



INTERNATIONAL NETWORK TOWARD ALTERNATIVES AND RECOVERY

International Conference: Liverpool, UK 25th – 27th June 2014

Power to Communities: Healing Through Social Justice

Conference Programme



About INTAR

For the past 10 years we have brought together survivors and service users, family members, professionals and advocates from around the world to promote a broader range of help for people who experience distress and 'psychosis'.

INTAR associates believe that mental health services fail to offer genuine choices and are instead reliant on drug treatment, coercion and hospital care. Thereby they deprive the person in crisis of their dignity, autonomy and real opportunity for re/discovery

About Liverpool

The City of Liverpool is famous for its radicalism and its musical, literary, artistic, & creative heritage. Like most of Britain's great former industrial cities it is further enriched by the depth and range of its culturally diverse communities.

"Liverpool is the 'pool of life'"

Carl Jung, 1961

Social injustice and mental health
Securing human rights in psychiatric care
Cultural diversity and mental health
Creating and developing healing communities
Arts and madness



INTAR 2014 Conference Planning Group wishes to acknowledge and thank the following organisations for their support



Clinical Commissioning Group



The low road

Marge Piercy

What can they do
to you? Whatever they want.

They can set you up, they can
bust you, they can break
your fingers, they can
burn your brain with electricity,
blur you with drugs till you
can't walk, can't remember, they can
take your child, wall up
your lover.

They can do anything
you can't stop them
from doing.

How can you stop
them? Alone, you can fight,
you can refuse, you can
take what revenge you can
but they roll over you.

But two people fighting
back to back can cut through
a mob, a snake-dancing file
can break a cordon, an army
can meet an army.

Two people can keep each other
sane, can give support, conviction,
love, massage, hope, sex.

Three people are a delegation,
a committee, a wedge. With four you can
play bridge and start
an organization.

With six you can rent a whole house,
eat pie for dinner with no
seconds, and hold a fund raising party.

A dozen make a demonstration.
A hundred fill a hall.
A thousand have solidarity and your own
newsletter;
ten thousand, power and your own
paper;
a hundred thousand, your own media;
ten million, your own country.

It goes on one at a time,
it starts when you care
to act, it starts when you do
it again after they said no,
it starts when you say We,
and know who you mean, and each
day you mean one more.

"The low road" by Marge Piercy

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Plenary Speakers Programme

Wednesday 25th June

- Dean Isaac Prilleltensky, University of Miami: *Mental Health as Social Justice*
- Professor Kate Pickett, University of York: *Inequality and Mental Health*
- Marianne Schulze, Australian-Austrian human rights advocate: *Human Rights and Mental Health*
- Professor Peter Beresford, Brunel University: *Social Justice and Mad Studies*

Thursday 26th June

- Dr. Bhargavi Davar, philosopher and social science researcher: *Gender, Culture and Mental Health*
- Rameri Moukam, Pattigift CIC: *Pattigift and Black People's Recovery*
- Professor William Sax, Dept. of Anthropology, University of Heidelberg: *Recovery as Healing and Ritual*

Friday 27th June

- Alison Gilchrist, Independent Community Development Consultant: *Community development in helping to reshape the relationship between the community sector and mental health services*
- Professor Brendan Stone, School of English, University of Sheffield: *Recovery and Community Narratives*
- Professor Phillip Davis and Dr. Josie Billington, University of Liverpool: *The Reader Project: Literature and Well-being*
- Jacqui Dillon, National Chair of the Hearing Voices Network in England: *Recovery as Social Action*

Day one: Wednesday 25th June

Social Injustice and Mental Health / Securing Human Rights in Psychiatric Care

9.00 Coffee and Registration

9.30 Welcome and Introduction

Dr Nadim Fazlani, Chair of NHS Liverpool Clinical Commissioning Group
Also Mark Buchanan, Liverpool Mental Health Consortium

9.45 Plenary Session: Mental Health as Social Justice

Dean Isaac Prilleltensky
Chair: Malcolm Kinney

10.30 Coffee

10.45 Plenary Session: Inequality and Mental Health

Kate Pickett
Chair: Malcolm Kinney

11.30 Parallel performance (choose one from 2 – see page 5 for details)

12.00 Parallel workshop sessions (choose one from 7 – see pages 6-9 for details)

13.00 Lunch and lunchtime performance

14.00 Plenary Session: Human Rights and Mental Health

Marianne Schulze
Chair: Peter Stasny

14.45 Coffee

15.00 Plenary Session: Social Justice and Mad Studies

Peter Beresford
Chair: Phil Thomas

16.00 Parallel workshop sessions (choose from 7 – see pages 9-13 for details)

17.00 Close

Please note: the opening address and all plenary sessions will take place in the Central Teaching Hub, Lecture Theatre A on the first floor.

Wednesday 25th June: Plenary speakers

Dean Isaac Prilleltensky, University of Miami

Dr Isaac Prilleltensky holds a doctorate in psychology. He was born in Argentina and has lived and worked in Israel, Canada, Australia, and the United States. Prior to his current appointment as Dean of the School of Education and Human Development at the University of Miami he was Director of the PhD program in Community Research and Action at Peabody College of Vanderbilt University. Before becoming an academic he was a school psychologist in Canada for seven years. He has published seven books and over 120 articles and chapters. He has presented keynote addresses in international conferences in twenty two countries in five continents.

