



Book of Abstracts

'FIRST, DO GOOD': CRITICAL AND CREATIVE RESPONSES TO
IATROGENIC HARM IN MENTAL HEALTH PRACTICES

8 & 9 November 2024

16th Annual Conference

Organised by

The School of Applied Social Studies, University College Cork, and Critical
Voices Network Ireland

Supported by

The Institute for Social Science in the 21st Century & Collective Social Futures,
University College Cork



INFORMATION ON VENUE:

The conference is held in the **Brookfield Health Science Complex (BHSC)** on College Road, Cork. Eircode: T12 AK54.

https://www.ucc.ie/en/media/discoverucc/maps/UCCCampusMap_English_2023.pdf

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, and <https://www.ucc.ie/en/appsoc/newsandevents/>

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: Is-oct-2024

Password: T2cxbgcp

Acknowledgements

We wish to thank the following people for their support in making this conference possible: the School of Applied Social Studies and the Institute of Social Science in the 21st Century (ISS21) for the financial support; Áine Murphy and Breda Good, UCC Room Bookings; Marian Caulfield, School of Applied Social Studies for administrative support; Teresa O'Callaghan and staff, General Services, for general services support; Harry Gijbels for his CVNI fundraising Spanish cycling trip; 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

Friday 8 November

Keynote Presentations

10.00-10.45 BHSC G02 *Keynote Presentation 1*

Pat Bracken; *Trauma: A Critical Psychiatry Perspective*

In this talk I will explore the current discourse on trauma. I will speak from own experience as a critical psychiatrist who works with asylum seekers, many of whom are survivors of terrible violence and persecution. I will point to some of the ways in which the discourse on trauma has been a positive and progressive development over the past forty years, but I will then present a critical analysis of the concept of posttraumatic stress disorder and question what I think is a growing orthodoxy about how we should understand and respond to post-traumatic suffering.

Pat Bracken is an independent consultant psychiatrist. At the moment he mainly does medico-legal work with survivors of torture and other forms of violence. He retired from his post as Clinical Director of the Mental Health Service in West Cork in 2016. Since then, he has trained mental health workers in Beirut, Lebanon, worked with a service focused on Maori people in New Zealand, and helped research and write a new international guide to good practices in mental health for the World Health Organisation. This was launched in the summer of 2021(<https://www.who.int/publications/i/item/guidance-and-technical-packages-on-community-mental-health-services>) He trained in medicine, psychiatry and philosophy in Ireland and the UK. He was Professor of Philosophy, Diversity and Mental Health at the University of Central Lancashire. He calls himself a 'critical psychiatrist' and was one of the founders of the Critical Psychiatry Network (https://en.wikipedia.org/wiki/Critical_Psychiatry_Network) He was co-editor of the book Rethinking the Trauma of War with Dr Celia Petty, published in 1998. His own book Trauma: Culture, Meaning and Philosophy was published in 2002. With Prof Phil Thomas, he published the book Postpsychiatry: A New Direction for Mental Health in 2005.

Agnes Higgins and Mike Watts; *Discontinuing Psychiatric Medication: Obstacles and Opportunities*

The use of psychotropic medication is considered, by many mental health professionals, the media and by the general public to be an essential part of the 'treatment' of people experiencing mental distress and is often the first line of intervention offered to people. Indeed, engaging in a discussion around discontinuation is met with a 'compliance monologue' or annoyance at questioning the taken for granted assumption of 'it's good'. Our presentation will commence with a lived experience perspective on taking and coming off medications. Following this, drawing on research findings from studies we have been involved with, we will explore some of the reasons that motivated people to discontinue medication, the strategies people used, the obstacles encountered within the mental health systems as well as the opportunities people discovered along the way.

Agnes Higgins is a Professor in Mental Health at the School of Nursing and Midwifery, Trinity College Dublin, where she teaches on both the undergraduate and postgraduate mental health programmes. She has worked in the area of mental health for over thirty-five years, where she has tried, through education, research and publications, to influence and change the hearts and minds of people who work in the mental health service. She is past Chairperson of the Board of Mental Health Reform and is currently on the Board of Kyrrie Farm. She was born and reared on a small farm in the west of Ireland and currently lives in Dublin with the love of her life and best buddy, Jim.

Mike Watts has spent his adult life trying to understand mental illness, the impact of diagnosis and treatment, recovery and the role of peer support. He is passionate about the value of lived experience as a valid form of knowledge. Both Mike and his wife Fran have personal experience of psychosis, treatment and recovery as have a number of family members. Mike's recovery was nurtured through membership of Grow, a peer led community. Recovery included ongoing warm relationships with neighbours, friends and family, a return to education, (BA, M.Psych Sc, PhD), a love of creative arts and membership of toastmasters. Mike worked for Grow as an area coordinator and later as National Program Coordinator witnessing the recovery of hundreds of people. Mike was a first person with lived experience on the Mental Health Commission and an advisor to Amnesty International. He has been part of several Narrative Research projects exploring various aspects of lived experience including the cessation of medication. His PhD thesis suggested that recovery can be experienced as a 'Re-enchantment with Life'. He is currently PPI lead for PSI Star a research program exploring different aspects of psychosis. His PhD thesis was published by Routledge.

Charles O'Mahony; *Remembering Fiona Morrissey's Scholarship & Advocacy: A Human Rights Critique of the Mental Health Bill 2024*

The ongoing reform of Irish mental health law reached a decisive moment with the publication of the Mental Health Bill 2024 in July. This paper critically evaluates the proposed changes, focusing on their alignment with Ireland's obligations following the 2018 ratification of the UN Convention on the Rights of Persons with Disabilities (CRPD). Drawing on the impactful work of the late Dr. Fiona Morrissey, whose scholarship on mental health law, human rights, and advance healthcare directives significantly shaped the law reform discourse. Essentially this paper examines the extent to which the Bill reflects international human rights standards. Despite introducing some much-needed reforms, the Bill is not compliant with the CRPD, as it continues to provide for involuntary detention and forced treatment, practices fundamentally at odds with the Convention. This paper argues that while certain progressive reforms are contained in the Bill, further changes are needed to uphold and protect the human rights of people subject to Irish mental health legislation. Additionally, the paper will explore the systemic barriers that hinder the realisation of a human rights led approach to law reform.

Charles O'Mahony is a lecturer in the School of Law at the University of Galway (formerly NUI Galway, University College Galway & Queens College Galway). His research is in the area of disability law and policy, legal capacity and mental health law. He is Chair of a Human Rights Committee for a large disability services provider in the West of Ireland. 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. He is a member of the Crime, Punishment & Rights research cluster and the Equality, Rights and Social Inclusion research cluster at the School of Law.

Friday 8 November

Concurrent Presentations

12.15-13.00 *Concurrent Sessions A*

BHSC G02 (250) Mary Maddock and Claire Twomey (Mindfreedom Ireland); *Harmony Not Harm*

As iatrogenic harm is embedded in psychiatry and women are often the first to be harmed, we will point out how this can happen so easily to vulnerable females. As hysteria was one of psychiatry's first 'diagnoses' "The oldest record of hysteria dates back to 1900 BCE when Egyptians recorded behavioral abnormalities in adult women on the Kahun Papyrus." (Wikipedia) it is understandable that many women receive medical harm. It was DSM 3 that was first and most responsible for medicalising all human conditions. It was because of DSM 3 that the very essence of being a woman was very easily turned into a disease to be managed mostly by men. Psychiatry has been given the power to deceive by the state backed up by "mental health" laws. The pharmaceutical industry continues to become more dishonest and affluent. It is to be expected that the more drugs that are manufactured the more Big Pharma benefits. If we want less harm and more harmony it follows that:

- We continue to campaign for the truth about our prescription drugs
- We expose the lies that are presented as 'facts' by psychiatry, especially the DSM which has little or no validity.

We should try to stop forced interventions in every shape or form and support those who continue to receive psychiatric medical rape, persecution, and any medical harm. Survivors should not be hidden but should become visible and recognised. They should not be in danger of more harmful interventions. Doctors who have the power to de prescribe should be encouraged to come forward and help all those harmed. Many more professionals need to come forward and regret the harm they can cause and set up safe places for those abused by iatrogenic harm. It is our opinion that if a few people attack a person and inject them against their will with lobotomising addictive poisons it is medical rape.

