

Book of Abstracts

'Critical perspectives on the lived experience of distress and mental health services'

16 & 17 November 2022

14th 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

Off Campus

1	Mangos, at the entrance of Brookfield Village, College Road
2	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: mhc-nov-22

Password: 7Epdvhst

Acknowledgements

We wish to thank the following people for their support in making this conference possible: Professor Máire Leane, Head of School of Applied Social Studies, Professor Josephine Hegarty, Head of School of Nursing and Midwifery, for their overall support; Áine Murphy and Breda Good, UCC Room Bookings; Christine O'Regan and Tony Archer, School of Nursing and Midwifery; Teresa O'Callaghan and staff, General Services, for general services support, Jos Gijbels 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 16 November

Keynote Presentations

11.45-12.30 BHSC G02 *Keynote Presentation 1*

Rai Waddingham; *The Disruptive Potential of Lived Experience Leadership*

At a time when 'Lived Experience Leadership' risks becoming another buzz word, defined by those with an interest in limiting or diluting the idea, I want to talk about how learning from, and leading from, the knowledge gained from one's own lived experience - and the collective knowledges generated within the survivor movement - has the potential to disrupt the status quo. I'll explore some of the risks, as I see them, and make some suggestions for possible ways forward.

Rai Waddingham is an Open Dialogue Practitioner, international trainer and has experience of creating, establishing and managing innovative Hearing Voices Movement-influenced peer support-based projects in a range of contexts, including youth, prison, forensic, inpatient and community. She has personal experience of hearing voices, overwhelming beliefs, trauma, self-harm and hospitalisation. Lived experience, and the collective wisdom developed within the Hearing Voices Network and Survivor Movement(s) are the lenses through which she approaches all of her work. They are her guiding lights. Rai is engaged in research and currently undertaking a PhD in survivor knowledge. She also authored an NSUN and Mind report on Lived Experience Leadership (<https://www.nsun.org.uk/resource/lived-experience-leadership/>). Attending a Hearing Voices Group, back in 2000, was a pivotal moment without which she feels she would probably still be stuck in a cycle of hospital admissions with little hope.

12.30-13.15 BHSC G02 *Keynote Presentation 2*

Martha Griffin; *Expert by Experience - A Rare Breed?*

A meme went around last year that goes:

Doctor: "Don't confuse your google search with my 6 years of medical school"

Patient: "Don't confuse the one-hour lecture on my condition with my 20 years of living with it".

In this talk I will speak of my discomfort with the job title "Expert by Experience", how I have worked with it and took it on and have become more comfortable with the concept and the role. The allies, who broke down doors to allow me into classrooms, meetings and research and who believe and have fought for and value lived experience knowledge. The personal feelings that come up for me and the always being 'outed', the feeling of being less, the guessing of my mental health history, the fine line of full disclosure and privacy, sleepless nights of feeling like a fraud, the transferable skills of having had mental health challenges. The value of lived experience, peer support sometimes from surprising places, co-optation, power, political stance, culture clashes and underpinning values I work from.

Martha Griffin is an Expert by Experience, Lecturer in Mental Health in DCU, a Peer Educator with the Dublin North, North East Recovery College. Martha has studied law and is qualified as a Community Development Worker. Martha is passionate about human rights and mental health and would like to see life after a successful mental health movement where a new paradigm and world order would reign and Martha could spend more time with her family and her garden.

Wednesday 16 November

Concurrent Presentations

10.00-10.45 *Concurrent Sessions A*

BHSC G05 (120) Roger (pseudonym), Abdirisak Hussain, & Dr Abdullah Mia; *Why let truth get in the way of transparency: language and behaviours in secure care.* (Zoom presentation from England, facilitated by Dina Poursanidou).

The speakers will discuss their experiences of living and working within a medium secure forensic unit. Roger* offers his views on what the being in an "asylum" means, and the parallels with being a prisoner. He will discuss the use of language by professionals, and what the experience actually feels like for him and how this differs from his lived reality. Abdi talks of his hopes and what impeded him from achieving these. For two years he was denied having the opportunity to access keys like other staff and the consequences this had. He shares his different treatment, the impact it has and the hidden ceiling he experienced. Abdullah shares his experiences of trying to encourage voices, and the navigation of this from within the system. He will be supported by Tania who will share her experiences of developing service user voices through a newsletter, and the challenges of doing.

Roger*, Abdi, Abdullah and Tania are all connected through a medium secure unit in Birmingham. They hold various positions including service user, peer support worker, and psychologists. They have varying histories regarding contact with mental health services, some holding dual positions. Some have written about their observations and experiences in various ways, and they will bring this experience to the conference. They will be providing the talk from the medium secure unit, using Zoom.

*Roger is a pseudonym

BHSC G06 (120) Lisa Archibald; *Experiential wisdom: Mad Studies.*

In this presentation, Lisa Archibald poses a question as to why experiential wisdom is viewed as less important than traditional learned or academic knowledge, even within Mad Studies. This has created a hierarchy of knowledge forms which is constantly being maintained and reinforced. Enduring trauma or significant adversity and the learning that often comes from navigating these experiences brings a knowledge and wisdom that we take into our relationships and conversations in a way that deepens connection. Experiential wisdom can often be seen as a commodity that professional groups and other disciplines benefit from when they want to form theories, build research or to improve systems and services. What needs to happen for experiential wisdom to be recognised as an accepted knowledge base in its own right without being co-opted along the way?

Lisa Archibald (my pronouns are she/ her/ hers), moved back home to Scotland in 2020 after living and learning in New Zealand for 7 years where she supported the growth & development of their Intentional Peer Support Aotearoa NZ hub. Lisa first accessed peer support 20 years ago as a university student and has benefitted from accessing peer support to navigate a number of life events in the many years since. After graduating, Lisa started to facilitate peer support groups then went on to manage peer services and eventually became a relationally informed trainer and co-reflector. Lisa was a UK Winston Churchill fellow in 2013 and a Yale University Let(s) LEAD fellow in 2019. She is currently an MSc Mad Studies student at QMU in Edinburgh

and is a Co-Director of Intentional Peer Support. Lisa is a solo adult raising two teenagers in the Scottish Borders, has a kiwi cat called Shadow and has been learning (slowly) Scots Gaelic for the past 5 years.

BHSC 2.42 (30) Cathy Doyle; *Recovery in Colour: how creativity paved the way to Recovery & using lived experience to co-produce Mental Health Services.*

This presentation is the story of how creativity can play a role in Personal Recovery & the ripple effect that can have on the creativity of others. We will look at my personal story as someone who used the Mental Health Services & went on to working within Mental Health Services incorporating creative projects to support the growing evidence on the benefit of the Arts in Mental Health Settings. WHO Evidence on the role of the arts in improving Health & Wellbeing 2020 supports the role the Arts have to play to 'Help people experiencing mental illness at all stages of the life-course (e.g. by supporting recovery from perinatal mental illness and after trauma and abuse)' My community mental health nurse brought me into the fold of my local Mental Health clinic. Given the opportunity to use my creative skills to benefit others, I began showing other people using the Service how to create artwork, & a light came back on again for me. I moved from a life of non-functioning to one of meaning and activity. I applied for a post with Mental Health Ireland, as a Recovery Education Facilitator with ARCHES Recovery College based in Clonskeagh Hospital, where I met many people who found solace & inspiration through creativity. Together, we worked on projects to explore our fragility, our resilience, our wellbeing and our vulnerabilities. We shared a love of creativity in a myriad of forms including plants. Recovery In Colour began as a six-week Creative Art Journal Course based on the CHIME model (Leamy et al) which was co-produced with a number of people using the Services & Service providers in 2020. Over the last year it has grown into an 18-week course. Creative workshops around nature have included Ikebana, Land art, Successful Succulents & a Creative Café has provided a platform for all sorts of creativity from within the services.

Cathy Doyle studied Art & Design Galway RTC, qualifying in 1995!!! I spent over 20 years as a working artist teaching in Educational & Community settings, including Youth Theatre, Signal Art Centre, Women's Groups, Early school Leavers Programmes. Over a number of years, I also exhibited personal artwork in Ireland & UK. I Stopped due to illness for many years but have found my way back into the art room again. Being back in the workforce & given the opportunity to combine my creative strengths with my role as a Co-producer of Recovery Education has expanded my skills and I have learned so much more than I thought possible when I began this job. I am still learning every day from the people I meet. It Gives me genuine optimism and hope for the future.

BHSC 3.01 (40) Ciara Glynn; *Peer support workers' experiences of integrating into mental health teams in Ireland.*

Peer Support Workers are employed to support those who access services by drawing on their own lived experience of mental health challenges. They also utilise this experiential knowledge when working and interacting with multi-disciplinary team members, they offer their lived experience perspective whilst advocating for the people who access services (Hunt & Byrne 2019). Organic 'authentic' peer support has existed for many years in communities worldwide. Voluntary and community organisations have long believed in its potential. Over the past 20 years, the US, Australia, Canada, New Zealand and the UK have all witnessed substantial growth in the employment and development of the formal peer support role (Watson & Meddings, 2019), yet it is a relatively new addition to the public and private mental health services here in Ireland. In 2017 the HSE employed 28 peer support workers to join existing multi-disciplinary teams nationwide. Since then, the private mental health services have also employed peer support workers as the value of the role is increasingly recognised. Proposal for an oral presentation at this year's CVNI conference to deliver and share some findings from my study 'A qualitative exploration of peer support workers experiences of integrating into mental health teams in Ireland'. Findings suggest that there have been many challenges while integrating this new role into services and that the role is undervalued in some areas. It is proposed that the experiences of the peer support workers would be shared at this presentation.

