Research roundup: November 2017

In this section, a range of brief synopses of recently published articles that may be of interest to health visitors is presented. The aim of this roundup is to provide an overview, rather than a detailed summary, of the research papers selected. Should you wish to look at any of the papers in more detail, a full reference is provided.

Engaging young people in healthcare services

Participation is seen as critical in health and social care, with the World Health Organization (2016) claiming that clients' opinions need to be heard to enhance health systems and create strong and effective public services.

This may be particularly important in efforts to ensure the balanced and healthy growth of young people (World Health Organization, 2002). However, adolescents' participation in service provision is often variable and compromised. Possible reasons may include changes in healthcare staff, long waiting times for appointments, negative interactions and a failure to understand young people or treat them as equals in healthcare encounters (Gogel et al, 2011; Oruche et al, 2014).

This study clearly supports findings that experiences are variable, even within a small geographical area; however, through listening carefully to young people, solutions and strategies can be found that are successful. Through group interviews (n=27), the authors describe 15- to 17-year-olds' experiences of participation in primary healthcare and social services' settings. The 106 participants were drawn from upper comprehensive schools, upper secondary schools and youth centres in one region of a city in northern Savonia, Finland. In analysing the data to identify generalisable themes, four main categories of participation were identified: inviting, allowing, avoiding and excluding. Each of these categories identified a distinctive set of atmospheres, interactions and experiences of the service received.

According to the interviewees, the atmosphere varied from caring to cold; interactions from empowering to discouraging, and experience of services from meaningful to threatening. Experiences that were positive identified professionals as willing to take time for 'small talk' and to build a rapport. The use of humour and encouraging young peoples' opinions rather than giving their own as professionals was also deemed vital in promoting participation in healthcare services.

While this evidence does not seem original or innovative in the UK and communication behaviours are something we all strive to achieve, the study does provide additional detail and insight. Equally, the study illustrates how professionals and services can continue to encourage and improve young people's participation. Factors that improve and hinder participation are explored in some detail and act as a reminder to professionals working with young people. The indications of aspects of atmosphere, interactions, and clients' experience that promote or deter adolescents' participation may further assist efforts to improve health and social services by signposting ways to raise realisation of participation to the 'inviting' level. Study findings are useful for evaluating, strengthening and raising awareness of the importance of participation in all aspects of health promotion (practice, management and education). JHV

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ADOBE STOCK/ HIGHWAYSTARZ

The use of humour and encouraging young peoples' opinions rather than giving their own as professionals was deemed vital in promoting participation in healthcare services.

ADOBE STOCK/ WJAREK

A sample of 12 homeless men was given disposable cameras and took photographs of their food activities over a 10-day period

Rytkönen MM, Kaunisto MA, Pietilä AK. How do primary healthcare and social services enable young people's participation? The Health Education Journal. 2017;76(6): 730–740. https://doi.org/10.1177/0017896917713234

Including families in mental health services

Family inclusion in mental health services is often embedded in many national and local policies (Bland, 2012). This article reports on a literature review exploring the realities of family inclusion in mental health services to discuss the challenges and where improvement can be made in practice.

Collaborative partnerships between the family and mental health practitioners can have a significant impact on the recovery of the patient. 'Open dialogue', which involves the family in the planning of care and treatment from the moment the patient is hospitalised, is used routinely in psychiatry in Lapland. In a quasi-experimental study, 82% had no psychotic symptoms in comparison to 50% in the 'traditional' mental health practitioner care plan approach (Seikkula and Arnkil, 2014).

However, from the perspective of the mental health professional there are many barriers to family inclusion, which include: perceived family conflict that hindered patient recovery; high workloads of mental health teams; family over involvement, which obstructed care plans; conflicts with information sharing regulations; and feelings that by including families within the decision-making process it somehow undermines their own professional knowledge and power.

In contrast, the barriers to inclusion from the family perspective included: professional terminology and insensitive language use by health professionals, which made families feel alienated; feeling excluded from the decision making process in relation to patient care plans; and being expected to 'provide' care to the patient despite inconsistencies between policies to include them as the family within care.

When practitioners actively listen to the experiences of the family and try to address the power balance, family inclusion can be more successful. This literature review found that when collaborative partnerships between families and mental health practitioners occurred in practice, stress levels reduced in practitioners and facilitated patient recovery. The limitations of this study included only using English language-based research, and having limited studies to draw conclusions from or check the quality of each study. The authors recommend that further research needs to explore the qualitative perspective of families within mental health services, and that culture changes within mental health services are needed to empower and listen to families to work in collaboration with mental health practitioners and improve outcomes for patients. JHV

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Martin RM, Ridley SC, Gillieatt SJ. Family inclusion in mental health services: Reality or rhetoric? Int J Soc Psychiatry. 2017;63(6):480–487. https://doi.org/ 10.1177/0020764017716695

Using food choices to engage homeless people in wellbeing

Economically and socially marginalised groups have been shown to make poor 'food choices' and the homeless population is an example of such a group. They are a group susceptible to a range of health problems and represent ongoing public health problems. There has been little research on using engagement approaches with the homeless population.

Using innovative participatory action research methods, including photo-elicitation, this project aimed to pilot creative methods among homeless adults, to examine food-related experiences and give homeless people a 'voice' in a wider discourse.

A sample of 12 homeless men was given disposable cameras and took photographs of their food activities over a 10-day period, and then nine of them took part in focus groups.

Multidisciplinary (dietician, general practitioner, occupational therapist, social worker and sociologists) analysis of the transcripts generated themes related to power and empowerment, occupation, emotion and meaning of food, together with space and place. For these participants, the food environment was a key social meeting place and food preparation provided companionship and occupation.

The researchers concluded that everyone had a story to tell about food and food acted as a catalyst to empower individuals in discussions about their wellbeing. A group that are often marginalised had been engaged and such participatory methods have the potential to engage hard-to-reach service users; thus impacting on health education, design of services and nutritional health inequalities. JHV

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Pettinger C, Parsons J, Cunningham M, Withers L, D'Aprano G, Letherby G, Sutton C, Whiteford A, Ayres R. Engaging homeless individuals in discussion about their food experiences to optimise wellbeing: A pilot study. Health Education Journal. 2017;76(5):557–568. https://doi.org/10.1177/0017896917705159

Bland R, Foster M. Families and mental illness: Contested perspectives and implications for practice and policy. Australian Social Work. 2012;65:517–534. https://doi.org/10.1080/0312407X.2011.646281

Gogel L, Cavaleri M, Gardin J, et al. Retention and ongoing participation in residential substance abuse treatment: Perspectives from adolescents, parents and staff on the treatment process. J Behav Health Serv Res. 2011; 38(4): 488–496. https://doi.org/10.1007/s11414-010-9226-7

Oruche U, Downs S, Holloway E, et al. Barriers and facilitators to treatment participation by adolescents in a community mental health clinic. Journal of Psychiatric and Mental Health Nursing. 2014;21(3): 241–248.

Seikkula J, Arnkil TE. Open dialogue and anticipations: Respecting otherness in the present moment. Tampere, Finland: Authors National Institute for Health and Welfare. 2014.

World Health Organization. Adolescent Friendly Health Services: An Agenda for Change. 2002. Geneva:World Health Organization.

World Health Organization. Health 2020: The European policy for health and well-being. 2016. http://www.euro.who.int/en/health-topics/health-policy/health-2020-the-european-policy-for-health-and-well-being (accessed 31 October 2017)

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