

BOOK OF ABSTRACTS

IMPLEMENTING A SYSTEMS APPROACH TO MENTAL HEALTH PROMOTION: FROM POLICY TO PRACTICE

Health Promotion Annual Conference

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ORAL PRESENTATIONS

Theme: Promoting Population Mental Health in Educational Settings

‘Supporting young people in managing their mental and physical health: Mind Body Boost Programme (MBB)’

Ms Aisling Harrington, Mr James Kilkenny, Ms Kathy Hynes & Ms Fiona Roche,
University of Galway

Aim: The aim of the MBB project is to encourage equality and inclusion by facilitating access to students who have low levels of physical activity and mental health issues.

Research Methods: MBB was a practical 6 week intervention programme. The custom designed programme included 45 –minutes of mindfulness skills training and 45 – minutes of physical training. Monitoring & data collection through a custom mobile app.

Findings: Findings have shown that the MBB programme positively impacted participants lives, with some students who had reported beforehand that they particularly suffered from social isolation had now made friends and really enjoyed learning together in a group. Almost all participants highlighted an improvement in their motivation and confidence to engage in regular physical activity. The psychoeducation and mindfulness aspects of the programme were found beneficial for stress management and participant mental health.

Implications: MBB aligns with the HSE’s Mental Health Promotion Plan 2022- 2027 theme of ‘Belonging Well’, which recognises communities as powerful settings for mental health promotion. In line with Act-Belong Commit, MBB encourages participants to be physical, spiritually, socially and mentally active in ways that increase their senses of belonging to the communities where they live, work and age. The programme helps individuals to be motivated and supported in making healthier choices. In alignment with Health Ireland, MBB informs people about improving their health and wellbeing while empowering and motivating them to do so, by minimising practical barriers that impedes their ability to make healthy choices.

'The next adventure'; A primary care secondary school transition workshop

Ms Geraldine Sheils (Senior Occupational Therapist) & Ms Vivienne Duffy (Occupational Therapist), HSE

Aim: The transition from primary school to secondary school education is a key life transition characterised by changes in a child's physical, social and academic environment. This transition can be both an exciting and anxious time. Some children struggle with the transition more than others e.g. struggling to navigate a new school environment, adjusting to new school routines, and increased expectations around being more independent in life skills and learning. Research suggests that support and preparation can enhance the success of the secondary school transition and act as a protective factor to support the child's socio-emotional development (Beatson et al., 2023). Early preparation for this next step in education can help children build their problem solving and self-advocacy skills. Therefore, we aim to develop and facilitate a one-day group workshop to support children transitioning to secondary school to promote independence, function, and positive mental health during this pivotal stage in their lives. The workshop also aims to build capacity for parents to empower them to support their children during the transition.

Research Methods: This one-day workshop will be facilitated by two paediatric occupational therapists working in Galway-Roscommon Primary Care Occupational Therapy Service. The International Classification of Disease 'F-Words for Child Development' (Rosenbaum & Gorter, 2012) forms a holistic framework to guide the design and facilitation of this workshop. The 'F-Words Life Wheel' will be introduced to the children and their parents as an approach to facilitate conversations regarding transition to secondary school. The families will explore the child's readiness for secondary school in the context of the F words- (Function, Family, Fitness, Fun, Friends, and Future) and set goals. Intervention will take a holistic approach to exploring the secondary school transition and encompassed practical skill acquisition, managing change, self-care, and friendships. Capacity building with parents will be fostered by encouraging them to empower their child's independence and problem solving skills.

Findings: We have not yet conducted the workshop. Eligible children attending the service (n=6) will be invited to attend this transition to secondary school workshop with their parents. However, outcomes and findings from the workshop will be presented at this conference. We intend to measure outcomes using the 'F-Words' goal-setting tool with children and capturing feedback from parents. Following the workshop participants will also be offered one-to-one occupational therapy support before the children start secondary school. Outcomes from the initial workshop will be presented at the conference

Implications: Under the HSE's 'Stronger Together' Action Plan (2019), Paediatric Primary Care services can work to support the social and emotional development of children and strengthen protective factors to support positive mental health. This intervention provides an example of how a holistic approach to Occupational Therapy school transition interventions can support the development of self-efficacy and functional independence for children and their parents.

Elevating wellness in undergraduate health sciences students: A quality improvement initiative

Dr Lindsay Sullivan, Dr Brooke Starkoff, Dr Kristen Heitman, & Dr Jennifer Olejownik, The Ohio State University

Aim: This study aims to provide an overview and worked example of an online tool to assess wellness of college students.

Research Methods: We administered an online survey to undergraduate students within the health sciences program at The Ohio State University using an online platform, Elation, Inc. We tailored the survey questions for use with undergraduate college students. The draft questions were pilot tested with a small group of students and adjusted based on feedback. The final topics assessed through the survey included measures of career, emotional, financial, physical, and social wellness.

Findings: In this presentation, we will discuss key considerations for implementing a student wellness survey for undergraduate students. We will also describe barriers and facilitators to implementing a wellness survey among college students. We will outline recommendations on how other academic programs and institutions could implement a wellness survey among their students.

Implications: Assessing wellness among undergraduate health sciences students is a critical first step in identifying priorities and goals for interventions and strategies to elevate student wellness. We will discuss the potential implications of a student wellness survey for mental health practice and research.

Educating and empowering young people through early prevention schools based mental health programmes

Author: Ms Bernie Keogh, Managing Director of A Lust for Life

Aim: To equip young people with the skills and tools to understand and manage their mental health through a spiral primary and secondary schools curriculum.

Research Methods: A Lust For Life is an Irish mental health charity with a focus on education and prevention. Our mission is to educate and empower young people, driving positive change in their lives and world through early prevention mental health programmes. We are on a mission to improve the mental health education among young people in this country. A country that sadly has the highest suicide rate for female children in the EU, nearly half of its young people who took part in the My World 2 Survey reported experiencing anxiety outside of the normal range, and one in three children experience severe mental health difficulties by the age of thirteen. Since 2018 we have been developing and rolling out The A Lust For Life Schools Programme. A free of charge 10-week, evidence informed skills based, teacher led mental health education programme; written by a psychological team made up of clinical psychologists, psychotherapists, and play therapists as well as a team of education specialists including primary school teachers, curriculum experts and informed by pupils and parents. Which has now reached 36% of Irish primary schools, and has been delivered to over 85,000 pupils in 1,100+ schools around Ireland with its junior infants – 6th class programme since September 2020. Furthermore, we are beginning the development of a new Secondary Schools Programme with an expert led team, starting in 1st year and building the programme up to 6th year. Thus creating a spiral curriculum to mental health education in the Irish primary and secondary school settings.

Findings: While we have seen a significant uptake and therefore need for this mental health education programme, early findings from annual independent evaluations led by the School of Psychology in UCD, as well the DCU School of Education on the primary school programme show improvements in emotional literacy, increased coping skills and mindfulness levels in children who took part in the programme. Parents reported a significant positive change in their children following programme, including increased self-awareness, an opening to sharing their feelings, increased emotional regulation, improved conflict resolution and considerable positive lifestyle changes. Teachers also reported the programme to be beneficial in terms of its relevance, usability, link to the SPHE curriculum and positive impacts on the pupils individually and collectively on the class.

Implications: This early intervention and prevention approach to mental health education means that mental health education can begin in the earliest school age group in junior infants (children aged 4 years old) and continue through into 6th year (young people aged 18 years old). Thus improving knowledge, coping skills and empowering the mental fitness of young people so they can carry these skills and tools into their adult lives. Should this programme be endorsed by policy or practice, we can ensure that all children and young people have access to this programme and strive towards a more positive mental health trajectory for children and young people in Ireland.

A scoping review of universities' experiences of implementing a whole campus approach to students' mental health and wellbeing

Ms Emily Bertola, Azienda sanitaria universitaria Friuli Centrale (ASU FC)

Aim: The Okanagan Charter is an international Charter for Health Promoting University and Colleges (IHPU&C). In 2015 it invited higher education institutions to embed health into all aspects of campus culture and to lead health promotion actions (IHOU&C, 2015). This paper reports on a review study that explores international literature on universities' experiences of implementing a whole campus approach to promoting students' mental health and wellbeing.

Research Methods: A scoping review method was selected and Medline, CINAHL, Scopus, PsycINFO, Embase and Cochrane Library databases were explored. The studies selected covered a range of study designs, both qualitative and quantitative, addressing a whole campus approach to promoting mental health and wellbeing in the university setting and were published in English and/or Italian between 2015 and 2023. Google Scholar was consulted to search for pertinent grey literature. The PCC framework was used.

Findings: Thirty studies were identified that explored, employing different methodologies, universities' organizational and social characteristics and students' and staff perspectives in developing the whole campus approach, particularly for mental health and well-being. Four studies focused on evaluation of students' interventions. A series of barriers and/or facilitators of initiatives based on the whole campus approach were identified: university/organisation factors, staff training factors, sense of belonging factors, individual and structural relation factors, specific intervention factors, teacher factors, students' factors and promotion of university initiatives factors.

Implications: The results of this research demonstrate the comprehensive and complex nature of the whole campus approach and the different aspects that need to be considered when implementing this approach to promoting mental health and well-being. Further research should be devoted to putting theory into practice in actions within higher education institutions and assessing long-term effects.

Theme: Promoting Population Mental Health in Community and Workplace Settings

A collaborative study to determine the feasibility of adapting and implementing a universal mental health promotion programme, "Act-Belong-Commit", in Irish communities

Ms Patricia Harte, Ms Tosca Keppler, Prof. Margaret Barry, Ms Orla Walsh & Dr Aleisha Clarke, HSE Health and Wellbeing & Health Promotion Research Centre, University of Galway

Aim: To explore the feasibility of implementing "Act-Belong-Commit" in two community settings in Ireland.

Research Methods: The HPRC have partnered with the HSE in undertaking a pre- implementation process of mapping and engaging key stakeholders in two selected community sites to determine how a universal, mental health promotion programme "Act-Belong-Commit", originally developed in Australia, could be adapted and effectively implemented in Ireland. "Act-Belong-Commit" is a community based mental well-being promotion programme, first implemented in Western Australia and has since been adapted for use in Norway, Denmark, and Finland. The programme encourages individuals to engage in mentally healthy activities promoted by community partners and supported by a media campaign. "Act-Belong-Commit" refers to three actions that have been found to promote positive mental health:

- ACT: Involves doing something that keeps you physically, mentally, spiritually, and socially active
- BELONG: Involves doing something with someone or as part of a group
- COMMIT: Involves doing something which gives your life purpose and meaning, for example, setting realistic challenges and goals.

Specific research objectives include:

- 1) To undertake consultations with community and voluntary partners
- 2) To adapt the international mental health promotion campaign "Act-Belong-Commit" to the Irish context and develop a scalable model for delivery in Irish communities
- 3) To develop a mental health promotion training framework for staff in community and voluntary organisations to support the implementation of "Act-Belong-Commit" The methodology is outlined below and each of the study phases correspond to the three objectives above:

Phase 1: Implementation Readiness Assessment of two selected community sites.

- Two communities were selected for the feasibility study and pilot through existing connections with HSE staff involved in the study
- Key stakeholders in the area of health and wellbeing in both communities were identified through existing connections and invited to participate in group discussions held online and in-person. Using the Consolidated Framework for Implementation Research as a discussion guide, stakeholder views were sought on the suitability of the "Act-Belong-Commit" programme and how its delivery could be supported in Irish communities. Discussions were recorded and data was transcribed and thematically analysed

- Findings will inform an implementation plan for the programme

Phase 2: Adapting "Act-Belong-Commit" for community settings in Ireland. Based on research from Denmark, Norway, and Finland, it is expected that some form of adaptation to the original programme materials will be required for implementation Ireland. The adaptation of the "Act-Belong-Commit" programme materials for implementation in the Irish community setting will be guided by the ADAPT-ITT (Wingood & DiClemente, 2008) and Ecological Validity Model (Bernal et al., 1995) frameworks.

- Preliminary adaptations to the programme content and materials will be informed by round-table discussions between the research team and members of the HSE Health and Wellbeing Team. Adapted materials will then be piloted with a purposively recruited sample of stakeholders from each community

- Based on participant feedback, a final draft of "Act-Belong- Commit" programme and materials will be produced for implementation in Irish communities

Phase 3: The development of a mental health promotion training framework for staff in community and voluntary organisations (using the Intervention Mapping Framework)

- A review of the international literature on mental health promotion training in communities and non-healthcare settings will be undertaken to identify existing evidence-based training programmes for mental health promotion in the voluntary and community sectors. The review will incorporate a search of relevant electronic databases and key websites. Additionally, a selection of purposively recruited global stakeholders in the area of mental health promotion will also be contacted for further input or relevant resources.

- Based on the review findings, a plan for the development of mental health promotion training and education materials for voluntary and community staff will be proposed following roundtable discussions between the research team and the HSE.

*This research is ongoing with a proposed completion date of 31 July 2024.

Findings: Data collection is ongoing, and findings will be reported on completion.

Implications: In the Irish context, Action 12 of “Stronger Together: The HSE Mental Health Promotion Plan” supports the “implementation of community-wide mental health promotion initiatives based on the principles of empowerment, inclusion, and coproduction”. The national policy framework “Sharing the Vision: A mental health policy for everyone” has endorsed the national rollout of the “Act-Belong-Commit” programme for priority population groups and communities, in collaboration with the HSE. Findings from the feasibility study will inform the pilot implementation of the programme in the two selected Irish communities.

A systems approach for involving male international protection applicants living in the National Transit Centre to attend a weekly parkrun

Mr Daniel Russel, HSE, Health & Wellbeing

Aim: Bring together 6 stakeholders; HSE Health & Wellbeing, HSE NTC, United Nations Migration Agency (IOM) - Ireland, Active South Dublin - SDCC, parkrun, Sanctuary Runners, Department of Children, Equality, Disability, Integration and Youth (DCEIDY) to communicate information about parkrun to male international protection applicants in the City West National Transit Centre (approx. 650 residents and 40 different nationalities). Stakeholders will develop a system to support and encourage men to register with parkrun; and walk, run or volunteer at a local weekly event (Dodder Valley). Any men who attend the parkrun will also be welcomed by Sanctuary Runners and provided with the opportunity to register with this organisation.

Research Methods: Taking into consideration the research from parkrun participants:

69% reported improvements to their mental health

79% reported improvements to their happiness

91% of all respondents reported a sense of personal achievement

89% reported improvements to their fitness

85% reported improvements to their physical health

It was agreed to hold two/three public health and wellbeing information sessions, followed by small focus groups and information sharing to assess any level of interest from residential men. Involving Active South Dublin, IOM & Sanctuary Runners staff to help with transport, communications, language barriers, and sharing their expert knowledge and experience. Complete the overall process with HSE, DCEIDY and Gibbons Transport within normal operating procedures and guidelines. Update Dodder Valley parkrun volunteers nearer start date.

Findings: When relevant stakeholders combined resources in Tallaght to support male IPAS residents of the National Transit Centre to register with parkrun we found that at least 60 men (approx. 9% of the residents) attended a parkrun event and approx. 35 men each week continue to attend weekly parkrun. The majority of the men also registered with Sanctuary Runners. Transport both to and from the parkrun event was a priority (provide by Active SD & Gibbons Transport). This saves €3.65 return fare on LUAS and makes the journey a lot quicker, no direct bus route or direct LUAS. Some men will often make their own way back to City West after the event.

Implications: “Findings suggest that there was a statistically significant multivariate effect of participation type on perceived parkrun impact. It was also found that for those who run/walk and volunteer, compared to those who only run/walk, parkrun made them more feel part of a community and facilitated them in meeting new people. These results suggest that the health, wellbeing, and social inclusion benefits of parkrun participation are different for those who run and volunteer, compared to those who only run. These findings may have clinical and public health implications for mental health treatment, as they convey that it is not simply the physical engagement in recreation that may play a role in one’s recovery, but also the volunteer aspect”

GoVirtual: Overcoming barriers to youth work for young people

Author: Mr Adam Leech, Foróige, The National Youth Development Organisation

Aim: The presentation will explain what Foróige's GoVirtual initiative is, and the aims of GoVirtual. GoVirtual is pioneering youth work in virtual reality. GoVirtual is for all young people, and it has specific benefits for those facing challenges to traditional engagement with youth work and experiencing social isolation for a variety of reasons, including young people experiencing mental health difficulties, young carers, those with disabilities and chronic health conditions, those on islands, rural or socially isolated, LGBTQI+ youth, and autistic young people. Data will be presented, showing the number of GoVirtual sites across the country, the number of staff trained and the number of young people reached with VR, as well as case studies to demonstrate impact on young people. The structure of the GoVirtual Youth Panel (Alternate Spacers) will be explained with emphasis placed on parents and guardians as well as young peoples' feedback on the group.

Methods:

Qualitative Research (interviews with parents and guardians, evaluation feedback from young people, observations from youth workers). Quantitative Research (Evaluations, Data Collection at VR Sites).

Findings: Youth work in Virtual Reality can support young people who may face difficulties engaging in-person. There is preliminary evidence to suggest that engaging in digital youth work can function as a protective factor for young people who experience particular challenges with isolation for a variety of reasons. VR can support the promotion of positive mental health through innovative forms of connectedness and a positive approach to being online. Overcoming barriers to access to youth work. Staff have observed young people learning;

- Digital Skills (3D design, Art, Animation, Podcasting, Music production)
- Communication Skills through various apps and games with objectives around team building
- Critical thinking and online safety skills through peer to peer learning, navigating virtual spaces and the importance of private spaces.
- The creation of positive peer relationships in VR, as well as positive role models with youth work staff (One Good Adult)
- Empathy and understanding for one another through their relationship development and interactions online, ultimately ensuring that young people are connected, respected and contributing to their world.

Implications: Foróige's GoVirtual initiative aligns with the HSE's Mental Health Promotion Plan 2022 - 2027 theme of Belonging Well by leveraging virtual reality experiences to promote mental health and social inclusion within communities. By providing diverse groups of young people, including those who may face barriers to participation in traditional youth work settings, with opportunities for immersive and engaging experiences, GoVirtual fosters a sense of belonging and social connectedness. These experiences empower young people to explore new interests, engage in meaningful activities, and connect with others, thereby enhancing their mental health and wellbeing. Through its network of trained youth workers in VR, GoVirtual facilitates community-driven approaches to mental health promotion, building protective factors and promoting mutual benefit among participants and their communities. In this way, the GoVirtual initiative contributes to the overarching goal of promoting mental health and wellbeing within communities, in alignment with international evidence-informed frameworks such as Act-Belong-Commit and Thrive, as well as initiatives promoting creativity and participation.

Making the case for good grief and bereavement care in the workplace: A position paper for employers, employee representative organisations and policymakers

Ms Amy Gibney, Irish Hospice Foundation

Aim: The aim of this project is to explore how bereavement and loss experiences impact on employees' personal and professional lives. It conceptualises how employee health and wellbeing can be protected, promoted and enhanced in the workplace, creating necessary foundations for better grieving, the benefits of which extend beyond the employee creating healthier communities.

Research Methods: A literature review was conducted of current workplace and health promotion sources (Cinahl database, WHO and Health and Safety Authority Workplace Guidance, Health/Health Promotion Policies, etc.). Consultation with employees working across several settings was undertaken to capture the lived reality and diversity of grief experiences and to validate the literature review.

Findings: Bereavement, loss and grief has an impact on employee health and is an under-recognised key determinant of workplace wellbeing and organisational performance and health. Results show that bereavement care is not only the ethical or right thing to do but also the legal and cost-effective thing to do. If grief is ignored, the workplace setting disenfranchises an employees' grief experience and can stretch a person's coping resources. This is especially relevant for employees who experience both personal and professional grief i.e. the grief experienced as part of their work (e.g. healthcare workers). Supporting employees through one of life's most difficult experiences has impacts on employee morale and welfare and on staff retention. Benefits extend beyond the individual to the family, the community and society. Good grief support helps employers to minimise risks to employee health and safety and welfare and to fulfil their obligations. A health promotion emphasis reinforces healthy strategies for coping with grief and reduces the need for professional intervention. Common characteristics across health promotion models were used to identify three key actions required to shape a Grief in the Workplace (GITW) programme or intervention:

1. Building and maintaining healthy and grief supportive environments (within the study four areas of influence were identified to create friendly workplace settings – the environment, the people, the practices and governance)
2. Planning around the factors that determine the course of grief and identifying potential vulnerabilities
3. Coordinating actions between key stakeholders (employers, unions, policymakers).

Implications: As highlighted in the Adult Bereavement Care Pyramid people need a compassionate response from those in their immediate social networks – which includes the workplace. While individual skills building and awareness is important, organisation wide approaches are vital to embedding good grief support into the workplace. The research highlights the importance of using a health promotion and settings-based approach to this with recommendations for employers and policy makers.