MindFreedom Ireland is a voluntarily run, psychiatric survivor-led organisation which campaigns to abolish the power of psychiatry within the present so called 'mental health' system, a system that denies human rights in the name of 'care'. MindFreedom Ireland explores and promotes healing alternatives to the mainstream psychiatric model (sometimes called the 'medical model'). We are affiliated to MindFreedom International. www.mindfreedomireland.com

BHSC G04 (120) Emma Watson; *Iatrogenic harm and iatrogenic resistance of peer workers in NHS mental health services*

It is widely acknowledged that the values of peer support are in opposition to the practices used within mental health services, which include the use of the mental health act, dehumanising labels, surveillance, and risk focussed approaches. When peer workers are employed within mental health systems, it is likely that they will struggle to consistently work to their peer values. In interviews with peer workers within NHS mental health services, they described witnessing hierarchical and disempowering approaches, and the harmful impact this had on them. This was especially the case where peer workers came into their roles with a desire to change services because of their traumatic experiences while using them. In these situations, peer workers are doubly harmed, first by their experiences of using services, and then by re-experiencing the same sense of powerlessness as a staff member. The expectation that peer workers will change these cultures without

first addressing the harm that can be experienced within them is unrealistic. This is not to say that peer workers are passive victims, or that peer support has been entirely co-opted; peer workers resisted the disempowering practices they encountered in creative, courageous and humorous ways. Peer workers are a part of changing the culture of mental health services, and while we must be awake to the potential for iatrogenic harm, we must also marvel at their ability to work with integrity in the most challenging of contexts.

Emma Watson is the Peer Support Lead at Nottinghamshire Healthcare NHS Trust, and the Programme Lead for research, publications and development at ImROC. She started working as a peer worker in 2010 and has since worked in a variety of peer roles. Her PhD explored the experience of peer workers in the NHS, and she continues to be interested in how systems impose meaning on 'lived experience', and how this affects the individuals working within them. She has lived with the conflict of working within a system which harms under the guise of treatment, and which harmed her. She continues to choose to be optimistic about the role of lived experience in changing this. She is co-editor of 'Peer Support in Mental Health', the first book to be published on the subject in the UK. Outside of work, Emma loves reading, climbing, and chasing after her daughter Lola.

BHSC G05 (120) Danny Bowyer and Katy Hawkins; *Canaries in the Mine. When Iatrogenic Harm Doesn't End at Discharge*

Peer support workers, individuals specifically recruited into roles requiring them to use their personal lived experiences of accessing healthcare, exist in part to embed and positively impact recovery cultures within services and teams. That those of us injured by our experiences as people using services often feel the pull to return to healthcare in a professional capacity speaks volumes about the urge to 'right the wrongs' many of us have endured. Employing peer support workers speaks of a desire for services and staff to 'first, do good'. Yet it is only through creating environments, ways of working and service cultures that sustains and nourishes lived experience as part of their skill mix that the true extent of its' positive impact can be felt. The presence of peer support workers is a litmus test for a service's compassion and humanity – are the canaries in the mine singing or lying down? In this workshop, we will explore the impact of working in healthcare in explicitly lived experience roles on those who have experienced iatrogenic harm. We will bring a peer perspective to consider what is needed to allow meaningful commitment to genuinely recovery-focused workforces, shining a light on mistakes made, making space for self-reflection, and looking towards the movement into lived experience as a ballast in eradicating iatrogenic harm.

Danny Bowyer; After spending the preceding years under mental health services, I trained as a Peer Support Worker in 2014. In the following years, I have worked across various lived experience roles within Peer Support and Recovery College settings. I had my first opportunity to be a part of the training of Peer Support Workers in 2015 and have consistently been a part of and led Peer Support Training since this time culminating in my current position as ImROC's Peer Training Team Technical Lead.

Katy Hawkins; As Lived Experience Practice & Peer Support Lead for Central & North West London NHS Foundation Trust (CNWL) since 2022, Katy Hawkins has operational oversight for one of the largest NHS peer workforces, at around 150 roles across a range of areas, extending through and beyond mental health in some of the most diverse parts of the UK. Katy has worked in lived experience roles across community mental health services, training and leadership contexts. Her career trajectory follows almost 15 years spent as a service user in secondary mental health services, giving her a perspective from 'both sides' of the NHS, and informs her enthusiasm for and strong belief in the need for a co-produced approach to healthcare, lived experience at every level of NHS organisations, and a commitment from healthcare providers to genuine co-production and involvement opportunities rooted in an authentic desire for meaningful change.

BHSC G06 (120) Fiona Stirling and Lauren Hempseed; *Physician, heal thyself: Iatrogenic harm amongst mental health practitioners with lived/living experience of self-injury*

Iatrogenic harm in mental health services impacts not only the everyday users of services, but also the professionals providing such care. Mental health practitioners with experiences of self-injury face stigma in both professional and personal contexts. Yet, research to establish understanding around this population and how they manage disclosure/non-disclosure within their professions has been neglected thus far. This limited insight impacts the acceptance, awareness, and inclusion of practitioners with such lived experience; ultimately limiting valuable diversities of knowledge and approaches to caring within mental health services which could reduce stigma for professionals and service users alike. This presentation will consider: existing literature around the experiences of professionals in contexts such as clinical psychology, counselling, and mental health nursing; the limited policy guidance for professional bodies around supporting practitioners with lived experience; and the current absence of exploration of this topic in training education. We will outline our current research plan to design a survey to understand more about the experiences of such professionals and gather input from the audience to improve the draft survey design. Overall, we hope to inspire future research in this area in order to heal the systemic faults harming practitioners and service users alike.

Fiona Stirling is a practicing therapist and lecturer in counselling at Abertay University, Scotland. Coming from a background in social anthropology, with further qualifications in Education, Psychology, and Youth and Childhood, Fiona is passionate about building collaborative relationships to explore the topic of mental health in new ways. Her own lived experience of mental health issues and self-injury increasingly inform both her research and therapeutic practice. Fiona has interests in Narrative Therapy and creative writing for wellbeing. She has previously been engaged in impacting government policy through her role on the British Psychological Societies young people and children expert reference group and contributed to the upcoming Lancet commission on self-injury. She lives in Dundee, Scotland with her son and too many books.

Lauren Hempseed is a student at Abertay University, Dundee studying BSc Psychology and Counselling. Through her own experiences of both working in and receiving care from the NHS she has an interest in improving healthcare services and reducing iatrogenic harm. She is particularly interested in contributing to research around baby loss and self-injury. After graduation Lauren intends to progress into formal training as a counsellor in order to provide direct support to others, while continuing to produce research to improve services. She is currently based in Dunfermline, Fife.

BHSC 1.21 (70) Ciara Glynn and Lisa Archibald; *'Do no harm...to the peer support movement!' – An exploration of peer support in 2024*

Peer support, a concept which has made astronomical growth over the past decade has moved into a new era. More and more people and services are realising and utilising the transformative healing power of peers. Yet, uncomfortable division and debates are prominent in the peer world, with people questioning its authenticity when integrated into archaic systems. The challenges are rife and seemingly unaddressed which is causing great harm to the peer support role and the peer workers themselves. We can no longer hide behind the façade of 'it's only new, it'll take time to develop'. We need to collectively address and acknowledge the underpinnings and genuinely seek to answer the questions - how do we maintain the fidelity of peer support when it is being implemented within large, coercive systems? Can peer roles be successfully delivered in systems that were designed to manage, contain and control people in distress? Are there other possibilities for peer support to autonomously work alongside, rather than, within systems? Come and join us for an interactive (and maybe even fun) exploration of peer support in 2024. Aim – To invite conversations around how peer support is being implemented in 2024. Participants will be invited to question and explore the fidelity, authenticity and co-option of peer support and consider whether it belongs in oppressive, coercive

systems at all. Plan – 45min interactive workshop with the option to fully participate or to just attend, be present and observe.

Ciara Glynn (she/her) – Part of the first cohort of peer support workers integrated into the HSE back in 2017, Ciara worked on a community mental health team in North Dublin for 7 years. Over this time, Ciara’s activism has grown, she now dedicates her time to creating and developing empowering spaces for those who experience distress. Ciara strongly advocates for the need for alternatives in mental health with the lived experience being at the centre of everything we do. Ciara now leads a team of peer workers as operations manager at Solace Café and is an occasional lecturer delivering content on peer support, lived experience & recovery. Ciara holds a MSc in Mental Health from TCD, her research focus - Peer support workers integration into mental health teams in Ireland. Ciara is a board member at Kyrie Farm and Mental Health Reform and believes in depathologising human distress and normalising emotional challenges.

Lisa Archibald (she/ her) is a proud Scot who moved back home in 2020 after living and learning in New Zealand for 7 years. After a rocky childhood and an even rockier teens, Lisa accessed peer support in the 1990’s, in 1999 she started to facilitate groups and offer 1:1 youth peer support. Lisa has set up and delivered peer support groups, advocacy services & relationally focused trainings internationally for more than 20 years. Lisa was a UK Winston Churchill fellow in 2013 taking her to New Zealand. Lisa has continued to travel to learn from other cultures and communities since then. Lisa completed a Yale Let(s) LEAD fellowship in NZ in 2019 and a PgCert in Mad Studies in 2023. Lisa is a co-owner of Intentional Peer Support with Founder Shery Mead and fellow Co-Director, Chris Hansen. Lisa is a passionate activist and an advocate for maintaining the fidelity of peer support and has recently joined the lived experience committee at Kyrie Farm.

