

Book of Abstracts

*'CHALLENGING MENTAL HEALTH SYSTEMS: CRITICAL
PERSPECTIVES FROM INSIDE OUT AND OUTSIDE IN'*

13 AND 14 NOVEMBER 2019

11th 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, www.ucc.ie/en/nursingmidwifery/NewsEvents/ and 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: guest4

Password: qjcJ2dfy

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; 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, PCCS books for their 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 13 November

Keynote Presentations

11.30-12.15 BHSC G01 *Keynote Presentation 1*

Robert Whitaker; *For the Past 40 Years, We've Organized Our Psychiatric Care Around a False Narrative of Science. How Do We Create a New Paradigm?*

In 1980, the American Psychiatric Association adopted a disease model for categorizing mental disorders. We soon were told that psychiatric drugs fixed chemical imbalances in the brain, and the use of such medications in our society exploded. All of this has turned into a grand failure: The burden of mental disorders has jumped dramatically in our society; the chemical imbalance theory never panned out; and long-term studies—for ADHD, depression, mood disorders, and psychotic disorders—reveal that outcomes for medicated patients are poor. New initiatives are emerging that tell of a possible new paradigm of care, one that lessens the reliance on medication and supports the creation of new environments for promoting long-term recovery.

Robert Whitaker is the author of four books, and co-author of a fifth, three of which tell of the history of psychiatry. In 2010, his *Anatomy of an Epidemic: Magic Bullets, Psychiatric Drugs, and the Astonishing Rise of Mental Illness* won the U.S. Investigative Reporters and Editors book award for best investigative journalism. Prior to writing books, he worked as a science reporter at the Albany Times Union newspaper in New York for a number of years. He is the founder of madinamerica.com, a website that features research news and blogs by an international group of writers interested in "rethinking psychiatry."

12.15-13.00 BHSC G01 *Keynote Presentation 2*

Anne O'Donnell; *Learning from and through survivor activism*

Critical education is a theory and practice of asking questions about the conditions of our lives. Starting from my experience in collective advocacy in Scotland, I will explore the power of this approach to develop the power and the know-how to be more effective in our activism.

Anne O'Donnell has been involved in collective advocacy/service user activism in Scotland since the early 1990s. She has a MSc in Community Education and is Co-ordinator of LEARN, an education project which offers mental health courses developed and delivered with people who have lived experience of relevant mental health issues. She is particularly interested in the intersections between collective advocacy, activism and transformative education; in the history of survivor activism; and in how mental distress and madness are understood and responded to under capitalism.

15.15-16.00 BHSC G01 *Keynote Presentation 3*

Fionn Fitzpatrick: *Gateway to community? The opportunities and challenges of peer provided initiatives, reflections from the Gateway Mental Health Project*

This presentation will provide a critical exploration of the opportunities and challenges facing peer led initiatives in mental health, sharing key insights and learning from the Gateway Mental Health Project, a peer and member led community development project in Dublin. Gateway provides a way for people to come together in solidarity and develop a community response to experiences of inequality and social exclusion. Founded in 2004, the Project has been cited as a model of best practice by the NESF and independently evaluated by Trinity College Dublin as a valuable peer led initiative for social support in the community in 2017.

Fionn Fitzpatrick is a passionate advocate of human rights, equality and social justice and of using community development approaches to redress inequalities of power in mental health. She is a community development worker with an MA in Community and Youth Work from NUI Maynooth, a self-experienced mental health activist and proud member of the Gateway Mental Health Project for over 10 years, sleep deprived happy new mother, and Gateway's Co-Ordinator since 2014.

Wednesday 13 November Concurrent Presentations

10.00-10.45 *Concurrent Sessions A*

BHSC G04 (120) Liam Quaide; *Mental Health in a Time of Environmental Crises*

Two landmark UN reports over the past year have highlighted clear existential threats to humanity arising from our continued emissions of greenhouse gases and our over-exploitation of natural resources. We have a fast-closing window of time to act on these warnings from scientists. I will propose that our social and environmental crises have common roots in a neo-liberal political ideology that denies our interdependence and our dependence on nature. This ideology erodes our sense of community and undermines our public services. Ultimately it may destroy the foundations of our societies. I will also discuss the emotional impact of reckoning with the scale of environmental loss and destruction that is before us, as well as the difficulty of connecting with problems that seem so great yet are largely, as yet, out of sight. Finally, this seminar will explore how feelings of helplessness and despair associated with these realities may be worked through and channelled into activism and political engagement.

Liam Quaide is a Clinical Psychologist working in the North Cork Adult Mental Health Services. He is also a Green Party Councillor in East Cork. He is interested in the foundations of mental health in early relationships, and how these are sustained within a broader social and political context.

BHSC G06 (120) Dina Poursanidou & Ann-Mari Lofthus; *'You can't get back into the Closet': Critical Reflections on Service User Involvement in Research and Development*

Using an autoethnographic approach and drawing on the authors' personal experiences as service user academics (researchers and educators) in two different national contexts (Norway and England), the proposed workshop will seek to throw light on the unremitting identity and other struggles implicated in the task of constructing and negotiating our liminal identities as academic researchers/educators and mental health service users—a task involving immense complexities, challenges, paradoxes, contradictions and ambivalence. We will interrogate crucial concerns that have dominated our conversations over the years through questions such as:

- a) How to manage the demand to incessantly disclose details of our histories of mental ill health in order to be deemed 'authentic' service user researchers/educators in academia, when such disclosures are irreversible and carry significant emotional and professional costs that stand in stark contrast to the often prevailing narrative of 'over-privileged service user academics'?
- b) How to survive as service user researchers/educators in the neoliberal University, when faced with a ruthlessly competitive labour market, temporary and very short-term contracts, obstacles to career progression even for the most qualified and experienced service user researchers/educators, as well as lack of clear career pathways and career development support for junior service user researchers/educators?
- c) How to survive as service user researchers/educators in the neoliberal University when we are acutely aware that our 'valuable lived experience of mental distress/service use' aside, we are actually a liability when our academic worth is measured on the basis of productivity and publications in high impact factor journals?

Dina Poursanidou PhD; I have a background in psychology and education and have been a University-based social science researcher since 2000. My doctoral and postdoctoral research has spanned a range of fields, such as mental health, education, child health, youth justice, and social policy/social welfare. I started using mental health services in 1991. In the period 2010-2014, following a very severe and enduring mental health crisis between July 2008 and June 2010, I worked in two Universities in the north of England as a Service User Researcher. In the period February 2015-February 2018 I worked at the Service User

Research Enterprise (SURE) in the Institute of Psychiatry, Psychology and Neuroscience at King's College London where I held a 3-year Postdoctoral Research Fellowship in Patient and Public Involvement (PPI) and Improvement/Implementation Science. During my time at SURE I carried out a process evaluation of a violence reduction programme on inpatient psychiatric wards using a service user-led critical ethnographic approach. Since 2010 I have been involved in mental health politics and I am a member of the Asylum magazine editorial group – Asylum, the radical mental health magazine, provides an open forum for critical reflection and debate of mental health issues. Since July 2017 I have also been a member of the UK-based National Survivor User Network (NSUN) and its Survivor Researcher Network (SRN) Working Group.

Ann-Mari Lofthus PhD; I am employed as an Assistant Professor at the Inland Norway University of Applied Sciences, in the Department of Nursing and Mental Health. My fields of interest are mental health, substance use and addiction, Social Services, Patient and Public Involvement (PPI) and project management. I have an Honours degree in History from the University in Oslo (1995), and worked in the fields of Media and Internet until 2002, when I had to step out of working life for a couple of years due to mental health challenges. In the period 2002-2007 I was using mental health services and received social benefits. I returned to work in 2007 as a social entrepreneur, in charge of the establishment of a Clubhouse in my home town. Prior to this, I volunteered in PPI as a representative, and in educating service user representatives in public administration and Health Trusts in Norway. My PhD thesis dealt with Norwegian ACT service users' experiences of their ACT service, and I defended my degree in December 2018 at the University in Oslo. Currently, my research focusses on service users' experiences of accessibility and digitalisation of social services in Norway. In addition, I am active in the areas of user involvement in services and co-production in research. I have published and I am an active debater in my fields of interest.

BHSC 1.01 (70) Stanley Notte; *Drawing on Your Inner Selves*

I am not an expert in any mental health field, but have lived with a mental health issue - namely depression - for all of my adult life. Since diagnosis in 2006 I have, while engaged in talk therapy, applied a range of self-help techniques to help me manage and recover from the illness. I have leaned heavily on the work of Louise L Hay (affirmations) and Julia Cameron (creativity). Julia Cameron's *The Artist Way* sparked a creativity in me that has been - and continues to be - vital in my recovery and ongoing wellness. Via *The Artist Way* I learned to draw, which in turn led me to develop a practice of sketching, naming and conversing with 'Parts of me' I identified as contributing to my depression. I have found creating, and engaging, with these characters weakens their contribution to, and hold on, my life. This is a practice I still utilise today, and has helped me to understand, deal with and recover from depression and associated addictive tendencies (drinking, gambling, smoking). This practice has also played a role in helping me to understand and make peace with a complex-trauma filled childhood that is the basis of my mental health situation. It is this practice I'd like to present, if you are amenable to it, at the conference.

Stanley Notte is an entrepreneur, speaker, writer and poet whose work has appeared in and on a wide variety of publications and radio stations. In 2014 Stanley featured in RTE's *How To Be Happy*, a two part series exploring techniques that aid positive mental health. As a mental health advocate Stanley has performed in Cork Prison, corporate events, and was a featured speaker at 'The Changing Man' Tedx event in Jan 2017. As a spoken word artist Stanley has appeared at a variety of festivals throughout Ireland. Stanley's poetry films have been screened at the Cork Indie Film Festival, the Rabbit Heart Festival, the Doolin Writers Festival. and the Dublin Bowie Festival in January. In 2017 Stanley was chosen to perform in the UK as part of the Twin Cities cultural exchange between O'Bheal (Cork) and Fire and Dust (Coventry).

BHSC 1.04 (20) Niamh O'Brien & Wesley O'Brien; *Increasing Mental Fitness – Intervention Design and Positive Mental Health Education for Higher Education Students*

Higher Education Institutions observe that many students are experiencing mental health issues, such as high levels of anxiety and stress. Young adults are recognised as a vulnerable age group who carry the burden of mental health problems worldwide. Irish Higher Education counselling services describe responding to the mental health needs of this age group as an overwhelming tsunami. Early interventions

designed to promote positive mental health can be effective in positively influencing students emotional and behavioural wellbeing. In the current study, the principles of Intervention Mapping (IM) were applied to guide the development, implementation, and evaluation of a specifically tailored mental health programme for the student cohort in a large Higher Education Institute in Ireland. Mixed qualitative (Delphi technique and focus group discussions) and quantitative (survey) data were gathered to gain a broad perspective from all stakeholders concerned with the mental health needs of higher education students (n = 99). Existing evidence guided by theoretical frameworks were blended to create a specifically tailored, three-hour mental health programme that aims to meet the needs of higher education students. Results indicate that the established stages of IM provide an empirical process that has the potential to create effective interventions for promoting mental fitness. IM identifies the priority needs of students in higher education, ensuring that suitable behaviour change techniques for mental health are selected. Despite the positive outcomes of SOMI, dissemination of the evidence-based programme meets many barriers in the Higher Education Institution.

Niamh O' Brien is currently a lecturer in the B.Ed. Sports Studies and Physical Education Programme, in the School of Education, at University College Cork (UCC). Niamh is an existing Ph.D. candidate in UCC and completed her Masters in Adult Education in 2015 at Waterford Institute of Technology, and further completed a postgraduate in Education Innovation, Entrepreneurship and Enterprise at University College Dublin in 2016. Niamh's current Ph.D. study seeks to design and evaluate the effectiveness of a mental fitness intervention that takes a salutogenetic approach to mental health. Her research interests include; mental health and physical activity intervention design, behaviour change techniques, special education, student wellbeing, teacher wellbeing, and health promotion.

