ran simultaneously, at the end of which a hot lunch was provided for parents and adolescents to encourage communication regarding the group. Due to the level of resources made available to the preparation and facilitation of the group it was deemed imperative to evaluate the success of the course. Did the group meet the identified needs of the adolescents, their families or their second level school?

## METHODOLOGY

The methodology used for analysis was a mixed method. The Strength and Difficulties Questionnaire Student and Parent Version (SDQ-SV&PV)<sup>1</sup> and the Beck Youth Inventory (BYI)<sup>2</sup> were completed at the commencement of the group and 6 weeks post final group session. Within subject t-test were conducted on this data. Thematic Analysis was completed on interviews involving a representative from the school, the parent group and the adolescent group. The interviews took place six weeks after the group completed.

## RESULTS

Results found no significant statistical difference in the pre and post scores of the BIY or in the SDQ-SV.<sup>1</sup> Two out of three parents reported an improvement in their adolescent's strengths according to the SDQ-PV.<sup>1</sup> Thematic analysis revealed themes of Isolation, Need for Reflection and Increased Awareness of Parenting Skill within the parent group. Whilst the adolescent's narrative included an Awareness of Impact of Own Behaviour, Importance of Peer Support and a Lack of Communication with Parents. The school's feedback highlighted Increased Engagement of Parents, Greater Emotional Awareness of Students and a Need for Earlier Intervention.


## CONCLUSIONS

The themes of the interviews did not reflect the statistical results. Both parents and adolescents reported a positive attitude towards the programme and would recommend it to peers. Each group involved reported positive outcomes as a consequence of the programme. However due to the small number of participants in the pilot study repetition on a larger scale is required to complete valid statistical analysis. A follow-up study is recommended with the original participants to ascertain if the programme reduced the risk of non-school completions. Overall, the study highlighted an important factor in supporting adolescents; parental engagement. Engagement of parents according to this study is compounded by feelings of isolation. In reducing isolation by means of the group, fear and shame were reportedly also reduced. The reduction in these negative feelings appeared to encourage the parents' engagement and support of the school and their adolescent.

## REFERENCES

Available on request.

# Key Issues in Service Transition - An Exploration of the Transition of Young People from Child and Adolescent to Adult Mental Health Services in Ireland



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## INTRODUCTION

There are multiple issues that need to be addressed as young people transition from child and adolescent (CAMHS) to adult mental health services (AMHS). There is a distinct need for mental health services to be clear and structured in their approach to this transition of care in order to avoid a gap in services at a time when young people are vulnerable to both an exacerbation of mental health difficulties and disengagement from services.<sup>1,2</sup> In the Republic of Ireland there is a particular paucity of both research and dialogue regarding the matter of CAMHS/AMHS transition. More information is needed on the current state of affairs in relation to CAMHS/AMHS transition before useful and workable protocols may be developed.<sup>3</sup>

## OBJECTIVE

The aim of this mixed-methods study was to explore the key issues related to the transition of young people from one CAMHS in Ireland. In addition, it also aimed to chart patterns of referral, care and case discharge for a particular cohort of young people.

## METHODOLOGY

Quantitative data were collected via a case note review of young people who crossed the age-related transition boundary (attained their 18th birthday) while under the care of one particular CAMHS in 2010 and 2011 (n=40). Patterns of care, discharge and onward referral were explored using a range of descriptive and frequency statistics. Qualitative data were collected using a focus group with CAMHS professionals (n=3). Principles of thematic analysis were used to identify key issues and factors that may impact on the transition process.

## RESULTS

Quantitative findings suggest that the majority of young people were discharged from CAMHS to the care of their general practitioner (GP) and not transferred to adult mental health services. Significantly, 70% of cases reviewed in this research were referred to CAMHS on or after their 16th birthday. This indicates the potential for a serious service gap in areas where a CAMHS does not accept referrals of young people this age, as is the case in many CAMHS in Ireland. In two cases, an attempted but failed transition to adult mental health was identified as primarily due to the young person's disengagement from services as they approached the transition boundary. Qualitative findings suggest that professionals are aware of a range of individual, family and system-level factors that may impact on the transition and transfer process.

System-level factors were particularly salient and included the communication between child and adult services and poor understanding of developmental disorders in adult services.

## CONCLUSIONS

Overall, findings suggest that there are a range of factors that impact on the transition process at an individual, family and system level, with system-level factors being particularly salient. The overall impression from the research is that the transition of young people from child and adolescent to adult mental health services is significantly affected by the systems within which it occurs. The discharge of young people to the care of their GP indicates the important role of primary care in managing mental health difficulties and tertiary service involvement at this time of transition from childhood to adulthood. Findings highlight the importance of the engagement of the young person and their family with mental health services around the time of transition. Young people with a history of poor engagement or little family support may be at particular risk of drop-out at this time. One interesting finding of the current study not mentioned in the literature to any great extent was that related to the impact of an impending transition on clinical decisions such as the prescription of medication or in-patient treatment. While existing research does acknowledge the differences between CAMHS and AMHS services, findings of the present research suggest that actual difference may be exacerbated by unhelpful misconceptions each service holds of the other. These may certainly be areas for attention in future.


## REFERENCES

Available on request.

## Acknowledgement

*The authors kindly acknowledge the contribution of Dr. Niamh McNamara, University College, Dublin in the planning of this study.*

## An Evaluation of SPACE - A Support Programme for Parents of Young People with Deliberate Self-Harm



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### INTRODUCTION

Deliberate self-harm (DSH) is a major global public health concern, with a significant impact on the individual, their family and the health services.<sup>1</sup> The term DSH refers to "the deliberate, direct destruction or alteration of body tissue without conscious suicidal intent but resulting in injury severe enough for tissue damage to occur."<sup>2</sup> It is an increasingly common problem for young people in Ireland today with 9% of Irish adolescents having reported engaging in acts of deliberate self-harm in the last year.<sup>3</sup> Research has shown that a history of one or more acts of DSH is the strongest known predictor of repeated suicidal behaviour, both fatal and non-fatal.<sup>4</sup> There is a well-documented association between family dysfunction and DSH as well as the protective role families can play in preventing DSH. In 2002, a consultant-led deliberate self-harm team in Dublin's Temple Street Childrens' University Hospital was set up in response to an increase in the number of children and adolescents presenting with incidents of DSH.<sup>5</sup> The SPACE programme was designed and developed specifically upon the needs of support expressed by parents.<sup>6</sup>

### OBJECTIVE

The aim of this study was to evaluate the effectiveness of the SPACE programme in a community based child and adolescent mental health setting.

### METHODOLOGY

Participants were 14 parents of children and adolescents who had engaged in or expressed thoughts of self-harm and were attending the Child and Adolescent Mental Health Services in the catchment areas of North Tipperary, Limerick East, Limerick West, Limerick Central, and Clare. The programme ran once a week for six consecutive weeks, with one booster session at an eight-week follow-up. An explanatory mixed methods design was employed to evaluate the effectiveness of the programme.

### RESULTS

Results indicated that participants had significantly lower levels of psychological distress post-intervention [ $t(13)=3.559$ ,  $p<0.05$  (two-tailed)]. There were no significant changes for perceived social support, parental satisfaction, family communication difficulties or parental report of child difficulties from pre- to post-intervention. However trends towards the predicted pattern were observed on all indexes. A follow-up analysis conducted two months later found no significant changes on any of the parental indexes. Trends towards the predicted pattern were again observed. A small increase in parents GHQ scores was found, however 80% of parents scored less than 2, which mean they remained below the cut-off point of 3, which indicates psychological distress. In Phase

B of this study four in-depth interviews were conducted with parents to explore how they experienced the programme. Analysis yielded four master themes; a beneficial experience, a learning curve, group setting and dissatisfactions and improvements needed.


### CONCLUSIONS

The effect of DSH on parents was reflected in the high levels of psychological distress reported at baseline. The benefit for parents in engaging in a support programme such as SPACE was highlighted in the significant decrease in psychological distress over time. The current study provided evidence that the SPACE programme can be an effective adjunct treatment for supporting parents and carers of young people with DSH. Study limitations, considerations for future research and recommendations are also discussed.

### REFERENCES

Available on request.

# An Investigation of Referral Agent Perceptions of a Community Care Child and Adolescent Psychology Drop-In Service



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## INTRODUCTION

Psychological disorders of childhood and adolescence pose a significant challenge to healthcare service planning and provision. The existing research shows a clear need for prompt and effective intervention in cases of child and adolescent mental health difficulties. The majority of children and their parents will initially present to their GP or another primary care health professional, many of whom will seek to refer on to a specialist child psychology service. However, common barriers to such referrals include long waiting list times and complicated referral pathways.

The Drop-in Clinic provided by Community Services Psychology in Waterford operates on a primary care level, is free, does not require an appointment, and provides specialist mental health expertise. The service allows parents to discuss concerns that they might have about their child's behaviour and emotional well-being. Although some parents self-refer to the clinic, many are guided towards the service by a healthcare professional. The current study aims to examine these referral agents' perceptions of the service.

## METHODOLOGY

The study employed a qualitative design. The records of all 114 attendances at the clinic in 2011 were examined in order to identify sources of referral. A total of 31 healthcare professionals were identified who had previously referred clients to the drop-in. Of these, 6 were interviewed about their perceptions of the service. Thematic analysis was used to organise and interpret the research data obtained from participant interviews.

## RESULTS

Thematic analysis of interview data identified three main themes:

- 1) Reason for referral: The reasons why healthcare professionals refer clients to the drop-in clinic tended to fall into two categories: to meet needs specific to the parent or child, and to meet their own needs as professionals.
- 2) Knowledge of the service: There were differences in how much the healthcare professionals knew about the drop-in. Some seemed particularly well-informed, while others knew very little.
- 3) Value of the service: All of the participants expressed clear opinions on the value of the service. In general there was an appreciation of the good that is done by the staff on the drop-in, mixed with frustration at the limitations of the service. Suggestions were made for changes that could be made to the service so that it would better meet the needs of the professionals who refer to it, as well as the parents who attend. Greater publicising of the service was highlighted as something that would prove particularly useful.


## CONCLUSIONS

This study highlights the importance of providing potential referral agents with adequate information on the drop-in service, so that there is no confusion about its nature and purpose. Currently, there is a risk that the clinic may be seen as a substitute for longer-term consultation and intervention, due to the difficulties faced by other disciplines in accessing psychological input on cases. The study is also limited by the small sample size used. It is likely that a greater number of participants might have yielded a fuller picture of how the service is perceived within the Waterford area. It is hoped that the information gathered in this study will assist the psychology department in future planning for the clinic, and will help clarify its place within the local system of healthcare provision.

## REFERENCES

Available on request.

## The Experiences of Caring for an Adult Child with Schizophrenia Conceptualised within the Theory of Chronic Sorrow - A Qualitative Study



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### INTRODUCTION

The emotional distress and implications for parents caring for adult children with schizophrenia is often underestimated and misjudged, as research studies have found that in general carers feel health professionals do not fully relate to, understand, support or listen to their views.<sup>1,2,3,4,5,6</sup> It would therefore appear that parents/relatives/carers are shouldering significant burden of care, in some cases, without professional understanding and support.<sup>1,2,4,7,6</sup> Internationally there is little research evidence pertaining to the existence and meaning of 'chronic sorrow' in parents caring for an adult child with schizophrenia.<sup>8</sup> The move to specialist community mental healthcare indicates mental health nurses will be increasingly expected to work collaboratively with families and carers. In view of these concerns and expectations it is essential to develop a greater understanding of the experiences of parents caring for an adult child with schizophrenia.

### OBJECTIVE

The aim of this research study was to develop an understanding of chronic sorrow in parents caring for their adult child with schizophrenia.

### METHODOLOGY

The present qualitative descriptive research study is the first known to solely explore chronic sorrow in the context of parents caring for an adult child with schizophrenia, contextualised within the middle range nursing theory of chronic sorrow.<sup>9</sup> This was deemed an appropriate theoretical framework to guide the development and description of the multi-faceted 'wholeness' of the distress experienced by parents caring for an adult child with schizophrenia. Ethical approval was sought and granted from the Faculty of Health Sciences, Research Ethics Committee, Trinity College, Dublin. A purposive sample of eight parents caring for an adult child with schizophrenia was recruited. Semi-structured interviews were conducted using an adapted form of the Burke/NCRS Caregiver questionnaire as the data-collection method.<sup>10</sup> Data were analysed using Newell and Burnard's six step data analysis framework to structure thematic content analysis.<sup>11</sup> Thereafter comparative analysis of raw data with the operational definition of chronic sorrow was utilised to establish the incidence of chronic sorrow within the study's sample. Rigour was established through the use of two pilot interviews, an audit trail and the use of member checks.

### RESULTS

Themes to emerge from the study were; 'living with chronic sorrow', 'trigger factors associated with the resurfacing of emotional distress', 'the expression and management of feelings of chronic sorrow', 'helpful & unhelpful considerations.' The findings explicated from the present study support the existence of chronic sorrow in 7 out of 8 participants. The re-emergence of grief related feelings over the trajectory of caring is in keeping with the defining characteristics of chronic sorrow. The results suggest no end point of grief-related feelings and are representative of recurrent cycles of emotional distressed states of sorrow and sadness. Participants evidencing chronic sorrow attribute a variety of objective and subjective burdens of care as trigger factors to the resurfacing of chronic sorrow feelings. Internalisation of chronic sorrow feelings was identified due to a lack of understanding in others. Cognitive coping styles were the most prevalent form of coping used by participants to rationalise and accept the illness into the everydayness of life. There was a distinct variation in the intensity of participants' feelings over the course of caring for their adult child with findings identifying longer durations of adaptation and caring with less intense grief-related feelings of chronic sorrow. Participants revealed an overwhelming recognition of the help the carers support group in association with Shine has been to them. Unhelpful factors to emerge included poor communications between healthcare professionals and carers, a distinct lack of information, education and service supports.


### CONCLUSION

Chronic sorrow is an essential consideration for members of community mental health teams, especially mental health nurses who are best placed to meet the needs of parental carers. The implications of this research study hold great significance for mental health nursing as increased understanding, recognition and acceptance of chronic sorrow in parents caring for an adult child with schizophrenia will mean nurses are better able to support and guide parents through daily care which in turn will promote better recovery outcomes for clients. It is also anticipated that findings from this study will promote further research interest in an area which is poorly understood.

### REFERENCES

Available on request.

# The Perspectives of Mental Health Nurses on what Constitutes an Effective Therapeutic Nurse Patient Relationship in an Acute Mental Healthcare Setting



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## INTRODUCTION

The aim of this study was to explore the perspectives of mental health nurses on what constitutes a therapeutic nurse patient relationship in an acute mental healthcare setting. The importance of a therapeutic relationship between the nurse and patient is acknowledged extensively in the literature. The literature suggests there are few studies which explore this phenomenon from an acute mental healthcare setting. The therapeutic relationship is considered to be central to recovery in mental healthcare. However, there are some difficulties associated with defining this relationship and responses vary between healthcare professionals and patients.

## METHODOLOGY

A qualitative descriptive approach was utilised following receipt of ethical approval from the relevant HSE committee. Semi-structured interviews with 10 registered mental health nurses working in an acute setting were used to explore their perspectives and opinions on the characteristics of the therapeutic relationship. Each participant was interviewed for no longer than 45 minutes in a venue of their choice. A digital voice recorder was used throughout each interview with the consent of each participant. The age, gender and nursing experience of participants interviewed varied. Data were analysed using Burnard's framework (2006).

## RESULTS

This study highlighted the importance of therapeutic relationships in mental health nursing while also illuminating factors which both facilitate and hinder the development of therapeutic relationships. Themes discussed included defining the relationship and its benefits to practice, characteristics of the relationship and improving therapeutic relationships in acute care settings. Several components pertaining to the development of therapeutic relationships were discussed in the study which include; sharing equal partnership, listening, understanding, empathy and self-awareness. It was suggested that these components are interlinked where one aspect of care can affect the operation of another. The importance of promoting person centred, individualised care was referred to throughout, while power differences between the nurse and patient in the relationship were also discussed. It was acknowledged that the type of therapeutic relationship is informed by the context of care and also depends on the individuals involved in the relationship.

## CONCLUSION

The results of this study may help in optimising the promotion of therapeutic nurse-patient relationships and thus enhance the quality of nursing care in acute mental health. The study highlights the need for further awareness on the value of the therapeutic nurse patient relationship specific to mental health acute care settings. Future research initiatives should seek to provide a more extensive review of nurse perspectives on therapeutic relationships in acute mental healthcare settings. Further research focusing on what patients in receipt of mental healthcare perceive to be an effective therapeutic relationship is also recommended.