Ciara Glynn is a peer support worker in the HSE Adult Mental Health Services in north Dublin. She is an occasional lecturer in Dublin City University, University College Dublin, and Trinity College Dublin where she delivers sessions on peer support, recovery and the lived experience in practice. Ciara also facilitates and develops courses with the Dublin North, North East Recovery College. Currently a master's student who has just completed research on peer support workers integration into mental health teams in Ireland, Ciara believes in de-pathologising human distress and normalising emotional challenges. These beliefs are at the very core of Ciara's work in peer support and at the very core of every aspect in her life.

BHSC 3.02 (40) Sharon Ferguson, Eoghan Farren & Noreen Mc Laughlin; *A Collaborative Approach to sustaining recovery through a Peer Led Wellness Cafe model.*

Introduction: The Wellness Café is a peer led model developed to support the recovery and inclusion of people with mental health problems in becoming active citizens. It is a model of support that exists outside mainstream mental health services and operate from a social rather than a medical perspective.

Aims: The aim of the presentation is to explore the process of developing Wellness Cafes across Donegal moving from the 1st site in Letterkenny town to rural areas and discuss enablers and barriers.

Methodology: The Wellness café came about when six service users who had participated in two other mental health recovery programmes; namely EOLAS and Write to Recovery programmes began discussing the options for a more sustainable means to support their recovery on an ongoing basis. They came together with other stakeholders from within the HSE mental health services to develop through co production a Wellness café model that supported their ongoing recovery and that provided them with the skills and training they deemed necessary to become Wellness Café Facilitators. As this was an innovation ethical approval was not required, however the whole process was underpinned by ethical principles of respect, consent and beneficence.

Findings: Peer facilitators noted that this peer led model supports them to connect in their local communities, have a meaningful role within their communities, share their experiences in a platform that was safe for them, with the supports of Mental Health staff, Community & Voluntary sector and local businesses who were equal stakeholders in the process. Following the successful development and launch of the first Wellness café in Letterkenny it was decided to roll out the café model in 5 other sites in the county of Donegal. To achieve this a facilitation training workshop was also co-produced by peers with a diverse group of stakeholders. The model proved to be more successful than anticipated and a further 15 Wellness Cafes are now in operation across the county.

Noreen McLaughlin, BSc (Hons) C, E & M. Wellness Café Facilitator. Through my lived experience of mental illness I became involved in the Wellness Cafe as a co-facilitator and part of the development team. I assist with the administration aspects and take minutes of the meetings to date and carry out assigned duties. My background is construction engineering, having worked for a number of years as the Access Officer for Donegal County Council, this entailed implementing The Disability Act 2005 into DCC.

Eoghan Farren, Vice Chair Donegal Wellness Cafes Development Group. Eoghan is a peer lead in the Wellness Cafe in Carndonagh, County Donegal. As a person with lived experience, he has found the role to be very beneficial.

BHSC 3.03 (30) Craig Jennings & Damien Gallagher; *Shoulder to Shoulder – Co-Production in a natural setting.*

Introduction: Solas Donegal is a free, confidential Health Service Executive outdoor walking programme which was founded by Brendan Hone (HSE service manager) in 2004. Brendan was interested in the connection and therapeutic benefits that walking in nature had on our mental health. Solas Donegal is a programme that supports people in their mental health recovery. The emphasis of Solas is *walking, talking*

and listening in nature. We currently have over forty walks in two locations in Donegal, the scenic coastal towns of Falcarragh and Buncrana.

Aims: The aim of the presentation is to explore the experiences of both staff and participants in moving from a traditional clinical setting to a co-produced therapeutic setting through employment of Peer Support staff. The presentation is from the unique viewpoint of both staff members as to how their lived experience is embedded into the day-to-day working environment and how this has enriched the programme.

Methodology: Peer Support staff have been employed with the Solas service through both Community Employment and HSE funding. Through co-production, staff and participants have created an environment that not only honours the expertise of lived experience, but challenges previously held beliefs and attitudes around treatment of Mental Health difficulties. The contribution from Peer Support staff within Solas has led to service development through the co-production of the Solas Welcome Pack and to further educational opportunities for both staff and participants.

Findings: The introduction of Peer Support staff to the Solas programme has brought diversity and an in-depth understanding and value of the contributions of lived experience in Mental Health service development. Staff and participants have acknowledged the value of the sharing of experiences and of the supports that are available on transitioning into and from the programme.

Craig Jennings; I am a married man with two children and one on the way. I had a long career in the hospitality industry until I had a mental breakdown. I have since joined the Solas programme as a participant and now work there in Peer support. I am also a trained listening volunteer for the Samaritans and sit on the development team for the Donegal Wellness cafés. I am a passionate advocate for recovery from any mental health challenges.

Damien Gallagher began working with Solas Donegal in 2016. He has a background in Mental Health nursing BSc (Hons) working in acute settings. He trained as a Mindfulness teacher in University College Dublin where he completed an MSc in Mindfulness-based interventions in 2016. Damien is a member of the Mindfulness Teachers' Association of Ireland and adheres to the Mindfulness Teachers' Best Practice Guidelines.

BHSC 3.04 (30) Cian Aherne, Emma Hickey & Laura Douglas; YPs and the PTMF: OMG WTF?!,

The Power Threat Meaning Framework (PTMF) is a framework for understanding lived human experiences. The framework provides a non-medical lens for viewing challenges to our mental health and acts as an alternative to psychiatric approaches. Jigsaw is the National Centre for Youth Mental Health in Ireland and provides brief therapeutic interventions for young people aged 12-25. In our services, we have integrated the PTMF into a variety of contexts including closing letters and referral letters, supervision and group supervision, and the development of a booklet and worksheets that can be used in therapeutic sessions with young people. Young people's voices and lived experiences have been placed at the heart of these undertakings. The PTMF gives an opportunity to sit side-by-side with a young person and collaborate with them to explore their lived experiences and what is meaningful to them. In this sense, we strive to do therapy *with* the young person rather than *to* them. We have been attempting to use the PTMF to demystify therapy in a way that makes it understandable to the young person so that they have their own language about it and are the chief purveyors of the direction of the therapeutic approach. The PTMF has helped us to move away from reductionist understandings of human experience towards a deeper understanding of the context for our emotions and responses to life experiences. This presentation will give an overview of our work to date, a sharing of our booklet and worksheets and case examples of where the PTMF has been used to good effect in therapeutic settings.

Dr. Cian Aherne is a Clinical Psychologist who qualified from the University of Limerick. He is a Clinical Manager for Jigsaw, the National Centre for Youth Mental Health in Ireland. Cian's background and interests are in critical psychology, social justice and social constructionism. He is contributing to the development of practical applications of the PTMF in Jigsaw.

Dr. Emma Hickey is a Clinical Psychologist and has been working with Jigsaw as a clinician for 2 years now. Emma is particularly drawn to understanding how clinicians can communicate and reflect on the idea of ideological power in an accessible and meaningful way during interventions to support young people to understand how this may be a maintaining or contributing factor to distress levels in their lives.

Dr. Laura Douglas is a Clinical Psychologist. Her doctoral research explored how young people and clinicians in Jigsaw experience the process of formulation in therapy. She is particularly interested in the moment-to-moment decisions made in the therapeutic space and how these can inform the relational dynamic. Her work is driven by a deep-seated anger and frustration towards the iatrogenic harm and classism which can exist in mental health services.

14.00-14.45 Concurrent Sessions B

BHSC G04 (120) Jess Puplett & Amy Cook; *Setting Up and Running Lived Experience of Self-Harm Support Service: issues of credibility and system need.*

Our workshop will explore the dichotomy of running an experience-led service embedded in the values of our organisation which focus on autonomy and choice, but which is funded by and referred to by statutory health services. The focus of mainstream mental health services on a very specific type of service delivery and narrow evidence base for their services, mean that support offered by the voluntary sector, and especially peer-led support, can be perceived as 'non-professional' or as the 'amateur cousin'. Mainstream mental health services often perceive experience-led services as purely 'tinkering round the edges' due to being 'non-medical', rather than understanding the true nature and depth of what experience-led services can offer. This is offset by the need our service fulfils for mainstream mental health services in providing a place for them to refer people to when there is nothing on offer from mainstream services. By referring on to our service they can feel they have 'done something' and that they are absolved of responsibility. In our workshop we intend to explore this paradox and discuss the relationship of lived experience practice with mainstream mental health services, the challenges of credibility faced in running our service and the equal challenge of being commissioned to fill a gap in mainstream service provision. Does this verge on exploitation? Is our service just for people who self-harm or is it also a panacea for moral injury within wider services?

Self-Injury Support is a peer-led service run and managed entirely by people with personal experience of self-harm from a range of backgrounds.

Jess Puplett has been a part of Self Injury Support since 2018 delivering their confidential listening services for women and girls affected by self-harm and has been managing the Lived Experience A&E Follow Up Service since it's development and launch in 2020, bringing her own experiences of self-harm and mental ill health to the management element of the service. Jess has previously worked in the public sector in housing and welfare benefits.

Amy Cook has worked as the Lived Experience Team Leader on the A&E Follow up service since it began in December 2020. As the name suggests she brings her own experience of mental ill health and self-harm to the role. Amy also works part-time for the NHS Ambulance Service as an Emergency Care Assistant, and also for Avon & Wiltshire Mental Health Partnership, looking after the physical health needs of those with serious mental illness living in the community.

BHSC G10 (150) Liz Brosnan, Elaine Brown, Martha Griffin, Harry Gijbels, Jennifer Hough, John Kelly, Liam Mac Gabhann, Lisa Murphy & Owen Ó Tuama, *Mad in Ireland: Voicing the Paradigm Shift in Mental Health Communities.*

Mad in Ireland www.madinireland.com is an alternative media site where voice is given to perspectives on mental health, not commonly heard or read in mainstream media. We are an affiliate of Mad in America www.madinamerica.com with a specific focus on the experiences of people on the Island of Ireland.

