

2422nd Conference



World Summit on

Psychiatry, Mental Health Nursing and Healthcare

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International Conference on

Applied Psychology, Psychiatry and Mental Health

November 26-27, 2018 | Los Angeles, USA

Keynote Forum

Day 1

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Elia Gourgouris

The Happiness Center, USA

Intentional happiness: 7 paths to lasting happiness

What is Happiness? Aristotle answered this by saying "Happiness is the meaning and purpose of life, the whole aim and end of human existence" Happiness is a choice! It is also attractive, healthy and being connected, but it takes effort. That being said, what inhibits our happiness? Several factors have a direct impact on our level of life satisfaction and fulfillment, including fear (of change, fear of success and fear of failure), comparisons, selfishness, the burden of perfectionism, lack of forgiveness (and self-forgiveness), our inner critic and toxic relationships. When these mental and emotional roadblocks are removed, our inner joy will be freed from constraints and returned to our awareness. The 7 Paths to Lasting Happiness reviews several of these roadblocks and provides both principles and "take action exercises" for individuals to learn from and through its application to ultimately achieve genuine happiness, including:

1st Path: Loving Yourself a) Personal Brand b) Perfectionism c) Inner Critic d) Comparisons

2nd Path: Gratitude a) Attitude of Gratitude b) University of Adversity

3rd Path: Forgiveness a) Forgiveness equals freedom b) Self-forgiveness is the key

4th Path: Follow Your Passion a) Getting out of your comfort zone brings growth

5th Path: Nourish Your Spirit a) Faith vs Fear b) Meditation and Purpose

6th Path: Loving relationships a) Love languages b) Criticisms and Toxic relationships c) Authentic listening d) Trust

7th Path: Service a) The antidote to selfishness

Thousands of individuals have taken this life satisfaction survey and various graduate students throughout the world, (including Singapore, UK and The Philippines and others) have used it as part of their graduate thesis. It is intended as a tool measuring current level of happiness. It could be used before and after treatment to show changes in level of happiness <http://thehappinesscenter.com/survey/survey.php>.

Biography

Elia Gourgouris is the President of The Happiness Center, an organization dedicated to creating personal success and happiness. Over the last 25-plus years, as a passionate promoter of optimism and deeply meaningful relationships, he has helped thousands of people achieve happiness and fulfillment, both in their careers and in their personal lives. He has recently authored the #1 Amazon Best-Selling book, 7 Paths to Lasting Happiness. In it, he helps readers identify and work through principles such as gratitude, personal branding and forgiveness which everyone can apply to their lives for deeper, more meaningful and lasting happiness. He has published over 120 articles for various newspapers and magazines, including the Huffington Post. He is a nationally known Keynote Speaker, Executive Coach and a Leadership Consultant. He received his BA in Psychology from UCLA and his MA and PhD in Clinical Psychology from the California Graduate Institute.

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Ben Thomas

London South Bank University, UK

Improving the physical health of people with mental health problems: Actions for mental health nurses-a new resource

Problem: People with mental health problems have poorer physical health than the general population, often they are unable to access the physical health care they need and experience health inequalities. Contact with mental health services does not necessarily mean they will have their physical health assessed and monitored, nor receive the information and support they need to adopt a healthier lifestyle. Those with severe mental illness die on average 15-20 years earlier than the general population.

Method: To improve the physical health outcomes of people with mental health problems we surveyed all organizations in England providing mental health services (54) and universities providing mental health training programmes (48). The survey identified 8 areas for improvement: support to quit smoking; tackling obesity; improving physical activity levels; reducing alcohol and substance use; sexual and reproductive health; medicine optimization; dental and oral health and reducing falls. Examples of good practice were identified.

Results: Many organizations addressed various physical health needs but none were providing services that met all patients' physical health needs. Successful interventions included offering physical health screening, promoting healthier lifestyles and creating smoke-free environments.