Development of an evaluation framework and toolkit for health promotion and improvement practice in HSE Community Healthcare East

Dr Louise Tully, Dr Emer Morahan, Ms Imelda Halton & Dr Michelle Hardie-Murphy, HSE Community Healthcare East

Aim: Health promotion practitioners often have diverse professional backgrounds, with varying levels of experience in evaluation. This project aimed to build capacity for health promotion and improvement officers to design and carry out systematic evaluation of local practice.

Research Methods: We commissioned the development of an evaluation framework to build capacity for designing evaluation across Health Promotion and Improvement (HP&I) programmes within our region, including and beyond mental health promotion. We convened a steering group representing stakeholders across care groups, organisations and sectors. An external consultancy (S3 Solutions) was selected to undertake the development, and consultations were undertaken with local HP&I personnel. Two dimensions of an Evaluability Assessment¹ were used, which involved developing logic models for each category of work, and prioritising indicators by value and accessibility. Staff perspectives were sought throughout development of the framework, and through assessing their change readiness and evaluation self-efficacy² pre/post framework development. Public input was sought at first draft stage, to ensure that the framework considered the service-user perspective. This was achieved through two informal consultations with six service-users.

Findings: The evaluability assessment led to a final set of indicators for each work category. An overarching framework was conceived, drawing from existing frameworks^{3,4}, but bespoke to our work. This provides a template for future evaluation design, with five domains: Reach, Experience, Impact, Maintenance and Value. Median scores were high for most aspects of change-readiness within the team with respect to implementing an evaluation framework, but scores were low-medium for many aspects of research self-efficacy, particularly for evaluation design. Service-users highlighted important additional considerations around data sensitivity, modes of data collection, and person-centred indicators. Implementation of this work will commence shortly under the guidance of a working group consisting of health promotion team members. This will highlight the framework's usability and allow standardisation of our evaluation process. It will also facilitate an efficient evaluation process, and inform decision-making and resource prioritisation. Further, scaling up will enhance our ability to coordinate the effective delivery of programmes that service the community through multiple collaborations.

Implications: This framework will facilitate evaluation of our local implementation of mental health promotion activities. These include but are not limited to: schools mental health programme training delivery (Zippy's Friends and MindOut), staff wellbeing programme 'Minding Your Wellbeing', as well as bespoke local projects such as our Social & Therapeutic Horticulture programme.

Traveller mental wellness continuum: A qualitative peer research study of Travellers' views

Ms Julie Duke, Ellen McDonagh & Mr Jacopo Villani, HSE and Mayo Traveller Support Group

Aim: This study aims to create the research base for the development of a culturally sensitive continuum of mental wellness and suicide prevention strategies for and by members of the Irish Traveller community. More specifically the study has the following objectives:

1. To explore Traveller's views on the factors and strategies needed for Travellers to achieve optimal mental wellbeing
2. To examine the meaning of culturally appropriate mental healthcare services from Travellers' perspective
3. To identify the core requirements for the development of a continuum of care for Travellers which can be integrated into mainstream health services and community actions.

Research Methods: This qualitative study employed a community-based participatory research approach. A steering group, which comprised members of the Travelling community and experts from Mental Health, guided the study. Seventeen members of the Traveller community were employed as peer researchers and one Traveller research assistant worked alongside the core research team to better interpret and analyse data. With the support of ten Traveller organisation across Ireland thirteen workshops and five individual interviews were conducted. The sample included 87 adult Travellers, age range 18-78. The sample was identified in collaboration with Traveller organizations and peer researchers. Convenience sampling was used. Transcribed data from workshops were analysed using thematic analysis. A one-day workshop with peer researchers, who had been involved in data collection, was conducted after data collection to carry out participatory data analysis. Themes and sub-themes were identified collaboratively with peer researchers.

Findings: Four overarching themes were identified through the data analysis:

- Culture and Identity,
- Life opportunities and choices,
- Health and Community Services,
- Discrimination.

The theme 'Culture and Identity' demonstrates the importance of cultural identity for the Travelling community. This theme revealed the crucial role of family and religion, the importance of reviving Traveller culture and expressing cultural identity. The theme 'Life Opportunities and Choices' centred on the need to provide equal opportunities for Travellers, that allow them not only to survive but to flourish and enjoy life. This theme encompassed sub-themes related to education, employment, good living environment, self-care and freedom of choice. The theme 'Health and Community Services' captures participants' concerns about accessibility to mental healthcare and community supports. It also includes ideas around service improvements in order to make services more accessible and friendly to Travellers. The theme of 'Discrimination' was one of the most prevalent across workshops. According to study participants the issue of Discrimination can be considered one of the root causes of the mental health crisis affecting Travellers in Ireland.

Implications: Findings from this study show the importance of a socio-ecological approach requiring whole of governments' efforts to improve the wider social determinants of Travellers' mental health. Strategies need to have strong foundations in Traveller culture and identity. A strengths-based approach is needed to promote Traveller mental health. Mental health promotion could focus on cultural empowerment of Traveller Youths, combat stigma, improve self-efficacy and agency and mental wellbeing programmes in key settings across the life course. An ethos of cultural humility and safety is needed in the healthcare sector to make sure that Travellers are respected and understood. Traveller-led initiatives and the employment of Traveller Peer Support workers within the HSE mental health services would benefit Travellers access to services and recovery from mental health challenges.

Theme: Innovative Practice for Developing and Implementing Mental Health Promotion

Learning as we go: Sharing reflections on the development and implementation of the Knowledge Development and Exchange Hub model in Canada

Dr Katie Dowling, Knowledge Development and Exchange Hub for Mental Health Promotion (KDE Hub), Renison University College, University of Waterloo

Aim: The Knowledge Development and Exchange (KDE) Hub is a government-funded, university-based organization which seeks to advance mental health promotion in Canada through supporting connections and promoting opportunities for knowledge sharing and learning. The Hub was established in 2019 by the Public Health Agency of Canada's (PHAC) *Mental Health Promotion Innovation Fund* (MHP-IF) and since then, it has expanded to also serve projects funded through PHAC's *Supporting the Mental Health of Those Most Affected by COVID-19* (MH COVID) initiative as well as the Canadian Institutes of Health Research's *Mental Health in the Early Years* (MHTEY) grant. Throughout its first five years, the KDE Hub model has evolved and garnered momentum serving as a knowledge partner to more than 60 mental health promotion and mental illness prevention projects spanning all regions of Canada. Projects are led by a mix of universities, community, regional and national organizations. Areas of focus include school-based programs, early childhood intervention, immigrant and refugee mental health, youth engagement, Indigenous health, healthy relationships, and mental health literacy. The aim of this presentation will be to introduce the KDE Hub model and discuss its development and implementation in Canada. Hub team reflections regarding the critical factors for the model's success will also be shared.

Research Methods: The KDE Hub seeks to contribute to three main objectives: (i) Create new knowledge across project communities that can inform programs and policies in Canada, (ii) Build community and capacity for advancing mental health promotion in Canada, and (iii) Strengthen systemic supports for scaling promising approaches in Canada. These areas of contribution are critical for grounding the Hub's work and ensuring our unique identity remains central to everything we do. Through adopting a culture of continuous reflective practice, the Hub team seizes opportunities to reflect in meaningful ways on past actions, key lessons for ongoing improvement, and critical factors underpinning the Hub's success.

Findings: During this presentation, some of the key activities of the Hub will be discussed in relation to our core objectives. These will include activities related to capacity building, knowledge development, creating connections, and conducting cross-project studies which help in telling the story of mental health promotion work in Canada. Furthermore, Hub team reflections will be shared, focusing on key learnings and critical factors for success.

Implications: This presentation holds both important practice and policy implications for mental health promotion. It will spotlight an innovative international model that has contributed to the advancement of mental health promotion in Canada. This may be of interest to policymakers and practitioners alike who are seeking solutions to harness mental health promotion knowledge and expertise and foster connections within the mental health promotion community.

Memory Harbour Co-Production: An example of a health promotion initiative for people living with early-onset dementia

Ms Frances Joyce, Ms Catherine Daly, Ms Gillian Dullea, Ms Michelle Hardie-Murphy & Mr Jim Gorman, HSE

Aim: HSE Community Healthcare East Health Promotion and Improvement team worked in collaboration with Memory Harbour Occupational Therapists (OTs) to create an age-appropriate programme that would provide an opportunity for peer support and social connection for a group of clients diagnosed with early onset dementia (those diagnosed under the age of 65 years). The aim of this project was to co-develop, trial and evaluate a 6- week health and well-being programme for those living with early onset dementia.

Research Methods: The co-design and delivery of the programme which was led by the OTs of Memory Harbour involved a collaborative approach between the Community Healthcare East Health Promotion team, the OTs and the participants themselves. The OTs had established the identified need for age-appropriate activities for the participants in the group. Seven participants diagnosed with early onset dementia joined the programme. Participants shared their views that occupation and wellbeing were important features of an initiative and provided input on choosing which age-appropriate and engaging activities met their interests. The programme was delivered in Memory Harbour, Clonskeagh Hospital Dublin, at the same time and day each week to ensure consistency. The six health and well-being activities chosen included music therapy, art, horticulture, walk & talk, an exercise class and a Healthy Food Made Easy (HFME) cooking session. Participants completed a questionnaire after each activity to evaluate mood and enjoyment levels. At the end of the six week block, as part of the evaluation, OTs also gathered feedback via informal interviews with family members of the seven participants.

Findings: A total of 30 evaluation forms were completed. Overall, participants rated their mood as positive with an average score of 8.9 on a scale out of 10. They rated their enjoyment level of the activities with an average score of 9.1 out of 10. All participants would recommend these activities to others. The HFME cooking session and music therapy were rated highest. Participants reported that the programme was fun, inclusive and that they enjoyed meeting like-minded people. Participants described their experiences of the various activities using words such as “calming”, “creative”, “uplifting” and “educational”. Participant’s family members reported a comfort in knowing that the person affected was gaining benefit and linked to a suitable programme. While the participants themselves reported a relief in knowing that their family member could relax while they connected with the group. Due to the notable success of the HFME and music therapy activities, two follow-on five week programmes focusing on cooking and music were delivered at the end of 2023 and beginning of 2024. The OTs have subsequently received support to allow for the creation of a multi-media piece which aims to highlight the need for more services for those living with early onset dementia. The aim is that it can be shared amongst other occupational therapy services and social media. The Memory Harbour team are eager to communicate the success of the programmes in the hope that other groups can benefit from similar projects.

Implications: The success of this trial showcases how collaboration and partnership across sectors can deliver a support for those with early onset dementia. The programme facilitates social inclusion in a fun and relaxed environment, while the overall positive impact on the client’s mental health and wellbeing supports the delivery of future initiatives. The hope is that this model can be replicated across services who work with those living with early onset dementia and to build on the supports available.

HSE Talking health and wellbeing podcast

Mr Fergal Fox, HSE Health and Wellbeing

Aim: To share health promotion information with stakeholders and the public by developing a new communication channel for the HSE

Design/Approach to Practice: A podcast series was developed in 2023 as part of the suite of communication channels from HSE Health and Wellbeing to share the key messages and updates from a range of policy priority areas. Following on from the utilisation of webinars as a key communication medium, podcasts were identified as an easily accessible and impactful way to communicate. The ambition was to use the podcast to develop and share conversations, insights and stories about the work of HSE Health and Wellbeing and their partner agencies and service users. Only ten episodes were initially planned in order to validate the potential engagement with the target audience. The development and promotion of the podcast saw significant increased engagement with stakeholders and the public with the health and wellbeing content through this medium.

Feedback through a podcast listener survey highlighted positive engagement with stakeholders and health service staff and indicated the potential for engagement with the public. After 20 episodes the podcast was relaunched after a Summer break in 2023 with a further wide range of episodes targeting both the public and stakeholders. The series has gone on to publish 60 episodes and successfully reaches the public and stakeholders on a weekly basis. Promotion is done through the HSE social media channels and listeners tune in via various podcast channels and through the HSE Health and Wellbeing YouTube channel. The audio content and conversations aim to reach deeper into the experience of health and wellbeing work from a variety of perspectives, considering the voice of the service user, health promotion staff, community champion, community worker, policy maker, communication campaign development, implementation project manager etc. Episodes are developed and delivered in partnership with a wide range of partners including our HSE Regional Health and Wellbeing teams, Section 39 Agencies, local authorities, the DoH and others. Episodes have given us an opportunity to profile our current work and the direction of travel as well as giving us the opportunity to profile partner agencies and their work.

Findings/Outcomes: Listener Survey mid 2023 (N=223) found

Podcast Listeners Worked:

48% in health service

27% in Public Service,

13% members of the public

12% NGO

Over 90% of respondents of respondents said they were likely (37.38%) or very likely (52.8%) to recommend the podcast to a friend or colleague. Listenership is currently at over 60K podcast downloads and 29K via YouTube.

Implications: Integrating communications planning and stakeholder engagement is crucial for effective strategy implementation.

A whole-school approach to positive mental health and wellbeing promotion in Scottish schools

Ms Dawn Haughton, MRC/CSO Social and Public Health Sciences Unit, University of Glasgow

Aim: To provide an overview of how the Schools Health and Wellbeing Improvement Research Network (SHINE) has worked in partnership with schools and Local Authorities in Scotland to support an evidence-based, data-driven whole-school approach to improving mental health and wellbeing outcomes for young people in the school setting.

Approach to Practice: The SHINE network, established in 2018, provides a national infrastructure, bringing together health researchers, school communities and Local Authorities. The model of research, knowledge exchange and engagement activities facilitated by the network structure has forged strong research partnerships with the educational sector. By providing opportunities for schools to participate in mental health research as well as research tools and expertise to support schools with data collection, interpretation and implementation, we aim to increase the understanding and use of health and wellbeing data to inform targeted health improvement planning in the school setting.

Outcomes: One third (n.769) of all primary and secondary Scottish schools are registered with the SHINE network, representing over 280,000 young people in total. Over 116,500 young people have participated in the SHINE online pupil mental health survey since 2020. Data are fed back to schools in the form of a school-level report which can be used in a variety of ways to track and monitor the mental health context in a school in order to identify priorities, enhance learner voice, promote pupil engagement, and support a whole school approach to mental health and wellbeing. This presentation will give some examples of ways in which school communities have been using the data to inform school-based health improvement actions.

Implications: Adolescence is a critical period for young people's health and wellbeing. About three quarters of all psychiatric disorders begin before age 18 but mental health research during childhood and adolescence has been relatively neglected compared to research within older age groups. The aim of the Schools Health and Wellbeing Improvement Research network (SHINE) is to enhance research capacity to support improvements in mental health and wellbeing amongst school-aged children by building a collaboration between schools, researchers and policy-makers. The SHINE model has proved an effective means of accessing information about young people's experiences and promoting their involvement in mental health promotion within the school setting. Within a whole-school, systems framework, young people are seen as an integral part of decision-making processes which is essential for effective planning and implementation. Enhancing data literacy in schools enables teachers to support young people to interpret and implement the data. The network infrastructure has facilitated newsletters, webinars and networking events to support knowledge exchange and strong research partnerships with schools. This has led to over one hundred SHINE schools participating in a variety of health research projects to actively promote positive physical and mental health and wellbeing improvement planning in schools.

Secondary school staff involvement in supporting and promoting youth mental health: A new framework for research and practice

Dr Maeve, Dwan-O'Reilly, Dr Caroline Heary & Prof Eilis Hennessy, University College Dublin, Jigsaw, University of Galway

Aim: Secondary school staff as key stakeholders in youth mental health are frequently relied on as agents of change in school-based mental health promotion interventions. However, research has found that staff do not feel equipped to engage in this type of work and much of the existing literature around school-based mental health interventions does not adequately describe how staff are trained or what their involvement in youth mental health looks like. This presentation will introduce a new framework that will give structure to describing staff involvement in youth mental health; account for the complexity and nuance of the role of staff; and identify domains for potential training and intervention. This presentation will describe this framework, as well as detail its development and utility for future research and intervention design.

Approach to Practice: Four studies informed the development of this framework: (1) a systematic review of secondary school staff perspectives and experiences of youth mental health which synthesised qualitative literature from 15 countries; (2) the development of a programme theory for staff involvement in a whole school mental health literacy intervention; Jigsaw's One Good School initiative; (3) a mixed methods examination of the feasibility and acceptability of One Good School, and (4) an exploration of staff confidence and competence to deliver mental health content.

Outcomes: School staff at all levels have a part to play in promoting and supporting youth mental health. However, staff involvement is complex and there are different levels of engagement and responsibility depending on role, level of expertise, and capacity. This new framework presents a structure for classifying types of staff involvement, for example, school leadership, mental health teams, specially trained school staff, and so on. This framework accounts for varying levels of involvement and categorises the type of work staff are often called on to do as part of school-based interventions. This work is divided into promotion work and support work; reflecting both the nuanced nature of the role that staff play and the specific type of intervention. Finally, the framework describes the centrality of mental health literacy for preparing staff to engage in promoting and supporting youth mental health.

Implications: In order for staff to be able to engage meaningfully in the mental health promotion and support of youth mental health a structure is needed to guide both research and practice. In terms of practice, this framework will allow schools to identify areas for improvement and to introduce a structured approach to staff involvement in promotion and support work. In terms of research, this framework will allow for the design and evaluation of comprehensive training interventions for staff, meeting staff at different levels of engagement and responsibility and ensuring that these interventions are effective and leading to meaningful change for staff and students.

Theme: Evidence for Advancing Mental Health Promotion Policy and Practice

An umbrella review and framework of modifiable and nonmodifiable vulnerability factors for maternal perinatal stress and anxiety

Dr Karen Matvienko-Silkar, University College Cork

Aim: Perinatal maternal stress and anxiety can have important adverse implications for the health and wellbeing of women and children. The aims of this umbrella review were 1) to comprehensively synthesise modifiable and non-modifiable vulnerability factors for stress and anxiety across the prenatal period and up to two years postpartum, and 2) to develop a theoretically-informed framework of factors that can inform future intervention development.

Research Methods: The databases MEDLINE, CINAHL, PsycINFO, and Maternity and Infant Care were searched from inception to September 2023. Papers were eligible for inclusion if they: 1) included women pregnant and/or up to 2 years postpartum; 2) examined factors associated with perinatal maternal stress and/or anxiety; and 3) reported a quantitative or qualitative systematic review or meta-analysis. The quality of included reviews was evaluated using the AMSTAR-2 tool.

Findings: Forty-three reviews were included in this review. There were factors related to maternal stress and anxiety identified across social- ecological levels. The strongest evidence for modifiable factors was identified for interpersonal factors, such as social support, and for existing mental health issues. There was moderate evidence for modifiable factors including health behaviours, social norms and stigma, and expectancies. Non-modifiable vulnerability factors identified included sociodemographic factors, interpersonal factors, maternal health, life history, birth-related factors, and child-related factors.

Implications: Addressing identified modifiable factors across multiple ecological levels, with consideration of non-modifiable vulnerability factors that impact on stress and anxiety outcomes is essential to supporting women in policy and practice. The theoretically informed framework developed in this umbrella review provides a guide for identifying and addressing these factors to reduce perinatal maternal stress and anxiety and to improve maternal and child outcomes.

Cross-national trends in adolescent psychological and somatic complaints before and after the onset of COVID-19 pandemic

Ms Alina Cosma, Trinity College Dublin

Aim: Building on research suggesting that the COVID-19 pandemic may have led to an exacerbation of deteriorating trends in mental health among adolescents, this paper examined trends in adolescents' psychological and somatic complaints across 35 countries from 2010 to 2022, and tested trends in social inequalities in the outcomes between 2018 to 2022.

Research Methods: Using data from 768,808 adolescents from 35 countries (51% girls; mean age = 13.5; standard deviation 1.6) across four Health Behaviour in School-aged Children surveys (2010, 2014, 2018, 2022), hierarchical multilevel models estimated cross-national trends in adolescent psychological and somatic complaints. We tested whether observed values in 2022 are in line with predicted values based on 2010-2018 linear trends. Finally, moderation effects of age, family affluence and family structures on the outcomes were tested (2018 to 2022).

Findings: Both girls and boys showed substantially higher levels of psychological complaints in 2022 compared with the predicted values. For somatic complaints, higher levels than predicted in 2022 were observed only in girls. Moderation analyses revealed an increase from 2018 to 2022 in age gaps and a narrowing in the socio-economic gap for both outcomes. Also, there was a widening gap between adolescents living with two parents and those living in a single parent household in 2022 compared to 2018.