Although focussing on Ireland, our vision is in keeping with a global movement for change in mental health; supported by international policy, good evidence-based practice, human rights, inclusion, sustainable development, grass roots community best practices and the Convention on the Rights of People with Disability. We are a collective of people from a broad range of perspectives including psychiatric survivors, peers, artists, farmers with experience of mental health challenges, family members, academics, social care, and mental health practitioners to name but a few. We have a common purpose with many similarities in our vision for what the new evolving paradigm in the mental health field in Ireland can become. Whilst we contribute to content of Mad in Ireland, our intention is to provide the portal for voices seldom heard, so that opinion, experience, research and good practices across the island can be freely expressed; in contrast to the more often bio centric diagnostically based voices heard. The presentation will outline the rationale for launching this alternative media site now; what we hope to achieve; and a discussion on what the 'new paradigm' in mental health and mental health care might mean. The presentation will be co-created and presented from diverse perspectives within the collective and include an invitation and how to contribute to Mad in Ireland's alternative voices.

Liz Brosnan's bio in page 18.

Martha Griffin's bio in page 2.

Harry Gijbels is a retired mental health nurse and academic with over 40 years' experience in challenging reductionist and coercive mental health practices, in both the UK and in Ireland. He chaired the Board of Brent (a London Borough) Mind in the late 80's/early 90's. He moved to Ireland in the late 90's and played a key role in the establishment of Sli Eile, the Critical Voices Network Ireland (CVNI), and the Hearing Voices Network Ireland (HVNI). Since 2009, he, together with Lydia Sapouna, organises an annual Critical Perspectives in Mental Health conference at University College Cork, Ireland.

Liam Mac Gabhann is a mental health practitioner for over 25 years, with 15 years in traditional therapeutic roles as mental health nurse and counsellor. Latterly over the last 10 years his therapeutic work has broadened out from a realisation that traditional approaches are insufficient on their own in how they could help people heal from significant life challenges and trauma. This led to an exploration of and training in alternative healing approaches, such as Reiki, Shamanism, Tai Chi, Mindfulness, Systemic Family Constellations and Body Work. Liam spreads his time practicing in, providing education for and researching within mental health communities. He is dedicated to transforming dialogues in mental health communities towards the emerging globally legitimate new paradigm, that needs to displace the ineffective traditional psychiatric disenfranchising paradigm.

Lisa Murphy (@lisaemurphy) is passionate about understanding and connecting with people, and this led her to pursue undergraduate and postgraduate qualifications in psychology. Driven by years of personal experiences of mistreatment and iatrogenic harm as a user of mental health services, Lisa is dedicated to being part of a global movement that aims to fundamentally change the way we, as a society, think and talk about mental health and illness. She believes that the current landscape of mental health care in Ireland (reductive diagnostic models of care, over medicalisation, under-funded and unfit-for-purpose services, charities delivering essential mental health care, people experiencing mental health crisis having no option but A&E, etc.) is extremely harmful, costing many people their lives and adversely shaping the lives of so

many others. Lisa is passionate about being a part of the solution to addressing these critical but not impossible challenges. She is honoured to join the Mad in Ireland team and to be a member of the global Mad family!

Owen Ó Tuama is a Survivor of psychiatry of over 25 years, I began hearing voices and seeing visions after third level education. I was sectioned in 1996 for five months and, like most people, had every 'treatment' in the book. Survivor/activist groups like IAN, HVN etc. & holistic therapy helped me recover to a large extent. I still take psychiatric medication and have periodic episodes of voices. I work for the Occupational therapy department of the Donegal Mental Health Services. I have been delivering the Dance voice and movement as a service provider for the past seven years. I have an honours degree and a masters degree in Biological Sciences.

BHSC 1.21 (70) Feargus Callagy; *Taking the PIS (peer impostor syndrome) or rise of the Peer!*

Intention: To instigate discussion around the quantifying of what constitutes a peer and the challenges of peer work in mental health.

Aim: To utilise the diversity of the group to disseminate information around peer work and potentially dispel some myths.

In this presentation I'll delve into what constitutes a Peer support worker within the HSE, what we do on a daily basis and where we may end up in the future. I'll explore the pros and (potential) cons of where peers have come from an Irish training perspective (who have we excluded?). And how peers have to be ever vigilant, around being professional, about not being professional. Am I really a peer? Impostor syndrome strikes. I was never actually a service user within mental health services (something I'm now eternally grateful for). I was (only) suicidal for a couple of years and my "adverse life experiences" from that time pale into insignificance when I hear other narratives, in my opinion. Would we say people who have died by suicide were not in mental distress? We know over 2/3 of suicides are never in contact with the services, were they fine before that? Some descriptions of peer work cite the experience of a paradigm shift after the distress as a qualifying factor but what quantifies as this shift and who arbitrates how we discriminate it or if we should. As the numbers of peers increase so will the requirement to justify ourselves, to provide evidence of the benefits of peer work etc. How we could do this will be explored and criticised.

Feargus Callagy is a Peer support worker in Mayo within the HSE and a peer educator in Sligo within the HSE. I started in mental health through volunteering with Samaritans Ireland after my own mental distress and suicidal ideation. Along with my Peer support studies in DCU I studied Health & Wellness coaching along with an advanced research module with NUIG and Leadership in Health professions education module with U/L.

BHSC 2.25 (50) Susanna Alyce; *The Value of Mad Studies in Empirical Research with CSA Survivors: Trustworthiness is the Crucial Ingredient.*

"as hard as it is to talk about [...] I feel it's also easier for me to talk to you because you have experienced something, like (this) we have a level playing field" Ruby

This study demonstrates how the researcher's lived experience of Child Sex Abuse (CSA) facilitated the gleaning of rich empirical data for mental health services. Survivors of CSA know that disclosing may be important to get the help they need from service-providers but that trusting someone with this sensitive information is difficult. Repeated bad experiences of disclosure mean many survivors are 'cautious' when disclosing again and they develop strategies to protect themselves, and their listener, while ascertaining trustworthiness. The double-bind is that to gather empirical data on this sensitive area of survivors'

experiences of trustworthiness, the researcher must gain the trust of her participants in the short period of time of a qualitative interview. In response to this paradox a Mad Studies approach was adopted for this PhD study. Mad Studies privileges survivor testimony as effective epistemology and explicitly values the interpretative contributions of a researcher who, in this case, is herself a survivor of CSA. Mad studies embraces subjective experience, just as disability, queer or feminist studies do. This presentation explores firstly the contribution lived experience made in yielding rich data, and the use of attentive reflexivity in keeping the researcher aware of the influence of her own trauma history. Secondly, survivors' constructs of trust and trustworthiness of service-providers are showcased.

Susanna Alyce is a doctoral candidate at the University of Essex and teaches trauma-informed Mindfulness Based Stress Reduction (MBSR) and yoga. She is also a survivor of child sex abuse (CSA). She is a member of the Tavistock Network for Non-Recent CSA. She weaves these threads each to inform the other. Susanna's own debilitating anxiety led her to meditation and yoga in her early 20s. These effective self-care practices enabled her to live a full and rewarding life, while managing her internal landscape of fear. It was not until she turned 50 that she discovered the origin of what she could now understand as 'trauma distress' from the dissociated and silenced memories of CSA. She is researching within a Mad Studies paradigm issues central to healing and recovery for fellow survivors and will soon submit her PhD Study into CSA survivors' experiences of trust and trustworthiness.

BHSC 3.01 (40) Michaela Mc Daid; *Ecotherapy; the original medicine. When nature is the therapist.*

Michaela Mc Daid initially sought support from mental health services for the distress of trauma, grief and adversity. She was diagnosed with depression and medicated. In the following 20 years her prescription changed and increased, leading to psychosis, suicidal intent, and hospitalisation. With a new diagnosis of bipolar, Michaela consistently complied with treatment; a maintenance dose of five psychiatric medications daily, before the age of forty. Then, she stopped complying. Instead, she made a conscious and informed decision to disengage from mental health services, and let intuition guide her healing. Immersed in nature and creativity, Michaela felt and expressed emotions that had long been anaesthetised. Within three years of Ecotherapy, she was entirely medication free. The further away she moved from mental health services, the better her mental and physical health were. The support of other-than-human-nature was essential in this journey. The aim of this workshop is to increase awareness of the importance of nature connection for human emotional health. Michaela will share her story and invite participants to explore and deepen their nature connection both personally and professionally. She will also present details of her current facilitation and peer support work in Ecotherapy, with evidence of efficacy. Preferably held outdoors, this session will be delivered with simplicity, warmth, and humour. We will remember what our ancestors and intuition always told us, but we were too busy to listen, that nature heals.

Michaela Mc Daid; Professionally, Michaela always believed in education, autonomy and community. She spent 25 years designing and delivering mental health training programmes to a broad cross section of society. Personally, she has lived experience of a bipolar diagnosis, treated with copious amounts of medication, counselling, psychotherapy, and hospitalisation. She now understands her emotional distress as a response to traumatic grief and adversity. Michaela intuitively applied Ecotherapy to her own recovery before realising that it is a discipline, and continues to thrive in excellent health, without the intervention of mental health services. She works part time for Solas Donegal, a HSE recovery programme based on walking, talking and listening in green spaces, and facilitates Ecotherapy sessions to a wide range of groups on a freelance basis. Michaela is not the therapist - nature is.

BHSC 3.02 (40) A national team of 8 successful survivors under the umbrella of MindFreedom Ireland; *No more words but action in aid of our peers who are persecuted by psychiatry!*

From the start it was our intention to meet in person, preferably somewhere in the middle of Ireland. But Covid was rampant and also those who let us know to have room available had second thoughts when they found out about our purpose. Stigma is sticking and that is why it is so damn hard to get a word in edgeways when it matters to us and on behalf of our peers persecuted by psychiatry as well. We had our struggles in finding common ground with regards to how to go about our intentions but the regularly sharing of our experiences of psychiatric abuse that we are or have been subjected to helped us to persist on behalf of ourselves and our voiceless counterparts. Common sense to us is what our mother organisation MindFreedom Ireland is promoting for nearly twenty years. We reject all discriminatory psychiatric labels and work to win human rights and alternatives for people who experience emotional distress. We want full human rights for people experiencing emotional distress. We challenge abuse by the psychiatric drug industry and campaign for full legal recognition of Advanced Directives. We promote safe, humane and effective alternatives, such as homeopathy and other mild acting medicine and/or therapies. With increasing enthusiasm, we support all campaigns to abolish electroshock. We are adamant that the public needs to be educated on what psychiatry really is about and the effects it has on families and our communities.