Dr. Wesley O'Brien, is the current Director of the B.Ed Sports Studies and Physical Education Programme, in the School of Education, at University College Cork (UCC). Wesley, a Lecturer in Physical Education and Coaching Science, is an expert in childhood movement and physical activity promotion. He is currently supervising postgraduate research in the fields of physical education, wellbeing, motor competence, childhood physical activity, physical literacy and sport participation. Wesley is currently a member of the Executive Board for the Physical Education Association of Ireland (PEAI), is a visiting international scholar at The University of North Carolina at Greensboro (USA), the University of Winnipeg (Canada) and is the UCC School of Education's Chair for the Community Engagement Committee. Wesley is a Principal Investigator on nationally funded longitudinal projects, such as the National Consensus Statement for Physical Literacy, the Children's Sport Participation and Physical Activity (CSPPA) study, Project FLAME, Gaelic for Girls, and State of Mind Ireland. Since the completion of his PhD in 2013, Wesley has been very research active, with the publication of 25+ peer-reviewed journal articles, 2 book chapters, 2 national reports, 2 television broadcasts, and contributed to over 80 national, and international conference presentations.

BHSC 1.21 (70) Kate Mitchell & Pádraig Ó Féich; *Mental Health Reform's National Consultation My Voice Matters: Key Findings on People's Experiences of the Mental Health Services in Ireland*

Mental Health Reform's (MHR) *My Voice Matters* project was the first large-scale national consultation in many years to gather detailed up-to-date feedback from people who use the mental health services (MHSs) in Ireland (Service Users; SUs¹) and their family members, friends and carers/supporters (FFCSs). The aim was to examine the views and experiences of these key stakeholders, to identify gaps in the mental health services and to use the findings to advocate for improvements in these areas. The extent to which individuals experienced modern, recovery-orientated services, as set out in *A Vision for Change*, was also examined. Feedback was gathered through two surveys covering a variety of topics, including people's experiences of mental health supports in primary care, community and inpatient MHSs and crisis mental health care, as well as the supports needs of, and information and advice provided to, FFCSs. Approximately

¹ Mental Health Reform acknowledges that there are different views on the terms used to describe a person who uses the mental health services. Often terms such as "service user" "the person", "the individual" or "someone who uses the mental health services" are used. In order to be consistent and concise, the term "service user" has been selected for the purposes of this abstract.

1,200 SUs and 800 FFCs completed these surveys. Findings were mixed at best and indicated that many participants were not experiencing MHSs consistent with a recovery orientated approach. Overall satisfaction among SU participants was low, while just one in ten FFCs were satisfied that HSE MHSs had considered their support needs. MHR concluded that more work is needed if Ireland is to achieve modern, recovery orientated and human rights based MHSs. However, findings also showed that key pillars of the recovery ethos, such as individualised recovery planning and increased involvement in one's own mental health care and treatment, have the potential to improve individuals' experiences going forward.

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.

Dr Pádraig Ó Féich joined the Mental Health Reform team in June 2018. Before that, Pádraig completed a year-long post-doc working with University College Dublin and the Childhood Development Initiative on a housing policy paper. An experienced mixed-methods researcher and former UCD scholar, he was awarded a PhD by the School of Psychology in UCD in 2016. He has a history of research in the community sector, is currently a volunteer director of an inner-city community organisation, and has a strong interest in advocacy-based research.

BHSC 1.22 (70) Niamh Doyle & Iseult Twamley; *'Am I a case or a person?': Making Sense of Mental Health through Open Dialogue*

Traditionally mental health services have, through diagnosis and other professional models, taken the lead in assigning meaning to service users experience. However, growing number of service users have campaigned to restore personal meaning to their mental health. Open Dialogue (OD) is a Finnish approach to mental health services that aims to facilitate shared meaning-making among service users, their networks, and professionals. This exploratory study investigated how individuals currently engaged in an OD informed mental health clinic in Ireland made sense of their mental health. Six individual semi-structured interviews were conducted and analysed using interpretative phenomenological analysis. The participants provided evocative accounts of meaning-making within an OD informed mental health service. They also drew from experiences of traditional mental health care to make valuable comparisons and provide insights into meaning-making within standard mental health services. The narratives provide evidence to support OD as a humanising approach to mental health services, which rather than imposing understanding, facilitates personal meaning. In this workshop, we will share these initial findings and facilitate discussion around the key themes from this research, which include 'Crisis and context: how context can make us feel lesser', 'Seen as a person: how a dialogical context can open possibilities for meaning', and 'Finding meaning: what happened to me?'

Dr Niamh Doyle is a Clinical Psychologist, trained in University College Cork and currently working in Child and Adolescent Mental Health Services. She has been influenced by her research exposure to Open Dialogue and movements such as the Hearing Voices Network and the Power Threat Meaning framework. At this early stage in her career, her interests lie in listening to service users and experts by experience, with the hope of contributing to changing mental health services that prioritise true collaboration and the return of meaning to mental health difficulties.

Dr Iseult Twamley is a Clinical Psychologist, psychotherapist and Open Dialogue Trainer/Supervisor. Since 2012 she has been Clinical Lead of the Cork Open Dialogue Implementation, working towards more collaborative mental health services. Iseult has trained and supervised mental health implementations in the UK, Australia, Israel, Italy and the Netherlands. As a family member and trauma survivor herself Iseult is

passionate about inclusive and compassionate approaches to mental health. She credits her involvement with the Hearing Voices Network and community dialogues as challenging her previous 'education' and ethics and continues to seek opportunities to hear and learn from nonprofessional sources of wisdom.

BHSC 2.42 (30) Philip Stallard; *One-to-One adventure Therapy: a Person-centred, Social Work Intervention to Support Resilience, Recovery and Self-care*

Adventure therapy (AT) is the prescriptive use of outdoor adventure activities for therapeutic change. AT may be delivered by dual qualified Social Workers and adventure activity instructors to take traditional interventions off the couch and into natural outdoor spaces. Most adventure therapy practices deliver intensive programmes of intervention through group work, however, there is a growing body of evidence indicating that, although less cost effective initially, one-to-one AT interventions offered through traditional Social Work structures, particularly in community settings, can bring about significant outcomes including reduced self-harm and suicide ideation, increased openness to goal setting and planning, (re) engagement with formal education and training, improved self-esteem and self-efficacy. The long term cost-benefit to participants and other stakeholders is also considered.

Philip Stallard is Adventure Therapist and Director of New Wave Adventure Therapy, based in Co. Kerry. New Wave Adventure Therapy launched in September 2017 and runs strengths-based, solution-focused, and client-centred therapeutic intervention programmes for young people and adults that are grounded in professional social work. Philip holds a B.A. Hons in Adventure Tourism Management (IT Tralee), M.Bus. by research in Adventure Tourism Networking (IT Tralee), P.G. Dip. Applied Social Studies (TCD) and a Master of Social Work (UCC). He has over 10 years' experience working with young people at-risk with complex needs in 'Special Care' units in Ireland, and holds a range of outdoor activity instructorships.

BHSC 3.03 (30) Stephen Flynn; *Dreams and Fairy Tales and their Application to Psychotherapy*

The following paper is written with the Therapist in mind and therefore how the application of Dream Analysis can be applied when working with Patients/clients. This said, I do know this paper is also of immense value the lay person wanting to understand themselves more. I have spent over twenty years reading the Collective Works of Professor C. G Jung with the sole intent of self-realisation (*and ironically*) continue to find his theories relevant to my work as a Clinical Psychodrama Psychotherapist working with Psychiatric out-patience here in Ireland.

In this paper I try to illustrate several things:

First: Exploring methods of analysing a dream outlined by C. G. Jung.

Second: I will apply Jungian analysis to a fairy tale *as if* it were a dream of a patient and thereby illustrate the method analytically.

Third: Using such an approach allows me to demonstrate the relevance of the Fairy Tale per se and thereby assists our understanding of the hidden significance therein. I venture to make a further deduction that Fairy Tales are likened to '*big dreams*' [who's] ... '*chief significance lies in their intrinsic meaning and not in any personal experience and its associations*' (Jung 1960:291). In other words, Fairy Tales are *Archetypal*.

I assume most readers take the dream seriously. To do so would constitute developing a '*constructive*' approach or technique whereby the dreamer catalogues their own dreams enabling oneself to reveal more significance and understanding (Martin 1956:36-67, also see Jung 1971:147-163 and Jung 1990 80ff). Jung also advises the therapist to see the dream as a welcome assistant in the treatment plan, as it illustrates the client's unconscious memories, as well as bringing insights and experience to the fore. The dream is suggesting new points of view and ways of '*getting over the dreaded impasse in the momentary adjustment of one sidedness*.' I have concluded that the dream can be seen as an expression of 'the immune system to the psyche' as it strives to facilitate psychic balance. The limitations of analysing dreams are dependent upon further study too as Jung points out '*it impossible for anyone without knowledge of mythology and folk lore to diagnose the dream*' (Jung 1960:237-300). Whatever the case, we are still at a very primitive stage of understanding the workings of the psyche. The importance of dreams, imagination, myth and fairytale holds little credence set against the importance of consciousness and scientific study. And yet,

historically the former have always been with us: Investigating the workings of the psyche must include exploration of the unconscious and the conscious, and all points between.

Stephen Flynn has been a Psychotherapist working in a clinical setting since 1993. Working for three Consultant Psychiatrists up and until retirement in 2008. Since then till now he has established a Charity to prevent suicide: see Diadhuit.ie. He continues to offer therapy for the Clinically suicidal.

14.00-14.45 Concurrent Sessions B

BHSC G01 (250) Sarah O'Callaghan, Joey Harding, Malcolm Garland; *Allow us to Grow - starting an Allotment Revolution*

A year ago we got funding from the HSE and the local Rotary International group to set up an allotment. In words and pictures we will tell the story of how we got from weeds and rock hard soil to crops of beautiful vegetables and fruit. We will tell you how being together – SUs and professionals – has enriched us and connected ourselves with each other. We have no code, no protocol, no procedure. The rules are: to turn up whenever you want! Sometimes we talk about our mental health but only rarely. It's about being together, growing, harvesting weeding, nourishing the soil. The allotment is not an HSE service - there is no "referral". We would love to be part of a revolution that makes coming to a safe and nurturing place a possibility for anyone attending services, anywhere. Please join us for what will be an informal presentation from us and a conversation about how this project can...germinate...

Sarah O' Callaghan, age 33, interests are gardening in the allotment, reading, attending concerts and promoting mental health.

Joseph Harding, age 30, professional chef, love anything food and especially home grown, keeping active love to run and play football!

Malcolm Garland is a consultant psychiatrist in Dublin. His team tries to incorporate novel and alternative approaches, including a minimal medication approach and an ethos fostering individuation, not dependence. He is concerned with the slow uptake of a non-"bio" approach by psychiatry, but understands the pressure teams are under to keep people "safe" and the conflicts this creates. He thinks psychiatrists may soon be on the "endangered species" list...

BHSC G05 (120) Tom Conlon, Noreen Kelly, Fiona Crowe, Barry Vaughan; *Attending to the Mental Health Aspects of Obesity/Binge Eating*

I'm leading an innovative mental health initiative called Tri-Factor Health (<https://www.trifactorhealth.ie/>). I am curious about the comorbidity between trauma and obesity and decide to develop a programme which would gather evidence in this area as part of a research process. I have been working since the start of this year with a diverse group of healthcare professionals delivering programmes involving a structured blend of Talk Therapy, Fitness Training and Nutritional Therapy. Our pilot studies to date involve implementing formal protocols we have developed based on evidence-based research results. There has been limited research involving this Tri-Factor approach to date. A set of interesting results based on our protocols is developing and we are now starting to communicate our findings to various interested parties via a series of case studies. I wish to describe the 'good, bad and the ugly' experiences of engaging with the various and diverse elements of the mental healthcare system – Clinical Research Ethics Committees, insurance companies, universities, interest groups, professional bodies etc. I also wish to explore the challenges of working with an interdisciplinary within a collaborative context with limited formal contracting. My aims and intentions are to share the lived experience of an action researcher who, as an outsider to many of the systems I engage with, has to deal with the rough and the smooth with only evidence and belief to help ease the way. I also look forward to presenting to a community of like-minded people and listen to their feedback and valuable perspectives.