Implications: Recent declines in adolescent psychological and somatic complaints between 2018 to 2022 are beyond predicted values based on trends between 2010 to 2018. The extent to which these outcomes changed during the COVID-19 pandemic varied across different subgroups of adolescents. A particular vulnerable group continuous to be adolescent girls. During the presentation, I will focus on comparing and contrasting the changes over time in Ireland vs the other countries included in the study. I will also discuss some potential mechanisms of change over time (beyond COVID-19) with an emphasis on what would be of relevance to a health promotion practitioner or researcher.

Development of the National Mental Health Promotion Framework: Scoping review of international intersectoral mental health promotion policy approaches and structures

Ms Tosca Keppler, Ms Anne Sheridan & Prof. Margaret Barry, Health Promotion Research Centre, University of Galway

Aim: In support of the Department of Health's drafting of the National Mental Health Promotion Framework ('Framework'), the aim of this project was to conduct a scoping review of international policy models and best practice, including key policy structures, mechanisms and processes, that support implementation of intersectoral mental health promotion ('MHP') at a whole-system level.

Research Methods: The scoping review examined studies, journal articles and policy documents (peer-reviewed and grey literature) published from 2012-2022. Databases were searched in November-December 2022, including Scopus, PubMed, PsychINFO, ASSIA, Web of Science, Embase, CINAHL, ProQuest, Ethos, public health databases, and policy documents from countries that are considered leaders in MHP. This review builds upon previous study findings (GermAnn & Ardiles, 2009; McDaid et al., 2020) using Arksey & O'Malley's (2005) scoping framework. Selected studies were analysed using an integration of the WHO Mental Health Action Plan (WHO, 2013), Ireland's Well-being Framework (Government of Ireland, 2022) and the Sharing the Vision policy (Department of Health, 2020) as a framework for analysis and narrative synthesis.

Findings: Nineteen peer-reviewed studies and 13 grey literature sources were included. Findings suggest implementation of intersectoral MHP must occur in two phases: a foundation- setting phase followed by locally led, nationally-stewarded implementation. Foundation-setting Phase: Building strategic relationships across sectors to generate a shared understanding of the conceptual underpinnings and economic case for MHP will lead to engagement toward shared responsibility.

For greatest success, structures needed include:

- Dedicated core team in the health sector with cross- Government remit and ability to negotiate across sectors (aligning sector goals with those of MHP) and navigate the political environment (mapping policies across sectors to find overlapping priorities/opportunities for collaboration).
- Dedicated policy lead for MHP in the Department of Health.
- National mental wellbeing networks for sector leaders to strengthen relationships and streamline existing structures.
- Close, formal links with research.

Cross-sectoral Implementation Phase: Evidence suggests implementation should be locally led with national-level stewardship. The necessary structures include:

- National intersectoral committees that are active, led by high-level actors and include members from the public, private and third sectors) to provide implementation oversight while ensuring ownership at all levels.
- Formal vertical and horizontal governance structures that ensure synergy across and between national, regional and local ecosystems (maintaining a level of autonomy at the crucial local level).
- Structures that closely link research, policy, process and practice.
- Dedicated structure within the health sector with remit across sectors.

Necessary processes include:

- Intersectorally co-designed policy development.
- Embedding mental health and wellbeing assessments into policy development, implementation, and evaluation.
- Incorporating innovative indicators that capture the ecological nature of wellbeing into existing surveillance initiatives in addition to MHP policy monitoring and evaluation.
- Formal collaboration processes (e.g., joint budgeting and strategy development) that can be embedded within implementation governance structures.

Enablers include leadership, commitment (significant funding and resource allocation), strengthening the research base and knowledge translation, mental health literacy and increased

capacity at policy and local ecosystems, and stronger systems-thinking policy development.

Implications: Best practice insights revealed in the study informed a set of recommendations to the Department of Health in drafting their Framework. The Framework will provide a strategic direction for promoting positive mental health and wellbeing at a population level in Ireland.

Explaining gender differences in subjective well-being in adolescents

Prof. Ricarda Steinmayr & Dr Ursula Kessels, Technical University Dortmund, Germany

Aim: A recent meta-analysis by Chen and colleagues (2020) found girls to have lower life satisfaction than boys but only in Western societies. Furthermore, the meta-analysis found significant moderator effects for domains. However, the meta-analysis did not consider two moderators (Society and domains) at the same time. Thus, we do not know whether gender differences in a certain society is still apparent in a certain domain or not. The present field studies aimed at investigating gender differences in general SWB [mood and life satisfaction (LS)] and SWB in the domains school and mathematics in a Western country, Germany. Furthermore, drawing on Deci and Ryan's self-determination theory (Ryan & Deci, 2000), it aimed at explaining them. According to self-determination theory, feeling competent is an important predictor of intrinsic motivation and both influence a person's well-being. Girls tend to show lower mathematical intrinsic motivation and ability estimations (Steinmayr & Spinath, 2010). Thus, we postulated that gender differences in mathematical SWB would be mediated by constructs related to either values or ability estimation.

Research Methods: The sample in Study 1 comprised $N = 446$ students ($n = 234$ female; age $M = 14.20$) from two school tracks in North Rhine-Westphalia, Germany. In Study 2, we investigated $N = 767$ students ($n = 361$ female; age $M = 14.07$) from four academic and comprehensive schools in North Rhine-Westphalia. Beside their SWB in general, school and math, students reported their school- and mathematics-specific ability self-concept and interest as possible mediators. In Study 2 we additionally assessed mathematical objective performance as a control variable. Mediation analyses followed the guidelines by Preacher and Hayes (2008).

Findings: In Study 1, we found gender differences favouring boys for general LS (see Chen et al., 2020) and both components of SWB in mathematics. The latter gender differences were fully mediated by students' mathematical intrinsic values (indirect effect (IE) mood: .190; satisfaction: .136) and ability self-concepts (IE satisfaction: .234). Mathematical SWB, in turn, partly mediated gender differences in general LS (IE mood: .089; IE satisfaction: .138). Study 2 replicated the gender differences found in Study 1. Gender differences in mathematical SWB were fully mediated by mathematical ability self-concept (IE mood: .148; IE satisfaction: .234) and interest (IE mood: .070). Gender differences in general LS were partly mediated by mathematical satisfaction (IE: .098).

Implications: First, these results might help teachers and practitioners to better understand gender differences in SWB. Second, the studies shed light on the importance of school-related variables for students' SWB and might underline the importance of school and teaching styles not only for performance but also for SWB.

LIGHTNING TALKS

Theme: Innovative Mental Health Promotion Practice

Advancing Social Prescribing in the HSE – the journey so far

Ms Orla Walsh, HSE

Aim: To document the key enabling factors for the growth and national expansion of social prescribing in the HSE.

Approach: How does a mental health promotion initiative advance from a grass-roots project in one site to becoming a mainstream HSE-funded service over a ten year period? This presentation will document the process of development of social prescribing in the HSE focusing specifically on the key enabling factors for implementation.

Outcomes: This presentation will focus predominately on the growth of social prescribing in Ireland over the last 10 years and key enablers to implementation in the HSE.

Implications: Social prescribing is an initiative funded by the HSE in 50 sites across the country which improves mental wellbeing and promote community connectedness. The journey and process of expansion and implementation over the past 10 years is a fascinating one and will be of interest to a broad health promotion audience.

Interagency collaboration: Social Prescribing for wellbeing and The PARC Project (Mental Health), Social Walking Group and Social Cafe

Ms Alexandra Kelly & Ms Ann Cunningham, HSE

Aim: To jointly develop an initiative exploring a novel approach to improve physical activity levels, mental health and social wellbeing, via participation in an all-inclusive six week social walking group. This group was followed weekly by a social café, where participants enjoyed a hot beverage and a chat. This was on foot of the local Health and Wellbeing team creating a quarterly networking opportunity between Health and Wellbeing Services and secondary care Mental Health. With the application of joint resources there was an ability to facilitate a larger and more diverse cohort. This collaboration aimed to eliminate exclusion criteria and not have a targeted group approach or intervention. The group was facilitated and attended by both secondary care mental health and social prescribing staff. All referrals went through social prescribing to reduce stigma. All data was maintained by social prescribing.

Research Methods: Mixed method small scale study. Quantitative:

1. Demographic Questions: To record information pertaining to participant including their age range, gender, employment status, education, long-term health conditions, access and disability and ethnicity.
2. Physical Activity Questions: To record participant self-reported physical activity each day over the previous week.
3. GP and A & E attendance questions: To record a number of self-reported visits to the GP and A & E hospital in the previous 3 months. Administered at two time points: pre- and post-engagement.
4. Community Involvement Questions. To record participant self-reported community engagement including community involvement, knowledge of services, and likelihood of use of services. Administered at two time points: pre- and post- engagement.
5. Short Warwick-Edinburgh Mental Wellbeing Scale (SWEMWBS) was administered at two time points: pre- and post-engagement. To measure participant's self-reported mental wellbeing.
6. Participant Feedback: Qualitative

Findings:

1. There were over 40 attendees and the facilitators (3 mental health nurses and one social prescribing co-ordinator). The group was attended by a diverse cohort and referrals were received from Primary Care, Secondary Care Mental Health, Community Organisations and Intellectual Disability. Ages ranged from 19 to 75 plus. Male and female attended. Nationalities ranged from Ireland, Ukraine, Lithuania, Africa and Romania.
2. Physical Activity: Subjectively the participants reported an increase in physical activity.
3. GP attendances reduced.
4. Improvement reported in community involvement, community knowledge and likelihood to use services.
5. Wellbeing was overall improved.
6. Feedback was positive with a sample below: "Talking to other people can be very interesting and enjoyable. I feel happier in myself, and more inclined to do things, particularly walking". AND "Getting outside of my own mind and engaging with others... enjoying talking to others as I tend to shut myself away".

Implications: This pilot was a true example of equal collaboration and barrier free care which is expected in National Policy. This approach allowed for increased access to care with all-inclusive participation which is paramount. The results demonstrate improvement for those involved.

Co-designing health literacy solutions

Dr Craig Smith, Dr Hannah Goss, Dr Stephen Behan & Ms Maeve Murray,
Dublin City University

Aim: To revise the strengths, barriers, needs, and propose potential solutions for health literacy in two Sláintecare Community areas.

Research Methods: As part of a wider project, we conducted co-design workshops in two Sláintecare Community areas: Finglas and Carbra, and Mayo. Purposive sampling was used to identify participants. In each respective case study area, stakeholders were specifically invited to promote a representation of the different demographics, local authorities and a range of experiences. 95 stakeholders engaged in two co-design workshops, in March 2024, one in each case study area. The Double Diamond Design Approach (DDDA) is a specific method of experience-based co-design that has been used to develop service improvements in health and social care. An adapted DDDA was used within these workshops. Stakeholders progressed through a multi-stage reflective process to discover, define, develop, and deliver an innovative solution to a perceived health literacy problems. A team of researchers facilitated this process, which culminated in stakeholders voting on their preferred health literacy solutions.

Findings: Preliminary analysis indicated a refinement of perceived barriers (e.g. transport, reactive health literacy) and prioritisation of potential solutions (e.g. health community events, improved communication strategies, funding transparency), to improve health literacy in these communities. Despite being vastly different contexts, there were commonalities in these proposed solutions, which has implications for other Sláintecare Community areas nationally. Critically, this process highlights the importance of participatory approaches.

Implications: Mental health was identified as an important health topic, and a challenge in both Sláintecare Community areas. This study describes a novel and innovative process of working with multiple stakeholders, and highlights the importance of authentic partnerships for meaningful engagement. Findings include recommendations for a range of stakeholders, indicating the need for a systems approach to health literacy promotion.

Crossing the rope-bridge: Developing a simulation game for improving health and social care professionals' emotional regulation skills

Dr Martin Power, Ms Amelie Büchler, Ms Bettina Flaiz, Mr Tobias Alf, Ms Sabine Münzenmay, Ms Birgit Zürn, Dr Saintuya Dashdondog, Ms Ruth Dankbar, Ms Johanna Berg, Mr Markus Kanta-Oksa, Mr Davide Tuis, Ms Sara Ceron, Ms Marta Mattarucco, Mr Giorgos Koumanakos, Ms Konstantina Lakovou & Mr Foivos Mastroleon,
Erasmus+ Project Simply4Emotions

Aim: The Simply4Emotions project aims to develop a digital-physical simulation game for health and social care professionals to enhance emotional self-regulation skills, bolster resilience and thus reduce burnout.

Research Methods: Burnout, emotional exhaustion and consequently retention are increasing challenges across many health and social care systems. A simulation game that can support health and social care professionals in learning and enhancing emotional self-regulation skills provides an innovative, fun and inviting approach to help address these challenges. This project is an Erasmus+ funded collaboration between three academic institutions (DHBW Stuttgart, University of Galway, University of Turku) and four non-profit organizations (FRODIZO, ISRAA, Wohlfahrtswerk für Baden-Württemberg, Challedu), bringing together theoretical and practice perspectives, as well as technical expertise. By creating a simulation game that can mimic real-life experiences in a safe manner, the project aims to provide an effective, engaging, fun and accessible platform for skills development for health and social care professionals. Informed by Lazarus' cognitive appraisal theory and Gross' model of emotional self-regulation game development has been aligned with Dukes' stages of game design. Dukes' approach is an iterative process of distilling concepts into a game format with appropriate mechanics and dynamics to engage players in active gameplay. It has proven a unique and challenging experience for the project partners as they advance in their quest to create an analogue of events, cognitive and emotional responses that health and social care professionals commonly encounter, which can be encapsulated in a game.

Findings: This simulation game could be effective in improving emotional self-regulation skills among health and social care professionals. Through interactive gameplay and application of theoretical frameworks, participants could demonstrate increased awareness and ability to manage their emotions in challenging situations. Improved emotional regulation and, thus well-being, can enhance resilience and support health and social care professionals in coping with increasing demands, thereby reducing the possibility of burnout and exiting their profession. By equipping professionals with the necessary emotional self-regulation skills to improve resilience, the project aims to contribute to a sustainable and thriving workforce in the health and social care sectors.

Implications: This project underscores the importance of integrating emotional skills training into professional development programmes for health and social care professionals. Mental health promotion approaches can prioritise the inclusion of innovative interventions aimed at enhancing emotional self-regulation and resilience, recognising their role in improving well-being and preventing burnout. This can nourish supportive working environments, through improving engagement, collaboration and peer-support, which can act as a counterforce to intention to leave and retention challenges.

Pilot programme to promote positive mental health and reduce increasing isolation amongst Individuals with a diagnosis of Young Onset Dementia (Under 65 Years old)

Ms Danielle Doyle, HSE

Aim: Following an identification of a lack of age appropriate supports for this target population, this pilot programme aims to promote and encourage positive mental health and allow for the organic development of sustainable interpersonal friendships in individuals with a diagnosis of Young Onset Dementia through peer support, socialisation and physical movement.

Research Methods: This programme was co-designed by the Health Promotion Department and the Memory Association Service. It is a Pilot group of 6 individuals who have a diagnosis of early onset dementia.

At the design stages:

- Qualitative focus sessions were conducted prior to commencement of the programme with individuals and their family members to gather interest, activities and barriers.
- A group of 6 individuals were identified.
- The pilot consists of blocks of 8 weeks-programme with the individuals who matched the criteria, engaging in activities chosen by them. These programmes incorporate physical movement, creativity and/or socialisation with their peer group in their local community.

Findings: The programme is currently ongoing and a formal review will be conducted upon completion (end of April) but so far: Isolation is a big issue for this individual group due to the lack of Transport available. This group mostly live rurally and can no longer drive due to their diagnosis (we secured funding for transport for 8 weeks through a local fund for this pilot programme) but the lack of transport has been highlighted as a major barrier to this specific population in accessing their community and as a result, is a major contributor to their feeling of isolation. Since commencement of the pilot programme, Individuals have also reported more confidence and increased social skills with peers. The population group have also reported how positive it is to interact and engage in age appropriate activities as the majority of services/supports offered for people with dementia are not age appropriate to those under 65 years old. The individuals have started to form natural relationships with others in the peer support group and have exchanged phone numbers so that they can keep in touch on days where the group is not meeting. This pilot group has organically promoted positive interpersonal relationships. As a result, this is having a self-reported positive impact on their mental health and overall well-being.

Implications: Positive Mental Health Promotion – Identification of an isolated group of individuals and the promotion of their positive mental health through an innovative pilot programme that aims to develop a sustainable approach to de-isolation in this specific target population group.

Co-creation as an innovative approach for addressing complex health problems

Ms Lauren McCaffrey, Ms Mira Vogelsang, Dr Bryan McCann, Dr Maria Giné-Garriga & Dr Philippa Dall, Glasgow Caledonian University, Scotland, Blanquerna, Universitat Ramon Llull, Spain; Health CASCADE, European network

Aim: Health CASCADE is an EU funded Innovative Training Network with the goal to establish an evidence-based methodology for trustworthy and effective co-creation practise. Co-creation is a novel approach for addressing complex healthcare challenges across diverse settings such as schools, healthcare, community and the workplace. It is emerging as a promising approach to address a range of challenges, including mental health because it draws upon the local context and lived experience of individuals with mental health issues, promoting mutual understanding across different stakeholders. This presentation showcases the innovative power of co-creation, by sharing the process and outcomes of a co-creation project targeting a complex health issue, specifically workplace sedentary behaviour. This behaviour is becoming increasingly problematic due to the growing prevalence of desk-based occupations, impacting health and well-being in the work environment.

Research Methods: The interdisciplinary research team designed and facilitated co-creation processes in three small-to-medium sized companies in Scotland. Co-creators were recruited to form a workgroup which consisted of between nine and twelve employees spanning a range of job roles and positions. Co-creators worked together to create an action plan to reduce sitting time at work through a series of interactive workshops, facilitated by two researchers. The co-creation process occurred sequentially in each workplace, with workshops held in the first company from October to December 2022, the second company from January to March 2023 and the third company from April to May 2023. The process underwent refinement between each company which was achieved through comprehensive evaluation of co-creator's experience, through individual interviews and feedback forms, along with reflections from facilitators, thereby improving the process across the subsequent companies. As a result, the final refined co-creation process comprised six 90-minute workshops conducted over seven weeks. These workshops incorporated a variety of methods to foster collaboration and engagement, including presentations, world café, dot voting and feasibility matrix assessments. The co-creation process included a two-week implementation trial of a single action allowing co-creators to assess its feasibility and further identify facilitators and barriers for future action plans. The ultimate goal of each process was to co-create an action plan to address workplace sedentary behaviour tailored to the specific needs and resources available at each company. The co-creator's experience of the process was investigated through researcher's observations during the workshops and by conducting interviews with them after the process was completed.

Findings: Co-creation enhanced employee awareness, interest and engagement in workplace health promotion initiatives. Participation in the co-creation process led to benefits beyond addressing sedentary behaviour, including forming and strengthening work relationships, developing skills and confidence to communicate about workplace health promotion and motivation towards adopting healthier behaviours.

Implications: The application of co-creation, as demonstrated in this project, offers an innovative approach to developing and implementing workplace health promotion initiatives targeting complex health and well-being concerns. This project serves as an insight into the potential power of co-creation for mental health promotion efforts, offering a tailored approach to address the diverse needs of individuals and communities.

Great places and spaces

Ms Paula Lowney, Senior Health Promotion Officer, Wexford Mental Health Association

Aim: The Great Places and Spaces project was about sharing good ideas and information to inspire and encourage children, young people and families to enjoy activities and fun outside in the fresh air. Close to 900 children got involved from 22 primary schools and youth organisations county wide and told us from their perspective about what Wexford county has to offer, from their lived experience, the places and spaces in Wexford can have a positive influence on their wellbeing- either by making them feel calm, happy, relaxed, close to nature, energetic or adventurous. Although the project was coordinated and administrated through the Wexford Mental Health Association, it took a constellation of project sponsors and project steering group members and skilled project workers from the areas of Health, the Arts, Local Government, and the Education & Youth Services to make this project a reality.