BHSC 1.22 (70) Cian Aherne and Sasha Morgan; *Elevating Trans Voices - First, Listen*

There was an increase in trans young people attending Jigsaw in 2021. There was a clear need for Jigsaw services to better understand the experiences of being a trans young person. It was important to first listen to the voices of trans young people and to better understand their stories. A collaborative project was thus developed between Jigsaw professionals and young people who had been connected with Jigsaw who identified as trans. A questionnaire was developed by a group of Jigsaw professionals and trans young people to capture milestone experiences of trans young people on their journeys through adolescence. The responses shaped the script for an animated video that was produced with IADT in 2023. The video has been followed up with a further research project using the questionnaire responses. The pillars of this project have included the importance of listening to trans young people and the co-creation of meaning. This is the first step to ensuring that we are doing good by them and creating safe services for them to engage with.

Dr Cian Aherne is a Clinical Psychologist and Clinical Manager in Jigsaw Limerick. Cian’s background and interests are in critical psychology, social justice and social constructionism.

Sasha Morgan has been involved with Jigsaw as a volunteer since 2022. They are a Social Care student interested in advocating for transgender people in Ireland, particularly around healthcare access.

Dr Emma Hickey is a Clinical Psychologist and Clinical Manager with Jigsaw Cork. She is interested in making sense of distress collaboratively with young people. Emma has been involved in practically implementing the principles of trauma informed working at a local and national level in Jigsaw.

Callum Lowbridge has been involved with Jigsaw as a volunteer with the Trans Voices group since 2022. They are interested in advocating for transgender young people in Ireland.

Dr. Tadhg Farrell is a Clinical Psychologist and Jigsaw Clinician in Jigsaw Dublin City. Tadhg is interested in advocating for transgender people in Ireland and has done much work in this area.

BHSC 3.02 (35) Matthew Jackman; *The Impact of Mad Studies on the c/s/x/m Movement: Strategies for Abolishing Psychiatric Oppression and Promoting Mad Liberation*

This paper examines the profound influence of Mad Studies on the goals, strategies, and outcomes of the consumer, survivor, and user/ex-user of psychiatry, and Mad movement (c/s/x/m) in their efforts to abolish psychiatric oppression, promote eutopia, and achieve Mad liberation. Emerging as an interdisciplinary field, Mad Studies challenges traditional psychiatric paradigms and validates the experiences and knowledge of those who have been subjected to psychiatric interventions. Mad Studies has significantly shaped the c/s/x/m movement by reframing psychiatric oppression as a social justice issue. This reframing has shifted the movement's goals from mere reform of psychiatric practices to the complete abolition of coercive and oppressive psychiatric systems. The emphasis on lived experiences and the recognition of Mad identities has empowered individuals within the movement to advocate for their rights and to envision a society where madness is not pathologized but celebrated as part of human diversity. Strategically, Mad Studies has equipped the c/s/x/m movement with critical tools for activism and advocacy. It has fostered the development of grassroots initiatives, peer support networks, and alternative care models that prioritize autonomy and community-based support over institutionalization and medicalization. These strategies align with the broader goals of eutopia—a society characterized by justice, equality, and the flourishing of all individuals. The outcomes of integrating Mad Studies into the c/s/x/m movement are evident in the increasing visibility and legitimacy of Mad activism. There is a growing body of research and literature that supports Mad liberation, challenging dominant psychiatric narratives and influencing policy changes. This integration has also led to the formation of robust communities that resist psychiatric oppression and work towards transformative change. By examining the intersection of Mad Studies and the c/s/x/m movement, this paper highlights the transformative potential of this synergy in advancing the abolition of psychiatric oppression and promoting a vision of Mad liberation and eutopia.

Matthew Jackman identifies as a Mad person. They received Australia's National Mental Health Advocate award by the Mental Health Foundation of Australia in 2020. Matthew is the Founder/Principal Consultant of The Australian Centre for Lived Experience, an international peer lead consultancy and advisory practice. They have been a global mental health activist promoting human rights, social justice and lived experience perspective from public health, critical sociology and Mad studies disciplines. Matthew's advocacy career addresses alternatives to the biological, psychiatric and 'psy' science approaches to wellbeing, with a focus on social, cultural, spiritual, and structural determinants. Matthew previously represented the Western Pacific Region on the Global Mental Health Peer Network and was a Global Shaper with the World Economic Forum. They consult the World Health Organisation on lived experience mental health perspective and peer work practice. Matthew is currently undertaking their PhD at University of Sydney under Professor Jennifer Smith Merry and Professor Brendan McCormack investigating the influence of Mad studies as a theoretical and philosophical foundational underpinning to the consumer/survivor/user/ex-patient/Mad movement.

15.15-16.00 Concurrent Sessions B

BHSC G02 (250) Panel discussion with Charles O'Mahony, Mark Kelly, Liz Brosnan, Fiona Anderson, Ber Grogan, Mary Donnelly; *Remembering Fiona Morrissey's Scholarship & Advocacy*

This panel discussion will reflect on the many contributions of Dr Fiona Morrissey, a distinguished scholar and human rights campaigner who passed away at a young age in November 2023. Fiona was a leading figure in mental health law reform and the founder of *The Advocates for Human Rights in Mental Health Care*, a group of campaigners, friends, and colleagues who have advocated for reform in mental health and capacity

law in Ireland. Fiona's research was important in shaping the legal framework for advance directives under the Assisted Decision-Making (Capacity) Act 2015, as well as aligning Irish law with the UN Convention on the Rights of Persons with Disabilities (CRPD). Her advocacy extended to both national and international levels, informing law and policy reforms on mental health, disability rights, and capacity legislation. Panellists will discuss Fiona's lasting impact, her collaborations with people with lived experience of mental health law and mental health services, policymakers and stakeholders, and her deep commitment to promoting human rights and equality. This discussion will also provide an opportunity to remember Fiona as a colleague, mentor, and friend who worked tirelessly for a more just, fair, and inclusive society.

Panellists include: Charles O'Mahony (bio as in page 4), Mark Kelly (Fiona's husband), Liz Brosnan (who worked with Fiona on human rights campaigning), Ber Grogan (Mental Health Reform, who campaigned on the 2001 Act with Fiona), Fiona Anderson (who worked with Fiona as part of the advocacy group), Mary Donnelly (University College Cork, who worked with Fiona on the guidance for advance healthcare directives under the Assisted Decision-Making Capacity Act), Mary Keys (Fiona's PhD supervisor).

BHSC G04 (120) Alison Faulkner; *Uncovering the Emotional Labour of Involvement and Co-Production in Mental Health Research.*

People with lived experience have been involved in mental health research – or coproducing research – for several decades now. In the UK, many funders require some level of 'patient and public involvement' in the research process. However, this process is not without its challenges. In this presentation, Alison will discuss research undertaken with Rose Thompson funded by the McPin Foundation, to explore the emotional implications of bringing lived experience into the research and workplace. We talked to researchers with lived experience as well as researchers working from a non-lived experience perspective. Issues of negotiating identity, the nature of emotional labour, academic working environments arose, alongside strategies for managing these challenges. We highlight the additional challenges affecting people from Black and minority ethnic communities working in predominantly white hierarchical workplaces. We highlight the hierarchical and competitive features of academic institutions that prohibit the successful integration of lived experience into mental health research.

Alison Faulkner is a survivor researcher with around 30 years' experience of working in mental health research and evaluation, mainly in the voluntary sector. She has personal experience of mental distress and self-harm; and of using mental health 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 over 20 years and has worked for most of the major UK mental health charities, including NSUN (the National Survivor User Network), Mind, Together, the McPin Foundation and the Mental Health Foundation.

BHSC G05 (120) Rona McBrierty; *Empowerment, Self-determination and Self-Advocacy*

Traditional mental health services, and the practice of biomedical psychiatry have proven to be harmful to many of us. In this interactive workshop we will explore the link between self-esteem empowerment and our ability to be self-determined to enable us to advocate for our needs within the traditional mental health systems. Exploring how we can utilise lived and living experience to promote personal and system recovery and transformation. In this workshop we will:

1. explore how our internal landscape can hinder or support our motivation to advocate for our needs
2. identify how we can Taking Action to feel more empowered and self-determined in our relationship with others and getting our own needs met
3. explore how we can utilise lived and living experience to promote personal and system recovery and transformation

Rona McBrierty is an internationally recognized Wellness facilitator and trainer who provides training and technical assistance to large and small organisations to support fidelity and sustainability of evidence-based peer programs. Rona is the senior advisor to the Copeland Center for Wellness and Recovery. She has over 40 years of experience in mental health services, first as someone being supported and now as a Wellness facilitator, advocate and peer. Rona's direct experience of navigating her own recovery and receiving peer support was the catalyst and the motivation to becoming a leader of this work. When Rona is not promoting wellness and recovery, she enjoys any activity that involves water, particularly swimming and paddleboarding.