Tom Conlon; I work as a (clinical) psychoanalytic psychotherapist, group facilitator, organisational consultant and action researcher based in Midleton, Co. Cork. I am committed to enabling others to make material and sustainable changes in their lives. I am a recent MSC graduate from the Psychoanalytic Programme at UCD's School of Psychotherapy. My work prior to working clinically was primarily in the area of organizational change management working in a large and complex companies primarily in the pharma and financial sectors.

Fiona Crowe – Talk Therapist is a counsellor and psychotherapist, practicing in East Cork while also working as a secondary school teacher. Fiona, who is passionate about good mental health, has in recent years been involved in the implementation of well-being programmes in second level education. She employs an integrative, compassionate and humanistic approach to therapy, supporting clients in finding healing, resolution and coping skills to meet life's challenges.

Dr. Noreen Kelly – Clinical Director is a Bandon-based GP and provides care for the person as a whole. She has a special interest in exercise medicine and is keen to assist people in improving their mental and overall physical health. She hopes to do this by supporting their physical wellbeing while encouraging expression of the factors that could be holding them back.

Barry Vaughan - Participant Advocate is based in Cork and is a personal trainer and neuromuscular therapist with a background in sport and exercise science. He understands the huge positive impact that exercise, nutrition, and mindset can have on one's mental health. He has been passing this in-sight on to sports teams, weight loss clients, and patients for the past 15 years.

BHSC G06 (120) Liam MacGabhann & Martha Griffin; *Dublin North, North East Recovery College: A Community Response to Cooptation of Recovery Education*

Once upon a time Recovery Colleges were lauded as a place where families, service users and service provider professionals could engage in liberating transformative co created educational pursuits that enhanced recovery literacy and life experiences for college participants. The presentation will firstly offer a philosophical argument as to why the once lauded recovery spaces were co-opted into mainstream mental health services provision; and how recovery education as an emancipatory life changing experience lost its mojo. From Rhetoric then to empirical evidence, we will demonstrate how one community recovery college staying true to original ideology, values principles and practices provides enhanced transformative recovery experiences for college participants. For the purpose of this presentation the evidence from an initial two-year evaluation will focus on personal & social recovery outcomes, and community connectivity. Recovery education has a valuable place within services and within communities. It is our contention from evidence so far that when created in a collaborative alternative community, not beholden to biocentric organisational cultural norms and restrictive service focussed governance structures; that it has a greater effect on people's recovery experiences.

Liam MacGabhann is community activist, mental health practitioner and associate professor in mental health practice at the School of Nursing, Psychotherapy & Community Health, DCU. 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 Trialogue 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.

Martha Griffin is employed as an Expert by Experience in DCU and a Peer Educator with the Dublin North, North East Recovery College. Martha coordinated the Gateway Mental Health in Rathmines for 7 years. Martha has always had an interest in social justice, equality and striving for a better world. In 2001, she completed a Bachelor of Legal Studies and Taxation and found that the legal profession for her was not the right tool in improving society and bringing about change. In 2005 she returned to college and completed a H. Dip in Community and Youth Work. When Martha is not in the mental health bubble, she loves spending time with her family and in her garden.

BHSC 1.21 (70) Mary Maddock; *Imagine No Psychiatry, Imagine All the People Finding Out the Truth*

As long as the psychiatric system continues to deny personal experience and forces people to harm themselves and others, we, MindFreedom Ireland believe there is no way we can work with the so-called 'mental health' system. The 'mental health' system itself creates its own 'evidence' based on opinion and mock drug trials. It can easily label people as lacking 'insight' if they do not agree with dogmatic, pseudoscientific psychiatry. It is a belief system which feigns to be 'scientific'. 'Mental health' laws deny vulnerable people their basic human right to choose. We believe in freedom, equality, truth, justice and human rights for all citizens globally. www.mindfreedomireland.com

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 1.22 (70) Philip Moore & Chris McCusker; *Creating Common Ground: Developing and Sustaining a Culture of Service User and Carer Involvement in the Training of Health Care Professionals*

This workshop will be hosted by two members of the course team on the Doctor of Clinical Psychology Programme in UCC. The programme is located within and across both educational institution and mental health service delivery. We are committed to creating a training culture that has a core value of meaningful, co-produced service user and carer involvement. Our intention for this workshop is to invite other teachers/trainers in third level health care professional education/training, students/trainees, health care service providers/supervisors and service users and carers to engage with us in an interactive forum. It is an opportunity for us to think and talk together about what can promote and support a culture of service

user and carer involvement in health care professional training programmes. Barriers and pitfalls will also be identified. This workshop will also provide a space to begin mapping out common ground across training programmes, in relation to developing and sustaining service user and carer involvement.

Philip Moore is Senior Lecturer in Clinical Psychology in the School of Applied Psychology, UCC and is a member of the course team on the Doctor of Clinical Psychology programme. Philip has almost thirty years' experience as a clinical psychologist in adult mental health and forensic services in the UK and Ireland before coming to UCC in 2018.

Chris McCusker is Senior Lecturer in Clinical Psychology in the School of Applied Psychology, UCC and is Course Director of the Doctor in Clinical Psychology programme. Chris has almost thirty years' experience as a clinical psychologist in adult mental health and paediatric/child neurology services in the UK before coming to UCC in 2016.

BHSC 3.01 (40) Ken Nagle; *Anxiety - A gift that keeps on giving!*

The most important thing that every living creature does is to ensure its survival and if this is threatened its best chance of survival is provided by its reptilian brain activating its fight/flight/freeze response. In certain situations, where our existence is threatened and we can't fight or run from the threat, our freeze response is activated, automatically shutting down some of our emotions to mitigate the worst effects of the trauma. While the threat may be on-going, our freeze response stops us from disintegrating completely and only when our survival has been completely secured, and we are in a safe place, often years after we experienced the trauma, do we start to experience the emotions that we had to shut off to ensure our survival. Anxiety disorders are considered incurable but can be managed and are also one of the biggest mental health issues in the world today and consume the biggest budgets for medications and its treatment. Ken believes that far from being an incurable disorder, that needs to be medicated or needs cognitive or behavioural therapy to control our irrational fears, experiencing anxiety is our body's way of letting us know that our survival has been assured and that we are now in a safe enough and strong enough place to grieve the losses we experienced in our earlier lives, when the conditions did not exist to safely do so. Having experienced debilitating anxiety over a three-year period, ken knows the apparent "unbearable" fear that anxiety can cause one to feel, with his own anxiety resulting in his hospitalisation, medication and suicidal thoughts but it was only in getting free of medication that he could grieve the losses from his childhood and allow him access to emotions that are necessary on the journey to becoming his true self.

Ken Nagle is 64 years old, married to Sabina, with 6 adult children. He has worked most of his career in senior roles for office equipment companies. After experiencing debilitating anxiety twenty years ago he trained as a psychotherapist in CIT, gaining a degree in counselling and psychotherapy. He ran a part time private practice in psychotherapy for 10 years while continuing his role as a consultant in the office equipment industry until his retirement a few years ago. Ken has a particular interest in trauma, because of its impact on his own life and on its relationship to anxiety. He is also interested in how someone can be symptom free for many years, apparently unaffected by this trauma and how and why does it suddenly activate, causing huge distress in ones' life.

16.15-17.00 Concurrent Sessions C

BHSC G01 (250) Mike Watts; *Living a Life of Choice: Experiences of Coming off Psychotropic Medication*

In the current climate of discovering alternatives to a purely biomedical approach to the treatment of mental health problems a growing number of people are choosing to come off prescribed psychotropic medication and to seek other routes to recovery. Currently, there is a paucity in knowledge about what influences people's decisions or helps or hinders them in the process. This paper will discuss some of the

findings of a study that aimed to explore people's experiences and efforts to come off psychotropic medication prescribed to treat psychosis (e.g. schizophrenia, schizoaffective disorder or bipolar disorder) and to provide insights into the factors that supported or hindered them in their journey. The study design was qualitative descriptive study and involved 23 people. Data were collected through face to face semi structured interviews. Ethical approval was obtained from the Faculty of Health Sciences Ethics committee, Trinity College Dublin. Participants were recruited through a number of organisations such as GROW, REE, and CVN. Data were analysed using thematic analysis. The paper will focus on some of the key findings in relation to the following themes: Motivations to cease medication; Challenges encountered; Strategies developed by participants and Participant recommendations to others contemplating coming off prescribed psychotropic medications. The study was funded by the Health Service Executive

Dr Mike Watts has spent over 50 years working in the field of mental health and recovery and currently works as a Recovery Consultant. The role of Recovery Consultant involves teaching, narrative research and workshops, advising various bodies authoring books and papers and promoting the value of lived experience as a valid form of knowledge. Mike and his wife Fran were both able to leave psychotropic medications behind and have a personal view of how and when they can be an aid to recovery or not.

BHSC G06 (120) Caroline Von Taysen; *Beyond Mental Health: how can our Expertise as Critical Mental Health Activists Help Tackle Today's Political Crises?*

Is there really no alternative to capitalism? Anyhow, that is what the neoliberal narrative has been telling us - and very successfully, indeed. As for myself, I have always believed in individuals being able to form empowering alliances, to overcome crises, to emancipate from victimising experiences. But, frustrated from political activism that never got very far, I didn't believe in system change. Until recently... inspired by David Runciman, George Monbiot and Billy Bragg (amongst others), I won my sense of agency back. I do think now that a new narrative is possible, even imperative and that it is up to us to shape it. While absorbing the books and podcasts, a lot of the themes concerning collective crises reminded me of what we are talking about within critical mental health. This leads me to the questions that I would like to discuss in this workshop:

- where are the similarities and differences between individual and political crises?
- what strategies that we have developed within critical mental health activism can be used on a political level - and how?
- where are individual and collective problems entangled and interdependent?

Literature:

- David Runciman (2018) *How Democracies End*, Profile Books, London.
- George Monbiot (2017) *Out of the Wreckage. A New Politics for an Age of Crisis*. Verso Books, London.
- Billy Bragg (2019) *The Three Dimensions of Freedom*. Faber & Faber, London.

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 G10 (150) Alison Quaid; *Inside/Outside Mental Health from the Multidisciplinary Perspective of a Visual Artist, Art Therapist and Art Historian*

As a self-employed Artist, Art Therapist and Art Historian Alison brings many different skills and attributes to the domain of how Art and Creativity encourages positive Mental Health. She is a discreet activist in this domain and lives and breathes this philosophy. The pros of this vocation outweigh the cons in how this is beneficial for people. In this presentation she seeks to explain the three facets of her training and background. She will define and outline their relevance and how services in Ireland should be doing more to

incorporate them because of the helpful outcomes they can bring to clients. This can be separate and or/interchangeable depending on the client/clients and organisation or institution. To date she has worked with individuals and groups in HSE settings, Community Projects, Educational Institutions and Charities. The motivation being that tapping into one's creativity is a positive force for good despite the obstacles. The challenges are many and these will be addressed such as the diplomacy involved, groundwork and planning, workplace politics, discretion, budgets, space, safety, time, prompt and appropriate client referral, CPD, supervision etc. The list is endless navigating through the various experiences to date. It is a mire accessing funding from public service bodies and national development agencies. This work always seeks to be labelled by others but it is multidisciplinary and continues to develop and broaden into various areas of research. It is time for proactive change in Ireland to make this more accessible for all interested parties and potential collaborators.

