

Title: Preparing Masters level mental health nurses to work within a wellness paradigm: Findings from the eMenthe project.

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Abstract

Mental health promotion remains an important component of mental health nursing practice. Supporting wellness at both individual and societal levels has been identified as one of the key tenets of mental health promotion. However, the prevailing biomedical paradigm of mental health education and practice has meant that many nurses have not been equipped to incorporate a wellness perspective into their mental health practice. This paper reports on an exploratory study which details the knowledge, skills and attitudes required by Masters level mental health nurses to practice within a wellness paradigm from the perspective of three groups of key stakeholders; service users and family members (n= 23), experienced mental health nurses (n=49) and Masters level mental health nursing students (n=37). Findings, which were reported from individual and focus group interviews across five European countries, suggest a need to re-orientate mental health nursing education to include a focus on wellness and resilience to equip mental health nurses with the skills to work within a strengths-based rather than a deficits-based model of mental health practice. Key challenges to working within a wellness paradigm were identified in the prevailing dominance of the biomedical model of cause and treatment of mental health problems which focuses on symptoms rather than the holistic functioning of the individual, and positions the person as passive in the nurse-service user relationship.

Key words: Mental health promotion, wellness, nurse education, e-learning

Introduction and background

Developing mental health nurse education programmes that respond to the needs of key stakeholders and are consistent with national and international policy is essential in ensuring that mental health nursing practices are relevant and up-to-date. The nursing profession has a responsibility to ensure that nurses are educated to be responsive to the changing needs of

service users and their families in contemporary society (Wynaden 2010). There has been a call for a paradigm shift in mental health practice with a move away from an exclusive focus on the disease model and medicalisation of mental distress towards a more lived experience and psychosocial understanding of mental health and distress (Cooke 2014; Stickley et al. 2016). This places a demand on mental health nurse educators to consider implications for education practice and curriculum content (Smith & Grant 2016).

There are significant differences in the level and content of Bachelor and Masters mental health nurse education programmes throughout Europe. However, the challenges and developments in relation to quality mental health practice and service delivery are common to many countries providing opportunity for cross-country collaboration and expertise sharing. Consequently, a group of European mental health nursing faculties came together under the EU-funded eMenthe project (2013-2016) which aimed to enhance Masters level education in mental health practice through the development of e-learning materials. The consortium comprised mental health nurse academics from six European universities in Finland, Ireland, Sweden, United Kingdom and the Netherlands. The e-learning materials were based on three themes: 1. Recovery and social inclusion, 2. Mental health promotion, and 3. Families and carers. These themes were developed following extensive consultation between members of each partner organisation and following a review of both empirical literature and international trends in mental health policy and developments in mental health nursing education. The development of the e-learning materials was further influenced by interview data which determined the knowledge, skills and attitudes required by Masters level mental health nurses to practice within these three areas. This paper focuses only on the mental health promotion theme and more specifically on 'wellness' which was one of two large sub-themes within mental health promotion. Findings relating to recovery and social inclusion and to families and carers will be presented elsewhere.

Mental Health Promotion

In the absence of an agreed universal definition of mental health promotion (Jané-Llopis 2007), most perspectives concur that it involves promoting mental health across all age groups within the general population in addition to focusing on the needs of those at risk from, or experiencing, mental health difficulties. Recent years have seen a move towards conceptualising mental health promotion in positive rather than in negative terms with a focus on mental health rather than an overarching emphasis on mental illness (Barry 2007). Although mental health promotion is not the sole preserve of mental health professionals (Sturgeon & Orley 2005), they do have an important role to play. Mental health nurses in particular can contribute significantly to mental health promotion as they are one of the largest group of mental health professionals (Wand 2011) and work across diverse settings and communities. It has been argued that traditionally mental health promotion has been largely neglected within mental health nursing and practice (Wand 2011). However, many professional and accrediting nursing bodies now explicitly require the inclusion of health promotion-related competencies in nurse education (Whitehead 2009) and mental health promotion is now seen as central to the practice of mental health nursing (Pearson 2010).