BHSC G06 (120) Sam Robertson and Don Robertson; *The reality of peer working in an NHS mental health service*

In order to reduce the iatrogenic harm associated with interactions within mental health service settings, 'trauma-informed practices strive to achieve mutual and collaborative relationships between staff and service users through partnership working' (Sweeney *et al*, 2018, p. 324). Mutual and collaborative relationships are also at the heart of peer working. Therefore, peer working has a natural alignment with trauma-informed approaches. However, how does it work in practice? And how do peer workers maintain wellbeing during potentially traumatic interactions with service users and/or colleagues? The Peer Emotional Labour (PEL) study explored the experiences of peer workers in a range of roles within a single NHS mental health service (Robertson *et al*, 2024). For the purposes of this study, peer worker included any role that had a requirement for lived experience of mental health conditions and/or services (although not all have 'peer' in their job title). Peer workers are a relatively recent, but increasingly important, part of NHS workforce (as in other settings), and the PEL study aimed to add to the evidence relating to the reality of peer working in this setting. Whilst providing an overview to the PEL study, we want to reflect upon some important considerations:

- Located within the NHS, how critical was the study?
- Since peer workers need to earn a living, how critical could they be about their work environment?
- How do we ensure PEL has a meaningful impact?
- What's next in this research journey?

References:

Sweeney A., Filson B., Kennedy A., Collinson L. and Gillard S. (2018) 'A paradigm shift: relationships in trauma-informed mental health services.' *BJPsych Advances*. 2018;24(5):319-333.

<https://doi.org/10.1192/bja.2018.29>

Robertson S., Leigh-Phippard H., Robertson D., Thomson A., Casey J. and Walsh L.J. (2024) 'What supports the emotional well-being of peer workers in an NHS mental health service?' *Mental Health and Social Inclusion*, Vol. ahead-of-print No. ahead-of-print. <https://doi.org/10.1108/MHSI-02-2024-0023>

Dr Sam Robertson; I am the Patient and Public Involvement (PPI) Lead within Research & Development at Sussex Partnership NHS Foundation Trust (SPFT). I am also a Peer Research Fellow and Lead for the Lived Experience Research Network (LERN). Wherever appropriate, I draw on my lived experience of mental health experiences, including using mental health services. The subject of my PhD was the development of personal narratives to include mental health experiences, and how this process contributes to mental health recovery. As a qualitative researcher, I have a broad base of interest including: co-production; 'insider' perspectives; focus group facilitation; autoethnography and narrative development - methodologies that offer a voice to underrepresented people in research. I continue to develop experience as a PPI co-applicant and peer researcher, in addition to leading on my own research (e.g. I was awarded an Individual Development Award by ARC KSS in 2022 for Peer Emotional Labour (PEL)).

Email: sam.robertson@spft.nhs.uk; sam.robertson6@nhs.net

Don Robertson, Senior Peer Trainer and Researcher, SPFT. I was a member of the lived experience advisory panel for the Peer Emotional Labour study. I also undertook peer research tasks focussed on data analysis and exploring the background literature. This has led to my interest in doing my own research being reignited, and I am currently preparing a proposal to undertake a PhD exploring the role of identity and the use of self in peer support. Like many others in the peer worker world, my journey here has been somewhat tortuous. After working as a professional engineer/project manager for around twenty years, I had a 'mid-life awakening' and made a radical career change. For more than decade now, I have worked in a range of different peer support worker/trainer roles - within the NHS, local authority and third sector organisations. I currently facilitate training on the principles of peer support for people considering it as a possible job.

Email: Donald.robertson1@nhs.net

BHSC 1.21 (70) Éadaoin Berkeley; *Beneath the mask*

This is a short presentation and discussion on co-creating spaces for transformative dialogue around understanding madness. Reflecting on art, creative processes and mask making as a tool to stimulate discourse around the divide between the authentic self and what we present to the world. This is a shared human experience; we all wear masks. But what happens when we begin to break down the barriers of the professional image and connect through creativity and compassion. Do we begin to see each other clearer and understand distress better. Dropping the mask celebrates that vulnerable part of our selves through sharing who we really are. It helps to shine a light on all dark and lighter aspects of self-identity, allowing our inner emotions of joy, sadness, anger, love, pain and peace to just be. Love is the antidote to fear that unveils layers between the self and other divide. On this journey, creativity is the pathway, connection is a virtue, and the truth is freedom

Éadaoin Berkeley is an artist, facilitator and expert by experience. Interested in creating spaces for transformative dialogue around changing our understanding of madness. She uses art as a tool and creativity as a method for collaborative exploration of her socially engaged practice. Éadaoin's process engages in an informal praxis of learning on reflection and action to stimulate thinking and ideas around mental distress and particularly around the added value of art and creative processes in the discussion

BHSC 1.22 (70) Neil Broatch; *A lack of insight? - Understanding some ways inadvertent iatrogenic harm can occur*

Receiving psychiatric treatment can often result, over time, in disability and a worsening outlook. I suggest that compounded iatrogenic harm is a key factor contributing to such outcomes. Understanding the dynamics driving mental health professionals to inadvertently cause iatrogenic harm is essential to addressing the question of how to avoid it. I attempt to outline these dynamics with example pathways (derived partially from my own experience) of how unnecessary medicalisation can occur and lead to compounded iatrogenic harm. I propose that such dynamics arise, in the main, from two factors:

1. **Unwarranted assumptions**, often tacit and unconscious, around diagnostics that amount to the reification of psychiatric diagnoses into discrete disease entities. This might be seen as akin to taking the concept of "the average voter" as referring to an actual person.
2. **Insufficient caution** around prescribing practices for psychotropics; stemming from lack of awareness and recognition of long-term effects of consumption and withdrawal, i.e. sensitization or kindling, rebound effects, and akathisia. Effects that often drive substance misuse, through felt need to self-medicate; or lead to further diagnoses and polypharmacy.

Uninsightful assumptions around diagnosis contribute to a culture where professionals and public believe there is something inherently wrong with service-users. This tends to justify fatalism about their prospects and denies validity to their perceptions and reports. I suggest a different approach to thinking about causality in psychosis and mania, with the implication that diagnoses like 'schizophrenia' are explanatorily redundant.

Neil Broatch; Writer, researcher bringing own lived-experience of psychiatric treatment together with an

academic background in analytic philosophy and economics, to his research on the mental health system and its outcomes. Also a trustee with Soteria Network UK, with prior experience of evaluative and policy work in relation to 'multiple complex needs'. Some of his suggestions for mental health services to avoid iatrogenesis can be found in this article.

16.15-17.00 Concurrent Sessions C

BHSC G02 (250) Tony Humphreys; *Seeing the Order in the Disorder*

The 'order' to be seen by a professional in the presenting disorder is one, the unconsciously creative mirroring of childhood traumas and adverse experiences and, two, the creation of protectively designed behaviours to reduce the painful impact of the traumas and adverse experiences. The labelling of individuals with schizophrenia, bi-polar depression, chronic anxiety, obsessive-compulsive disorder, addictions etc. does not see the 'order' in the so-called disorders. In fact, there is no evidence base for the foregoing conditions. Seeing the creativity certainly is the pathway to resolution of the inner wounds to the Self.

Dr. Tony Humphreys is a Consultant Clinical Psychologist, Author and National and International Speaker. He began his career as a Clinical Psychologist in State Psychiatric and Psychological Services in England and Ireland and since 1990 has been working in private practice in Ireland. He has become Ireland's most influential psychologist, working with individuals, couples, families, schools, local communities and the business community. He is the designer and director of two National University of Ireland courses – Certificate in Interpersonal Communication and Higher Diploma in Relationship Mentoring at University College Cork with an outreach in Portlaoise, Co. Laois and Masters in Psychotherapy of Relationship Mentoring at Technological University of the Shannon (TUS), Limerick.

BHSC G04 (120) Sarah Carr and Tina Coldham; *Minimising avoidable harm in mental health social care: A call to action*

Despite legal frameworks, professional standards and service regulation, people with mental health problems in England are still being avoidably harmed, in some cases, precisely where they should not be - in social care services. In response to this, an expert group of service users, practitioners, academics, and policy makers co-produced a call to action. They set out actions for minimising avoidable harm in mental health social care, focusing on common aims and practical solutions. They worked together in a Practice Lab which was the next stage of a service user-led project on service user experiences of avoidable harm in mental health social care. At the Practice Lab the group explored how a service user-defined model of avoidable harm can inform policy and practice, and how a set of service user recommendations for harm minimisation can be implemented in practice. The Lab was run by two service user/survivor researchers and a disabled people's user-led organisation. In this presentation we will explore the powerful and comprehensive approaches to minimising avoidable harm in mental health social care that resulted.