His interests are in community psychology, the prevention of psychosocial problems and the promotion of well-being in individuals, organizations, and communities. For several years he was the principal investigator of the SPEC project, which aims to promote Strengths, Prevention, Empowerment and Community Change with not-for-profit organizations in diverse locations. He is currently leading an interdisciplinary team that is developing mobile and online games to promote wellness in diverse domains of life (www.wellnuts.org). He is developing a well-being framework called wellness as fairness, highlighting the connections among various aspects of wellness with different types of fairness. Isaac writes a regular humour column on well-being for the Miami Herald. His columns and other humour writings may be found on his blog at <http://prilleltensky.blogspot.com>

Keynote Address: *Understanding Wellness and Fairness*

Wellness and fairness are two of the most sought after values by society. Psychologists study and strive to promote them in individuals, families, organizations, communities, and nations. Despite considerable evidence that both values are highly interdependent, they have rarely been linked in coherent ways. To explore the reciprocal relationship between wellness and fairness I offer specific definitions of both concepts and illustrate how their subcomponents relate to each other. Wellness is defined as consisting of six domains: interpersonal, communal, occupational, physical, psychological, and economic. Fairness, in turn, is defined as consisting of the following instances of justice: distributive, procedural, relational, informational, retributive, cultural, and developmental. The relationships among subcomponents of wellness and fairness vary according to different ecological levels of analysis.

In this paper I will argue that certain subcomponents of wellness connect to specific aspects of justice at the interpersonal, organizational, and community levels.

Professor Kate Pickett, University of York

Kate Pickett is Professor of Epidemiology in the Department of Health Sciences at the University of York; her research focuses on the social determinants of health.

She was a UK NIHR Career Scientist from 2007-2012 and is a Fellow of the RSA and of the UK Faculty of Public Health. She is co-author with Richard Wilkinson, of the bestselling *The Spirit Level*, winner of the 2012 Publication of the Year from the Political Studies Association and translated into 23 languages. Richard and Kate were awarded a 2013 Silver Rose Award from Solidar for championing equality.

Kate is also a co-founder of The Equality Trust. She was a Commissioner for the York Fairness Commission and is now a Commissioner for the Living Wage Commission. She is a member of the Campaign for Childhood Committee of The Children's Society, sits on the Scientific Council of Inequality Watch, the Scientific Board of Progressive Economy, and is a member of the Human Capital Research Working Group of the Institute for New Economic Thinking. She is on the Steering Committee of the Alliance for Sustainability and Prosperity.

Keynote address: *Inequality: the Enemy Between Us*

Comparing life expectancy, mental health, levels of violence, teenage birth rates, drug abuse, child wellbeing, obesity rates, levels of trust, the educational performance of school children, or the strength of community life among rich countries, it is clear that societies which tend to do well on one of these measures tend to do well on all of them, and the ones which do badly, do badly on all of them. What accounts for the difference?

The key is the amount of inequality in each society. The picture is consistent whether we compare rich countries or the 50 states of the USA. The more unequal a society is, the more ill health and social problems it has.

Inequality has always been regarded as divisive and socially corrosive. The data show that even small differences in the amount of inequality matter. Material inequality serves as a determinant of the scale and importance of social stratification. It increases status insecurity and competition and the prevalence of all the problems associated with relative deprivation. Particularly important are effects mediated by social status, friendship and early childhood experience. However, although the amount of inequality has its greatest effect on rates of problems among the poor, its influence extends to almost all income groups: too much inequality reduces levels of well-being among the vast majority of the population.

Dr. Marianne Schulze, Australian-Austrian human rights advocate

Dr. Marianne Schulze, LL.M., is a free-lance human rights consultant for non-governmental organizations, governments and agencies of the United Nations. A monitor, analyst and advocate in the Ad Hoc Committee, which negotiated the Convention on the Rights of Persons with Disabilities, she authored "Understanding the Convention" an ebook edited by Handicap International. With Professor Maya Sabatello she co-edited "Human Rights & Disability Advocacy," a collection of the experiences by (of?) 15 co-negotiators (Pennsylvania University Press 2014). She contributed to the World Bank/World Health Organization World Report on Disability, among others. For her work as the inaugural chair

of the Independent Federal Monitoring Committee on the Convention in Austria she received the 2012 Wundsam-Hartig award.

Keynote address: *Human Rights and Mental Health*

With the Convention on the Rights of Persons with Disabilities (CRPD) in force in a majority of the world's countries, the necessity to frame human rights inclusively and accessibly is firmly established. The move from wanting to "fix" people by focusing on perceived deficits and medical aspects of impairment to needing to "fix" societies by reducing attitudinal barriers is underway, still haltingly in many places.

Enabling and empowering persons is comparatively easily done on an individual basis. The profound challenges of the Convention's implementation arise at the law and policy level and in its application to larger institutions. How does one shift from well-tested routines and carefully planned and well-intentioned procedures to an approach that empowers people to live independently?