We are 8 survivors of psychiatry. A very colourful bunch supporting each other and working independently but in full support of MindFreedom Ireland. Initiated and facilitated by Jeroen Holtkamp, we had our first meeting in January 2021. We share and care but more so, we challenge psychiatry and for the longer term we aim to contribute to its decommissioning. Our goal is to start local grass-roots groups throughout the country that all operate autonomous with the intention to raise the voices of our peers who are not listened to. In that way we will create people power that our politicians are sensitive to. Currently we cooperate with Mark Ward, Sin Fein spokesperson for Mental Health, fighting against being excluded from the right to write our own Advanced Directives. In our presentation we will address the details and invite you to join us.

BHSC 2.43 (30) Dr Joe Geary; *Counselling and Clinical Psychologist's personal and professional experiences of social class and classism.*

Previous research has found that the topic of social class is under-researched within the field of counselling psychology. Social class awareness is particularly relevant for psychologists practicing therapy, given the implications it would have for formulation, interventions and ethical practice. Codes of professional ethics routinely mandate that psychologists champion the values of social justice and diversity in their professional roles. The current study investigates how clinical and counselling psychologists become aware of social class in their personal and professional lives. A qualitative methodology was used, making use of semi-structured interviews and a descriptive-interpretive method of analysis. 11 participants were interviewed as part of this study. Analysis of these interviews uncovered 24 categories grouped into three domains. Within the first domain, Personal and professional experiences regarding social class, two main categories were constructed, which were (a) Experiences of classism and (b) The discomfort of the class divide. The second domain, Belonging and alienation experiences regarding social class held two main categories, (a) Alienation of self and others and (b) Privilege in psychology. Finally, within the third domain, Learning and unlearning experiences regarding social class, three main categories were constructed, (a) Ways of understanding class, (b) Doing the work of therapy and (c) Perspectives on social class. The discussion focuses on the field's lack of class diversity and how this contributes to a class divide in the therapeutic encounter and how some psychologists overcome this, through collaboration with social workers, or by deconstructing their beliefs (e.g., just-world, meritocracy). Implications for practice, training, and future research are also discussed.

Joe Geary is a counselling psychologist who has worked with the HSE in both community and hospital settings, in employee assistance programs, and with charities providing family therapy to parents and teenagers. He is a member of the Psychological Society of Ireland (PSI). Prior to completing his doctoral training, Joe worked with various charities and student organisations. Joe completed a doctorate in counselling psychology at Trinity College, Dublin (viva pending). The three-year doctoral programme involved work

placements in various settings working with clients across the lifespan, offering psychological assessments and therapeutic interventions. He specialised in the utilisation of Emotion Focused Therapy (EFT), but also received training in Psychodynamic approaches and Cognitive-Behavioural Therapies (CBT). Alongside his doctoral studies, Joe received training in Psychedelic Harm reduction and Integration from Dr. Elizabeth Nielson and Dr. Ingmar Gorman. Prior to his doctorate Joe completed his masters and undergraduate degrees in psychology in London and Dublin.

BHSC 2.42 (30) Éadaoin Berkeley; *A Creative Dialogue in Understanding Distress.* (Exhibition and workshop. Workshop will run until 15.30).

A creative and participatory workshop on the theme of mental distress, led by an artist, facilitator and service user. With a number of short, hands-on activities, designed to stimulate discussion and share ideas to inspire creative and collaborative practice around our understanding of mental distress. In this workshop, participants are invited to engage creatively in a dialogue on challenging our perception of distress and consider new ways we can reshape it. Inspired by a world of beauty, creativity and moments of kindness, the artist will lead participants through the workshop, facilitating a small group to share ideas, in a contained space. Offering an opportunity for participants to contribute on this topic, in the hope that we will take something valuable away from this experience that celebrates distress. Through integrating theory, with action and reflection, the artist hopes to combine praxis theory and other models of practice. Inspired by creative methodologies in youth work, aspects of development education and social action, as well as drawing from modules taken in art therapy and critical perspectives on mental health, the artist aims to incorporate values which support the conversation, on reshaping our understanding of distress. In looking through the lens of, me, my community and our world, it helps us to see the impact we have around us, allowing for a more compassionate and just approach, when fostering transformative learning. Through our knowledge, passion and skills, the head, heart and hands model inspires a more collaborative approach for facilitating change.

Éadaoin Berkeley; A formally trained artist, service user and creative facilitator, accomplished in collaborative practices, engages in a dialogue around reshaping of our understanding of distress. With over twelve years' experience as a service user within the Irish mental health services. Having been previously diagnosed with labels relating to mental distress, the artist and expert by experience asks, how can we improve the way we understand the experience of mental distress. In the hope that we can come together to share creative ideas and solutions, perhaps we can aspire towards change through engaging in transformative processes. Passionate about using art for expressing ourselves and connection, the artist enquires if we can creatively change something in how we relate to distress, through collaboration. Having worked in community arts, youth work and as a therapeutic recreational facilitator, the artist hopes to contribute to the conversation on the creative reshaping of our understanding of distress.

16.00-16.45 *Concurrent Sessions C*

BHSC G06 (120) Dr Rebecca Fish; *Gendered experiences of locked wards.*

This presentation describes the experiences of women who were detained in a secure mental health unit for people described as having learning disabilities and/or autism. I spent nine months 'hanging out' (doing ethnographic research) on three wards in the unit, and then I interviewed the women who lived on the unit and some of the staff about their experiences and perspectives. Using a Feminist Disability Studies lens, I explored how women came to be at the unit and their experiences of day-to-day life as played out through relationships with others. I will present the women's own accounts of service responses such as physical restraint and seclusion, as well as staff's perspectives on why they continue to be used, including their interpretations of the BPD diagnosis. Finally, I will talk about recent developments in service legislation for women detained in these wards and whether anything has changed.

Dr Rebecca Fish has been doing research with people with learning disabilities and/or autism since 1997. Her early work gathered perspectives on self-harm and aggression within inpatient services and has featured in NICE evidence reviews. More recently, her research has explored the experiences of women and men on locked mental health wards. She has presented her work in Norway, Sweden and Denmark, and was a keynote speaker at the 2019 Restraint Reduction Network conference in Bristol.

BHSC G10 (150) Alison Faulkner; *Not just a naughty child: exploring the experiential knowledge of self-harm.*

Over the years, there have been many publications, conferences, reports and other resources which have sought to establish a better understanding of the role of self-harm in people's lives (e.g. Arnold, 1995; Babiker and Arnold 1997; Schmidt and Davidson, 2004; Sutton 2007, Spandler, 1996; Spandler and Warner 2004; the National Self-Harm Network, 1990s; [Make Space \(makespaceco.org\)](http://makespaceco.org)). Nevertheless, there is still poor understanding of self-harm, and many people still receive poor and judgemental treatment when they seek help following an incident of self-injury. This presentation will look at the findings from a recent study funded by Self Injury Support, a Bristol based organisation with national reach that started out in the 1980s as Bristol Crisis Service for Women. This user-led study asked about people's experiences of self-harm and of services, and their hopes and expectations of services. This experiential knowledge is brought together to present a picture of what services need to offer people who self-harm, and the changes in attitudes needed from mental health practitioners. For me, the question still remains: how do we bridge this gap in understanding between those who live with self-harm and those whose response is called upon in a crisis – between the experiential and the professional knowledges?

Alison Faulkner is a survivor researcher with around 30 years' experience of working in mental health, mainly in the voluntary and community sector. She has personal experience of mental distress and self-harm; and of using mental health services, including inpatient care, medication, psychotherapy, A&E and crisis services. Alison has a PhD from City, University of London on the role and value of experiential knowledge in mental health research. She has been self-employed for 20 years and has worked for most of the major UK mental health charities, including NSUN (the National Survivor User Network), Mind and Together for Mental Wellbeing during that time. Alison loves cats and swimming 😊

BHSC 1.01 (70) Fiona Anderson, Liz Brosnan, Harry Gijbels, Jennifer Hough, Deirdre Lillis, Fiona Morrissey, Charles O'Mahony & Rosy Wilson; *Advocates for Human Rights in Mental Health: Affecting Human Rights-Based Approaches in new Mental Health and Capacity Legislation.*

We are a group of people who have come together because we share serious concerns about the lack of recognition given to our human rights in the review of the Mental Health Act 2001. Earlier this year we were invited to speak to the Oireachtas Sub-committee on Mental Health as part of their pre-legislative scrutiny of the Mental Health (Amend) Bill 2021. This is what brought us together. This workshop will provide a space for us to discuss some points raised at that meeting and in the publication: 'A Human Rights Analysis of the Draft Heads of a Bill to Amend the Mental Health Act 2001' by Dr Charles O'Mahony & Dr Fiona Morrissey. In particular, in the context of continuing legislative and informal uses of coercion we want to focus on:

1. The current status of Advance Healthcare Directives in the Assisted Decision Making (Capacity) amend bill and how this links with the review of the Mental Health Act 2001 including:
 - The concerns about discriminatory exclusions for people who are involuntarily detained under mental health legislation, which has stigmatising and far-reaching implications
 - Spreading the word about this opportunity to support us all to self-advocate and to support human rights-based practice.

2. A statutory right of access to independent advocacy
3. The opportunities the commencement of ADMA Act on the 21st November will provide to people who experience mental distress, in particular advance healthcare directives and supported decision-making.