## Acknowledgements

*The authors would like to thank the nurses who participated in this study.*

*This research was carried out as part of a Masters programme at the University of Limerick.*

## Exploring the Meaning of 'Recovery' in Mental Health Services - A Multi-Stakeholder Evaluation

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### INTRODUCTION

In Ireland the national strategic framework for the development of Mental Health Services 'A Vision for Change' (2006) and 'A Recovery Approach within the Irish Mental Health Services' (2007) have endorsed a recovery framework as the Mental Health Services philosophy going forward. This has resulted in a requirement for integrated care pathways, collaborative service user care planning and clear outcomes for therapeutic engagements.

### OBJECTIVES

The aim of the study was to uncover the meaning of a 'Recovery Philosophy' in an Irish Mental Health Service. The key objectives were to explore, describe and evaluate the experiences of recovery for service users and staff of the Rehabilitation Service of the Limerick Mental Health Service. A further objective was to evaluate emerging recovery themes against globally established criteria for the implementation of recovery which have been endorsed in the Irish context by the Mental Health Commission.

### METHODOLOGY

This study utilised a broad qualitative approach and employed Focus Groups as a means of inquiry. Qualitative methods focus on the in-depth study of human phenomena so as to understand their nature and the meanings they have for individuals. Focus Groups were organised with service users and staff who worked in various facilities of the service. The researchers took all reasonable care to maintain ethical standards and operated in accordance with the protocol and permission of the Ethics committee of HSE West. Thematic analysis was the method of data analysis utilised. Thematic analysis is described, as a search for themes that emerge as being important to the description of the phenomenon.

### RESULTS

The process of thematic analysis revealed three main emergent themes which describe the key elements of Recovery as experienced across the Stakeholder Groups, as outlined briefly below:-

**Theme One:** Recovery as a System supported by the four sub-themes of Organisational Culture, Team Ethos, Working Model and Partnership Ethos.

#### Quotes from the raw data to support Theme 1

(su=service user sp=service provider)

"recovery is really a kind of progressive idea so for me- it's a really great thing for anyone who has mental illness."(su).

"We have to realise that we work in a system that doesn't always facilitate that you know and I think for all the recovery stuff to truly work there has to be like a systemic change."(sp)

"I think often we're kind of that I feel that we're a completely separate entity."(sp).

**Theme Two:** Equity supported by the sub-themes of Paternalism, Empowerment and Normalisation

#### Quotes from the raw data to support Theme 2

(su=service user sp=service provider)

"it's the belief that people can live with their illness."(sp)

"it's trouble being made accountable, a lot of people don't like being made accountable."(sp)

"It's important, it is important, you learn a lot about yourself -can you do these things again."(su)

"I manage my own meds, my own money, my own cooking, washing, eating and all. I'm my own boss and that's the way I like it." (su).

**Theme Three:** Personhood supported by the sub-themes of Self Actualisation, Self Determination and Identity.

#### Quotes from the raw data to support Theme 3

(su=service user sp=service provider)

"Yeah, I think once you achieve one goal it gives you the confidence to do other goals then."(su)

"I just decided that I'd be better off in the long run and I needed to move on and become more independent and it would be better for me you know."(su)

"the way I see it, it's our beliefs and our capabilities to encourage this person." (sp).

### CONCLUSION

The three Emergent Themes and their associated sub-themes are interwoven and interlinked and one does not take precedence over the other. The findings represent both the sequential and the non-linear experiences of the participants. In combination the themes suggest an emergent understanding or conceptual model of Recovery.

Overall the data suggested an inherent experience of 'change.' The data also revealed a deep sense of 'understanding' of the essence of Recovery. The understanding of Recovery uncovered in the study implied an 'adaptation' among service users and providers as well as a method and system of service delivery. Themes and overarching issues should not be interpreted as being convergent. For example, the issue of change emerged as a theme but with different facets. While change was a central issue and generally a positive process, struggles with the changes were highlighted.

### PRESENTED

At the Annual Conference of the Cork Centre for Recovery and Social Inclusion in University College Cork on June 7th, 2012 by Sally Howard.

## Exploring Irish Counsellors' Experiences of Working with Adults who Sustain an Acquired Brain Injury



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### INTRODUCTION

Head injuries are a common national health problem that result in behavioural, emotional and physical sequelae impacting the lives of many.<sup>1</sup> Acquired brain injury (hereafter ABI) has been described as 'hidden disability' because consequences of a brain injury may not be visible and therefore, are often misunderstood. Counselling ABI clients may bring unique challenges to therapy including high absenteeism rates, emotional lability and memory difficulties.<sup>2</sup> Within an Irish context there appear to be gaps in social science research, particularly counsellors' experiences of working with ABI.<sup>3</sup> Therefore, understanding counsellors' experiences of working with this client group is a necessary stepping stone in the identification of long term service provision and requirements.

### METHODOLOGY

A qualitative approach is used to explore counsellors' experiences. Purposive sampling, solely including participants knowledgeable in the researchable phenomena, is included.<sup>4</sup> All participants have as a minimum a Diploma in Counselling and Psychotherapy or other human sciences and a minimum of six months professional counselling/psychology experience with clients affected by ABI. Participants are recruited within two specialised ABI services and one addiction service within Limerick, Cork and Kerry. Individuals with a variety of backgrounds are included in the research including participants from counselling, clinical psychology, psychiatry and addiction fields but all currently work in a counselling capacity with adults with ABI. Nine participants are included in this study which encompasses face to face, semi-structured interviews. Thematic analysis is used to describe participants' experiences, realities and meanings.

### RESULTS

The findings of this research suggest there is a lack of awareness surrounding brain injury. All participants commented on the hidden nature of ABI which can often result in social isolation for the individual and the family. Also, the visible effects of ABI (physical or communicative difficulties) can cause unwarranted reactions from others such as staring.

Participants feel they too lack insight about ABI and more training is advocated by all. Two participants currently engage in Continuous Professional Development courses and three interviewees suggest incorporating disability training in undergraduate counselling/psychology programmes.

Findings also highlight challenges counsellors face when working therapeutically with this population, namely, high absenteeism rates, poor memory, short attention and concentration and the therapist's own social isolation, family difficulties, relationship difficulties and frustration.

However, four participants also note the personal, positive effects of working with clients and families post ABI; such as increased awareness of the impact of trauma and the inexplicable inner strength one possesses.

Service needs explored suggest there is a lack of interagency communication between all services involved in a client's care and this may result in higher hospital readmissions, increased psychological distress for the client and the family and non-attendance on rehabilitation programmes. Also, the need for providing family support to cope with adjustment difficulties post ABI is identified as essential by six of the nine participants. This includes emotional support and general information and education on ABI. The participants report that the provision of such family services will not only help the families adjust to the effects of ABI, but may also progress a client's recovery.

### CONCLUSION

The current study provides evidence for the development of a bio-psychosocial approach towards service delivery, involving consistent interagency communication. Reports from the counsellors suggest one of the overriding problems within the counselling services at present is the lack of family support. Another key finding is the participants' requests for improved training in order to work effectively with this population. These findings are particularly promising and could contribute to the development of clinical practice guidelines. Until that time, this report can be seen as contributory to future research and future service provision, thus improving the quality of care provided to those affected by acquired brain injury.

### REFERENCES

Available on request.



## The Mindfulness Experience in Addiction Therapy

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### INTRODUCTION

"Man is condemned to be free; because once thrown into the world, he is responsible for everything he does."  
(Sartre, 1972)

The evolving range of therapies which have incorporated the skill of mindfulness has transformed the therapeutic landscape. Addiction is one of the most formidable and devastating life experiences that many in Ireland face today. There exists a range of interventions such as Mindfulness Based Cognitive Therapy (MBCT) and Mindfulness Based Stress Reduction (MBSR) that are readily accessible within Ireland. At this current time there is not a systematic therapeutic intervention for those dealing with substance addiction/dependence which incorporates mindfulness in Ireland. However there are years of anecdotal experience by a growing cohort of individual addiction counsellors and addiction treatment centres in Ireland that the use of mindfulness leads to a positive therapeutic outcome for clients. This research is an exploration into the experience of people in Ireland who have been introduced to mindfulness training as part of their addiction recovery plan. All of the participants had received addiction counselling in the HSE Sláinte Drug and Alcohol Service in Limerick City. They were introduced to mindfulness training over the course of their therapy by the addiction counsellors who worked within this service. The participants were interviewed and asked to actively co-investigate with the researcher the impact that mindfulness played in their efforts to deal with addiction. Using descriptive phenomenological analysis four emergent themes were identified from the interviews: 1) The Evolution of the Mindfulness Experience during Recovery; 2) The Group Experience during Mindful Recovery; 3) Mindfulness and the Recovery of Choice; 4) The Relational Experience during Mindful Recovery. Each of the participants identified mindfulness as the cornerstone of their recovery. The participants expressed several significant changes in their lifestyle that they attribute to mindfulness. The discussed themes offer the reader the possibility of empathetic insight into the participants' struggle and the potential offered by mindfulness as a therapeutic intervention for addiction. The participants articulated experience of mindfulness as a therapeutic intervention also offers many insights on the way forward for future adoption, development and deployment of systematic mindfulness interventions for substance addiction/dependence into the Irish therapeutic framework.

### OBJECTIVES

This research aimed to further the understanding of the application of mindfulness as a therapeutic tool within addiction therapy in the Irish context.

This study aimed to uncover meaningful and distinctive insights into the experience of persons who have been

introduced to the practice of mindfulness during the course of their addiction therapy and have employed mindfulness as a technique for engaging with their addiction.

This study aimed to identify the themes and patterns that emerge from in-depth interviews with participants. Those emergent themes offer an empathetic pathway for the reader into the lived experience of the participants.

The aim of this research is to provide a knowledge basis illustrating the current situation of mindfulness as a therapeutic skill in addiction therapy and a foundation for future pathways of adaption, deployment and development of formulated mindfulness-based addiction interventions within the Irish context.

### METHODOLOGY

Addiction and mindfulness are both complex human experiences. One of the most skilful psychological research methods for authentically creating a holistic picture of an individual's experience is the phenomenological method. The phenomenological method was adapted from its Husserlian philosophical (an existential philosopher) roots by Giorgio (a humanistic psychologist) for the purposes of psychological investigation into a five step process. The steps are as follows and will be elucidated further during the analysis:-

- 1) Phenomenological Attitude
- 2) Repeated Listening and Readings of the Interviews
- 3) Identifying Meaning Units
- 4) Collating Meaning Units into Emergent Themes and Validation and Modification, if necessary, of those Themes through Comparison with Participants Interviews
- 5) Establishing of a Meaning Relational Structure of those Themes to the Phenomena Being Investigated

The resultant subjective perspective that is presented is then useful through the empathetic response of the readers of this research

### RESULTS

The introduction of mindfulness into the lives of the participants has had a profound impact. Each one of the participants struggled with addiction for many years and sought help in many different forms. It was not until they encountered mindfulness through their engagement with counsellors within the Sláinte Drug and Alcohol Services that their recovery began. Each of the participants expressed the firm conviction that mindfulness was the cornerstone of their recovery and without regular mindfulness practice they would struggle with preventing a relapse. Mindfulness as a practice evolved from a simple method to switch off for five minutes into a method through which the participants reconnected with a



complete sense of self. The foundation of mindfulness has opened up the participants to the discovery that they have the freedom to make choices.

## **CONCLUSION**

As mentioned in Sartre's quote in the introduction, the participants are condemned to be free and make what they want of their lives and the world they inhabit, with the fundamental acceptance of this fact each of the participants endeavours to improve their own situation and turn away from a path of self-annihilation. As the participants expressed, addiction may have forced them to deal with the reality of the world, but once they were forced into the world, through a sustained engagement with mindfulness practice, they accepted the irrevocable responsibility that is theirs, to choose.



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# Evaluating and Comparing the Effectiveness of Sonas and Cognitive Stimulation Therapy (CST) on Cognition, Quality of Life, Activities of Daily Living (ADLs), Communication, Neuropsychiatric Symptoms and Occupational Performance within a Group Session in Older Adults with Dementia

## INTRODUCTION

This study describes a comparison of two interventions used with people with dementia. Sonas is a therapeutic communication activity where group sessions involve cognitive, sensory and social stimulation.<sup>1</sup> There are high levels of training in and implementation of Sonas in Ireland. However, there is limited published research on Sonas and limited evidence of its efficacy with this population. Cognitive Stimulation Therapy (CST) is a non-invasive psychological intervention also for dementia; group sessions focus on the improvement and strengthening of spare cognitive resources as well as the maintenance of social and interaction skills.<sup>2</sup> Increasingly strong evidence reports a significant positive effect on cognition, positive changes in communication and social interaction, and improved Quality of Life (QoL) and well-being associated with CST and cost-effective benefits compared to treatment as usual.<sup>3</sup>

## OBJECTIVES

The aim of this research was to evaluate and compare the use of Sonas and CST in a Psychiatry of Later Life setting in patients with moderate level of cognitive impairment secondary to dementia.

## METHODOLOGY

A single blind randomised controlled trial was carried out to compare the effectiveness of Sonas and CST. Subjects were recruited from a long stay in-patient psychiatric facility, a public nursing home and from the community. Groups within these categories were randomly allocated to one of two conditions: one group receiving CST and the other group receiving Sonas. Outcome measures assess QoL, Cognition, Mood, Activities of Daily Living (ADL), Communication, Neuropsychiatric Symptoms and Occupational Performance within a group setting.

## RESULTS

Preliminary analysis of the results of this study demonstrated the effectiveness of both CST and Sonas in the areas of Quality of Life, Neuropsychiatric Symptoms and Occupational Performance within a group session. The CST group only additionally demonstrated statistically significant improvements in Cognition and Communication. The study demonstrated no evidence for the application of these group interventions in order to improve ADLs.

## CONCLUSION

Preliminary analyses of the results suggest that statistically significant change was demonstrated in both CST and Sonas groups demonstrating their effectiveness.

This change is greatest in the CST group, suggesting that CST may be a more effective intervention for this client group.

## PRESENTED

1. At the Association Of Occupational Therapists of Ireland (AOTI) National Conference in the Mullingar Park Hotel, Mullingar, Co. Westmeath on April 28th, 2012 by Ms. Orla Brady, Senior Occupational Therapist, Psychiatry of Later Life.
2. At the National University of Ireland Galway (NUIG) Postgraduate Research Day on May 28th, 2012 by Ms. Orla Brady, Senior Occupational Therapist, Psychiatry of Later Life.

## REFERENCES

Available on request.

# Using Emancipatory Practice Development (PD) Tools to Implement an Action Research Project on Palliative Care for People with Dementia

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## INTRODUCTION

In 2010, Clare Mental Health Service received a research grant from the Irish Hospice Foundation and Alzheimers Society of Ireland to undertake an Action Research Project on Palliative Care for persons with Dementia. The research project focused on three units in Co. Clare providing care for persons with dementia, the needs of each of the three sites differed in complexity and organisational structures. Both the research project officer and one of the research applicants had previous experience of facilitating a national ePD Programme.<sup>1</sup> Practice Development (PD) is defined as "a continuous process of improvement towards increased effectiveness in person-centred care, through the enabling of nurses and healthcare teams to transform the culture and context of care. It is enabled and supported by facilitators committed to a systematic, rigorous continuous process of emancipatory change."<sup>2</sup> It was agreed that PD was an appropriate framework to deliver the action cycles within this project. The ultimate goal of PD is the development of person-centred cultures by utilizing eighteen key evidence-based methods.<sup>3</sup>

## METHODOLOGY

Internal facilitators who were nurse managers were identified in each of the three research sites and supported by the project officer to lead and implement the action cycles in palliative dementia care. PD utilizes a number of key tools in achieving change and is underpinned by the three fundamental principles of Collaboration, Inclusion and Participation.

Internal facilitators for the research sites were chosen by the Directors of Nursing, as people who could affect the greatest impact on the culture of care. The facilitators were guided using an evidence-based PD framework to support and encourage work based learning<sup>1</sup> with all staff within their workplace.

PD tools such as High Challenge/High Support, Claims Concerns, Issues, Observations of Care, Problem Solving Framework and a Quality of Life (QoL) exercise 'Cats, Skirts and Lipstick' were all utilised in this project. Cats, Skirts and Lipsticks is a form of learning in the workplace. This activity was originally developed by a previous participant in St Mary's, Mullingar as part of the pilot programme for the National Practice Development Project to implement person-centred care into residential settings in Ireland.<sup>1</sup> Each staff member is asked if they were to go into residential care tomorrow what three things would they like the staff in the care centre to know about them. Stakeholders, including people with dementia and their families, staff and management of the three sites were invited to participate in identifying the issues relating to the palliative needs of persons with dementia. Data was collated using questionnaires and the reflections of staff members during the two year project. The University of Limerick assisted with the data analysis.

## RESULTS

Use of PD gave the project another dimension and involved all the participants as change agents rather than change acceptors.

One Care Attendant reflected at the end of the project that it was a "Very beneficial project. Really opened my mind to different approaches to learning about dementia care."

Nurses from two different sites reflected that: "Learning within our own workplace was new to us, having the facilitators working with us, to solve real problems, with real life examples was really helpful."