A core expression of human rights is the 'right to act' legal capacity. The application of this provision (Article 12 CRPD) raises some profound challenges in enabling the decision-making of persons. How does one move from cotton-wooling people to embracing their need – and right – to make mistakes, go overboard and transgress?

The idea of inclusion is not just that we enable persons with disabilities to be equal, to enjoy the same rights and freedoms – as they should have already for a long time. The challenge lies in questioning the ways in which the mainstream operates routinely and how persons with disabilities – due to being labeled "different" and "special" and "needy" – are missing out.

Professor Peter Beresford, Brunel University

Peter Beresford OBE is Professor of Social Policy and Director of the Centre for Citizen Participation at Brunel University. He is a long term user of mental health services and Chair of Shaping Our Lives, the user controlled and disabled people's organization and network. He has a longstanding involvement in issues of participation as an activist, educator, researcher and writer. He is author of *A Straight Talking Guide To Being A Mental Health Service User*, PCCS Books.

Keynote address: *Social Justice and Mad Studies.*

In this presentation I will explore approaches to understanding and responding to distress that take us beyond the damage now done by the dominance of medical models; which makes possible the full involvement of people as mental health service users/survivors and offers a route to social justice for the twenty first century. The presentation will draw on the two stage survivor research project, exploring mental health service users' understandings of 'madness' and distress, funded by the Joseph Rowntree Foundation undertaken by Mary Nettle, Rebecca Perring and the presenter. It will explore implications from this project and other findings about the present state of mental health policy and practice, in relation to health policy more generally and argue the urgent need for a radical transformation of thinking and approaches to bring practice into the twenty first century.

Wednesday 25th June: Performances, workshops and papers

There will be two parallel performances, one lunchtime performance, and two parallel workshop sessions running on day one of the Conference. Please choose from the following:

Performances: 11.30 - 12.00

Crass Routes: *Walk Unknown*

Central Teaching Hub, Lecture Theatre B

Walk Unknown

...is a slow melancholic thought provoking performance.

The principle behind the physical move from place to place is to reverse the participants' social status, to bring them from the margins into society, and to remind them of a sense of self. Group work with Crass Routes ensures participants feel an element of 'safe' physically and emotionally as the performance trails its way through society.

The worn and washed old house bricks used for the performance are Second World War debris from Liverpool now used as sea defence on the coast north of Liverpool. The worn rope too found discarded on the beach washed ashore awaiting new life. When the bricks and rope are carried it reminds us of the burdens we carry on our shoulders the weight of a troubled past and life choices we once made.

Walk Unknown has been performed on the streets of Liverpool in 2013, in Wirral 2009 to officially open Wirral's' first Recovery Conference and again in Liverpool in 2008 to celebrate our city's Capital of Culture year.

Sean Burn - live art and poetry: '*Tattooing Lorca*'

Central Teaching Hub, Lecture Theatre C

Mental health service user Sean Burn presents *Tattooing Lorca* at INTAR . *Tattooing Lorca* is from Sean's first book of poetry (of three) and is a poetry cycle about one particular sectioning of his and also about his post-sectioning recovery. He will also be presenting some other humorous visual and live art that collectively 'reclaims the languages of lunacy'. This humour ice-breaks and makes serious points about reclaiming stigmatising language.

1.00 pm: Lunchtime performance: Central Teaching Hub, Lecture Theatre B

Sera Davidow presents a screening of the Western Massachusetts Recovery Learning Community's (RLC) first full-length film, '**Beyond the Medical Model.**' The film focuses on damage done to society through the one-minded insistence on medicalized interpretations for all, as well as the alternative ways we can come to understand our human experiences.

It features many people sharing their own stories, as well as perspectives from international figures including Jacqui Dillon, Robert Whitaker, and Daniel Mackler.

Workshops session one (12.00 – 1.00pm)

Workshop A

Isaac Prilleltensky - *Promoting Wellness and Fairness*

Central Teaching Hub, Lecture Theatre A

Wellness and fairness are at the heart of human existence. This workshop will describe the essence of the SPEC model (Strengths, Prevention, Empowerment, and Community change) and present practical applications for the promotion of wellness and fairness in individuals, groups, organizations, and communities. In the second half of the workshop we will discuss seven strategies to advance the SPEC model in institutions and communities. To enable professionals and community members to practice SPEC in daily life the workshop will have two specific goals:

1. To introduce the rationale and applicability of the SPEC model and contrast it to prevalent approaches based on Deficits, Reactive medicine, Alienation, and Individual blame (DRAIN)
2. To learn seven key strategies for helping individuals and organizations to modify their practices and improve justice and mental health: Behaviors, Emotions, Thoughts, Interactions, Context, Awareness, and Next Steps (BET I CAN).

Workshop B

Liverpool Mental Health Consortium (LMHC) - *Raised Voices*

Central Teaching Hub, Lecture Theatre B

LMHC is a service user/survivor-led organisation that has developed a community of service users/survivors, carers, voluntary & statutory sector providers, & commissioners, who work in genuine partnership to ensure that the voices of those with lived experience are influential in the planning, delivery & evaluation of services. This workshop will tell the story of LMHC as an organisation & the service users/survivors, carers & professionals who have been involved over its 19-year history.