Dr Sarah Carr is an independent mental health and social care researcher, having worked in the academic and charity sectors. Her specialisms include service user/survivor research and involvement. She formerly held academic positions, including Senior Fellow in Mental Health Policy at the University of Birmingham and Associate Professor in Mental Health Research at Middlesex University. Sarah is now Senior Visiting Research Fellow at the Department of Health Service and Population Research, Institute of Psychiatry, Psychology and Neuroscience, Kings College London where she is affiliated to the Service User Research Enterprise (SURE). Sarah has been involved with the service user/survivor movement for many years, lives with long-term mental health problems and was recently diagnosed autistic. Sarah strongly believes that service user/survivor

knowledge is fundamental for changing how we understand mental distress and what helps those who experience it.

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 over a 25-year career. 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 Director of the Health and Social Care Advisory Service (HASCAS), in the 2000's, who conducted mental health 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 Chair of the National Survivor User Network (NSUN). She now advises the Centre for Engagement and Dissemination at NIHR on all things Participation, Involvement and Engagement (PIE!). Tina is also co-lead at BRACE Rapid Evaluation Centre at the University of Birmingham.

BHSC 1.21 (70) Jess Orense; *Coming out as the 'wounded healer': Navigating self-disclosure(s) in practice*

In counselling and therapy, the use of 'self-disclosure' is often debated; it is either frowned upon or encouraged with discretion, depending on one's theoretical leaning or training. If not allowed to safely disclose or 'come out', Mad people working as mental health and social care practitioners may experience harm themselves whilst being complicit in causing harm to people who access their services. In this workshop, I hope to provide an opportunity for co-reflection on the ways we show up and navigate different spaces in relation to our own intersectional identities. The session will allow for (re)imagining how we might shift our respective professional practices and/or create 'alternative' modes of community care. We will also discuss ways that institutions can co-opt, sanitise, and capitalise on tools from grassroots origins. I will be drawing from perspectives I have gained during my education and employment across a wide range of settings and contexts – as a drama therapist (2017-2020) and as a peer support worker (2020-2024). I will share background information and side-by-side examples showing overlaps in responsibilities and services provided, as well as shining light on problematic practices. Alongside this, I will invite folks to take part in a creative exercise. Materials for colouring and collage will be available. Participants can opt out or opt to engage in a way that best suits them (such as journaling independently). We will close out with a group discussion and sharing.

Jess Orense is a non-binary, neurospicy, service (ref)user, and storyteller from the Philippines. They relocated to Scotland in their artistic-activist-academic pursuit of 'doing' Mad Studies. Jess is a recipient of a funded PhD studentship at Queen Margaret University Edinburgh, Scotland. Their current research project focuses on co-creating autoethnographic theatre to explore intersecting identities and marginalisations as experienced by Mad people of colour and migrant communities. Jess graduated from New York University (*MA Drama Therapy*, 2019). Recent theatre work was with *Colleidoscope Repertory Theatre Company*, *NYU Theatre and Health Lab*, and *National Queer Theater* (US). They have also completed peer support training and worked at a 24/7 Crisis Respite Center before moving abroad. Jess is committed to fostering anti-oppressive and non-carceral spaces for community care.

BHSC 1.22 (70) Miriam Emanuela Presta and Sarah Labovitch; *Heal the trauma. Don't cause the trauma*

'First Do Good' is a powerful statement that needs some unpacking. It is directed more at clinicians than patients, which leaves us patients as beings to be acted upon, rather than active collaborators in our own recovery journey. Yet, as service users we should become the authors of our own narratives and reclaim our histories. Therefore, it is paramount that service users educate themselves, so that they can make informed decisions. We need to communicate effectively and participate actively. We need to check and double-check

our medication and its dosage. We need to keep abreast of current thinking. And we need to appoint advocates to speak for us when we don't have the words. As a service user for many decades, I have been unfortunate enough to have experienced significant iatrogenic harm. I underwent 12 sessions of ECT 15 years ago, which drastically depleted my memory. I forgot how to drive, my children's childhoods, and the various languages I'd managed to accrue over the years. I've been administered clozapine for over 10 years, which renders me comatose every morning and takes away any semblance of being alert. Enough. This has to stop.

No longer will we simply be subject to the sledgehammer of psychotropic medication. Us patients have already suffered the trauma of being diagnosed. Now, we don't want to die 20 years earlier than our peers, nor do we want to weigh a good five stone more than we should. But where do we start?

Miriam Emanuela Presta; I am a Peer Support worker for NHS West London Trust and a Forensic Psychology student with The Open University. Prior to this I was working in a primary school which I enjoyed, but my passion lies in mental health, specifically in Complex Emotional Needs and Advocating for service users. I am driven by the desire to ensure that the people I work with know someone is in their corner advocating and supporting them. Social justice and the human mind have always fascinated me and I have tried to develop this into my academic work, gaining a Diploma in Psychology, Sociology and Pedagogy and am now close to completing my BSc in Forensic Psychology. My hope is to, one day, work within a therapeutic community in the forensic services and contribute to thinking about the justice service from a rehabilitative perspective rather than punitive.

Sarah Labovitch; I'm a peer support worker with a background of complex emotional needs and autism. Prior to this, I was a journalist and managing editor in current affairs. I changed career about five years ago, after a mental-health blip, wanting to give something back. Since that time, I've written or contributed to about 9 or 10 articles – mostly around my own lived experience. During this time, I gained an MSc in Psychology, and I became a Peer Support Worker last year for the new Complex Emotional Needs Team at West London NHS Trust. Recently, I've gained a place on the Improvement Leader Fellowship programme at the NIHR. Meanwhile, I've also been made an Honorary Research Officer at Imperial College. And in the future, I've been commissioned by The Guardian to write an article about personality disorder.

Saturday 9 November

Keynote Presentations

10.00-10.45 BHSC G02 Keynote Presentation 4

Jacqui Dillon; *First Do No Harm: Iatrogenic Harm in Mental Health*

Following the tradition established by the ancient Greek physician Hippocrates, doctors agree to uphold a certain set of values, including the imperative to do no harm. Unfortunately, following our encounters with traditional psychiatric services, for many psychiatric patients, both the ideas and the practice of biomedical psychiatry have proven to be harmful to many of us. Misdiagnosis, compulsory treatment, adverse drug reactions, negligence, overmedicalisation, are all relatively common experiences within psychiatric services. Iatrogenic harm refers to the injury, either physical or psychological, caused inadvertently by the process of treatment. During this talk Jacqui shall explore the phenomena of iatrogenic harm: what is it, how is it caused what can be done about it.

Jacqui Dillon is an activist, author, and speaker, and has lectured and published worldwide on trauma, abuse, hearing voices, psychosis, dissociation, and healing. She is a key figure in the international Hearing Voices Movement, has co-edited three books, published numerous articles and papers and is on the editorial board of the journal *Psychosis: Psychological, Social and Integrative Approaches*. Jacqui is national Chair of ISPS UK, a board member of INTERVOICE, Honorary Lecturer in Clinical Psychology at the University of East London, Visiting Research Fellow at The Centre for Community Mental Health, Birmingham City University, a member of the Advisory Board at The Collaborating Centre for Values-Based Practice in Health and Social Care, St Catherine's College, Oxford University, a member of the Advisory Board at the Centre for Investigating Contemporary Social Ills at the University of Essex and Visiting Fellow at London Southbank University. Jacqui is an outspoken advocate and campaigner for creative, relational and trauma-informed approaches to madness and distress and is part of a collective movement demanding a radical shift in the way we understand and respond to experiences currently defined as psychiatric illnesses. In 2017, Jacqui was awarded an Honorary Doctorate of Psychology by the University of East London. See www.jacquidillon.org

Mark Horowitz; *How to Safely Stop Psychiatric Medications*

How to safely stop psychiatric drugs has been relatively neglected in psychiatric teaching and guidelines. The major risks on stopping medication are relapse and withdrawal effects. Withdrawal effects from psychiatric medications are more common, severe and long-lasting than previously recognized. Protracted withdrawal syndromes occur in some people who have stopped psychiatric medications and can be debilitating. Taking antidepressants as an example, withdrawal effects can manifest as both psychological and physical symptoms. Poor recognition of these effects can lead to mis-diagnosis as relapse of an underlying condition or onset of a new physical or mental health condition. Tips are provided to distinguish these conditions from withdrawal effects. Safely stopping antidepressants and other psychiatric drugs after long-term use in people who have difficulties involves three principles: stopping more slowly than previously recommended (months and sometimes years); reducing dose at a rate the individual can tolerate (involving some degree of controlled trial and error) and reducing according to a hyperbolic pattern. As the relationship between dose of psychiatric drug and effect on target receptors is hyperbolic (mirrored in clinical effects) it is pharmacologically rational to reduce dose in a hyperbolic manner to produce linear changes in effect on target receptors. This necessitates making reductions by smaller and smaller amounts down to very low final doses before stopping for those with difficulties. The doses required are smaller than widely available tablets and so liquid versions of medications or compounded smaller doses may be required. The rate of taper should be adjusted to the individual's ability to tolerate it. It is notable that patient-led groups have developed identical guidance through trial and error. The Maudsley Deprescribing Guidelines provides fast, moderate and slow reduction regimens for all licensed antidepressants, benzodiazepines, gabapentinoids and z-drugs, as well as guidance on which formulations of medication are suitable for this approach in the UK, US, Canada, Australia and Europe, including 'off-label' options where relevant. It is hoped that this guidance will help prevent some of the difficulties patients have when stopping medication and thus enable rationalisation of medication regimens.

