

# Book of Abstracts

CRITICAL PERSPECTIVES ON AND BEYOND 'RECOVERY':  
TEN YEARS ON

14 AND 15 NOVEMBER 2018

10th Annual Conference

Organised by

The School of Applied Social Studies

The Catherine McAuley School of Nursing and Midwifery

University College Cork, Ireland

In association with

The Critical Voices Network Ireland



## INFORMATION ON VENUE:

The conference is held in the **Brookfield Health Science Complex (BHSC)** on College Road, Cork.

## LOCAL RESTAURANTS:

**Note: Lunch/coffee/tea is not provided**, but is available on and close to the conference venues. The following list of restaurants and cafés may be of assistance.

### Campus (Conference Venues)

1	Kylemore restaurant & café- Brookfield
2	Kylemore restaurant & café -Western Gateway Building
3	Kylemore restaurant Pharmacy Building College Road
4	Kylemore café Biosciences Building Aras na Laoi

### Off Campus

1	Bagel Box, Castlewhite Apartments' entrance, Western Road
2	Mangos, at the entrance of Brookfield Village, College Road
3	Various other small 'eateries' (cafes, sandwich bars, pizzerias etc) along Victoria Cross, within 5 minutes' walk west from the Western Gateway Building

## Book of Abstracts Lay Out

The Book of Abstracts is organised in chronological order starting with the keynote presentations of each day, followed by the concurrent sessions on that day. Details are provided on the venue, the presenter(s), the presentation title, presentation information and the presenter(s)' background, as provided by them.

Figures in brackets after the venue name e.g. **(60)** refer to the maximum number of people the concurrent presentations can accommodate. There is no pre-registration for the concurrent presentations, so if a session is full, please go to another one.

Key note presentations, with the respective presenters' consent, will be available a few weeks after the conference at [www.cvni.ie](http://www.cvni.ie), [www.ucc.ie/en/nursingmidwifery/NewsEvents/](http://www.ucc.ie/en/nursingmidwifery/NewsEvents/) and [www.ucc.ie/en/appsoc](http://www.ucc.ie/en/appsoc)

## WiFi Availability

If you are a university student or work at a university, you should be able to pick up eduroam on your WiFi setting (access by using the username and password assigned by your home institution). For those who do not have that option, a guest WiFi has been set up (this will work during the two conference days only):

Username: mhc2018

Password: 7Dtsdzch

## Acknowledgements

We wish to thank the following people for their support in making this conference possible: Professor Cathal O'Connell, Head of School of Applied Social Studies, Professor Josephine Hegarty, Head of School of Nursing and Midwifery, for their overall support; the Irish Institute of Mental Health Nursing for their generous donation; Sheila Hedderman, Marina Delea, Laura Leahy (room bookings and administrative support), Tony Archer (Audio-Visual support), School of Nursing and Midwifery; Fionnuala O' Connor, Orla McDonald and Brian Stockdale, School of Applied Social Studies, for administrative support; Teresa O'Callaghan and staff, General Services, for general services support, Ryan Goulding for looking after the CVNI website and last, but not least, student help for assisting in various ways.

Enjoy the conference.

Harry Gijbels and Lydia Sapouna, Conference Organisers

**Wednesday 14 November**

## **Keynote Presentations**

### **11.30-12.15 BHSC G01 *Keynote Presentation 1***

#### **Lucy Costa; *The Promise of Recovery and Inclusion: Have Things Changed?***

This presentation will address the ways in which the promise of “recovery” and “patient engagement” ostensibly collide under current political realities. As interdisciplinary allied health providers struggle to both meet their daily technological and public management demands and help service users “recover,” I discuss the pitfalls of “co-production” and other power sharing initiatives. I explore how the inclusion of service users relieves organizational guilt and reinforces the commodification of identity by affirming institutional legibility against an ongoing landscape of discriminatory and hierarchical health care delivery.

**Lucy Costa** is Deputy Executive Director of The Empowerment Council, an independent service user rights-based organization in Toronto Canada. She works as a community activist and advocate promoting the rights of mental health service users/survivors as well as encouraging critical analysis about service user inclusion in the mental health sector. She has written a number of articles, blogs and is co-editor of a forthcoming book entitled, *Madness, Violence and Power: A Radical Anthology*

### **12.15-13.00 BHSC G01 *Keynote Presentation 2***

#### **Lynne Friedli; *Recovery and the Resistance***

The starting point for my paper is the [UnRecovery Star](#), developed by ‘Recovery In The Bin’. What does it mean for ‘critical perspectives on recovery’ that recovery has become such a site of struggle? That social justice is now identified not with recovery, but with the growing resistance to recovery? That (once again) critical analysis of the politics of recovery has been led by mental health and disability rights activists? I will explore these questions by looking at how recovery and other strengths based discourse has influenced public health, at the rise of psychological fundamentalism and at the relationship between recovery and UK government policy on welfare. In particular, drawing on [my research](#) on unemployment and the experience of workfare, my paper will reflect on the role of recovery in the promotion of ‘employability’ as the primary goal of public services. Resistance to recovery was once a lonely occupation. This is no longer the case. As the ‘recovery journey’ is imposed on more and more categories of citizens, across more and more domains, we’ve seen new expressions of solidarity between activists within the survivor tradition, claimants fighting forced unpaid labour and precarious workers negotiating the border zone between work and welfare. I will argue that it is in this diversity of resistance to recovery that the true causes for hope and optimism lie. I very much welcome this opportunity to contribute to the debate and to hear the views of participants.

**Lynne Friedli** is a freelance researcher, with a special interest in the relationship between mental health and social justice. She has just completed research on the (mis) [use of psychology in workfare](#) with [Hubbub](#) at the Wellcome Collection. Her work included [reflections on the lived experience](#) of unpaid labour and the welfare system, in partnership with Nina Garthwaite and residents of a hostel for homeless men. Lynne is also interested in the politics of [strengths based discourse](#) (notably in Scotland), the use of positive psychology in the [‘reification of ‘work’](#) and how these developments have come to dominate (or perhaps colonise) ideas about Recovery, as well as inspiring a resurgence of new forms of resistance to work. Her research at Hubbub (with Robert Stearn) features in a documentary on [Psycho-compulsion and](#)

[Workfare](#) by WellRedFilms.

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### 15.15-16.00 BHSC G01 *Keynote Presentation 3*

#### **Helen Spandler; *Mad Politics Today: Some Critical Reflections***

This presentation will explore the politics of mental health in a post-community care era of recovery, austerity and social inclusion. There have always been tensions in radical mental health politics, but they seem to be exacerbated in the current context. This talk will specifically explore these tensions from the perspective of being an ally of psychiatric survivors. I will advocate a prefigurative mental health politics which tries to model the kind of mental health services we want to achieve. I suggest that this requires remaining critical, unsettled and open minded.

**Helen Spandler** is Professor of Mental Health Studies in the School of Social Work, Care and Community at the University of Central Lancashire and Editor of Asylum magazine, <http://asylummagazine.org/>

## Wednesday 15 November Concurrent Presentations

### 10.00-10.45 *Concurrent Sessions A*

#### **BHSC G04 (120) Fionnuala Manning; *From Hospital Bed to College Lecturer***

My name is Fionnuala Manning and I have spent many years using the mental health services in Cork City. There was a time in my life where both I and my family members worried if my severe human distress would have catastrophic consequences as I became increasingly unwell and withdrawn. However, with the help and patience of my mental health team and especially my peers in support groups (HVNI) I learnt that recovery was actually a goal and not a dream. It took many many years at an extremely slow pace but I managed to reach a level of recovery that I am delighted with. I saw that recovery is not only possible but needs to be shown to help others, be they service users, health professionals, family members. Today I am thriving and I am lecturing in UCC as an expert by experience to engage with students who are studying to become Mental Health nurses. This workshop will give you insight into how this journey unfolded and to hear what mental health students felt about being taught by a non-academic lecturer.

**Fionnuala Manning;** I am a voice hearer. I work full time as both a doctor receptionist and also as a college lecturer in UCC. I am also very interested in the area of peer support amongst those who suffer with their mental health and facilitate and attend two hearing voices groups in Cork City. I am also on the current Irish Hearing Voices Committee.

#### **BHSC G06 (120) Home Focus team; *Home Focus, our Recovery journey 10 years on...***

In keeping with the theme of the CVNI conference this year, the Home Focus team find that this is an opportune time to reintroduce ourselves since we presented at the 1<sup>st</sup> CVNI conference back in 2009 and speak about how we as a team have moved along with our recovery ethos. Home Focus was established in 2006 as a cross service collaborative community-based training service delivered by the National Learning Network (NLN) to engage with service users of the West Cork Mental Health Services. In 2006 our target client base was identified as those experiencing severe and enduring mental ill health. Since then we have moved more toward the concept that it is not the mental illness that endures it's the person. This changed our practice, highlighting the importance of doing with and not for the people we work with. This involves, starting where you are, using what you have and doing what you can, living with symptoms and managing change through a recovery orientated lens. We want to share the Home Focus journey of change and progression. How we have moved from rehabilitation to recovery based training. Home Focus provides support to a person in their own home and community to enhance their mental health recovery and overall wellbeing. The programme is recovery focused with much consideration of the principles of CHIME:-CONNECTEDNESS \*HOPE\* IDENTITY\*MEANING\*EMPOWERMENT.

**Aidan O'Mahony** began working with National Learning Network in 2000 as a Rehabilitative Training Instructor working with a broad spectrum of abilities. 2006 saw the start of the Home Focus initiative which is a recovery based mental health programme, working with individuals in their homes or community. The team work with individuals primarily and like to create contacts and context with organisations in the community. Aidan has been involved with the Open Dialogue implementation since 2014 and has been part of the clinic since 2015. What motivates Aidan is working with people to take responsibility for their own mental health.

**Barbara Downs** moved from Liverpool to Ireland 22 years ago. Throughout her career she has worked in a variety of supportive settings including Youth and Young Adults, Disability, Ex-Offenders, Drug Abuse, and School Exclusions. Since 2003 she has worked with National Learning Network West Cork and joined the Home Focus team in 2012, providing community-based mental health assertive outreach and individualised support

to people in the West Cork area. She became involved and trained with Open Dialogue and has been a member of the Open Dialogue clinic team since it began in September 2015. Barbara is an accredited member of I.A.C.P. and a practicing Integrative Psychotherapist. She is a part-time lecturer in Counselling Skills at Cork Institute of Technology.

**Caroline Hayes** began working with the Home Focus Team in 2017. Caroline has been volunteering with the Clonakilty Wellness Committee for 5 years which run an annual week of events focusing on Wellbeing and Mental Health Distress. Caroline has experience of the Mental Health Services as a Family Member, Service User and Carer. During her own recovery she completed the Certificate in Mental Health in UCC. What motivates Caroline is working with people and supporting them to identify what is needed to aid and maintain their own recovery in a way that is meaningful to them.

**Caroline O' Callaghan** worked as a Clinical Nurse Specialist on the Home Focus team since it was mainstreamed in 2011. Caroline previously worked with the HSE in various roles. Caroline began her career being one of the last class of nurses to be trained in Out Lady's Hospital, Cork. She went on to do various post grad studies in Addiction, Community Nursing and Adult Mental Health in UCC. During her transition from staff nurse to Clinical Nurse Specialist, she herself would say she knew everything about Recovery, and could give quotes from all the major spearheads in writing about Recovery. But now, today, has learned everything she knows from the people who engaged with Home Focus. And without them, would be a very inept and uneducated nurse altogether. Caroline is a happily separated mother of 3 children, whom she hopes that she passed on a sense of respect and the right for inclusion for all.