Also they stated that "Palliative care to me was associated with end of life for a person with cancer. Using the Cats, Skirts and Lipstick exercise really helped me to know my patients at a different level and enabled me to talk to them about death and dying."

## CONCLUSION

Emancipatory Practice Development tools were integral to this project in helping to implement Palliative Care Interventions for People with Dementia. Staff in the research sites were encouraged to embrace person-centred practices using a PD framework. The use of PD in the implementation of this Action Research Project was effective methodology to ensure sustained person-centred practice. Facilitators in the three sites have been given resources to sustain the workplace learning environment.

## REFERENCES

Available on request.

## FUNDING

This research has received funding from the Irish Hospice Foundation and the Alzheimer's Society of Ireland.



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## An Appraisal of Service Users' Structured Activity Requirements in an Irish Forensic Setting

### INTRODUCTION

The National Forensic Mental Health Service Ireland is a member of the Quality Network for Forensic Mental Health Services (QNFMS), London<sup>1</sup> which is reviewed annually by peers within the network. In relation to therapeutic activities, QNFMS<sup>2</sup> proposed that each service have a minimum of 25 hours of structured activity per week per service user which is reviewed quarterly. As a part of the network, it was important for this service to capture the degree and types of activity which all service users are accessing on a day-to-day basis. This report captures findings of the first survey of service users' therapeutic activity carried out in this service to measure this information. Furthermore, based on the findings several recommendations for practice were drawn.

### METHODOLOGY

A survey design was adopted to review service users' structured activity and to identify whether service users meet the standard of 25 hours weekly activities. This service has seven units and a hostel grouped into three clusters: acute, medium and recovery and rehabilitation cluster. In total there were 94 in-patients at the time of data collection. One of the service users was discharged during the data collection period therefore the activities for that person were not considered for this survey, leaving a sample size of 93 service users. The service delivery in this forensic setting is guided by five pillars of care - Physical Health (Pillar 1), Mental Health (Pillar 2), Drugs and Alcohol (Pillar 3), Harmful Behaviours (Pillar 4) and finally, Social, Occupational, Rehabilitation and Recovery (Pillar 5).<sup>3,4,5</sup> These pillars map a pathway of care that should all be addressed prior to the discharge of a service user.

Weekly activities for each patient were captured by surveying the daily report book and progress notes. Furthermore, both authors liaised with the unit managers in order to inform each service user's level of participation in activities of daily living. Data was entered across five pillars of care on the Excel spread sheets. Data was analysed using averages and percentages. A sum of weekly activities was calculated and an average of four weeks activities was drawn.

### RESULTS

Overall, 57 (61%) of service users fully met the criteria of 25 hours structured weekly activities. Figures 1 and 2 show findings of the unit analysis and activities under five pillars of care respectively. In summary, 1 unit in the acute cluster, 2 units in the medium cluster and 1 unit in the rehabilitation and recovery cluster were clearly meeting the 25 hour weekly activity criteria as set out by the QNFMS. The majority of activities occurred in Pillar 5-Social, Occupational, Rehabilitation and Recovery.

Figure 1 - Number of Service Users who meet the 25 Hour Activity Criteria vs. Number of Service Users who do not meet this Criterion across Different Units in the Forensic Setting.

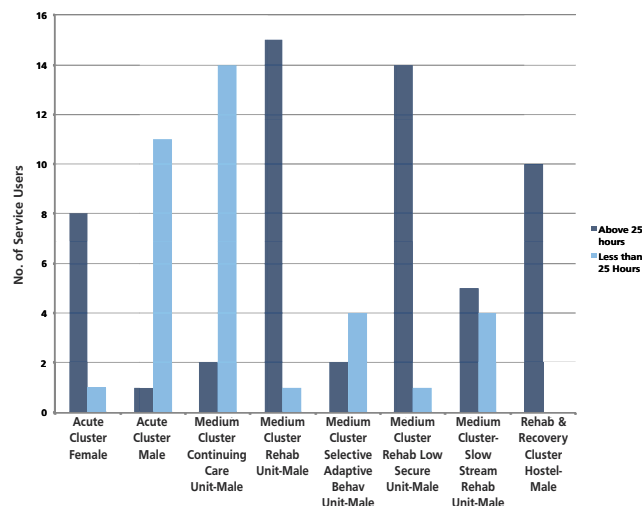
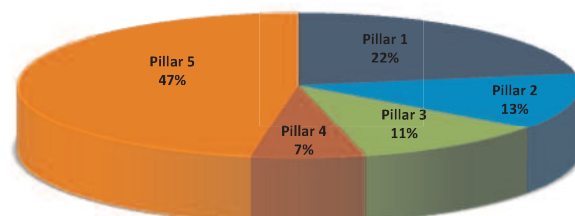


Figure 2 - Percentage of Activities within each Pillar of Care



### CONCLUSION

Findings suggest that 3 of the 4 units which did not meet the 25 hour weekly activity criteria were units which accommodate more acute service users. Patients on acute wards and those with lower levels of motivation are considered more difficult to engage in regular structured activity.<sup>6</sup> In order to increase activities the authors made several recommendations to practice including:

1. Service user involvement and developing personal weekly timetables
2. Development of a web-based recording system
3. Forming a therapeutic activity steering group
4. Information sharing within the service through study days and presentations


### REFERENCES

Available on request.

### PUBLICATION

Submitted for publication to the Journal of Psychiatric and Mental Health Nursing.

## Primary Care Educational Needs Assessment on Suicide and Deliberate Self Harm



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### INTRODUCTION

Suicide is a major problem in Ireland with 486 suicides in 2010 and over 11,000 cases of deliberate self harm seen in Irish emergency departments annually. Using objective indicators like the disability adjusted life years (DALYs), suicide has twice the impact globally of diabetes in terms of the economic burden of disease. With many presenting to primary care in the months prior to the event, it is an obvious area for intervention as part of an overall multimodal approach to suicide prevention. Among the actions of 'Reach Out' the National Strategy for Action on Suicide Prevention 2005-2014 was a programme of education and training on suicide prevention for all relevant members of the primary care team. The objective assessment of educational needs is a critical component of course development and implementation.

### OBJECTIVE

The aim of this project was to conduct an educational needs assessment of primary care service providers to inform the content and delivery of a course in respect of dealing with patients who present with suicidal ideation and deliberate self harm.

### METHODOLOGY

The first part of this work was a brainstorming group-decision discussion with representatives from relevant stakeholder groups in order to prioritise key course content and delivery items for inclusion in the first Delphi-round questionnaire, and using appreciative enquiry, to identify how to build and improve on what already exists. The second part of the needs assessment involved a Delphi-process using an online survey sent to GPs, Practice Nurses (PNs), Allied Health professionals that make up the primary care team (AHPs) and patients/service users through representative bodies/organisations. The replies were anonymous with an option to separately record details to be included in the follow-up process to comment further on the proposed course content and structure. The first round of this process is complete and reported on here.

### RESULTS

In total, 117 questionnaires were returned with GPs accounting for 48% of the respondents and PNs 28% of respondents. One in four of all responses said their current level of knowledge of suicide risk assessment was below average. Over two thirds of professionals reported that no member of their practice or service had formal training in suicide risk assessment and management. Only one third felt that they were adequately trained and prepared in the assessment of suicide. Overall 58.2% of professionals who responded felt they were not adequately informed as to the best available resources (HSE & Voluntary) in their area when dealing with a patient who is suicidal or deemed at risk of same. Only

7.8% of all respondents felt that primary care was adequately resourced to deal with suicidal patients. There was a clear willingness of the group to engage with a blended course (face-to-face modules and e-learning) that would be preferably delivered at either evening CME or on-site in the practice/service. The preferred course duration was up to four hours.

### CONCLUSIONS

The current evidence shows physician education in depression recognition and treatment as well as measures aimed at restricting access to lethal methods reduces suicide rates. Irish primary care service providers feel inadequately trained and prepared in the assessment of suicide risk and feel inadequately informed as to the available resources for their patients presenting with suicidal behaviour. Importantly, there is overwhelming support for participating in a blended course on suicide risk assessment and management of up to four hours in the format of evening CME or on-site in practice/service workshops together with an e-learning module. The introduction of such a course should be complimentary to other preventative interventions to include broader universal health promotion and education of the general population as well as more targeted campaigns aimed at specific at-risk groups.

### FUNDING

The funding to carry out this work was gratefully received from the HSE's National Office for Suicide Prevention.

## An Evaluation of the SafeTALK Suicide Awareness and Education Programme within an Irish Context - Participants' Perspectives

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### INTRODUCTION

Suicidal behaviour is a complex phenomenon. National and International literature identifies suicide as a global health problem. Current suicide rates in Ireland are the fourth highest in the European Union. In Ireland, as in most other countries, the increase in completed suicide is largely accounted for by the increasing levels of male, especially young male suicide. It is estimated that each year, one million people die by suicide, accounting for 3% of deaths worldwide.

Evaluation research is particularly important in the area of suicidal behaviour where relatively little is known about the strategies that lead to beneficial results. SafeTALK is a national suicide awareness and prevention training programme and requires evaluation in terms of its effectiveness within an Irish context. To date no evaluation of this kind has been undertaken nationally. Based on national and international evidence an evaluation of SafeTALK was both timely and appropriate.

### OBJECTIVE

The overarching aims of this evaluation are to ascertain the views and expectations of SafeTALK participants and to evaluate the participants' perceptions on the relevance and use of SafeTALK in their lives.

### METHODOLOGY

This study used a quantitative dominant approach with a qualitative wing. Participant views and expectations were captured using questionnaires. The questionnaires were distributed to all 105 SafeTALK participants who attended SafeTALK training nationally during a specified time period; one questionnaire prior to the training and the second questionnaire immediately following completion of the training. Data for the study was collected in Ireland across four geographical locations. Evaluation research was the chosen design for this study.

### RESULTS

It is evident from the questionnaire findings that the SafeTALK programme of suicide awareness and prevention was very well received and evaluated by the participants. Presentation for training by women outnumbered men by a ratio of approximately 4:1 suggesting that women were more likely to present for training. Of concern is the disproportionate male attendance in contrast to levels of male suicide. A broad category of participants from both community and professionals attended the SafeTALK programme. It was acknowledged prior to the training that some participants had previous training in helping a person at risk of suicide. However, at that time the majority of participants did not feel prepared or confident in talking directly and openly to a person about their thoughts of suicide. Concerns were raised regarding lack of confidence and fear in responding

to a person who was expressing suicidal thoughts. Conversely, immediately following their attendance at SafeTALK the majority of participants felt that their level of preparedness had increased significantly. It was clear that the SafeTALK training programme had brought about this level of confidence in responding to a person with suicidal thoughts. However, the fear of 'getting involved' or 'saying the wrong thing' and the ensuing consequences gave rise to some concern. Participants were in agreement that the SafeTALK trainers and quality of presentation enhanced the training programme and facilitated learning. Positive reactions to the SafeTALK training were reported in terms of usefulness and relevance in their lives when communicating with a person experiencing suicidal thoughts. There was a general consensus that SafeTALK should be delivered on a continual basis. Delivery of SafeTALK in settings such as post primary schools, work, and community groups was viewed as a positive step towards suicide awareness and prevention. Overall, the participants agreed that attendance at SafeTALK had raised awareness of suicide and enhanced their skills competency in suicide prevention.

### CONCLUSIONS

The overall goal of SafeTALK is that the participant, following training, will recognise a person who might be having thoughts of suicide, will engage them in direct and open talk about suicide and will connect them with someone trained in suicide intervention. Evidence from this evaluation suggests that SafeTALK, following training, did achieve its goals. These findings replicate the findings of the Scottish SafeTALK evaluation. Further evaluation of suicide prevention programmes is recommended in the literature in view of current insufficient evidence demonstrating their effectiveness.

### PRESENTED

Findings of this research were presented at the 31st Annual International Nursing and Midwifery Conference 'Nursing and Midwifery Practice in a Global Community: Collaborating and Networking for the Future' which was held in the Royal College of Surgeons in Ireland on February 23rd, 2012 by Nuala Flannery.

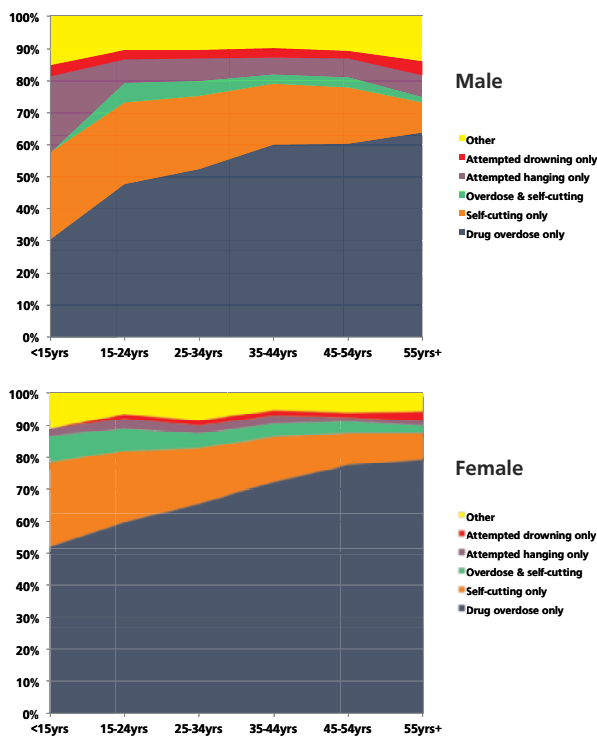
# Methods of Self Harm Presenting to Irish Hospital Emergency Departments - Findings from the National Registry of Deliberate Self Harm Annual Report 2011

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## ABSTRACT

The National Registry of Deliberate Self Harm registered 12,216 self harm presentations to the 37 hospital emergency departments (EDs) operating in Ireland in 2011. These 12,216 presentations were made by a total of 9,834 individuals. The annual rate of hospital-treated deliberate self harm in 2011 was 215 per 100,000, a reduction of 4% from 2010. Similar to previous years, drug overdose was the most common method of deliberate self harm recorded by the Registry, present in 69% of all cases (75% for women and 62% for men). The involvement of intentional drug overdose increased across the age groups for both men and women, as illustrated in Figure 1.

**Figure 1 - Methods of Self Harm Presenting to Irish Hospital Emergency Departments in 2011 by Gender and Age Group**



Minor tranquillisers were the most common type of medication involved in intentional acts of drug overdose, accounting for 3,611 (43%) of presentations to hospital in 2011. The second and third most frequently used drugs were paracetamol-containing medication (36% of cases) and Selective Serotonin Reuptake Inhibitors (SSRIs) (13% of cases). The number of hospital-treated episodes of self harm involving drug overdose in 2011 (n=8,409) was a slight decrease on the number recorded in 2010 (n=8,538). The most dramatic decrease in drug type used in overdose acts was with street drugs, where presentations fell by 27% from 657 in 2010 to 479 in 2011.

The only other common method of self harm was self-cutting, involved in 25% of all cases. Self-cutting was significantly more common in men, especially in the 15-34 year age groups. Despite the overall reduction in the incidence of self harm from 2010 to 2011, presentations involving self-cutting increased by 8% overall.

Attempted hanging was present in 6% of all self harm episodes recorded and more so in male acts (9%) than female acts (3%). The 734 registered presentations involving attempted hanging in 2011 is the highest number of attempted hanging episodes recorded by the Registry. It reflects a 20% increase on the figure for 2010, an increase that was wholly due to men.

## Recommendations

In January 2012, the Health Service Executive's National Office for Suicide Prevention (NOSP) established a National Working Group on Restricting Access to Means, with a priority on restricting access to minor tranquillisers. We would recommend that this working group review the implementation of the paracetamol legislation and prescribing patterns of SSRIs as additional priorities.

The increase in deliberate self harm involving cutting is accompanied by evidence that self-cutting is associated with a high-risk of repeated self harm following a presentation to an ED. There is need for continued efforts to prioritise national implementation of evidence-based treatments shown to reduce risk of repetition, such as cognitive behavioural and dialectical behavioural interventions.<sup>1,2</sup>

It has been long recognised that all deliberate self harm patients presenting to hospital require an assessment by a suitably qualified mental health professional. In 2012, a sub-group of the National Mental Health Clinical Programme Steering Group produced National Guidelines for the Assessment and Management of Patients presenting to Irish Emergency Departments following Self Harm. It is recommended that these guidelines be implemented nationally as a matter of priority.

## SOURCE

National Suicide Research Foundation. National Registry of Deliberate Self Harm Annual Report 2011. Cork: National Suicide Research Foundation, 2012.

## FUNDING

The National Registry of Deliberate Self Harm is funded by the Health Service Executive's National Office for Suicide Prevention.





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# Perception of Child Protection and Welfare Staff of Resource Allocation in the Mid-West 2012 - Prospective Study

## INTRODUCTION

This study is a descriptive prospective study of resources available for child protection and welfare using a qualitative questionnaire and one to one interview with 15 professionals in the area of child protection and welfare in the Mid-West region.