Wellness

Successful mental health promotion initiatives are recognised as being based on a positive, non-medicalised approach to mental health that is strengths-based and focused on building resilience (Lahtinen et al. 2005). This constitutes a move away from the traditional medical perspective in which only 'illness' is emphasised, to a more holistic perspective in which 'wellness' is also highlighted. Wellness is defined as a process which requires a person to become aware of the lifestyle choices available to them and to make choices which lead to improved mental and physical health (Swarbrick et al. 2009). A wellness-orientated lifestyle

constitutes a balance of healthy habits which focus on exercise, sleep, nutrition, supportive relationships, social contact, participation in meaningful activity and the avoidance of self-destructive behaviours (Swarbrick et al. 2009, Swarbrick 2010). An individual is encouraged to recognise and proactively manage stressors and difficult situations and is encouraged to self-monitor their own health behaviour (Swarbrick, 2006). Wellness as a paradigm and a mental health promotion approach is becoming increasingly popular in the field of public mental health (Kobau et al. 2011; Magyary 2002; Swarbrick 2006; Wand 2013).

Wellness is grounded within the field of positive psychology, a field of psychology heavily influenced by the work of Seligman and Csikszentmihalyi (2000). Positive psychology is defined as the science of what is needed for a good life (Slade 2010), and the approaches derived from it offer new opportunities for promoting mental health (Kobau et al. 2011).

Underlying positive psychological approaches is the view that mental health and well-being is concerned not only with the absence of mental distress, but also the presence of positive psychological resources such as hedonic well-being (positive affect, life satisfaction, happiness) and eudemonic well-being (self-acceptance, positive relations, purpose in life) (Blakeman & Ford 2012; Keyes 2007). Within a positive psychological approach it is recognised that those without a mental health problem do not necessarily enjoy positive mental health, while those with a mental health problem can experience positive mental health (Westerhof & Keys 2010).

Aim of the study

The development and sustainability of mental health promotion initiatives depend on having a skilled and informed workforce with the necessary competencies (Barry & Jenkins 2007). However, it is suggested that mental health workers know a lot more about treating illness

than promoting wellness (Slade 2010). Consequently, this paper reports on what key stakeholders believe to be the knowledge, skills and attitudes required by Masters level mental health nurses to practice within a wellness perspective.

Methods

Prior to the development of the e-learning materials, a wide-ranging consultation took place with key stakeholders across the six university sites to determine the topics for inclusion. It was agreed that service users and their families/carers would be central to guiding the development of the e-learning materials as it is important that their views are considered when developing nurse education initiatives (Salminen et al. 2010). Indeed, service user involvement in mental health curriculum development is a feature of several programmes across mental health disciplines (Higgins et al. 2011). Other key stakeholders included practising senior mental health nurses and students of Masters level mental health nursing programmes.

Data collection

The consultation was conducted using an exploratory qualitative, descriptive design. Individual interviews and focus groups were employed to collect data and the interview guide utilised across each partner site consisted of 3 basic questions; what (1) knowledge (2), skills and (3) attitudes do Masters level mental health nurses require about mental health promotion to better inform their practice? A volunteer convenience sampling strategy was used to recruit participants across each partner site. Information sheets about the study were distributed to potential participants across the three sets of stakeholders. Where appropriate, gatekeepers were used to distribute the information sheet. Those who wished to participate in the study were asked to contact a named researcher in the relevant university. Informed consent was required from each participant before being interviewed. Once-off focus group interviews were carried out with Masters level mental health nursing students in each site. All students

were invited to participate and the focus groups comprised those who volunteered to be interviewed and who were available on the day of data collection. Individual interviews were carried out with senior mental health nurses and with service users and family members. The length of these interviews varied from 30 minutes to 90 minutes. The convenience sample of senior mental health nurses and service users and family members comprised those who were affiliated with the mental health nursing programmes in each university, for example in the capacity as service user advisor to educational programmes or as practising nurses in the clinical areas affiliated to the university. Most of the interviews were audio-recorded, however in the few instances where permission was not granted to audio-record the interview field notes were recorded. Ethical approval to undertake the study was obtained from each university's research ethics committee.

Data analysis

Data within the mental health promotion theme was subjected to two levels of content analysis (Hsieh & Shannon 2005) to determine the knowledge, skills and attitudes required for Masters level mental health nurses. The first level of analysis was a conventional content analysis which is the subjective interpretation of text data by assigning codes and identifying themes (Hsieh & Shannon 2005). Interview transcripts and field notes were read and re-read to allow immersion in the data following which key words and phrases capturing important concepts were highlighted (Hsieh & Shannon 2005). Following this process, labels for codes were generated from these specific words and phrases. Codes were then formulated into categories which represented related codes. Following this level of analysis, categories were refined to two broad themes representing participants' views on the most important components of mental health promotion: (1). the importance of promoting a wellness perspective, and (2). the integrated promotion of physical and mental health.