**Maura O'Donovan** is the Recovery Support Worker on the Home Focus Team and has been working with Home Focus since its beginnings in 2006. Maura is motivated by a desire to support people on their individual journey around recovery and what this means to them. Maura also works with the Open Dialogue Team and is a Hearing Voices Group Facilitator. Both Open Dialogue and Hearing Voices Group Facilitation are in collaboration with the HSE. Maura is also a counsellor and psychotherapist and is accredited with IACP. She has worked with Pieta House, Cork for 2 years and has her own private practice as a psychotherapist.

**BHSC 1.05 (30) Jane Mulcahy; *Understanding childhood trauma and fight/flight/freeze responses in offenders for better outcomes.***

Drawing on qualitative interview data from my PhD research on post-release supervision of long sentence prisoners, this paper will argue that courts and criminal justice agencies should pay greater attention to the phenomenon of Adverse Childhood Experiences (ACEs) among offenders, especially those who are deemed to be "high risk" by actuarial risk assessment tools. Prison-based staff and Probation Officers in the community should engage in trauma-informed practice in order to help unrecovered trauma survivors with offending behaviour to make better sense of themselves and their multiplicity of personal struggles, of which conflict with the criminal justice system and the consequent loss of liberty is just one, perhaps "minor" aspect of their stories. Offenders tend to come from communities where there is a high prevalence of ACEs are all around them; in their homes, on their streets, in their schools and doctor's surgeries. Understanding ACEs and their devastating impact on individuals over the life course and working with people in a respectful, holistic, strengths-based, trauma-informed manner - rather than focusing exclusively on risk factors and criminogenic needs identified by the LSI/R - might generate more 'buy in' from offenders when engaging with Probation interventions, and personal development opportunities.

**Jane Mulcahy** is a PhD candidate in law at University College Cork in Ireland. Her research is entitled "Connected Corrections and Connected Corrections: Post-Release Supervision of Long Sentence Male Prisoners." She is an Irish Research Council scholar under the employment based PhD scheme, co-funded by the Probation Service and the Cork Alliance Centre, a desistance project in Cork, is Jane's employment partner. Jane has worked as a researcher in the area of criminal justice, penal policy and social justice since 2005. Previous employers include the Irish Penal Reform Trust, the Codification of the Criminal Law project

at UCD and the Law Reform Commission. Jane began hosting a radio show/podcast in conjunction with the UCC Law Department and UCC 98.3fm called "Law and Justice" in September 2017. Many recent features have addressed the subject of Adverse Childhood Experiences, how trauma is embodied and the devastating lifelong impact on individuals and society. Jane recently won a Justice Media Award from the Law Society in the radio/podcast (local) category for her "Humanising Human Rights" about Ireland's second review before the UN Committee Against Torture.

**BHSC 1.22 (70) Rebecca Murphy; *should we applaud or discourage the infiltration of 'Peer Support' into mental health services?***

This presentation aims to critically examine the infiltration of peer support into mental health services and appraise the potential benefits, challenges, and implications. Evidenced by its inclusion in international and national mental health policy and practice, the practice of peer support now receives widespread recognition of its value and has experienced rapid development as a result. The reasons to applaud this validation and expansion will be outlined, specifically the growing choice of different peer support modalities, and the potential integration of peer support values and principles into the care approaches and culture of statutory mental health services. However, counter arguments will be presented which dissect the various ways in which peer support's expansion into mental health services threatens its fidelity and authenticity. For example, in order to work within the rules and culture of mental health services, the capacity of peers to enact fully the values of peer support may be significantly impinged, compelling a dilution or adaptation of peer support practice. The presentation will conclude with a discussion on what the implications of peer support's infiltration of mental health services may be for 'authentic' peer support modalities practicing outside of the mental health system. Finally, there will be a consideration of potential answers to the question; how do we facilitate peer support the flexibility to expand into new domains and contexts while simultaneously honouring and protecting its historical origins and values?

**Rebecca Murphy** (PhD, Msc, BA) is a post-doctoral research fellow in the School of Nursing and Midwifery, Trinity College Dublin. Rebecca is a passionate researcher motivated to complete research which has translational value to the spheres of policy and mental health practice. A noteworthy narrative running through much of Rebecca's work to date is her commitment to participatory values and working collaboratively with multiple stakeholders. Most recently, she worked in partnership with peer interviewers to complete a mixed method review of peer-led support projects and in an additional study examining the mental health of people with experience of homelessness. Rebecca is currently engaged in research with Professor Agnes Higgins and Ms. Jennifer Barry exploring the implementation and sustainability of the EOLAS programmes.

**BHSC 2.42 (30) Frances Drummond; *The Impact of community-based supportive interventions on the lives of cancer patients***

**Background:** Patients have their cancer treated by the health services. However, much of the psycho-oncology, psycho-social and physical interventions known to improve the mental and physical quality of life (QoL) of cancer patients and survivors, and the survival of some patient groups, are being met by volunteer-led supportive services. This study is timely, as it is in line with one of the priorities of the National Cancer Strategy 2017-2026(1) which is 'all about people....optimal care to patients and maximising their quality of life.'(pg1) and which recognises that one of the essential needs is 'the development of a model of psycho-oncology that has the capacity to cross the voluntary, primary and acute services (p94).

**Methods:** The Evaluation of impact of supportive interventions delivered by a volunteer-led Cancer Support centre, on the unmet needs and health related quality of life of cancer patients (EVeCanS) study is a mixed methods study, involving a systematic review of the literature, analysis of routine data and quantitative data from the cancer patients and/or their families using questionnaires which include internationally validated instruments. **Results:** Data collection started in September 2018. Findings from the EVECanS study will help us to (i) understand who is using supportive community-based services, (ii) to obtain empirical evidence of the benefit(s) to users, and (iii) to understand how the services can be improved. Preliminary

results will be presented. **Conclusions:** Information gained from this study will be used to inform the development of supportive cancer services both locally and nationally.

## References

National Cancer Strategy 2017-2026. (<http://health.gov.ie/wp-content/uploads/2017/07/National-Cancer-Strategy-2017-2026.pdf>).

**Frances Drummond;** After completing a PhD in Biochemistry Dr Drummond changed her research focus, to the patient. After investigating the genetics and environmental factors involved in the development of osteoporosis, Dr Drummond's research focus turned to cancer health services (screening, diagnosis and treatment) and patient reported outcomes (PROMs), of patients and survivors. She was the research coordinator/project manager for a number of national and international projects in the National Cancer Registry. She is a senior research fellow and research coordinator in CorkResearch@UCC (formerly Cork Cancer Research Centre). Her research has been funded by Breakthrough Cancer Research, Health Research Board, Irish Cancer Society, Prostate Cancer UK and TRAP as principal investigator, co-investigator and collaborator. She has more than 40 peer-reviewed publications and has authored/co-authored reports to national bodies including the National Cancer Screening Service, National Cancer Control Programme, Irish Cancer Society and the National Clinical Effectiveness Committee. Dr Drummond is currently working towards becoming an accredited counsellor/psychotherapist.

### **BHSC 3.03 (30) Members of the Clonmel Hearing Voices Group; *Hearing Our Voices Booklet Clonmel 2018***

Hearing Voices is a national network, consisting of voice hearers, family members and professionals, all working together to empower individuals with voices, visions and other unusual experiences or beliefs. It is part of an international collaboration between people with lived experience, their families and professionals to develop an alternative approach to coping with emotional distress that is empowering and useful to people, and does not start from the assumption that they have an illness. The Clonmel Hearing Voices group first met in 2014 and meets fortnightly in Clonmel; It is an open group which actively encourages new members from the community. The aim of our group is to provide a safe place for people to share their experiences of living with voices or other unusual experiences with the hope of finding alternative approaches to coping with emotional distress whilst empowering people and offering them hope and personal control. In our experience, there are many questions posed by living with voices; the Clonmel group have launched a booklet capturing these questions, providing some insights and some very powerful experiences from voice hearers. The booklet helps to overcome stigma, promote understanding and shares experiences in a powerful and touching way. The aim of the workshop is to share our booklet with a wider audience – members of the Clonmel group will introduce the booklet, share some of their experiences and answer any questions that may arise.

**Clonmel Hearing Voices Group** meet fortnightly in Clonmel. The group is made up of facilitators, voice hearers and family members who meet to share their experiences and concerns, coping strategies and offer each other support and understanding in a confidential and safe space. Group members avail of and enjoy a chat and a cup of tea in an informal setting and provide peer support as they are experts by their experience.

## **14.00-14.45 Concurrent Sessions B**

### **BHSC G01 (250) Michael Edgar, Hannah Kelly, Cian Aherne, Olive Moloney; *Jigsaw: What is The National Centre for Youth Mental Health?***

Jigsaw's vision is an Ireland where every young person's mental health is valued and supported. In this presentation we (staff and Youth Advisory Panel members) will talk about our experiences of working towards this vision together. Adolescence and young adulthood have been described as periods of uncertainty, during which young people experience increased pressure in making decisions, to assume adult roles and take on more responsibilities, all within a dynamic social, economic and political context. Jigsaw is currently located in 13 communities, providing therapeutic supports to young people aged 12-25,



experiencing mild to moderate mental health difficulties, and to their communities. The primary aim of this presentation is to inform the audience:

- 1) What Jigsaw's early intervention and prevention approach is,
- 2) What transdisciplinary working is at Jigsaw,
- 3) What our Youth Advisory Panel is and does,
- 4) What we mean by delivering services, strengthening communities & influencing change. And,
- 5) To engage with the audience, to hear feedback about our approach and respond.

During the presentation we will draw on some key findings from research on the effectiveness of Jigsaw's brief intervention model in reducing psychological distress, strengthening psychological wellbeing, and improving progress towards identified goals.

**Hannah Kelly and Michael Edgar** are Jigsaw Youth Advisory Panel (YAP) Members from Limerick and Kerry. The YAP supports young people to voice their opinions, influence change, and learn new skills.

**Michael** is a computing student in the Institute of Technology Tralee and has volunteered with Jigsaw for over two years, wanting to help change the national conversation around youth mental health. While he has no formal background in psychology or mental health, he has lived in Kerry his entire life and can provide a unique perspective on modern life as a young person in Ireland. Michael has given presentations on Jigsaw and their work to local politicians and influential figures.

**Hannah;** I'm 22 years old and have struggled with mental health all my life. At the age of 9, I lost my brother through suicide and at 13 I lost my Grandad. These things affected me and have shaped me to be the person I am today. As I was so young, I didn't understand the effect the losses would have and the most difficult struggles came when I turned 16. I have recently started studying Social Care Work in the Limerick Institute of Technology and look forward to continued engagement in the field of mental health.

**Olive Moloney** is a Clinical Psychologist (C.Psychol. Ps. S.I.), and a Clinical Coordinator at Jigsaw in Kerry. Olive previously worked at MAC-UK, using coproduction as a means of changing the systems that exclude young people affected by serious youth violence. She teaches and presents regularly, and is a trainer with the Anna Freud Centre. She is a member of the steering group for Clinical Psychology Today, a new Irish journal. Olive believes in communities taking a lead in defining and addressing their own needs through locally owned solutions for mental health.

**Cian Aherne** is a Clinical Psychologist and has been the Clinical Coordinator in Jigsaw Limerick since early 2017. Cian previously worked in CAMHS. He completed his clinical training in the University of Limerick and has particular interests and publications in the areas of suicide, sport psychology and mindfulness. His theoretical orientation is integrative, incorporating theory and practice from social constructionist, cognitive, humanistic, family systems and solution-focussed perspectives.