Dr Mark Horowitz MBBS PhD is Clinical Research Fellow in Psychiatry in the National Health Service (NHS) in London, where he runs a psychiatric drug deprescribing clinic, helping patients to safely stop antidepressants and other psychiatric medications. He is an Honorary Clinical Research Fellow at University College London and a trainee psychiatrist. He is the lead author on the Maudsley Deprescribing Guidelines, a handbook aimed at clinicians interested in safely deprescribing psychiatric medications. He has completed a PhD from the Institute of Psychiatry, Psychology and Neuroscience at King's College London in the neurobiology of depression and antidepressant action. He is Co-Investigator on the RELEASE trial in Australia evaluating the effect of gradual, hyperbolic tapering of antidepressants. He co-authored the Royal College of Psychiatry guidance on "Stopping Antidepressants", and his work informed the recent National Institute for Clinical Excellence (NICE) guidelines on safe discontinuation of psychiatric medications. He has written several influential papers about safe approaches to tapering psychiatric medications including publications in *The Lancet Psychiatry*, *JAMA Psychiatry* and *Schizophrenia Bulletin*. He has an interest in rational psychopharmacology and deprescribing psychiatric medication. He has experienced the difficulty of coming off psychiatric medications first-hand which has informed much of his work.

Avril Scannell and Deirdre Lillis; *First Do No Harm: Coercion and Collusion, Past, Present and Where are We Going?*

So many voices have been lost to our past. If we are to feel confident in a system that acts to do good, do we need to acknowledge our past and where we are now so that we can move to a shared space that hears all the voices? We will share some of our learning, thoughts, and questions as we come to the end of the conference and as we go forward.

Avril Scannell has used the Mental Health Services throughout her life. Because of this self-experience she works as a peer advocate in the Cork area. Avril has worked with the Irish Advocacy Network since 2004 supporting people in distress to have their voices heard by the Mental Health Services and to give independent information around the person's rights. Avril's work provides a witness to some people's torment and can bring hope and encouragement during difficult times. Avril believes everyone has Mental Health and people have a better chance of recovery if they are not alone.

Deirdre Lillis works as an advocacy consultant with the Social and Health Education Project's Advocacy Programme in Cork. Deirdre has worked as an independent advocate for many years, in part led to this work by her experience of the psychiatric response to her distress in her early twenties. As a witness to the experiences of many people to traditional responses to emotional distress she hopes for the acknowledgement of the harms of the past and a shift to a future that does not use coercion in all its' guises in the name of supporting people in distress.

Saturday 9 November

Concurrent Presentations

12.00-12.45 Concurrent Sessions D

BHSC G02 (250) Martha Griffin & Liam Mac Gabhann; *Overcoming Institutional Iatrogenesis through the lens of human rights trauma informed approaches in mental health communities*

This presentation will first set out the international and national policy mandate for what is commonly referred to as the new paradigm in mental health, one that moves away from the traditional bio-psychiatrically centric paradigm. The particular emphasis is on human rights, trauma informed approaches and community grass roots and peer led services. We will then pose an argument as to why, despite this mandate, iatrogenic harm remains widespread in mental health services. The focus of this perspective will be on entrenched cultures, old ways of thinking, disciplinary belief systems relating to 'mental illness', power structures and a veil of confusion and manipulation of language in mental health discourse. Once an acknowledgement of what is, has set the scene, the second part of the presentation will outline a simple non resource intensive framework of how through the lens of human rights and trauma informed approaches 'First do Good' is a practical reality, even within our present infrastructure, though more probably despite those structures. Whilst we will argue a new paradigm philosophy underpinned by present day policy mandates, the framework through which we will demonstrate possibilities will be practical, relational, doable and broader than what would traditionally be viewed as mental health service provision. We are not naïve enough to think that traditional mental health services will or even can shift from an iatrogenically orientated provision. We are naïve enough to believe that if we have a valid framework supported by international mandates and sufficient people are prepared to look at things differently, then the narrative of 'First do Good' can displace iatrogenesis in mental health care.

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.

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.

BHSC G04 (120) Nicola Byrne, Sophie Mae, Cathy Shah, Marie Keating, Sean Blake and Anne Doran; *The influence of lived experience voices in the policy and decision-making processes: Successes and Challenges*

Shine is a mental health organisation that has been serving Ireland for over 40 years. Our vision is of a more compassionate Ireland where those affected by mental illness and stigma are supported and included in all aspects of society. Our work focuses on amplifying the narratives of individuals with lived experience of mental illnesses, their family members and supporters, fostering a deeper understanding and driving positive change. In June 2023 we set up The Voice Platform, a group of over 50 people with lived experience of mental illness, family members and supporters that collaborates with Shine on policy, advocacy, media and research initiatives. We work with Voice Platform members to create a space where personal stories are not only heard but valued as critical insights for policy and practice. By leveraging the authentic voices of those with lived experience, we aim to bridge the gap between service providers and service users, ensuring that mental health services are truly responsive to the needs of the community. Our presentation during the 'First do good' UCC Conference will highlight key initiatives, including engagement with media, advocacy, training, and public awareness campaigns. These initiatives empower individuals to share their stories, advocate for their rights, and influence mental health policies. We will share compelling case studies demonstrating how these voices can lead to tangible improvements in mental health services and outcomes. By prioritizing the voices of lived experience, we not only validate individual journeys but also inspire collective action towards a more compassionate and effective mental health system. Join us to explore how the power of lived experience can drive meaningful change and create a more inclusive society.

Nicola Byrne, CEO, Shine. With over 25 years of experience in the field, Nicola has a proven track record of delivering successful projects and programmes that positively impact communities. Nicola's expertise lies in programme and portfolio management, as well as change management, social research, mental health, and training and continuing education. Nicola is currently CEO of Shine, where she is responsible for the overall management, control, and operation of the organisation, which offers frontline services, advocacy, research, and hosts national stigma reduction and media mental health monitoring and training programmes. Prior to this role, Nicola held several senior positions in the HSE and other charitable organisations.

Sophie Mae, member of The Voice Platform. Sophie is an Assistant Psychologist working on the PSYcHE programme at the University of Galway, a programme aimed at improving psychosocial supports in youth mental health. She has a BA in Psychology (International) and a Master's degree in Clinical Neuroscience. She previously attended a CAMHS service as an adolescent and has since been working alongside the staff on a Quality Improvement Initiative. She joined Shine's The Voice Platform with the aim of contributing to the improvement of mental health services in Ireland through her lived experience. She has also worked on the My World Survey 3 as a peer researcher, is a Crisis Volunteer for Text About It, and is on the National Action Panel for Spunout. She aims to use her lived experience to inform her future in psychology and her provision of care.

Cathy Shah, member of The Voice Platform. Cathy Shah is a passionate mental health advocate, writer and poet from Dublin Ireland with Irish and Indian heritage. She runs an Instagram page @candidlycathyshah where she raises awareness of depression and suicide in order to end the stigma and inspire hope in recovery. She is a See Change ambassador and writes articles and gives talks about her lived experiences with mental illness. She runs her mental health blog candidlycathyshah.substack.com in order to reach and help others who are struggling with mental illness. She has been part of the Voice Platform since it was set up in May 2023.

Sean Blake, member of The Voice Platform. Sean Blake, living in Swords, Dublin. Married with four children. I am in recovery from anorexia and passionate about raising awareness through my own lived experience. I

have only begun to find my calling after a lifetime of negativity towards myself and I am using it to fight the stigma that exists around mental illness. My goal is to normalise everyday conversations around people's

mental wellbeing and raise awareness of eating disorders in all areas of life particularly sports and the workplace. I am proud to be Shine See Change Ambassador and a member of the Voice Platform, I am also a member of the NIMC lived experience Reference Group. I took part in the RTE documentary "Anorexia My Family & Me" I have only recently begun to use Social Media to talk about my experiences. As a member of the Bodywhys Media panel I also contribute to any awareness campaigns. I believe self-compassion is vital for everyone because we all deserve to live in happiness.