The second level of analysis was a structured directed content analysis involving the initial application of pre-determined coding categories (Hsieh & Shannon 2005). The goal of analysis here was to identify and categorise all data relating to the first theme of wellness and positive mental health only, consequently interview transcripts and field notes were read and any reference to these concepts were highlighted. The next step was to code all highlighted data using the predetermined codes of what 'knowledge', 'skills' and 'attitudes' were required to enable Masters level mental health nurses to work from a wellness perspective. The pooled findings from the 6 university sites are presented under these three headings. It was not the aim of this exploratory study to compare findings across different sites but rather to progress a broad consensus which could contribute to the development of the e-learning materials. However, there was little variation between partner sites on what participants believed to be the key knowledge, skills and attitudes required to work within a wellness perspective.

Results

Across the partner sites, 23 service users or family members, 37 Masters level mental health nursing students and 49 mental health nurses were interviewed individually or as part of a focus group representing a total sample of 109 participants. Table 1 identifies the breakdown of participants at each site. It is evident that there is a variation in the number of participants ranging from 10 participants in Dublin, Ireland to 28 participants in Halmstad, Sweden. This is mostly explained by the availability of participants on the data collection days. However, it should be noted that although the numbers were smaller in the Dublin site, the interviews were lengthy with, for example, both service user interviews lasting one-and-a-half hours each thereby providing in-depth data.

TABLE 1 HERE

Knowledge required to practice from a wellness perspective

Stakeholders from each partner site identified the importance of a solid knowledge and understanding of the determinants of mental health and of what factors support and threaten individual wellness. Many of these factors were explicitly identified in interviews including the importance of a ‘good diet’, ‘exercise’ and ‘moderate alcohol intake’ and as one service user identified these were *‘particularly important for people in any way vulnerable to emotional distress’*. The importance of close relationships with friends and family also came across strongly. One participant encapsulated this as the importance of *‘connecting with people who keep you positive’*. Knowledge of factors that impact on wellness throughout the lifespan was also identified as important.

The ‘continuum of mental health’ was referred to by several key stakeholders across most sites. There was recognition that individuals’ positions on the wellness continuum changes and is influenced by a host of personal and environmental factors as identified by one service user:

“People don’t stay the same from day-to-day and week-to-week and how you are depends on what’s going on around you and nurses need to be aware of how these things impact on how I feel”

There was also recognition that mental health nurses needed to have the knowledge and skills to work with individuals to optimise wellness even when they were very unwell. Masters level mental health nurses identified the importance of having formal education on positive psychology generally and specifically on factors that can promote happiness and mental health even in the presence of a mental health problem:

“We need some input on positive psychology...about what keeps you well and what keeps you happy...and what gives you positive mental health.”

Increased educational input was also identified by some service users. One service user who was involved in advising on curriculum design reported an over-reliance on a medicalised perspective on the cause and treatment of mental health problems:

“I’ve seen some of the stuff they are taught and to me it still seems very medicalised. There is still a huge focus on diagnosis and treatment even if it’s sometimes couched in different language, that’s still what they are talking about. I’d like to see more about resilience and the importance of it, even for those with established mental health problems because we all need to be resilient no matter what our circumstances.”

While there was a call for further educational input on the key concepts of wellness and positive psychology, it was also evident that there was already a degree of knowledge about these concepts with several participants in the student and practitioner groups specifically naming the wellness-centred term of ‘salutogenesis’ when discussing the importance of working within a wellness perspective:

“One of the key factors is to have a salutogenic approach and to be humanistic and realistic in relating to people in distress.”

It was also evident that a number of participants across the three stakeholder groups were familiar with Wellness Recovery Action Plan (WRAP) (Copeland Center for Wellness and Recovery, 2017) approaches and believed that the knowledge gained from this was important knowledge for Masters level mental health nurses to have. One service user commented:

“I did some WRAP training and there were a few nurses on the training as well. To me, it was promising to see them doing the training as it showed a commitment

towards concentrating on wellness instead of focusing exclusively on illness. The principles taught in WRAP are important for all mental health professionals”.