Conclusion and significance: Mental health nurses have unparalleled opportunities to help people improve their physical health. This resource helps them to identify the key risk factors that are known to adversely affect the physical health of people with mental health problems. By following the activities to achieve change, drawing from the available evidence and learning from the good practice examples in this resource, they can build up their confidence and expertise and make improvements to people's health outcomes. Since publication, mental health services have used the resource to develop their strategies improving the physical health of people with mental health problems and a number of universities now base their physical health curricular upon this resource.

Biography

Ben Thomas is the Professor of Mental Health and Learning Disabilities at London South Bank University, England. He is also the Expert Adviser for Mental Health and Patient Safety at NHS Improvement, England and Chairs the Independent Advisory Group for the Confidential Inquiry into Homicides and Suicides. He is a member of the UK Expert Committee on Mental Health Nursing and a Trustee and Director for a number of third sector organizations including Together for Mental Health Wellbeing. His current research activities include improving the physical health of people with mental health problems and reducing suicide both within mental health inpatient facilities and Acute General Hospitals.

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Louise Olivier

University of Pretoria, South Africa

The masked reason for criminal or illogical behaviour often overlooked in criminal and civil high profile cases

Neuropsychology is often viewed as a specialized field and although some physiological- and biological modules may be included in the training of a forensic psychologists and other psychology groupings this may not be sufficient to provide students with the tools to excel in forensic psychology and in the court. As an expert witness, it is the duty of the expert to be impartial, to assist the court, to have expertise in regard to the testimony given, to make sure that he/she is adequately qualified and opinions should be well-researched and thorough (Lord Woof, 1996; Justice Wall Hamilton, 2000, Butler-Sloss, 2002). This presentation demonstrates by means of two case studies the importance of the Forensic Psychologist being well trained in neuropsychology. The first case is of an orthopaedic surgeon who was charged with rape of one patient and indecent behavior towards other patients. The second case is of a high profile, highly educated woman who alleged that she was gang-raped and then made a case against the South African Police that they were negligent and therefore she was traumatized. She alleged that she was not traumatized as such by therapists but by the actions of the police officers. In the case of the orthopaedic surgeon, nobody could explain why he suddenly displayed such behavior. In the case of the woman, her behavior was illogic at times regardless of her apparent high functioning lifestyle. The hidden common denominator was only found during extensive evaluation. The case studies will be presented in terms of the method of evaluation, findings and outcome of the case.

Biography

Louise Olivier completed her PhD at the University of Pretoria after qualifying as a Clinical and Counselling Psychologist at the University of Johannesburg and North-West University. Her expertise lies in forensic psychology, neuropsychology, sex and couple's therapy, clinical psychology and human-animal interaction. She is trained in Ericksonian- and Ego-State therapy and Medical Hypnoanalysis. She trained internationally in the USA, United Kingdom, Germany and Italy. She is presently on the Board of the Psychological Society of South Africa and has been President of the Society twice. She is also a member of the committees of the Health Professions Council of South Africa for Neuropsychology and Forensic Psychology. In 2009 she was awarded the prestigious Alumni award from the University of Pretoria for her contribution nationally and internationally in Forensic Psychology and Neuropsychology. She is the author of several books and many research papers.

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Agneta Schroder

Orebro University, Sweden

Patients and staffs experiences of quality of psychiatric care: An international comparison

Background: There is a lack of standardized instruments for measuring the quality of psychiatric care. The International Project on Quality in Psychiatric Care is a large research programme aiming at adapting the patients and staff versions of the instrument Quality in Psychiatric Care (QPC) to different international settings.

Aims: The aims are to test the psychometric properties and equivalence of dimensionality of different language versions of the QPC and to describe and compare the quality of in-patient, out-patient and forensic in-patient psychiatric care across different countries.