Alison Quaid is a Visual Artist, a trained Art Historian (MA) and a qualified Art Therapist (MA). She studied History of Art and French in Trinity College Dublin. This is where her interest in Art and Mental Health began working as a live in care worker in Dublin City Centre. She then lived for 17 years in the UK, France and the Netherlands and worked in Finance and Recruitment. She resumed painting after having a family and returned to Ireland in 2007. Her pursuit of her love of Art and how creativity enhances people's positive mental health was to the fore and she retrained. She is fully dedicated to this chosen path combining her multidisciplinary skills and background as a Collaborative Artist. This is in a private capacity with clients in an Art Therapy setting or very publicly producing and exhibiting work and/or sharing her learning and knowledge in seminars and workshops.

BHSC 1.01 (70) Iseult Twamley, Leeanne O Donnell & Dan Hartnett; *Inside Out: Taking Dialogue into the Outdoors*

In summer 2019 a group of service users and mental health staff came together to meet in 4 outdoor workshops, a collaboration between Open Dialogue and Mental Health & the Arts. Using dialogic principles (from Open Dialogue) a space was created of deep listening, transparency and reflection. Research suggests that being in nature can have a positive effect on our mental health. We wished to explore how being present in nature can support our well-being in recovery. The intention of the workshops is was to explore our relationship with nature by tuning into our senses; an opportunity to be in nature and observe deeply. We drew on dialogic practice, mindfulness and ecotherapy; but most of all we drew on each other. We listened to all the voices between us and within us; and we listened to the voice of the elements and environment we were in. Working with a radio producer, we recorded some of this process. In this dialogic workshop we would like to share the story of that group with you, we will talk about how the group developed, what this has meant, and what we have learnt in this process. We would like to hear what our story means to you, and think together about how we take this learning forward.

Dr Iseult Twamley is a Clinical Psychologist, psychotherapist and Open Dialogue Trainer/Supervisor. Since 2012 she has been Clinical Lead of the Cork Open Dialogue Implementation, working towards more collaborative mental health services. Iseult has trained and supervised mental health implementations in the UK, Australia, Israel, Italy and the Netherlands. As a family member and trauma survivor herself Iseult is passionate about inclusive and compassionate approaches to mental health. She credits her involvement with the Hearing Voices Network and community dialogues as challenging her previous 'education' and ethics and continues to seek opportunities to hear and learn from nonprofessional sources of wisdom.

Leeanne O Donnell is a multimedia producer and psychotherapist. Leeanne worked for a number of years with RTE Radio and BBC Radio. A particular interest in storytelling and mental well-being led her to produce 'Diving and Falling' - a documentary about Lucia Joyce, the daughter of James Joyce, and "Sounds Mad" a documentary about Jacqui Dillion's experience of hearing voices. Both projects won international awards and stimulated debate about received ideas of "madness." Now practicing as an Integrative Psychotherapist Leeanne is particularly interested in facilitating people to tell their stories and encouraging people to find their own voice.

Dan Hartnett is a recent graduate of the Doctor of Clinical Psychology Programme at University College Cork, during which he undertook a specialist clinical placement in Open Dialogue and Dialogic Practice at the West Cork Mental Health Service. Prior to commencing clinical training Dan was Addiction Psychiatry Research Director at St. Patrick's University Hospital following the completion of his PhD at University College Dublin in 2015 which examined the effectiveness of Functional Family Therapy both in an Irish context and internationally. Dan's research and clinical interests are broad and he has published and presented on areas such as clinical psychology, family therapy, and trauma informed care. He currently works as a Clinical Psychologist with the HSE in Cork City.

BHSC 1.22 (70) Elaine Ballantyne & Eoin Gorman; *Embedding Critical Perspectives of Madness within the Curriculum of Health and Social Sciences students: Challenges and Opportunities within the Neo-liberal University*

Activist academics have attempted to challenge neoliberalism in higher education through pedagogical and research engagement with social movements (Scandrett and Ballantyne 2019). This session aims to discuss two examples of embedding critical perspectives of madness within the curriculum of Health and Social Sciences students in two university settings in Edinburgh and Cork. The first example is the importance of Mad- Identified academics facilitating the critical perspectives of activists and the people with lived experience within the curriculum. The second example is the development of Mad Studies courses that engage with the Mad Movement and facilitate Mad Studies Scholarship within the University. We aim to facilitate debate the impact of these activities on both students and people with lived experience of mental health issues. The session aims to explore:

1. The experiences of embedding critical perspectives within the University
2. The challenges and opportunities of developing critical perspectives within a Neo-liberal Context
3. The impacts and possibilities of multiple approaches.

Dr Elaine Ballantyne is a Senior lecturer in Occupational Therapy at Queen Margaret University (QMU) in Edinburgh. She worked as a clinician for twenty years in Mental Health and Social Work before becoming a Lecturer at QMU in 2002. She has advocated for Critical service user/survivor perspectives within the curriculum throughout her career. Elaine's involvement in Mad Studies originated in 2012 as the academic partner and Programme Leader for the Mad People' History and Identity course held at QMU. Exploring the impact of the course and the relationship to activism was the subject of her Doctorate using PAR methodology involved the participation of the students from the course and partners from CAPS in designing, generating and analysing the data.

Eoin Gorman is the programme director and lecturer in the department of occupational science and occupational therapy at University College Cork. Clinically, Eoin worked across various psychosocial settings including adult and older adult inpatient and community mental health, as well as youth and young adult community mental health. Eoin's educational and career pathway is heavily influenced by his interest in psychosocial concepts and issues including gender and sexuality, mental health and Madness, death and dying, spirituality, human rights-based healthcare, and social justice. He is particularly interested in social trends, attitudes and critical perspectives towards mental health and service-user led movements. Eoin is currently pursuing his PhD exploring the lived experience of transgender people in Ireland.

BHSC 3.02 Sophie Condon; *The Potential Role of Coaching in Mental Health Services*

Background: While significant strides have been made in the past decade in our understanding of recovery from mental illness, health service provision is still largely based on the traditional medical perspective of recovery, failing to incorporate new understandings of what personal recovery means from service user's perspectives. As the approaches and philosophies underpinning coaching psychology mirror those of personal recovery, some researchers argue that coaching approaches have a potential recovery supporting practice. However, to date, to our knowledge, no studies have examined coaching psychologist's experience of coaching clients who have recovered from a mental health issue and coaches' understandings

of recovery. **Aims:** This study aims to examine the experience of coaching clients who have recovered from a mental health issue and their understanding of recovery. **Methods:** Four male coaching psychologists (3 from Ireland and 1 from Australia) with experience of recovery coaching took part in this study. An Interpretative Phenomenological Analysis (IPA) was used to understand professional's perspectives of their experience working with those recovering from mental illness. **Results:** Coaches in this study had different beliefs and understandings of recovery from mental illness in comparison to traditional beliefs around recovery. Recovery is recognised as a possible outcome for those with chronic mental illness whereby individuals can be coached to take charge of their own recovery journey while identifying positive psychological processes such as hope, building a positive identity, finding meaning in life and being empowered throughout the process. Recovery coaches identified a number of approaches including mindfulness-based cognitive behavioural, strengths, values and narrative based coaching approaches to enhance recovery for individuals. **Conclusion:** In this study, we identified some of the ways that recovery coaching can help by empowering clients, instilling hope and identifying strengths. Recovery coaching psychology is a promising and important step in enhancing service provision. Future research is needed in examining the experience of people who have recovered from a mental health condition and with coaching for recovery. Furthermore, research could compare the effectiveness of traditional service provision and coaching psychology on health outcomes and wellbeing.

Sophie Condon; I am a post-graduate student in UCC on the Applied Psychology (Positive and Coaching Psychology) programme. I have a first class honours degree in business studies from Waterford Institute of Technology and a QQI Level 5 in nursing studies from Cork College of Commerce. In 2015, I was invited to participate in a pilot study for people who had Borderline Personality Disorder (BPD), who had completed Dialectical behaviour therapy (DBT) and were behaviourally stable. GLOW (Goals for Life Opting for Wellness) was a coaching intervention. It really helped with my own recovery as being diagnosed with a mental disorder is helpful at first in that you can access the treatment that you need, however, the stigma around BPD had a negative impact on self-concept. Because I could see the value of coaching in this case, I was interested in researching the role of coaching for recovery. I am finishing a Masters in Positive and Coaching Psychology at University College Cork, and as part of this I conducted a study of coaching psychologists' perspectives of coaching individuals who have recovered from a mental illness. I hope to be able to present my findings at the Critical Perspectives on Mental Health conference.

17.15-17.45 BHSC G01 *Book Launch*

Inside Out, Outside In: Transforming Mental Health Practices. Edited by Harry Gijbels, Lydia Sapouna and Gary Sidley. Published by PCCS Books. Launched by Robert Whitaker, with speakers: Malcolm Garland and Liz Brosnan.

Thursday 14 November

Keynote Presentations

11.15-12.00 BHSC G01 *Keynote Presentation 4*

Alison Faulkner; *Navigating the Boundaries between Inside and Outside*

My presentation will be "Navigating the Boundaries between Inside and Outside" - what does it mean to be outside some spaces and debates and inside others ... how do we share our understandings of what it means to be outside some spaces and inside others; navigating the shifting boundaries that sometimes threaten our voice and our authenticity... Finding ways to navigate them, I will argue, will strengthen our understandings and our potential for inclusivity.

Alison Faulkner is an independent survivor researcher with over 25 years' experience of working in mental health research and consultancy, mainly in the voluntary sector. Alison has personal experience of mental distress and of using mental health services, including inpatient care, medication, psychotherapy, A&E and crisis services. She gained her PhD in 2017 on the role and value of experiential knowledge in mental health research.

12.00-12.45 BHSC G01 *Keynote Presentation 5*

John Cromby; *The Power Threat Meaning Framework*

The Power Threat Meaning Framework (PTMF) is an alternative to psychiatric diagnosis, published by the BPS Division of Clinical Psychology in January 2018. In this talk I will give some reasons why an alternative to diagnosis is needed, briefly outline the PTMF and describe its key elements, and then talk briefly about its uptake so far.

John Cromby is Professor of Psychology at the University of Leicester. His work in mental health is associated with developing alternatives to biomedical explanations, and with understanding the relevance of people's social and material circumstances to their distress. His co-authored book 'Psychology, Mental Health & Distress' was the first textbook in its field not to be based upon diagnostic categories and was a BPS 'Book of the Year' in 2014. John is a contributing author to the 'Power Threat Meaning Framework'.

14.00-14.45 BHSC G01 *Keynote Presentation 6*

Fiona Venner; *Beacon of Hope: alternative approaches to mental health crisis*

Leeds Survivor Led Crisis Service is a voluntary sector mental health charity. The organisation provides out of hours' services to people in acute mental health crisis, as an alternative to statutory services. The organisation is governed, managed and staffed by people with direct experience of mental health problems. The speaker, Chief Executive, Fiona Venner, will present LSLCS as an alternative to the mainstream, medical model, diagnostic approach to mental distress. The speaker will draw on evidence from the Mind independent inquiry into crisis and acute care, *Listening to Experience* (2011). This powerfully articulated

the need for dramatically improved mental health crisis care and the need for humanity in service provision. LSLCS was described as “one of the most valued services we heard about” and presented as a model of high quality crisis care. This report was a trigger for the development of the Coalition Government’s Crisis Care Concordat. This presentation will describe the organisation’s services, practice, philosophy and its application of the Person Centred Approach. The speaker will outline how Leeds Survivor Led Crisis Service demonstrates efficacy in:

- **Reducing risk/ preventing worse happening:** “I haven’t taken an overdose since January. Last year I had 18 overdoses – 18 hospital admissions. Since using Dial house I haven’t taken one. I haven’t been in hospital once.”
- **Supporting people to resolve or better manage crisis:** “The help I have had to deal with my immediate crisis I try to use with regards to things long term. I have attended the coping with crisis group which helped me identify coping strategies and I now try to put them in place.”