Anne Teresa Doran, member of The Voice Platform. Anne Teresa Doran (she/they) hails from Cork and currently works as a Staff Officer. They have lived experience of mental health challenges and therefore could be classed as expert by experience, an advocate and an activist. Anne is a poet and has many of their poems published. Anne writes about their own challenges and themes of LGBT, nature and mental illness and recovery. Although Anne doesn't like the use of labels to other them, they are multiply neurodivergent and considers themselves as gender non-conforming. Anne returned to adult education in 2022, completed a course in UCC entitled Mental Health in the Community and has begun the second year of Diploma of Social Psychological Health Studies. Since its inception, Anne has been a member of The Voice Platform.

BHSC G05 (120) HVNI Board members; *Hearing Voices Network Ireland (HVNI) AGM 2024 and update on activities*

The Hearing Voices Network Ireland was formally launched in April 2015, although HV support groups in Ireland date back a little longer. At this presentation members of the Board will take the opportunity to share the Board's recent activities, hear from delegates and respond to questions and suggestions, before moving onto the formal AGM procedures (accounts, nominations, election of Board members) towards the end of the presentation.

The Hearing Voices Network Ireland (HVNI) is one of over 20 nationally based networks around the world joined by shared goals and values, incorporating a fundamental belief that there are many ways to understand the experience of hearing voices and other unusual or extreme experiences. It is part of an international collaboration between people with lived experience, their families and professionals to develop an alternative approach to coping with emotional distress that is empowering and useful to people and does not start from the assumption that they have an illness.

BHSC G06 (120) Matthew Morris; *Emotional First Aid - Changing the Landscape and Finding Your Way*

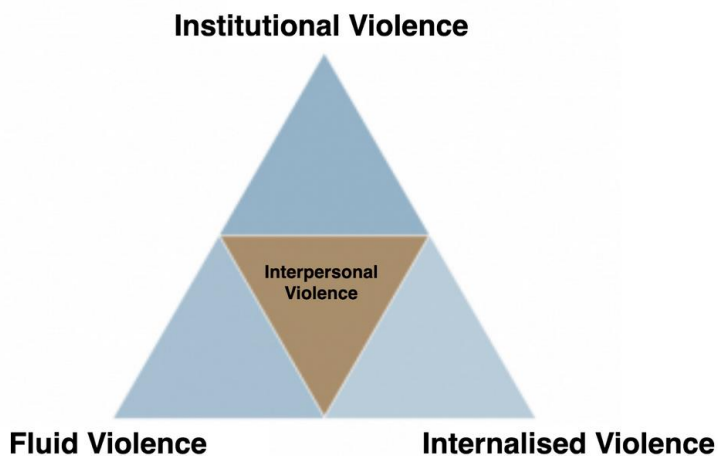
The Landscape within mental health services can create environments and climates that are often toxic and inhospitable for almost any human within them. Places where people are not nurtured, given warmth, or the freedom to express who they are, what they believe, regardless of their position or role within them. It was our experience of those environments, as well as those who we consulted, that were the inspiration for Emotional First Aid. Using a concept of Landscapes, Climates and of people exploring and navigating their own unique emotional worlds, we hope to change the conversation around what it is to be a human being with feelings and unusual experiences. Offering training that reinforces and supports people's freedom to make their own sense of who they are and what has happened to them. Enabling people to consider their unique Life Landscapes and the Climates that operate within them, so that people can acknowledge how things are shaped by the things that are, or were, outside of their control, and how their reactions to these things are sometimes the only way they can survive. Fostering greater compassion, and respect for who

people are and why. As well as individually and collectively giving voice to challenging those climates and the features that created, or create, hardship and adversity. We would like to share our work with your delegates, and how we have responded to the harms that we have witnessed within services, and in how mental health is being discussed more broadly.

Matthew Morris is the Director of Development for The Mavam Group, whose aim is to innovate, and to demonstrate that change is possible. He has worked within the field of helping people for over 40 years. Starting out on the Youth Opportunities Scheme (YOP) in a Mind Drop-in Centre, then training as a mental health nurse, working for a charity for seven years, returning to the NHS as a Clinical Team Leader and Service Manager, before joining Mavam 13 years ago. Matthew considers himself an ally of the Hearing Voices Movement, and attributes much of what he does now to the learning and inspiration he found listening to the stories of voice hearers. His latest creation is Emotional First Aid training, which he hopes will help to change the conversation about human emotion and experiences.

BHSC 1.01 (70) Rosch; *Beyond the Psychiatrist's Office: A Model for Analysing the Pervasive Harm of Psychiatric Violence*

This presentation aims to demonstrate how iatrogenic harm caused by mental health practices extends beyond the confines of psychiatric institutions. I will argue that the shift from institutional to community mental health care has not eradicated psychiatric violence, but rather transformed it. Coercive measures such as compulsory hospitalisation persist while psychiatric power has become more diffuse, with psychological and psychiatric perspectives forcefully dominating mainstream discourse. Drawing on sociological theories of violence, I will present a model co-developed with Denise Meschke, based on the work of Lüthi (2019). This model of violence outlines four interlocking layers of psychiatric violence, shedding light on the process by which violent actions become normalised and framed as 'treatment' within psychiatry.



Interpersonal violence: violent interaction between two or more people

Institutional violence: written text defining the diagnostic and legal framework of psy treatment

Fluid violence: intangible psychocentric norms 'flowing' through social interactions and mainstream discourse

Internalised violence: taking control of one's own feelings and behaviour in conformity with psychocentric norms

Interweaving examples from my lived experience, I will show how psychiatric diagnoses and psychocentric thinking perpetuate harm beyond the psychiatric setting; in our daily interactions, in non-psychiatric healthcare contexts, and in the harm we inflict upon ourselves by internalising psychiatric norms. In presenting this model, I hope to unravel the tangled web of psychiatric harm and to provide pivot points for how it can be addressed at multiple levels.

Rosch Eberl (she/her) is a survivor activist and dance artist from Berlin, Germany, currently completing a Masters in *Mad Studies* at Queen Margaret University Edinburgh. Since 2012, as part of Marie Blanche collective, she has facilitated workshops for medical and social work students, applying a critical lens to psychiatry and creating space for lived experience perspectives in the training of these professions. She co-edited the German translation of Bonnie Burstow's *Psychiatry and the Business of Madness* and contributed its preface. She is a founding member of the Edinburgh-based group Mad Insight, which seeks to inspire change in relation to the mainstream mental health system and society's response to madness. Her recent scholarship has focused on psychiatric violence, the body's role in conceptualising madness and medical misogyny. Her choreographic work explores her lived experience of madness and chronic illness, interweaving her biography with those of mad and crip women throughout history.

BHSC 1.02 (70) Ute Kraemer and Sebastian von Peter; *Co-production whopper?! How we involved collective lived experience in the design phase of a review on tapering neuroleptics*

From February 2023 to March 2024 a collaborative team at the Medical School Brandenburg undertook an innovative approach to designing a systematic review on tapering neuroleptics in people with schizophrenia-related disorders using several involvement formats – the PARTANE study. Collaborative research team means that 2 researchers with lived experience of psychiatrization and of tapering NL themselves worked together with 2 critical psychiatrists who do research as well as clinical practice. Involvement of people with lived experience (LE) in the design and conduct of a systematic review is a rather new research activity. We will present how we elaborated and negotiated with stakeholders to facilitate meaningful involvement. Lived collective knowledges about tapering psychiatric medication have been built within networks of the user/survivor movement for decades. Psy-professions have, in contrast, advised against tapering NL, and academic research on strategies for tapering NL is still in the making. Therefore, we invited LE experts to participate in 3 day-long Participatory Workshops, in Berlin, Utrecht and London respectively, to discuss their insights into tapering NL and to advise on criteria of a review design. Further, we carried out Advisory Board meetings that brought together researchers in the field of tapering, and people with a 'double whopper expertise' who combined LE of peer support, research or other publication expertise about tapering NL. We will talk about the powerful inputs of the LE participants, some of which were rather new to academic researchers. And we will talk about some of the challenges of analysing and reporting on this knowledge that raised fundamental methodological questions.

Ute Maria Krämer has been a cultural anthropologist before resisting psychiatry (as unruly ex/patient). After being medically retired she completed a MSc in Mental Health Services Research with a focus on user-led/survivor research. More recently she was a coordinator of a German-wide Trialogue Project that explored how to put human rights into practice with user/survivor experiences at its centre. For 5 years she is now part of Co-Lab, a research group staffed by both researchers with and without patient-experience of psychiatric treatments. Her aims would be to strengthen survivor research principles in user-led or co-produced research. However, she has gained the impression that, in Germany, emancipatory research conducted by users/survivors is being rejected, and that critical participatory research is equally pushed to the margins. Perhaps she will add another powerless uproar to the scandalous elimination of users'/survivors' voices and knowledge production from near all formally funded research.