Approach to Practice: This project aimed to produce a creative and child orientated publication; a map that would act as a source of information and guide to individuals with responsibility for children's wellbeing. We envisaged the publication as a support to caregivers in utilising the great locations we have all across County Wexford to support children's wellbeing needs. We are engaged primary school aged children across the county in the production of a creative map that signposts cost neutral spaces and places within County Wexford that enhance their sense of wellbeing. On a template developed and piloted by the lead visual artist on the project, we invited children to draw a visual depiction of the wellbeing destination they would like to share, along with their opinion on what this space had to offer to the child's well-being and ideas of how to engage with the space for optimum benefit and enjoyment. We are particularly interested in everyday places and surprises! The publication which took the form of a map serves as a guide to caregivers to spaces and places all across Wexford that have been highlighted by children as top destinations to nourish their wellbeing. The children feedback facilitated the devising of a colour code; mapping colours and places and feelings;

FEELINGS

Orange: Energetic/Adventurous

Blue : Calm

Yellow : Happy

Green: Relaxes, Close to Nature

The project offered the time and space for children first individually to respond, reflect on places that support their own wellbeing. Then as a class/group there was an opportunity to share collectively with classroom displays and class based discussion. The completed templates were then collated by the project and used to contribute to the collective project in the form of developing the map publication and also a gallery of all the contributions on the Wexford Mental Health

Outcomes: Siobhan Sinnott, Child Health Programme Development Officer, South East Community extended "Congratulations to all the children and schools involved in this really valuable project. This collaborative work supports children to have positive early experiences which has a direct impact on how the child's brain develops which in turn influences the development of learning skills and social and emotional competencies'. Nuala Harpur, Health Promotion Officer, HSE Health and Wellbeing stated "working in collaboration to support children and their families to access and have a positive experience of local outdoor spaces in Co. Wexford promotes a holistic approach to health and wellbeing and acknowledges the positive impact of supportive environments and the broader determinants of health

Implications:

- Regular opportunities for play outdoors are essential for everyone. We know this through our own experiences and research tells us that:
- Spending time out in the fresh air, free from busy schedules, is a great way for children and young people, to relax and feel free -enjoying the outdoors brings feelings of happiness.

- Participating in outdoor physical activity gives a good feeling to everybody -physical activity and participation in sport and exercise is fun, it eases worry and helps to lower anxiety.
- Outdoor play in a natural environment, especially with other people, is fun and enjoyable - this helps children and young people to feel good and has a positive impact on mental health.
- Our bodies love being outside in nature and soaking up natural light gives us vitamin D which is like a magic potion that our bodies use to create good energy through a special hormone called serotonin. This helps us feel good about ourselves, inside and out.
- Switching off and giving some time to yourself to do the things you enjoy doing is so important in looking after your mental wellbeing. Simple activities like being creative learning something new, spending time in nature or practising relaxation, can help to restore and revive our spirits and help us to keep ourselves well (Healthy Ireland, 2019-2025)

Hello, how are you? Coproducing an innovative national mental health campaign

Dr Ronda Barron & Ms Jo Donoghue, Mental Health Ireland

Aim: The objectives of the Hello, how are you? Campaign are to:

1. Improve awareness & understanding of mental health
2. Grow confidence in starting and normalising conversations about mental health
3. Reduce loneliness through enhancing social connections for people
4. Create a greater sense of community
5. Increase signposting to services
6. Encourage earlier help-seeking / help-finding

Research Methods: The Audience-Channel-Message-Evaluation (ACME) Framework for Health Communication Campaigns was used. Both a process and impact evaluation were undertaken using a mixed methods approach. The model of coproduction was used in the design, development, and delivery of the campaign.

Findings/Outcomes: The coproduced campaign provides resources such as conversation cards, toolkits, and training modules, to support individuals and groups in initiating conversations about mental health. Additionally, it offers training sessions to enhance participants' understanding of the campaign, develop conversation skills, and provide information about available mental health services. Over the past two years, the campaign has shown significant growth and impact such as increasing awareness and understanding of mental health, growing confidence in starting conversations about mental health and encouraging earlier help-seeking behaviours will be explored. Through media and social media campaigns, Hello, How Are You? has reached a wide audience and highlighted the importance of mental health conversations and community support. Qualitative participant feedback indicates that the campaign has provided opportunities for meaningful interactions, empowered individuals to engage in conversations about mental health, and positively impacted participants' well-being. Overall, the Hello, How Are You? campaign serves as a valuable tool in promoting mental health awareness, fostering social connections, and encouraging help-seeking behaviours within communities across Ireland.

Implications: The promotion of positive mental health as a critically integral part of overall health and well-being is well recognised within the policy context in Ireland and relates to policies such as Connecting for Life: Ireland's National Strategy to Reduce Suicide (Department of Health, 2015), Healthy Ireland: Strategic Action Plan 2021–2025 (Department of Health, 2021a), and Sharing the Vision: A Mental Health Policy for Everyone (Department of Health, 2020), and Stronger Together: The HSE Mental Health Promotion Plan 2022-2027. Hello, how are you? is Mental Health Ireland's population-wide mental health promotion campaign, and falls under Mental health Ireland Strategy 2022-2024, priority area 1 Strengthen Mental Health Promotion & the process of Recovery, and priority area 2, embed coproduction. The campaign additionally puts into action three of the five principles of the Ottawa Charter on Health Promotion in the following ways (World Health Organization, 1986):

- Develops personal skills - through the provision of training for people who want to host a Hello How Are You? event and through the use of the Conversation Card which can be used by individuals to support them with in-depth conversations
- Creates supportive environments – through supporting local individuals, settings, and agencies to get involved and providing resources and training to facilitate and roll out local events. The campaign also helps create communities that can support people and for people to feel supported by their communities
- Strengthens community action – through partnership with a range of local groups and agencies both formal health and social care agencies and community and voluntary groups.

Every mind matters: Embracing neurodiversity, fostering inclusion and innovation in the workplace

Ms Julieann Cullen, Ms Denise Croke, Ms Angela King & Ms Ciara Murphy, HSE

Aim:

- Increase understanding about neurodiversity (ND) and its significance in the workplace, emphasizing the diverse range of neurological differences and the strengths they bring.
- Explore strategies and best practices for creating an inclusive work environment that values neurodiversity.
- Demonstrate the benefits to embracing ND and innovation within the HSE through poster campaign.

Research Methods: Gap analysis completed of current Irish and International ND workplace research. Target audience: HSE staff then the wider community. Focus Groups will be carried out initially with HSE (Le Cheile disability Network and CHO 7 HP&I) to gain understanding about their experiences and co design material. Future focus groups will be carried out with external agencies e.g. (ASIAM, ADHD Ireland) Future development of ND Awareness Training material on HSEland. Poster campaign showcasing strengths, with ND awareness material e.g. stickers, notebooks, celebrating ND.

Findings: Relative to the general population ND individuals are at increased risk of psychiatric conditions and emotional difficulties. Social determinants of health can cause negative health outcomes experienced by ND and can impact wide range of health, functioning and quality of life. This can include discrimination, ableism and stigma. (Mitra M., Turk M.A., 2022). 15-20% of the population exhibit some form of ND. ND individuals can may be vulnerable to mental health difficulties in environments where differences are not respected or understood. In work setting ND individuals have unique strengths that can improve productivity, quality, innovation, retention and engagement (Austin and Pisano, 2017). This initiative raises ND Awareness and strategies for support, will improve recruitment and retention of ND staff, whose unique perspectives can greatly enhance innovation and creativity in a work setting.

Implications: Increasing ND awareness in the workplace is crucial for creating a supportive environment that promotes the well-being of all employees. Cultivating a ND awareness workplace will encourage creativity, innovation, retention and engagement. Initiative has already evoked a positive response and evidence of raised awareness on ND in the workplace.

Active hope: A qualitative evaluation

Ms Ania Frick, Ms Anna Swisher & Dr Sinéad Sheehan, University of Galway

Aim: Climate change impacts mental health through exposure to traumatic weather-related events such as heatwaves, bushfires, and flooding; degradation of social, political, and economic determinants of health; and through the awareness of the climate and ecological crisis. It has been argued that it may be appropriate to conceptualize the combination of difficult emotions associated with awareness of the planetary crisis such as anger, guilt, fear, and sadness as “eco-distress”. This study qualitatively examined emotions experienced in relation to climate change as well as an intervention designed to support coping with it called Active Hope. Active Hope was developed by Macy and Johnstone and is a form of group work designed to help people build resilience and cope with ecological destruction and climate change. The method has its roots in systems theory, Buddhist philosophy, and deep ecology. It involves searching for and experiencing gratitude; naming and experiencing one’s negative emotions associated with climate and ecological change, finding new perspectives, and empowering action towards what one hopes for. This study explored participants’ subjective experiences of Active Hope workshops. It aimed to uncover people’s experiences of climate change, the feelings associated with it, how they cope with these feelings, and subjective perception of how Active Hope has affected these feelings and coping strategies.

Research Methods: Nine participants were recruited from an Active Hope mailing list and took part in semi-structured interviews. The data was analysed using Interpretive Phenomenological Analysis to explore individuals’ lived experience of the climate crisis, eco-distress, coping, and individual perception of the effects of Active Hope.

Findings: Preliminary results suggest that individuals experience a range of negative emotions associated with climate change such as anger, sadness, fear, grief, frustration, and loss. These emotions may lead to emotion-focused coping such as distancing, avoiding, and denial. However, through Active Hope, participants experienced relief by building like-minded community, shared distress with others, and taking action. Participants felt more gratitude and greater acceptance of the current crisis and the future through cognitive reframing. Individuals reported that Active Hope helped them to be aware of the crisis and take action without feeling overwhelmed by their emotions. They felt less alone in their suffering through sharing emotions, hearing others’ stories, and developing meaning and problem-focused coping strategies. Participants experienced hope by acting towards the future they wish for.

Implications: The mental health practice implications of this study are investigating Active Hope as an intervention for coping with ecological distress. With the increasing direct experience and witnessing of climate breakdown, strategies are needed to help people cope with this global challenge. This qualitative evaluation will help to provide understanding of the experience of ecological distress, as well as which intervention components participants find valuable in the Active Hope programme.

Theme: Promoting Population Mental Health Across Sectors

Empathy development through the Creative use of audio technology

Mr Eoin Dolan, Foróige

Aim: To demonstrate the role creative audio technology can play in developing empathy and wellbeing in young people.

Approach to Practice: The practice is carried out through a Foróige programme called 'SoundSurfers' which aims to nurture and develop empathy in young people through the use of creative audio technology. Participants engage individually or with their peers to create a wide range of projects including podcasts, songs and short stories using empathy as a cornerstone of that process. The programme is targeted at young people aged 13-18yrs and is run over eight sessions. SoundSurfers was originally designed by both young people and youth workers and will continue to evolve to meet emerging needs and keep up to date with the latest technological tools on offer. An exploratory piece of research was carried out on the programme in 2021 by Dr. Rebecca Jackson of the Child and Family Research Centre at the University of Galway. Dr. Jackson used a variety of different research methods including a dialogical story based tool called the 'Most Significant Change'. (Aspects of Dr. Jackson's paper will be covered as part of the presentation).

Outcomes: Outcomes of the programme detailed in the research paper and indeed in further iterations of the programme since its inception include young people demonstrating;

- Increased communication skills, self-expression and empathy
- Collaboration and teamwork skills
- Creative confidence

Young people found their voice through the creativity of audio technology and discovered a medium to express themselves in a positive and meaningful way. They connected with their wider peer group in the community to share experiences and communicate new ideas. By actively putting themselves in the shoes of others and seeing the world through a different lens, young people were empowered to empathise with others particularly those from marginalised backgrounds including youth in care, people in direct provision and the elderly. They were also invited to use the creative audio tools on offer to "tell their story" in a receptive and safe space and be 'heard' by others in the group. This had a massive impact in young people feeling validated and greatly benefited their overall wellbeing.

Implications: Empathy development has wide ranging benefits for young people's mental health including relationship building and fostering a sense of belonging during adolescence and into adulthood.

Global Rainbow : A multicultural experience of the Rainbow Badge Initiative

Ms Angela King, Ms Denise Croke & Ms Anne Daly, HSE

Aim: To equip staff in the National Transit Centre (NTC) with the knowledge and skills to contribute to a more inclusive, affirming, and supportive community for everyone, regardless of their sexual orientation or gender identity.

Approach to Practice: In late 2023 there was a request for the Rainbow Badge Initiative to be implemented for staff at the NTC to support staff who encounter LGBTQI+ people on a daily basis and identified a need for resources, particularly relating to the terminology associated with LGBTQI+. This was to address an identified need from staff for support in a challenging and stressful work environment. The request was received on the back of homophobic incidents between residents and a feeling from the staff that they were under resourced to deal respectfully with LGBTQI+ Applicants. Following discussion with the NTC operational leads, it was agreed that the implementation model would need to be adapted to address the particular needs identified in the Centre. In this particular context the inclusion of LGBTQI+ could not be interpreted as excluding those religions and cultures where attitudes to LGBTQI+ are more problematic. The foundational principle is one of conversation not challenge, so the creation of a safe and supportive learning environment where dialogue was encouraged, was critical to the learning outcomes for the workshop. Exercises on self-care and resilience were built into the workshop to offer the skills for dealing with stress in a particularly difficult moment, and to ensure that overall, staff were not leaving work feeling burdened and overwhelmed.

Outcomes:

- The most important thing was to create a sense of safety and non-judgement for workshop participants to ask questions and engage openly in a safe and supportive learning environment in keeping with the foundational principle of conversation not challenge.
- The idea of “privilege” seems to be particularly confronting and provocative for people, carrying an unintended and unintentional connotation of blame or fault.
- 18 participants undertook the first workshop. There was a mixture of HSE, International Office for Migration (IOM), Security staff, and centre volunteers. All 18 participants rated their knowledge and awareness of the issues and associated terminology post workshop higher than at the start of the workshop.

Implications: Working in a dynamic and often stressful environment presents challenges to staff, volunteers and in this particular situation, those who live in the NTC. Providing targeted opportunities for capacity building for identified challenges, supports staff and volunteer wellbeing and mental health but also provides benefits for those who live within the situation.

“Mind Yourself”: a brief mental health promotion workshop for healthcare professionals

Ms Maria Heffernan & Ms Tara Curran, HSE Health Promotion & Improvement, Dublin North City & County

Aim: To develop and deliver a short workshop focusing on mental wellbeing to support healthcare professionals.

Approach to Practice: Feedback from HSE Community Healthcare Organisation staff nationally indicates that they are facing high levels of stress – 48% report that their level of stress affects their work and 42% believe their stress is work-related (HSE Your Opinion Counts Survey, 2023). Minding Your Wellbeing (MYW) programmes are regularly delivered across Community Healthcare Organisation Dublin North City and County (CHODNCC), however demand for places often exceeds availability and healthcare professionals report that they find it difficult to take the time to attend a full-day workshop. In response to this, Health Promotion & Improvement Officers (HP&IOs) in CHODNCC developed a thirty-minute workshop which aimed to provide healthcare professionals with practical tools to help them look after their mental wellbeing. This consisted of three main sections, based on the themes of the MYW programme. The themes were as follows:

- Self-care: including discussion on activities which could be added to a self-care toolkit and a meditation session (BodyScan).
- Understanding our thoughts: which included a mindfulness activity titled “Leaves on a Stream” to support dealing with challenging thoughts.
- Understanding our emotions: focusing on the importance of processing emotions, with the support of a guided box breathing exercise.

These activities gave participants a taste of the content and raised awareness of the one-day MYW programme. Participants received information on attending the MYW programme and links to further supports. All Community Healthcare Network (CHN) HP&IOs were trained to deliver the workshop and subsequently offered it to teams within their CHN. Participants were asked to complete a short evaluation upon completion of the workshop.

Findings: Twelve workshops were delivered in 8 CHNs across CHODNCC and approximately 140 people attended. Of these, 105 completed the evaluation form. Participants were asked to rate the workshop on a scale from very good to poor, and 83% agreed that the workshop was very good, a further 16% found it good, while only 1% rated it as acceptable. Almost all (99%) attendees would recommend the workshop to a colleague and 94% were interested in attending an MYW programme. An open-ended question was included in the evaluation for participants to provide any further feedback. Among this were suggestions to include an additional activity such as yoga, and to enhance the experience by lying down for meditations or dimming lights. Most participants were happy with the workshop length although there were some requests to make it slightly longer, suggesting that there is scope for an additional activity to be added.

Implications: This initiative was very successful and demonstrates how HP&IOs can support healthcare professionals by providing them with tools to look after their wellbeing while at work. The “Mind Yourself” workshop was very well received and attended. Feedback collected will allow it to be further developed and refined to meet the needs of healthcare professionals.

Establishment of regional Senior Health Promotion & Improvement Officers - Cancer Prevention Network

Ms Áine Lyng¹, Ms Maria McEnery¹, Ms Adrienne Lynam², Ms, Triona McCarthy¹, Ms Ann-Marie Lawlor², Ms Caroline Murray², Ms Bernadette Mullins², Ms Shirley O'Shea² & Ms Lisa O'Donnell,
*1 HSE National Cancer Control Programme and *2 HSE Health & Wellbeing

Aim: 1 in 2 people in Ireland will develop cancer in their lifetime, and it is the number 1 cause of death in Ireland. Many modifiable risk factors that affect cancer risk (i.e. physical activity, tobacco use, alcohol intake, body weight and healthy eating) also impact a person's mental health and wellbeing. Promoting mental health and wellbeing requires intersectoral action. The development of a Regional Senior Health Promotion & Improvement Officers - Cancer Prevention Network seeks to bring together practical on-the ground initiatives and collaborations to tackle shared modifiable risk factors and create positive associations with cancer risk reduction.

Approach to Practice: The HSE National Cancer Control Programme (NCCP) is engaged in the implementation of the National Cancer Strategy 2017-2026. In keeping with the NCCP focus on prevention and early diagnosis of cancer, regional roles of Senior Health Promotion & Improvement Officer – Cancer Prevention (SHPIO-CP) have been funded for the first time. They are allocated to ensure representation in each new HSE Health Region. Each role is managed by the Health Promotion and Improvement (HP&I) Dept. under the relevant divisional Health and Wellbeing CHO. The SHPIO-CPs have formed a Cancer Health Promotion & Improvement Practitioner Network, co-chaired by the NCCP and HSE Health Promotion and Improvement - Health & Wellbeing. The Network is a forum for collaboration and shared learning. SHPIOs are implementing health & wellbeing initiatives in their regions, building awareness and capacity among their HP&I colleagues and community partners, and focusing on health needs of their populations to reduce cancer risk, which should positively affect the population's mental health and wellbeing. Additionally, highlighting the positives of cancer prevention and early detection tackles the negative associations with cancer.

Outcomes: Mental health is one of the most important public health challenges of our time. The modifiable factors which affect cancer risk, also impact upon mental health. This collaboration, creates access to important cancer risk reduction initiatives, building connections with colleagues working on similar programmes & strengthening work which impacts mental health. The SHPIO-CP address positive actions in relation to cancer risk reduction, tying with the WHO there is no health without mental health.

Implications: Mainstreaming and integrating mental health promotion within HSE services and programmes and making it all of our business has the potential to improve mental health and wellbeing outcomes for our populations. Mental health depends on partnership and collaboration across HSE service areas, the regional cancer prevention officers and the network provide an avenue for this collaboration.

An organisational approach to design and develop an eLearning training programme to upskill and enable managers proactively prevent and manage work-related stress

Ms Nodlaig Carroll, Organisational Health Lead, HSE Workplace Health & Wellbeing Unit, National HR

Aim: To raise awareness of manager's statutory responsibilities and duty of care in preventing and managing work-related stress and for managers to feel confident, empowered and supported in proactively preventing and managing work-related stress.

Design/Approach to Practice: A HSE Workplace Health and Wellbeing Unit (WHWU) working group with members from National Health and Safety Function and Organisational Health was established, to design and develop an eLearning training module to support the implementation of the HSE National Policy on the Prevention and Management of Work-Related Stress, 2023. An initial consultation took place with internal and external design stakeholders (HSE LanD and Aurion Learning) followed by the working group completing a design approach content plan including agreeing timelines for storyboard, alpha and beta build reviews and sign-offs. Prior to commencing the project, contract, timeline and content plan sign off with external stakeholders was concluded, Subject Matter Expert involvement and multi-discipline stakeholder engagement approaches at each stage of design phase including internal WHWU and wider organisational consultation was agreed.

Findings: Creating healthy and supportive work places and work environments is a national key priority for the HSE as set out in many national policies. Managing stress in the workplace forms a core part of the HSE's overall safety management system with a focus on the hazards and identified risks associated with potential work related stressors (psychosocial hazards). Since 2018, Organisational Health, HSE WHWU has taken a lead role in providing support and assistance to managers and facilitating interventions to support HSE teams across the organisation on mitigating against complex psychosocial issues, including work-related stress (WRS), using PRIMA-EF approaches as a comprehensive, overarching framework for the harmonization of practice and methods in the area of psychosocial risk management and mental health and wellbeing in the workplace (Cox et al 2011, Leka et al 2012, 2018, 2022). Feedback reported by managers have highlighted two areas of concern that may impact negatively on the prevention and management of WRS in practice; managers often do not believe they have the skill-set and qualifications to actively manage WRS and they report fear in that they may make a situation worse. To support HSE priorities for creating healthy and supportive workplaces, the implementation of the HSE National Policy on the Prevention and Management of Work-Related Stress, 2023, and address manager concerns, it was agreed to design and develop a HSE eLearning training programme for managers to incorporate three learning outcomes;

1. Identify the signs and symptoms of work-related stress in individuals and teams.
2. Identify manager and employee roles and responsibilities as they relate to preventing and managing work-related stress.
3. Conduct a work-related stress risk assessment, using the HSE templates to identify existing controls in place and identify further controls needed.