Method: The QPC is a family of instruments that cover four areas of psychiatric care: out-patient (QPC-OP), in-patient (QPC-IP), forensic in-patient (QPC-FIP) and addiction out-patient care (QPC-AOP). All versions are also adapted for use by staff and next of kin.

Results: The first part of this program in forensic in-patient care in Denmark is completed. The second part in Indonesia shows that in-patient and staff concur on the meaning of quality held by patients in Sweden, with regard to encounter, participation and secure environment. There is, however, less agreement on what constitutes quality of discharge and support. Several studies are ongoing in Brazil, Indonesia, Spain, Norway and Faeroes.

Conclusions: The meaning of quality in psychiatric care is to a large extent similar across a variety of languages and countries. Thus the different versions of the QPC are expected to make a contribution to the development in the psychiatric field and benchmarking across different psychiatric settings and countries in order to improve the quality of care

Biography

Agneta Schroder has completed her PhD in 2006 from Linköping University, Sweden. She is an Associate Professor and Research Leader at the University Health Care Research Center, Örebro, Sweden and Professor at NTNU, Gjøvik, Norway. Her research area is quality of care in the psychiatric field, with particular emphasis on the development of measuring instruments. She has been selected by the World Scientists Forum and the International Research Promotion Council (IRPC) as "Eminent Scientist of the year 2009" International Award in the field of Mental Health and Psychiatry based on her contribution in the field.

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Louise Olivier

University of Pretoria, South Africa

Principles and outcome of a group therapeutic intervention utilising wild animals in the african bush

Statement of the problem: Research regarding the mutual benefits of human-animal interaction has focussed primarily on domestic pets (dogs, cats, horses etc.). Animal-assisted interventions were found to reduce stress or distress, provide comfort, provided social support, assisted with behavioural change, increased motivation, helped facilitating new skills and inspiring social interaction and could facilitate decrease of symptoms of post-traumatic stress disorder. Human beings are however fascinated with wild animals and it was found that some animals are more tolerant of human interaction than others. The tolerance of wild animals for people is largely driven by the environment the animals live in and the body size of the animal. The group human interaction with wild animals (lions) and other wildlife are combined with the therapeutic techniques of Milton H Erickson such as waking hypnosis, seeding, metaphors and the utilization approach. A group of people is taken on a five-day safari to the African bush. During this safari, they are given the opportunity to in the morning interact with the animals and in the afternoon have a group therapy session with the psychologist. However, the psychologist in the morning when the group is interacting with the animals also utilize this time to do the therapeutic intervention with the group members, while the group is viewing or interacting with the animals. This is done by means of waking hypnosis utilizing seeding, metaphors and other Ericksonian techniques. A short video will be shown of the group interacting with lions and the intervention will be discussed.

Biography

Louise Olivier completed her PhD at the University of Pretoria after qualifying as a Clinical- and Counselling Psychologist at the University of Johannesburg and North-West University. Her expertise lies in forensic psychology, neuropsychology, sex and couple's therapy, clinical psychology and human-animal interaction. She is trained in Ericksonian- and Ego-State Therapy and Medical Hypnoanalysis. She trained internationally in the USA, United Kingdom, Germany and Italy. She is presently on the Board of the Psychological Society of South Africa and has been President of the Society twice. She is also a member of the committees of the Health Professions Council of South Africa for Neuropsychology and Forensic Psychology. In 2009 she was awarded the prestigious Alumni award from the University of Pretoria for her contribution nationally and internationally in Forensic Psychology and Neuropsychology. She is the author of several books and many research papers.

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Romesh Jayasinghe

Institute of Mental Health, Sri Lanka

Spirituality for holistic health and wellness

Statement of the Problem: Spirituality is one of four essential aspects of being human: biological, psychological, social and spiritual. Our wellness depends on the integrity of each of these aspects and their balanced interrelationship. Spirituality, therefore, is not a healing modality per se. Rather, it is an aspect of life that, like the others, may be "diseased" and may therefore require healing. The modalities for spiritual healing are the spiritual disciplines: prayer/meditation, forgiveness, service and religious practice (including such religious healing practices as the "laying on" of hands), among others. Because the four aspects of being are interdependent, weakness or illness in one inevitably strains the others. If the ill organism is to regain its balance and optimal functioning, the vitality of all four aspects must be addressed.