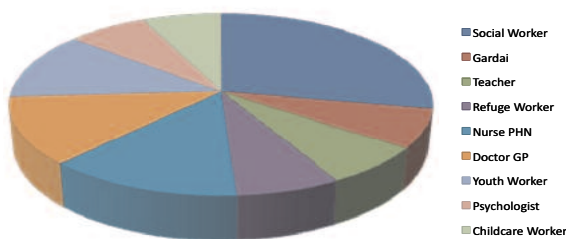
## METHODOLOGY

A combination of questionnaire and one to one interviews using structured open ended questions which allowed the respondents to add additional information. The one to one interview allowed observation of body language, anxiety, attitude, knowledge, frustration level and level of concern, commitment, compassion and passion for child protection and welfare.

The study population is healthcare professionals which include qualified child care workers, Gardaí, public health nurses, general practitioners/doctors and social workers in the Mid-West Region. The child population of 0-14 Year olds is 71,768 in the Mid-West of Ireland.

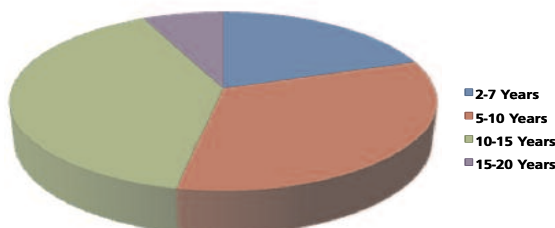
A questionnaire was given to 15 professionals in the area of child protection and welfare. All 15 responded (N=15). This comprised 4 social workers, 1 Garda, 1 teacher, 2 public health nurses, 2 general practitioners, 1 refuge worker, 1 psychologist, 1 childcare worker and 2 youth workers.

**Figure 1 - Child Protection & Welfare Professionals**



About 40% of respondents had worked in child protection and welfare for 10-15 years while 20% had worked for 2-5 years in this area.

**Figure 2 - Child Protection & Welfare Experience**



- 60% of the professionals worked with children of all ages in the area of child protection and welfare.
- Up to 60% of the professionals spend up to 10% of the time working on child protection and welfare issues
- 93% of respondents felt that resources were not adequate for child protection and welfare
- 46% of those surveyed agreed that in the case of domestic violence against a parent those children would automatically be reviewed by a social worker, while
- 46% agreed that notification would be from the Gardaí
- In relation to whether notification was received when a child had witnessed domestic violence comments like "rarely " notified and "sometimes" notified were recorded on the questionnaire by the child protection and welfare worker
- 66% of respondents felt that the psychological and emotional needs of children were being addressed following exposure to domestic violence
- 93% felt that only sometimes were services like psychologist, pre-school provided
- 13% felt that significant changes were needed in legislation, policy implementation, social attitudes and resources, while 6.6% felt that small changes were needed or no change needed in 6.6% of respondents surveyed
- One respondent felt support for male perpetrators was needed while another respondent felt legislative changes were needed
- 20% of those surveyed felt antisocial behaviours and low self-esteem were the most likely effects of domestic violence on children
- 20% felt leaving school early before formal education had been completed was another cause of domestic violence on children
- 5 felt intimate partner violence was the long-term side effect of exposure to domestic violence on children
- 94% of respondents said drama therapy or play therapy was not provided for children needing child protection and welfare
- 94% felt that only sometimes were basic services like pre-school, psychological or psychiatrist provided

## CONCLUSION

The research demonstrated that a large percentage of over 90% of workers felt that the services were inadequate in terms of resources, while 20% felt that changes in legislation were needed.

It is recommended that further exploration of this questionnaire with one to one interviews with the experts and professionals be carried out. It is clear that the service is very fragmented and that more resources are needed in drama and play therapy and psychological support.

*This research was carried out as part fulfilment for a BSc. in Social Work.*



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# Does the Baby-Friendly Hospital Initiative (BFHI) Make a Difference in Ireland?

## INTRODUCTION

The Baby Friendly Hospital Initiative (BFHI) is a global programme of WHO and UNICEF launched in the early 1990s and active in over 152 countries. The initiative aims to support babies to get the optimal start in life by providing a healthcare environment in which breastfeeding supportive practices are the norm. The BFHI includes a structured process of self-appraisal, planning for improvement, external assessment, designation and on-going monitoring using global standards and assessment tools.<sup>1</sup> The BFHI started in Ireland in 1998 as a programme of the Health Promoting Hospitals Network.<sup>2</sup> Participation in the initiative is a recommendation of Department of Health strategies since 1994<sup>3</sup> and a key indicator in the national Breastfeeding Strategic Action Plan.<sup>4</sup> Studies in other countries have indicated that the BFHI makes a difference;<sup>5-8</sup> this study examines the effect in Ireland.

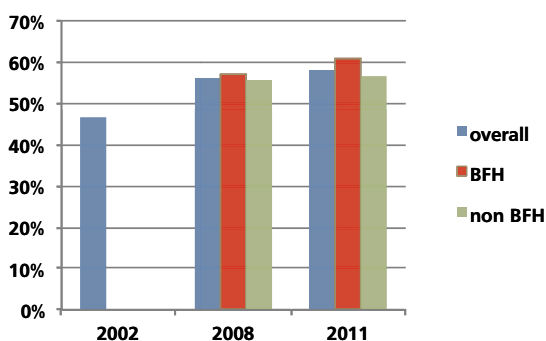
## METHODOLOGY

All 20 maternity facilities return infant feeding rates annually to the BFHI national co-ordinator. Reporting categories varied over time and the term “any breastfeeding” refers to exclusive breastfeeding (Bf) and partial breastfeeding combined at the time of discharge. By 2008 6 facilities had attained the standards to be designated as Baby-Friendly (BFH), and in 2011, 35% of infants were born in one of the maternity facilities designated as Baby-Friendly.

## RESULTS

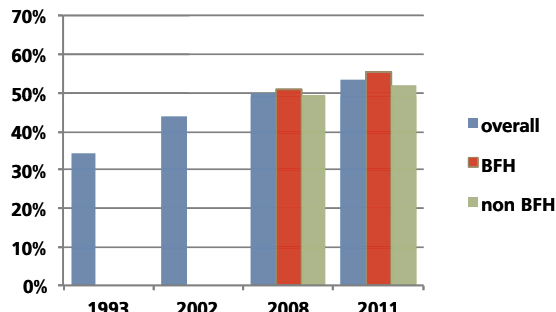
Nationally breastfeeding rates have risen. In 2011, about 58% or 43,000 infants started their life with mother’s milk for immune functioning and nutrition as well as warmth and closeness. Breastfeeding initiation is more likely in a hospital meeting the standards and designated as a Baby-Friendly Hospital and between 2008 and 2011 the overall increase appears to be largely attributed to the BFHI (Figure 1).

Figure 1 - Breastfeeding Initiation



Any breastfeeding at discharge has also risen and again the rise is more noticed in a BFH (Figure 2).

Figure 2 - Breastfeeding on Discharge



## CONCLUSIONS

The maternity units who have been assessed as achieving the Baby-Friendly standards include both large urban academic units and smaller rural units and are outwardly similar in the populations that they serve. The practices of the BFHI are evidence-based and recognized as best practice for over two decades.<sup>9-13</sup> While changes in rates can provide some information; it may be more enlightening to examine the leadership in maternity facilities and what facilitates the implementation and sustaining of the practices and participation in a quality initiative such as the BFHI.

## REFERENCES


Available on request.

## FUNDING

The Baby-Friendly Hospital Initiative in Ireland is grant aided by Health Promotion, Health Service Executive.

For further information on the Baby-Friendly Hospital Initiative in Ireland or for any queries with regard to this abstract please e-mail [bfhi@iol.ie](mailto:bfhi@iol.ie)

# Use of the Ages and Stages Questionnaire (ASQ-3) for the 18-24 Month Developmental Assessment - An Irish Perspective



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## INTRODUCTION

Early identification of developmental delay is critical in management of childhood disability.<sup>1</sup> In Ireland, the Public Health Nurses (PHNs) conduct five core statutory examinations as per the national childhood screening and surveillance programme according to guidelines outlined in the Best Health for Children Revisited Report (BHFC) 2005.<sup>2</sup> This report also recommends an Irish pilot study of a standardised parental reporting screening tool. Presently, various non-standardised developmental checklists are employed. The Regional Child Health Committee in HSE West (Donegal, Sligo, Leitrim and West Cavan) sanctioned the pilot of Ages and Stages Questionnaire-3 (ASQ-3) to run over a 6 month period in four designated pilot sites. This tool is an internationally recognised, standardised and validated screening questionnaire designed to be used by parents and/or service providers in a clinical setting to identify areas of concern in the developmental domains of communication, gross motor, fine motor, problem solving and personal/social skills.

## OBJECTIVE

The aim of this research was to assess the impact of the ASQ-3 on service delivery and evaluate the experience of service user (parents) and provider (PHNs).

## METHODOLOGY

A total of 26 PHNs across the region were trained in the use of the screening tool. Consenting parents completed the ASQ-3 questionnaire and pilot feedback form. PHNs also completed pre and post-pilot questionnaires. Outcomes of questionnaires were analysed. A control group was used in Donegal for comparative analysis of referrals.

## RESULTS

During the pilot period, 238 children in Donegal and 263 children in the Sligo/West Cavan/Leitrim areas received the 18-24 month assessment. 232 ASQ-3 questionnaires were completed in the Donegal area and 77 in the Sligo/Leitrim/West Cavan area. Low participation in the latter area was attributed to staff shortages. A total of 150 children (65%) from Donegal and 56 children (72%) from Sligo/West Cavan/Leitrim had normal recorded scores. A total of 55 children (23%) from Donegal and 8 children (10%) from Sligo/West Cavan/Leitrim had review scores only. Referral scores for one or more domains were recorded for 27(12%) of the children from Donegal and 15 (19%) of the children from Sligo/Leitrim/West Cavan. A small number of these children had additional review scores, but further subdivision was not done at this stage.

Although Donegal referrals demonstrated no apparent statistically significant increase in referral rates to tertiary services during the pilot, there was a higher positive predictive value (PPV) for pilot referrals to Speech and Language and Physiotherapy Departments compared to control group.

In all, 75% of participating PHNs welcomed the introduction of ASQ-3, with 75% acknowledging an enhanced overall developmental assessment and 69% acknowledging enhanced partnership with parents.

All parents welcomed the tool and felt it facilitated further understanding of their childrens' development.

## CONCLUSIONS

Introduction of a standardised screening tool to the statutory developmental checks is welcomed by parents and Public Health Nurses in the pilot. Based on our findings and discussion with all stakeholders regional introduction of this screening tool for this age cohort was recommended and is underway. The results of the pilot are being disseminated nationally. Both lack of a centralised data collection system and staff shortages are current handicaps for epidemiological studies within the Irish health service.


## REFERENCES

Available on request.

## PRESENTED

At the American Paediatric Society Conference in Belfast on September 18th, 2012 by Dr. Lynne McBride.

## Young Peoples' Perspectives on the Findings of the Health Behaviour in School-aged Children Survey 2010



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### INTRODUCTION

The overall aim of the Health Behaviour in School-aged Children (HBSC) study is to gain insight into, and increase our understanding of young peoples' health and well-being, health behaviours and their social context. Young people are actively involved in providing data through completing questionnaires. However, there is increasing recognition of the value of involving young people in various stages of the research process.<sup>1,2</sup>

### OBJECTIVES

In order to involve children more directly in the work of the HBSC Ireland, the research team have worked with groups of children in a range of ways. This particular workshop aimed to access young peoples' opinions of the findings of the 2010 HBSC survey. The workshop had three objectives; to enable the young people to identify what was the most interesting finding, what was the most surprising finding, and what the youth health priorities should be as a result of the research findings.

### METHODOLOGY

Students (aged 13-15 years) in a mixed-gender post-primary school in the West of Ireland participated in this workshop. After the researcher explained the project and the purpose of the session to the participants the workshop began. Each participant was given a copy of the HBSC 2010 national report to examine and were asked to provide any feedback they had on the report design, layout or content with the group. Group discussion was facilitated and all comments were recorded. When this group discussion was finished each participant was asked to individually answer three questions; 'what is the most interesting finding of the report?', 'what is the most surprising finding in the report?' and 'what do you think the youth health priorities should be as a result of these findings?'

### RESULTS

Participating children clearly articulated the findings they were most surprised by and interested in, and identified health priorities for the future. Some themes emerged from the findings of these discussions. The young people were most interested in the findings relating to alcohol, drug use and smoking. The young people were most surprised by the findings relating to drunkenness, taking drugs and bullying. The young people identified health priorities to include physical activity, drug and alcohol use, sexual health, smoking cigarettes and healthy eating.

### CONCLUSIONS

The information and opinions the young people shared in this workshop are valuable and provide health promotion professionals with an insight into youth health priorities. The findings may be useful in planning for the development of curricular resources and other materials related to child and adolescent health promotion.

### REFERENCES

Available on request.


### PRESENTED

As a poster presentation at the 16th Annual Health Promotion Research Centre Conference 'Embracing New Agendas for Health Promotion Action: Developing Workforce Competencies for Effective Practice' in Galway on June 21st, 2012.

### FUNDING

This research has received funding from the Department of Health.

## Children in Hospital in Ireland - What do they Eat and what do they Weigh? A Cross-Sectional Study



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### INTRODUCTION

The problems of being overweight and obesity in children are emerging as major public health challenges in Ireland. Prevention and treatment of obesity in children requires parental involvement and support. However, many parents are unaware when their child is overweight or obese.

### OBJECTIVES

The aims of our study were to examine parents' perceptions of a healthy diet and their children's BMI; and to evaluate the food offered to children admitted to a paediatric ward based in a regional centre.

### METHODOLOGY

A retrospective questionnaire was distributed to 95 patients and their families admitted over one month. Seventy-eight had BMI values calculated (42 males, 36 females). Information collected from the questionnaires included: demographic details, food types and quantity eaten in the hospital and at home, parent's estimation of their child's height and weight, and whether they thought their child was overweight/underweight/normal weight, parents' knowledge of ideal daily intake of various food products and fat content of milk, and what food the parents purchased or brought into the hospital for their child to eat, and why.

### RESULTS

Twenty-one children (26.9%) were overweight or obese, 14/21 parents (66.7%) thought their child had a normal weight. Sixty percent of children served dinner in the hospital were given fries. Only four had fruit or vegetables. Forty-eight parents brought food into hospital. Fourteen (29.1%) parents had brought food from a nearby take-away. Eighty percent of parents thought that their child should drink regular full fat milk rather than low fat milk.

### CONCLUSIONS

This study highlights the problem of child obesity in Ireland and parental underestimation of this problem. This study also suggests that parents need more education on healthy eating and the nutritional needs of their children. The nutritional value of food served to children in hospital needs to be improved and hospital admissions used as opportunities for healthcare professionals to communicate and reinforce healthy living principles to children and their parents.

### PRESENTED

At the Irish Paediatric Association Conference in Belfast on April 20th, 2012 by Dr. Aisling Flinn.

## Obesity-The Patient's Perspective



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### INTRODUCTION

Obesity is now one of the major challenges which face the Irish health service. Many believe that general practice is the ideal setting to help patients manage their weight. There has been much research on the attitudes of general practitioners (GPs) to managing obesity in their patients but little is known about what weight management advice patients actually want from their GPs.

### OBJECTIVE

In this research project, the aim was to explore the obstacles that patients perceive when trying to lose weight and their views of the role of their GP in managing their weight.

### METHODOLOGY

The method used was an interview-based qualitative study of 15 people (9 men and 6 women) aged between 20-65 years, focusing on their perception of obesity and weight loss in general practice. Patients were randomly selected and also agreed to have their body mass index (BMI) measured.

### RESULTS

A total of 11 patients said they were concerned about their weight. Of the 4 patients who said they were not concerned, 2 were in the obese I category (BMI 30-34) and 2 were in the obese II category (BMI 35-39). The majority of patients said the main health consequences of obesity were ischaemic heart disease and diabetes mellitus. Two patients were unaware of any health consequences. Six patients (40%) were wrong about their weight category. Of these, 1 patient (male) ticked the "normal weight" box but his BMI was 35. The remaining 5 patients ticked the "overweight" box. Two of them had a BMI of 30-34 and 3 of them had a BMI of 35-39. Of those who had lost weight in the past, 60% said motivation was the main factor. Boredom (80%) and comfort eating (60%) were the most common answers for factors that made it difficult to lose weight.

Another common theme was life-changing events: i.e. starting a family, unemployment or retirement, which patients claimed lead to loss of a previous active routine and therefore promoted weight gain. 93% of patients felt that their GP had the necessary skills and knowledge to assist them to manage their weight but did not have enough time. Patients also mentioned that there was huge variation in the amount of interest and advice that GPs provided. Interestingly, in one man's case, who claimed: "I would love if my GP had discussed my weight with me," weight loss discussions had been documented on multiple occasions in his chart. Another man also admitted that he was illiterate and had accepted information leaflets but was too embarrassed to say he couldn't understand them.