**BHSC G04 (120) Tim Buescher; *Effects of compulsive hoarding and the search for help as experienced by one family member and one researcher***

This doctoral work took a collaborative approach to examine help-seeking in family members of compulsive hoarders, incorporating narrative, co-operative, autoethnographic and performative elements to meet the needs of the inquiry and those involved. During the course of the research, control appeared to move between us at different stages with some aspects. Our response to this complex problem in living was initially to seek service provision as suggested by the clinical and academic literature. What we found was not a medical cure, but understanding of stories of those involved and affected. And the ability to imagine new stories. The problem was not eradicated but its effects were more tolerable. This work challenges psychiatric discourse as framed by diagnosis and the model of mental health nursing as the application of empirical evidence to specific situations and conditions located within individuals. As a mental health nursing lecturer, this challenges what and how I do and caused me to question why I do it. I offered an autoethnographic exploration of what was happening for me as a result of the process. I explore the ramifications of this and look for a way through the mental health and research literature to find a source of

camaraderie and common purpose. Looking back through the thesis, it is possible to see how this search was underway in the co-researching phase and looking further back from there, how it was always present.

**Tim Buescher;** As an early career academic, I am part of a relatively young mental health nursing team at the University of Hull and very recently passed my viva voce. My thesis, which began as an exploration of help-seeking in family members of compulsive hoarders and became a mutual exploration with a co-researcher of why we value some things and ideas over others and how we go on with disrupted and messy (hi)stories. In writing this, I have had to "come out" as a mental health practitioner uneasy with the position, language and politics of mental health care and wondering how, as a teacher of mental health nurses, I can do a better job... I am involved in research around gender equality and am looking forward to post-doctoral life where I hope to explore alternative readings of experience labelled mental illness.

**BHSC G05 (120) Rebecca Murphy, Jennifer Barry, Angie Lindenau; *Service User Inclusion in Research: Case Studies from the Field***

This presentation aims to provide a transparent examination of collaborative partnerships between peer and academic researchers in mental health research. Patient and Public involvement (PPI) in the development, delivery and evaluation of mental health services is endorsed in national and international policy. In the academic research environment, such policy mandates translate into discourses of doing research 'with' or 'by' members of the public rather than 'to', 'about' or 'for'. However, systematic involvement of service users in research is not well developed and while there is a lot of discussion on their involvement in research and their role, there is less discussion on how this involvement actually translates into practice. In this presentation, we deconstruct the rhetoric of PPI, and debate its benefits and challenges. Through the use of exemplar case studies, the differing types of PPI are dissected and insights are provided into the strategies and methods utilised to facilitate PPI at various stages of the research process from design, implementation, and dissemination. The presentation concludes with an appraisal of the overall outcomes and impact of PPI in mental health research and discusses whether enactments of PPI serve to challenge embedded practices and perspectives and facilitate new ways of thinking, working, and forging solutions or whether it is simply another way of co-opting the voice of service users into servicing the needs of the academic, policy makers and mental health establishment.

**Rebecca Murphy;** biography in page 6

**Jennifer Barry** (MSc, H.Dip, BSc) is a research assistant in the School of Nursing and Midwifery, Trinity College Dublin and has previously worked as an assistant psychologist in adult mental health services in two Dublin City hospitals. Jennifer's interests lie in the intersection between clinical practice and mental health research. She is a strong proponent of service user involvement within mental health services and peer research. Jennifer's experience has led her to appreciate how service users are critical in ensuring that recovery approaches continue to be developed and tailored to the needs of individuals and their families, so that their voices are not only heard but respected and valued, both within mental health services and the research context. Jennifer is currently involved in research with Professor Agnes Higgins and Dr. Rebecca Murphy on the EOLAS project, which is exploring the long-term impact and sustainability of EOLAS psychoeducation programmes.

**Angie Lindenau;** biography in page 15

**BHSC G06 (120) Trudy Meehan, Julia Mitchell; *"Doing something" and "feeling at home": studio-based art at an inpatient unit***

A phenomenological investigation, at a South African forensic psychiatric hospital, suggests that studio-based artmaking provided inpatients (with diagnoses of schizophrenia and psychosis) with the opportunity to experience a sense of sense and lifeworld that countered the dominant experience of being psychiatrically unwell. Taking a phenomenological understanding of both artmaking and schizophrenia, the findings support recent research that studio-based artmaking is able to attend to the disrupted pre-reflective conscious

processes associated with schizophrenia symptoms. Following a studio-based approach, the participants worked independently as artists in a studio-like space. The findings of the phenomenological lifeworld analysis revealed that through the artmaking process participants engaged with a familiar and individual sense of self and lifeworld. Despite the current context of being inpatients, and inexperienced in artmaking, participants described artmaking as an experience of feeling at-home. They also described artmaking as meaningful work and in the interviews often expressed new personal plans and projects. These participant descriptions were viewed as informative as the subjective experience of schizophrenia is often described in the phenomenological literature in terms of a disordered sense of self. The phenomenological account of artmaking suggests that the possibility for intersubjective engagement during periods of immersed activity was central in facilitating lifeworld engagement. Personal meaning-making continued subsequently at more reflective levels of conscious awareness in viewing and exhibiting their artworks.

**Dr Trudy Meehan** is a Senior Clinical Psychologist in Child and Adolescent Mental Health in Wexford and is a Research Associate with the Department of Psychology, Rhodes University, South Africa.

**Julia Mitchell** is a PhD candidate affiliated to the Department of Psychology, Rhodes University, South Africa.

### **BHSC G10 (150) Michael Fitzgerald; *Not a Survivor***

Much current thought and research focuses on the idea of 'survivorship', and much medical focus is on treatment leading to cures/life after mental health issues. I, and many more like me, pride ourselves in coping day to day, not survival. This presentation challenges the use of 'survivorship mentality' for those with lifelong illnesses. For many people experiencing mental health issues the prognosis is lifelong and the term 'survivor' doesn't accurately address the experiences of those involved. Furthermore, it also permanently links the 'survivor' with what has been inflicted upon them (and by extension, with the perpetrators). I have been bipolar since long before the term was adopted. I was first diagnosed 'manic depressive' - many years after the illness first manifested - and I have lost my mind, several jobs, my marriage, and nearly my children as a result of the illness and my own actions. Over the past 30 years I have carved out a role within a very demanding professional field. I have not survived my lifelong condition, but rather have found ways to continue to function. I have not survived the illness, or the violence I was subjected to in my youth. I have coped with these (at times have not), and have found the strength to return and persevere partly because I have recognised that this illness is not something that I will survive, but rather it is an integral part of my life. I will discuss this, and different ways of coping that have helped, and approaches that may also help others.

**Michael Fitzgerald** is a consultant actuary who provides services through his own firm in several countries. He does not identify as a psychiatric survivor, but rather as a work-in-progress who has learned to cope, as well as possible, with his mental illness. Michael has recently started an initiative called Community Support Resources, which provides mentorship to community groups with creative programmes helping those with mental health issues and those in the appalling system of Direct Provision in Ireland.

### **BHSC 1.05 (30) Craig Lewis; *Spirituality - How I Healed from A Lifetime of Trauma***

This workshop details the resulting impact of being a downstream recipient of the capitalist appropriation of the recovery peer support community. This result is of a spiritual nature. It would be easy to detail all that is not working well, however, in an effort of self-preservation, and with the ongoing need within me to promote and facilitate forward moving progress; the focus of this workshop is the healing lessons learned. Many other presenters will offer critical analyses of what is working and what needs to be improved upon and this is, of course, quite valuable and necessary. This workshop presenter must go beyond the critical discussion and turn the knowledge gained into wisdom; which results in a humanistic overstanding that can augment the more practical ideas that critical thinkers bring to the table, as we work together, and create a more impactful, healing and unifying paradigmatic shift toward Better Days for all... An emphasis on some of the basic and most simple thoughts and actions that humans often disregard toward creating a togetherness based

community that defies the invisible and internalized oppression that we unintentionally, and thus by default, unknowingly, inject into our communities; in a nearly unseen yet deeply felt way. The solutions to what ails our community are simplistic. For forward moving progress to ensue, we must fortify our foundations so that any cracks are lovingly addressed and thus; we build a beautiful castle that lasts...

**Craig Lewis** is grateful for every experience he has had that has resulted in this very moment. He is transcending the challenges of his past and sharing his experiences, knowledge, and lessons learned with all those who will listen. This is an ongoing journey and Craig, like all of us, is a work in progress. The choice to live a life of gratitude, peace, love, kindness, spirituality, accountability, forgiveness and acceptance facilitates Craig's liberation. Craig is currently travelling throughout Europe and around the world, on his quest to have a healing and positive impact on others and also to seek peace, community and a new home.

### **BHSC 1.21 (70) Mary Maddock; *Recovery from Psychiatry***

Because of psychiatry, people receive fictitious diagnoses and harmful interventions which can make 'recovery' a nightmare.

Because of psychiatry, people are denied many of their human rights, especially their basic human right to be and act as human beings.

Because of psychiatry, human actions have been medicalized and Big Pharma has reaped the rewards.

Because of psychiatry, many young people are misunderstood and receive toxic substances which deny them their right like other children to achieve adulthood.

Because of psychiatry, many older women receive electroshock which causes brain damage and dysfunction. Electroshock globally is increasing because the public is less aware of its traumatic effects due too so-called 'research' carried out by those with vested interests.

**Mary Maddock** is a grandmother who had first-hand experience of coercive psychiatry following the birth of her daughter. Her experience included being electroshocked, being initially labelled with 'puerperal psychosis' before ultimately being viewed 'Bi-Polar', for which she was put on a regime of drugs for all of 20 years during which time she experienced numerous adverse effects. Inspired by the enlightened thinking of Dr Peter Breggin and Dr Terry Lynch, she slowly weaned herself off all the drugs and has now been drug-free since 2000. She calls herself a proud survivor of psychiatry and since then has worked tirelessly to expose its fraudulent nature, its non-scientific methods, its discriminatory labels and most importantly its outrageous breaches of human/civil rights which leave people at the level of second-class citizens. With the never-ending expanding DSM's, more and more people are a risk of being sucked into this corrupt system especially vulnerable children and the elderly. Mary is a founder member of MIndFreedom Ireland which is in existence now for 15 years. It runs a peer support group 'Stand By Me' which meets regularly in Douglas. For more than 10 years it has also organized public electroshock protests in May in solidarity with other international protests. In addition, it retains strong links with like-minded international organizations especially MindFreedom International, The Campaign Against Psychiatric Assault in Canada, The Council for Evidence-Based Psychiatry and Drop the Disorder groups in the UK and here in Ireland, The Critical Voices Network. Mary has spoken widely in the media in Ireland and last year spoke her truth at the World Psychiatric Association Congress in Berlin. MindFreedom Ireland is currently active in support of Dr Terry Lynch's petition to Leo Varadkar as well as MindFreedom's international work in expanding its peer support network. One of Mary's favourite quotes comes from T.S.Lewis:

*"Of all tyrannies, a tyranny sincerely exercised for the good of its victims may be the most oppressive."*

**BHSC G01 (250) Dina Poursanidou; *Whose 'violence'? Service users' experiences of restrictive, coercive and invalidating practices in inpatient mental health care***

'Violence' in discourses currently prevailing in inpatient mental health care policy and practice is exclusively framed as 'patient violence'. Using material from my own patient records (concerned with my detention in hospital under the Mental Health Act 1983/2007 for 3 months back in 2009), as well as from fieldnotes and interview accounts from an ethnographic study on violence in inpatient mental health care, the proposed workshop will seek to trouble this framing of 'violence' as exclusively 'patient violence'. I will ask: What about detention of service users in hospital under legislation (Mental Health Act) as 'structural violence' (Costa et al., 2015)? What about staff restrictive/coercive practices towards service users on psychiatric wards – for example, physical restraint; rapid tranquilisation; forced medication; 'time out'; segregation; and seclusion – that often amount to physical violence and abuse with detrimental effects on the service users' bodies and sense of self? What about ward staff 'micro-aggressions' against service users -for example, invalidating practices and language or verbal threats- that are experienced by service users as emotional violence and abuse? What about the 'epistemic violence/injustice' (Liegghio, 2013; Crichton et al., 2017) and the 'violence of representation' (Levinas, 2011) perpetrated against service users on inpatient wards where service users have knowledge and (mainly biomedical) explanatory frameworks around 'mental illness' imposed on them rather than being recognised as credible knowers and having their testimonies and interpretations validated? And finally, how meaningful is it to talk about 'recovery-focused inpatient mental health care' when the violent practices mentioned above are acutely disempowering for service users on mental health wards and serve to undermine significantly the service users' sense of control, agency and self-worth?