As an organisation set up to challenge institutions & assumptions, how can LMHC ensure it does not become an institution itself, relying on old assumptions about service user/survivor involvement? These & other challenges & achievements will be discussed; & participants will have an opportunity to share their own views & experiences of 'involvement' with some old-style interaction!

Workshop C

Keeping the Family in Mind Collaborative – *Keeping the Family in Mind*

Central Teaching Hub, Lecture Theatre C

This workshop will provide context about the What Women Want group and the importance of influencing strategic service improvement for women and their families. It will share learning regarding the Social Care Institute of Excellence (SCIE) 'Think Child, Think Parent, Think Family' implementation, and outline why children and mothers who experience mental distress must be actively engaged as equal partners, drawing on the story of how a survivor and a young adult carer have achieved better outcomes by working *with* services to increase resilience and reduce long-term dependence on services.

The workshop will

- be facilitated by a survivor, young adult carer and professionals
- be interactive
- outline how real experiences have shaped improvements in Liverpool for the benefit of families and made a real difference
- show how a strong drive to put families at the heart of services has shaped collaborative working between the local authority - children's & adults services, adult mental health services, the NHS, Barnardo's and other partners.

Paper session D

Lavanya Seshasayee - *Deconstructing schizophrenia in women via a feminist user-survivor approach called Feminist Self-advocacy (FSA): can this be a better alternative to Cognitive Behaviour Therapy (CBT)?*

Presentation via Skype, facilitated by Maria Haarmans

Central Teaching Hub, Lecture Theatre D

In the context of having undergone a personal journey through chronic schizophrenia I rehabilitated myself using a self-evolved approach called FSA. I question the normative standards of mental health as per the ways CBT defines them and discuss the theoretical and clinical shifts that are required if CBT is to be of some use to women with schizophrenia. I touch upon how the concept of freedom in decision making for the woman client gets seriously deterred when CBT is not adapted to the feminist format, the content of such freedom and the shifts in perspective required for the professional to secure this autonomy for the woman-client. I question the credibility of the 'scientific model' that CBT is supposed to be relying upon based on its early attempts at identification with science and rationality.

Paper session E (two papers)

Chadwick Building, Barkla Lecture Theatre

David Wichera - *The anti-psychiatric movement; historic and current developments*

David works in the runaway house, which is an 'antipsychiatric facility' in Berlin, which works without diagnosis and supports people to come off drugs. At least half the staff are ex-users of psychiatry. He is also a member of a activist group called "AKPsychiatriekritik". This group explores and critiques various aspects of psychiatry such as connections between gender and psychiatry and ableism and psychiatry. This paper will discuss why the antipsychiatric movement became marginal in the eighties and why it's important to have new theoretical concepts to describe and criticize the current psychiatric system.

Helen Spandler, Mick McKeown, Lou Rawcliffe & Keith Holt - *Being Mad Positive: A recipe for unity or division?*

This paper will provoke critical discussion and debate on the value of forms of 'mad' identity politics in a context of tackling injustices and seeking progressive social change. There are a number of ideas for how best to frame the political and social demands of people who use or refuse mental health services. One set of ideas and practices gaining traction in Canada is termed 'mad activism'. People can be 'mad identified' or 'mad positive' allies. Activists have infiltrated universities to the point where 'mad activism in the academy' is claimed alongside the development of a field of 'mad studies'. 'Mad students' resist the extent to which orthodox systems of support insist upon acceptance of psychiatric diagnoses and treatment and join in with protests against tuition fees and with the occupy movement. To some extent, the university is flipped, and scholars seek grant income to put to the service

of mad communities, developing real alternatives to mainstream care and employment opportunities. Survivors trained as archivists are accounting for their own movement histories and have notably reclaimed the old Toronto Asylum wall to memorialize the exploited labour of inmates over the years.

So far, so good. But does the language and activism of 'mad positivity' have a down-side? Are some left alienated or further stigmatized? How might we reconcile mad politics with a broader quest for activist alliances, across difference and disability? Can there be unity? Or can solidarity thrive without the need for unified theory or common understanding of disadvantage?

Paper session F (two papers)

Chadwick Building, Rotblat Lecture Theatre

Derry Hunter - *Madness and Uncivilisation*

The title of this paper is a play on *Madness and Civilisation* (1961) by Michel Foucault. I want to show how civilisation in the 21st Century becomes very uncivilised in the face of madness. I will weave my own experiences of being violently sectioned nine times via the police, and subsequent sectioning for a total of almost three years, into the subject of Human Rights and how that is interpreted by the police, mental health authorities and society as a whole.

Society, through media influence, has become terrified of the most hurt and distressed people in society who are portrayed as dangerous monsters. With the demolition of the Welfare State people destroyed by terrible life experiences are considered enemies of the state. We must start looking at people as assets rather than liabilities. We should concentrate on what's strong and not what's wrong. We cannot continue with the approach of trying to fix what society and psychiatry considers broken. We must focus on what skills people have rather than don't have and build real inclusive community back into society.

