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Contribution to Research and Commentary 2017

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

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

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

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

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

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

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

Commentary

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

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

Despite specialist training for CYP nursing and mental health nursing – there is no specific undergraduate nurse training resulting in registered nurses in CYP's mental health. This issue is not unfamiliar to those working in mental health settings and health education where debate focuses on concerns regarding quality of care due to a lack of specialist nurse training and appropriate safe staffing levels (McDougall, 2016). In the UK at least, there seems to be fairly broad acknowledgement that children's/school nurses/student nurses feel ill-equipped for CYP mental health issues. For instance, in a qualitative study, children's nurses thought CYP with certain mental health problems should be nursed somewhere else (Buckley, 2010), so stigma might play a part. The need for post-registration education is clear but lecturers in nursing, registered nurses and CYP need to work together in strengthening a CAMHS related theme throughout undergraduate children's and mental health nurse training. Service users are often involved in the development of health and social care education (Rhodes, 2012) but the inclusion of CYP is rarely reported.

Latif et al (2017) offer insight into conducting participatory research with young people who may be seen as vulnerable and protected by ethical principles and/or gatekeepers and appropriately so. Recruitment of CYP being the most common and difficult challenge of research with this population, as seen in similar studies reporting participatory methods (Kendal et al., 2017). However, this should not be a reason to overlook research with CYP who may be in a vulnerable position but to design methods that support meaningful engagement with those who demonstrate consent to take part.

This population have a right to be heard regarding preferences for the way nurses care for and communicate with them. Expert-by-experience insight that informs a co-productive approach to developing interventions will maximise the potential for impact on outcomes that are meaningful to CYP.

Buckley, S. 2010. Caring for those with mental health conditions on a children's ward. *British Journal of Nursing*. **19**(19), pp.1226-1230.

Kendal, S.E., Prymachuk, S., Welsby, H. and Milnes, L. 2017. Prioritising young people's emotional health support needs through participatory research. *Journal of Psychiatric and Mental Health Nursing*. pp.n/a-n/a.

McDougall, T. 2016. Child and adolescent mental health inpatient nursing: A call for action. *British Journal of Mental Health Nursing*. **5**(1), pp.10-14.

Rhodes, C.A. 2012. User involvement in health and social care education: A concept analysis. *Nurse Education Today*. **32**(2), pp.185-189.