The eLearning Programme takes 45min to complete and is a mandatory eLearning training programme for anyone in the HSE with the responsibility of managing staff and carrying out health and safety risk assessments. It uses story board and interactive learning techniques using HSE tools and templates for WRS risk assessment including how to conduct an individual WRS risk assessment and a team WRS risk assessment using the HSE WRS risk assessment form (CF:013) and understanding how to use the HSE Work Positive. Critical Incident survey (WPCI) to support WRS risk assessment, animated pictures and piece to camera/video introduction and conclusion. An assessment is built into the programme along with a detailed Extend My Learning section; (i) Do More – provides reflective/work-based activities to help learners apply their learning in the workplace,

(ii) Learn More – provides links to additional reading resources e.g. Policies, HSE UK Management Standards for Workplace Stress,

(iii) Support More – provides links to additional resources that supports managers and employees e.g. EAP, Stress Control.

Implications: The eLearning Programme is one facet of a wider 2024 organisational approach to managing and preventing WRS in the HSE. The HSE Work-Related Stress Campaign was launched on 28th March 2024 across all HSE communication and social media platforms. A dedicated HSE Staff Webpage for WRS acts as a centre information point for managers and employees, including links to policy, eLearning Programme, support tools (HSE WPCI) and templates (CF:013 Form) and supports e.g. HSE National Health and Safety Helpdesk self-service portal/contact details. This webpage link has been included in all communications across the organisation. A robust data collection approach has been designed to review uptake and engagement across the organisation and will be measured at quarterly intervals.

Becoming trauma aware – The development of an inter-agency eLearning training awareness module

Ms Judy Cronin & Ms Sandra Cogan-Williamson, Dept. of Public Health, Health Service Executive South West, Cork

Aim: Trauma and Adverse Childhood Experiences (ACEs) are a harmful and costly Public Health problem. Addressing trauma requires a multi-agency public health approach that includes public education and awareness. Cork City Council established a Trauma Inter-Agency Steering Group Forum to progress Cork as the first Trauma Sensitive City in Ireland. Cork is the first city in Ireland to have developed and launched a trauma strategy and has developed an eLearning trauma awareness module aimed at organisations and agencies (to include the health sector, Local Authority, community and voluntary sector, universities, policing, education and the general public), ensuring that staff members have an understanding and awareness of trauma.

Approach to Practice: Becoming Trauma Aware - an introduction to psychological trauma is a 45-minute eLearning module and a first step in raising awareness about the need for organisations to start becoming trauma aware. This HSEland eLearning module was funded through an inter-agency approach and content co-created by subject area experts with professional expertise in developmental and war trauma. It includes the lived-experience of those who have experienced trauma and adversity in their lives and incorporates a mix of animation, video and Irish research. The E Learning module is accessible across two platforms ensuring the greatest population and organisational setting reach. It is available on the National Health Service Executive eLearning and Development portal HSEland – the go-to staff training location for health and social services including funded agencies in Ireland and also on the Cork City Council website (<https://www.corkcity.ie/en/council-services/services/community/cork-trauma-sensitive-city/>) free to all those who cannot access HSEland including the public.

Outcomes: To date April 2024, 5,840 staff across both platforms have completed the module. In 2023 Cork Trauma Sensitive City was shortlisted for an All-Ireland Community and Council Best Community Health Project and the e-module was awarded a National Health Service Excellence certificate of commendation for engaging a digital solution.

Implications: We need to ensure that all staff working across public service settings including, health and social services, community and voluntary agencies, local authorities, education/university settings and policing are trauma aware and that our specialist services and organisations are trauma informed and trauma sensitive.

Social and therapeutic horticulture

Ms Fiona Brauneisen & Mr Jim Gorman, HSE

Aim: To assess the feasibility of a seasonal Social & Therapeutic Horticulture (STH) programme in sites across Community Healthcare East (CH EAST).

Research Methods: Three sites across CH East engaged in a yearlong seasonal SHT programme. 1 session weekly was delivered across 4 weeks within the sites (HSE Residential) directly by our Horticultural Therapist (HT). This was replicated across the 4 seasons throughout the year. In an effort to make the programme more sustainable, in each site a training took place for site staff members to participate. The HT guided staff through each activity providing them with materials with further information. In addition, a video session training took place for additional information for staff on STH. These trainings were practical and provided the skills and tools needed to continue the programme in the future. Natural surroundings help improve mood, health and well-being. Active gardening promotes physical activity. Research has shown that therapeutic horticulture supports attention restoration and recovery from stress. Developing new skills gives participants the opportunity to be creative, which in turn builds self-esteem and confidence. One of the most valuable benefits is social inclusion. The goal of the programme was to increase well-being of participants through caring and working with plants. Three sites with 26 participants from disability, older persons and mental health services took part. A mixed methods service evaluation took place for both staff and service users. We assessed feasibility using three scales adapted from Weiner et al (2017).

Findings: The three validated measures from Weiner et al (2017) were: Acceptability of Intervention Measure (AIM), Intervention Appropriateness Measure (IAM) and, Feasibility of Intervention Measure (FIM). Twenty- six participants took part in the programme. Surveys were administered by staff and the end of each seasonal programme. 97.4% of participants welcomed the introduction of the garden club. 97.4% of participants either agreed or strongly agreed that the gardening club is appealing. 97.5% of participants expressed their approval for the garden club. 92.9% of participants either agreed or strongly agreed that they liked the gardening club. The qualitative feedback was extremely positive and expressed interest in continuing the programme.

Implications: In conclusion, the project provided feasibility of a seasonal STH programme in sites across CHEast and was found to be valuable and worthwhile from both a staff and service user perspective.

Theme: Evidence for Mental Health Promotion Practice and Policy

Health impact assessment and community wellbeing

Ms Kirsty Nash, Ms Bernadette Connolly, Ms Tara Kenny & Dr Monica O'Mullane, University College Cork

Aim: Development of a Community Engagement Toolkit to optimise Community Participation in Health Impact Assessment in Ireland

Research Methods: As part of the HRB-funded project HIA-IM - 'Development of a Health Impact Assessment Implementation Model: Enhancing Intersectoral Approaches in Tackling Health Inequalities,' a Community Engagement Toolkit for HIA will be created by the end of 2024, with the aim of providing guidance for those carrying out HIA's and engaging with community in the process. The project will implement two HIA's - the first on the Cork City Development Plan (2022-2028), and the second on the national Climate Action Plan (2024). Incorporating the learnings from the first HIA, the Toolkit will be piloted in the second HIA of the project. The Gothenburg Consensus paper states the four values of HIA as including democracy, equity, sustainable development, and ethical use of evidence. Engagement with communities to identify health needs can foster local empowerment and may lead to greater community wellbeing when the expressed needs of vulnerable populations are heard at the policy level. To develop the toolkit, a literature review of community engagement and participation in HIA was conducted (January- April 2024), with key approaches, tools and case studies of HIAs gathered from grey literature and peer reviewed articles. In line with the participatory nature of HIA, a public consultation event (April 2024) will be held alongside the HIA using a framework for public participation. As well as providing guidelines for HIA practitioners in community engagement, use of the Toolkit will ensure that lived experiences are embedded in the process.

Findings: Preliminary findings from the literature review are that engaging with community in the HIA process captures the lived experiences and local circumstances of community members, fostering community empowerment and greater health awareness. However, many practitioners find community engagement to be practically challenging, citing time and resource constraints. The review of case studies for community engagement in HIA has identified key tools that have been used to mitigate these challenges and facilitate meaningful community participation, including the PATH (People Assessing Their Health) tool, CHIA (community HIA), as well as useful methods of engagement, such as participatory workshops, capacity building, focus groups, transect walks, and interviews. These findings, along with learnings from the first HIA, will inform the content of the Toolkit.

Implications: Use of the Toolkit will centre community engagement in the HIA process in Ireland. Despite democracy being one of the core values of HIA, as established in the Gothenburg Consensus, current guidance for HIA published by the Institute for Public Health do not include guidelines on community engagement in HIA. Therefore, it is the aim that this Toolkit will complement the guidance to enable that the community voice is heard in future HIA practice, which in turn enhances community wellbeing when views are included in the HIA process. This synergises with the Mental Health Promotion Plan (2022-2027) and the Pathways to Wellbeing: National Mental Health Promotion Framework, which promotes mental health and wellbeing at a population level in Ireland.

The implications and impacts of climate change on mental health –are we ready?

Dr Grainne Ketellar, Atlantic Technological University - Donegal

Aim: To give listeners an overview of the complex systems impacts of climate change and outline how these will likely exacerbate existing mental health challenges in society, particularly but not exclusively for already marginalised populations.

Research Methods: Multi-disciplinary insights derived from health, social and environmental science research about the myriad ways climate impacts will generate upward cascading pressures on the health and mental health of society.

Outcomes: Conclusion points to massive rationale for allied health professionals mobilising with climate change campaigns to act now.

Implications: Stressors on people's mental health will arise from myriad impacts of climate change as they begin to impact health services and systems from multiple angles – Health professionals need to mobilise with climate action campaigns to get upstream sooner rather than later.

A qualitative study of health literacy across two Irish community settings

Ms Maeve Murray, Dr Sarah Meegan, Dr Stephen Behan & Dr Hannah Goss, School of Health and Human Performance, Dublin City University

Aim: This study aimed to explore the health literacy strengths, needs and issues encountered in Social Inclusion and Community Activation Programme (SICAP) areas where physical and mental health of inhabitants are targeted for development of healthy behaviours.

Research Methods: Purposive sampling of 105 participants (71% female) with lived experience of health literacy strengths, needs and issues in their local community was used. Participants (from two Sláintecare Healthy Community areas; Mayo and Finglas and Cabra,) were invited to participate in either an individual interview or a focus group, depending on their preference. All data collection used a semi-structured interview guide. Consent was obtained and transcripts were reflexively thematically analysed. A critical friend approach was taken to data coding. Themes were refined, defined and renamed until they were deemed appropriate. The findings predominantly reflect the first author's analysis of the data and were challenged by the co-authors, leading to rich, thorough and reflexive analysis.

Findings: Themes highlight access, in relation to transport and insufficient healthcare provision; interpersonal and community influences on health literacy; accessing and understanding health information and perception of health literacy as an individual responsibility, as challenges to health literacy in both community areas. Sub themes, through isolation, loneliness and addiction, were observed in relation to emerging mental health challenges. Health literacy as a term is not commonly used in communities, however, evidence suggests various levels of health literacy (functional, interactive and critical) are utilised. Improved health literacy is strongly related to education and prevention of negative healthy behaviours for better health outcomes in communities. Similar to McKenna et al., (2018), individuals are capable of locating responsibility for health beyond an individual level and making sense of knowledge within their own social contexts. A sustainable systems approach is essential to develop health literacy capacities at all levels to promote health literacy in Sláintecare areas.

Implications: Holistic efforts to support physical and mental health promotion at a community level requires input from service users in partnership with service providers. Designing effective and sustainable health literacy interventions is required to create impactful change. Findings contribute to Sláintecare and Healthy Ireland future policy considerations for strategies in supporting targeted healthy communities in Ireland.

Reflecting and writing collaboratively on the process of Cork as a Healthy City - Publishing a book on Cork Healthy Cities

Dr Monica O'Mullane & Ms Denise Cahill, University College Cork

Aim: To present and share insight on the process of reflectively writing a book on Cork as a Healthy City in a collaborative way.

Approach to Practice: Inspired by the fervent call of de Leeuw et al. (2021) for action to be dedicated to the assessment of work carried out across all Healthy Cities, a book has been published in response. Commitment, Collaboration and Continuity: Celebrating Cork as a Healthy City (ISBN: 978-1-9163790-8-4) is our response to the need for an assessment of work and reflexive examination of the processes, challenges, and successes for future development. In particular, the generic learnings at the conclusion of chapters in the book provide learnings that we have consciously developed from our experience, which will inform our future direction for Cork Healthy Cities. The approach adopted has been to create a volume consisting of 13 chapters edited by the presentation authors. Chapters in the book share in a reflexive way the hard-earned experience and insight, lessons learned, and challenges faced and overcome, on projects led and/ or partnered with Cork city, a WHO designated healthy city since 2012. Such projects include Greens Spaces for Health, PSYCHED a mental health promotion initiative, establishing Ireland's first sexual health network, transforming the city through a playful approach, creating a food policy council in Cork, community and voluntary sectoral partnership, and reflections on health in climate emergency. The book was funded by Cork City Council, Cork Healthy Cities and ISS21 in UCC, and published by Cork City Libraries.

Outcomes: This book allowed individuals and groups who work to build Cork as a healthy city to reflect collaboratively on the process of work, with two goals in mind. Firstly, to archive the work being done and to share learnings and insight with others. Secondly, in carving space aside to reflect and write this book, all book contributors have had an opportunity to use this reflection for planning for the future direction of Cork healthy Cities work and for the implementation of the Cork Healthy Cities Action Plan (2020-2030).

Implications: This book Commitment, Collaboration and Continuity: Celebrating Cork as a Healthy City communicates knowledge on an innovative partnership model that is evidence-based and growing from strength to strength with Cork Healthy Cities. Public health and public mental health policy in Ireland endorses this kind of work, which in reality is challenging to implement in this ongoing collaborative way.

‘Walking under the Spotlight’: Assessing the impact of a community-based walking initiative on health and wellbeing

Ms Nicola Briggs, Dr Aisling McGrath, Dr Barry Lambe, Prof. Niamh Murphy & Dr Noel Richardson, South East Technological University (SETU)

Aim: The Ireland Lights Up (ILU) initiative, supported by the Gaelic Athletic Association (GAA) and other community partners, encourages GAA clubs to turn on their floodlights and host weekly walking sessions for local communities for a six-week period during the winter months. With an estimated 35,000 participants each year, ILU holds the potential to significantly impact multiple facets of physical, social, and crucially, mental health well-being within the wider population. The overall aim of this study is to measure the impact of the ILU initiative on physical and mental health and wellbeing outcomes, the effectiveness in terms of implementation across GAA clubs and examine the scale-out to other community organisations.

Research Methods: In 2023, a formative mixed-methods study was carried out where surveys were administered to adult ILU participants from 12 GAA clubs (n=181), alongside semi-structured qualitative interviews with ILU coordinators at both club (n=12) and national levels (n=1). The surveys, consisting of Likert scale questions, monitored participation and assessed impact on well-being, while qualitative interviews, conducted via Zoom, employed a hybrid framework combining RE- AIM and PRISM methodologies, subsequently analysed through thematic content analysis.

Findings: Results revealed that the average age of survey respondents was 52.3 years, with a majority (73%) being female. Notably, nearly 60% reported walking predominantly with friends and a significant proportion strongly agreed that ILU led to increased exercise (56.4%), facilitated interactions with others in the community (45.5%), and expressed intentions to sustain heightened walking activity (54.3%). Moreover, almost 66% asserted that ILU positively impacted their overall health and well-being. Qualitative interviews underlined the enduring benefits of ILU, emphasising the rebuilding of interpersonal connections, the safeguarding of dedicated time with loved ones, and the deepening of social capital and connectedness.

Implications: Notably, ILU emerged as a rare example of a physical activity (PA) program operating at scale, with its main advantage lying in fostering social connection and improving mental health during the darker, less active months. Ireland Lights Up holds promise as a transformative initiative, particularly in light of its capacity to combat social isolation and bolster mental well-being within communities. A more comprehensive evaluation of ILU's reach, effectiveness, adoption, implementation, and sustainability, offering insights crucial for shaping future scale out nationally and to maximise its effectiveness throughout a variety of community spaces, is now underway through a PhD study.

Eco-wellbeing: Attitudes to nature, and environmental concern, and experience(s) of Nature Based Programmes (NBPs) in relation to staff and students' health and wellbeing

Ms Catriona Carlin, Ms Emma Court, Ms Aisling Harrington, Ms Kathy Hynes, Ms Gesche Kindermann, Ms Fiona Roche & Ms Sinead Sheehan, University of Galway & Foróige

Aim: The aim of this study is to investigate attitudes to nature, in relation to staff and students' health and wellbeing. We want to determine how people construct and relate values regarding nature, the environment, their health and wellbeing, and their behaviour/actions in response to, or because of these values and their care/concern for the environment and climate (phase 1). We also aim to use activities based in nature spaces on campus as nature-based solutions to promote health & wellbeing for students and staff attending University of Galway (phase 2).

Research Methods: This project combines multiple methods. Phase 1 is underway with students but will commence in next month for staff. Phase 2 will commence in Semester 1 of the next academic year for students and staff. Phase 1 comprises an online survey which requires participants to indicate how they interact with nature, how and why they use blue and green spaces. It includes open and closed questions on their attitudes and actions/behaviours relating to the environment or climate concern, including pro-environmental or conservation/stewardship values. A Likert scale will be used to detect the strength of their attitudes, perceptions and values. Phase 2 comprises ecotherapy, and the use of nature-based activities including conservation actions. Participants will complete before and after questionnaires to evaluate their health and wellbeing.

Findings: This talk will give an overview of preliminary findings from the student survey and will outline how we think this will influence the next part of the study and the implications for supports and strategies that we offer at the University.

Implications: Use of ecotherapy and knowledge of attitudes regarding environment, climate and health and wellbeing to devise strategies and activities to promote nature connection and benefit health and wellbeing. Specifically we aim to promote hope, courage and build resilience.

Development of a gender sensitive adaptation of Minding Your Wellbeing Training

Mr Pauric Brazil, HSE

Aim: The aim of the project was to adapt, pilot and evaluate a gender specific version of the established Minding Your Wellbeing training in CHO DNCC and CHO DSKWW to encourage more males to attend. Minding Your Wellbeing is a positive psychology programme for HSE staff that focuses on building strengths to promote mental wellbeing rather reducing mental ill-health related symptoms.

Research Methods:

- Stakeholder consultation was carried out with the national Minding Your Wellbeing and Engage teams.
- The Minding Your Wellbeing course content was adapted to create a new set of resources aimed at a male audience.
- Two pilots were delivered in CHO DNCC and CHO DSKWW to 26 participants.
- A quantitative and qualitative evaluation of the two pilots was carried out.
- The project report was presented to national stakeholders in May 2023.

Findings: Wellbeing for Men was integrated into the national KPI for Minding Your Wellbeing for 2024. A Train the Trainer course was developed and will be delivered in November 2023 to support national delivery in 2024. Participant Feedback:

- 92.3% found their experience of the programme good or excellent.
- 96.2% felt that the objectives of the programme were met.
- 53.8% of participants felt that the 'Men Only' aspect of the training encouraged them to attend, while 38.4% had no preference.
- 80.7% felt the imagery, slides and language were appropriate to a male audience.
- 96% of participants would recommend the programme to a colleague.

Implications: Through this pilot we have found that a mental health training programme targeted specially at males in the HSE has positive mental health and wellbeing outcomes.

Supporting third level students' mental health and wellbeing –Adaptation and process evaluation of Minding your Wellbeing Programme

Dr Eibhlín Walsh, Dr Paul Corcoran, Ms Ailish O'Neill, Dr Aleisha Clarke, Dr Niamh Nestor, & Dr Pamela Kelly, National Suicide Research Foundation, National Office for Suicide Prevention, HSE, Mental Health and Wellbeing, HSE and School of Veterinary, UCD

Aim: Higher education is increasingly recognised as a key setting for supporting the mental health and wellbeing of young adults and helping all students to reach their full potential. Mental health difficulties among students in higher education is an emerging public health issue, with symptoms of distress, anxiety and depression increasing in the student population. Healthcare professionals, such as veterinary professionals, are an occupational group identified at- risk for a myriad of mental health difficulties. There is international evidence that interventions designed to enhance students' emotional, social and psychological wellbeing can have a positive on student outcomes. The delivery of interventions designed to enhance healthcare students' mental health and wellbeing has the potential to improve student mental health outcomes in both the short term and during their professional life. To date, however, few programmes addressing students' mental health and wellbeing exist in Irish universities. The HSE's Minding your Wellbeing programme offers a potential solution as part of a broader suite of support in line with the National Student Mental Health and Suicide Prevention Framework. The programme was adapted and piloted with first year veterinary science students in University College Dublin (UCD). This study aimed to evaluate the impact of the programme on students' mental health and wellbeing and to explore students' views of the programme.

Research Methods: The programme was delivered during the first 2023/2024 trimester by trained facilitators in UCD. Surveys were administered via Qualtrics to the students pre- and post-module. Paired sample t-tests compared pre- and post-module survey responses to investigate changes in students' perceived wellbeing, self-care practices, mental health attitudes and skills over the course of the trimester. Mixed-method analyses incorporating frequency and thematic approaches investigated module need and content perspectives.