The presentation will demonstrate how the following outcomes are achieved through the five elements of effective support. These support the findings of the Mind report that people in crisis need to be treated with respect, compassion and humanity:

1. **Listening** “You listen, you don’t judge, you don’t tell me what to do.”
2. **Treating people with warmth, kindness and respect** “I feel like talking to you all is replenishing the hope in my soul”
3. **People don’t feel judged or assessed** “Dial House is mint! It’s proper ace, it’s decent, proper nice. Staff are really good, they listen and people are well nice to be around. It’s cool to be around people who know what you have been through and who understand you – people who don’t judge you.”
4. **Being in a different, calm and safe environment** “It’s like a sanctuary here, I calmed down as soon as I walked in, feel safe and more like me again”
5. **Peer support** “It gives me a break. By being around people in the same situation as you; you are not having to feel ashamed.”

Direct quotes from visitors and callers will be used to demonstrate each point and to illustrate how people experience the organisation as different from other services.

Fiona Venner is the Chief Executive of Leeds Survivor Led Crisis Service, an organisation she has led since 2005. Fiona has worked in mental health since the early 1990s, always in the voluntary sector and predominantly in acute settings. This has included working with homeless people with mental health problems in London and managing the Suicide and Self Harm Team at 42nd Street, a Manchester based charity supporting young people. Fiona was the Deputy Chief Executive of Leeds Mind prior to her current job and has worked as a volunteer therapist within various Leeds counselling services. Fiona is also a marathon runner and a Labour Councillor on Leeds City Council, representing Kirkstall ward in West Leeds where she lives with her collection of rescued ragdoll cats.

www.lslcs.org.uk fiona.venner@lslcs.org.uk

Thursday 14 November Concurrent Presentations

10.00-10.45 *Concurrent Sessions D*

BHSC G01 (250) Tony Humphreys; *Suffering is a Path, Not a Pathology*

Pathologizing human suffering has resulted in the psychiatric labelling, hospitalisation and over-medicating of individuals who seek professional help. Indeed, the latter responses serve only to repeat the abandonment experiences that underlie people's presenting suffering. The reality is that of the 378 labels in the DSM5 only 3 of these labels have been found to have any physiological basis – Alzheimer's, Epilepsy and Huntington's Disease – and, indeed, psycho-social factors are also involved. There are the beginnings of a shift, arising from both recent research and clinical evidence, towards a recognition that adverse childhood experiences are the sources of human distress. What still needs to emerge is that the child's unconscious responses to trauma and abandonment experiences are not problems, but creative protectors that serve to reduce the complex and relational traumas they encounter. The therapeutic response to young people's and adults' suffering needs to be a co-creational relational experience, whereby a movement from unconscious protectors to conscious boundaries begins to emerge, always at the pace of the person seeking help. Be assured no one 'resists therapy' or 'is unwilling to change'. It is the quality of the relationship established by the therapist/mentor with the person who is suffering that determines the level of psychological safety needed for the movements from hiding to emerging, from depression to expression, from fearfulness to fearlessness, from addiction to affection and from delusions to realisations to happen. Methods, strategies, medication and techniques do not open the heart's closed door; it is the winds of love, belief, patience and understanding that open the heart's closed door. Suffering viewed in this light is a pathway into what lies hidden and is crying out to emerge. The words of the German poet Rilke powerfully echo the foregoing: "Everything terrible is something that's calling for love".

Dr Tony Humphreys is a Consultant Clinical Psychologist, Author and National and International Speaker. He began his career as a Clinical Psychologist in State Psychiatric and Psychological Services in England and Ireland and since 1990 has been working in private practice in Ireland. He works with individuals, couples, families, schools, local communities and the business community. He is the Director of two National University of Ireland courses which are run in University College Cork and in an outreach centre in Portlaoise, Co. Laois. He is Co-Founder of The Irish Association of Relationship Mentors (IARM) and a Member of Psychological Society of Ireland (PSI).

BHSC G05 (120) Mick McKeown & Helen Spandler; *Truth and reconciliation: a radical approach to challenging mental health systems*

This contribution builds on previous arguments for supporting a process of truth and reconciliation in mental health services, based upon a chapter in the forthcoming 'Inside, Outside' book to be launched here at the conference. The history of psychiatry is permeated with state-sanctioned violence and coercive practices. Mental health seems to be the sole area where the medical imperative to 'do no harm' is knowingly flouted and systemic abrogation of human rights is disguised as professional expertise and medical best practice. Despite an avowed commitment on the part of statutory mental health systems to user involvement and consultation, coercive practices may even be on the rise. We wish to see ways of acknowledging the profound harms that occur in mental health systems. We think this is necessary before those needing care, and those charged with providing it, can work constructively together to begin to imagine, and even realise, sustainable alternatives. Perhaps an effective starting point for healing the hurt experienced in the system is for those of involved in providing care and treatment to honestly own up to our part in enacting or maintaining harmful systems. This might move towards improved relationships between providers and recipients that, we argue, are necessary not only for effective services but also for the co-operation and

alliance building necessary for wider social change. We have a particular interest in building solidarity between survivors, service users and refusers of psychiatric care and the workers in such services, including engaging in activism within trade unions.

Mick McKeown is Professor of Democratic Mental Health, School of Nursing, University of Central Lancashire and trade union activist with Unison. He is a founding member of Preston Cooperative Development Network, encouraging trade union support for cooperative development in the region. Mick is a longstanding member of Unison's National Nursing Sector Committee arguing for union organising to extend to alliance formation with service users/survivors, and relational approaches to union organising and workplace democracy in the healthcare sector.

Helen Spandler is Professor of Mental Health at the University of Central Lancashire, Preston, UK. Helen has published widely in the area of critical mental health - politics, history, policy and practice. She is also the Managing Editor of Asylum, the radical mental health magazine <http://asylummagazine.org/>

BHSC G06 (120) Sebastian von Peter; *Evaluation of a Crisis Respite in Bochum, Germany – a perspectivist account by a mental health researcher*

In various countries, crisis respites have been set up to create alternatives to mental health care and hospitalization. For 20 years, the association of psychiatric survivors in North-Rhine-Westphalia has been running a crisis respite in Bochum/ Germany. This respite can accommodate two persons for up to three months and offers short-term overnight stays. Practices of mutual support are embedded in political action and other aims of this organisation. The presentation will draw on results of a three years' research project that aims at evaluating the specific values, principles and processes of the crisis respite in Bochum. Using semi-structured interviews, psychiatric survivors that both run the respite and have experienced it as users were interviewed. The overall aim of this project is to emphasise the specific forms of knowledge and practices that are developed within autonomous organisations of psychiatric survivors to increase the visibility of these kinds of approaches within Germany and beyond. The methodological approach of the research project was both collaborative and participatory. "Collaborative" refers to the research team itself, involving both researchers with and without lived experiences. "Participatory" meant in our project the continuous consultation between the research team and a group of practice partners, staffed by psychiatric survivors of the crises respite, throughout all stages of the research process. The presentation will be held by a researcher without lived experience, who usually works in the field of mental health service research. Insights into the project and its evaluation, thus, will be offered from the perspective of an "epistemic outsider", both to the project's knowledge and practices and the ways they are analysed. To render account to this position and prevent co-optation, the researcher's own epistemic assumptions and expectations before and during the research project are made visible and contrasted to the empirical findings. Also, the (lack of) compatibility of these findings with mainstream services will be critically discussed, pointing to the specific value of these forms of alternatives.

Dr. Sebastian von Peter; Born 1977, I am currently working as a (critical) psychiatrist at the Medical School Brandenburg/ Germany, leading the home treatment team. In addition, I am in charge of a research team (<https://psychiatrie.immanuel.de/forschung/>) that focuses on:

- cross-sectoral psychiatric treatment models
- crisis respites and other alternatives to psychiatry
- the psychiatrization of life worlds – empirical and theoretical analyses
- the development of Open Dialogue in Germany

We increasingly employ participatory and co-productive approaches and methods.

Selected publications (mainly in German – sorry!):

- Ikehata, H. ... von Peter, S. (2014). [Implementing Recovery-Orientation in Psychoeducation – an attempt]. *Psychiatrische Praxis*; 42 (6), 320-327
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BHSC 1.21 (70) Jennifer Slater; *Creating Safe Havens in Clinical Environments*

The aim of this presentation and workshop is to give representation to the use of art therapy as a non-traditional treatment choice within moderate to severe community mental health settings, whilst also tending to the notion of the 'wounded healer' in healthcare professions via the sharing of my own personal experience of postnatal depression and anxiety. This self-study section explores the intergenerational transmission of trauma, infant mental health, attachment theory and the use of creative arts therapies to heal and treat the psychological damage that arises from non-optimal early life experiences.

The format of the presentation is as follows: an introduction to my work within Adult Mental Health and CAMHS, followed by my self-study sharing on PowerPoint, concluding with a short experiential art-making activity in which each participant is asked to make or create an image of their own safe space and verbalise the experience of same in a one-word round robin ending activity.

Jennifer Slater is the founder of Inklings Art Therapy (inklingsartblog.wordpress.com). She has over 10 years' experience of working with children, adolescents and families within a community child and adolescent mental health team. Since 2015 Jennifer has also worked to co-facilitate an art psychotherapy group for adults within an acute psychiatry setting. She has also taught art, craft and design at both Junior and Leaving Certificate level, worked as an art examiner for the State Exams Commission and held recreational art workshops and camps for children throughout school holiday periods. Inklings Art is committed to working in partnership with other local creative enterprises where children, young people and their families are valued and respected unconditionally for their unique contribution to the world. Art Psychotherapist within private practice and Louth/Meath Mental Health Services, with a special interest in infant mental health, intergenerational trauma and the use of art in healing, both individually and collectively within our communities. AAEX (Art As Exchange) member. AAEX is an open, all-inclusive group of visual artists, coming together for the sake of making public art that is accessible, experiential, participative and/or free. Jennifer holds a First Class Honours degree in Art, Craft and Design Education from the National College of Art and Design Dublin, and an MSc in Art Therapy with Distinction from Queens University Belfast.

BHSC 1.22 (70) Deirdre Lillis & Liam McCarthy; *Contributing to 'Inside Out and Outside In' - A Critical Reflection*

This concurrent session is a facilitated enquiry using the model applied in the Social and Health Education Project (SHEP) Reflective Practice for Practitioners course. The enquiry will focus on a practice learning incident; that of writing a chapter on Independent Advocacy for the publication 'Inside Out and Outside In.' We aim to create a space for people to:

- Experience a taste of what the SHEP Reflective Practice course can offer
- Hear about the process of writing and the content of the chapter on Independent Advocacy from the perspective of a practising Independent Advocate.
- Participate in the reflective practice process through questions and discussion.

Liam McCarthy BE, Dip Counselling, HDip Social Policy, MSW is a Senior Training and Development Officer with SHEP. He worked for many years as an engineer and manager, trained in humanistic, integrative counselling and social policy and completed professional training in social work. Following publishing research findings on Inter-agency Practice he has led the development of a programme of courses offered by SHEP on Reflective Practice for Practitioners using the Critical Reflection Model. He is interested in group, community and organisational methods that support systems to evolve into more just, aware, caring and responsive ways of being and acting in our world.

Deirdre Lillis briefly experienced the force of the psychiatric response to her emotional distress in her early twenties. From there she took a path focusing on independent advocacy, facilitating service user/survivor involvement in the planning and delivering of mental health supports and services and supporting survivor led research. She currently supports an independent advocacy service available to people with disabilities and people experiencing mental distress and delivers advocacy training in Cork

through the Social and Health Education Project (SHEP). This service is in the process of change and will move to group/collective advocacy facilitation as its primary role in 2020.