Ian Callaghan and Fiona Jones - *Journeys from within: life outside secure services*

This paper is presented by two people who were previously service users of secure mental health services. Both have overcome considerable adversity to arrive at their current positions, one within academia, the other co-facilitating a national network of recovery groups for people still in secure services. Both began their journeys of service user involvement while in secure services and overcame considerable inertia and intransigence in a system unused to such vocal dedication to improvement of the experience of people in secure services. One now works as a research assistant for the University of Central Lancashire and contributes fully to research activities and to broader community engagement. This is a unique initiative and contributes enormously to the quality of the research. One of these research projects was an evaluation of co-operative secure service user involvement initiatives in Yorkshire & Humber and a synopsis of the findings will be presented here.

The other contributor was instrumental in the development of My Shared Pathway, an innovative recovery initiative designed for secure services. Based on the model of involvement in Yorkshire & Humber, there is now a national network of Regional Recovery and Outcomes Groups, co-produced to bring together people in secure services and the

commissioners and providers of those services. These unique spaces provide an opportunity for sharing of experiences, best practice, and opportunities for co-operative service development. As well as sharing the impact of our contributions to research and development, we also reflect upon the personal impact of engaging in this sort of work.

Workshop G

Professor Phil Thomas - *Narrative Psychiatry: an introductory workshop*

Chadwick Building, Main Lecture Theatre

The limitations of evidence based medicine in psychiatry (Bracken *et al*, 2012) raise many questions about the practice of clinical psychiatry. For example, on what basis should clinical decisions be made when confidence in existing evidence has been thrown into question? Narrative psychiatry offers one way of responding to these questions. This workshop will introduce participants to the main features of narrative psychiatry (Lewis, 2011). This is a form of practice that is capable of accommodating many divergent models of madness and distress, including the evidence-based paradigm. Narrative psychiatry also foregrounds the ethical and moral aspects of mental health practice, and draws attention to the value of the humanities in the practice of psychiatry.

In this workshop I will outline briefly Bradley Lewis's (2011) work on the value of narrative psychiatry and its role in clinical psychiatry. I will describe the three main features of narrative, plot, metaphor and narrative identity, again with reference to clinical psychiatry. I will also consider the three varieties of narrative described by Arthur Frank (1995), restitution, chaos and quest, in relation to clinical psychiatry. The workshop ends with a simple thought experiment in which participants will be asked to consider two short stories about a woman who goes to see a psychiatrist because she hears voices. The stories represent different types of narrative engagement between psychiatrist and patients, making it possible to compare and contrast the moral implications of different stories about madness.

Workshops session two (4.00 – 5.00pm)

Workshop A

Marianne Schulze – *Mental health and human rights*

Central Teaching Hub, Lecture Theatre A

This workshop will give delegates the opportunity to explore in more depth the broad theme of human rights and mental health. It will explore the possible impact of the so-called social model enshrined in the Convention on the Rights of Persons with Disabilities on mental health practice. It will also provide an opportunity to understand the provision on legal capacity and the 'right to act' legal capacity in the larger human rights frame.

Workshop B

SWAN – *Building alliances of resistance at a time of austerity: developing a MH Charter*

Central Teaching Hub, Lecture Theatre B

Support services for people experiencing mental distress are currently facing an unprecedented crisis. The impact of the three 'Ms': managerialism, marketization and medicalization on mental health services has been compounded by cuts and coercive trends in UK government mental health policy. In response the Social Work Action Network (SWAN) a national campaigning organisation is planning to launch a Charter in 2014 seeking

to bring together practitioners and service users angered by their experience of working and living with 'mental illness' in a Britain blighted by austerity and neoliberalism.

The charter aims to provide a focus for critical discussion and action, and a basis for alliances of resistance between service users/survivors and health and social care workers. The call originally came during debates at the SWAN national conference in 2013. Here participants were critical of attempts to construct "mental ill-health" as exclusively a personal and professional crisis, arguing instead for it to be identified as a crisis of the capitalist system, an economically cruel and unequal class society made even more vicious by austerity policies that leave us all increasingly distressed. The workshop will seek to draw together service users/survivors, practitioners and activists involved in this initiative and others to explore the possibilities for developing joint campaigning as a means not only to challenge Coalition policy and its debilitating impact on mental health and support services but also, in the process of struggle, to begin to challenge the system itself and realise the potential for more democratic, participative forms of support.

Workshop C

RASA showcase

Central Teaching Hub, Lecture Theatre C

This session will present the work that RASA currently delivers to sexual violence survivors across Merseyside. From its inception in 1986 to the present day RASA works from four centres and several outreach locations across Merseyside. RASA serves females, males, adults and children who are survivors of sexual abuse and violence and provides a holistic level of care which would challenge many statutory organisations.

This showcase will illustrate the way in which RASA continues to effectively serve the needs of survivors in all their diversity and complexity. By outlining key areas such as:

- The core services delivered which include: Therapeutic work, ISVA services, Support, Groups, Educative and Preventative work in schools and colleges and with Families.
- The way in which we measure the impact of the work – how monitoring and evaluating is integrated into the client's journey.
- The way in which we work in effective partnerships with other key statutory and non-statutory services across Merseyside.

A number of pertinent issues relating to delivering a service which keeps the survivor at the centre of that service and sustaining that service at the highest standard will be raised. RASA is an innovative and resourceful organisation – our non-statutory status is both our salvation and our Achilles heel – we expect and invite lively debate.