Participants across the different stakeholder groups noted issues with the language of ‘illness’ and identified the need for mental health nurses to have the knowledge and ability to ‘deconstruct the biomedical model’ to practice from a wellness perspective. The damaging and labelling effects of psychiatric diagnoses were recognised. As one service user identified:

“There is a need to talk about psychosocial distress instead of illness, to use language that is less medicalised and more simplified. So, you’re trying to show that anyone can experience this emotional stress. It’s normalising and de-pathologising deep extreme mental and emotional states”.

Skills required to practice from a wellness perspective

Participants in each key stakeholder group and across the partner sites identified several wellness strategies that could be skilfully employed by mental health nurses. Service users identified the practices of mindfulness, yoga and relaxation as wellness strategies that mental health nurses could utilise in partnership with service users:

“There should be a whole palette of tools that can inspire people to take care of themselves, things like yoga, body awareness and breathing with the stomach.”

However, a careful distinction was made in one student focus group between evidence-based wellness strategies and other strategies such as homeopathy which are often conflated with wellness strategies but lack a clear evidence base:

“We do have to be careful though because there’s a lot of confusing information for people to take in about different therapies that might or might not work. It’s hard for people to be able to figure out if, you know, homeopathy which there’s little evidence

for has the same benefit as something like meditation which there is positive research about. It's hard for people to be able to separate them out."

Drawing a distinction between undergraduate and postgraduate mental health nurses, it was identified by some Masters students that advanced level mental health nurses need not only have knowledge about these interventions but crucially can apply the underpinning principles when working within a wellness perspective:

"What distinguishes Bachelor educated professionals from Masters level is that at Bachelor level one must know what interventions or therapies there are, but at Masters level one must also be able to apply them".

There were however some perceived challenges to the utilisation of wellness strategies in mental health settings. In a view expressed by several participants, one senior mental health nurse reported how these strategies were often seen as additional extras in a mental health care plan and were not accorded the same importance as other interventions including pharmacological ones:

"I like to take some time to use mindfulness exercises with people, particularly when they are anxious or can't get their mind to settle but it's never seen as that important – the first port of call is always the meds [medication]."

A key skill identified by several service users was the ability of nurses to have realistic expectations of an individual's capacity to embrace wellness activities at a given time. Having the skills to know what type of wellness-related interventions are appropriate, and tailor those to the needs of the person when in a crisis was reported as being very important. As one service user identified:

“Small steps are needed when someone is at their most vulnerable. There’s no point encouraging me to get out for a long bracing walk when I am struggling desperately to even get out of bed...it’s counterproductive and just makes me feel worse”.

Participants also identified that mental health nurses needed to be able to differentiate between normal periods of adjustment and associated distress and those times when intervention is required. One senior mental health nurse manager commented:

“Life has ebbs and flows and we all experience ups and downs at times. But what’s a key skill is being able to know as a nurse when things are getting out of hand for someone. Being able to work with them to figure out what they can manage themselves and then at what stage they need help”.

Attitudes required to practice from a wellness perspective.

One of the strongest findings to emerge was the belief that if mental health nurses were to work from a wellness perspective, they needed to be hopeful and motivating. Being ‘hope inspiring’ and having the ability to motivate others was seen as essential. One service user reported:

“When you are in a dark place, it’s so hard to see anything bright. So, during that time you need others to be hopeful for you, to let you know that things can be better”.

Having belief in a person was also reported as being important. This ties in with a strengths-based approach to mental health and wellness which was strongly advocated across all participants. A focus group of Masters level nursing students highlighted the importance of this:

“It’s important to identify the strengths of the person and what they can do rather than focusing on what they can’t do. Too much attention is paid to peoples’ deficits...what about their strengths? We need to harness them”.

A similar point was made by a senior mental health nurse who made specific reference to the often negatively-toned nature of mental health nursing assessments. In these assessments, the focus was reported to be on what the person lacked and where the problems were instead of an identification of protective factors and strengths that could help the person move towards recovery:

“You see it when we do our assessment, our everyday assessment or even a suicide risk assessment, we always focus on what the person doesn’t have, what they need to get instead of what is positive and helpful in their lives. I think that’s a major problem. We need to re-focus. It’s beginning to happen but not quickly enough really.”