BHSC 2.25 (50) Aidan Cooney; *Irish Mental Health Act 2001 - Section 21: An Ethic of Care Reflection on the Principles of Civil Mental Health Legislation*

In 2019, the Irish mental health act 2001 is due to be considered for review. The Irish Government is publishing the heads of bill and consult with various professional and advocacy groups in Ireland. In previous reviews and workings of the Irish Mental Health Act 2001, little attention has been paid to patients transferred to a designated centre in the Central Mental Hospital for special treatment. Mental Health Act 2001 in Ireland is the civil mental health legislation for the involuntary detention and treatment of a person with a mental disorder. Section 21 of the Act deals with the transfer of a patient for special treatment in a designated centre (Central Mental Hospital), which forms part of the National Forensic Mental Health Services. When considering patients transferred for 'special treatment' in the designated, length of stay is a consideration. Davoren et al (2015) study on the length of stay in the designated centre found being found not guilty by reason of insanity or being detained under civil mental health legislation did not differ significantly - both tended to predict longer lengths of stay. This presentation will consider the bioethical debates the social work profession should consider/propose with regards to reform principles of the Mental Health Act 2001 that would impact on how a patient is considered for transfer to the designated centre for special treatment. There are growing concerns as to the purpose of the special treatment and length of time a patient receives limited attention when considering the Mental Health Act 2001 and its intersection with Human Rights. The presentation will consider this through the following themes -

1. Procedural Justice and S.21 of the Mental Health Act 2001- the lack of involvement of local mental health services and review process
2. Deprivation of Liberty and S.21 & 22 of the Mental Health Act 2001 - Exclusion patients detained and treated under this section of the Act.

The presentation will conclude by offering ethics of care perspective on Mental Health Act 2001 and S.21 patients. The principle of reciprocity is absent in Irish Mental Health Act 2001. This ethical principle should be considered as part of the reform of the mental health act principles when considering treatment and person-centred outcomes.

Davoren, Mary et al (2015). "Factors affecting the length of stay in a forensic hospital setting: need for therapeutic security and course of admission." BMC psychiatry vol. 15 301. 23 Nov, doi:10.1186/s12888-015-0686-4

Aidan Cooney; I currently hold the post, Senior Medical Social Worker In the National Forensic Mental Health Service. Mental Health and Intellectual & Development Disability, since 2018. In 2007 I received an M.Sc. in Mental Health & Intellectual Developmental Disability from Kong's College IOPPN Forensic & Neurodevelopment Dept. I have worked in mental health since 2007. Between 2007 & 2011 I worked in London NHS Trusts - Community Mental Health & Intellectual Disability Oxleas NHS and CAMHS Neurodevelopmental & Neuropsychiatric teams in South London in Maudsley. In 2013 I worked in Louth/Meath Mental Health Services. I developed In-Patient Psychosocial Interventions such as Homelessness, Domestic Violence & Parenting. My interests are Supported Care Decision Making & Care Planning, Psychosocial Interventions, Assessment of Needs models, Mental Health Act Principles reform, Therapeutic Jurisprudence & Restorative Approaches for families who are victims of crime Forensic Patients.

BHSC 3.01 (40) Greg Xavier; *Treating the Root Cause of Mental Illness with Lifestyle Changes*

This presentation aims to highlight the role of using non-medicine 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 practical lifestyle practices individuals can implement to improve their mental health, accompanied by the relevant literature references for further reading. Lifestyle medicine is touted as the future of healthcare but is rarely talked about outside of the treatment of physical disease and illness. In keeping with this year's theme, attendees will get an overview an outside-the-box lifestyle approach to

treating mental illness which falls outside the existing mainstream medical paradigm. The approach covers the 3 main potential causes of mental illness: Chemical imbalance, unprocessed emotions / trauma, and inflammation, and the simple lifestyle changes one can implement to address all three. 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 8 years medication free this November, having been inspired by keynote speaker Robert Whitaker's *Anatomy of an Epidemic*. Greg has successfully managed his illness successfully using lifestyle changes through experimentation, trial & error.

Greg Xavier is the star of the new RTE life transformation television series "The Yellow Brick Road", a Podcaster, and Founder of Plant Based Ireland. He experienced the Irish psychiatric model of healthcare at the age of 21 and has spent the past 8 years successfully managing his type II bipolar disorder medication free. He lectures on the subject of nutrition, health and wellness both in Ireland and overseas.

15.00-15.45 Concurrent Sessions E

BHSC G01 (250) Gary Sidley; *Is it Feasible to Change Dominant Mental Health Systems from the Inside?*

*'They sentenced me to 20 years of boredom,
For trying to change the system from within.
I'm coming now, I'm coming to reward them.
First we take Manhattan; then we take Berlin'*

(Leonard Cohen)

Change rarely comes easily. Powerful systems have effective ways of sustaining themselves, responding to threats to their existing configuration, and maintaining the status quo. This interactive, oral presentation will highlight the barriers encountered when trying to promote alternatives to bio-medical psychiatry while working within core mental health services. Informed by my 26 years of experience as a clinical psychologist within the UK's National Health Service – mostly as part of a multidisciplinary team – I will describe the obstacles faced by the innovator when striving to introduce alternative ways of responding to human distress. These obstacles include:

1. INVALIDATION: Ridicule & personal attack
2. ASSIMILATION: The neutering of a radical idea so that what remains is broadly similar to the status quo
3. CO-OPTION: When the dominant system adopts the language of the innovator and reduces once-radical ideas to buzzwords
4. RISK OF BURN-OUT: The personal cost of being a minority voice

In light of these barriers to change, a central question will be discussed: *Can meaningful and sustainable revision of mental health services be achieved solely by incremental, evolutionary changes within the existing system, or do we require a revolution in the form of a society-wide paradigm shift?*

Dr Gary Sidley is a freelance writer, trainer, blogger and conference speaker. In 2013, he opted for early retirement from his post of Professional Lead/Consultant Clinical Psychologist after 33 continuous years of employment in the UK's National Health Service. He is a vocal critic of bio-medical approaches to mental health, illustrating his concerns with anecdotes drawn from his extensive experience of working within the psychiatric system. His book, *Tales from the Madhouse: An insider critique of psychiatric services* <http://bit.ly/1zBp6XW>, was published by PCCS Books in February 2015. Gary's NHS career began in 1980 as a psychiatric nurse, and he qualified as a clinical psychologist in 1989. In 2000, he obtained his PhD for a thesis exploring the psychological predictors of suicidal behaviour. Throughout his career, Gary has presented numerous workshops on a range of topics including cognitive behaviour therapy for depression, suicide risk assessment, advance decisions and understanding deliberate self-harm. More recently, he has delivered training on psychiatry's misuse of power, the discriminatory nature of the Mental Health Act, the stigma-enhancing effects of an 'illness like any other' approach and psychiatry's perverse approach to risk.

Further articles can be found on his blog: <http://talesfromthemadhouse.com> and on hubpages <http://gsidley.hubpages.com/>. Gary also regularly tweets about mental health issues at <https://twitter.com/GarySidley>

BHSC G04 (120) Aiose Tutty and others involved in the making of the film; 'An Open Door' – an Award-winning Short Film exploring 49th Street, Skibbereen's Pioneering Adult Mental Health Service

A pioneering initiative in Cork was 49 North Street, Skibbereen. Kevin O' Shanahan and Declan McCarthy in partnership have pioneered a front facing community mental health development. An innovative project has in turn created a co-produced person centered programme that walks the walk of integrated holistic care. Aiose Tutty, a local and talented film maker, with an interest in mental health & wellbeing was invited by Kevin and Declan to capture the essence of this work, via a co productive inspired film. James O Flynn and Rory Doody and so many others have helped support and build this venture to where it is today, which will be different tomorrow! This film – 'An Open Door' reflects the approach and ethos of this development at 49 North Street. The film has received a commendation and awards at film festivals internationally and can be viewed here along with the programme at 49 North Street. 49 is driven by service users, the community, staff and local artists. This process, akin to alchemy has resulted in a shared leadership approach, breaking new ground in how health services support people. A truly inspiring film made locally. The film is approximately 15 minutes in duration and an open discussion with the Director Aiose Tutty, Rory, James, Kevin, and Declan will be facilitated if required by attendees.

BHSC G05 (120) Joan Murphy; Hope in Mental Health Recovery

Background: Mental health services both nationally and internationally have embraced the philosophy and practice of mental health recovery. Service users have consistently identified hope as the catalyst of their mental health recovery, while research has confirmed hope as one of five micro-processes of recovery. However, no study has specifically explored the experience and meaning of hope in mental health recovery. **Aim:** To explore how individuals describe and make sense of their experience of hope in the context of their recovery from mental health issues. **Method:** A qualitative Interpretative Phenomenological Analysis (IPA) approach was used. A purposeful sample of 11 individuals was accessed via 2 national email networks. Data were generated through in-depth semi-structured interviews which were audiotaped, transcribed and finally analysed using a 6 step framework developed for IPA. **Findings:** Analysis generated three superordinate themes which were: "Without it we would wither up and die" - Hope as intrinsic to life; "I will be ok" - Having a sense of possibility and "Making it happen" - Moving forward. **Discussion:** Further interrogative analysis identified key new findings related to the temporal contextuality within which the experience of hope is located with three key foci emerging strongly. These were: the paradoxical experience of having no hope when attempts were made to end life; the experience of being prescribed psychotropic medication; and the experience of being admitted involuntarily to hospital. **Conclusion and Implications:** The experience of hope in mental health recovery is highly contextual and dynamic. While the experience of having "no hope" was seen to crystallise the criticality of hope to life, mental health practitioners and educators need to cultivate a more accessible dialogue of "hope" that harnesses its therapeutic potential. The experience both of being prescribed psychotropic medication and that of being admitted involuntarily to mental health services were found to have a significant, predominantly negative, impact on the experience of hope. Thus there is a critical need to access individual interpretations of hope as part of a person-centred approach to practice underpinned by the cultivation of therapeutic relationships.

Joan Murphy is a mental health nurse who has worked both in Ireland and the UK across a range of mental health settings but predominantly in an acute mental health context. She moved to the education sector in 2003 where she teaches on undergraduate and postgraduate mental health programmes. She has recently completed her Doctorate in Nursing exploring the service user experience of hope in mental health recovery. She is a long-time member of the Critical Voices Network of Ireland

BHSC G06 (120) John Wainwright & Mick McKeown; *Place and Race: Sanctuary, Asylum and Community Belonging.*

This contribution draws on the work of Frantz Fanon to make the case for alternative community black mental health support, sensitive to matters of place and space. It is based upon a chapter in the forthcoming 'Inside, Outside' book to be launched here at the conference. We describe the history and mission of Mary Seacole House, an alternative community mental health resource centre in Liverpool. We draw on the findings of a recent participatory action research project involving the members of Mary Seacole House to illustrate important matters of identity associated with space and place. Although these have arisen in a particular place that, arguably, has some unique characteristics, we believe there are more general lessons for wider considerations of the uneasy relationship between race and psychiatry. We focus on individual and collective experiences of racism and mental health for people attending Mary Seacole House and explore how these are bound up with wider struggles in the local black community. The need for better alternatives located by design in place and space is as urgent now as it has ever been. In these turbulent global times, austerity measures threaten the few alternative mental health services we have. Moreover, with new influxes of asylum seekers and refugees, race is again at the forefront of critical perspectives on mental health care. More widely within our society, we are hearing a toxic rhetoric espousing exclusionary, place-resonant binaries. Places such as Mary Seacole House embody the true meaning of refuge and asylum in more ways than one.

Dr John Wainwright – Senior Lecturer – University of Central Lancashire; John is a HCPC registered social worker and prior to academia spent several years working with children, young people and their families in youth justice and community settings. Alongside his professional experience in the youth justice system, he was a co-founder of the service user led organisation in Liverpool Black and in Care who worked with, and advocated for, Black and minority ethnic young people who were in the care system. He has an ongoing involvement in research focusing on ethnicity, youth justice, adoption and mental health. John is the lead for the Youth and Justice strand of the Criminal Justice Partnership at UCLan.

Mick McKeown's bio as in page 20.

