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Involving young people with mental health problems in improving healthcare

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Contribution to Research and Commentary 2017

Title: An educational programme to improve the nursing care of children and young people who self-harm: a focus on co-production

Latif, A., Carter, T., Rychwalska-Brown, L., Wharrad, H. and Manning, J. Co-producing a digital educational programme for registered children's nurses to improve care of children and young people admitted with self-harm. *Journal of Child Health Care*. **0**(0), p136

Aim: To co-produce, with children and young people (CYP) and registered children's nurses, a digital education programme that aims to improve nurses' knowledge, attitudes and confidence in the care of CYP injured through self-harm.

Methods: Multiple data collection methods were chosen to facilitate a co-productive approach to developing the programme over two workshops. *Nurses priority-setting workshop:* a theoretical sampling frame was used to recruit registered children's nurses (n=7). Using an adapted Delphi technique Registered Children's Nurses' perspectives of challenges of caring for a child or young person being treated for self-harm were gathered through iterative cycles of discussion until consensus was reached on priorities for learning needs. *CYP for e-learning workshop:* Four CYP, all female, average age 15 years old, who had received inpatient care for self-harm in the previous 12 months from Child and Adolescent Mental Health Services took part. The workshop was facilitated by the research team, including one registered mental health nurse, and an emotional health and well-being worker. Story-boards were used to capture CYPs' perspectives of what should be included in the education programme for nurses. CYP reflected on their experiences of being an inpatient.

Findings: Priorities for learning needs identified by the registered children's nurses were 1) assessing and managing risk 2) communication with CYP and families 3) supervision of CYP and

4) knowledge of pathways for self-harm. In their workshop CYP produced three themes for inclusion in the digital programme 1) Understanding self-harm and pathways 2) Effective communication 3) Assessing risk and managing safety.

Conclusion: Recruitment of CYP was a challenge due to the sensitive nature and ethical safeguards. However, the study adds to knowledge regarding needs and experiences of CYP as inpatients cared for by registered children's nurses. Moreover, it demonstrates the feasibility of using research methods to co-produce learning packages for nurses with this population.

Commentary

Title: Facilitating meaningful involvement of children and young people with mental health problems in research and innovation to improve healthcare

Latif et al.'s (2017) paper is a valuable addition to knowledge: it highlights the need to improve the education of registered children's nurses around care of children and young people (CYP) with self-harm related physical health problems; and shares experiences of co-productive research methods with CYP regarding sensitive health issues.

There is no NMC approved under-graduate programme to produce registered nurses in CYP's mental health. This issue is familiar to mental health clinicians and educators, who have raised quality of care concerns resulting from a lack of suitably trained nurses and safe staffing levels (McDougall, 2016). It seems broadly acknowledged in the UK that children's/school nurses feel ill-equipped for CYP mental health issues. For instance, in a qualitative study, children's nurses thought CYP with certain mental health problems should be nursed somewhere else (Buckley, 2010), which raises questions about the impact of stigma around mental health. Therefore, educators, registered nurses and CYP need to work together to strengthen CAMHS themes throughout under-graduate children's and mental health nurse education programmes. Despite routine service user involvement in curriculum development and delivery (Rhodes, 2012) the inclusion of CYP is rarely reported.

Latif et al. (2017) offer insights into conducting participatory research with young people who may be seen as vulnerable and are rightly protected by ethical frameworks and/or gatekeepers. They highlight recruitment as the main challenge. This is common and a difficult problem to overcome in research with CYP, as seen in similar participatory studies (Kendal et al., 2017). However, here it is demonstrated that ethical research methods that support meaningful engagement can include potentially vulnerable CYP. This population has the right to be heard regarding their preferences for nursing care. Expert-by-experience insight informs a co-productive approach to intervention development and maximises the potential for outcomes that are important to CYP.

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