Findings: A total of 73 and 48 participants completed the pre- and post-surveys, respectively, and 41 participants were matched based on pre- and post-responses. Results indicated a significant increase in self-care (mean diff.=-1.00,t=-2.19, p=.018) and positive mental health attitudes (mean diff.=-1.21,t=-3.14, p=.002) scores between pre- and post-intervention. Mixed method analyses indicated that most participants perceived the programme to be well-delivered, appropriate, and worthwhile. The interactive components provided opportunities for skills development, learning and connection. Rapport with both peers and facilitators and the interactive nature of the programme facilitated programme implementation. Students recommended further adaptation of the programme to address the specific stressors experienced by higher education students.

Implications: The findings highlight the potential of a curriculum-delivered mental health promotion intervention in enhancing veterinary science students' attitudes towards mental health and self-care practices. Further adaptation of the programme in collaboration with third level students is necessary. Additional research is also needed to establish programme efficacy, application across wider healthcare students and sustainability.

POSTER COMMUNICATIONS

An insight from teachers on post-primary health education in Ireland

Ms Lorna Burke, Dr Nathan Gavigan, Dr Sarah Jane Belton, Dr Craig Smith & Dr Hannah Goss, Dublin City University, The School Of Health and Human Performance

Aim: The aim of this study is to evaluate the use of visual methods such as photovoice, in health education programmes, with young people.

Research Methods: PRISMA guidelines for conducting and writing systematic reviews were followed in this systematic review. The process involved a systematic search of nine electronic databases (MEDLINE, PubMed SportDiscuss, British Education Index, Education Research Complete, PsycINFO, PsycARTICLES, Scopus and Ebscohost) using Boolean operators to include the relevant terms related to health literacy, visual methods, and adolescent health. Covidence, a web-based collaboration software platform was used throughout the screening process. The Joanna Briggs Institute (JBI) tool was used to assess the quality of included studies.

Findings: 7567 studies were imported for screening. After a screening process, a total of 100 studies were included for data extraction. Intervention characteristics, methodologies and the analysis of visual methods within each study were analysed. Visual methods were used in a wide variety of health programmes such as obesity prevention and physical activity promotion. Photovoice was the most commonly used visual method with young people in health education programmes. Thematic analysis was generally used during data analysis of the visual methods within each study.

Community engagement emerged as a crucial component of using visual methods with each study concluding with some form of social action. Developing relationships with key stakeholders in the community and ensuring that projects were student led were pivotal to a successful outcome.

Discussion: Visual methods were found to be a valuable tool that can be adapted for use within a variety of health promotion programmes with young people. Visual methods facilitate discussions and reflections within projects which in turn promotes learning and engagement with participants.

Implications: Visual methods, and in particular Photovoice methodologies, are emerging as valuable tools to use when delivering health education programmes to young people. The engagement of participants with visual methods has been assessed in some of the studies included in this review, and results were positive. However, future research is needed to evaluate the effectiveness of using visual methods within projects.

Nearby nature. A participatory project grounded in the ethos of environmental visual art practices

Ms Paula Lowney, Health Promotion Officer, Wexford Health Promotion Team, Wexford Mental Health Association, Parable Garden's Education Centre, Wexford County Council through the Creative Ireland programme

Aim: 'Nearby Nature' facilitated the creative exploration and sharing of opportunities for enhancing wellbeing of accessible local natural spaces by individuals from the local area, targeting those in parent and caregiving roles, and the subsequent creation of sustainable signposting to share the learning with the wider community.

Research Methods The Nearby Nature project was grounded in the ethos of environmental visual art practices. The creative process was influenced by the current research available on the benefits of nature on health and wellbeing. The project provided the opportunity for participants to explore through creative and experiential mediums the potential that local natural spaces have to support their own wellbeing and that of their families and the wider community.

The project consisted of three main phases:

Phase 1- Co-development of the workshop series with community practitioners, representatives from community group, arts practitioners, health promotion officers and green therapy consultant working together to co-design the workshop series.

Phase 2- Facilitation of a series of five site specific, participatory visual art workshops with group participants. These workshops were led by a local artist- Orla Bates and co- facilitated by Health Promotion Officers. The workshops took place in a range of outdoor sites to the accessible to the participant group, chosen for their particular ecologies, such as riverside, rock land, shingle shoreline, urban park etc. Each workshop functioned as an individual and collaborative exploration of some key aspects of nature for wellbeing using expanded ideas of drawing, utilising land art traditions, for example pattern making with foraged local materials such as pebbles or leaves.

Each workshop was structure as follows:

Connect: Exercise exploring our senses.

Explore. Time to be still and noticed things we hadn't seen before.

Create: For example: blind drawing on large clipboards, using a variety of drawing mediums gave depth and colour to the pictures.

Ephemeral art foraging for material, drawn to the diversity of plants in the nooks and crannies and pools.

Reflect: Time to note messages/learnings/observations to take into everyday life

Phase 3- The design of a series of sustainable wooden plaques. Each plaque detailed a curated selection of responses in both image and text, serving as a reminder of the creative efforts nourished in the project workshops. The plaques will also serve as creative inspiration and as a momentary wellbeing support for passers-by. The artistic director lead the design, planning and installation of these markers. A further outcome will be the publication of a report of the process, evaluation, learnings and recommendations for future replication and scaling of the project.

Findings: Final Curated Quotations for the Wellbeing Signage Installations in the community locations connected with the project:

- 'We are a part of nature and we can ask nature for help. When we are in nature you're returning home.'
- 'Fresh air and birdsong renew my strength and I feel 20 years younger. Don't stop and always move on.'
- 'We don't need to rush to live. Slow down. Breathe.'
- 'Be in the moment.'
- 'Nature around us is an example of the cyclical nature of life. Something old that interferes with life needs to be let go. And then something new will appear that will make us happy.'
- 'I like to walk in the forest where the earth takes away things that don't serve us anymore.'

Implications: Easy to replicate programme. Scale and adapt- it offers both opportunity for active engagement of participants in creative nature based workshop but also the signage installations provide opportunity for community engagement with the theme on an ongoing basis.

How important is mental health to children? Youth voice in The Health Behaviour in School-aged Children (HBSC) Study

Ms Louise Lunney, Ms Rachael Maloney, Dr András Költő, Ms Aoife Gavin, Ms Olivia Nealon Lennox, Prof Saoirse Nic Gabhainn & Prof. Colette Kelly, Health Promotion Research Centre, University of Galway

Aim: Youth engagement is a fundamental aspect of the Health Behaviour in School-aged Children (HBSC) study. The aim of this presentation is to describe how young people were involved in identifying and prioritising topics for inclusion in the HBSC 2022 Ireland national report.

Research Methods: A series of youth engagement workshops were carried out in primary and post-primary schools between April and May 2023. Six workshops were conducted, with a total of 123 children taking part. The youth engagement workshops followed a participative protocol which allowed students to work both individually and collectively. Students were divided into groups and given a bundle of cards which corresponded to health topics covered in previous HBSC national reports, as well as new topics that had been included in the 2022 survey. Students discussed the health topics within their groups and individually voted for the health topics that they thought should be prioritised for inclusion in the HBSC 2022 national report. Students worked together to create a 'pizza chart' for the class's top priority topics where they outlined the following: (1) Why the topic was important, (2) what could be done to address issues related to the topic, and (3) who could help to make the suggested changes.

Findings: Mental health was the overall top priority topic receiving 21% of all votes and was ranked as one of the top priority topics in all class groups. Across the six workshops, 31 pizza charts were completed on mental health. Students discussed many reasons why they thought mental health was an important issue. They devised a range of solutions to improve mental health and identified stakeholders who could help to implement their suggestions.

Implications: The workshops demonstrate an approach to successfully involve young people in research report production and highlight the need for stakeholders to prioritise mental health for children and adolescence.

A brain health informed approach to housing: The Brain Health Village Project

Dr Eoin Cotter, Dr Brian Lawlor, Ms Reyhana Cushnan & Ms Helen McCormack, Global Brain Health Institute, Trinity College Dublin & Respond Approve Housing Body

Aim: The Brain Health Village initiative is a collaboration between the Global Brain Health Institute (GBHI) and Approved Housing Body, Respond, which aims to develop a brain health informed approach to housing design and the development of sustainable communities through a community-based pilot project in 'Rathcoran', Baltinglass. The community comprises 56 homes for residents within a mix of unit types and sizes providing homes for a mix of individual and larger family households.

Research Methods: Conceptual Framework Development: A framework development group (FDG) was established comprising individuals with expertise in the academic and service delivery aspects of housing delivery, management, brain health research and education, design and architecture, policy, advocacy, creative arts and implementation science. The group, which included Irish (n=8) and international (n=3) contributors, considered the potential components of a brain healthy community, the founding values, the implementation considerations and overall evidence base. The draft framework was included in a series of workshops with residents and local stakeholders, to facilitate their input as part of a co-creation process. Baseline evaluation and needs assessments; was conducted at 3 points; in-person workshops, Community Outcomes Star surveys with tenants, and with a baseline tenant survey that collated information on overall wellbeing and life satisfaction. Implementation Planning: Needs assessment data informed a project design workshop which identified areas of need in relation to brain health and considered the necessary activities to address them. The resulting workplan was mapped to the overall framework model pillars. Evaluation: A developmental evaluation is being undertaken enabling real-time feedback and learning over project lifetime. The baseline survey will be repeated at intervals to assess overall progress on outcomes, and key activities will also be evaluated to track their effect on improving brain health.

Findings: Brain Health Community Framework: The final output of the FDG is a values-based framework that is designed to be adapted to specific contexts and applications through co-creation and stakeholder engagement. It comprises 6 pillars (Life course approach for brain health and wellbeing, Stakeholder mapping, engagement and influencing, Equity and security values, Promoting an Intergenerational Community and Facilitating Creativity, Built and Natural Environment, & Service availability and integration. Needs assessment and implementation: Evaluation of tenants who participated in workshops indicated a strong alignment with the aims of the project, and overall needs assessment process identified priority areas which informed an implementation plan, focused on a number of key areas including: healthy food programme; social walking club; improving the environment through planting, lighting and accessibility; partnerships with local employers and co-developing a Brain Health training and awareness program. The project won the Chartered Institute of Housing Award Excellence in Health and Well Being Award in 2024.

Implications: The built environment and communities are major determinants of physical, mental, and brain health. The holistic approach of the BHV project and Brain Health Community framework offers a globally relevant, adaptable, values-based framework that can protect Brain Health and address the challenges of housing provision and sustainable, healthy, community development.

**A working partnership between statutory and community and voluntary sectors –
A step further than providing funding – that really yields, for the service users and the wider communities**

Ms Rita Bevan, Health & Wellbeing Community Referral Project, Cork/Kerry Social Prescribing Service

Aim: Development of a structured intersectoral partnership to develop, oversee and support the delivery of a quality and accessible regional social prescribing service. A further development of the Partnership between HSE Cork/Kerry Community Healthcare and the National Forum of Family Resource Centres, through structuring a role of regional coordinator, to optimise communication, development, delivery and oversight of a quality service that evolves to meet potential service users' needs in a real way.

Approach to Practice: The Health and Wellbeing Community Referral Project (H&WBCR) began as a partnership project between The National Forum of Family Resource Centres Mental Health Project and HSE Health and Wellbeing, Cork/Kerry Community Healthcare, coming together to pilot a Social Prescribing service in the region.

- Social prescribing is a way of linking people with sources of support within their communities, to address health and wellbeing through real and supported engagement in meaningful social activities and community participation.
- The service provides GPs and other healthcare professionals with non-medical referral options to improve health and wellbeing.
- This also provides an avenue for empowering people in actively engaging in their own health and wellbeing, with the provision of self referral options.
- Family Resource Centres (FRCs) are based in some of the most marginalised communities across Ireland. In these areas, poverty, social isolation, deprivation, and unemployment are weaved into the everyday lives of the communities.
- Referral options available through the FRC/CDP provide many of the referral opportunities that the service user can be linked into, this partnership enables clients to avail of so much more services than just that of the Social Prescribing Link Workers service.

As the pilot project evolved and achieved sustained funding – The Partnership through the NFFRC appointed a Regional Coordinator to support and help positively develop the service.

Outcomes: The partnership between Health Promotion and the NFFRC – supported by the provision of the role of a regional coordinator has resulted for the partnership in increasing meaningful capacity around:

- Greater Structured meaningful Partnership, Linkage and Communication
- Oversight - Monitoring and reporting on the service including the work, meeting KPI targets,
- Collection and collating of data - through detailed monthly reports and a database of all service user demographics.
- Programme development tailored to meet the needs and positive development of the programme
- Financial accountability and administration
- Creation and ongoing support of a very strong network of SP workers in the region who have developed strategic and structured collective working structures. This includes strategic service development, collective reflective practice, peer support, individual support, external supervision.
- This linkage and support also extends to the 10 Host FRC/CDP and their Managers ref providing and developing the service in their communities
- Link with National structures around pieces of work to support the resourcing, evidencing and development of the Social Prescribing Service in Ireland. E.g.:
 - Member of the All Ireland Social Prescribing Network,
 - Steering group of Echo Social Prescribing Learning Hub,
 - Member of the Committee on Research on Evaluation tools by Trinity College.

This role has given increased capacity to develop a quality, wrap around, client focused service. The service can evolve through this extra level of communication and linkage, to meet the potential

service user's needs, identify gaps and work to tailor responses to meet the needs as they present, to support and empower service users towards improved health and wellbeing – of mind, body and spirit.

Implications: This working partnership between statutory and the community and voluntary sector shows real collaboration in action. It is not theoretical or aspirational – it is a working collaboration that seeks to optimise the quality and reach of the programme with the end view of the service user getting a timely, appropriate and professional service.

The adaptation of minding your wellbeing for an older adult population in CHO Dublin North City and County

Ms Áine O'Rourke, Mr David Gavin & Ms Tara Curran, HSE – Health and Wellbeing Division

Aim: To pilot the HSE's Minding your Wellbeing Programme with an older adult population in a community setting in north Dublin. To establish if Minding your Wellbeing could help tackle the issue of loneliness and improve mental health and wellbeing amongst an older adult population.

Research Methods: The HSE's Minding your Wellbeing Programme was developed in 2015 and delivered to HSE staff with the aim of promoting mental health and wellbeing. It is an evidence based programme based on the concepts of positive psychology. This project adapted the content of Minding your Wellbeing to an older adult audience taking into account the practical considerations of working with an older adult group. Some of the adaptations included:

- Delivering the programme over a 6-week time period. This allowed a different topic area to be covered each week so as not to overload the participants with new information. A 6-week programme also provided a weekly opportunity for social connection and help create a safe space to share feelings and emotions.
- Adapting the slides and activities to increase font size and reduce the amount of text to take into account possible issues with literacy or eyesight.
- Allowing more time for group discussions. This allowed the voice of the older person to be heard and to create a shared learning experience.
- Including simple practical techniques for relaxation such as breathing exercises or mindfulness activities each week. This allowed the participants to try a new weekly activity that could be incorporated into their week to help reduce stress and improve relaxation.
- Having tea and a chat after each session. This provided a social opportunity and allowed the participants and facilitators to bond.

The pilot programme recruited 18 participants (2 male and 16 female). The first week of the programme involved an introduction to the course, establishing a group agreement and building a rapport with the group. Weeks 2-6 of the programme covered the 5 themes of the Minding Your Wellbeing programme: Self-Care, Understanding our Thoughts, Exploring Emotions, Building Positive Relationships and Resilience. Each participant completed a pre-evaluation on week 1 and a post evaluation on week 6.

Findings: Findings from the pre evaluation:

- The majority of participants had never participated in self-care practices such as mindfulness or gratitude.
- 25% of participants reported feeling lonely either 'Often/Always' or 'occasionally'.
- 100% of participants expressed an interest in improving their mental wellbeing.
- 50% of participants reported that they hoped to become more relaxed, calm and worry less by completing the programme.

Findings from the post evaluation:

- 92% of participants reported overall they were extremely satisfied with the MYWB programme.
- 100% of participants stated they would recommend the programme to a friend.
- 54% of participants reported over the course of the 6 weeks they 'hardly ever' or 'never' felt lonely.

Implications: Since completion of the pilot a national pilot has been initiated with the Minding your Wellbeing team and the National University of Ireland Galway to formally adapt Minding Your Wellbeing for older people in the community. The Health Promotion and Improvement Officers from CHO Dublin North City and County have assisted in the development of the national pilot by providing results from the local pilot, supporting the adaptation of content and resources, supporting the delivery of a Train the Trainer workshop and delivered another 6-week pilot programme. Results of the national pilot are expected in Q2 2024.

Elation: An online tool to assess the wellness of college students

Dr Lindsay Sullivan, Dr Brooke Starkoff, Dr Kristen Heitman, & Dr Jennifer Olejownik, The Ohio State University

Aim: This study aims to underscore the multifaceted dimensions of wellness in the lives of undergraduate health sciences students. Additionally, it seeks to pinpoint specific factors influencing wellness within this population. By doing so, we can develop targeted resources, interventions, and support systems to enhance student wellness.

Research Methods: Data were collected from 87 undergraduate students in the Health Sciences program at The Ohio State University through Elation, an online survey platform. The anonymous online survey captured data on various dimensions of wellness, including career, emotional, financial, physical, and social wellness. Data were collected in March 2024.

Findings: The mean wellness score for participating students was 54 (possible range = 0-100), reflecting a moderate level of wellness in students. Several organizational stressors affecting student wellness were identified, including workload, certainty in program of study (defined as the level of confidence and assurance a student has in their major), and social support at school. We also identified various protective factors related to the wellness of students such as healthy personal relationships, physical security, and workout frequency and length.

Implications: The findings of this study provide a snapshot of undergraduate student wellness, including organizational and personal factors impacting student wellness. The findings of this quality improvement project will inform the development of targeted interventions to optimize student wellness, which, in turn, may improve student experiences, academic performance, and readiness for the workforce. Future interventions to elevate wellness in our undergraduate health sciences students will be discussed.

Insights from University of Galway parkrun: Integrating community initiatives within the university environment

Ms Anna Sheehy, Ms Devin Adams & Ms Allison Dunne, University of Galway

Aim: The aim of this preliminary study is to a) describe the current parkrun operation at University of Galway, b) make initial comparisons with traditional parkrun events in Ireland and c) identify future studies and areas for development for this health promotion initiative.

Research Methods: Using publicly available parkrun data, we summarised descriptive statistics for parkrun events at University of Galway and compared it to other parkrun events across the country.

Findings: Since its inception on December 12th 2023, University of Galway parkrun has an average of 124 weekly finishers, ranging from under 10s to 79 year olds. There are 621 registrants to this event. There are an average of 18 volunteers each week and so far that has amounted to 154 individuals volunteering at the event. Students and university staff, people seeking international protection (Sanctuary Runners), members of the local community, national and international tourists are among the pool of runners, walkers and volunteers. University of Galway parkrun has a younger mean age of participants but a similar trend of more females than males participating compared to parkruns across Ireland. This case study shows that a university campus is a suitable setting for a community initiative such as parkrun. The involvement of students and staff as volunteers, along with a range of participants from the local and wider parkrun community gives an opportunity for building social capital leading to improved mental wellbeing. There is potential for a larger study of the impact of parkrun events in educational settings, exploring the influence on mental wellbeing in both settings.

Implications: Community initiatives are commonly recommended by social prescribers to reduce loneliness and promote mental wellbeing. One popular community initiative, parkrun, has a growing body of research to suggest it is supportive of mental wellbeing via the development of social connections for various community populations. At the University of Galway, a new parkrun was introduced in late 2023. The embedding of a parkrun event within a university community invites an interesting case study for future community initiatives.

Breaking the silence: Revealing elevated levels of work-related stress in academic library workers in Ireland

Ms Éadaoin Ryan & Dr Niamh Imbusch, Technological University Dublin

Aim: In the first study of its kind of this population, this research aimed to investigate levels of workplace-wellbeing among academic library workers in Ireland.

Research Methods: A quantitative statistical analysis survey was conducted of a total population of 844 academic library workers in Ireland to examine the research question: What is the status of workplace well-being among academic library workers in Ireland? With the goal of taking a comprehensive multifactorial look at the well-being of these workers, four factors of well-being were measured: work-related stress, perceptions of the psychosocial work environment, workplace support for health, and job satisfaction. Through a literature review on well-being in library workers, these factors were identified as having the potential to significantly impact health and well-being in the workplace. They were measured using three validated scales: the Workplace Wellbeing Questionnaire (Hyett & Parker, 2011), the Work Stress Questionnaire (Holmgren et al., 2009), and the Workplace Support for Health Scale (Kava et al., 2021). The survey was administered using an online anonymous questionnaire, with a response rate of 21.8/% (n=184). Responses were analysed using descriptive and inferential statistics.

