

From Global to Local: Mental Health in a Connected World

The 25th International Mental Health Nursing Research Conference

September 12-13 2019

Royal College of Nursing, 20 Cavendish Square

London, W1G 0RN

<https://www.rcn.org.uk/news-and-events/events/mhnr-2019>

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The 25th International Mental Health Nursing Research Conference is a collaboration between [Mental Health Nurse Academics UK](#) (MHNAUK), the [Royal College of Nursing](#) (RCN) and the [International Society of Psychiatric-Mental Health Nurses](#) (ISPN).

Mental health matters: globally, nationally, and locally. In 2015, world leaders adopted the United Nations 17 Sustainable Development Goals¹, included in which is Goal 3 which seeks to 'Ensure healthy lives and promote well-being for all at all ages'². This means that, for the first time, mental health is part of the global development agenda, with Goal 3 including a target to 'reduce by one third premature mortality from non-communicable diseases through prevention and treatment and promote mental health and well-being' by the year 2030.

Drawing on data from 195 countries and territories, findings from the 2017 Global Burden of Disease (GBD) study show how much remains to be done to improve mental health and well-being around the world³. Depressive disorders, Alzheimer's Disease and anxiety all feature in the top 30 causes of disability-adjusted life-years (DALYs)⁴ for women, whilst self-harm, drug use disorders, depressive disorders, alcohol use disorders and Alzheimer's Disease all feature in the top 30 causes of DALYs for men. The World Health Organization's (WHO) Mental Health Action Plan for 2013-2020⁵ recognises that personal experiences of mental health and illness are shaped by individual attributes, the quality and character of interactions with others but also prevailing social, cultural, economic, political and environmental conditions. The WHO Action Plan also acknowledges that, globally, people living with mental health problems are more likely to: experience physical ill-health; have reduced life expectancy; be in poverty; be incarcerated; and be stigmatised or discriminated against.

¹ <https://www.un.org/sustainabledevelopment/>

² <https://www.un.org/sustainabledevelopment/health/>

³ <https://www.thelancet.com/action/showPdf?pii=S0140-6736%2818%2932335-3>

⁴ https://www.who.int/healthinfo/global_burden_disease/metrics_daly/en/

⁵ http://apps.who.int/iris/bitstream/handle/10665/89966/9789241506021_eng.pdf

The WHO's Nursing Now campaign⁶, organised in collaboration with the International Council of Nurses, aims to promote health around the world by raising the profile of nurses in high, middle and low-income countries. In low and middle-income countries (LMICs), where much of the global burden of mental ill-health is found, shortages exist in the nursing workforce and challenges include increasing nursing supply and improving education, regulation and leadership⁷. In high-income countries, where nursing practice has developed and where roles have evolved, challenges include sustaining progress in the face of austerity. Whilst the challenges faced therefore vary in different parts of the world, in all countries and at all levels from the local to the national nurses have major parts to play in leading, and contributing to, efforts to meet sustainable health goals and to reduce the burden of disease attributable to mental health, neurological and substance use disorders. Nurses and those they work with are in prime positions to promote human rights and access to equitable services, and to innovate in practice, education and research to improve quality of life for people living with mental health difficulties.

We invite all those who share our interests in connecting the global to the local in the mental health context to join us in London this coming Autumn for two days of inquiry, discussion and debate. For #MHNR2019 we invite abstracts for concurrent sessions, symposia, workshops and posters and particularly those which are associated with one or more of the following:

- research projects completed or in progress;
- education developments;
- practice initiatives;
- innovative, critical, thinking.

As always, the MHNR conference aims to be a friendly, welcoming, place for speakers and delegates including those presenting for the first time. Our conference will remain the premier place for mental health nurses, and the people we work with, to spend time together talking, listening and learning.