### CONCLUSION

This study highlights the lack of education among patients with regard to obesity and its consequences. It also highlights the misperception patients have of their own weight. Patients believe that their GP is in an ideal position to offer advice but does not have enough time. Education and motivation appear to be the key elements to promote when it comes to weight management. Poor health literacy in patients is emerging as one of the main barriers for GPs.

### REFERENCES

Available on request.

## Measurement of the Satisfaction Levels among Group Leaders Implementing a Peer-Led Nutrition Education Programme (Healthy Food Made Easy)



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### INTRODUCTION

Healthy Food Made Easy (HFME) is a peer-led nutrition education programme for low income groups. Community groups wishing to avail of the course must go through a booking process. This involves contacting the project co-ordinator to liaise with them with regard to the venue, materials needed and more importantly organising an instructor/ peer leader to deliver the programme. The role of the project co-ordinator is to supervise the programme and monitor and manage the programme for the six weeks it takes place.

### OBJECTIVE

The aim of this research was to assess how satisfied group leaders were with the procedure of implementing a HFME course.

### METHODOLOGY

A telephone questionnaire was devised consisting of 2 quantitative and 9 qualitative questions. This was conducted with group leaders whose groups availed of the HFME programme.


### RESULTS

Expectation levels in general were average with 50% of group leaders agreeing that the HFME programme, from their observations, 'greatly exceeded their expectations.' Both the booking process and the ease of contacting the project ranked exceptionally high with 90% of group leaders agreeing that they were 'very satisfied' with the booking procedure and 90% also agreeing that it was 'very easy' to contact the project once it had commenced. To assess the project co-ordinators' supportiveness, 60% of group leaders stated the project co-ordinator was 'very supportive' throughout the programme. For the course to be sustainable and effective 90% of group leaders stated there were 'no improvements' to be made to the HFME programme.

### CONCLUSION

The majority of group leaders of the HFME programme are content with most aspects of the programme. No low scale negative responses were obtained throughout the surveying process and every opportunity was given for participants to express their opinions.

## Is the Promotional Material for Weight Loss and Heart Health Programme (PLAN) Literacy Friendly?



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### INTRODUCTION

PLAN is a 4 week heart health programme and is free of charge to attend. It is led by HSE Community Dietitians where the aim of the programme is to provide participants with the right information, skills and knowledge to take care of their heart and control their weight. After the 4 weeks are completed the group will have follow-up sessions at 3 months, 6 months and 1 year.

Any member of the Primary Care Team (PCT) or clients can self-refer. The programme is advertised with the use of posters and leaflets that outline what the programme entails, who it is directed at, who instructs the programme, where the programme takes place and when, and includes contact details. People with lower literacy may not avail of a programme if they do not understand the promotional material and content.<sup>1</sup> The aim of this research was to assess how literacy friendly the promotion material was for the PLAN programme.

### METHODOLOGY

A semi-structured interview was completed with patients attending their GP practice (n=16) and with participants of community groups (n=22). Individuals were asked to read both the poster and leaflet and report anything they could not comprehend.

### RESULTS

Participants were firstly asked, after reading, what their general thoughts of the leaflet and poster were, and if there was anything they did not understand on them. Comments were very positive with participants indicating that the promotional material was easy to understand and straightforward.

Participants were then asked did they know if it was clear where the programme takes place and who to get in contact with. Again, participants gave positive responses indicating that they would be aware of how to access the programme and who to contact if they were interested in enrolling.

Finally participants were asked if they were interested in attending. 60% (n=23) of participants were interested in enrolling for the course.

### CONCLUSION


The promotional materials attached to the PLAN programme were quite literacy friendly.

### REFERENCES

Available on request.



## Documenting Health Promotion in Irish Youth Work - Current Status and Recommendations



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Murphy, K.,  
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### ABSTRACT

A comprehensive and definitive bibliography of research studies related to youth health promotion in the youth work sector in Ireland was produced. This bibliography serves as a central repository for Irish research in this area. A copy of each document included in the bibliography, procured during the project, is held by the National Youth Council of Ireland (NYCI). This review was conducted as part of the Irish Youth Health Promotion Bibliography project. It provides an overview of the 89 documents included in the bibliography. The research was grouped in five categories; context, needs assessments, models and tools, programmes, and evaluations and review documents. Within each category the research was reviewed and the key issues arising were highlighted. An overview of the 89 documents was included in the Irish Youth Health Promotion Bibliography.

The context section of the bibliography included papers (n=15) relating to youth work policy, the provision of various youth work services in Ireland, youth participation, community and civic engagement. Other documents in this section were more specific to the development of youth health promotion within the youth work sector and focused on health issues. A number of studies (n=22) investigated and documented the health-related needs of young people. Some were more traditional 'need assessments', while others documented needs and supplied recommendations to meet identified needs. In Ireland, a number of models and tools have been developed to promote good youth work practice (n=13). These were presented in the form of handbooks, toolkits, guidelines for best practice, policy formation documents, and support packs and many were developed with national representation at the developmental stages. A smaller number of programmes were included (n=7). Primarily, the programmes targeted disadvantaged young people living in Irish urban settings. Most commonly, they targeted early school leavers with some addressing issues such as social inclusion, self-esteem, mentoring and youth citizenship. A final set of studies were carried out to evaluate or review the health promoting value of various programmes, projects and initiatives within the Irish youth work sector (n=32) and these were also reviewed.

A co-ordinated approach to funding research within the youth work sector would be valuable, and should aim to ensure that existing gaps in the knowledge base are filled. Specifically, links between need assessments, programme development and impact or outcome evaluations need to be explicit to create a more coherent evidence base in the future. It may be useful to provide youth workers with training in research skills, improved dissemination opportunities and increasing resource availability in terms of time, financial supports, or access to expertise. The principle of equality of access to services is prominent in many policies and strategies and efforts towards documenting and improving access to youth work should be supported.

### SOURCE

Clarke, N., Kelly, C., Murphy, K. & Nic Gabhainn, S. (2011). Documenting Health Promotion in Irish Youth Work: Current Status and Recommendations. Dublin: National Youth Health Programme.

### PRESENTED

At the launch of the Irish Youth Health Promotion Bibliography, National Youth Health Programme in Dublin on December 7th, 2011 by Kelly, C., Clarke, N., Murphy, K. & Nic Gabhainn, S.

### FUNDING

This research has received funding from the National Youth Health Programme in partnership with the National Youth Council of Ireland, the Health Service Executive and the Department of Children and Youth Affairs.

## Seasonal and Annual Variation in Young Childrens' Physical Activity

### ABSTRACT

It is well established that regular physical activity (PA) contributes to lower levels of morbidity and mortality. However, little is known about the stability of very young children's PA habits across seasons and years. The aims of this study were to (1) examine the influence of season and increasing age on objectively assessed PA in pre-school children, and (2) examine the stability of young childrens' PA rankings over one year.

The PA levels of pre-school (three and four year old) children were measured, using 6 day pedometer step-counts, during winter and spring (n=85;52 male). PA levels were measured again 1 year after the spring data collection when the children had entered primary school (n=37;22 male). Parents completed questionnaires to assess attitudes towards PA, PA habits and demographic information in the winter of the first year and the spring of the second year.

Young children take approximately 2,000 (20%) fewer steps per day in winter than in spring with a rank order stability between the two measures of  $r=0.04$  ( $P < 0.01$ ). A modest degree of the observed intra-child or seasonal variation was related to the amount of time fathers played with their children ( $P < 0.05$ ) and the availability of a safe place for children to play ( $P < 0.05$ ). Children took approximately 2,300 (20%) more steps per day at the age of 5 compared to age 4 ( $P < 0.01$ ). The rank order stability of young childrens' PA over this period was low with correlations ranging from 0.01 to 0.15.

Results suggest that a one-off assessment of PA is unlikely to be representative of a young child's activity over one year, and that PA tracks poorly from age 4 to 5.

### SOURCE

Medicine and Science in Sports and Exercise. 2012;44(7): 1318-1324.



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## Visible Lives – Experiences of Older Lesbian, Gay, Bisexual and Transgender (LGBT) People of Irish Healthcare Service

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### ABSTRACT

Internationally, there is agreement that older LGBT people are a 'doubly invisible group.'<sup>1</sup> Therefore, research that specifically examines their lives and needs is sparse.<sup>2</sup> The *Visible Lives* study aimed to examine the experiences and needs of LGBT people aged 55 and over living in Ireland. The research design used was an exploratory design employing a mixed method approach. Both quantitative and qualitative data were collected using an anonymous survey and in-depth face-to-face interviews. In total, 144 surveys were included for analysis and 36 people interviewed. Quantitative data were analysed with descriptive statistics and qualitative data were coded thematically. Key findings related to health services included:

- 90% of survey participants were involved with some form of health service.
- Approximately 60% of survey participants were out as LGBT to either some or all of their healthcare providers. One in every four participants (26%), however, was not out to any of their healthcare providers.
- One in five (22%) survey participants reported that they did not reveal their LGBT identity to healthcare providers for fear of a negative reaction.
- Just one in three survey participants (33%) believed that healthcare professionals had sufficient knowledge about LGBT issues.
- Less than half (43%) felt respected as an LGBT person by healthcare providers.

Within the interviews, several participants discussed positive stories of coming out to their healthcare service providers. This suggests that the attitudes and reactions of healthcare professionals towards LGBT people are changing; however, other participants described how healthcare practitioners assumed heterosexuality and were not responsive to their specific needs. A major concern for participants was a fear that their LGBT identities would not be recognised or respected by older-age services. Participants expressed concerns that services might ignore their sexuality, not protect their LGBT identities, not respect their partners in decision-making or discriminate against them as LGBT people. Some participants expressed the feeling that more significant changes would be needed for LGBT people to be fully accepted in Irish society. Participants perceived that ageism, evident both in wider Irish society and within the LGBT community, led to negative outcomes for older LGBT people, including an invisibility characterised by a lack of role models and a lack of appreciation of older LGBT people. They were of the view that this invisibility impacted most negatively on older LGBT people who had not yet come out. LGBT persons have specific concerns around residential care, particularly in relation to the perception that Irish Healthcare Service emanates a heteronormative culture.

From these findings, the following priority actions were identified:

- Engage with policy makers to ensure that the national positive ageing strategy and other relevant policies and strategies are inclusive of the needs and circumstances of older LGBT people.
- Engage in capacity building work with the older people's sector and mobilise this sector to respond to the needs of older LGBT people.
- Engage with the HSE and HIQA to establish standards for the care of older LGBT people and ensure that nursing homes and residential care services communicate a positive message of inclusiveness and respect for older LGBT people.
- Engage with health and social care services to ensure that policies and practice are responsive to the needs of older LGBT people and are embracing the principles of equality, inclusion and respect for diversity.

### REFERENCES

Available on request.

### PRESENTED

As 'Older and being LGBT in Ireland in the 21st Century,' at the European Gay Police Association 6th Conference in Dublin on June 28th, 2012 by Dr. Michelle Glacken.

As 'You should live for yourself: Older LGBT people's pathways to coping and support' at the All Ireland Gerontological Nurses Association 4th Annual Conference 'Active Ageing for Mental Health: Promoting Positive Attitudes' in the Silver Springs Hotel, Cork on June 7th, 2012 by Dr. Michelle Glacken.

As 'Healthcare needs of ageing LGBT people' at the 31st Annual International Nursing and Midwifery Research & Education Conference "Nursing and Midwifery Practice in a Global Community: Collaborating and Networking for the Future" in the Royal College of Surgeons, Dublin, Ireland on February 22nd, 2012 by Danika Sharek and Professor Agnes Higgins.

### FUNDING

This study received funding from the Gay and Lesbian Equality Network (GLEN), the Health Service Executive (HSE) and Age and Opportunity.

### SOURCE

Higgins A, Sharek D, McCann E, Sheerin F, Glacken M, Breen M, and McCarron M. (2011). *Visible Lives: Identifying the Experiences and Needs of Older Lesbian, Gay, Bisexual and Transgender (LGBT) People in Ireland*. Dublin: Gay and Lesbian Equality Network and Trinity College Dublin. Weblink: [http://www.glen.ie/attachments/Visible\\_Lives\\_Main\\_Report\\_-\\_final.PDF](http://www.glen.ie/attachments/Visible_Lives_Main_Report_-_final.PDF)

# Attitudes and Experiences Towards Setting up a Bibliotherapy Service for the Bereavement Support Service

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## INTRODUCTION

Bibliotherapy is a diverse concept; the premise of which is to provide health information and support using literature. NICE Guidelines have shown that bibliotherapy is effective in the early stages of stepped care programmes for anxiety and depression and for alleviating mild or moderate psychological distress.<sup>1</sup> A bereavement support service is offered by the social work department in Milford Care Centre.

## OBJECTIVES

This study reports on the initial attitudes of social workers, bereavement support volunteers (BSV) and a psychologist towards a pilot project to set up a bibliotherapy service which would complement the existing work of the bereavement support and staff support services.

## METHODOLOGY

Semi-structured baseline interviews (n=5) and a focus group interview (n=5) were conducted by the librarian to determine their attitudes towards and experiences of using bibliotherapy as part of their work.

## RESULTS

Whilst not all of the participants were familiar with the word "bibliotherapy" itself, they all had in their practice used written material for therapeutic purposes.

- Participants referred throughout the interviews and focus group on the importance of having suitable material specific to the need of the individual client.
- One participant said "they're always ones that I have read myself. I never recommend anything that I haven't seen myself."
- Other factors to be considered when choosing material include: (1) the academic ability of the person; (2) their relationship to the person who has died; (3) the manner in which they want to explore their loss and bereavement.
- Participants felt that the positive aspects of using bibliotherapy were that it provides normalization around their grief and reassurance that what they are feeling is normal. Clients have time in the privacy of their own home to read the material and it can be perceived as being more objective.
- Participants identified getting books back afterwards and illiteracy as potential barriers.

### *Some comments*

- "Looking for the more specific stuff is an ongoing thing."
- "Bibliotherapy allows people in their own time without the intensity of a one to one situation to be able to read something, think about it and go back to it again."

- "The negative has been that people feel that it doesn't really reflect their experience, it's the opposite effect. They feel they're the only ones who feel that particular way. The vast majority are positive."
- "For some people, I think have found it very helpful... They'd say that...for other people, they're not into reading and sitting down...but I'd say overall good."

## CONCLUSION

Participants recommended useful material such as having books on suicide, losing a grandparent and losing a same sex partner. Overall social workers, BSV and the psychologist had positive experiences of using bibliotherapy but welcomed a formal approach to setting up a designated bibliotherapy service to support clients using the bereavement support service.

## REFERENCES

Available on request.

## PRESENTED

As a poster presentation and as an oral presentation at the best posters session at the EAHIL (European Association for Health Information and Libraries) Workshop in Istanbul, Turkey from July 5th - 8th, 2011.

## Acknowledgement

*We wish to thank the Irish Hospice Foundation in Dublin for funding this project and the Irish Health Science Libraries Group (Section of the LAI) for providing a bursary to attend the EAHIL Workshop.*



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## Knowledge Reuse in the Medical Device Sector

### INTRODUCTION

The primary aim of this research was to operationalise a Knowledge Assessment Framework (KAF) using two exploratory case studies. The development of a KAF is important for organisations for three reasons. Firstly, the use of knowledge assessment allows firms to pinpoint knowledge gaps. Secondly, it allows firms to manage knowledge more effectively. Thirdly, it gives organisations a diagnostic tool with which to gauge their knowledge base. The effective management of knowledge can be considered a competency that enables a greater level of service to be extracted from other resources within the organisation. The focus of this bulletin was to highlight the lessons learned and that knowledge reuse is not given the attention when targets have to be met.

### OBJECTIVES

- To explore knowledge acquisition activities at organisational level
- To explore knowledge sharing activities at organisational level
- To explore knowledge learning at organisational level
- To explore knowledge reuse activities at organisational level
- Develop a knowledge assessment framework with accompanying research probes
- Explore the nature of knowledge at organisational level
- Unearth avenues for future research opportunities

### METHODOLOGY

Theoretical Paradigms and Perspectives (Philosophy)	Research Strategies (Methodologies)	Methods of Collection and Analysis (Methods)
		Interviewing
Interpretivism	Case Study	Observing
		Documents and records
		Computer-assisted analysis (nVivo)

### RESULTS

Firstly, this research highlights that the primary knowledge output for Medi-Company A and Medi-Company B is what the organisations garner from knowledge reuse, more specifically lessons learned. Graham and Thomas<sup>1</sup> showed reuse can help alleviate problems, such as high staff turnover leading to loss of experience, large size of organisations making sharing knowledge difficult and the existence of departmental silos and fragmentation. Knowledge reuse is lacking at both Medi-Company A and Medi-Company B. One of the reasons for this is the lack of time that staff have to devote to performing tasks associated with reuse. Secondly, both organisations are driven by profit and targets. Every project is target-orientated rather than initiatives-orientated. Unfortunately, for KM to be successful, the initiatives must be given adequate time. Lessons learned and knowledge reuse are not given the attention when targets have to be met. The cases highlight that a “lack of buy in” to completing these tasks also is a problem. This largely is because management is not driving the initiative as being important to ongoing projects. General awareness of KM was poor in both organisations and there were no obvious marketing strategies to improve this. Where lessons learned are completed, reuse is not captured or documented properly.