Another value deemed important was the ability to be open and accepting about the individual choices people make. It was suggested mental health nurses need to acknowledge that people make choices in the pursuit of wellness that they may not agree with but respecting autonomy was important:

“Respect for the autonomy of the patient and the choices and decisions they make is important even if you think they might not be very wise in terms of illness management.”

In addition to individual attitudes and values that mental health nurses require, there was also the belief that the mental health ‘system’ needed to change to facilitate a greater focus on wellness as is evidenced in this response from a senior mental health nurse:

“There’s a problem in that not everyone is working within a wellness model. So, we might try to come from a wellness perspective but at the same time we are giving out medication that is sometimes causing more problems than it solves. And the psychiatrists aren’t always on board either so it can be a challenge to say that you are formally working within a wellness model when the system doesn’t really allow it completely.”

Similarly, some participants suggested that nurses needed to be more politically aware and to challenge the status quo in mental health practice with a view to encouraging a change in the prevailing medical model of understanding and treating ‘mental illness’:

“A large body of mental health staff are nurses so we can have some influence but we need to lobby more for change and for quicker change in how we, as a society, approach mental health treatment”.

Challenges to working within a wellness paradigm were also evident within the mental health nursing profession. There was a suggestion that while newly qualified mental health nurses may have a greater tendency to work within a wellness paradigm, this was less likely to be the case for more experienced nurses who perhaps did not have formal training about wellness. It was recognised that they may therefore need help to reframe their practice to a more wellness and recovery-orientated perspective as reported by one senior nurse manager:

“Many nurses practising today were not trained in a wellness or recovery orientated way and so they may need help in moving towards this method of practice”.

Discussion

The promotion of mental health is an international challenge (Cutcliffe & McKenna 2011), and one that is relevant to all mental health professionals. Traditionally, mental health professionals have worked within the medical model of care focusing their attention on disease diagnosis, treatment and symptom reduction (Blakeman & Ford 2012; Slade 2010). However, with the increasing, albeit slow, re-orientation of mental health services towards a more recovery-orientated practice, there is greater demand and opportunity for mental health nurses to expand their practice towards promoting and maintaining wellness in addition to working with distress. Participants in this study clearly reported the need to continue the de-medicalisation of the language and treatment of mental health problems, recognising the damaging and anonymising effects of labelling. This is a particularly pertinent point within the context of wellness as it is recognised that psychiatric diagnoses do not recognise personal strengths or positive functioning (Wand 2013) and are instead entirely focused on negative functioning (Wood & Tarrier 2010).

Participants identified how mental health nurses required an awareness of, and ability to apply wellness strategies in their work, which can help orientate practice away from an illness focus towards wellness and recovery. Wellness strategies have potential for utilisation across diverse settings and with diverse populations (Doyle et al. 2017) and there is great potential for mental health professionals to incorporate these strategies into their practice (Sin & Lyubomirsky 2009). However, despite the recognised potential of using wellness strategies in mental health nursing practice, there are several issues to be considered. Blakeman and Ford (2012) suggest that supporting service users to understand and implement these activities can be anxiety-provoking and time-consuming for all concerned. Furthermore, in addition to educating service users about these activities, participants in this study recognised the need for further training in this area for mental health nurses.

Despite a body of literature supporting the potential of a wellness focus and wellness interventions in improving outcomes for mental health service users, findings from this study reported some challenges to working within a wellness perspective. One of the main challenges was the prevailing dominance of the biomedical model of cause and treatment of mental health problems. Mental health nurses have traditionally worked within the medical model of care focusing their attention on treatment and symptom reduction (Blakeman & Ford 2012; Magyary 2002; Slade 2010). Therefore, having wellness and positive psychology as a core component of mental health promotion requires a distinct paradigmatic shift. Health services, and the workers within them, need to be reoriented with a shift on emphasis to health being a shared responsibility among individuals, community groups, health professionals, health service institutions and governments (Jané-Lopis et al. 2005); creating health-orientated rather than illness-orientated services.