Findings: Across all four factors, respondents had average scores, leading to the conclusion that respondents experience moderate levels of well-being at work. Notably however, while 92.9% of respondents reported that they were aware of the availability of work-based well-being supports, just 17.4% reported feeling fully supported for health in the workplace. Nearly 30% of respondents reported feeling that their employer did not care for their well-being, or cared very little. Many respondents (38%) reported experiencing some level of Perceived Organizational Stress, while more (58%) reported experiencing some level of Perceived Individual Stress. These findings are significantly higher than those revealed in research from the Economic and Social Research Institute, in which 17% of Irish workers reported experiencing work-related stress (Russell et al., 2018). While these findings suggest that there is a high level of workplace well-being supports available to this population, significant numbers continue to experience work-related stress, feel as if their employer does not care for them, and do not feel fully supported for health. These findings point to the need for significant improvement in the quality supports available to promote mental health and well-being of this working population. Further research is warranted to explore this dichotomy in more detail.

Implications: In highlighting a disconnect between the perceived level of support available for mental health and well-being, and the self-reported experiences of work-based stress, these findings point to the need for a deeper understanding of the types of health promotion interventions available, including their efficacy. The suitability, effectiveness, and sustainability of the available work-based well-being supports and policies should be evaluated for potential improvements.

Evaluation of Smoke Free Start Initiative

Mr Paul Kavanagh, Ms Aishling Sheridan & Mr Edward Murphy, HSE Tobacco Free Ireland

Aim: This evaluation had two main aims to inform future implementation of maternity-specific stop smoking services:

1. To describe the overall activity of this new stop smoking service for the 13-month evaluation period.
2. To describe the experiences of those service users who engaged with the services and the experiences of those staff who delivered the services.

Research Methods:

Smoking in pregnancy is a leading public health challenge. National and international studies highlight the urgent need to improve stop smoking care in pregnancy. This care gap was highlighted in the National Maternity Strategy (2016–2026) and an evidence-based care pathway was established in new National Stop Smoking Guidelines (2022). A pilot implementation of the new care pathway was undertaken in two Irish maternity hospitals. Interventions included: local implementation teams; dedicated trained and certified stop smoking midwives; implementation of QUITManager (an electronic stop smoking care record); Making Every Contact Count training for midwives; routine breath carbonmonoxide tests (BCOT) with opt-out referral to stop smoking care for women who smoke. COVID-19 meant that routine BCOT was paused for infection control reasons. This is a mixed methods evaluation, where both quantitative and qualitative data were used; the quantitative data provided service activity and outcome data from QUITManager and the qualitative data provided insights to the experiences of pregnant women who used the services and the health professionals who provided the services, through semi-structured telephone interviews.

Findings: In total, 691 women were referred to specialist Stop Smoking Midwives; 2.8% and 7.0% of births in each pilot site. Referrals were accepted by 81.6% of women, 23.4% set a quit date and 18.2% were quit at 4 weeks (intention to treat analysis), with 14.5% of women delivering a smoke-free baby. The qualitative research highlighted the importance of a non-judgemental approach in both recruitment to the programme and engagement with women in the programme.

Implications: The new pathway was generally positively received by women and midwives; however, the importance of communication, and the contrast for women between fear of judgement up-front versus experience of sensitive and non-judgmental support were key themes relevant to wide-spread implementation. Proof-of-concept and lessons learned will inform and support national roll-out, including BCOT to improve referrals.

HSE Tobacco Free Campus (TFC) Policy Bursary Award to improve overall health and wellbeing

Ms Pauline Kent, Mr Edward Murphy and Ms Martina Blake, HSE, Tobacco Free Ireland

Aim: To foster creative thinking, build supportive processes and address compliance, to support change of social norms around tobacco use and protect and improve the health, safety and welfare of staff, patients/ service users, visitors, contractors and the wider community.

Approach to Practice: The Tobacco Free Campus (TFC) policy is based on international best practice and is in line with the Global Network of Tobacco Free Health Services model. The government of Ireland is a signatory to the FCTC and the HSE as the lever for delivery of healthcare in the state is charged with implementing many of the agreed actions within its remit. The implementation of tobacco free campuses was historically led by Acute sites with other settings less willing to participate due to perceived barriers and challenges. The TFI team sought to identify initiatives that might encourage and increase the number of sites participating in the process and one such initiative was the offering of a Bursary to support sites in TFC implementation. The Tobacco Free Ireland (TFI) programme developed the TFC Bursary Award in 2019 to offer sites an opportunity to avail of up to €5,000 bursary to support and further enhance their tobacco free policies. This has inspired many innovative projects, which have been developed to support the TFC policy implementation. The initiative involved an extensive communication strategy, including workshops, e-mails, presentations and webinars to local and senior management of the sites. This engagement was crucial in getting the support from senior management to support the TFC implementation on their sites in addition to highlighting why as a health service we should be encouraging and supporting TFC in our health care settings. The TFC Bursary Award initiative was developed under three headings:

- Sustainability
- Innovation
- Monitoring & Compliance Building

A training programme was developed by the HSE, which comprised of both on line and face-to-face training. This training programme provided staff with the necessary skills to support service users who smoke in addition to supporting the implementation of TFC on their sites.

Outcomes: The number of sites participating in the Bursary Award has increased each year, from 28 sites in 2019 to 109 sites in 2022. This increase in the number of sites participating year on year as well as the variety of healthcare settings, is evidence of the success of this initiative. The TFC initiative does require commitment, dedication and support. Non-health service organisations, such as the prison services have sought to learn from the experience and they want to implement TFC in their sites. The TFI team are currently reviewing the bursary processes to continue to support the growth of tobacco free engagement across our health service and beyond.

Implications: More Mental Health Services are supporting tobacco free campus initiative and providing support to quit smoking to service users and staff who smoke.

The use of photovoice in youth health education programmes: a systematic review

Ms Lorna Burke, Dr Nathan Gavigan, Dr Sarah Jane Belton, Dr Craig Smith & Dr Hannah Goss, Dublin City University, The School Of Health and Human Performance, Dublin City University, The School Of Health and Human Performance

Aim: The aim of this study is to evaluate the use of visual methods such as photovoice, in health education programmes, with young people.

Research Methods: PRISMA guidelines for conducting and writing systematic reviews were followed in this systematic review. The process involved a systematic search of nine electronic databases (MEDLINE, PubMed, SportDiscuss, British Education Index, Education Research Complete, PsycINFO, PsycARTICLES, Scopus and Ebscohost) using Boolean operators to include the relevant terms related to health literacy, visual methods, and adolescent health. Covidence, a web-based collaboration software platform was used throughout the screening process. The Joanna Briggs Institute (JBI) tool was used to assess the quality of included studies.

Findings: 7567 studies were imported for screening. After a screening process, a total of 100 studies were included for data extraction. Intervention characteristics, methodologies and the analysis of visual methods within each study were analysed. Visual methods were used in a wide variety of health programmes such as obesity prevention and physical activity promotion. Photovoice was the most commonly used visual method with young people in health education programmes. Thematic analysis was generally used during data analysis of the visual methods within each study.

Community engagement emerged as a crucial component of using visual methods with each study concluding with some form of social action. Developing relationships with key stakeholders in the community and ensuring that projects were student led were pivotal to a successful outcome.

Visual methods were found to be a valuable tool that can be adapted for use within a variety of health promotion programmes with young people. Visual methods facilitate discussions and reflections within projects which in turn promotes learning and engagement with participants.

Implications: Visual methods, and in particular Photovoice methodologies, are emerging as valuable tools to use when delivering health education programmes to young people. The engagement of participants with visual methods has been assessed in some of the studies included in this review, and results were positive. However, future research is needed to evaluate the effectiveness of using visual methods within projects.

The prevalence and correlates of sexually transmitted infections among adults in Ireland

Ms Marguerite Fortin, Ms Beáta Bóthe, Ms Mónika Koós, Ms Léna Nagy, Mr Shane W. Kraus, Mr Zsolt Demetrovics, Mr Marc N. Potenza, Prof., Collette Kelly & Dr András Költő, Health Promotion Research Centre, University of Galway, Département de Psychologie, Université de Montréal, 3Doctoral ELTE Eötvös Loránd, University, Budapest, University of Nevada, Las Vegas, University of Gibraltar, Yale University School of Medicine, Connecticut Council on Problem Gambling, Connecticut Mental Health Centre

Aim: Recently, we have witnessed a large increase in the prevalence of sexually transmitted infections (STIs) among adults in Ireland. This is a significant public health issue, because if STIs are not diagnosed or treated, they can cause severe harm to the person's physical and mental health. The increase seemed particularly sharp among young adults, especially young women aged 20 to 24, a pattern not seen before. The mechanisms behind the raise in prevalence occurred remains unknown as no self-reported behavioural analyses were made. Nevertheless, no data exists on the rates of STI treatments in Ireland. The aim of this study is to examine the prevalence of STIs and their behavioural and psychosocial correlates in a large national volunteer sample in the Republic of Ireland.

Research Methods: This study uses secondary analysis of the Irish data collected as part of the International Sex Survey (ISS). The ISS is a quantitative survey carried out in 45 countries, measuring various sexual behaviours. After cleaning, the Irish sample contains responses from 1620 participants aged 18 to 87 years, with a mean age of 33.25 (SD = 14.04), 61.5% of which were born as female. The predictor variables were self-reported prevalence of STI and treatment of STI. The outcome variables included sex, gender, ethnicity, religion, education level, mental illness, participant self-acceptance of their sexual orientation and gender minority, relationship status, length of relationship, relationship satisfaction, age at their first sexual experience, number of sexual partners, contraception use, porn use, sexual intercourse with a stranger of person they did not trust, substance use before or during sex, sexual distress and unwanted sexual acts. Associations of prevalence and treatment with treatment will be analysed using Chi-square tests for categorical variables, and analysis of variance for continuous variables.

Findings: 278 participants (17.2%) affirmed having had or suspected having an STI, 234 of which received past treatment. Further analyses are ongoing. STI rates are expected to be negatively correlated with self-acceptance, relationship status, and communication. On the other hand, a positive correlation is expected between STI rates and minority status, adverse sexual outcome, porn use, sexual distress, and unwanted sexual acts.

Implications: The results from this study could help highlight key indicators that are associated with STI prevalence and seeking treatment, and thus shed a light on why the occurrence of STIs increased between 2022 and 2023 in Ireland. As STIs are still a stigmatised subject, the results of this study also contribute to raising awareness and promoting sexual and mental health.

MindOut Mayo

Ms Jenna Walsh, Dr Katie Dowling & Prof. Margaret Barry, Mayo Mental Health Association & the Health Promotion Research Centre, University of Galway

Aim: To monitor the level of implementation quality across participating schools and identify the factors that acted as facilitators or barriers in relation to programme delivery effectiveness.

Research Methods: This research involved a process evaluation, which included a mixed method approach to examine the implementation of the MindOut Programme in post-primary schools. Data was gathered across various time periods; pre-delivery, delivery, and post-delivery from teachers, principals, and students. Both quantitative and qualitative research methods were used throughout (e.g., questionnaires, focus groups, interviews).

Findings:

- Supporting teachers to deliver this programme led to better implementation and increased positive mental health outcomes.
- Having a consistent link to external organisations allows for better access to resources.
- Building a relationship between schools and local organisations allows for sustainment of the MindOut programme.

Implications: This research aligns with the Connecting for Life Policy as it evaluates the implementation of mental health promotion initiatives in post- primary schools which is one of the aims of this policy.

The role the Social Prescribing Programme plays in mental health and wellbeing in Sláintecare Healthy Communities areas in Dublin North City & County

Ms Claire Gleeson, Mr James Quigley, Ms Margo Brady, Ms Michelle Lynch & Ms Sonia McDermot, HSE Health & Wellbeing

Aim: To demonstrate the impact social prescribing has on the mental health and wellbeing of 969 participants 2022-2023.

Research Methods: Mixed methods (qualitative & quantitative data collections e.g. demographic information, thematic analysis (testimonials) and continuous evaluation through learnings from participants, Social Prescribing Link Workers and HSE representatives.

Findings: An increase in participant's mental health and wellbeing and social connectedness: The Social Prescribing (SP) service within the 4 Sláintecare Healthy communities in Dublin North City and County (DNCC) aims to empower individuals who need support to connect with local services or activities in their community to improve their health and wellbeing. Since December 2020, the HSE has been working with four Sláintecare areas in DNCC, Ballymun, Cabra, Finglas and Kilmore/Priorswood and the North East Inner City, to address health inequalities by implementing targeted initiatives to tackle mental health challenges within these communities including social prescribing (SP). In 2022 & 2023 969 people were referred the social prescribing service across the 4 Sláintecare areas in Dublin North City & County. The main reasons documented for referral were identified as social isolation 50.8% (360), Mental Health 15.8% (112) and social issues 16.1% (114). The more than twofold increase of referrals from 2022 to 2023 show that the demand for the SP service is increasing and is valued by the referrers which include GP's, HSE professionals, community services and self-referrals. The impact and benefits to participants mental Health from attending the service is outlined by the following qualitative video and below statements collected from participants who have attended the service in Dublin North City and County:

"I was a bit of a recluse; I stayed in the house, and I didn't go out. Social Prescribing has been brilliant so far... I am so thankful because it has saved my life and I made so many good friends".

"I think that people who feel overwhelmed, anxious or lonely in their life that it would be great if they could reach out to come here to use the service. It helped me so much I feel like I came out of a tunnel, and I see the brighter light at the end of it".

"I wasn't sure on where to start, due to being out of work I was becoming a recluse in a way, so socially it was really good to get back out and get involved because I would always be an outgoing person and I felt I was losing that"

"It's definitely had a positive impact on my life"

"It helped with my anxiety to the point where I don't have any anxiety anymore".

Implications: In Ireland, the implementation of Sláintecare and the Stronger Together Plan offers a strategic framework for enhancing mental health promotion within the healthcare system, emphasising community engagement and empowerment (Department of Health, 2022). A key initiative, the Sláintecare Healthy Communities Project (SHCP), targets areas in Dublin North City and County—Ballymun, Finglas/Cabra, Kilmore/Priorswood and the North East Inner City (NEIC)—where prevalent health risks intersect with socio-economic deprivation. The social prescribing service is emerging as a vital component to addressing local mild mental health issues and social connectivity by addressing prevalent issues like social isolation, fear and loneliness often made worse by a lack of community ties. By facilitating connections to social activities, support networks, and community resources, SP enables individuals in these areas to overcome barriers to their wellbeing. This underscores the significance of a community-centred approach to mental health promotion initiatives. In 2022 315 people participated in the programme across all areas and in 2023 was 507 with 16 different reasons for referral with social isolation and mental health coming in at the highest. Overall the service is valued by referrers to the service, participants and the social prescribers themselves.

Teaching DBT (Dialectical Behaviour Therapy) Life Skills while utilising Nature to assist Young People Living in Care overcome ACES (Adverse Childhood Experiences)

Mr Stephen Bourke, Mr Clement Quinn, Mr Chris Waters & Mr Colm Bohan,
Foróige

Aim: Enhance young people's ability to utilise DBT life skills and Decider skills to improve their mental and physical health while enjoying their natural environment.

Approach to Practice: The design approach was to take the teaching of DBT and Decider life skills into the outdoors. Utilising the skills of the Foróige Connect staff and their love of nature to make learning these skills easier and more fun to practice.

Outcomes:

- Attendance of young people was higher than when we had our group indoors.
- The ability of the young people to engage and regulate their emotions was enhanced.
- The young people's ability to connect with their peers was improved and incidents of arguments decreased.
- Staff stress levels decreased as the young people's behaviour was more manageable.
- The young people's ability to understand and practice the skills was much improved
- The young people were calmer during and after the groups.

Implications: The prevalence of ACES (Adverse Childhood Experiences) among children living in care is far higher than those residing in their biological home. The ability to support these children understand and cope with the ACES they have experienced is key to their physical and mental health.

Funding considerations for the future of mental health promotion

Dr Katie Dowling & Dr Katie Cook, Knowledge Development and Exchange Hub for Mental Health Promotion (KDE Hub), Renison University College, University of Waterloo

Aim: Serving more than 60 mental health promotion and illness prevention projects across Canada, the Knowledge Development and Exchange Hub for Mental Health Promotion (KDE Hub) contributes to building capacity, community, new knowledge development, and strengthening systemic supports for upstream mental health initiatives in Canada. Building connections with project teams and facilitating peer-to-peer knowledge exchange are key contributions of the KDE Hub and fulfill a mandate to understand systemic facilitators and barriers to the successful development, implementation, sustainability, and scale up of upstream mental health interventions. One of the most often cited concerns amongst those working in this space is the lack of funding and policies designed with sustainability in mind. This concern isn't unique to the project teams served by the KDE Hub; it echoes findings from various international studies highlighting challenges associated with short-term, intermittent funding for health promotion and illness prevention initiatives (e.g., Leadbeater et al., 2023; Kavanagh et al., 2022; Lovell et al., 2015). The aim of this study was to investigate how future funding programs may foster the sustainability of mental health promotion and illness prevention work by gathering insights from project staff actively working in this field.

Research Methods: Project staff (n=17) from 14 mental health promotion and mental illness prevention projects engaged in four concurrent, synchronous focus group style conversations on Zoom. Participants were asked to share what is unique field of mental health promotion and illness prevention, the implications this has on funding, and how funding structures can foster and sustain this type of work in the future. Conversations were video recorded and transcribed. Thematic analysis (Braun & Clarke, 2021) was used to identify key themes across the data set using NVIVO 14 software.

Implications: Each of the themes from this study hold significant policy implications for decision makers when shaping future funding strategies to advance mental health promotion and illness prevention efforts. This research contributes to enhancing knowledge around the unique funding needs of upstream mental health promotion and illness prevention work. Knowledge mobilization strategies to communicate the findings of this study include a brief shared directly with funding decision makers, along with graphic illustrations and an accompanying summary report to highlight key themes shared with the funded projects and the broader mental health promotion community.

Exploring the interplay between nature connectedness and social wellbeing: A scoping review

Ms Catalina Bertens –Schilling, University of Galway

Aim: The concept of health is recognised as an interplay between physical, social, and mental elements, emphasising the need to consider the environment's role in human wellbeing. Nature connectedness, representing an individual's sense of connection with the natural world, and subjective social wellbeing, reflecting their personal appraisal of their social circumstances and connections, are two intriguing constructs within this context. Despite the growing discourse on the environment-human relationship, it remains uncertain whether a significant relationship exists between nature connectedness and social wellbeing. This scoping review aimed to explore the existing literature on the relationship between the nature connectedness trait and subjective social wellbeing. Specifically, it sought to determine the extent to which these two constructs are interconnected, shedding light on the current state of knowledge in this field.

Research Methods: To gather comprehensive evidence, searches were conducted in five electronic databases, including CINAHL, The Cochrane Library, Embase, PsycINFO, Scopus, and Web of Science Core Collection. Peer-reviewed articles and reviews in the English language published between 2018 and 2023 were included. The inclusion criteria were focused on studies that addressed the relationship between nature connectedness and social wellbeing. A total of fourteen studies met these criteria, providing valuable insights into the relationship under investigation.

Findings: The review findings revealed a nuanced landscape regarding the relationship between nature connectedness and subjective social wellbeing. While several studies reported a positive correlation between these two constructs, others presented mixed or inconclusive results. Although the majority of the reviewed studies suggest a relationship or at least a common mediating factor connecting nature connectedness and social wellbeing, it is evident that there is a scarcity of high-quality evidence to definitively ascertain the precise nature of this relationship. This scoping review highlights the intricate and multifaceted nature of both nature connectedness and social wellbeing, emphasising the need for further research to elucidate their complex interplay.

Implications: This abstract delves into an essential aspect of positive mental health, which is subjective wellbeing. It explores the concept of connectedness, encompassing both the sense of connection to people and to nature, namely subjective social wellbeing and the nature connectedness trait. Individuals who experience a subjective bond with nature or their social environment often acknowledge the profound impact of these connections on their wellbeing. While the majority of the reviewed studies imply a correlation or a common mediating factor between these constructs, it is underscored that there remains a scarcity of evidence on this topic. Given the evidence suggesting that these connection constructs have an impact on subjective wellbeing and may interact with each other, there is potential for informing mental health promotion practices and policies.

Perinatal stress and anxiety in Ireland: Sources, experiences, and support needs

Ms Eibhlín Looney, Dr Catherine Houghton, Prof. Sarah Redsell & Dr Karen Matvienko-Sikar, School of Public Health, University College Cork, School of Nursing and Midwifery, University of Galway &, School of Health Sciences, University of Nottingham

Aim: Perinatal stress and anxiety from conception to 2-years postpartum, has important adverse outcomes for women and infants. This study aimed to examine women's perceived sources, perceptions, and experiences of perinatal stress and anxiety across the first 1000 days in order to inform perinatal stress and anxiety reduction. Women's attitudes to and experiences of available supports, and their preferences for alternative supports and services to reduce perinatal stress and anxiety in Ireland were also investigated.