**Dina Poursanidou-Instead of a biography....**My interest in the topic of violence in inpatient mental health care is both a profoundly personal and a research interest. As a social scientist-researcher in mental health, I became very interested in violence in inpatient mental health care as a result of conducting critical ethnographic research in the context of a process evaluation of a quality improvement programme that sought to address violence and aggression on psychiatric wards in two different NHS Mental Health Trusts in England. I carried out the ethnographic research in question (an ethnography of four inpatient wards that lasted for 15 months) in the context of a research fellowship that I held for 3 years (2015-2018) at the Service User Research Enterprise, Institute of Psychiatry, Psychology and Neuroscience, King's College London. A key area of interest for the ethnography was 'violence' perpetrated by both service users and ward staff. I am an academic researcher but at the same time I am a mental health service user (I started using mental health services in 1991). Hence, my interest in the topic of violence in inpatient mental health care is also profoundly personal given that I experienced restrictive/coercive (and ultimately violent, I felt) staff practices (for example, physical restraint, rapid tranquilisation and 'time out') during my detention in hospital under the Mental Health Act 1983/2007 back in 2009 – practices that had detrimental effects on my sense of self.

**BHSC G05 (120) Shirley Anne Collie, Elaine Ballantyne, Liz Deeming, Esther Fraser and Penny Stafford; *Doing Mad Studies: Co-producing a Participatory Action Research Project (PAR)***

Mad People's History and Identity (MPHI) is a Mad Studies course delivered at Queen Margaret University (QMU). The course was designed, delivered and evaluated in partnership with academics at Queen Margaret University, CAPS Independent Advocacy Service and people with lived experience of mental distress and psychiatrisation. Le Francois (2016, p.5) provides a coherent definition of Mad Studies stating it is: "activist scholarship, a form of knowledge production or collective intellectual contribution that is embedded in mad community interventions and actions." MPHI is an engaged scholarship project between academics, activists and mad identified people. MPHI students were invited to co-produce the evaluation of the MPHI course through Participatory Action Research (PAR). Interviews and Photovoice methods were agreed as methods to explore the verbal and visual data of the students. The group decided that the actions from the research would be the creation of a Photovoice exhibition and a film. This would facilitate

more people having voice to their lived experiences of both Madness and the MPHI course. Mad Studies offers a critical lens on recovery and an alternative discourse. We propose that the results of the MPHI research has demonstrated positive impacts for students. The impacts of the course will be discussed through the film produced by the research and the experiences of co-producing the research will be explored by the research team.

**Shirley Anne Collie** was a student on the "Mad People's History and Identity" course in the year 2015. "I have not looked back since". She went on to be active in many projects in mental health and activism. She is currently a Public Sociology student at QMU. She has been part of a PAR project evaluating the experiences and impacts of being a student of the MPHI course. PAR at QMU was a very useful experience for me to participate in. "I have to pinch myself sometimes"

**Elaine Ballantyne** is a Senior lecturer in Occupational Therapy at QMU. She is the course leader for the "Mad People's History and Identity" course. She is also undertaking a Doctorate using PAR with the students from the course. The research aims to explore the experiences and impacts of being on the "Mad People's History and Identity" course and the links to activism.

**Liz Deeming** was a student on the "Mad People's History and Identity" course in 2014. She is currently a Public Sociology student at QMU. She has been part of a PAR project evaluating the experiences and impacts of being a student of the MPHI course

**Esther Fraser** attended the MPH (Mad Peoples' History) course in the third year of its journey (2015). The following year Esther had the pleasure of attending in a support role for a friend. Esther was then invited to be part of the research team. QMU kindly sent Esther on a two day PAR (Participatory Action Research) course at Durham University. This course aided Esther greatly in the PAR evaluation of the three cohorts of MPH students. Esther has described this course as a revelation and privilege.

**Penny Stafford** is a survivor of the psychiatric system and participated in the first Mad Peoples' History and Identity course during 2014

**BHSC G06 (120) Adrian Begley, Christina Greene, and Karol MacGairbheith *Recovery: is it about the journey or the destination? Walking towards better Mental Health***

**Background:** Solas Donegal is a programme run by the Health Service Executive (HSE). It was established in 2005 to engage individuals experiencing mental health difficulties (who have been involved with the mental health system) in outdoor activity/green exercise. Located in Falcarragh, Co. Donegal, the programme is based upon walking, talking and listening, and aims to develop positive relationships and connections, in order to support each individual's recovery journey and build confidence. **Aims:** To understand and evaluate the Solas programme service-user experience. **Method:** Interviews with eight ex-participants of the Solas programme were conducted. Each interview was audio recorded and transcribed verbatim. The data gathered was analysed using the Grounded Theory approach. **Results:** Four main themes emerged from the data. They were; (i) New Experiences, (ii) The Social Element, (iii) Moving Forward, (iv) Continued Engagement. **Conclusion:** Solas Donegal appears successful based on the feedback from ex-participants regarding their experience of engagement with the programme. The service in some ways is quite unique, and possibly somewhat radical. Findings showed that the service does manage to provide a very credible programme for its participants, based on the product of walking, talking and listening that it delivers. Overwhelmingly the results of the participant interviews show that they all found engagement with the programme very beneficial and rewarding. Two stand out contributing elements of these benefits appear to be walking and social interaction. Based on the contributions made by ex-participants of the programme, the service clearly appears to be very worthwhile and would be of great potential benefit in mental health recovery if replicated elsewhere. **Context of this Study:** This study was completed as part of an MSc in Applied Psychology by Adrian Begley through The School of Psychology, Ulster University.

**Solas Donegal** is a HSE Programme, established in 2005 with the intention of supporting mental health recovery through outdoor activity/green exercise. Based upon walking, talking and listening the project aimed to create a supportive environment, to decrease isolation and work towards building confidence and resilience. Being embedded in the community in west Donegal allowed the service to have access to a diversity of green spaces- coastal walks, forests and national parks- to use as areas for the walking connectedness to nature element of its programme. The programme is group based with individual recovery plans guiding each participant's journey. The service shows a multilevel approach in providing and effective provision of service for the user while still remaining relatively simplistic and cost effective. The service is undergoing development and whilst Solas has always embraced a partnership model in programme design, a retrospective study was undertaken to gain the perspective of a number of participants who had completed the programme to augment service user input and guide these changes and developments.

**BHSC 1.01 (70) Martha Griffin and Liam MacGabhann; 'Áit na nGealt'. Peer Support Working in Mental Health Services: Co-optation or radical game changer?**

Although, peer support working in mental health has long emerged as an outcome of civil rights and patient rights from the 1970's, in Ireland it has only been alluded to since 2006; and the first peer support workers in mental health employed in 2013. So as a concept, role and influence, peer support working in mental health communities is relatively new in Ireland. There has been a trench of literature to guide developments, models and service orientations, and much debate around the role. In particular there is an emerging debate around how or if peer support workers employed directly into mental health services are subject to co-optation and assimilation into prevailing cultures. This workshop will explore that debate as to how it might relate to the Irish context. Without listing the multiple policy and rhetorical documents, suffice to say that the management strata and perhaps professional strata of the Irish Mental Health Services would argue that we have a Recovery Orientated mental health service. We even have for the first time in history since 2017 a new grade of staff, 'Peer Support Worker' in the mental health services. Wow, in a recovery orientated service one wonders why there is any debate pertaining to Ireland. Co-opt, assimilate, it is all good and will further enhance our impact on individual recovery. Alas, once we sink beneath the tip of the glossy iceberg; the soothing documentary congratulations; and rhetorical delusion; our service infrastructures remain in the murky culture of bio-psychiatric centric orientated care. In fairness, no more or less so than mental health services in other so called developed jurisdictions. So perhaps the debate is relevant after all. We will have it in this workshop and will discuss perspectives on Peer Support. Given our uniquely Irish situation (if indeed this is the case), we will posit that despite the potential challenges of co-optation and assimilation; the introduction of this new grade/role into mental health services can radically shift the prevailing psychiatric culture to one of genuine recovery orientation, bringing real life to the hitherto glossy pictures. Let's see what you think.

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**Martha Griffin** is employed as an Expert by Experience, Lecturer in Mental Health Chair of the Certificate in Peer Support Working in Mental Health and a Peer Educator with the Dublin North, North East Recovery College. Martha has a H. Dip in Community and Youth work and is passionate about social justice. Martha coordinated the Gateway Mental Health Project in Rathmines for 7 years When Martha is not in the mental

health bubble she likes to spend time with her family, in her garden and eating good food. Martha's favourite place is Banna Beach.

**Liam Mac Gabhann** is Head of School, Nursing and Human Sciences at Dublin City University. I am Associate Professor in Mental Health Practice, mental health practitioner and community activist. Along with a wide group of colleagues my main programme of research focuses on *Transforming Dialogues in Mental Health Communities*. Much of this work centres around people reconciling their own experiences, perceptions and practices with other people/groups associated with mental health and using different approaches to improve these at individual, group, organisational and community level. Examples of relevant areas include; where people have extraordinary experiences and beliefs; when people are disenfranchised by society and community; and in the area of Trauma and responses to traumatic events. Approaches include cooperative learning, participative action, open dialogue, community development and systemic family constellations work. Some relevant recent developments I have been involved with include; a broadening of the Dialogue community in Ireland; developing a community based Recovery College; enhancing public and patient involvement in health and social care research; developing Dual Diagnosis services; and developing the role and educational pathway for Peer Support Working in mental health.

### **BHSC 1.04 (30) Angie Lindenau; *When Worlds Collide***

The personal is the political at the interface between person and authorities; while these circumstances may be unique, the situation is not. Example Housing:

- here is a person – owning their challenges, taking responsibility to recover their capacity to function without constant involvement with services;
- there is state power - dismissing all presentations, thereby invalidating the person's achievement in self-development, recovery and self-advocacy demonstrated in attempting to remedy perceived harmful circumstances.