Concurrent themes

This year, abstracts reflecting any of the concurrent themes listed below are particularly invited, though abstracts falling more generally within the mental health field are also welcome:

Promoting mental health, preventing mental illness

Making progress towards meeting sustainable development goals for health means taking action to tackle population and community-level determinants of mental ill-health. This often requires joined-up working across different sectors, agencies, organisations and other boundaries as the root causes of ill-health remain deeply entrenched, complex and resistant. Meeting the 17 sustainable development goals identified by the United Nations also means

⁶ https://www.who.int/hrh/news/2018/nursing_now_campaign/en/

⁷ https://www.who.int/hrh/nursing_midwifery/global-strategic-midwifery2016-2020.pdf?ua=1

working together to challenge the longer-term disability and exclusion which people living with mental health difficulties can experience. We welcome abstracts which focus on approaches to strengthening community resilience, promoting public mental health and which demonstrate the value of novel collaborations which cross health, social, environmental, education and employment (and other) boundaries. We also welcome abstracts which demonstrate how research, practice and educational developments, and service improvements can enable people with experience of mental health difficulties towards recovery, and the enjoyment of fulfilled lives free from stigma and discrimination.

Capability, capacity and creativity

In high-income countries, secondary and tertiary mental health services have typically been populated by professionals (such as mental health nurses, psychiatrists, clinical psychologists, occupational therapists, social workers and others) who have benefitted from opportunities to develop specific expertise in mental health support, interventions and care coordination. Reductions in government funding coupled with difficulties in recruiting and retaining health care staff have resulted in changes in the workforce and in the types of care and treatment provided. New ways of working have emerged, with implications for role development and workforce boundaries. For example, evidence-based mental health interventions for people with commonly experienced mental health difficulties are now being delivered by primary care generalists, by new types of mental health workers, and by members of established professional groups (such as pharmacists) whose roles are expanding to include increased contributions to mental health work. People with lived experience of mental health issues are also entering the health care workforce as providers of peer support and mentoring. In contrast, through necessity in many low and middle-income countries mental health support is often provided by generalists knowledgeable about their local populations and contexts but not knowledgeable or skilled in the mental health field specifically. This creates difficulties for policymakers, health care leaders and practitioners concerned with meeting need in sustainable, effective and locally appropriate ways. In this context of different challenges existing in different parts of the world, we welcome abstracts which showcase innovation in the provision of mental health support, strategies to enhance mental health capability and capacity in health and social care workforces, and projects and practices which reveal creativity in addressing need.

Rights-based approaches to mental health

Internationally, interest is growing in developing mental health systems which are underpinned by commitments to human rights. In 2017 the United Nations Special Rapporteur observed that ‘nowhere in the world does mental health enjoy parity with physical health in national policies and budgets or in medical [*and, by extension, nursing and wider health professional*] education and practice’⁸. People living with mental health difficulties are often provided with services which are underfunded, or receive no services at all. This treatment gap is found in all parts of the world, but is particularly evident in low and

⁸ <https://documents-dds-ny.un.org/doc/UNDOC/GEN/G17/076/04/PDF/G1707604.pdf?OpenElement>

middle-income countries⁹. People with mental health problems also experience restrictions and coercive practices, and have shorter life expectancy than the general population whilst often experiencing discrimination in their communities. In this context we welcome abstracts which show how mental health services, practices and policy can more fully reflect human rights. Examples may include, but are not limited to, abstracts showing how access to services can be improved, and how support might be provided in more open, collaborative and democratic ways.

Conference highlights for 2019

- Two day capital city conference for mental health academics, practitioners, service users and carers sharing interests in connecting the global to the local.
- Renowned keynote speakers, including international leaders and people with lived experience.
- Call for abstracts including options to present concurrent papers, symposia, workshops and posters.
- Networking, collaborating and discussing the latest in mental health research, ideas, practice and education developments.
- Conference reception and networking dinner.
- Special discounts for conference presenters, RCN members, students, carers and service users.

⁹ <https://www.who.int/bulletin/volumes/82/11/en/858.pdf>

Call for abstracts

Abstracts ideally addressing the conference theme are invited for the following types of presentation:

- a) concurrent sessions
- b) poster presentations
- c) symposia
- d) workshops

Preparing your abstract

- Purpose

The purpose of the abstract is twofold:

- To enable the Scientific Committee to make an informed decision on the suitability of the proposed presentation for the conference programme.
- To provide participants attending the conference with written information on the presentation.