We hope to create a space for dialogue, putting the lived experience of the psychiatric response at the centre of the discussion.

Fiona Anderson was born in Dublin in 1965 and emigrated to Melbourne, Australia with her family in 1967 returning to live in Ireland in 1982. Upon returning to Ireland, Fiona commenced the Leaving Certificate attending an all-Irish speaking college without any Irish language skills and despite that obstacle Fiona successfully completed the exams. Fiona again returned to Melbourne in 1995 and returned to Ireland in December 2000 where she remains. Fiona holds a Certificate in Community Development from UCG, a BA in Sociology, Politics and Legal Science, a LLM in International Comparative Disability Law and Public Policy from NUI Galway and currently completing the final year of the LLB Programme at University of Galway. Fiona has a broad medical syndrome combined with psychosocial and mental health disabilities. Fiona is a long-standing advocate for the human rights approach to medical and mental healthcare and her primary interest revolves around medical and mental healthcare and the implementation of UNCRPD is of particular interest in the advancement of the human rights of persons with psychosocial and mental health disabilities and disabilities across the board and divide. Fiona participated in the VOICES (Voices of Individuals Collectively Exploring Self-Determination) Project based at the Centre for Disability Law and Policy at NUI Galway as a storyteller with her respondent Bo Chen and they co-authored the chapter entitled "Consent is more than just yes or no" in the publication Global Perspectives on Legal Capacity Reform: Our Voices, Our Stories. Fiona also contributed recently to the publication: The Assisted Decision-Making (Capacity) Act 2015: Personal and Professional Reflections.

Liz Brosnan's bio in page 18.

Deirdre Lillis is a member of the Our Rights and Medication Advocacy Group; a group of people who have come together because we want people to know about rights and medication. The Advocacy Group includes people with disabilities, people who have used health and social care services, people who work as advocates and academics. We don't all fit into neat boxes of course. We welcome anyone who is interested in our rights and medication. Deirdre has worked as an independent advocate for disabled people including people using mental health services for over 25 years. She is influenced by her own experience of the psychiatric response to her emotional distress many years ago now and by all the people she has met in her working and personal life who have struggled to be heard, to be listened to and to have their basic human rights respected.

Harry Gijbels' bio in page 8.

Fiona Morrissey completed a PhD at the Centre for Disability Law and Policy at NUI, Galway in 2014, which focused on advance healthcare directives in mental health. She currently teaches at ATU, Galway. She is particularly interested in human rights-based alternatives which focus on the 'voice' of the person. Fiona was involved in the advocacy campaign leading to the enactment of the Assisted Decision-Making (Capacity) Act 2015 and is currently a member of a group of advocates who presented to the Oireachtas Committee on the Mental Health (Amend) Bill 2021. She is a lay member of the Mental Health Tribunals and is involved in delivering the WHO QualityRights training programme, which promotes human rights standards in mental health and disability services internationally. Fiona is also involved in social farming, which provides many therapeutic benefits for people experiencing mental distress. She swims in the sea on a daily basis all year round and believes in its power to heal!

Charles O'Mahony is a lecturer in the School of Law at the University of Galway. He completed a PhD at the Centre for Disability Law and Policy, University of Galway entitled "Diversion: A Comparative Study of

Law and Policy Relating to Defendants and Offenders with Mental Health Problems and Intellectual Disability". Charles previously worked as Amnesty International Ireland's Legal Officer on its "Mental Health Campaign" and as a legal researcher for the Law Reform Commission of Ireland.

Rosy Wilson studied at TCD, 1956-1960, BA/MA History and Politics and Diploma in Social Science, worked in London Colleges as Senior Lecturer mainly in Adult and Access Programmes and as Tutor/Counsellor with Open University while bringing up 4 children. She returned to Ireland in 2000 and was awarded an MA in Women's Studies at UCD. Between 2001 and 2018 she experienced 3 mental health breakdowns, aged 63 to 80. During her 1st, she was committed and treated with 8 sessions of ECT, no explanation given, in her second she was a voluntary patient, no ECT but overmedicated, her 3rd she was admitted voluntarily but made involuntary to be given 12 sessions of ECT. The final one as voluntary patient at Psychiatrist's request. She is supported with excellent aftercare by hospital's Old Age Psychiatry community nurses and consultant. She has participated in Amnesty MH campaign and Citizens' Jury 2003-2013, REE, Advocates for Human Rights approach in MH, has spoken on radio and made a video with College of Psychiatry.

BHSC 3.04 (30) Dr Lucian Milasan; *Critical reflections from a photography-based study of recovery from mental distress in Romania.*

The development of mental health services in post-communist Romania is currently transitioning through a grey area. The trajectory from a heavily institutionalised mental health system during communism to a community-based approach is punctuated by socio-economic, political, and cultural issues. This has a severe impact on the recovery of people with mental health problems in this country whose voice on this matter continues to be muted and their perspectives under-researched. Following a photography-based study of mental health recovery, critical reflections and key learning points from the research participants were drawn with potential to inform and shape mental health services in Romania. The aim of this study was to investigate lived experiences and meanings of recovery from the stance of Romanian mental health service users. It also explored potential socio-economic, cultural, and historical particularities of recovery in Romania. For this purpose, a qualitative photography-based phenomenological design was employed to explore the experiences of recovery from the perspective of fifteen Romanian adults with mental health problems. The findings revealed recovery as a multi-layered and non-linear phenomenon including medical, psycho-social, existential, spiritual, and occupational dimensions where awakening, healing, and reconstructing life were identified as key recovery themes. Participants' perspectives on recovery were significantly more complex when confronted with mental health services available in Romania subscribing to a prominent bio-medical orientation. Within this context, initiating a critical discourse on the nature of mental health services in Romania and the value of lived experiences in changing the course of a paternalistic mental health system is imperative.

Dr Lucian Milasan is a Lecturer in Mental Health Nursing at Nottingham Trent University (Institute of Health and Allied Professions). He comes from a social work background having worked for almost ten years as a student mental health advisor in Higher Education. Lucian is also an early career researcher with an interest in exploring mental health recovery, lived experience of mental distress, and mental health and culture. His area of expertise is phenomenological qualitative research using visual methods (photo-elicitation, photovoice) to investigate subjective experiences of mental health in various contexts. His research and practice are guided by principles of actively involving people with lived experience of mental health as agents of change and co-producers of knowledge.

BHSC 2.43 (30) Lani O' Hanlon; *Some Things I Saw, Felt and was Part of: Creative Writing with Lani O' Hanlon.*

'the poem has to do with some things I saw, felt and was part of'
David Jones

Creative writing for health and well-being on every level - for those of you who would like to begin or have already set out on your writing journey. When we write from our way of seeing and experiencing, we

communicate this to ourselves first and then to others in our own particular and unique way. In this writing workshops we will centre and slow down, accepting where and how we are in the moment and beginning to write from this place while learning some basic creative writing skills. We will then share some of our writing with each other, giving gentle feedback and encouragement.

Lani O' Hanlon is a writer, poet, creative writing tutor/mentor and somatic movement therapist working in education, ecology, arts and health. She facilitates creative writing courses with The Molly Keane Writers Retreats, Waterford City and Country Arts Office and the Waterford Healing Arts Trust in the Dept of Psychiatry and ATU St. Otterans since 2015. She compiled and edited the anthology *As They Blossomed*, Newwriting from Magic Box Writing Group, with WHAT and the Iontas Arts and Mental Health Programme in 2020. She has an MA in creative writing from Lancaster University and her writing is published in various journals and anthologies including *Poetry (Chicago)*, *Portland Review*, *Poetry Ireland*, *Poetry Wales*, *The Irish Times*, *Southward*, *The Stinging Fly*, *Orbis*, *Abridged*, *Mslexia*, *Vanguard's 14*, and *A New Ulster*; the anthologies, *Reflection – Irish Hospice Foundation*, *Emergence – Irish Gerontological Society*, *From the Plough to the Stars and Children of the Nation*, *working people's poetry - Culture Matters*, *Halleluiaah for Forty-foot Women* and *Staying Human - Bloodaxe*, *Pandemia – The Munster Literature Centre*, *Small Wonders –Romance Options*, *Dedalus*, *Washing Windows Too – Arlen House* and regularly broadcast on RTE's *Sunday Miscellany*. She is the author of *Dancing the Rainbow*, *Holistic Well-Being through Movement*, (Mercier Press) *The Little Theatre (Artlinks)* and she facilitates creative writing and movement workshops in the South East. Awards and commendations include; *The Poetry Ireland Trocaire Poetry Prize 2022*, *Hennessy New Irish Writing*, the *Bridport Prize*, *Poets meet Politics*, *Poetry on the Lake* and with director *Fiona Aryan*, first prize with *O' Bheal International poetry/film competition*.

Thursday 17 November

Keynote Presentations

11.15-12.00 BHSC G02 *Keynote Presentation 3*

Dina Poursanidou; *The service user researcher as 'trickster'? Critical reflections on the role of experiential knowledge within academic research in mental health*

In this paper I am borrowing the character of 'the trickster' from Helen Spandler's work in 'The radical psychiatrist as trickster' (2008) to experiment with and explore the characteristics and functions of 'the trickster' as they could potentially apply to the double identity and role of the service user researcher within academic research contexts. The lived contradictions characterising service user researchers' liminal professional identities, as well as the paradoxical, disruptive and unsettling nature and function of experiential knowledge within academic research in mental health, will be critically reflected upon having the character of 'the trickster' as a point of departure. Adopting an autoethnographic approach, the paper will draw upon my unremitting identity and other (ethical, political and methodological) struggles implicated in the task of constructing and negotiating my double identity as an academic researcher and mental health service user within University-based mental health research in England; a task involving immense complexities, challenges, paradoxes, contradictions, ambivalence and discomfort.