### CONCLUSION

Lessons become known within groups and projects but remain invisible to the rest of the organisation. This means there is no benefit from actually doing the lesson because the knowledge is not replicated, and it simply becomes a paper exercise that allows the group to sign off the project. The value that is actually gained or made available for future projects was highlighted as a concern. The capacity to establish ongoing links, both technological and social, for the ongoing networking of personnel within different business units must be a priority. Evidence of knowledge hoarding also was found. This was evident in situations where few managers or experts held most of the knowledge and, because of this, were in privileged positions. Reuse in this situation was stunted because the knowledge was not being imparted and diffused in the first place. For these organisations to improve their overall knowledge lifecycles, they need to better incorporate knowledge reuse. With effective reuse comes more effective knowledge creation,<sup>2</sup> so it stands to reason that with more knowledge creation it would be possible to innovate more, share more and improve the knowledge base of the organisation. To increase the propensity of knowledge reuse, both organisations need to increase the number of experts or up-skill other employees so they can propagate effective reuse.

### REFERENCES

Available on request.



## The Benefits and Challenges of Service User Involvement in Undergraduate Psychiatric Nurse Education

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### INTRODUCTION

If service delivery in mental health is to be characterised by a philosophy of partnership, then such partnerships must also shape the foundation of mental health education. As service users have firsthand experience of mental health illness and services provided, they have expert knowledge to offer. Their involvement has the ability to enhance the learning of students, offering a more stimulating and challenging educational experience, and one which can equip students to practice more effectively. The current literature indicates that there are benefits and challenges of service user involvement in undergraduate psychiatric nurse education.

### OBJECTIVE

The aim of the present research study was to explore the benefits and challenges of service user involvement in undergraduate psychiatric nurse education from the perspective of both nursing students and service users.

### METHODOLOGY

A descriptive qualitative design was adopted. A purposeful sample of 8 psychiatric nursing students in their final year of training was recruited along with 5 service users who are completing a community educational programme focusing on recovery and rehabilitation. Both groups came together to combine a module of their respective courses for collaborative learning. Focus groups were conducted over a one day period, and the researcher transcribed the data verbatim to truly represent the interaction. Newell and Burnard's (2006) six steps of data-analysis was used for the present study.

### RESULTS

Two themes emerged from this study which were; 'benefits of service user involvement in undergraduate psychiatric nurse education and 'challenges of service user involvement in undergraduate psychiatric nurse education.' The findings from this present research study suggest that there are many benefits of service user involvement in mental health nurse education both from the perspective of the service users and also from the perspective of students. Both gained a great deal from working collaboratively in education. Findings suggest that following the collaborative module, mental health nurses are better able to facilitate recovery and hopefulness by having a greater understanding of mental illness.

### CONCLUSIONS

By giving service users a 'voice' in education, it increased their confidence and allowed them to impart their 'expert' knowledge to students. One significant benefit to arise from the collaborative module was how service users made students more aware of stigma and how healthcare staff contribute to the stigmatisation of mental illness. This in turn helped them to become more aware of their actions and/or inactions in practice. This collaborative module also equipped students to deal with the individuality of mental illness while on clinical placement thus treating service users as individuals. However, there were distinct challenges that existed in the current literature and the present study's findings making service user involvement in mental health nurse education more of a policy ideal than a practical reality. This study's findings suggested that power imbalance, tokenism, structure and stigma play a huge role in preventing true inclusion of service users in nurse education.

The implications of this research study hold great significance as they suggest that by having service user involvement in education, it gives service users a voice to determine what they need from mental health nurses and mental health services and increases nursing understanding of these needs. It is hoped that this will aid nurses to adopt a more understanding and supportive role promoting better service provision outcomes. It is anticipated that this study will promote further research interest in an area which is poorly understood.



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## 21ST SYLVESTER O'HALLORAN MEETING MARCH 1ST & 2ND, 2013

**Graduate Entry Medical School, Faculty of Education  
& Health Sciences, University of Limerick**



The Theme of the Conference for 2013 will be:

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*Consultant Breast/General Surgeon  
The Royal Surrey County Hospital, NHS Foundation Trust*

### **Sir Thomas Myles Lecture will be presented by:**

#### ***Professor Niall O'Higgins***

*Professor Emeritus of Surgery,  
University College Dublin*

### **The ORL-HNS Guest Lecture will be presented by:**

#### ***Professor Martin Birchall***

*Professor of Laryngology  
UCL Ear Institute, Royal National Throat, Nose & Ear Hospital, London*

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## PALLIATIVE CARE FOR ALL CONFERENCE

This conference created a platform for healthcare professionals and policy makers to debate the importance of appropriate levels of palliative care for all people with life limiting disease. Against the background of international developments, the findings and learning from a number of research projects that have arisen from the Irish Hospice Foundation's Palliative Care for All programme since 2009 were presented.\*The work of these projects is pivotal to informing the work of the HSE Heart Failure, COPD and Primary Care Clinical Care Programmes. The conference programme supported the objective of the HSE's Palliative Care Programme 'to embed palliative care as a core component of all chronic disease management programmes.'

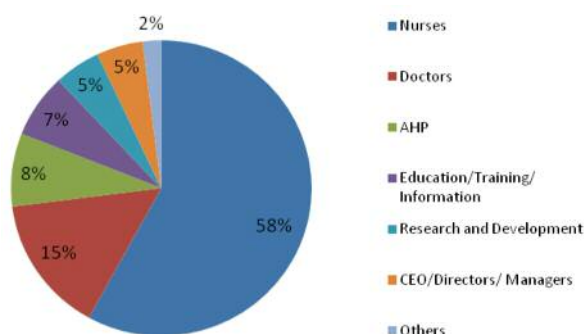


Action Research Project Officers L. to R. Marissa Butler (Dementia), Rosemary McDevitt (Heart Failure) and Patricia White (Advanced Respiratory Disease)

\*Three action research projects were developed to bridge the gap between theory and practice by introducing appropriate palliative interventions for patients with heart failure and those with advanced respiratory disease being cared for in acute and primary care settings; and for those with dementia in residential care settings.

This multi-disciplinary conference (see Figure 2) was held on Friday, September 14th, 2012 in the Royal College of Physicians, Dublin and 175 delegates attended. There was representation from a range of settings; acute hospitals, nursing homes, community care, hospices, education centres, mental health settings and learning disability services.

Figure 2 - Breakdown of Delegates by Profession



## Conference Programme

The presentations were also multi-disciplinary including nurse specialists and consultants in heart failure, respiratory medicine, dementia and palliative care.

Professor Scott Murray (Chair of Primary Palliative Care, University of Edinburgh) began the conference with his excellent and honest talk on the 'Relevance of Palliative Care for Diseases other than Cancer.' His core message is that "quality end-of-life care needs to be developed for all people, not just those dying from cancer" and that "we need to start our care for the patient earlier and not just at the terminal stage of the disease."

Dr. Jo Hockley (Nurse Consultant, St. Christopher's Hospice, London) followed with her presentation on 'Using Action Research as a Change Model in Palliative Care.' This explained action research and highlighted its appropriateness in palliative care research.

Findings from Palliative Care Action Research Projects were presented as part of the plenary session and also formed the basis for workshops in the afternoon on palliative care and heart failure, advanced respiratory disease and dementia.

- 1 *Palliative care and heart failure.* The care responses developed have included patient and staff information leaflets, education seminars, e-learning modules and protocols supporting both palliative and heart failure medication. This project created new opportunities for collaboration between the various specialist groups and has resulted in practice changes, including the new practice of admitting patients with heart failure to the in-patient and home-care service of St. Francis Hospice.
- 2 *Palliative care and advanced respiratory disease.* The care responses developed have included multi-disciplinary meetings involving professionals from both palliative care and respiratory care; the development of a care pathway; support and education for staff; and enhanced access to specialist palliative care in the community and in the hospice.



- 3 *Palliative care and dementia.* Responses developing as part of the project include patient and staff information leaflets and education initiatives. Symptom management, guidance and care plans to support future planning.

## Next Steps

Reports from the three action research projects are due for publication in late 2012 or early 2013. As part of its Strategic Plan 2012-2015, The Irish Hospice Foundation has committed further resources to the Palliative Care for All Programme over the next 3 years. By working in partnership with the relevant HSE Clinical Care Programmes, patient organisations and healthcare professional groups, we will build on work from existing action research projects to disseminate and translate the learning into other care settings; seeking to initiate projects supporting those with End Stage Kidney Disease and those with Advancing Neurological Disease whilst examining approaches for those with mental health needs, co-morbidities and multi-morbidities.

Power point presentations and resource links are available on the Palliative Care for All page of the Irish Hospice Foundation's website: <http://hospicefoundation.ie>



L. to R. Dr. Jo Hockley (Nurse Consultant, St. Christopher's Hospice, London), Professor Scott Murray (Chair of Primary Palliative Care, University of Edinburgh), Sharon Foley (CEO Irish Hospice Foundation), Dr. Karen Ryan (Palliative Medicine Consultant and Clinical Lead for Palliative Care) and Marie Lynch (Programme Development Manager, Irish Hospice Foundation)

## AWARDS FOR THE ACADEMIC YEAR, DEPARTMENT OF MEDICINE, MID-WESTERN REGIONAL HOSPITAL, LIMERICK



L. to R. Dr. Astrid Weiland (Best Attendance Record), Dr. Susie O'Callaghan, (Best Clinical Presentation), Dr. James O'Hare (Conference Convener), Dr. Priyan Junagade (with Dr. Ambreen Al Sheik) for Best Audit

## World Mental Health Day

World Mental Health Day is celebrated annually on October 10th. This year in recognition of this world event, The Irish College of Humanities and Applied Sciences (ICHAS) in collaboration with The Raheen & District Mental Health Association (Raheen MHA) hosted a day in celebration and recognition of World Mental Health Day.

The proceedings were introduced and outlined by the Master of Ceremonies for the day Ms. Maria Carmody, Director of Corporate Affairs at ICHAS. The Mayor of Limerick Mr Gerry McLoughlin gave the opening address and recited a poem on the theme of resilience which gave the capacity audience food for thought. Ms. Sally Howard, Honorary Secretary of the Raheen MHA gave an overview of the background to the day; she thanked the college for organising and hosting the event. Sally presented a brief synopsis of The Raheen MHA and its activities.



L. to R. Mayor of Limerick Gerry McLoughlin, Maria Carmody (ICHAS), Sally Howard (HSE), John Lonergan



The organisation is one of five mental health associations which operate in Limerick city and county under the auspices of its parent national organisation Mental Health Ireland (MHI). Raheen MHA is a voluntary organisation with charitable status whose main aims and objectives are: To promote positive mental health and recovery in mental health. To support those with complex mental health needs and to raise public awareness of mental health issues. The speaker outlined how the association works with statutory and voluntary agencies and second level colleges in fulfilling these objectives. It was stated that this event went a long way towards meeting the latter objective of raising public awareness. The speaker stated that the capacity attendance as well as other factors were indicative that the tide of stigma was now turning back and that there was growing recognition that mental health and mental health matters were now becoming mainstreamed and integrated in society and no longer confined to a segregated community or institution. The fact that the event was taking place in a third level college was testament to this changing tide.

Following the coffee break Mr. John Lonergan former Governor of Mountjoy prison presented an inspiring and interactive presentation on resilience. He gave very practical everyday examples of how resilience could be built or broken and how difficult it is to build it up again when it is broken. He advocated that resilience is facilitated when we seek the good or look for the person's strengths as opposed to highlighting the faults or failings of the person.



Mr. John Lonergan, Former Governor, Mountjoy Prison, Dublin



Sally Howard (Hon Secretary), Niamh Wallace (Hon Chairperson) Raheen MHA

The first speaker of the afternoon was Dr. Jane Alexander, Director of Undergraduate Studies ICHAS who gave a very interesting presentation on 'Psychosocial Issues in Male Depression.'

The presentation highlighted that men are diagnosed with depression less frequently than women, yet they complete suicide four times more frequently. Jane emphasised the fact that depressive symptoms in males may be unrecognised by those around them because their psychological distress tends to be manifested differently. For example, in verbal or physical violence, irritability, overworking, risk taking, substance abuse and physical illness. The reasons for this are complex, and include, psychosocial conditioning, societal expectations of the male sex role and loss or lack of a close confiding relationship. In the current economic climate men may be more at risk of depression and suicide. Loss of employment has a great psychological impact on male identity because societal expectations of the male sex role include assumptions about a man's ability to take responsibility for his home and family. Men also react more adversely to separation, divorce and widowhood and marriage is a protective factor against depression in men. They rely more heavily on their partners for emotional support, whereas women tend to also have close confiding relationships with other women. Early psychosocial experiences may lead adult men to regard the disclosure of negative thoughts and feelings as weakness, because the male sex role is associated with physical and emotional strength.

Higher recorded rates of depression in women may actually reflect differences in societal sex role expectations. More women than men may be diagnosed with depression because they are less reluctant to seek help. Lower recorded rates of male depression may actually reflect the hidden nature of this condition amongst the male population.

Following this Angie Lindenau who is certified as a Laughter Yoga Teacher with a background in social care, teaching, counselling and psychotherapy gave an interactive presentation on Laughter Yoga. It was very informative to witness Angie demonstrate Laughter Yoga exercises with an inexperienced audience, and their effect on mood. Angie discussed concepts like 'laughing for no reason', 'fake it till you make it' and the resulting health benefits but stressed the importance that individuals need to find the intervention that best suits them at a given time. The final presentation of the day was given by Professor Denis Ryan, Foundation Professor of Counselling and Psychotherapy at ICHAS. Denis gave an illuminating presentation on stress, anxiety and coping how they are interlinked and how they interweave in our daily lives. He pointed out the importance of being aware of the conceptual distinctions between stress, anxiety and other related conditions. He examined the implications of stressors and the place of appraisal in understanding and managing stressful encounters. He suggested that professionals in particular need to be clear on the precise meaning of stress so as to be adequately able to support clients or patients in managing manifestations of stress.



## NEW HEAD AT HELM OF GRADUATE ENTRY MEDICAL SCHOOL, UL

Professor Michael Larvin, former Foundation Professor of Surgery at the University of Nottingham Graduate Entry Medical School has joined the University of Limerick as a successor to Professor Paul Finucane who recently stepped down as Head of UL Graduate Entry Medical School (GEMS).

Professor Larvin has previously held positions at the Universities of Leeds and London, Ulm in Germany and in the USA where he first encountered graduate entry medicine and gained his research Doctorate and education Masters. His clinical and research experience lies in pancreatic disease, metabolism and minimally invasive surgery and his educational interests include technology enhanced learning, e-learning and immersive simulation. Over the last four years he has also been Director of Education at the Royal College of Surgeons of England, Director of the NHS eLibrary for Surgery, Theatres and Intensive Care and National Clinical Champion for Surgical eLearning for the UK Department of Health.



Professor Michael Larvin

Professor Don Barry, President at the University of Limerick has welcomed Professor Larvin to UL. "Professor Larvin is an excellent fit to our GEMS. He is an enthusiastic advocate of Problem Based Learning which is at the heart of the GEMS programme and he believes, as we all do at UL, that graduate entry medicine will enrich medical education in Ireland by attracting students who are already thoughtful, caring and highly committed learners."

Speaking from his new post at the University of Limerick Professor Larvin has said that he hopes to build on the solid foundations already established at UL GEMS, strengthening further the vital relationships with GPs, hospital specialists and postgraduate trainees in both teaching and learning. "I am confident that the interaction of the medical school with local clinicians, health service managers and scientists offers huge potential for improvements in patient care, particularly at a time when austerity is leading a drive for improved benefits at reduced costs. I am privileged to be joining UL GEMS at such an exciting time, with the opening of the new medical school building on a beautiful campus with excellent facilities and a dynamic, fast-growing university that places the student learning experience firmly at the top of its agenda," said Professor Larvin, Head UL Graduate Entry Medical School.

The UL Graduate Entry Medical School recently marked its €1 million funding milestone which furthers its commitment to progressive medical research. GEMS is implementing a research strategy focused on the themes of metabolic mediators of chronic disorder, life stage-specific conditions including aspects of ageing, and the provision of prophylactic guidance and therapeutic care in the community and acute facilities. The School has pursued recruitment of experienced professorial leaders across the clinical specialties who are actively engaged in relevant top-tier health-oriented research.