Using WRAP principles, the person established that their functioning and peace of mind get wiped out by high levels of stress 'at home' but are not impacted while away. The authority meets the person's 'Speaking truth to Power' with disbelief, inaction and blocking their efforts at every turn by creating insurmountable obstacles. Even politicians' support is rejected. Their GP's opinion based on years of knowing them is dismissed; instead a report from a consultant who will, at best, see 'the patient' for a few minutes is required. Taking medication but not currently in services and inability to 'go private' become a major problem. There is no support in their community [an earlier referral for community support received no reply; the subsequent query found that 'there is no money for anyone to provide such a service']. Their long-time involvement in service-user/survivor engagement depends on having own transport but maintaining the car is increasingly too costly. The person feels undermined and frustrated, tempted to question the value of recovery work. Where to go from there?

**Angie Lindenau** deals lifelong with ADHD and connected challenges like hypersensitivity to noises, difficulties in concentrating and following-through. Difficult family circumstances and early sexual abuse set the scene for additional struggles with bouts of depression and anxiety. As an only child she was conditioned to rely on herself and cope alone as much as possible but she appreciates the value of company, community and mutual support. Angie has been involved in service-user representation from consumer panel to ARI and ARIES to the Citizens Jury on Capacity Legislation to research into setting up a recovery college [in co-production] to facilitating workshops in well-being, like Laughter Yoga. Having spoken on Housing at the Law Society's Hearing into Mental Health and Human Rights in Ireland, Angie has a specific interest in developing respectful interactions between [prospective] council tenants and councils - who appear to lack awareness of needs for support and policies for meaningful engagement.



**BHSC 3.02 (40) Kate Mitchell and Ray Burke; *Reform of Ireland’s Mental Health Act, 2001: the importance of revised mental health legislation in promoting people’s human rights and supporting the delivery of recovery orientated mental health services***

It has been over 3 years since publication of the Expert Group Report on the Review of the Mental Health Act, 2001 (2001 Act). To date just one of the 165 recommendations made by the Expert Group has been implemented. In the absence of full reform of our Irish mental health law, human rights violations of people who are being treated in hospital for a mental health difficulty persist. Currently, the Mental Health Act, 2001 is not compliant with international human rights standards, including the European Convention on Human Rights and the UN Convention on the Rights of Persons with Disabilities. Mental Health Reform also considers that the lack of a robust legal framework underpinned by a human rights approach (and coherent with such national policy) impedes the effective implementation of principles of human rights, autonomy, self –determination and recovery. Mental Health Reform (MHR) will discuss in detail the current status on reform of the Mental Health Act, 2001, in addition to a number of private member bills which have been introduced in the Oireachtas seeking reform of sections of the 2001 Act. MHR will explore specific provisions of the 2001 Act which are clearly in contravention with human rights law, and the legislative changes that need to be made to ensure that Government are protecting people’s rights and providing quality and recovery-orientated mental health services. A comprehensive account of MHR’s campaign on full reform of the 2001 Act will be provided throughout the presentation.

**Kate Mitchell** joined Mental Health Reform as Policy and Research Officer in September 2014. Before that Kate worked in the area of local development in north east Dublin and coordinated youth leadership and health promotion programmes, including mental health, cross border regeneration and relationship building. She spent 18 months facilitating the Ombudsman for Children’s Human Rights Education Programme. During this time, Kate was also contracted to work for Headstrong National Centre for Youth Mental Health on the development of Jigsaw sites in Tallaght and Clondalkin. Kate has spent time volunteering with Women’s Aid, the Separated Children’s Education Centre and Unicef Ireland.

**Ray Burke** joined Mental Health Reform as Communications and Campaigns Officer in February 2015. Before this he worked as a Policy Assistant with the Disability Federation of Ireland. Ray spent 4 years working in community development in South West Inner City Dublin, leading a number of training and development programmes in areas like literacy, numeracy and ICT use. Ray has also worked as an independent researcher with various community development organisations. Ray holds a B.Soc.Sc in Anthropology and Social Policy and an M.Soc.Sc in Rights and Social Policy from NUI Maynooth

**17.15-17.45 Plenary Session**

**BHSC G06 (120) *Reflections on the day***

# Thursday 15 November

## Keynote Presentations

### 11.15-12.00 BHSC G01 *Keynote Presentation 4*

#### **Jijian Voronka; *Peer work: The Value of Mad Labour***

Drawing on a four-year auto/ethnographic study of inclusion and diversity practices within a national mental health organization, this paper offers critical reflections on peer work and identity, all from the perspective of those who are 'being included.' I offer a troubling of how peer labour is conceived by focusing on the actual work that we are encouraged and discouraged from doing as peer workers, and thus trace how the value of our labour is institutionally organized. I show how peer labour is celebrated as 'useful work' when we manage and support service users and other peer workers through recovery-oriented frames. I show how peer work that challenges professional and institutional practices is rendered 'useless work' when we make attempts to use our analysis to change the structural and systemic procedures that subjugate us. This talk critically engages some of the problems that inclusionary practices invoke: unsettling sites of embodiment, subjectivity, and epistemology to challenge us to think harder about what we are asking for when we ask for inclusion; as well as what we are endangering through our participation.

**Dr. Jijian Voronka** is an Assistant Professor in the School of Social Work at the University of Windsor, Canada, where she primarily teaches for their Disability Studies Program. Her research explores the consequences of mental health service user inclusion strategies in research and service delivery systems. Her forthcoming book "Peer work: The value of mad labour" (University of Toronto Press) offers a Mad Studies account of the politics of service user inclusion.

### 12.00-12.45 BHSC G01 *Keynote Presentation 5*

#### **Danny Taggart; "*Are you experienced?*" *The use of experiential knowledge in mental health***

Mad patients have historically been excluded from knowledge production in the field of mental health. Having our faculties of 'reason' fundamentally challenged necessarily placed us outside arena where knowledge about mental health problems was produced. However recent years have seen a move towards valuing 'experiential knowledge' based on the work of people who have used psychiatric services. At a research, policy and practice level there is now a need to include experiential knowledge forms. This has led to some important advances in mental health but has come at a cost to many who have been asked to use and share their experience of often private and painful events. Coming from a trauma survivor perspective, I am interested in thinking about how this sharing of 'experiential knowledge' impacts on us and what happens when our experience becomes a form of commodity that can be traded, debated and even discarded. Drawing on the work of the intellectual historian Martin Jay, I will explore how philosophical interpretations of the meaning and value of 'experience' have changed over time. Given that there are a number of ways that we can frame 'experience', I will conclude by discussing what the implications might be of different interpretations for 'experiential knowledge' producers in mental health.

**Danny Taggart** is a clinical psychologist and academic director on the clinical psychology program at the University of Essex. He is also a survivor of institutional childhood sexual abuse in the north of Ireland.

Danny has published and spoken widely about his multiple perspectives on the subject of trauma and mental health in the hope of broadening debate about how best mental health professionals can respond to abuse survivors but more importantly to argue for involving survivors in policy, service and treatment development. He works nationally at strategy and operational levels to increase the involvement of survivors in health and social care education, and to develop collaborative working relationships between experts by experience and clinical psychology. His other research includes repeat removals in child protection and mental health under conditions of austerity."

#### **14.00-14.45 BHSC G01 *Keynote Presentation 6***

##### ***Deirdre Lillis; Independent Advocacy: supporting recovery focused mental health care or tokenism?***

I hope to offer a brief summary of the emergence of independent advocacy in the context of social justice principles and activism, giving some attention to independence, individual and collective advocacy, how independent advocacy may contribute to recovery, both personal and structural and the risk of appropriation. I am concerned that:

- in continuing to work as an independent advocate, I collude with potential tokenism
- independent advocacy will lose its way
- where the power of coercion exists, trusting and positive relationships are compromised, human rights cannot be respected, and the mental health system will struggle to recover.

I will offer two suggestions as to what we can do with what we've got in order to assist the mental health care system in its recovery;

1. Sharing a human rights-based approach across all of our experiences and roles; from treating people with basic dignity and respect to challenging the contexts (structural, economic, political) which perpetuate oppression and inequity.
2. Supporting collective spaces, independently facilitated, inside and outside of the formal mental health care systems for people who have direct experience of the mental health care system creating opportunities for grassroots activism to impact on how we best serve people in distress.

I believe that whilst a fundamental contradiction between human rights and coercion remains, the mental health care system will struggle to recover and independent advocacy, whilst possibly playing a part in some people's lives, will continue to tinker around the edges.

**Deirdre Lillis** – I have worked as an independent advocate for the past 22 years; 10 years in the UK and 12 years in Ireland, mainly in Cork with a brief stint across the border in Waterford. I have worked for voluntary organisations such as Mind in the UK and Shine in Ireland and for one user led service, Users Support Service, in the UK for five years. I have supported individuals and groups, facilitated user involvement, user led service monitoring and research and advocacy training. I currently work as the co-ordinator of Cork Advocacy Service which is available to people with disabilities and people experiencing mental distress and I facilitate advocacy training. This work is undertaken through the Social and Health Education Project, a project grounded in social justice-based values and participatory and experiential forms of learning. I am glad to be there as I head towards retirement.

**Thursday 15 November**

## **Concurrent Presentations**

### **10.00-10.45 Concurrent Sessions D**

#### **BHSC G01 (250) Ann Colleran; *Can the HSE do Recovery? Evaluation of 3-year pilot of recovery-oriented service provided in a HSE day hospital***

REFOCUS was a pilot project implementing recovery oriented services within the Irish mental health day services. It utilised peer support and individualized care planning to encourage and foster engagement with the community and to guide the service user (SU) towards adopting a positive and forward looking perspective to their lives. The project was a joint initiative between the Irish Health Service Executive and RehabCare and was funded by Genio Trust.

#### **AIM OF STUDY: EVALUATING RECOVERY ORIENTED PRACTICE**

The evaluation aimed to appraise the impact of implementing recovery focused day services by exploring and measuring the experiences of service users, peer support workers and mental health staff participating in the initiative.

**METHOD:** This longitudinal study involved qualitative and quantitative analysis at two time points over a 3 year period. Participants included 35 SU with serious mental health difficulties, 14 health service staff and 7 peer support workers.

**RESULTS:** Measured SU judgments regarding met needs, support and positive personal recovery experiences remained relatively constant from entrance to exit of the project. At project exit, majority of staff (83%) believed that REFOCUS offered a good way to provide mental health services and 61% felt supported by the HSE in implementing recovery oriented changes. Both staff and service user's identified peer support to be uniquely supportive of a service user's individual recovery, helping service user's to feel more positive, confident and independent. Results may aid understanding and guide future recovery oriented practices

**Ann Colleran** was the lead researcher on the REFOCUS project, a pilot project delivering a recovery oriented service within an HSE day hospital setting in Co. Mayo. Ann has also been involved in projects with Simon Community, Galway Rape Crisis Centre, Croi and the Centre for Pain Research. She is a psychologist and is currently on placement in adult mental health services in UCHG as part of her studies in NUIG's Clinical Psychology Doctorate programme.

#### **BHSC G06 (120) Stephen Flynn; *How to provide a valid rapid response to suicide in rural areas***

Suicide continues to present as a personal problem associated with self harm, rather than other major causal factors such as inadequate social policy and a lack of rapid response and support for the clinical suicidal patient. My presentation touches the on two major areas:

- How to provide a valid and rapid response, particularly in the rural community.
- What the major presenting problems are that arise within the therapeutic sessions.