Workshop D

**Peter Lehmann ‘Securing Human Rights in the Psychiatric Field by Advance Directives’
*Presentation via Skype, facilitated by Phil Thomas***

Central Teaching Hub, Lecture Theatre D

Psychiatry as a medical (and natural scientific) discipline cannot do justice to the expectation of solving mental problems that are largely of a social nature, its diagnostic methods obstruct the view of the real problems of individuals in society, and its propensity and practice to use force constitutes a threat against the human right to bodily integrity. People who want to effectively protect themselves legally from violent psychiatric treatment can do this by creating advance directives. In 2009, the German guardianship law was reformed and a provision (“Advance directive for health care”) was included that an adult considered capable of consent has the right to affirm in writing “independently of the type and stage of an illness” whether he or she “assents or disagrees with treatments, diagnostic procedures or medical interventions that are not immediately at hand at the time of this declaration.” The campaign for the legal protection of advance directives in Germany took a quarter of a century. After publishing, lecturing, teaching lawyers and politicians over decades, mainly in the German-speaking countries, the campaign succeeded finally. To consolidate the success, advance directives should be based on individual reports about unwanted reactions to psychiatric drugs as well as proposals about how to solve emotional crises with measures beyond psychiatry. By anticipating courses of crises and their release factors, advance directives also have important self-help virtues. How to proceed on an individual level, and how to proceed politically?

Paper Session E (two papers)

Chadwick Building, Barkla Lecture Theatre

Pino Pini, Mental Health Europe board member – *Beyond the bio-medical paradigm of DSM and ICD diagnostic systems*

Mental Health Europe (MHE) - along with others both within and outside mainstream psychiatry - has noted with concern the increasing dominance of a wholly biological approach to mental health problems. One of the visible consequences is a relative downgrading of psychological and social interventions which support personal and social recovery. Moreover, psychological and social interventions are becoming more and more dependent on the biological model and less and less close to the needs and aspirations of people at a personal level when considered in their local context. The recent publication of the fifth edition of the Diagnostic and Statistical Manual for Mental Health Disorders (DSM-5) by the American Psychiatric Association (APA) in addition to expanding the number of diagnostic categories continues to offer worldwide very narrow and questionable solutions to mental health problems.

This has been the occasion for MHE to raise its voice in favour of more open and integrated approaches. MHE has established a Task Force to investigate, debate and report on the development of DSM-5, its likely impact and on alternatives to wholly medical/biological psychiatry which are effective and which improve the lives and life chances of people with poor mental health. At the conference “From stigma to inclusion- drivers of progress in the mental health field” Bucharest, Romania, October 2013, the Task Force presented a first draft of a manifesto. It calls on organizations with power and influence in the mental health field to take actions which will move psychiatry and mental health services towards more

effective treatments and a greater respect for the human rights of users. The meeting unanimously supported the draft manifesto and made some additional suggestions which have been incorporated in the final version approved by the MHE board unanimously, November 2013. The Bucharest manifesto and its consequences will be presented and discussed.

Chrys Muirhead-Do Mental Health Acts Protect the Human Rights of Psychiatric Patients?

“Sometimes, when people are unwell, they may have to be detained in hospital or have treatment against their will. But they still have rights. We all have human rights, and mental health law contains special rights and safeguards to protect people.” (Mental Welfare Commission for Scotland). With reference to personal and family experiences, I contend that Scotland’s Mental Health Act safeguards do not protect the human rights of detained psychiatric patients or those compelled to accept psychiatric treatment against their will. In fact I will argue that mental health law gives more power to professionals, in certain settings, to deny basic human rights and free speech. The safeguards include advance statements, named persons, independent advocacy, mental health officers, Mental Health Tribunal and the Mental Welfare Commission for Scotland. As a carer I experienced all of these when my son was a psychiatric inpatient. I will describe how the phrase “without capacity” can be used to deny the basic rights of people labelled with a “mental disorder” and allows psychiatric professionals to override the wishes of the detained patient and their carer or named person. Independent advocacy, with the introduction of tendering contracts, has become diluted in strength due to the problems of “he who pays the piper calls the tune”. I will explore the terms “anosognosia” and “non-compliant” in respect of the psychiatric setting, and how they erode the rights of the locked-in patient, making it harder for them to regain their equilibrium or “recovery”.

Paper session F (two papers)

Chadwick Building, Rotblat Lecture Theatre

Mick McKeown, Helen Spandler & Mark Cresswell - Can we be Spartacus? Solidarity, survivor movements and trade unions

This paper argues for the development of political alliances between mental health system survivors, service users and the trade unions which organize the mental health services’ workforce. We start from a critical standpoint: critical of the deficiencies in mental health care that give rise to social movements demanding change; critical of the neo-liberal policies that undermine services and the welfare safety net; and critical of the failings of trade unions to move beyond simply defending worker interests. We offer an analysis of this territory which makes the case for all, survivors and workers, to put effort into developing solidarity. We recognize that at first such solidarity will inevitably be imperfect. Models of trade union renewal that put the emphasis upon community organizing open the door to forging reciprocal connections with a wide range of different groups, including movements made up of those disaffected with psychiatry as it is currently constituted. One possibility is for a more democratic, powerful solidarity to become an important part of making change to the psychiatric system such that it better meets the needs of service users and provides more fulfilling work for the workers within it. The necessary political debates that could drive such change should also extend to consideration of wider society and how mental distress is understood and related to.