Research Methods: An online mixed-methods cross-sectional survey was conducted with pregnant women (n=214) and mothers of children ≤ 2 years old (n=486) in Ireland. Participants completed closed-ended questionnaires on stress, anxiety, perceived social support, and resilience, along with sociodemographic, birth and child factors. Participants completed open-ended questions on their experiences of stress and anxiety, and support needs during pregnancy and/or postpartum. Quantitative data was analysed descriptively and using correlations. Qualitative data was analysed using thematic analysis.

Findings: Quantitative data indicated that higher stress and anxiety were associated with lower perceived social support and resilience [all $p < 0.001$]. Analysis also indicated relationships between perinatal stress and/or anxiety and previous mental health issues [$p < 0.001$]. Experiencing a high-risk pregnancy or pregnancy complications was associated with higher anxiety in mothers only [$p = 0.006$]. Themes developed in qualitative analyses were: 'perceived responsibilities'; 'self-care'; 'care for maternal health and wellbeing'; 'social support'; and 'access to support and information'.

Implications: Women's experience of stress and anxiety is impacted by multiple diverse factors related to the individual, interpersonal relationships, and perinatal health and mental health outcomes, services and supports. Overall women want greater support during the perinatal period. At a service level, this involves greater support from the healthcare services, and more contact with healthcare professionals, particularly postpartum. Women want this support to focus on their own health and wellbeing needs, in addition to the needs of their baby. The importance of building on positive pro-active supports that women already engage in and find helpful, including fostering resilience, and allowing women the time and space to engage in self-care was also highlighted. The development of support-based individual-level interventions, coupled with improvements to service provision across the perinatal period is needed to support better care for women in Ireland, and improve maternal and child outcomes. This has important implications for future mental health policy and practice across the perinatal period.

Realist evaluation of HSE-funded social prescribing services in Ireland

Dr Saintuya Dashdondog, Dr Verna McKenna & Prof. Margaret Barry, Health Promotion Research Centre, University of Galway

Aim: This HSE-funded realist evaluation aims at 1) determining the active ingredients of social prescribing (SP) to inform future training and best practice of SP in Irish context; 2) ascertaining how SP works for different population subgroups and for whom it is most effective; 3) identifying facilitators/barriers to high-quality implementation of SP; 4) determining the social, health and well-being outcomes that SP is most likely to impact to inform a more robust evaluation of the immediate and long-term outcomes. Using the realist evaluation approach this project will test and refine an initial programme theory (IPT) and develop Context-Mechanism-Outcome hypotheses (Public Health England, 2021) that focus on the main components of the social prescribing programme.

Research Methods: This realist evaluation will use mixed methods (interviews, contextual data for social prescribing services, and documentary reviews) to explore the contextual factors, mechanisms, and outcomes underpinning SP. A purposive sample of social prescribing services within the HSE CHO areas (Community Health Organisation) will be used to consider factors such as urban/rural settings and local demographics and will also include social prescribing services that operate in Sláintecare Healthy Community areas. Data collection will comprise two work packages (WP). WP 1 will use semi-structured interviews with service users, SPLWs, Health Care Providers, and Community Organisations to test initial programme theories and will follow up across participants for WP 2. Initial programme theories are under development in collaboration with a project Advisory Group, including PPI contributors.

Findings: Identification of the active ingredients of Social Prescribing services will help to inform the design and evaluation of future social prescribing interventions, including optimisation of existing interventions in Ireland.

Implications: This study will identify the key components of social prescribing to develop training and better practices for social prescribing in the Irish context. The study will also determine the effectiveness of social prescribing for different subgroups of the population and identify for whom and how it benefits the most. Additionally, the evaluation will provide a more comprehensive understanding of the immediate and long-term outcomes of social prescribing.

Preliminary findings from a scoping review on co-production of accessible digital mental health tools in collaboration with young people from marginalised backgrounds

Dr Carmen Kealy, Ms Courtney Potts, Prof. Maurice Mulvenna, Prof. Gary Donohoe, Prof. Siobhan O'Neill; & Prof. Margaret M. Barry, University of Galway & Ulster University

Aim: Despite evidence that digital mental health supports can improve young people's access to mental health care, guidance on the most appropriate co-production processes for engaging youth in designing and evaluating these technologies is lacking. User input is critical in digital mental health solutions, particularly for marginalised young people who are often excluded from co-production processes. The aim was to explore the extant literature on co-production processes with marginalised youth in digital mental health supports, ranging from mental health promotion to targeted interventions.

Research Methods: The search spanned 12 databases, including studies from 2021 onwards, focused on co-production with young people aged 16-25 in different stages of designing and assessing digital mental health technologies, especially those who are marginalised.

Findings: 22 studies identified with young people mainly involved in initial design (n=8) or overall evaluation (n=5). 16 studies focused on mental health promotion and apps (n=8) and web-based (n=4) were the most popular digital means.

Implications: The review focuses on the inclusion of marginalised youth in digital mental health solutions.

Physical fighting and substance use among Croatian pupils

Ms Maja Valentic, Mr Filip Simetin, Mr Luka Simetin, Mr Luka Stimac & Prof. Dijana Mayer, School of Medicine, University of Zagreb, Croatian Institute of Public Health, & School of Medicine, University of Novi Sad

Aim: To analyze age and gender patterns of involvement in physical fights among Croatian pupils and to examine the association between various forms of substance use (alcohol, cigarettes, e-cigarettes, cannabis, energy drinks) and the likelihood of participating in fights.

Research Methods: We analyzed data from the WHO Health Behavior in School-aged Children (HBSC) cross-sectional study conducted in Croatia in 2022. A total of 5,337 pupils, 2,579 boys and 2,758 girls, aged 11, 13, and 15, completed the questionnaire anonymously and voluntarily. In the analyses, involvement in a physical fight in the last 12 months was used as the dependent variable, whereas lifetime use of alcohol, cigarettes, e-cigarettes, cannabis, and energy drinks was used as the independent variable. Gender and age differences in the involvement in physical fights were examined and tested using Pearson's chi-squared test. Multivariate logistic regression was performed separately by gender and age groups (11, 13, and 15 years) for dependent and independent dichotomized variables.

Findings: Boys participated in physical fights in the last 12 months more than girls in all age groups: 11-year-olds (42.8% boys vs. 25.2% girls, $p < 0.001$), 13-year-olds (44.8% boys vs. 23.0% girls, $p < 0.001$), and 15-year-olds (34.6% boys vs. 18.3% girls age, $p < 0.001$). Pupils involved in physical fights had higher odds for energy drink consumption (boys aged 11: OR 1.18, CI 1.03-1.34, $p = 0.018$; boys aged 13: OR 1.18, CI 1.03-1.34, $p = 0.018$; boys aged 15: OR 1.38, CI 1.16-1.65, $p < 0.00$; girls aged 11: OR 1.38, CI 1.16-1.65, $p < 0.001$; girls aged 13: OR 1.30, CI 1.12-1.50, $p = 0.001$; girls aged 15: OR 1.17, CI 1.01-1.34, $p = 0.036$) and drunkenness (boys aged 11: OR 1.54, CI 1.09-2.18, $p = 0.015$; boys aged 13: OR 1.54, CI 1.09-2.18, $p = 0.015$; boys aged 15: OR 2.44, CI 1.24-4.80, $p = 0.010$; girls aged 11: OR 2.44, CI 1.24-4.80, $p = 0.010$; girls aged 13: OR 1.58, CI 1.24-2.05, $p < 0.001$; girls aged 15: OR 1.38, CI 1.18-1.61, $p < 0.001$) compared to the pupils who had not been involved in fighting in the last 12 months. The analysis showed no association between involvement in physical fights and lifetime cannabis use. However, boys involved in a physical fight had higher odds for e-cigarette use at the age of 13 (OR 1.34, CI 1.11-1.61, $p = 0.002$), and cigarette use at the age of 15 (OR 1.12, CI 1.01-1.23, $p = 0.036$).

Implications: The results of this research emphasize the importance of early screening and intervention for substance use and mental health issues among children and adolescents to prevent the escalation of these problems into violent behavior.

Sleep difficulties and substance use among Croatian pupils

Ms Maja Valentic, Mr Filip Simetin, Mr Luka Simetin, Mr Luka Stimac & Prof. Dijana Mayer, School of Medicine, University of Zagreb, Croatian Institute of Public Health, & School of Medicine, University of Novi Sad

Aim: To analyze age and gender patterns of sleep difficulties among Croatian pupils and to examine the association between sleep difficulties and the likelihood of substance use (alcohol, cigarettes, e-cigarettes, cannabis, energy drinks).

Research Methods: We analyzed data from the WHO Health Behavior in School-aged Children (HBSC) cross-sectional study conducted in Croatia in 2022. A total of 5,337 pupils, 2,579 boys and 2,758 girls, aged 11, 13, and 15, completed the questionnaire anonymously and voluntarily. In the analyses, having sleep difficulties more than once a week was used as the dependent variable, whereas drunkenness, use of cigarettes, e-cigarettes, cannabis, and energy drinks were used as the independent variables. Gender and age differences in sleep difficulties were examined and tested using Pearson's chi-squared test. Multivariate logistic regression was performed separately by gender and age groups (11, 13, and 15 years) for dependent and independent dichotomized variables.

Findings: Sleep difficulties more than once a week were reported by 18.6% of boys and 22.5% of girls ($p=0.049$) at the age of 11, 18.7% of boys and 30.9% of girls ($p<0.001$) at the age of 13, and 17.9% of boys and 27.5% girls ($p<0.001$) at the age of 15. Of all 5 observed psychoactive substances, the association was not found only between e-cigarettes and sleep difficulties. Higher odds for sleep difficulties more than once a week were associated to smoking (girls aged 13: OR 1.22, CI 1.03-1.43, $p=0.018$), drunkenness (boys aged 11: OR 1.43, CI 1.04-2.98, $p=0.028$; girls aged 15: OR 1.20, CI 1.02-1.42, $p=0.027$), energy drinks consumption (boys aged 11: OR 1.19, CI 1.02-1.39, $p=0.030$; girls aged 11: OR 1.28, CI 1.08-1.53, $p=0.006$; boys aged 13: OR 1.17, CI 1.05-1.37, $p=0.050$; girls aged 13: OR 1.21, CI 1.06-1.38, $p=0.005$; girls aged 15: OR 1.27, CI 1.10-1.44, $p=0.001$) and cannabis use (boys aged 15: OR 1.22, CI 1.05-1.42, $p=0.010$; girls aged 15: OR 1.18, CI 1.02-1.35, $p=0.050$), compared to having sleep difficulties less than once a week.

Implications: Girls suffer from sleep difficulties more often than boys in all three age groups. Alcohol, energy drinks, cigarettes, and cannabis are "sleep stealers." Counselling should include substance use prevention.

How do parental socio-economic status and monitoring influence the consumption of alcohol mixed with energy drinks among pupils?

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Aim: To analyze age and gender patterns in the consumption of alcohol mixed with energy drinks among Croatian pupils and to examine the association of parental socio-economic status and monitoring with the consumption of alcohol mixed with energy drinks.

Research Methods: We analyzed data from the WHO Health Behavior in School-aged Children (HBSC) cross-sectional study conducted in Croatia in 2022. A total of 5.337 pupils, 2.579 boys and 2.758 girls, aged 11, 13, and 15, completed the questionnaire anonymously and voluntarily. In the analyses, lifetime use of alcohol mixed with energy drinks was used as the dependent variable, whereas parental socioeconomic status and parental monitoring were used as independent variables. The Family Affluence Scale has been used as an indicator for socioeconomic status, while parental monitoring has been measured using the items: „tell parents when going out“ and „have to be back by a certain time“.

Gender and age differences in the use of alcohol with energy drinks were examined and tested using Pearson's chi-squared test. Multivariate logistic regression was performed separately by gender and age groups (11, 13, and 15 years) for dependent and independent dichotomized variables.

Findings: At the age of 11, boys mixed alcohol with energy drinks at least once in their lives more than girls (12.5% boys vs. 6.6 % girls, $p < .001$), while 13- and 15-year-old boys aligned with girls. The analysis showed that parental socio-economic status was not associated with the use of alcohol combined with energy drinks. However, lower odds of drinking alcohol combined with energy drinks had 11-year-old boys (OR 1.64, CI 1.16-2.33, $p = 0.005$), 11-year-old girls (OR 1.71, CI 1.01-2.93, $p = 0.049$), and 15-year-old boys (OR 1.33, CI 1.03-1.73, $p = 0.029$) who had to tell their parents when going out compared to those who did not have to inform their parents about going out. Also, lower odds of drinking alcohol with energy drinks had girls aged 11 (OR 1.95, CI 1.29-2.96, $p = 0.002$), boys aged 13 (OR 1.38, CI 1.05-1.83, $p = 0.022$), and girls aged 13 (OR 1.58, CI 1.21-2.07, $p = 0.001$) who had to be back home by certain time compared to those who did not have to be back home by certain time.

Implications: The results of this research emphasize the importance of educating parents on the risks associated with alcohol and energy drinks and setting clear expectations and consequences related to substance use as well as encouraging greater parental involvement and monitoring in adolescents' lives.

A qualitative study on the facilitative factors and barriers to online help-seeking in young men aged 18-25 years in Ireland

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Aim: Young men in Ireland are the least likely cohort to seek help for their mental health, while simultaneously experiencing high rates of suicide. This remains true despite an increase in mental health awareness campaigns over the last 10 years. This study aimed to identify barriers and facilitators to online help-seeking as identified by a sample of 8 young men based in Ireland. This is the first study conducted in Ireland where young men are consulted 1:1 in a qualitative interview to discuss both barriers and facilitators to online help-seeking behaviours.

Research Methods: Purposive sampling methods were used to recruit 8 young men between 18-25 years. This included a mix of young men in secondary school, in college and working. It also included a mix of those who have previously sought help before, as well as those who haven't. Participants engaged in an online qualitative interview to discuss barriers and facilitators to encouraging them to seek help/information for their mental health online. Conducting the interviews online ensured the voices of young men from different counties, both rural and urban could be included in this novel study. Braun and Clarke's six stages of thematic analysis were used to guide data analysis and identify key themes.

Findings: Three key themes were identified from analysis including

1. The need for ongoing and consistent awareness of online supports. This includes more general and evergreen posts that signal the supports available to them, in general. The need for 24/7 access to these supports was noted as a particularly important factor.
2. Increasing the mental health literacy of young men. School was identified as a key setting in which mental health promotion programmes could be delivered to the target audience, in a supportive environment. This link between mental health literacy and an increase in help-seeking is a consistent finding across literature.
3. The importance and relevance of confidentiality and role of relationships around a young person in encouraging help-seeking. Young men have identified a greater need for anonymity than young women when engaging in help-seeking behaviours. This is particularly relevant in Ireland, where "close-knit rural communities inhibit privacy". This is a key benefit to the online offerings of help-seeking support and information.

Implications: It highlights the need for consistent awareness campaigns, utilising the online sphere and the additional facilitative factors the space brings to help-seeking behaviours, particularly for young men. It also highlights the role and importance of mental health literacy campaigns in school settings, nationally.

Caesarean section and risk of psychiatric disorders in offspring during Adolescence and adulthood: A systematic review and meta-analysis

Ms Moira Duffy & Dr Ali Khashan, University College Cork

Aim: The aim of this systematic review and meta-analysis is to summarize available literature on the association between C-section birth and depression, anxiety, and psychosis in the offspring during adolescence and adulthood.

Research Methods: A systematic search of PubMed, PsycInfo, Web of Science, and Embase was conducted using a detailed and predefined search strategy. A meta-analysis was performed to determine overall pooled estimates, and the inverse generic variance method was utilized. The Preferred Reporting Items for Systematic Reviews and Meta-Analysis (PRISMA) guidelines were followed for this review.

Findings: 4,391 titles were reviewed for inclusion. Sixty articles were reviewed in full, of which 12 studies were selected. Three studies reported the impact of C-section on depression in the offspring during adolescence and adulthood; the pooled OR was (1.04 [0.99, 1.09]). Three studies evaluated anxiety, and the pooled OR was (1.10 [1.03, 1.08]). Nine studies evaluated psychosis, six of which were included in the meta-analysis. The pooled OR for psychosis was (1.10 [0.99, 1.22]). When within-group analysis was conducted evaluating only studies which controlled for pre-existing maternal or paternal/familial mental health the results were anxiety: (1.06 [1.03, 1.09]); depression: (1.04, [0.99, 1.09]); and psychosis: (1.12 [1.02, 1.23]). Two studies which looked at schizophrenia used sibling comparison, so a pooled estimate was calculated using “sibling comparison” as a sub-group: (1.06 [0.94, 1.20]). The number of studies in this research area is limited. Overall, there is very little evidence to support an association between C-section and the risk of depression, anxiety, or psychosis in the offspring. The main limitation of this review is that it was done by one reviewer only. Future studies are warranted to further evaluate these relationships.

Implications: Promoting mental health is of paramount importance. Understanding potential long-term effects of early life experiences on mental health is crucial to addressing upstream determinants of mental health outcomes. As such, this review examined an increasingly common operative procedure, C-section delivery. Findings from the review can help inform best practice guidelines surrounding childbirth recommendations globally. The immediate physical risks to mother and infant associated with C- section birth are well-known, however more information is needed regarding long-term mental health effects to the offspring. Previous studies have suggested a correlation between C-section delivery and certain neurodevelopmental disorders, however more information is needed regarding depression, anxiety, and psychosis. This review sought to update Zhang* et al.’s review on a similar topic, but focused more on depression, anxiety, and psychosis, while contributing meaningful updates to the body of literature surrounding long-term mental health implications of C-section in the offspring during adolescence and adulthood. The perinatal period can be stressful for an expectant mother. The knowledge that delivery via C-section is not strongly associated with an increased risk for certain mental health outcomes in the offspring could help to decrease the stress some may experience in anticipation of childbirth. Further, this knowledge may help inform decision making by clinicians as they educate patients and make medical decisions.

Stigma experiences of men with eating disorders: A scoping review

Ms Rachael Maloney, Ms Olivia Nealon Lennox, Ms Louise Lunney, Dr Elena Vaughan & Prof. Colette Kelly, Health Promotion Research Centre, University of Galway

Aim: The aim of this scoping review was to synthesise literature on the stigma experiences of men with a history of, or a current, eating disorder.

Research Methods: Seven databases were searched using relevant keywords and subject headings. Following the removal of duplicates, articles published in English since the year 2000 were screened against the eligibility criteria which included (i) reported on participants with a mean age of ≥ 18 years and (ii) focused on self-reported stigma experiences of men with a past or current eating disorder. Key information was charted for each article and analysed using descriptive statistics and deductive content analysis. The findings were narratively synthesised under four categories of stigma experiences, according to the Health Stigma and Discrimination Framework.

Findings: Nine articles met the inclusion criteria. Internalised stigma was the most prevalent stigma experience reported ($n = 8$), followed by anticipated stigma ($n = 7$), perceived stigma ($n = 7$), and enacted stigma and discrimination ($n = 4$). The current review underscores the multifaceted nature of stigma encountered by men with eating disorders, spanning various contexts such as healthcare services, the workplace, and their personal lives. Internalised stigma was associated with feelings of embarrassment and shame for men, while anticipated stigma resulted in men feeling like a burden. Perceived stigma was linked to men feeling overlooked because of their gender, and enacted stigma and discrimination were directed towards men in various settings. Based on the evidence synthesised, provision of male-friendly health services and policies, alongside tailored training for healthcare professionals, are needed to address the distinct barriers experienced by men with eating disorders. Targeting broader public awareness through anti-stigma campaigns could help to improve understanding of and health outcomes for men with eating disorders. The dearth of studies identified for inclusion in this review highlights the need for further research in the area of male eating disorders and stigma, as well as quantitative studies and more inclusive sample sizes, which will thus advance the development of evidence-based strategies for mental health promotion policy and practice.

Implications: The findings of this research hold several important implications for mental health promotion policy and practice, including (i) the need for tailored healthcare services that address the unique challenges faced by men with eating disorders, ensuring equitable access to care and support, (ii) training for professionals to ensure they understand said barriers and can better support the specific needs of men with eating disorders, (iii) public awareness campaigns aimed at the general population's understanding of stigma and mental health disorders to help challenge stereotypes, reduce discrimination, and promote empathetic and supportive environments, and (iv) advocacy efforts for policies that address stigma and promote mental health equity for men with eating disorders, legislative measures that protect against discrimination based on mental health status, and funding initiatives to support research, prevention and intervention efforts.

***Please note that some abstracts may have been formatted or condensed, to meet approved abstract guidelines**