The above presentation is based upon over twenty five years as a Psychotherapist working with psychiatric outpatients in the N. Cork area both as a full time team member with the HSE, and as (Hon) Clinical Director, and founder of Diadhuit Suicide Prevention (A Registered Charity) see [Diadhuit.ie](http://Diadhuit.ie)

**Stephen Flynn** is a Director and the founder of Diadhuit Suicide Prevention ([www.diadhuit.ie](http://www.diadhuit.ie)) a registered Charity operating within N. Cork for the past ten years. He continues to practice as a registered Psychotherapist and works with the psychiatric outpatient in Cork for the last 25 years. He was the first full time Psychotherapist to be appointed by the state answerable to three Consultant Psychiatrists. He (officially) retired from the HSE ten years ago.

## **BHSC 1.01 (70) West Cork Mental Health Open Dialogue Team; *Transparency in Clinical Practice: The Open Dialogue Experience.***

Open Dialogue is a radically inclusive, recovery oriented method of mental health service delivery, developed by Jaakko Seikkula and colleagues in the western Lapland region of Finland. In its principles and practice, it prioritises the voice of the service user and their community and the importance of dialogue as a central and healing force in mental health recovery. West Cork mental health services have been working with this approach since 2012. Over 30 members of staff and partners from National Learning Network have participated in training and changed practices, and over time this has led to changes in our clinical work and system. The approach emphasises the importance of Transparency. Professionals discuss openly their own observations and thoughts in dialogue and in reflective conversation with network present. This is seen as a prerequisite for the genuine co-production of ideas and plans. Equally the approach emphasises that decisions and conversations about the person at the centre of concern should only occur in their presence. In this workshop we will have an open and reflective conversation between staff and attendees on the principle of Transparency. We hope to explore: How does the principle of transparency change what happens in the room for both service users, network members and staff? Does it (as we hope) support choice, sharing control and authority? Or can it too be vulnerable to co-option and collusion. Staff will also speak about their experiences – positive and challenging – of embracing transparency. Please note: Open Dialogue emphasises bringing all the voices into the room. We would like to apologise that we are unable at this time to bring service users and community members to this conversation due to our inability to compensate them.

**Adrienne Adams;** I have completed the three year programme in Open Dialogue Train the Trainer in the UK. I am currently working in West Cork and we have been involved in developing a service that offers Open Dialogue. This service has been operating since 2015 and we have offered continuing education to the core staff that are involved in the service. I am an Advanced Nurse Practitioner in Mental Health and also a Family Therapist. [Adrienne.Adams@hse.ie](mailto:Adrienne.Adams@hse.ie)

**Aidan O'Mahony;** biography in page 4

**AnnMarie Hohmann;** I am a Senior Occupational Therapist and Open Dialogue Practitioner. I am Operations Lead on the Cork Open Dialogue Team and I am currently studying on the 3 year Open Dialogue UK Training.

**Barbara Downs;** biography in page 4

**Iseult Twamley;** I am an Open Dialogue Trainer and Supervisor. I am a trauma survivor, Clinical Psychologist and psychotherapy trainer/supervisor for many years. I did the Open Dialogue UK 3 year Trainers Training. I am Clinical Lead of the Irish Open Dialogue implementation and collaborate with UCC on related research. I am a Supervisor on the 3 year Open Dialogue UK Training and have trained on 1 year trainings in the UK and Australia. I am passionate about supporting mental health staff to challenge and humanise their practice. For myself, I continue to learn the most from service users, families and community activists in mental health. [Iseult.Twamley@hse.ie](mailto:Iseult.Twamley@hse.ie)

## **BHSC 1.22 (70) Ailish Daly; *Artistic Exploration of On and Beyond "Recovery"***

This experiential workshop will provide participants with a space to creatively express and explore their ideas and thoughts around the conference theme on and beyond "recovery". It will be facilitated by a qualified Art Psychotherapist who will firstly provide a short introduction to Art Psychotherapy and then move into the theme of the conference and workshop. Art materials will be provided and participants will be invited to create an image or images related to the above theme. No previous art experience is necessary. This workshop aims to provide a space for creation, discussion and reflection. We hope to provide a welcoming space for healthy and respectful discussion around our similarities and differences. We will use art as the means of communication as sometimes words are not enough to express our experiences. While

it is not a therapy session we hope to also provide participants with an experience of how Art Psychotherapy may work for them as individuals or as part of a service.

**Ailish Daly** is an artist and Art Psychotherapist from Galway. She qualified from the Masters in Art Psychotherapy in CIT in 2015. She wrote her thesis on "Transgenerational Trauma Art Therapy Practice in an Irish Context" and has an interest in culturally sensitive therapy practice and how culture contributes to our mental and physical wellbeing. She is striving for Art Psychotherapy to be made available in more schools, services and communities in the west of Ireland and hopes that on day holistic and integrative support for those most in need will be accessible and available. She believes in the power of all kinds of art to promote wellbeing and in the creative potential of all people. This is her 6<sup>th</sup> year attending the conference and her first time contributing by facilitating a workshop.

**BHSC 2.25 (50) Greg Xavier; *Treating Mental Illness with Dietary & Lifestyle Changes***

This presentation aims to highlight the role of using diet and other lifestyle factors in treating mental illness and improving overall wellbeing. It will be based in the application of "Lifestyle Medicine" principles, with the main focus on the field of neurodietetics (the role and influence of diet on one's neurology). Lifestyle medicine is touted as the future of healthcare but is rarely talked about outside of the treatment of physical disease and illness. While diet and lifestyle pursuits such as cooking or exercise are individual choices, the social or community elements which include the participant are equally as if not more beneficial than the pursuits themselves. A combination of socially integrative activities and the stress relieving, therapeutic properties of lifestyle factors can be highly effective in treatment. This combination can soothe and help individuals' process and release emotional distress and trauma. The talk will run the scientific research parallel to the personal experience of the speaker who was diagnosed with Bipolar II in 2010 and will be 7 years medication free this November having managed his illness successfully using lifestyle changes through experimentation, trial & error.

**Greg Xavier** is the Founder of Plant Based Ireland, an organisation dedicated to educating on the emerging field of plant-based nutrition. He experienced the Irish psychiatric model of healthcare at the age of 21 and has spent the past 7 years successfully managing his type II bipolar disorder medication free. He lectures on the subject of nutrition's role in health in Ireland and overseas.

**BHSC 3.01 (30) Pauline Dolan; *A meeting of Minds: reclaiming Faith in Our Personal Selves***

Using the perspective of the conference theme; critically looking at recovery in relation to services, this workshop will invite participants to reflect on their investment of Hope to achieve choice, control and authority in their personal lives. Starting with a guided Meditation, we will look at what Hope is and when it is time to stop investing Good Hope after bad. Hear about the components of the Valued Self, and the devastating consequence of Self-abandonment and Self-doubt to personal freedom and authority and how critical Self-acceptance is to recovering a Sense of Self. "There is Nothing wrong with you -if you need a second opinion find someone that believes in that truth".

**Pauline Dolan** is a psychotherapist in private practice in Ballincollig Healing Centre. She has been working with the ideas and concepts associated with Deliberate Reality Creating since 1995. Conscious or Deliberate Reality Creating is the practice of actively becoming aware of and taking responsibility for changing limiting and contradicting beliefs that stand between the realities we would prefer and the realities we expect.

**15.00-15.45 Concurrent Sessions E**

**BHSC G02 (250) Mick McKeown; *Whittingham Lives: Activism and Organising, One Year On***

At last year's CVNI Conference we introduced *Whittingham Lives*, a community heritage and arts project based upon the archive of a large County Asylum in North West England. The overall aim of *Whittingham Lives* is to link the past to the present with a view to shaping better futures. One year into this project, the various activities and events have proven to be immensely popular. Hundreds of people from the local community, including service users/survivors and mental health services staff, have been involved in

heritage and arts based activities and contributed to evaluation. We have also performed a play and a choral composition and curated an exhibition; all based upon the history of the asylum and public production of artistic outputs, including creative writing, visual arts, and music.

We will discuss:

- The heritage and artistic outputs of the project
- The value of joining heritage and arts in a community context
- The intersection of museums and mental health care, and public consumption of exhibitions and performances
- Implications for service responses and activism

Workshop participants will be encouraged to consider how we may meet the aims of *Whittingham Lives* to consider future progress via reflections on the past in the present.

**Mick McKeown** is Professor of Democratic Mental Health, School of Nursing, University of Central Lancashire and trade union activist with Unison, supporting service user and carer involvement at the university and union strategizing on nursing. He has taken a lead in making the case for union organising to extend to alliance formation with service users/survivors, and has a chapter on this in the new book *Critical Mental Health Nursing: observations from the inside*. Mick also co-edited with Karen Wright the new textbook from Sage, *Essentials of Mental Health Nursing*.

### **BHSC G04 (120) John Woulfe; *Better to Live on My Knees??...than to Recover?!***

There has never been, nor perhaps will there ever be, a harmonious consensus on how best to conceptualize (what developed countries refer to as) "mental illnesses"; and subsequently no universal agreement on how best to approach the treatment of such "illnesses". From culture to culture, varying emphasis is placed on the role of cognition, behaviour, emotion, relationships, bodily sensation & symbolism in conceptualising the meaning of a person's distress/suffering. No surprise then that there would also be comparative variation in what are considered appropriate treatment responses to such distress across cultures. With this in mind, one could say that the total sum of our human efforts to understand "mental illness" has simply amounted to a set of competing paradigms; that wax and wane with the politics of our time. The "Bio-Psycho-Social" paradigm seemed to offer the promise of a revolution in mental healthcare; a shift in mindset from "*living a life with mental illness*", to a mindset of "*Recovery*" and "*living a life beyond mental illness*". But despite gaining widespread appraisal and acceptance by many proponents of the western healthcare system over 40+ years, many things still remain unchanged today; (i) psychiatric prescriptions continue to rise annually in cross-sectional samples of the general population comparable with rates of diagnosis, (ii) no comprehensive intersectoral reform of mental healthcare has successfully been implemented in the wake of the BPS model despite its supposed espousal, & (iii) public health campaigns continue to entrench a dichotomous language of "mental health" vs "mental illness" within public consciousness. Which begs the following consideration: As a society are we unwittingly being led to believe a false flag campaign of "*recovery*" while in reality being subject to the same long-standing "*living with mental illness*" approaches and practices of old?

**John Woulfe** is a qualified Counsellor/Psychotherapist with an extensive professional history, having worked for many of Ireland's largest NGO Mental Health Services and Child & Family Services in the past. He has many years of clinical experience as a mental health professional treating Adults, Adolescents & Children presenting with various bio-psycho-social difficulties such as Depression, Anxiety, Anger Issues, Self-Esteem Issues, Addictions, Relationship Issues, Suicidality and Self-Harm. To date, John has had multiple professional & clinical positions within the following organisations & services: Pieta House Suicide & Self Harm Crisis Centre, Saoirse Addiction Treatment Centre, Beacon of Light Counselling Centre, Youth Advocate Programmes Ireland, ISPCC ChildLine, Samaritans, Corbett Suicide Prevention Limerick, as well as working in private practice, and also as a mental health consultant for the Irish based film production company Dolmen Films™. John currently resides in Edmonton, Alberta Canada where he works within a multi-disciplinary team as a Mental Health Counsellor for Alberta Health Services. He holds professional memberships with the Canadian Counselling & Psychotherapy Association, the Irish Association for Counselling & Psychotherapy, and the Canadian Mental Health Association.