Dina (Konstantina) Poursanidou, PhD, started using mental health services in 1991 when she had her first serious mental health crisis. As a result of this crisis, she did a PhD that looked at adolescent depression as a socio-cultural phenomenon in England and in Greece (her country of origin). She has worked as a service user researcher in a number of English Universities following her second mental health crisis that lasted for a couple of years and involved, among others, being sectioned in a psychiatric ward in Manchester. She is currently working at the University of Central Lancashire on a project in the area of forensic mental health. She is one of the Directors of the UK-based Survivor Researcher Network C.I.C. and a member of the Asylum magazine editorial group. There is a part of her that wishes she had met Lydia Sapouna at the gym, which illustrates her profound ambivalence towards her own madness and her involvement in mental health politics.

12.00-12.45 BHSC G02 *Keynote Presentation 4*

Raza Griffiths; *Beyond the pale?*

Reflecting on his own experiences as a mental health service user and campaigner, Raza highlights the need for services to better engage with the challenging social reality people have to contend with, rather than seeing them in terms of individualised pathology. For people from racialised communities, this wider reality includes racism and intersectional discriminations, which are experienced in inter-related life areas including education, criminal justice and health. Such experiences have a cumulative adverse effect on wellbeing, across the whole lifespan. A case in point is Raza's experience within a mental health therapeutic community. Despite its therapeutic intent, the therapeutic community did not proactively help him speak about the harm from racism and intersectional discrimination, and even ended up exacerbating his experiences of being racially othered and excluded. In fact, what *did* inspire him to speak out and name the harm of racism was an event in the outside world – the killing of George Floyd in the USA and the ensuing Black Lives Matter protests. These events resonated across the world and in the UK, came on top of an already racially charged

environment due to Brexit, and a decade of austerity, which disproportionately affected people from racialised communities. The BLM protests crystallised Raza's sense that mainstream conventional therapeutic approaches were inadequate to the task of helping people from racialised communities and that anti racism activism and BAME peer support, had an important role to play in improving their wellbeing.

Raza Griffiths is a part time educator at Kent, Essex, Canterbury Christ Church and Greenwich universities and a survivor researcher at the Mental Health Policy Research Unit at University College, London, which has focused on mental health in the era of Covid. His teaching builds on his mental health and social justice activism and focuses on different conceptions of involvement and what involvement looks like in practice; survivor narratives; different conceptions of distress; compulsory medication and issues faced by racialised communities and LGBT+ communities. His latest large-scale work is a mental health manifesto, "A Call for Social Justice" (National User Survivor Network, 2018), written for Kindred Minds, which consulted with over 200 BAME mental health service users and drew on several decades of grassroots BAME led initiatives to spell out the changes to policy and practice that BAME service users say will improve their lives – above all, by having ministerial level responsibility centred around a race equality strategy that would cover all areas where there was known race inequalities such as education, housing, employment health and social care, the voluntary sector and criminal justice. Immediately following the publication of the Manifesto, which was not without its trials and tribulations and was done on a shoestring budget, Raza was given a place on a (UK) National Health Service therapeutic community for people with a label of borderline personality disorder.

15.15-16.00 BHSC G01 *Keynote Presentation 5*

Liz Brosnan; *Lived Experience is Political*

This paper will make the argument that Lived Experience is a political stance. I will present some reflections and learning on two decades acting as an embodiment of lived experience in statutory settings, in academia and research plus occupying a lived experience role in mental health services. Representing and embodying lived experience has been a journey of refining, reflecting, and learning from activism, plus the ongoing challenges of processing and articulating the difficulties inherent in competitive, alienating, and even violent settings. The rewards, and challenges, are ongoing and often intangible. Moving from an individualised, pathologised position to a collective, political human rights framework to understand mental health and the unique perspective of lived experience offers hope and a direction for advocacy.

Liz Brosnan, PhD, has explored and lived the role of 'lived experience' activist, scholar, and survivor researcher over two decades. She has experienced many versions of PPI, service user involvement, 'partnership working', and most recently the whole 'co-production' industry. She has conducted research and carried out interviews with numerous high-profile activists in the mental health service-user/survivor movement, both national and international, over the past ten years and has written about the knowledge work of people active in these spaces.

Thursday 17 November

Concurrent Presentations

10.00-10.45 *Concurrent Sessions D*

BHSC G06 (120) Sharon Ferguson, Edward Grant & Barry Breslin; *The creation of campus communities that are connected, safe, nurturing, inclusive and compassionate through the Wellness Cafe Model.*

Introduction: The Wellness Café is a peer led model developed to support the recovery and inclusion of people with mental health problems in becoming active citizens. It is a model of support that exists outside mainstream mental health services and operates from a social rather than a medical perspective.

Aims: The aim of the presentation is to explore the process of transferring the model into a 3rd Level Education setting. We will discuss the enablers and barriers to holding fidelity to the model

Methodology: The Wellness Café model was co-developed in Donegal in 2019 & now has 15 Cafes across the county. A pilot Wellness Café was held in April in ATU Donegal where Students union & staff worked co-productively with Mental Health Ireland as part of their *National Hello How are you campaign?* to test the model. Students received training from Wellness Cafe Peers to facilitate the event. As this was an innovation ethical approval was not required, however the whole process was underpinned by ethical principles of respect, consent and beneficence.

Findings: Based on recommendations from The National Student Mental Health & Suicide Prevention Framework the Wellness Cafe model supports the creation of campus communities that are connected, safe, nurturing, inclusive and compassionate. It encourages social environments & smaller groups within the campus community, and makes non-academic help such a social interpersonal skill an integral part of every students experience in establishing a culture of mental health awareness, recognition and compassion

Sharon Ferguson, Mental Health & Wellbeing Project Officer ATU Donegal. Peer Lead & Founder Donegal Wellness Café Model

Edward Grant, Student union President ATU Donegal

Barry Breslin, Welfare & Equality Officer Students Union ATU Donegal

BHSC G10 (150) Dr Emma Farrell; *What works and for whom? The role of worldviews in shaping experiences of distress and recovery.*

Mental health services incorporate a wide range of treatment options - from medication to Cognitive Behavioural Therapy to any number of psychological, social and educational interventions. Yet relatively little is known about the underlying mechanisms that determine what works, for whom, and why. This presentation aims to explore the role of worldviews, or an individual's particular way of viewing the world and framing and interpreting experiences within it, in determining which service or intervention might best support them in moving through periods of distress. Drawing on accounts of the lived experience of adults with mental health difficulties, it highlights how, currently, decisions about the most appropriate response to distress tend to be determined by diagnosis, geography, availability or sheer happenstance. It offers a brief history of how we've tried to 'service' mental health; the language and practice of 'treatment prescription'; and proffers a service approach that encompasses, not just the problem to be solved, but the person's own worldview and way of making sense of their experience of distress.

Dr Emma Farrell is a Senior Interdisciplinary Researcher at University College Dublin and author of *Making Sense of Mental Health: A Practical Approach Through Lived Experience* (The Liffey Press, 2022). A founding member of Headstrong (now Jigsaw) The National Centre for Youth Mental Health, she has served as an advisor to the National Taskforce for Youth Mental Health and the College of Psychiatrists of Ireland and is a

member of the Council of Gaisce, the President's Award. She is co-founder of www.thankful.ie, a platform aimed at empowering conversations in philosophy and mental health and has published widely on mental health and associated issues in academic journals, The Irish Times, and other media outlets.

BHSC 1.21 (70) Veronica Heney; *Stories of self-harm: using lived experience to explore fiction*

Discussions around the role of lived experience in knowledge production have often been focused within medical and sociological disciplines; this presentation seeks to extend this vital topic to the humanities, and particularly the study of literature. Sociological and public health approaches to the depiction of self-harm in fiction have usually centred fears of imitation; these arguments often depend on social psychology theories rather than specific data regarding self-harm and tend to prioritise an imagined reader who does not yet self-harm but might begin to. In this paper I will argue that it might be both important and valuable to instead centre the lived experience of self-harm, in our approach to its depiction in books, films, TV shows, and plays. I will draw on my doctoral research and discuss my use of an innovative interdisciplinary methodology that not only involved collaborative design of the project and of its outputs, but also, through qualitative interviews, treated lived experience as a source of expertise in the analysis and evaluation of fictional texts. I will discuss how, through this approach, the framework of fictional analysis shifts away from questions of imitation towards issues of importance to people with lived experience. These include experiences of identification and connection, the damaging impact of stereotypes regarding who self-harms, and narrative structures that enforce limiting, neoliberal temporalities of recovery. This shift thus introduces new criticality and insights which can shape our understanding of fictional narratives, of experiences of self-harm, and of care for people who self-harm.

Veronica Heney is currently undertaking a 2-year project at the Institute for Medical Humanities investigating narratives and experiences of debilitating anxiety. Her doctoral research explored cultural representations of self-harm, as experienced and understood by people who have self-harmed. She is interested in bringing together Literary Studies and Sociological methods to explore the interplay and overlap between narrative and experience, particularly with regards to madness and mental distress. She uses engaged and collaborative methods to centre lived experience within research. She is also the co-founder of Make Space, a user-led collective which seeks to facilitate more generous and nuanced conversations around self-harm. HENEY, VERONICA <veronica.heney@durham.ac.uk>

BHSC 3.01 (40) Joanna Monaghan; *Living through chaos and calm - an exploration of family and friends' experience when supporting someone experiencing extreme distress and altered states, often called psychosis.*

Past research has explored family and friends' experience from the perspective of giving support to enable the recovery of the 'patient', reinforcing a biomedical view of psychosis. This view sees involvement of the family and friends of value only in service to the needs of the person experiencing psychosis and the clinical team, with little insight into their own experiences and process, or understanding of the dynamic of mutual affect and interdependence of the family and social system. The proposed research aims to expand our understanding of family and friends' experience as valid in its own right; bring insight into the domains of experience family and friends encounter and describe their potential journey. The study comprised 60 semi-quantitative survey responses, a qualitative investigation of 10 semi-structured depth interviews followed by a facilitated sense-making workshop. The qualitative data was explored using thematic analysis. We anticipate the findings will bring a unique insight into the lived experience of family and friends, exploring how they move through experiences of chaos and calm, and possible ways of seeing family and friends in relation to the other experiencing psychosis, within the context of a deeply interconnected family system. The research explores the possibility of personal growth for family and friends, as they meet their own difficult emotions, and look at the impact on the whole family system. We anticipate the findings will support better understanding of, and more compassionate interactions with family and friends by clinical teams and others, while empowering family and friends to find meaning, to self-care effectively and to access appropriate and timely support for themselves.