We offer an admittedly utopian vision of how this might be achieved. This is grounded in a number of studies of our own and some historical reflections on previous opportunities for such alliances.

Val Walsh – A shared ‘somatic crisis’: enough common ground?

The Spirit Level evidence on inequality is encouraging men of the Left to define inequality as economic disadvantage. This ‘disappears’ disadvantage consequent upon power differentials rooted in racism, homophobia and misogyny, which are patently not explained by social class or poverty. Similarly, language, such as victim, survivor, abuse; childhood adversity, social disadvantage, trauma and power, is gender-neutral, and needs contextualizing to serve women, rather than rendering us invisible within its discourses. As women’s activism and feminist theory have confirmed over the years, ‘context constantly threatens to make emotional and behavioural problems intelligible’: thereby open to critical scrutiny and political engagement.

The critique of mental health services that decontextualize the individual and human distress finds echoes in recent critique by academics of the impact of neoliberalism and audit culture on the university sector. These critical discourses and values are relevant to each other and to the development of a new political culture beyond mental health services and academia in the wider society. In 2014, mental health is not just a ‘whole population issue’, but a whole society crisis, as we stare down ravaging inequalities and consequential personal and social damage. Together we must bear witness across difference and build alliances that will effect a paradigm change based on a human rights framework and commitment to social justice, for all our sakes/souls. Common ground for urgent but long term cultivation.

Workshop G

Elena Demke - *On the power of framing or how I stopped being framed by diagnostics*

Chadwick Building, Main Lecture Theatre

I’ll never forget the moment I was confronted with psychiatric diagnostics – a deep discouragement that was to last for years. On the outbreak of what was called a psychosis I had noted a question in my diary which then seemed terminally answered: “is this the beginning or the end of sanity?”. The negative effects of the stigma associated with diagnoses have often been pointed out by survivors and other critics of mainstream psychiatry, not least because they hinder awareness of biographical and social contexts of “madness”. Therefore, we are not just talking of labels which can be replaced by more friendly sounding alternatives. What is at stake is the very power of framing experiences.

Whether such framing serves a positive idea of personal identity and promotes resources such as motivation and a sense of coherence is not just a matter of value judgments but of specific biographical coherence and tellability. Extreme idiosyncrasy (like in “psychotic” reasoning) may be personally coherent, but is usually not socially understandable.

However, socially accepted and understood interpretations commonly offer little scope for coherence and adequacy with respect to personal experience. Only when daring to conceptualize that “the beginning and end of sanity” can be one and the same thing I overcame the detrimental effects of psychiatric diagnostics.

Day two: Thursday 26th June

Cultural Diversity and Mental Health

- 9.00 Coffee and Registration
- 9.30 Welcome and Introduction
Liverpool Mental Health Consortium and
Paul Rimmer, reVision
- 9.45 Plenary session: Gender, Culture and Mental Health
Bhargavi Davar
Chair: Michaela Amering
- 10.30 Coffee
- 10.45 Plenary Session: Pattigift and Black People's Recovery
Rameri Moukam
Chair: Suman Fernando
- 11.30 Parallel performance (choose one from 3 – see page 18 for details)
- 12.00 Parallel workshop sessions (choose one from 7 – see pages 19-22 for details)
- 13.00 Lunch and lunchtime performance
- 14.00 Plenary Session: Recovery as Healing and Ritual
William Sax
Chair: Suman Fernando
- 14.45 Coffee
- 15.00 Parallel presentations and music performance (choose one from 3 - see pages 22-23 for details)
- 16.00 Parallel workshop sessions (choose one from 6 – see pages 24-26 for details)
- 17.00 Close

Please note: the opening address and all plenary sessions will take place in the Central Teaching Hub, Lecture Theatre A on the first floor.

Thursday 26th June: Plenary speakers

Dr. Bhargavi Davar, philosopher and social science researcher

Bhargavi comes from an Indian family of users of the psychiatric services in India, who have experienced violence and abuse within the system. She works with a strong identity as a survivor, having made conscious choices not to opt for psychiatry even when seriously disabled. Having been exposed to mental hospitals, shock treatment, confinement, etc. since childhood, she is passionate about systematically addressing the human rights gaps within the mental health system in India.

By training a philosopher and social science researcher, Bhargavi gained her Ph.D. from the prestigious Indian Institute of Technology, Bombay, in 1993. Her Ph.D. thesis on the Epistemological Foundations of Psychoanalytic Theory was later published by Sage Publications as “Psychoanalysis as a Human Science”. Very active in the women’s movement, she published other books including: “[Mental health of Indian women](#)” (Sage, 1999) and “[Mental health from a gender perspective](#)” (Sage, 2001), an edited volume. She has since steadily published in several peer reviewed journals and book compilations and have been giving seminars and lectures around the country on gender, culture and mental health.