- Title of abstract

Please provide a title that makes it clear what you intend to present in your paper. Only use capital letters in appropriate places; that is, at the start of the title and when using abbreviations (RCN not Rcn). Do not use capitals throughout the title.

- Key words

Identify up to five key words that best reflect the content of your paper.

- Theme of abstract

Abstracts will be considered for one theme only, so please select the one most suitable for your submission (see above) *or* identify that your abstract reflects the mental health field more generally.

- Word limit

Please adhere to the word limits for the different types of presentation given below. Please note that the electronic submission system will only accept the maximum number of words; anything after that will be automatically deleted.

Types of presentations

Submit an abstract for a concurrent session (350 words)

Abstracts submitted for a concurrent session should ideally fall into one of the listed themes, however other relevant topics will be considered by the scientific committee. Concurrent sessions will be 15 minutes in length, with a further 5 minutes for questions.

Submit an abstract for a poster presentation (350 words)

Poster presentations are a significant part of the conference proceedings and presenters will have an excellent opportunity to interact with delegates. A poster is a way of visually conveying information about your work. Therefore posters should be visually stimulating and legibly presented. Presenters will be expected to make themselves available to speak with delegates during identified poster viewing times.

For both types of submission abstracts MUST adhere to the following criteria:

1. Abstracts reporting on the results of quantitative research studies must be structured: background, aim(s), method(s), results, discussion and conclusions.
2. Statistics including sample size and sampling method used must be supplied.
3. Relevant contextual information must be given (e.g. research setting).
4. For qualitative studies the abstract must be structured: background, aim(s), sampling method, method(s), specific analytical approach or approaches, main findings, discussion and conclusions.
5. Theoretical/methodological abstracts must be structured: background, aim(s) of the paper, main discussion points, discussion and conclusions.
6. For all abstracts authors must specify how the paper contributes to mental health nursing research, education, policy or practice.
7. All abstracts must be written in English. NB All accepted abstracts will be published 'as submitted'. It is therefore incumbent upon the author to ensure that the spelling, grammar and syntax are of an academic publishing standard.

Propose a symposium (350 words per paper)

We also welcome symposia that group 3-4 papers together on a central coherent strand of relevance to the conference theme. Submissions for symposia should clearly indicate the proposed chair, the list of papers and presenters, provide abstracts as per the abstract guidelines for each paper and allow sufficient time for discussion. The total amount of time available will be 70 minutes for symposia.

Authors will need to submit one overarching abstract (up to 350 words) explaining the symposium. You will also need to provide a list (not included in the word count) of papers (3-4) that will be presented in the symposium. In addition, the author of each paper will need to submit an individual abstract outlining their presentation. Authors submitting abstracts for a symposium should adhere to the guidelines outlined above for concurrent sessions and poster presentations. Should the proposed symposium not be accepted, individual abstracts will automatically be considered for inclusion in the conference programme.

Propose a workshop (500 words)

We would also like to receive proposals for workshops relating to the conference themes. The workshops could focus on aspects of education, practice or research. Workshops will be 70 minutes in length.

In preparing your abstract you will need to provide the scientific committee with a rationale for the workshop along with its aim(s) and proposed outcome(s). Importantly, as this is a workshop you will also need to provide details of its content and what types of activities delegates will be invited to participate in. You will also need to say how the workshop relates to the conference themes.

Recommended reading lists

Provide up to five references relevant to your abstract. These should be cited in full using the Harvard referencing system, that: Author, I. (year) ' Article title'. Journal name in full, vol #, no #, pp 101-107.

Professional biography

Please provide a short (up to 100 words) professional biography, written in the third person

Checklist

Before submitting your abstract use the checklist to see whether you have met all the criteria.

Authorship

Please include author details as you would like them to appear in the conference abstract book: forename, surname, qualifications, job title, and place of work. Please put an asterisk (*) next to the presenting author(s).