Methodology, Theoretical Orientation and Findings: Scientific surveys indicate that spirituality plays an important role in the majority of patients' lives. Ninety-four percent of patients believe doctors should ask the seriously ill about their religious beliefs. Sixty-four percent feel that physicians should pray with patients who request it and forty-five percent state that religion would influence their medical decisions if they were seriously ill. Twenty-five percent of patients report that they use prayer as a healing therapy for themselves.

Conclusion & Significance: Spiritual disciplines potentially improve coping skills and social support; foster feelings of optimism and hope; promote healthy behavior, such as avoidance of tobacco and alcohol; and reduce feelings of depression and anxiety. Spiritual practices can induce the relaxation response and allow people to participate in uplifting rituals. Thus, such practices ameliorate stress responses involving neurological, endocrine, immune and cardiovascular function. The effects of spirituality seem to be explained best by Mind-Body Medicine, now frequently referred to as psychoneuroimmunology, which represents bi-directional communication between the central nervous, neuroendocrine and immune systems.

Biography

Romesh Jayasinghe DhC (USA), FRSPH (UK), FTBCCT (UK), M. Inst. Psy. is the Founder and Psychotherapist at the Institute of Mental Health (IMH) in Colombo-04, Sri Lanka. He is a professional counseling psychologist and a Certified Clinical Hypnotherapist and a Certified Master Life Coach who provided psychological interventions, hypnotherapy and cognitive and eclectic therapies for a variety of client groups with various emotional and psychological disorders including mood disorders, anxiety disorders, PTSD, eating disorders, sleep disorders, sexual dysfunctions and personality disorders. He also lectures at the Institute in the fields of general psychology, counseling psychology and psychotherapy, child and developmental psychology, educational psychology and abnormal psychology.

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Debra Coleman

California Baptist University, USA

The personal loss in nursing and the transition back to bedside practice

Background: Nurses are tasked with vigilantly monitoring patients in dynamic and fluid situations within a framework of compassionate care. Yet, few studies have focused on nurses caring for patients using the skills, judgment and emotional stability inherent to the profession when one has sustained a personal loss.

Purpose: The aim of this study was (a) to illuminate how nurses negotiate their roles as a person who is grieving and one who is a compassionate caregiver and (b) to explore strategies that facilitated or hindered optimal functioning during their time of transition back into the workforce.

Methods: A phenomenological qualitative design using thematic analysis was used to analyze and interpret the participants' experiences.

Results: Eight themes were extracted which provided a rich diffusion of data exemplified by patterns of role confusion, lack of preparation despite experience, stratified grief, coping mechanisms, spiritual connectedness, making meaning, creating a new normal and compassion in nursing.

Implications: This study emphasizes the needs to foster nurses' psychological health through education and strategic policies during times of transition. Using this theoretical framework may extend to examining other transitions within the nursing practice to create insight as nurses adapt to new situations.

Biography

Debra Coleman 22 years in healthcare, she has practiced in a variety of settings ranging from medical-surgical to critical care. With a passion to learn, she has moved through the continuum of education and obtained her PhD in nursing in December 2016 from Azusa Pacific University. Her focus of research is on the transition process of nurses who sustained a personal loss and returned to bedside care. While most of the literature examines grief from the perspective of tending to the needs of their patients, her research begins to fill the gap of knowledge that exists to support nurses tasked with vigilantly monitoring patients within the framework of compassion while in personal grief. She has spoken at both local and international conferences to highlight the needs of nurses in grief. She currently holds a full-time faculty position at California Baptist University and is currently working on a book that captures her own grief experience.

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