Joanna Monaghan is a Mindfulness-based Core Process psychotherapist based in London, UK and the co-founder of Safely Held Spaces - safelyheldspaces.org. Her background is in international human rights, which included work to support mental health and wellbeing.

BHSC3.04 (40) Mary O'Reilly; *A Monstrous Mad Regime - people, places, situations and thoughts from a lifetime of entrapment and entanglement in the Mental Health System.*

An oral presentation of people, places, situations and thoughts arising out of decades of entrapment by and entanglement with The Mental Health System. We are not labels or diagnoses. We are individual human beings who sometimes experience emotional distress. That is not a disease. But the rancid, coercive regime appointed to its containment and control is. Mental Health patients are captive prey to the deadly alliance of Psychiatry, Big Pharma and Mental Health Services. We are entrapped by a regime that is fear filled, self-referring, incestuously inward looking and dysfunctional, with a malign, bio medical view of emotional distress. It is a regime that is most afraid of what it most needs - compassion, honesty, freedom of thought, imagination, reflective practice and a workforce with the courage to deliver authentic care, free from the malignant control and hubris of psychiatry. Distress is human experience. Humanity is not a mathematical equation. So I have here no numbers, graphs, statistics, diagrams or data. No acronyms, initialisms, jargon or weasel words. Just honest telling of what I've seen and thought - a handful of pieces written out of personal lived experience.....

Mary O'Reilly; Mental Health Activist, Advocate, Service User Consultant, Survivor. Experience of Irish and UK Mental Health Services from multiple perspectives. Visiting Lecturer / Curriculum Consultant/ Course Applicant Assessor /Interviewer Edge Hill, John Moores and Liverpool Universities. Mental Health Practitioner/ Nursing / Social Work/ DClIn Psychology Programmes

BHSC 3.03 (30) Karen Stack and Fran Treacy; *Why Love Matters/The Importance of Story.*

As Co-Creational Relationship mentors and psychotherapists we will explore the – foundations of human relationships in relation to our connection with ourselves and hence, with others. We will discuss the impact of the relationships we form in our earliest years, whose outcome is dependent on the level of safety, attunement, unconditional love, and the meeting of all our needs. There is meaning and purpose to the way in which we express our inner pain outward – the need is not to be 'cured' or to 'medicate'. The need is to be seen, to be heard, to be understood. The 'cure' is to empower the individual to feel safe enough to bring you into their story. Emphasis will be placed on the importance of understanding our story, which we believe holds the key to our healing journey. It is to be noted that Co-Creational Relationship mentors and psychotherapists undergo the process of understanding their own story and their responses to their lived experiences, embracing the opportunity to bring compassion to these responses, this being a key component to the therapeutic relationship. We will look at the importance of story - how we wisely create protective ways of being, in order to survive the core wounds of distress and ask the questions:

1. Why love matters?
2. Is our Mental health all about the relationship with ourselves or is it something that we create, rather than it being imposed on us.
3. How did we creatively respond to our early relationships?

Karen Stack MIARM, is a graduate of UCC, having completed her HDip is currently partaking in her MA in the Psychotherapy of Relationship Mentoring in TUS. Karen is very passionate about her work and runs parenting course online and in her local community, and with individuals in a one-to-one setting. Having been diagnosed with post-natal depression following the birth of her second son in 2005, Karen has been on a lifelong journey seeking an understanding of what her depression has meant for her (what she needed to express). Karen now accompanies others in a non-judgmental compassionate way as they seek to understand the creative ingenious ways they responded to their earlier relationships. She supports individuals to say the unsayable and do the undoable.

Frances Treacy is a co-creational psychotherapist specialising in the field of early developmental trauma. She holds a Masters in the Psychology of Relationship Mentoring, as well as a H.Dip from University College Cork and University of Limerick respectively. She has trained with Gabor Mate in 'Compassionate Inquiry' for two years which focuses on gently uncovering and releasing the layers of childhood trauma, constriction and suppressed emotion embedded in the body, that are believed to be the root of illness and addiction. Fran has a keen interest and has studied Family Therapy. She has undertaken studies with the University of Leicester, UK, in the field of "Understanding Social and Emotional Difficulties in children. She is a qualified and certified trainer specialising in the Interpersonal Development field. Her practice is validated by the Irish Association of Relationship Mentors.

14.00-14.45 Concurrent Sessions E

BHSC G06 (120) 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 67 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 and depression. 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.

BHSC G10 (150) Sarah Carr & Tina Coldham; *Service user experience of avoidable harm in mental health social care: What did we find and what could it mean?*

Our presentation is a discussion of some findings and implications from a mental health service user-controlled study which set out to answer the question: 'How do mental health service users in England conceptualise and experience social and psychological "avoidable harm" in mental health social care and what are their recommendations for its minimisation in practice?' We believe that the question is important to answer because to date, avoidable harm has been defined by policymakers, practitioners, and regulators. Little is known about how mental health social care service users understand and experience avoidable harm in practice. Through an evidence synthesis and primary research with service users we generated a service user-

defined model of avoidable social and psychological harm in mental health social care. We will discuss key study findings and the importance of user leadership in the study. We found that despite having significant impacts, avoidable harm in mental health social care is under-investigated, particularly when compared to clinical practice. We will explore some of the reasons why this might be and argue that service user/survivor researchers are strongly positioned to undertake investigations into topics such as harm. We will conclude by asking some important questions about the possibilities for service user/survivor research to change knowledge, attitudes, and practices in mental health.

Dr Sarah Carr is an independent mental health and social care research consultant based in England, specialising in service user/survivor research and knowledge. She is an ex-academic, having recently held senior posts at the University of Birmingham and Middlesex University London. She was lead for service user and carer involvement at the National Institute for Health Research (NIHR) Mental Health Policy Research Unit and Principal Investigator for two major user/survivor-led studies. Sarah is now affiliated to the Service User Research Enterprise (SURE) at King's College London where she is Visiting Senior Research Fellow in the Department of Health Service and Population Research at the Institute of Psychiatry, Psychology and Neuroscience. She has written widely on mental health service user/survivor involvement and co-production in research, policy and practice, having produced a number of critiques and reflections over the years.

Tina Coldham has worked in the voluntary sector, across disability, in academia, and with regulators and statutory organisations as a trainer/lecturer, researcher and involvement consultant. Tina has held various leadership positions; as Chair of the NIHR INVOLVE Advisory Group; as a trustee for the Social Care Institute for Excellence (SCIE) whilst also chairing their Co-Production Network; a former Director of HASCAS, who conducted MH service reviews and homicide investigations. She has enduring mental health problems, having used mental health services over many years and becoming a user activist through setting up local self-help groups, to being the Chair of the National Survivor User Network having led this from the planning stage to independence. She now advises the Centre for Engagement and Dissemination at NIHR on all things Participation, Involvement and Engagement (PIE)! Her love of survivor-controlled research means we can hold truth to power in the hope of making positive changes.

BHSC 1.04 (30) Dr Caroline Pearson; *Informed Consent- or is it? Considering the informed consent process and its benefits and risks to therapy and the therapeutic relationship.*

Informed consent is an enforceable ethical standard maintained through psychological professional organisations and regulators with specific requirements to ensure efficacy. This seminar explores the evidence that informed consent to psychological therapy is a neglected area of psychodynamic practice with wide implications for patient autonomy, power and the therapeutic intervention itself. Existing evidence shows us that practitioners struggle to implement this standard for a variety of reasons whilst service users find the information inaccessible or absent. My work examines the current state of informed consent practice through practitioner and service user experience. This approach includes the voice of the people ethical standards such as informed consent practice are thought to protect. To understand informed consent practices better I have gathered the most up to date available evidence and conducted a mixed methods study to explore perceptions 'on the ground'. I have found that service users place higher importance than practitioners on informed consent to therapeutic outcomes and in supporting the therapeutic relationship in treatment. These differences in experience and perception will allow us to explore important questions such as:

- How can we genuinely achieve the goal of obtaining meaningful informed consent?
- What is informed consent.... ethical standard, therapy, or both? and,
- Who or what is informed consent actually protecting?

Dr Caroline Pearson: I am a Counselling Psychologist, psychotherapist, activist and service user survivor. I believe passionately that therapy can play an important part in supporting individuals in their journey to heal and finding meaning. My area of interest is in the ethics of treatment, promotion of truly collaborative care and in the breakdown of false constructs in the industry of psychology. I have twenty-two years' experience

working in public sector mental health roles and recently completed my PHD project on 'Informed consent to psychological therapy'. I live and work in Yorkshire I like to write, cook, learn and be with the people I love.

BHSC 1.21 (70) Doug Ross & Elisabeth Svanholmer; *Collaboratively exploring lived experience.*
(exhibition and workshop).