**BHSC G06 (120) Gitti Maas; *Introducing a new therapy model specifically for suicide: Contextual Conceptual Therapy (CCT)***

In my presentation I introduce Contextual-Conceptual Therapy (CCT), a new and exciting approach to suicide therapy, developed by Seattle based suicidologist Fredric Matteson. In fact, it is the **only** therapy model specifically for suicide I am aware of. I will be speaking from the perspective of a counsellor, as well as from the perspective of a person who survived 2 suicide attempts many years ago. Fredric Matteson developed Contextual-Conceptual Therapy (CCT) through his 25 years' experience of working with thousands of suicidal people in Seattle, Washington. Matteson's unique approach combines expressive arts techniques, education, and therapy. Matteson learned to understand the core experience of what it means to be feeling suicidal by exploring the **language** of his clients in the midst of their suicidal crises. He proposes that there is a **language of suicide**. The focus of most traditional suicide-related therapy is on the person (not) "killing themselves" and on recovery. Matteson talks about the "Metaphorical Hierarchy", in which the base (of therapy) determines the outcome: if our efforts are rooted in a model of mental illness, aiming for the client's **RECOVERY**, than the outcome of our work has to be tremendously different to the CCT concept. CCT focuses on **DISCOVERY** and on temporarily destabilising the client's thinking in order to engage the right half of the brain, and on working with the suicidal person, supporting their efforts to **DISCOVER themselves**. In CCT, suicide is seen as an *identity crisis*, and not as something we as therapists need to try 'to get rid of' or 'cure'. Instead, we need to go to the place where the client is trapped. The client themselves leads the way through their metaphors - their words, pictures, and signals - and we as therapists need to hear, see and follow these. We must not ignore these metaphors, nor treat them as 'mental illness'.

**Gitti Maas** (Dip.Couns, M.Ed.); I am one of two CCT-Associates in Ireland. I work as a counsellor in private practice in Kenmare, and I am on the Coiscéim counsellor panel. I also volunteer for ARC Cancer Support in Bantry. Over the last 4 years I have developed a close working relationship with Fredric Matteson. I organised a CCT workshop in Cork which was held by Matteson and his team, and have been to Seattle twice. During my stay in Seattle I have had not only the opportunity to deepen my CCT knowledge, but I have also met some of Matteson's current and some of his former clients. These experiences in combination with my training as an integrative humanistic counsellor, as well as my personal history of feeling suicidal, convince me that CCT is the way forward in our efforts to reach our suicidal clients and support them in a way that their moment of crisis can become their moment of transformation.

**BHSC G10 (150) Colin Pollard; *The Resocialisation Project- Retrospective Assessment***

Although now almost forgotten, this innovative project, which took place in St Brendan's Hospital, Dublin between 1983 and 1986, not only challenged the medical model but established a creative inter-disciplinary framework which can still be applied and adapted within the field of mental health today. Under the leadership of Dr Michael Corry, this EU funded project, sought to create a new model in which the patient was at the centre and actively involved in determining a care path that best suited their individual needs. Education rather than medication was at the heart of the project. The initial focus was on working with long stay institutionalised patients. It was believed that by breaking down years of institutionalised behaviour through a programme education and training, patients would learn new social and life skills which would empower them to make the transition from dependence to a greater state of relative independence. Even in educational terms the project was ahead of its time and in addition to a programme of Basic Skills, classes were provided in Tai Chi, Creative Drama, Art Therapy, Mindfulness and Relaxation. Unfortunately, the project was beset with difficulties from the outset primarily through bureaucratic indifference and resistance from within the traditional medical model. Consequently, despite its real potential, the project was discontinued by the Eastern Health Board after its initial pilot phase and the findings never properly disseminated or celebrated. It is time that this was rectified by highlighting and sharing this unique initiative.

**Colin Pollard** is the former Educational Coordinator of The Resocialisation Project who until his recent retirement pursued a wide-ranging career as both a teacher and counsellor in the UK where he helped to



develop a range of mental health related initiatives, including: young people's counselling services and practical communication skills training programmes for teachers, social workers and health care professionals. He has written and delivered a number of counselling related accredited training courses. Other initiatives have included working with Thames Valley Police on Drug Prevention Education and Arrest Referral schemes. His most recent work was writing a training handbook for Community Groups to promote Public Health's 5 Ways to Well Being initiative. He is currently involved in writing a memoir celebrating The Resocialisation Project and a second about the tragic incarceration of his grandmother in St Brendan's for over 40 years.

**BHSC 1.21 (70) Stephen Flynn; *Exploring major problems presented in Suicidal ideation***

The notion that society supplies schooling and academic courses to supply industrial need rather than focusing on the development of innate individual talent has resulted in individuals not becoming unaware of, nor finding expression of their talent. Resulting in various expressions of 'depression'. Consequently, the degree of personal suppression of talent is equal to the degree of depression. The focus of the above, assisting patients to discover their talent has proved to be of great affect preventing needless self-destruction of human life.

**Stephen Flynn;** biography in page 19

**BHSC 2.25 (50) Eoin Toomey, Bernadette Sheils, Louise McGettigan; *The Inside Story: Fyodor Dostoyevsky's Contribution to Genuine Recovery in the Phenomena of Hearing Voices and Seeing Visions***

*I have no existence which is apart from the world in which I live. This world is made up of my Physical and thinking self, the people around me and their responses, and the physical environment or landscape. The world as I know it has no existence apart from me: its reality is dependent upon my experiencing it and expressing it.*

Fyodor Dostoyevsky in describing the encounter Ivan Fyodorovich's has with the devil in his profound book *The Brothers Karamazoff* offers the INSIDE STORY, for those who seek to have their reality validated and those who seek to know and understand better the subjectivity of her/his and the others reality. In this kind of knowing we can truly think about what genuine Recovery means for those who seek to be heard from the inside. This presentation will offer the opportunity to unpack how Dostoyevsky telling of Ivan's experience is as relevant today in evolving what it means to think about the narrative of each individual who experience voices and sees visions. We will do this through identifying the parallels of such an inside story with the vulnerability, trauma, identity, fear, divine, terror, anger, joy that happens within it and in relation to it. We will offer our insights in what can help a person to co-exist and maybe integrate such challenging human experiences.

*"I suffer, but even so I do not live. I am the "x" in an indeterminate equation. I am one of life's ghosts, who has lost all the ends and the beginnings, and even at last forgotten what to call myself. You are laughing . . . No, you are not laughing, you are angry again. You are eternally angry, you would like there to be nothing but intelligence, but I will tell you again that I would renounce all this empyrean existence, all these honours and ranks just in order to be able to take fleshy form in the person of a seven-pood merchant's wife and set up candles to God in church." Book 11 chapter 9, *The Brothers Karamazov**

**Bernadette Sheils;** The words of Jean Paul Sartre "*Existence precedes essence*" embodies for me how vital it is to validate a person's existence prior to definition or the attachment of worth. I practise from the heart of Person Centeredness in respecting each person as worthy of care and love because one exists. I have experienced over and over again the phenomenal enhancing change that happens when a person is met in this place of acceptance. This approach is synonymous with the principles and practise of the Recovery framework. Carl Rogers would describe such a relationship as one that allows both people to

grow. One that is genuine, respectful of the Other's existence and committed to hearing and understanding the depth of the person's experience. Free from the need to box, frame or attach labels. It is a relationship that seeks to empower and reinforce the innate authority of the individual regardless of behaviour. I am an active proponent of the Recovery approach to Mental Health and advocates continuously for the autonomy and self-hood of all individuals who avail of the service.

**Eoin Toomey;** It was only six years after I was detained at St Conals, Letterkenny that I realised what I was going through. What helped me realise this was my attendance at one of the early I.A.N. conferences. As they say, 'I saw the light' at this time. After intense sensory experiences (divine, terrifying etc.) and then drug/etc-darkness over almost ten years prior, I was at last able to get a grip on my life again. Ever since this period I have been active in mental health and the community. I now work in allied healthcare (OT Dept.), delivering therapeutic groups which utilise music and dance.

**Louise McGettigan;** Six years ago I met my now fiancée while I was studying to become an occupational therapist. It was 1 ½ years later when we moved in together that I first learned that my partner was a lifelong voice hearer. Through lots of dialogue, late nights, tears and laughter, I had the privilege of being introduced to the inner world experienced by my partner since the age of 4, a world he had constantly strived to conceal and repress from those around him due to fear of judgement and shame. Since then I have coexisted as a mental health clinician with adults (and now children) in a system that still does not truly understand or validate the experiences and reality of those it serves, while loving and cohabiting with a partner whose daily realities can frequently differ to mine. I have explored with people their personal experiences and histories, to better help them understand and live with what can at times be a frightening or exhilarating reality. My partner has returned to a successful career, and is comfortably open about his voice hearing and visual experiences with colleagues, friends, and family. I now work with children and adolescents, and am passionate about finding a way to normalise voice hearing so that they need no longer face stigma, but embrace the many strengths created by their unique insight in to the world.

**BHSC 3.04 (40) Julian Raffay; *The Ethics of Co-production: Balancing Expertise and Compassion in Mental Health Services***

English mental health services rarely consider how choice improves well-being. This seminar considers co-produced grounded theory research exploring what people want from mental health services. I interviewed thirty participants: people who use mental health services, carers, staff, faith leaders, and charity leaders. They traced weaknesses in mental health services and faith communities back to the eighteenth century when science split from the church. The findings identify excessive influence of emergency medicine on medical ethics. Increasingly narrow definitions of treatment frustrate service users, carers, and staff alike. Insufficient compassion creates emotional deserts. Ethics provides an opportunity to argue that traditional models of mental health service delivery are morally flawed. My research findings suggest our best chance of effective and safe mental health services is for service users to evaluate them. More radically, I advance the idea that service users and carers should contribute to service design as well as choose between treatments. The seminar will draw on MacIntyre's fact-value debate and Moore's organisational ethics to consider how co-productive ethics might prevent failure. It will be conducted in a spirit of co-production.

**Julian Raffay;** I work in Liverpool as a research chaplain with Mersey Care NHS Foundation Trust. I am in my final year of a professional doctorate at Durham University, exploring stakeholders' views of relationships between English mental health services and faith communities. I have published in mental health, spirituality, management, and theology. Though I have avoided using mental health services, I identify myself as having lived experience. I hope to see genuinely co-produced services replacing traditionally delivered services and look to a time when traditional approaches will be considered morally flawed. I see ethical arguments as providing opportunity to make this shift. The idea of co-productive ethics emerged from my grounded theory study data and from ongoing discussion with a lived experience advisory panel. In my spare time, I enjoy walking, photography, and spending time with friends.

## 16.00-16.45 *Concurrent Sessions F*

### **BHSC G01 (250) Emily Cutler; *Polyphony in Activism***

Background: The field of mental health (user/survivor) activism is both diverse and increasingly complex as underlying controversies expand, and new cultural movements such as neurodiversity and gender fluidity intersect. To date we are unaware of any large scale survey (or other quantitative or mixed methods project) that has sought to unpack and explore activist identities, the motivations that drive them, and the relationships between identity, experience, motivation and particular sets of beliefs concerning desired transformative and/or ameliorative change. Methods: We conducted a large-scale survivor-led international survey of 565 English speaking activists in the United States, Canada, Australia, New Zealand and India. The survey included both standardized and adapted measures, as well as open ended questions. Findings: Analyses underscore the incredible richness and diversity of activist views and self-identifications. For this presentation, we will present latent profile analyses suggesting that rather than a polarized landscape, activist political views cluster into multiple, distinct latent groups, correlating in provocative ways with activist self-identification as 'survivors', 'neurodivergent', 'patients' and/or 'mad'. Conclusions: Given the diversity and complexity of activist views and identities, we underscore the importance of diverse inclusion in participatory planning, policy and research, and the need to push back against oversimplified characterizations of user/survivor positions.