## UL PROFESSOR APPOINTED EDITOR OF INTERNATIONAL JOURNAL OF SURGERY

Professor Stewart Walsh, Associate Professor of Surgery at the University of Limerick has been appointed editor of the International Journal of Surgery. Professor Walsh is a Consultant Vascular Surgeon, Mid-Western Hospitals Group, HSE.



Professor Stewart Walsh

As a general surgical journal, covering all specialties, the International Journal of Surgery is dedicated to publishing original research, review articles, and offering significant contributions to knowledge in clinical surgery, experimental surgery, surgical education and history.

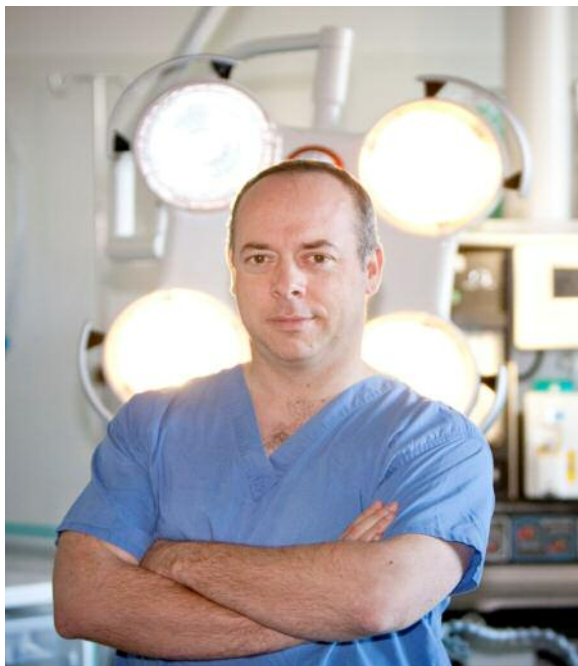
Speaking about his appointment, Professor Walsh said; "Although only ten years old, the IJS has rapidly established itself as a journal which encourages cross-discipline interaction not only within surgery but also with related disciplines. The journal is fortunate to have the services of an eminent editorial board including internationally recognized experts such as Lord Robert Winston, Sir Magdi Yacoub and Lord Ara Darzi. I am delighted to have joined such a strong editorial team."



## STUDY FINDS OPERATIONS INVOLVING TRAINEE SURGEONS SAFE

A high profile study involving researchers at the University of Limerick's Graduate Entry Medical School has shown that surgical operations in which surgeons-in-training are involved are as safe as operations performed in which trainees have no operative role. The new study addressed earlier studies which raised concerns that the presence of surgeons-in-training may raise the level of risk involved. The project team reviewed data from more than 60,000 surgeries conducted in the US between 2005 and 2008. The researchers found that the rate of incidence of major complication in surgeries with a surgeon-in-training involved was 6% which is the same figure for surgeries without a resident involved.

Chair of Surgery at UL's Graduate Entry Medical School, Professor Calvin Coffey, was part of the Cleveland Clinic-based research team that published the study in the journal 'Annals of Surgery.' The study is entitled 'Impact of resident participation in surgical operations on postoperative outcomes: national surgical quality improvement program' authored by Kiran RP, Ahmed Ali U, Coffey JC, Vogel JD, Pokala N, Fazio VW. Ann Surg. 2012 Sep; 256(3):469-75



Professor Calvin Coffey

Professor Coffey complimented the research team which was led by Dr. Ravi Kiran of the Cleveland Clinic saying; "the significance of the results and their relevance to patient safety are evidenced by the media interest, especially in the United States. It is now clear that while the involvement of surgeons-in-training was always anecdotally accepted as safe, this has now been formally investigated and the practice proven to be safe."

Professor Colum Dunne, Director of Research, Graduate Entry Medical School, UL said "Since joining the University

of Limerick, Professor Coffey has maintained an international research role while also initiating new research programmes in Ireland. His work on novel medical devices was recognised at the Enterprise Ireland/Cleveland Clinic Innovation Awards in 2011, and his focus on enhanced patient safety is reflected in his current drive to develop technology-enhanced surgical procedures in Limerick. This paper is an example of how patient safety and improved health outcomes remain at the centre of medical innovation."

UL Professor Coffey is Consultant Surgeon at Limerick Regional Hospital and Director of the Centre for Interventions in Infection, Inflammation & Immunity (4i) at UL. In 2011, he received the James IV Fellowship which is awarded to candidates who have made outstanding contributions to the art and science of surgery.

The Centre for Interventions in Infection, Inflammation & Immunity (4i) at the University of Limerick's Graduate Entry Medical School is newly established and brings together a multidisciplinary team of researchers focused on developing studies that impact health outcomes. A major focus of 4i is the translation of research findings into better patient outcomes and improved effectiveness, efficiency, and economics in healthcare provision.

## UNIVERSITY OF LIMERICK SECURES €5.3 MILLION IN SCIENCE FOUNDATION IRELAND RESEARCH FUNDING

The University of Limerick has secured €5.3M of the €30M investment by Science Foundation Ireland (SFI) in infrastructure recently announced by Minister Sean Sherlock. This infrastructural funding was awarded to research groups where projects demonstrated partnerships and collaborations, links with industry, relevance to Ireland's prioritised research areas and sustainable planning. The award to UL includes projects in which researchers are working closely with Pharmaceutical, Medical Device, Advanced Materials and Food companies.

Speaking about the announcement of SFI funding to University of Limerick research, UL Vice President Research, Dr. Mary Shire said that this investment in infrastructure in strategically important areas for UL and Ireland will enable these research industry relevant projects to proceed and develop practical applications and solutions for industry as well as advance the state of the art in science and engineering.

"UL has a strong track record of engagement with industry and the success in this programme is testament to UL's ability to work with industry in research areas of relevance to the Irish economy. This current round of awards by SFI will improve the research capacity of the Irish third level sector and will support companies through the provision of appropriately skilled graduates, through the development and commercialisation of novel technologies and through knowledge exchange. UL is pleased to be part of this exciting research endeavor as it fully aligns with UL's ethos of research with impact," said Dr. Shire.



"The Pharmaceutical sector in Ireland accounts for 52% of total exports and it is appropriate that this SFI investment included a number of projects in the Pharmaceutical area. The Solid State Pharmaceutical Cluster (SSPC) led by UL involving 5 academic institutions and 9 companies will benefit from this infrastructure and it builds on the investments SFI has made to date in this area of national importance to the economy," continued Dr Shire.



Minister for Finance, Michael Noonan TD with Dr. Mary Shire at UL recently

Funding to UL also supports projects in the area of advanced materials, medical devices and food building on previous investments made by government through Enterprise Ireland and the Department of Agriculture. UL has critical mass in these areas and has significant industry partners in these areas.

## UL AWARDED €300K TO COMMERCIALISE SAFETY DEVICE FOR TRANSURETHRAL CATHETER DEPLOYMENT

Researchers at the University of Limerick have been awarded in excess of €300K to commercialise a safety device for transurethral catheter deployment. Developed by a multidisciplinary team based at the University of Limerick, the device aims to improve deployment of transurethral catheters which affects 10-25% of hospitalised patients.



Dr. Michael Walsh, Principal Investigator and Co-Inventor, Eoghan Cunnane Co-Inventor and Rory Mooney, Lead Inventor, University of Limerick

Principal Investigator, Dr. Michael Walsh, UL explains the significance of the device "Due to the blind nature of the procedure, identification of the exact location of the retention-balloon when placing urethral catheters is highly variable. The incidence of injuries associated with the current method of insertion of urethral catheters is 7 per 1,000 patients. We have developed a device which will ensure safer deployment of catheters and therefore substantially reduce the risk of injury to patients. The potential for this device is significant with the current global market seeing almost 100 million devices deployed in a year."

This project won the inaugural Cleveland Clinic & Enterprise Ireland Clinical Innovation Award in October 2011 and consequently benefits from collaboration with the renowned Clinic. This research was undertaken at the Centre for Applied Biomedical Engineering Research (CABER), Materials and Surface Science Institute (MSSI), UL and is funded by Enterprise Ireland Commercialisation Programme.

## UL STUDY FINDS DIALYSIS PATIENTS WITH PULMONARY DISEASE AT HIGH RISK

A new study led by Professor of Medicine, Austin G. Stack, Graduate Entry Medical School has established a strong link between chronic obstructive pulmonary disease (COPD) and adverse outcomes in end stage kidney disease. The study found increased mortality risk among dialysis patients presenting with COPD - chronic obstructive pulmonary disease.

Consultant Nephrologist, Professor Stack and his team analysed data on almost 800,000 U.S. dialysis patients who commenced dialysis between 1995 and 2004. The researchers found that COPD is a common diagnosis among patients who begin dialysis; has increased in prevalence over time and is strongly associated with cardiovascular disease, poor functional status, advancing age and tobacco use.

Professor Stack explains; "Our study found that patients starting dialysis and who have COPD have a 20% higher risk of death. The risks were much greater for smokers; 28% higher risk, than non-smokers, 21% higher risk. Equally importantly, their chances of receiving a successful kidney transplant were reduced by a substantial 44%. Dialysis patients who continued to smoke fared even worse with an overall 53% reduction in likelihood of transplantation."

Emerging evidence suggests that chronic kidney disease is an important co-morbidity in patients with COPD, Dr. Stack added; "Few studies have addressed the impact of COPD on clinical outcomes among patients with advanced kidney failure. To our knowledge this is the first large-scale study to examine specifically the conjoint impact of COPD and smoking in a cohort with end-stage kidney disease." Our study suggests the need for greater recognition of COPD in patients commencing dialysis, better treatment strategies



and the need for co-operation between general practitioners, respiratory specialists and nephrologists in the care of these high-risk patients."

The study is entitled 'The Impact of Chronic Obstructive Pulmonary Disease and Smoking on Mortality and Kidney Transplantation in End-Stage Kidney Disease' authored by Kent BD, Eltayeb EE, Woodman A, Mutwali A, Nguyen HT, Stack AG. Sep; 2012;36:287-295. The research was published in the American Journal of Nephrology, September 2012.

The Graduate Entry Medical School is leading a number of projects to evaluate the health status and clinical outcomes for patients with kidney disease. The study was performed at the Regional Kidney Centre, Department of Medicine, Letterkenny General Hospital, Donegal, and Graduate Entry Medical School, Faculty of Education and Health Sciences, University of Limerick.

## UL STUDY FINDS HIGH OBESITY RATE AMONG CHILDREN ADMITTED TO HOSPITAL

A study by researchers at the Graduate Entry Medical School, University of Limerick and Dalhousie University in Canada has found 34% of children between 6-12 years old admitted to hospital are overweight or obese.

The study, undertaken at the Children's Ark, Mid-Western Regional Hospital, Limerick, found that as many as 1 in 3 children have at least 1 fast food meal during their hospital stay. Researchers looked at the types of food eaten by children in the hospital setting, especially the abundance of fried food and the lack of water, brown bread, dairy products, fruit and vegetables.

Study co-author, Professor Clodagh O'Gorman, Chair of Paediatrics and Consultant Paediatrician at Mid-Western Regional Hospital and University of Limerick explained; "There are approximately 145,000 paediatric admissions to hospital annually in Ireland. Limerick is probably representative of most of Ireland's paediatric hospital wards. The incongruent abundance of fried foods in the hospital setting underlines the need for the introduction of age-appropriate nutrition guidelines to complement 'Food and Nutritional Care in Hospitals' issued by the Irish Department of Health and Children in 2009."

Professor O'Gorman added; "Furthermore, approximately 50% of parents brought food into the hospital for their children. Of these, 60% brought fast food from takeaway restaurants. Children in hospital should be given treats, but these numbers suggest that as many as 1 in 3 children have at least 1 fast food meal during their hospital stay."



Professor Clodagh O'Gorman and Professor Colum Dunne

Professor Colum Dunne, one of the study's authors and Director of Research, GEMS, UL said "This multidisciplinary study, albeit limited in its scope, showed that almost 24% of the boys and 31% of the girls studied, and overall 34% of the studied children between 6-12 years old, were overweight or obese. Awareness and education of lifestyle choices are important, a challenge reinforced by our finding that nearly 67% of parents of overweight or obese children believed that their child was of normal weight."

The paper entitled "Children in hospital in Ireland - what do they eat and what do they weigh: a cross-sectional study" by Aisling Flinn, Alan Macken, Walter Cullen, Des Leddin, Colum Dunne and Clodagh O'Gorman was completed at the Children's Ark, University Hospital, Limerick, Ireland and has been published by BMC Research Notes 2012 5:491. It is available here:

<http://www.biomedcentral.com/content/pdf/1756-0500-5-491.pdf>

The study was undertaken by researchers at the Centre for Interventions in Infection, Inflammation & Immunity (4i), Graduate Entry Medical School, UL. 4i is the University of Limerick's newly-established research centre and brings together a multidisciplinary team of researchers focused on developing studies that impact health outcomes. A major focus of 4i is the translation of research findings into better patient outcomes and improved effectiveness, efficiency, and economics in healthcare provision.



## UL RESEARCHERS UNDERTAKING STUDY TO EVALUATE IMPACT OF PSYCHOLOGY BASED TREATMENTS FOR DRUG AND ALCOHOL USERS

UL researchers have been awarded €300,000 by Ireland's Health Research Board to develop and evaluate psychosocial interventions for drug and alcohol users in primary care. Psychosocial interventions are described as aimed at reducing consumption behaviour or alcohol-related problems by using psychological approaches

Principal Investigator and Professor of General Practice at UL, Walter Cullen, explains: "The focus of this study is to evaluate the impact of psychology based treatments as opposed to the approach of medicating patients dealing with drug and alcohol addiction. There is a significant knowledge gap in this area internationally and we hope this study will help practitioners in Ireland assist their patients to deal with this issue."

Led by Dr. Jan Klimas Post-Doctoral Researcher at the Centre for Interventions in Inflammation, Infection & Immunity (4i) ([www.4i.ie](http://www.4i.ie)) hosted by University of Limerick's Graduate Entry Medical School, the study involves collaborators from a wide range of disciplines and agencies as well as international experts from the UK, USA and Australia.

The study, entitled "Are Psychosocial Interventions Effective for Problem Alcohol Use among Problem Drug Users" (the PINTA study) will involve over 20 practices in the Mid-West and Eastern regions.

The Centre for Interventions in Infection, Inflammation & Immunity (4i), Graduate Entry Medical School, UL brings together a multidisciplinary team of researchers focused on developing studies that impact health outcomes.

Director of the Centre, Professor Colum Dunne, complimented the team that successfully competed for this funding, adding "this study builds on previous work, also funded by the HRB, that qualitatively explored patients' and practitioners' experiences of problem drug and alcohol use. In a recent Cochrane review we identified gaps in the currently available scientific evidence relating to effectiveness treatments for problem alcohol use. This new study will add considerably to that field of practice."

The Cochrane Review can be viewed at:  
<http://onlinelibrary.wiley.com/doi/10.1002/14651858.CD009269.pub2/full>

## SIGNIFICANT INCREASE IN SELF HARM IN YOUNG IRISH MALES HIGHLIGHTED AT YOUTH MENTAL HEALTH CONFERENCE

The Third National Research Conference in Ireland on Youth Mental Health hosted by the Graduate Entry Medical School, University of Limerick (UL) and the Association for Child and Adolescent Mental Health (ACAMH) recently took place in Limerick. Trends in self harm and suicide among young people in Ireland, social disadvantage, ADHD and the role of technology in promoting youth mental health are among the topics which were discussed at the conference.

Speaking in advance of the conference, organising chair and Professor of General Practice at UL, Walter Cullen, said; "Mental health is a major challenge for our population's national health, especially here in the Mid-West, and this conference will showcase some of the excellent work being carried out by colleagues, associations and health agencies to address this issue."

In her presentation, Dr. Ella Arensman, Director of Research, National Suicide Research Foundation, National Health Services Research Institute outlined worrying trends in self harm among Irish males. "We know that there is a strong correlation between self harm and suicide. Since the recession in Ireland began our research has found an increase of 27% in self harm among young males (15-29 years)."

Dr. Arensman added; "We are facing a new type of self harm evident in the increased incidences in young males. Most of the intervention and prevention programmes currently in place have found evidence which is particularly relevant to women. We need to be faster in our response and understanding of how these same interventions would apply to young men. Additional to this is the very worrying phenomenon of highly lethal methods of self harm displaying high suicide intent among adolescents and young adults aged 15-29 years."

Mary Cannon, RCSI Associate Professor of Psychiatry and Secretary of ACAMH Special Interest Group on Youth Mental Health said "This conference is a unique opportunity to showcase research and innovation relevant to youth mental health. Dialogue between young people, researchers and policy makers will remain at the forefront of this year's programme."

The conference was opened by Deputy Dan Neville, Limerick T.D. and President, Irish Association of Suicidology, and Don Barry, President, UL. Keynote speakers included Ella Arensman (Director of Research, National Suicide Research Foundation), Bob Illback (Deputy CEO, Headstrong), Eric Taylor (Emeritus Professor of Child Psychiatry, King's College London Institute of Psychiatry), Mary Clarke (Clinical Lead, DETECT), and Ian Daly (HSE Mental Health Clinical Lead).