BHSC G10 (150) Jane Mulcahy; *Restorying Offending Behaviour: a Normal Response to an Overdose of Trauma?*

Drawing on qualitative interview data with twelve male prisoners approaching release, the author explores how childhood trauma is at the root of their offending, based on their own personal backstories of neglect, abuse, family dysfunction, deprivation and community adversity. The paper also discusses the role of poverty and deprivation in the production of criminality, and argues that penal policy and practice must become aware of the impact of Adverse-Childhood Experiences (ACEs) and trauma-responsive as a matter of urgency. Unless and until all the various actors involved in crime prevention, prosecution, punishment and rehabilitation get to grips with the debilitating life-long impact of developmental trauma and the adverse experience of class, little in the way of lasting positive change can be expected of traumatised offenders. Involvement in criminality is just one of many symptoms of interpersonal trauma and social exclusion. Wounded people with offending behaviour need to learn to feel safe in their own bodies and to regulate their emotions in healthy ways. If they are not assisted to heal, to locate their real, authentic selves underneath their (mal)adaptive coping strategies, to take joy in human relationships and find purpose in the world, further criminality is a virtual certainty. This paper argues that there is an onus on agents of the State, including criminal justice and penal institutions to take concrete, committed steps to remedy the human rights breaches prisoners experienced as children and to repair the harms done to the person, which contributed to their trauma symptoms, including offending behaviour. This requires a holistic, "healing-centred engagement" (Ginwright, 2018) approach that is culturally sensitive and emphasises strengths, prioritises personal development, ensures safe transition management from prison and provides opportunities for mainstream flourishing post-release.

Jane Mulcahy is a PhD candidate in Law at University College Cork in Ireland, researching 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. Jane has worked as a researcher in the area of criminal justice, penal policy and social justice since 2005. She began hosting a radio show/podcast in conjunction with the Law Department and UCC 98.3fm called "Law and Justice" in September 2017. Many recent features have addressed the subjects of childhood trauma and what the Adverse Childhood Experiences science tells us about the devastating lifelong impact on individuals and society. Jane was awarded a Justice Media Award in the best local radio show/podcast category by the Law Society of Ireland for her three-part series "Humanising Human Rights" on Ireland's second periodic review under the UN Convention Against Torture in Geneva in 2017.

BHSC 1.01 (70) Lydia Sapouna; *Social Work Education as a Critical Space*

This session draws from my experience in mental health social work education and is based upon a chapter in the '*Inside Out Outside In*' book which is launched at this conference. Over the years, I have been enthusiastic about and committed to developing innovative approaches to teaching for critical practice in mental health. Such approaches were strongly informed by: contextual rather than clinical understandings of distress; an understanding of power relations in mental health systems; and a commitment to work collaboratively with service users. However, I am becoming increasingly aware of the need to challenge and problematise what is heralded as 'innovative' and 'inclusive' practice in mental health systems, including education. As part of this discussion, I will critically reflect on my own work to ask broader questions about the co-option and appropriation of such practices by mainstream institutions. For the purpose of this presentation, I focus on three examples of what I previously considered to be innovation in mental health education: recovery approaches, trauma-informed practice and service-user narratives. This problematisation involves asking questions such as: Whose interests do these practices serve? Do they provide a meaningful shift away from an individual pathology approach? Do they contribute to changing power imbalances in mental health systems, or do they ultimately serve dominant ideologies and practices? This is a rather unsettling consideration as I am confronted with my own contribution and role in such appropriation. Nevertheless, asking such questions recognises the nuances and messiness of changing mental health systems from the 'inside' and, I hope, helps me to stay critically engaged with what I do.

Lydia Sapouna is a lecturer in the School of Applied Social Studies, University College Cork. Her teaching, research and community contributions are primarily in the area of critical mental health, education and practice. She is very interested in the politics of mental health and the role of social activism in changing power imbalances in mental health systems. At the same time, she is managing the tension between her commitment to social justice and the expectation to prepare students for practice in a predominantly biomedical and often coercive context. Over the years she has worked collaboratively with service-users/survivors in the areas of advocacy and human rights, but is increasingly concerned about the co-option of user involvement by mainstream institutions, including education. Some of these tensions and concerns will be explored as part of this session. Lydia (with Harry Gijbels) has been organising the annual critical mental health perspectives conference in Cork Ireland since 2009 and had a key role in the development of the Critical Voices Network Ireland.

BHSC 1.21 (70) Lyn Mather; *The self-regulating Psyche: Through Imagery and Imagination*

'By psyche I understand the totality of all psychic processes, conscious as well as unconscious.' (Carl Gustav Jung: Collected Works 6 para 797). In depth psychology, the term 'psyche' rather than 'mind' is used, since mind in common parlance often refers to the aspects of mental functioning which are conscious. Jung maintained that the psyche is a self-regulating system (like the body). The psyche strives to maintain a balance between opposing qualities while at the same time actively seeking its own development, or as he called it, individuation. In this talk, I will expand on this distinction between mind and psyche or mental health and what can be called the health of the psyche. Central to this is the question of the self-regulatory nature of the psyche and I will show the importance of working with the emergent content of the unconscious as a way of balancing our conscious attitudes and towards healing. The raw material of the

unconscious lies in emotions, impulses, inner voices and imagery as often portrayed in dreams, spontaneous visions, erupting impulses and musing of our fantasy life. The psyche has an image-producing function that is the imagination. This imagination is the basis of our attitude and relationship to ourselves and the world around us. I will show how engaging with the imagination creatively and actively through images and imagery provides the start of a healing journey and a reframing of one's life, built on healthy attitudes and relationships.

Lyn Mather is an Artist, Art Therapist and Part-time Lecturer. Together with her husband, she pioneered and facilitates the 'Jungian Psychology with Art Therapy' and the 'Art, Psyche and the Creative Imagination' courses, which are delivered through Limerick School of Art and Design. She has curated many durational mental health programmes, e.g. an Arts and Health Café (2012), the 'Speakeasy Green' mental health conversations in partnership with South Tipperary Mental Health Services (2013, 2014); a Creative Imagination course as ETB trainer, annual workshops for the Positive Mental Health Festival. She created the Art and Psyche Ireland platform (2016) that hosts numerous seminars, events and workshops focused on depth psychology with creative arts therapies and expressive arts themes. Her special interest concerns the innate ability of the creative imagination to weave together inner and outer worlds, to balance consciousness with the unconscious, towards the making of meaningful and enriching 'life myths'.

BHSC 2.25 (50) Members of the HVNI Committee; *Hearing Voices Network Ireland (HVNI): Recent Developments and Future Plans*

Hearing Voices Network Ireland (HVNI) was launched on April 2015. In this workshop we would like to give you an update of the work that the HVNI Committee has been engaged in over the last few years, and to give an overview of the plans, share ideas, challenges and opportunities, for the years ahead. We also would like to hear what you think the HVNI should be doing to further its development and growth. We hope you'll come and join us.

Hearing Voices Network Ireland (HVNI) is one of over 20 nationally-based networks around the world joined by shared goals and values, incorporating a fundamental belief that there are many ways to understand the experience of hearing voices and other unusual or extreme experiences. 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.

BHSC 3.04 (40) Martin Melvin & Gabrielle Fitzpatrick; *Invoking Article 40 from a Service User perspective (from 'Inside (trying to get) Out!')* and from a Mental Health Social Work perspective (from 'Outside (trying to get In!')

Article 40 is a procedure in the Constitution of the Republic of Ireland which allows someone who is detained to petition the court for their release. This workshop/presentation aims to explore the area from the perspective of an involuntary detention in an acute psychiatric unit. Having attended Critical Voices for the last 3 years we have yet to even hear Article 40 mentioned. What is article 40? It's a powerful part of Irish Constitutional Law which allows the person detained to choose a judge in the High Court and to have the grounds of their detainment examined. As Article 40 is a Constitutional Right it can't be watered down by ordinary legislation. The process is far from a quick and easy solution to having involuntary detention revoked as the case is fought by the HSE but offers the chance for involuntary patients to present to the court their issues. Once an application is made it can lead to a hearing in Court in a matter of weeks. The perspectives of the service user will be discussed by Martin Melvin, a Science Teacher who invoked Article 40 procedure in 2018. The story of what happened will be presented. Gabrielle Fitzpatrick, a Mental Health Social Worker, will discuss the case and procedure from a social worker perspective. Through a discussion on Article 40, we aim to present critical perspectives from "inside out", namely the detention of a patient seeking to go outside of the hospital as well as the "outside in" perspective of Mental Health Social Work.

Martin Melvin is a qualified Secondary School Teacher. He did his undergraduate degree in Biotechnology in NUI Galway and Post Graduate Diploma in Education in NUI Maynooth. He also holds a Post Graduate Diploma in Technology Commercialisation from the University of Limerick. He is an entrepreneur who set up his first Business in 2008 but went bust in the Great Recession. He was diagnosed with mental health problems in 2010. He was a board member of Shine for 3 years and has worked with the organisation since 2016.

Gabrielle Fitzpatrick is an Adult Mental Health Social Worker in North Sligo. She holds a B Soc Science from UCD. She has a Masters in Social Work from Queens University Belfast. She also holds a Post Graduate Diploma in Addiction Studies from Trinity College Dublin. She has over 25 years' experience as a Social Worker in areas of Medical Social Work, Fostering/Adoption, Addiction and CAMHS. She commits herself on a daily basis to advocacy and support in the areas of human rights, social justice, homelessness and all aspects of client/family needs through the application of critical social work theories. She is also a member of the Social Work Registration Board of CORU since September 2018.

16.00-16.45 Concurrent Sessions F

BHSC G01 (250) Aidan Conron; *Adoption and Redemption: a Documentary*

I have just completed a documentary called 'Adoption and Redemption' which is about 50 min long. It's about my personal journey trying to deal with the trauma of adoption. The stigma and the search for identity and belonging that has been an ongoing struggle in my life. I discovered a healing therapy called Family constellations which has been of huge benefit to me and helped turn my whole life around. Family constellations helps you get past your 'story' and into the deeper heart space i.e 'What does your soul long for'? The documentary shows my constellation in action as I meet representatives for my birth mother and father and is also blended with a car journey back to Castlepollard mother and baby home where I revisit the place of my birth. I have a background in film and theater so i believe the documentary is done to a good standard. The aim of the documentary is to help Irish people struggling with adoption issues or at least to acknowledge that this struggle is normal. It's the only trauma where society seems to feel that somehow "you should be grateful". By showing the long term identity crisis, the feelings of rejection and inner rage but also to show a way past the trauma to a sense of freedom. It's also a comment on Irish society and the power of the Church back then.

Aidan Conron; I work in film as a writer/ director, to fund these projects I also work as an electrician doing set lighting. I am adopted and it has been a long journey that I am still dealing with. I decided to make this documentary as a help to others also on the journey. I also work as a spiritual healer and am a qualified family constellations facilitator. About eight years ago I went into the family constellations workshop for the first time. Little did I know then how much it would change my life! A lot of things unfolded during the constellation but that starting point still stays with me and of course melted my heart and made me want to seek out my birth mother. To me the wonderful thing about constellation work is its ability to change something that is stuck in a hardened or fixed position and allow love to flow again. The beauty of the line "What does the soul want?" Cut's through so many layers of ego and resistance to get to the heart of the matter.