Mental health nurses have a valuable role to play as a leader in this new paradigm as it is recognised that they understand the language of both medicine and health promotion (Wand 2013). They can therefore act as a bridge between the prevailing traditional paradigm of biomedicine and the newer wellness paradigm. This does however require that at both undergraduate and postgraduate level, mental health nurses are adequately prepared for this role. Ensuring a reorientation of practice towards a wellness perspective requires a new way of thinking about preparation and education for mental health professionals (Slade 2010). Mental health nursing curricula need to move away from the current predominate focus on abnormal or negative psychology to one which also recognises the importance of the contribution of positive psychology (Schrank et al. 2014) and recovery (Stickely et al. 2016). From a practical perspective, this has implications for mental health assessment practices, with new approaches to assessment and treatment required. Historically within mental health

assessment there has been a focus on assessing deficiencies the person is perceived to have or problems they experience (Higgins et al. 2016; Slade 2010; Wand 2013; Wand 2015). From a wellness perspective however an alternative assessment strategy is required which takes a strengths-based approach emphasising well-being over deficits with a more person-centred rather than professional-centred focus (Slade 2010; Wand 2015).

Educating mental health nurses to incorporate a wellness perspective into their practice does not mean that the mental health promotion role of nurses should be focused solely on promoting wellness. Cuctliffe and McKenna (2011) argue that rather than an exclusive focus on wellbeing and preventing mental health difficulties, an important part of the mental health promoting role of mental health nurses is to help people live with/ through distressing experiences of mental ill-health, to learn from them and to identify what can be done to prevent or diminish future such experiences. It is important that mental health nurses promote mental health at an individual and community level through the promotion of wellness in addition to working with those living with mental health problems to minimise distress. An integrated approach of studying both positive and negative functioning is important to understand and treat mental health problems (Wood & Tarrier 2010).

Several other challenges to working within a wellness perspective were identified in this exploratory study. Participants reported that mental health nurses cannot work within a wellness-focused perspective in isolation from other mental health professionals; instead, it requires a multi-disciplinary team approach with buy-in from each discipline within that team. Within the literature it is recognised that leadership and team engagement are required to promote well-being within the mental health services (Owens et al. 2010). However, it was apparent from the findings of this study that if psychiatrists were not 'on-board', then it was difficult to change practice – again emphasising the biomedical focus of mental health services. In addition, the traditional professional expert-led organisational structure of many

mental health services results in a reduced input from service users and a lack of collaborative care planning (Grant 2015); all of which reduces the potential for wellness orientated mental health care.

Limitations

Limitations to this study include the relatively small sample size for the service users and family participants (n=23) who are arguably the most important contributors. However, this is largely explained by the fact that overall, this was generally a smaller cohort to recruit participants from and in at four of the six research sites, there were fewer service users and family participants to sample. Nonetheless, the interviews provided by these participants were in-depth and provided a significant amount of rich data. A further limitation is that as the themes were largely predetermined, participants were limited to speaking to those themes.

Conclusion

Despite the prominence of wellness in mental health promotion policies, there can be a difficulty in accessing services and interventions that promote it. Findings from this exploratory study identified a range of knowledge, skills and attitudes that advanced level mental health nurses require to practice from a wellness perspective. Knowledge about factors which support individual wellness, even in the presence of a mental health problem, was identified as important as were the skills to implement appropriate evidence-based wellness strategies. A positive and hope inspiring attitude was also seen as essential as was the ability to see an individual's strengths rather than focusing solely on deficits. Traditional mental health promotion strategies have operated at primary, secondary and tertiary levels and there is potential for mental health nurses to have a role in implementing wellness strategies at all three levels. However, this endeavour is not without challenges and the dominance of the medical model remains a difficulty when striving to develop and support a

holistic care plan grounded in the tenets of wellness and positive psychology. Nonetheless, mental health promotion and the promotion of wellness should remain central to the role of mental health nurses across all communities and settings.

Relevance for Clinical Practice

Wellness is an important component of mental health promotion and mental health nurses have a role to play in promoting wellness in their interactions with service users across all settings. However, education programmes for mental health professionals including mental health nurses have traditionally placed more emphasis on working with illness with a much smaller focus on wellness (Slade, 2010). This paper identifies the knowledge, skills and attitudes required by Master level mental health nurses to work within a wellness perspective, which will inform nurse educators and practising mental health nurses.

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Table 1: Key Stakeholders across each university site.

University and Country	MSc Mental Health students	Senior mental health nurses	Service users & families
Tampere University of Applied Sciences, Finland	7	13	2
Turku University of Applied Sciences, Finland.	5	7	2
Trinity College Dublin, Ireland.	4	4	2
Utrecht University of Applied Sciences, The Netherlands.	10	8	6
Halmstad University, Sweden.	7	11	10
University of Nottingham, United Kingdom.	4	6	1
Total	37	49	23