**Emily Sheera Cutler** is a Mad Pride activist and a PhD student in Behavioral and Community Sciences at the University of South Florida. Her research interests include involuntary commitment, mad studies, disability studies, fat studies, the impact of childhood trauma, and the social and systemic causes of suicide. She is a certified practitioner and trainer in Emotional CPR, a non-coercive approach to suicide prevention, and provides training and consultancy on the topics of neurodiversity, disability justice, community organizing, and advocacy through personal narrative/memoir writing.

### **BHSC G04 (120) Ruth Hogger; *Making the Case for Developing Art Therapy as a Service for Children in Direct Provision***

In the light of the unique challenges faced by child asylum seekers in Direct Provision, Ruth raises questions as to whether current access to mental health care is adequate for this population, and the appropriateness of Art Therapy as supportive service to develop. This inquiry is made with focus upon the role of the therapist in inclusion and advocacy. Some key topics explored in relation to these areas include: the importance of the adoption of a person-centered, culturally sensitive approach to mental health provision that meets the needs of asylum seekers; the role of reflexivity in advocacy and academia; and the need for the government to take action to improve access to mental health services for children by supporting art therapists in their campaign/application for statutory recognition. Within a social climate where pathologising narratives of assumed "refugee trauma" dominate, the implications of a primary focus upon pathology and psychiatry in relation to this population will also be explored - particularly within the context of the recent position paper released by the College of Psychiatrists of Ireland, 'The Mental Health Service Requirements in Ireland for Asylum Seekers, Refugees and Migrants from Conflict Zones' (2017).

**Ruth Hogger;** The role of the therapist in social activism, advocacy and inclusion is a matter of personal and professional interest for Ruth Hogger, recent Art Therapy MA graduate of CCAD/CIT. Her experience to date includes Art Therapy placement with asylum-seeking children in Direct Provision; developing, coordinating and facilitating programs of psychosocial art workshops through Cork Migrant Centre; and planning and facilitating short-term group art therapy and psychosocial art interventions for children and parents in the British Virgin Islands (as one of three art therapy students chosen to volunteer for the BVI-Cork Art Therapy Initiative in the wake of hurricanes Irma and Maria). Her Art Therapy MA thesis explores appropriateness of development of Art Therapy services for children in Direct Provision. She practices from a humanistic, client-centred perspective, with interests in cultural awareness in therapy, and Adlerian psychology (which acknowledges social determinants of physical and mental health).

### **BHSC G06 (120) Eoin Galavan; *Suicide in health care: time for a change***

Suicidal people are frequently seen as 'threat and trouble' to be gotten rid of and moved on, in an effort to somehow protect the clinician or organisation. This talk will explore the culture of viewing suicide as a 'symptom of illness' and propose an alternative model of meeting suicidality through collaborative and co-authored practice. The Collaborative Assessment and Management of Suicide (CAMS) is an evidenced based approach to working with suicidal people that shifts practice away from shaming and coercing to collaboratively working with and actively exploring those issues that are pushing the suicidal person to consider taking their lives. In CAMS work, the clinician does not decide what help the suicidal person needs based solely on a clinician-expert position or on pre-existing treatment norms. Much of the help offered suicidal people is what might be called a disorder or illness focus. In other words, the focus is on treating the psychiatric condition (frequently using medication and hospitalisation), not necessarily those issues driving an individual's suicidality. In this illness model approach, the person is largely outside of the decision process as a passive recipient of the conceptualisation of their difficulties, e.g. suicide is a symptom of an illness with the active decision making lying exclusively or primarily with the mental health clinician. The CAMS model is fundamentally different and seeks to rebalance this dynamic.

**Dr. Eoin Galavan** is a Senior Clinical and Counselling Psychologist in the HSE, North Dublin Adult Mental Health Services. He is currently the Clinical Lead for the North Dublin Suicide Assessment and Treatment Service, and former team leader for the Evolve Dialectical Behaviour Therapy program, both of which are dedicated to responding to suicidality and self-harm within the public mental health services. Eoin works with suicidal individuals from a diverse range of backgrounds on a daily basis and has done so for the last decade. Eoin is a highly experienced clinician in utilising the CAMS (Collaborative Assessment and Management of Suicide) model. He is a CAMS-care consultant and has trained hundreds of mental health professionals, counsellors, psychotherapists and volunteers in working with suicidal individuals. He has overseen the roll out of the CAMS model in mental health services, and supervised research examining the outcomes of these services. Eoin also works closely with the parents of suicidal young people in private practice. Eoin frequently delivers public talks, conference presentations, contributes to the media and has published several papers on the topic of suicide.

*"The possibility of risk is an inevitable consequence of empowered people taking decisions about their own lives"*

### **BHSC G10 (150) John Kelly; *Working to Ensure Recovery Flourishes Outside the Box Throughout North Dublin, Louth, Meath and Beyond.***

This presentation will focus on our colleges' experiences in working to create a culture of recovery and personal growth in the community, taking an approach informed by Personal Recovery, Adult Education, Community Development and Co-production principles. Along with reflecting on the progress made during our initial two year development phase and looking at the challenges involved - we will explore the reality and dangers of co-option not only of recovery and recovery education but for real, meaningful and citizen / peer led coproduction in terms of delivering recovery education. This presentation will also reflect on findings from the recent '*If Recovery Education is The Answer, What is the question?*' seminar that the Dublin North, North East Recovery College led out on alongside Advancing Recovery in Ireland and the Scottish Recovery Network. This seminar brought 110 stakeholders together from the four provinces of Ireland and Scotland to explore the question of the day and envisage what we would need to collectively achieve to realise an environment that supports recovery to genuinely flourish in Ireland. Finally, this presentation (if there is enough time allotted) will include an open Q&A session with Recovery College Students and Staff on their experiences, learning and hopes for the future. Please see below a link to recent DNNE Recovery College Pecha Kucha Presentations:

<http://recoverycollege.ie/presentation-about-the-recovery-college-in-the-pechakucha-style/>

<http://recoverycollege.ie/980-2/>

**John Kelly;** I've been working with the Dublin North, North East Recovery College since June 2016, prior to this I worked in Community Development, alongside peers in the Gateway Mental Health Project in Rathmines Dublin, and the Dublin 12 Disability Mainstream Access Project. My drive for working to bring an inclusive culture of mental health recovery into the community is fuelled largely by my own derailing experiences with serious emotional distress. In addition to this subsequent disabling engagement with prescriptively constrained services served only to marginalise me further both from society and my own potential. Key to moving beyond those blinkered spaces was meeting and working with truly progressive individuals and groups - like many of those now involved with our growing Recovery College community - people that been putting their collective shoulders to the wheel to realise change and growth within each of ourselves and the broader community. I'm delighted to participate in this year's CVN conference, as it gives me a chance to firstly come to Cork and also critically reflect and share some of my learning and observations around the progress and challenges involved with working to Ensure Recovery Flourishes Outside the Box both locally and nationally over the past two years.

***BHSC 1.01 (70) Speak out: Theatre for transformation; A playback theatre workshop***

In this interactive workshop, participants will learn one of the forms of "Playback Theatre" and then use this form to explore both their own and other participant's reactions to the Critical Voices Conference. Playback Theatre is a form of theatre that involves deep listening, and empathy, combined with creativity. It uses personal storytelling to facilitate community through a shared meaning-making process. We hope this workshop will allow participants to have the opportunity to both express themselves and support other people's expression of their experience of the conference.

**Speak out: Theatre for transformation** have been active in Cork City for nearly ten years. We have worked with a range of community groups such as the Traveller visibility group, Bealtine, and local secondary schools to gently promote creativity, connection, and empathy through the sharing of personal story. Chriszine Backhouse will be leading this workshop and is one of the co-founders of Speak Out: Theatre for transformation. She has an MA in Drama Therapy.

***BHSC 1.21 (70) Caroline von Taysen; Therapy Relationships - how to deal with power dynamics?***

This workshop is a self-awareness training for mental health professionals who would like to find out more about the power dynamics influencing their therapy relationships (thanks to Gillian Proctor for coining this term!). It will start with a discussion round:

- What kind of power dynamics do exist?
- How have they influenced our therapy relationships in the past?
- How can we deal with them?

Then we will do a short exercise: The participants of the workshop will go together in pairs. One of them is in the power position and will make this visible by making themselves big, for example by standing on a chair. The other one will be the powerless one, making themselves small in front of their partner. No one will talk, but both will try to concentrate on what it feels like to be powerful/ powerless. After a few minutes, they will discuss their experiences together. In the end we will reflect on the exercise and continue the discussion of how and why we are engaged with these kinds of experiences professionally and personally. In my experience, even within the hearing voices movement, professionals mostly talk about theories, about their work, their clients, but hardly ever about themselves, and very rarely about the different positions of power they are (not) owning within the mental health system. In this workshop I would like to encourage just that.

**Caroline von Taysen;** I work freelance as a critical psychologist in Berlin. My work places include the 'Berliner Krisendienst', a crisis centre that offers free and anonymous counseling to anybody. I also visit people with psychiatric diagnoses in their homes and support them in regaining self-determination of their lives. And I give seminars about hearing voices together with my voice hearing colleague Antje Wilfer.

I have been active in the hearing voices movement for over 18 years now, a self-help network that aims to challenge the mainstream psychiatric system concerning the stigmatizing and pathologizing treatment of so called schizophrenia.

**BHSC 2.25 (50) Jeroen Holtkamp; *Subgroups for the Benefit of those Suffering from Distress***

Dear people it is urgently needed that we start to listen in self-help groups for the purpose of our cause in between the annual Critical Voices Conferences so that we can unite and agree on major issues for those who have nothing to say at all. I have been in that position a number of years ago and ever since I am fighting for the needs of those who are marginalised by the healthcare sector here in Ireland. I feel it is worth your while to know that we all know that communication skills are essential to our work and that listening is a must in order to communicate better for the benefit of our families in the first place but very soon after that, I feel, the distressed under your care should have the highest priority. Listening is essential to proper care for your loved once and indeed for those who are lacking the required love and understanding. I have started several self-help groups soon after I have left the institutionalised psychiatric care and came to the conclusion that that is actually what is missing in our healthcare system, namely enough opportunities for patients/clients to speak their mind to a practitioner who understands that our personal opinion of who we are matters to a great extent for our well-being. Therefore I would like to introduce to you a method which enacts the old principles Faith, Hope and Charity. Will you please come along?

**Jeroen Holtkamp**, homeopath/social entrepreneur. I have been incarcerated twice before I came to grips with my own life and managed to live for the other in distress alone. Here I mean that every single step I take is taken for the purpose of alleviating the hurt and distress among those who are lonely, isolated and not fully understood with regards to how they manifest in daily life. So I understand that it is difficult to say the least to manifest the way society demands these days as the industrialisation demands conformity and indeed constraints with the result that people like me feel left out as we portray ourselves to be different in the Name of God, like most do. Spirituality is the common factor in many people I meet with an emphasis on getting to know Him better for having a better life for themselves and their families. I feel this is severely misunderstood by the congregation in terms of responsibility and a sense of dignity for those who we are talking about. The need to express ourselves spiritually is enigmatic at times but contributes to the esteem of the person that matters to us, those in distress and forgotten about.

**17.00-17.30 Plenary Session**

**BHSC G01 (150) *Reflections on the Conference and ongoing work of the Critical Voices Network Ireland (CVNI)***

The plenary session provides opportunities to integrate the insights and initiatives of the conference and to discuss the on-going work of the CVNI.