BHSC G04 (120) Liz Brosnan; *Sanism, Racism, Ableism and Ally-ship: Surfing the Chaos of Intersectional Working*

This paper will reflect on my growing observations on the complexity of allyship in the liminal spaces of whiteness, ableism and sanism. As someone highly privileged in several ways: a white, highly educated, generally able-bodied person, currently in a relatively well-paid job, I struggle with allyship. I see parallels and lessons from my challenges with unequal power in these other arenas which I would share with professional allies and friends within the mental health system reform work we have been engaged with for decades now. I will start with unpacking Whiteness. Whiteness is an obstacle to being a potential ally to

racialised people because its pervasiveness means my blindly privileged actions are hurtful to my racialised friends and colleagues. They carry the burden of choosing how to deal with this. Do they gently challenge me and then have to deal with my potential defensiveness or even 'white guilt/tears'? They need to decide if the effort is worth the potential benefit of enlightening me? The same is true of my unconscious ableism, because of my easy tendency to slip into mindlessly enjoying able-bodied privilege which excludes, silences or disadvantages others who live with disabilities. So equally, my generous disabled friends must decide if it is worth the effort, or not, to begin to try to show me how I have invalidated their realities, or just resign themselves to some old blindness they deal with all day, every day. I see strong parallels with the structural advantages I have and the manner in which friends and colleagues struggle with their professional sanist advantages, which they hold by not carrying a mental health identity or label. I see these friends and colleagues inadvertently putting their foot in mouth while seeking to act as allies to the survivor movement. Or much more damagingly, fail to realise how their actions seriously impeded the efforts of the user/survivor movement to improve our lives and opportunities. Drawing on several critical areas of scholarship, and personal experience, I hope to illustrate some of the problems in accessible ways because most people should be able to draw parallels with intersecting power imbalances in their lives. Yet we need to talk about and face up to these uncomfortable truths about our societies, and how we interact. Which leads me to the core question in my paper: how, or can, we be an ally, rather than an oppressor, while occupying more powerful positions in the hierarchies we live and work in. To suggest some ways forward, I will reflect on the traits and behaviours I find most helpful from someone who will walk alongside me when I am vulnerable, hurting or bewildered, or trying to surf destabilising chaos. And invite reflection on what ways these insights can counter sanist micro-aggressions.

Liz Brosnan Having spent years on the 'outside' as a service user, then exploring recovery and involvement work, progressing into academia, trying to make change happen on the edges of mental health systems, Liz is now working on the 'inside' in the heart of services to see what can be achieved with good allies. In a cv spanning decades, she has worked with many incredible people to bring service-user/survivor/persons with psychosocial disabilities/Mad voices out of the margins into the mainstream. She has worked in many arenas: local community activism, peer advocacy, user-led/survivor research, academic writing and publishing, training and education, disability rights research, most recently in a survivor research project with a global remit (EURIKHA.org). Returning to engagement, aka partnership, service-user involvement, this new 'insider' phase promises more learning opportunities, and armed with a critical sociological perspective and knowledge of exciting initiatives worldwide, she is optimistic that change can be achieved in HSE CHO area 7.

BHSC G06 (120) Cora Grant; *Trapped inside + Getting free - A lived Experience of Eating Disorder Recovery in Ireland*

Background: Eating disorders (EDs) are complex, psychological conditions with the highest mortality rate of all mental health illnesses. The world of someone with an ED is constricted and curtailed to a battle for daily survival, as reflected in my own experience of surviving an ED. Accessing and engaging with specialised ED treatment is a key component to living a life free from ED. ED recovery was an experiential process that engaged my heart, mind, and body. It involved colliding with both mainstream mental health systems and a specialised support system which adhered to an innovative, humane treatment approach.

Aim: To demonstrate the personal application of engagement with specialised psychotherapeutic models of ED recovery. **Objectives:** To present evidence-based truths [including risk and preventative factors] regarding ED. To demonstrate the application of specialised treatment principles in my ED recovery process

Methodology: Presentation of a pre-prepared flip-chart presentation, together with a 3-D model demonstrating the lived experience of ED recovery. As an individual discussion paper, no ethical approval was necessary. **Conclusions and implications:** At the intersection of established psychotherapeutic models of care and academic research, lies the human being seeking health and wholeness. The creation of discussion in the area of mental health and personal respect and responsibility represents an avenue for openness and change. Increased visibility and advocacy - from inside and outside the system - has the potential to transform both individual and collective worlds.

Cora Grant; I hold a Masters in Public Health from University College Cork and a Bachelor of Arts in Information Management. I am currently undertaking a part-time BSc (Hons) in Counselling and Psychotherapy. I have worked in the healthcare sector, including health research roles. I am presently employed in an academic library. My core objective in engaging in mental health advocacy reflects my views on the importance of visibility and transparency in mental health wellness in Ireland. It is my goal to harness the experience, education and insight I bring to the area of men-tal health awareness both as an independent researcher and through the delivery of presentations and speaking engagements.

BHSC 1.01 (70) Adrienne Adams, Charmaine Harris, Cathy Thorley; The Myth of the 'Happy Family Inside and Out': An Open Dialogue Approach

What do people need? How do we know those families and their loved one is doing well when engaging with the Mental Health Services? As Mental Health Professionals we often measure "doing well" when families concord with services, when service users concord with taking medication, attending outpatient appointments, attending a course? Similarly, how do we know if Multidisciplinary teams are doing well? Is there a concordance with "doing to" rather than a "being with"? How do we create dialogue and space where there is hope, honesty and transparency? Can we bridge the gap between them and us? In this interactive workshop we aim to share our journey of being with families and our colleagues where "connection is everything.

Charmaine Harris is an Open Dialogue practitioner, specialist trainer, a peer development lead and service manager with extensive experience of making Peer Support the heart of service delivery. She is the founder of Peer Dialogue and a member of the teaching team on the post graduate certificate residential course in peer supported Open Dialogue, Social Network and Relationship Skills (POD). As a survivor of Mental & Physical Health Illness, she has overcome her own struggles through self-education and recovery management she has graduated from the school of hard knocks and is in remission from her health conditions. Her journey has been one of the driving forces to pursue a career in working with clients and line managing people working within healthcare using self-disclosure. Her mission is to help transform service provision through activism and inspire hope to service users by delivering recovery and peer training programmes to empower and improve the quality of wellbeing to others. Thus proving that lived experience does have a meaningful place in recovery and the ability to stand up to scrutiny.

Adrienne Adams (RGN.RMN. RP.MSC of Systemic Family Psychotherapy) Open Dialogue Train the trainer. In the last five years she has been involved in setting up the First Open Dialogue Clinic in Bantry, with her colleague Iseult Twamley, Senior Psychologist. Her interest in Open Dialogue comes from work as a systemic therapist and her strong belief that family and social Network are key to recovery.

Cathy Thorley is a Systemic Family Psychotherapist and approved Systemic Supervisor. She is the lead Family Therapist within adult services in north East London NHS Foundation Trust. She is also a tutor on a 4-week residential Peer Supported Open Dialogue (POD) training. She completed two-year Open Dialogue Trainers training in Helsinki last year. She set up and manages a non-crisis NHS Open Dialogue style services and is now Clinical Lead for POD in North East London. "I feel very fortunate that my work involves working dialogically with families and teams in many different contexts in my trust within mental health services, physical health and learning disability services. Open Dialogue has been life changing for me both professionally and personally but it hasn't been easy. Trying to work within and lead dialogical services has been a steep learning curve and navigating this within the NHS hierarchical system has been very challenging. In my personal life I aim to be present with my husband and adult sons and try to be gentle on myself on the many occasions when this doesn't happen".

BHSC 1.21 (70) Lucy Taylor; *The Secret Insider: A social workers lived experiences of both sides of trauma and mental health, the patient and the worker*

As a local authority social worker in a generic adult's team much of my time is working with people with mental health difficulties, many with histories of abuse, many with complex trauma. Many desperate for support and yet who are so often re-traumatised by services. Many who are like myself. This paper is an exploration of my experiences of living a dual life within the context of mental health, both patient and helper, both insider and outsider. I reflect on how these terms can be applied equally to the service user and worker. How at times while living both of these identities (patient/helper) I have been simultaneously identified as an insider and outsider. I consider critically my experiences as a social worker with my own lived history of mental health difficulties. I reflect on the disconcerting discourse surrounding mental health and in particular trauma which still exists within social work. This paper does not intend to homogenise mental health experiences nor to diminish the social work teams where there is a deeper understanding of the impact of trauma. It instead seeks to focus on my own lived experiences of mental health and its complexities within my role as a social worker. I will be reflecting on why it is I have been unable to share my experiences within my team; my fear of the negative consequences; why I have remained a secret insider? Lastly I intend to touch on why it is that trauma in particular continues to be poorly understood within social care.

Lucy Taylor is a qualified social worker working in adult social care and has some previous experience in children's social care also. Prior to becoming a social worker Lucy worked within regional and local government in policy roles, working on equality and diversity issues. Lucy then moved to the voluntary sector where she hoped she could have more of an impact on the lives of women around her. Lucy worked for women's and feminist organisations as a policy and research officer and then in service management roles for a women's mental health and refugee charities and as a trustee for a rape crisis centre. Lucy is also a mum of twins and experienced postnatal depression and anxiety and was treated very poorly by mental health services. She has been trying to find her voice to speak out about these experiences and to support other women in a similar position ever since!

BHSC 1.22 (70) Hugh Morley; *"Say a Rosary for Psychotherapy" – a Prayer for Relationship in Mental Health*

"It's the relationship that heals, the relationship that heals, the relationship that heals - my professional rosary" (Irving Yalom, Psychotherapist).

Counselling and psychotherapy holds that many mental health issues originate in early relational wounds and that it is in healthy current relationship that they will heal. This infers that the personal development of the psychotherapist and their general ability to relate is of key importance. We need to invest more in the training and support of psychotherapists to leverage this advantage to health. Aims and intentions:

- To promote the importance of psychotherapy in health
- To educate on the nature and significance of relational wounds
- To explore why relational wounds are not faced
- To illustrate using research the importance of client-therapist relationship in healing them
- To understand what the key relational skills are for a therapist
- To question the capacity of psychotherapy training to educate therapists in relating
- To investigate local therapists capacity for relationship (using Myers Briggs)
- To question the term mental health and the level of investment in drugs and technology

To pray for a redirection of some of that investment into supporting psychotherapy at community level.

Hugh Morley is Head of Business with Cork Counselling Services and a qualified Counsellor practicing in the same organisation. He holds a Degree in Counselling and a Master's Degree in Human Resources

Management, an area in which he worked for many years. He currently trains on the degree programme in Cork Counselling Services Training Institute. He is an editor of Irish Journal of Counselling & Psychotherapy.

BHSC 2.25 (50) Kevin Patrick Foley; *Involuntary Detention and the Mental Health (Amendment) Act 2018: A Critique from an Occupational Rights Perspective*

The issues of mental capacity and assisted decision-making are considered amongst the most ethically complex matters which clinicians confront. Such complexities arise from the potential for conflict between service-users' right to self-determination and clinicians' judgement of an individual's capacity to make decisions. The United Nations Convention on the Rights of Persons with Disabilities (UNCRPD) acknowledged this potential disconnect, stating: "State parties shall recognise that persons with disabilities enjoy legal capacity on an equal basis with other parties in all aspects of life" (United Nations, 2007, p. 10). This right to legal capacity is considered to include the freedom not to be involuntarily detained under legislation related to mental health. Amendments to the Mental Health Act (2017) in Ireland were recently enacted in an attempt to align the principles of the UNCRPD with the legislation governing the Irish mental health system and assisted decision-making. This presentation aims to critique these amendments, and challenge the ethical underpinnings of the use of involuntary detention in mental health systems as a whole. The implications of these amendments for individuals involuntarily detained under the Mental Health Act (2001) will be analysed from an occupational rights perspective. The concept of occupational rights which emerged from occupational science (a discipline founded by occupational therapists in the late 1980s to generate knowledge about human activity or occupation) recognises the right of all people to engage in meaningful occupations that contribute positively to their own well-being and the well-being of their communities. Literature emerging from an occupational rights perspective is providing a greater insight into the inequalities experienced by minority groups, including individuals experiencing mental health issues.

Kevin Foley recently graduated from University College Cork with a BSc in Occupational Therapy. He is interested in exploring occupational perspectives of health as a means of challenging the prevailing biomedical model, and is a passionate advocate of human and occupational rights. Although Kevin has yet to begin his professional career as an occupational therapist, he hopes to employ critical perspectives on occupational therapy practice and service provision to improve the wellbeing of people experiencing mental health issues in the future.

17.00-17.30 BHSC G01 *Plenary Session*

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.