In this workshop Douglas and Elisabeth will share their reflections on the process of collaboratively exploring lived experience and creating artwork together. Elisabeth and Douglas met at a Critical Voices Network conference in Cork in 2011. They stayed in touch and in 2016 decided to co-create artwork. Living in different countries they worked remotely and had countless online meetings and emails working on the storyboard, editing, and writing the texts. A couple of times each year they would meet and spend days shooting in Leitrim and later editing the images. They found that they shared many similar experiences of life: heartbreak, disappointment, feeling trapped, self-loathing as well as the joy of deeply connecting with ourselves, nature and other souls. Elisabeth brought to the project her voices and the stories of her relationships with them throughout her life. Douglas brought a broadly mythological outlook on life – that we are all on a heroic journey through this life. He also brought the experience of a long career in collaborative visual storytelling. The workshop will be a presentation of the collaborative and creative journey and also a space to talk together about themes such as:

- Understanding collaboration as a creative synthesis rather than compromise.
- Accessing and working with the non-rational; finding the raw material for art through voices, symbolism and dreams.

Elisabeth Svanholmer lives in West Yorkshire, UK. She is a self-taught facilitator and organiser of raining, supervision and other ways of people coming together to learn and connect. She is passionate about creating space for the things that may be seen as uncomfortable, strange, inconvenient, confusing and distressing. She values both complexity and simplicity, chaos and calm, pain and ease. She finds inspiration and solace in nature, movement and relationships.

Douglas Ross is a visual artist who has been making art in Bray since 1985. He has worked collaboratively since the early 1990s with groups such as asylum seekers, farmers, factory workers, students and a women's collective to help to give a creative voice to their collective experiences. He also engages with individuals to find threads of common humanity and weave them into shared creative expressions. He was a founder member of the peer-led mental health support group Renew and an active member of the CVNI for several years.

BHSC 2.25 (50) Jenny Logan & Emily Reynolds; *Centering lived experience in psychiatric research and policy: lessons from the feminist movement against sexual violence.*

Lived experience of psychiatric disability is increasingly called forth as both an epistemic and ethical prerequisite for reforming and leading mental health policy, activism, and research. Yet it is often unclear what is meant by lived experience and how the concept is to be applied, other than through self-identification. In this paper, we argue that using lived experience as a guide to truth and/or justice in policy and research, without more, is insufficient to bring about the revolution in care that is needed, for two reasons: first, experiencing psychosis does not confer knowledge that is useful for conducting research or evaluating policy. Rather, having access to adequate material, social, and political resources given a lived experience of psychosis is necessary. Second, centering lived experience in the movement to reform psychiatric research and policy is susceptible to similar pitfalls that befell the feminist movement against sexual violence which began in the 1960s and culminated in elitism, erasure of the experiences of poor women, trans women, and women of color, and the expansion of the carceral state. The lesson to be drawn here is that movements centering survivors tend to elevate the voices of survivors with racial, class, and education privilege, and therefore tend to center the needs of the least vulnerable members of the "survivor" class. We conclude that calls for inclusion must be accompanied by organizing to provide material, social, and political resources to persons living with mental illness who are most affected by interlocking systems of oppression. Drawing upon

the work of scholars and activists who have critiqued the mainstream movement against gender and sexual violence, such as Mimi Kim, Mariame Kaba, and INCITE! we argue that any movement to revolutionize or reform mental health care, research, and policy, must, in addition to including and centering voices of survivors, ex-patients, and consumers, be informed by principles of intersectionality and anti-racism. Further, it must contend with the fact that the majority of persons living with psychiatric disabilities in the US today are incarcerated. For a truly inclusive project of mental health reform to be informed by lived experience, we must organize to provide material, social, and political resources to persons living with mental illness who are most affected by interlocking systems of oppression. Centering persons with lived experience of psychiatric disability will inevitably elevate persons with the same racial, class, and education privilege as the current population working in mental health research and policy.

Emily Reynolds is a service user/survivor researcher with fifteen years of contact with the psychiatric system. She is currently completing her Masters at Birkbeck, University of London and is due to start her PhD, on the professionalisation of lived experience, this year. She currently works with community-led and peer support groups, facilitating and resourcing their work, and is a trustee at NSUN.

Jenny Logan is an associate faculty member at the Brooklyn Institute for Social Research and a visiting professor at the University of Oregon School of Law. She previously worked as special education teacher in the Bronx, NY and an advocate and organizer for the rights of houseless and low-income tenants. Jenny is a service user/survivor researcher and is currently a Mphil/Phd student in Law at Birkbeck College, University of London, where she researches intersections of race, sexual violence, and property.

BHSC 3.01 (40) Hande Cayir; *Filming madness: Challenging mental health myths through first-person narratives and creating social advocacy.*

This research prioritises co-production to bring the stories of citizens/survivors to the forefront of the conversation and enhances our understanding of anti-psychiatry's legacy. It asks: How can mainstream cinema's production of knowledge of mental illness (Screening Madness Film Report 2009: 2) be rewritten through first-person narratives? How does Mad Studies' rejection of positivism's claim to objectivity (Beresford & Croft 2012: i) relate to experimental cinema's critique of mainstream entertainment cinema (Rees 2011: 1)? Do experimental filmmaking and madness have particular characteristics in common with 'disorder' (Evangelista 2015: 235)? In what ways can neurodivergent perspectives change the language of film? What are the challenges involved in capturing survivors' stories into film narratives? How does attentive listening (Harpin 2018: 6) play a role in this process? As someone who made a film implying my own lived experience, I aim through co-producers' films to establish a user-generated platform with survivors to share their experiences and assert their rights rather than provide a cure (Yiannis 2004: 3-4). I contend that creative film practice is necessary to reflect emotional moments and psychological landscapes because audio and 'images have the power to reveal something that words just cannot say' (Lambert 2013: 63). In its use of ethical (Nichols 2016), experimental (Rees 2011), and participatory (Rouch 2003) modes of filmmaking, this project seeks to stimulate conversations in cultural settings, exchange feedback, and change behaviour about stigma myths while gaining a deeper understanding of the films' place within society (MacDonald 2013: 807).

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Hande Cayir holds a BA in Visual Arts and Visual Communication Design, an MA in Film and Television, a PhD in Communication, and an appointment as an Associate Professor in Plastic Arts in Istanbul. At the University of Sussex, she completed a second MA in Journalism and Documentary Practice with a Chevening scholarship. As part of the Warwick Collaborative Fellowship, she is currently pursuing a second PhD in Applied Screen Studies at the University of Warwick. Her monograph, Documentary as Autoethnography: A Case Study Based on the Changing Surnames of Women, was published by Vernon Press in 2020. As a volunteer, she worked for the Purple Roof Women's Shelter Foundation. Her own lived experience motivated her to initiate a workshop series entitled 'Would You Like to Tell Your Own Story?' in 2017. She has exhibited her short films internationally. Since 2014, she has been a columnist for T24.

CAYIR, HANDE (PGR) Hande.Cayir@warwick.ac.uk

BHSC 3.03 (30) Deirdre Lillis & Harry Gijbels; 'Let's Talk Medication.'

The 'Our Rights and Medication' Advocacy Group is a network of solidarity and includes people who have experience of mental health and other services available to people with disabilities, advocates, academics and interested individuals who sign up to our aims and values. The work is looked after by the Social and Health Education Project (SHEP) Advocacy Programme and is supported by the Irish Human Rights and Equality Commission (IHREC). Our aim is to try and open up spaces to talk about rights and medication, especially informed decision making and informed consent. We are not anti- medication. We know this can be an area of discussion that is difficult for lots of reasons. We have come together to find ways to talk about this as we know that:

- We still have laws that allow for compulsory administration of medication
- Informed consent including being advised of side effects is not common practice
- Use of what is called PRN medication, over medication, polypharmacy, chemical restraint are all areas of concern.
- Medication reviews that include discussions about options to reduce, taper and withdraw from medication are not a common experience.

The theme of this years' conference; honouring the contributions of lived experience to changing knowledge, attitudes, and practices in mental health' will provide a context for this workshop discussion.

Our intention in this space is to facilitate some discussion about experience when it comes to rights and medication and to share with you some of our thinking about how we might all contribute to change for the better when it comes to the honouring of the right to make informed decisions and give informed consent when it comes to medication.

Deirdre Lillis' bio in p. 14.

Harry Gijbels' bio in p. 8

BHSC3.04 (40) Dr Sonia Soans; *A Critique of the Romanticisation of Indigenous Systems of Care in the Global South.* (zoom presentation, facilitated by Dina Poursanidou).

There has been a growing trend amongst some critical scholars and practitioners of mental health to reclaim indigenous and traditional practises in mental health. Given the hegemony of western theories of mental illness it is not surprising to see the call to indigenise and decolonise. In these arguments the Global South has been positioned as a place of authenticity that has resisted modernity. However, this poses several problems. Locating mental illness and treatment within the pre-colonial past or ancient texts does little to address mental illness in the present. By ignoring material conditions and culture in the present, indigenisation has often been plagued by presentism and anachronistic and oversimplified understandings of the past, as well as other cultures. Relying on tropes about harmonious cultural and family systems, often fail to take into account the complex relationships that exist within families, the state and welfare systems. De-pathologising politics are dependent upon the system of mental health and are not universal. The call to demedicalise needs to take into account support systems and complexity of mental health theories. This binary opposition between biomedical psychiatry and indigenous practices is a deadlock, which misses the subject of these discussions - service users. Growing mad and neurodiversity movements have challenged psychological/ psychiatric positions including 'critical' ones. These movements have challenged assumptions about normalcy and social structures that contribute to mental distress and exclusion. This paper attempts to re-centre mad perspectives as a means to creating psychologies grounded in lived experience and epistemic humility.

Dr Sonia Soans is a critical psychologist affiliated to the Discourse Unit. She received her PhD from Manchester Metropolitan University. Her research interests include intersectional feminism, gendered violence, media, nationalism and addiction. As a lecturer she has taught across varied disciplines such as psychology and women studies, criminology and media studies. She is the founder of the Afro-Asian Critical Psychology forum and conference. She is also on the editorial collective of Asylum Magazine, the radical mental health magazine. Email – sonjasoans@gmail.com Twitter – @PSYfem

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.