L. to R. Fiona Fitzgerald, Youth Adviser Panel Member, Headstrong, Walter Cullen, Professor of General Practice, University of Limerick, Fenella Murphy, Inspire Ireland and Ian Daly, Executive Clinical Director, HSE

The "Annual ACAMH Youth Mental Health Research Prize", was presented during the proceedings in recognition of excellence in research. The prize is in memory of the late Professor Eadbhard O'Callaghan and in recognition of his outstanding contribution to mental health in young people. In an innovative development, young people will be highly involved with the organisation and delivery of the conference as co-chairs of scientific sessions and including a medal for a trainee researcher involved in the area of youth mental health.

## RESEARCH TO INVESTIGATE IMPACT OF PUBLIC ADMINISTRATION SYSTEMS ON HIV/AIDS POLICIES

A University of Limerick-led research initiative into the impact public administration systems have on effective HIV/AIDS policies received €578,784 in funding from Irish Aid in its programme of Strategic Co-Operation with Higher Education and Research Institutes.

Working in partnership with the University of KwaZulu Natal, South Africa, University of Dar es Salaam, Tanzania, and Makerere University, Uganda the project seeks to optimise the use of health system resources to more effectively address the HIV/AIDS epidemic.

Speaking at the launch, Minister of State, Jan O'Sullivan said; "During my time as Minister for Overseas Development Aid I saw at first hand the tremendous progress that can be achieved in tackling HIV/AIDS in Africa. The best results for communities were achieved where voluntary organisations and local and government strategies were aligned. Tackling this crisis in partnership is the key to success. This new research project, led by the University of Limerick, has the capacity to identify the structures that work best, highlight where systems are currently failing and establish best practice solutions that assist in our battle against this devastating disease. Much positive work in combatting HIV/AIDSs have been achieved in Africa and the past decade has seen a decrease in

infection rates. This project can build on that success and I wish UL and their partners across Africa every success with this important project."



Professor Tom Lodge, Dean, Faculty of Arts, Humanities and Social Sciences, Minister of State, Jan O'Sullivan T.D., UL President, Professor Don Barry.

The project examines the relationships between actors in the complex networks which shape the implementation of HIV/AIDS policy. It will identify criteria that determine optimal policy implementation, while employing an emancipatory approach which treats the research process itself as a means to promote the development of sustainable networks, capabilities and pro-poor policy outcomes. By partnering with universities in Africa, the project will strengthen relationships and synergies between these institutions to support innovative approaches to policy analysis, and will also deepen the capacity of the Southern institutions to promote effective administration of health policies in their local settings.

Professor Tom Lodge, Dean, Faculty of Arts, Humanities and Social Sciences, UL explains the significance of the project; "The current figures show that more than 20 million people are infected by HIV/AIDS in Africa. Infection rates compared to a decade ago are down and they are reducing further but it is still the case that nearly two African people a year are becoming HIV-positive. Around 7 million are receiving treatment: much more needs to be done to help those who are affected directly. The critical work is in prevention. There are many success stories here which we can learn from. Applying these lessons in areas and among groups where they are most needed remains a key challenge. Often the most vulnerable people live in vicinities in which public administrations are very weak, whether with respect to the provision or support for primary health care, or in helping to promote behavioural changes through public education or in creating a safer environment for women. Our project will be focusing on efforts to address these challenges."

This project is funded by Irish Aid, Department of Foreign Affairs and Trade and the Higher Education Authority.



## STUDY FINDS PARENTS OF CHILDREN WITH DISABILITIES AND REDUCED SUPPORT SUFFER FROM HIGH BLOOD PRESSURE

Research conducted by a University of Limerick academic, has found that parents of children with developmental disabilities have higher blood pressure than parents of normally developing children.

Dr. Stephen Gallagher, Department of Psychology, UL and Jenny Whitley from Staffordshire University wanted to see if the challenges associated with caring for a child with a developmental disability would have a negative effect on their parents' cardiovascular functioning.

Dr. Gallagher said; "We found these parents, who were mostly caring for children with autism and Down's syndrome, were more stressed and had less social support had higher blood pressure than other parents. More importantly it was reporting of lower social support that seemed to explain the higher blood pressure in these caring parents."

This study showed that providing care to a child with a developmental disability can often be very challenging, and when parents lack social support it is their blood pressure that can be affected in a way that could put them at risk of future cardiovascular health.

Dr. Gallagher says "Although, our results help to raise awareness of the challenges faced by parents caring for a child with a developmental disability, they also indicate that further study is needed in this area. Our group is continuing this line of research and we would be very interested in hearing from anyone who is caring for a sick or disabled relative and would be willing to participate in any of these research studies." Those potentially interested in participating should contact Dr. Stephen Gallagher, Department of Psychology, University of Limerick, by e-mail: [stephen.gallagher@ul.ie](mailto:stephen.gallagher@ul.ie)

The study, 'Social support is associated with blood pressure responses in parents caring for children with developmental disabilities' by Gallagher S., Whiteley J. is available online at: <http://www.ncbi.nlm.nih.gov/pubmed/22771985>

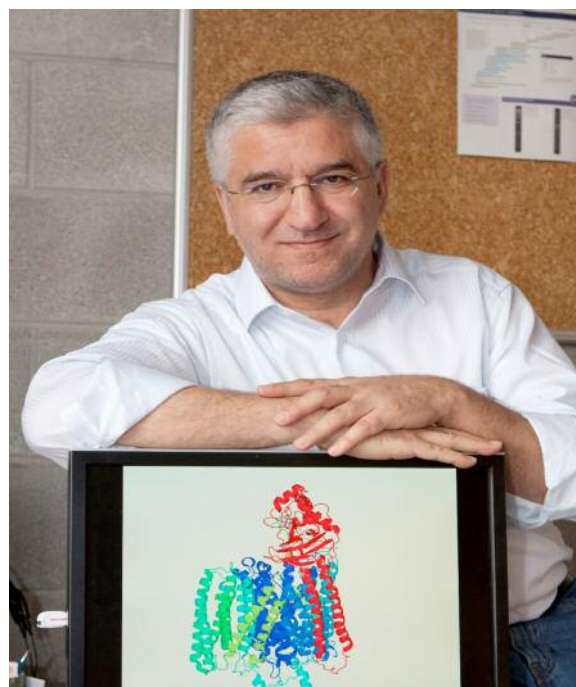
Dr. Stephen Gallagher is a Lecturer in Psychology, Department of Psychology, University of Limerick.

## UL RESEARCH UNLOCKS KEY TO ENZYME FUNCTION CRITICAL TO UNDERSTANDING GENETIC DISORDERS

Research led by the University of Limerick has revealed the complex structure of a unique enzyme found in all living cells. The enzyme 'cytochrome c oxidase/cytochrome c complex' provides a vital function in the conversion of oxygen to water and energy within all living cells.

Understanding the structure and function of this enzyme will aid scientists' understanding of many serious genetic disorders including Leigh Syndrome, MELAS (mitochondrial myopathy, encephalopathy, lactic acidosis and stroke-like episodes), and AISA (acquired idiopathic sideroblastic anaemia).

Lead researcher, Dr. Tewfik Soulimane, University of Limerick explains the significance of this research; "These findings will have a profound impact on basic and applied sciences through the understanding of cellular respiration and energy conservation as well as genetic disorders including Leigh syndrome, MELAS and AISA. The structure will help our understanding of these diseases and subsequently will aid researchers in the rational design and discovery of drugs that can help alleviate their effects."



Dr. Tewfik Soulimane

This is the first membrane protein structure solved by an Irish-based research group and the findings have been published by leading international science journal, Nature. This enzyme has long been known to provide a central function in cellular respiration and energy conservation. However, until now, the enzyme's make-up and function has not been fully understood. In cellular respiration, oxygen is transferred through the blood stream and stored in the muscle to be finally reduced to water in mitochondria, the cellular energy powerhouse. This final reaction relies on cytochrome c oxidase to take place.

As well as being the first protein structure solved by an Irish-based research group, it is also the largest membrane protein that has been crystallised to date using a novel crystallisation technique discovered by Landau and Rosenbusch at the Biocentre in Basel, Switzerland in 1996 and further developed to a high standard of miniaturisation and robotics by Professor Martin Caffrey, TCD.



'Structural insights into electron transfer in *caa3*-type cytochrome c oxidase' was authored by Joseph A Lyons (UL), Orla Slattery (UL), David Aragão (TCD), Tewfik Soulimane\* (UL) and Martin Caffrey\* (TCD) and published in Nature – see link:

<http://www.nature.com/nature/journal/vaop/ncurrent/full/nature11182.html>

This research was funded by Science Foundation Ireland (SFI) and undertaken at the Department of Chemical and Environmental Sciences and the Materials and Surface Science Institute (MSSI) at the University of Limerick.

## STOKES INSTITUTE COLLABORATES WITH BIOTECH START-UP ON NEXT GENERATION GENETIC ANALYSIS TECHNOLOGY

The University of Limerick's Stokes Institute has announced a research collaboration with GenCell Biosystems, Irish high-potential start-up biotechnology enterprise, to develop thermal control solutions for next-generation genetic analysis technology. Genetic testing technology is used in a wide range of industries including; drug discovery, agricultural biotechnology, medical genomics and molecular diagnostics. The global DNA diagnostics industry is estimated to be worth US\$10 billion.\*

Temperature control is a vital factor in effective genetic analysis. By partnering with Stokes Institute, GenCell have developed a technology which will deliver highly accurate temperature control resulting in faster and more cost effective genetic analysis for the global market.

Dr. Kieran Curran, Founder and CEO of GenCell, explains the rationale behind the collaboration: "GenCell products are based on a novel microfluidic technology or synthetic cells, which provide an ideal environment to perform highly sensitive genetic testing. We have been working on a wide range of challenges - microfluidic manipulation, biology, optical interrogation – and it is critical to maintain close control of temperature to perform genetic reactions important to modern biology. The Stokes Institute offers unrivalled expertise in thermal control techniques, and they also have a deep understanding of the microfluidic phenomena that underpin our technologies. GenCell is focused on building a successful Irish biotech company, and collaboration with the Stokes Institute definitely delivers a technological edge to help compete better internationally."

The collaboration, which focuses on GenCell's unique Composite Liquid Cell (CLC) technology, is supported through Enterprise Ireland's Innovation Partnership Scheme. Limerick based company, GenCell currently employs 26 highly skilled engineers and scientists.



Dr. Kieran Curran, Founder and CEO of GenCell and Dr. Jeff Punch, Director, Stokes Institute at GenCell Biosystems Laboratories, Limerick

Dr. Jeff Punch, Director, Stokes Institute, added: "GenCell have created a unique microfluidic technology that offers compelling advantages for a wide range of applications in the biosciences. The collaboration is a wonderful opportunity for us to apply our expertise in the thermal sciences to an industrially-relevant challenge. This collaboration supports highly skilled jobs in the Limerick region and is an example of applied research supporting Irish industry to compete internationally."

For further information about GenCell Biosystems go to [www.gencellbio.com](http://www.gencellbio.com) and Stokes Institute go to [www.stokes.ie](http://www.stokes.ie)

\*DNA Diagnostics US\$10bn (BCC research 2008 figures)

## UL HOSTS WORLD AIDS DAY EVENT

The University of Limerick recently hosted the Irish Aid Father Michael Kelly World AIDS Day event. Speakers included; AIDS activist, Father Michael Kelly, Marcus Horan, Munster Rugby Player, Minister of State for Trade and Development, Joe Costello, T.D., Ann Mason, Red Ribbon Project, HIV/AIDS in Limerick, Dr. Busi Mooka, Infectious Disease Consultant, Mid-Western Regional Hospital, Limerick and Professor Tom Lodge, Dean, Faculty of Arts, Humanities and Social Sciences, UL. Minister Costello set out the progress which has been made in tackling HIV and AIDS in the developing world, while Marcus Horan outlined how sport and community leadership can encourage young people to live a positive and healthy life.



Marcus Horan, Munster Rugby Player, Minister of State for Trade and Development, Joe Costello, TD and Fr. Michael Kelly, AIDS activist at the World Aids Day Event, University of Limerick

Minister Costello said: "There has been great progress in fighting the AIDS epidemic around the world and Ireland has been a key partner in that success. There are now 8 million people on treatment in developing countries, an increase of almost 3 million in just two years. For the first time in history, developing countries are investing more in addressing their own epidemics than international donors, which has proved very significant in addressing this devastating epidemic.

"However, we must not be complacent. There are now more people living with HIV - including in Ireland - than ever before. In Sub-Saharan Africa, where our aid programme is focused, AIDS has orphaned 14 million children, while more than 1.2 million people died of AIDS last year."

"Protecting young people is essential to fighting this epidemic and education, music and sports play a very important role in this. Community leadership, often channelled through schools and music and sports clubs, is critical in providing guidance and support to young people and encouraging them to lead healthy, positive lives."

Professor Tom Lodge, Dean of the Faculty of Arts, Humanities and Social Sciences, said: "HIV and AIDS is not just an issue that concerns developing countries, though we can learn lessons from the way they have addressed it. HIV and AIDS is a global pandemic and it can affect our lives in Ireland. That will be a key theme in this evening's event. HIV and AIDS is about us and our own communities, here in Limerick."

The Irish Aid Father Michael Kelly World AIDS Day event was hosted by Irish Aid in collaboration with the Irish Forum for Global Health and University of Limerick.

## KEEP FIT AND STAY YOUNG - PROFESSOR AND MARATHON MAN (82) LEADS BY EXAMPLE AT UL

As the rain soaked the grounds of the University of Limerick recently an 82-year-old professor was running his 43rd marathon. Walter Bortz MD, a Clinical Associate Professor of Medicine at Stanford University School of Medicine, California, was visiting UL to promote the benefits of exercise as we age. As he picked up the pace at the half-way mark, he joked: "I'm looking for my wife to give me CPR. "A little mouth-to-mouth action should do the trick."

Regarded as one of the US's most recognised scientific experts on ageing and longevity, the sprightly pensioner was convinced to run a marathon around the grounds of UL while visiting his friend, the Irish-American philanthropist Chuck Feeney. The professor is on a 10-day research mission here promoting the benefits of exercise. "I like to show people they can stay 26 years of age all their lives. The key to a long life is exercise, keeping fit.



Professor Walter Bortz (82) running a marathon around University of Limerick, pictured with Simon Baker who is training to be the first one-legged man to run the Dublin City Marathon

"I just took part in an exercise study in the States recently and the results showed I was 30 years younger than my age." Professor Bortz took up running at 39 after becoming depressed following the death of his father. Every year since, he has completed a marathon. "I was depressed, my father was dying. I decided to get up and go out running. It's the best medicine. It's cheap and there are no side-effects. People shouldn't just be taking pills - they should be exercising."

Professor Bortz was joined on the marathon by UL director of sport Dave Mahedy; Derek McAntee, UL Sport Arena; Rosemary Ryan, a former Irish Olympian runner now with the Limerick City Sports Partnership, and Englishman Simon Baker, who is training at the university to become the first one-legged man to run the Dublin City Marathon. Simon Baker completed around 10km of the run with Professor Bortz as part of his training programme.

The former plasterer lost his right leg, from the knee down, in a building site accident in 2004, having fallen 12ft and shattered the bones in his leg. In 2008, after a battle with depression, he realised he needed a challenge to turn his life around and decided to be the first below-the-knee amputee to complete the Dublin City Marathon. For more information and to follow Simon's progress, visit his blog [outonalimbproject.weebly.com](http://outonalimbproject.weebly.com)



## HEALTH & EDUCATION COLLOQUIUM 2013

### Complex Learning Difficulties & Disabilities: Implications For Health & Education

#### University Of Limerick

On January 24th to 26th, 2013, an International Health & Education Colloquium was held in the University of Limerick, on the topic of Complex Learning Difficulties & Disabilities: Implications for Health & Education.

The colloquium was organised by the Department of Education & Professional Studies, the Doctoral Programme in Clinical Psychology, and the Research Centre for Education & Professional Practice at the University of Limerick.

The five keynote speakers included Professor Barry Carpenter (UK), Dr. Patricia Champion (NZ), Dr. Phyllis Jones (USA), Dr. Michael Brown (Scotland) and Dr. Barry Coughlan (Ireland).



L. to R. Professor Marie Parker Jenkins; Dr. Nancy Salmon; Keynote Speakers - Professor Barry Carpenter; Dr. Patricia Champion; Dr. Phyllis Jones; Dr. Michael Brown and Dr. Barry Coughlan

The five keynotes discussed and highlighted critical issues in relation to current practice, research and policy regarding complex learning difficulties and disabilities; implications of premature birth, profound & multiple learning disabilities, interdisciplinary practice and emotional wellbeing and mental health. A series of concurrent workshops on each of these topics was also held over the three day colloquium.



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