Prof. Dr. Sebastian von Peter; I am currently working as a (critical) psychiatrist at the Medical School Brandenburg/ Germany, leading the home treatment team. In addition, I am in charge of a research team (<https://www.mhb-fontane.de/en/mental-health>) that mainly works collaboratively, i.e. is staffed by researchers with and without lived experiences of psychosocial crises and psychiatric violence (Co-Lab Mental Health).

14.15-15.00 Concurrent Sessions E

BHSC G04 (120) Oliver Davis; *Psychedelic Regulation and Iatrogenic Harm*

Within the last ten years, the US Food and Drug Administration (FDA), the US medicines regulator, has granted the special status of 'breakthrough therapy' to a number of psychedelic compounds, including psilocybin and LSD, because of the promise they are widely believed to hold as trans-diagnostic treatments capable of curing a wide range of serious mental health conditions (OCD, anorexia, treatment-resistant depression and severe anxiety, etc). This designation is intended to allow potential new drugs a faster path through clinical trials to market where the drug in question addresses a particularly acute and costly problem. However, in hearings held in the summer of 2024, the FDA turned down the first fully-fledged application to result from that designation, a request from Lykos Therapeutics to bring to market its MDMA treatment for Post-Traumatic Stress Disorder and requested new Stage 3 trials. In my paper, I propose to review these hearings and the debate around them from the angle of iatrogenic harm. There has long been concern about the way in which psychedelic therapies might cause iatrogenic harm, in particular through the influence of abusive practitioners. At the same time, my discussion will aim to demonstrate the limitations of a narrowly risk-based way of conceptualising iatrogenic harm when it comes to a new type of extremely promising new substances. What harm is and what harm reduction means are far from self-evident in this sphere.

Oliver Davis was recently appointed Professor of French at UCC and will join the University in October 2024. Some of his current research is in 'the psychedelic humanities', which may be considered a branch of the medical humanities devoted to these substances and cultures of their use. He co-edited [a new series of articles on the psychedelic humanities for *Frontiers in Psychology*](#) and has published on conceptualizing [patient autonomy in psychedelically assisted psychotherapy](#) and on [the mescaline writings of French Modernist poet and visual artist Henri Michaux](#). His next book, exploring the political implications of the psychedelic renaissance, is due out in a few months' time.

BHSC G05 (120) Brendan, Eoin, Mags, Peter, Mags, Marie-Therese & Marie (Gateway); *Harm revisited and healing together through Podcasting & Peer Support: A conversation with Gateway Members*

Gateway invites CVNI attendees to hear from members of our peer-led Tribe, as they talk openly about harmful practices experienced within the Irish Mental Health System. During this panel discussion, the audience will also hear some of the panels' stories, that have helped form Gateways' upcoming Patchwork Quilt Podcast Series,' which will be launched in January 2025 as part of Gateways' 20th anniversary celebrations. Along with discussing harm endured, panellists will consider the impact that shaping their stories and speaking out in a supportive peer-led setting has had for them. As one Gateway member put it, on first hearing back their recorded podcast story: 'I hadn't spoken publicly about that in over twenty years: I feel like the narrator of my own story now.'

Gateway; Based in Rathmines, Dublin, the Gateway Mental Health Project is a peer-led Community Development organisation run by and for people with experience of enduring mental health difficulties. Adopting person-centred and human rights-based approaches our community promotes healing, inclusion, empowerment, and equality. Since 2004 Gateway has evolved into a vital community resource for many who found themselves on the margins, one that works to inform mental health policy and practice and also tackle the mental health stigma that pervades.

BHSC G06 (120) Kosta Moutsko; *Dealing with the effects of late diagnosis, the optimist edition*

I would like to examine the coping strategies for dealing with the consequences of late diagnosis or late access into the care of the statutory Mental Health Services. During the COVID19 crisis in 2020, due to reduction of admittances, people experiencing mental health challenges were left without the support of mainstream services, which may have exacerbated their suffering. In October 2020, I experienced a manic episode. I lost my sleep, my job, most of my social circle and I suffered from psychosis while trying to maintain some basic structure in my life. As there was a reduction in admittances and services, I was seen in August 2021. Here is what I did while waiting:

- Walking in nature. The feeling of awe that nature instils in us is a reminder of the wonder of life. The process was meditational and grounding, and some research was needed to perfect the healing walks.
- Mood Food. Nutrition is key, especially exploring the flavours that suit each individual. We also need to monitor the intake of dopamine-triggering foods to deflect addictive eating patterns.
- GPs. They provide a significant first point of support for Mental Health difficulties. A new model of prescribing mental health medication through the GPs could prevent the escalation of conditions. For example: a head start on antipsychotic medication while waiting to join a team can be lifesaving.
- Participating in Mental Health support groups can make the service user become part of the solution by providing honest feedback to the Mental Health Service. The dynamics of the relationships in such groups and panels and the perception of HSE stakeholders towards the volunteers are also worthy of assessment.

While these strategies can be valuable tools for individuals, there is a need for a deep reflection on how to tackle systemic issues that continue to hinder people's timely access to mental health services which threatens to compound existing mental health challenges.

Kosta Moutsko -Member of the National Volunteer Experience Panel (MHER – National Mental Health Operations). I was diagnosed as bipolar 4 years ago, during COVID. I have an undiagnosed bipolar father and brother. I attend psychotherapy, practice meditation and keep up with the Mental Health developments. I spent most of my life working as a chef, and academically, I hold a BA in Botanical Cuisine and an MSc in Culinary Nutrition, which I finished last year. I am influenced by the works of Gabor Mate, Bessel Van Der Kolk, and, lately, Marsha M. Linehan. Currently, I work as a Business Development Specialist for PayPal.

BHSC 1.01 (70) Joana Rita; *Queering the language of dis/order*

Modernity's ontological need for separation and separateness manifests in a culture where professional diagnosing of mis-behaving bodies continues to separate their experiences in both human communities as well as wider metabolic earthly systems. In this workshop we will be taking an artistic and ecological perspective on how we collectively language dis/order and the impacts that has in human and non-human entanglements. We will be reflecting on wording and worlding possibilities that are concurrent with the western settler-colonial context that might orient our collective bodily relationships with psychic and physical dis-eases differently, looking at both distinct cultural contexts as well as poetic and artistic means of expression humans have used and continue to use to make meaning out of their experiences. Given this, we will be invited to engage our imaginations and play together with ways of languaging experience both for caregivers and those who need care, beyond what might be readable within the medical-industrial complex, engaging with the transformative possibilities of narrative medicine with curiosity and openness. The provocative attempt here is not to let go of the convenience of mutually-agreed upon diagnosis all together, but rather to advocate for ways of queering how we speak of and live through and alongside dis/orderly bodies, in favor of a holding multiple truths and perspectives at once, fostering epistemic diversity, empowerment and more resilient communities.

Joana Rita is a transdisciplinary artist & researcher whose work is centered on practices for inhabiting damaged ecologies and imagining livable futures. She shapeshifts between theory and practice and different artistic mediums to activate magic, the sensing body and collective imagination. Her work is driven by a strong auto-ethnographic component, fostering spaciousness for her own and others' wanderings by listening to and building relationships with the odd, the queer, the broken and dis-ordered within and without - all of which are mostly pathologized or made invisible within modernity's modus operandi. Joana is currently pursuing a doctoral research at the University of Lisbon and her background includes a Master's degree in immersive theater with Teatro de los Sentidos in Catalunya, Spain (2018-2020) and an undergraduate degree with a concentration in theater, public action and ecology at Bennington College, VT (2014-2018). Her experience includes expressive arts therapies, somatics, herbalism and communal living.

BHSC 1.02 (70) Julia Lippert and Sebastian von Peter; *Participation in Action: Involving Lived Experience in Tapering Neuroleptics Research*

Drawing on our insights from a collaborative study – the PARTANE study, in which we listened to users/survivors to design a systematic review - this workshop aims at exploring the question on how to co-produce knowledge in research on tapering neuroleptic drugs. It departs from the paradox that despite of a wealth of practices and shared knowledges having been developed within user/survivor communities since the 1970ies and an abundance of experiential reports, podcasts or withdrawal guides having been produced, this collective knowledge has barely been acknowledged in both academic and clinical practices. During this workshop, first, we want to jointly inquire possible reasons for this unequal uptake/exclusion of collective knowledge in/from diverse fields of research. Second, we want to reflect and learn together on the potential benefits and limitations of involving lived experience in research on the topic of tapering neuroleptics.

Julia Lippert; B.A. Sociology, massage therapist, Expert by experience. Also publishing in a peer led Online Journals, Julia is part of the research team PARTANE and supports people with disabilities holding online workshops. Besides that, Julia loves being lazy and let her thoughts go through her garden.

Prof. Dr. Sebastian von Peter (bio as in p. 24)

16.15-17.00 BHSC G02 *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.