In 1999, Bhargavi started the [Bapu Trust for Research on Mind and Discourse](#), Pune, India, to give public vision and visibility to user/survivor-centred mental health advocacy, and has been its lead figure since 1999. Through this organisation, she has developed several critical research projects with high policy impact, such as a 3 year study of traditional healing systems in India. She is a front runner in regional and national level campaigns for human rights in mental health, particularly raising a call to abolish oppressive laws and institutions; and providing grounded illustrations on the use of a variety of alternatives in self connection and healing. She has since 2007 been very active in not only challenging the national laws on mental institutions; but also creating community support systems and healing environments for people with psychosocial disabilities, with the advent of the United Nations Convention on the Rights of persons with disabilities. She is a trained arts based therapist, and works with young people in extreme states in her own private practice.

Keynote address: Gender, culture and mental health: Some learnings about embodied healing from a community mental health project

‘Self’, and ‘self’ as a rational, cognitive process, are myths perpetrated in modernity. It is useful to talk about ‘*selfing*’, as a kind of human process lived through life. People choose to have a ‘self’ or (one or two ‘selves’) or (‘multiple’ ‘selves’), based on their own personal experiential constructions and the demands of their *reason* to bring all things together coherently. To know ‘our self’ as a coherent set of cognitions is a primitive faith enabling us to live, even survive, which we repeat to ourselves infinite times, in a lifetime, in the modern order of *sanity*. Some people live without a theorized rationalized ‘self’ or ‘selves’ in their lives. They may resource other non-cognitive faculties of their consciousness for *selfing*. *Selfing* is a (subjective) *process* that is *impermanent, momentary, dynamic, interactional, local, embodied, seeking transcendence, but bound by history / memory*. Within the rationalist schema of ‘self’, *body* is construed as a barrier to self, self-expression

and freedom; something to forget or ignore in the healing process. As a discipline psychology erased embodied knowledge that is part of the *selfing* process. However, the 'self' in the body, so to speak, is heard among communities of women who give expression to their psychosocial distress, disturbance or disability. The paper, written from a gender, community and cultural perspective, is "an invitation to reconstruct the healing sciences as a discipline of bodies". Resourcing the sensory faculties, capacity of the body to heal through moving, breath based practices, and other therapies used in working with women in slum communities of Pune are illustrative. The talk also addresses the truism that the self does not end with one's skin; boundaries may be diffuse depending on gender, culture, and local practices of selfing.

Rameri Moukam, Pattigift CIC: *Pattigift and Black People's Recovery*

Pattigift CIC was founded in 2003 by Rameri Moukam to address the serious psychological issues facing Black professionals and the wider community. Inspired by a belief in self-determination, she set about creating an organization through which long neglected needs could be addressed.

The objective was to have a positive impact upon the mental health of the Black community by means of culturally appropriate programmes and services. These included psychotherapy, training and a mental health hospital. Pattigift CIC mental health hospital was the UK's first mental health unit culturally orientated to work with African descent people. Rather than the usual lip service to the notion of holistic care, the programme was imbued with the concepts of mind body spirit in all of its activities. It sought to address not only mainstream views of mental distress but to incorporate consideration of the effect of racism (both external and internal), colonialism, anti-self and alien self-behaviours (Na'im Akbar). Emphasis was placed on the spirituality, strengths and resilience of the patient/client.

Keynote address: *Black people and recovery*

It is impossible to speak of Black people and recovery and not start with what it is we are recovering from. In this plenary we will explore the work of several eminent African centred psychologists, Drs W. Nobles, N. Akbar, C. Grilles, K.K.K. Kambon and sociologist, Dr M. Ani. We will look at how their understanding can be utilized to assist people of the African Diaspora to regain a true sense of who and what they are, where they came from and what they used to govern and guide themselves through life, before the Europeans cast their spell over the globe. We will focus on the importance of re-establishing a link to our Africanicity.

Professor William S. Sax, Dept. of Anthropology, University of Heidelberg

Professor Sax is a medical anthropologist (PhD Chicago, 1987) who has taught at the University of Chicago, Harvard University, the University of Canterbury in Christchurch, New Zealand, and Heidelberg University in Germany, where he is currently Head of the Department of Anthropology, South Asia Institute.

He has spent many years studying religious healing in North India, and is the author most recently of the monograph *God of Justice: ritual healing in the central Himalaya* (New York: Oxford, 2009). He is particularly interested in the central role of the family in ritual healing, both as a cause of stress and a resource for coping with it. He has published and taught extensively about healing rituals and temples, spirit possession and exorcism, and the relation between religion and wellbeing, and is currently engaged in research on healing rituals among the South Asian diaspora in Europe.

Keynote address: *Recovery as Healing and Ritual*

“Ritual” is a tricky concept, for many reasons. Many health professionals believe that ritual is the opposite of science, and therefore that it has no place in modern health care. Others argue that modern medicine (including psychiatry) is full of rituals, even though clinicians and others may be unaware of this fact.

Some of the definitions of “ritual” advanced by anthropologists and others are quite complex, but for practical purposes we can define ritual as a sequence of fixed words and actions that are strictly followed by a group of ritual participants. What about healing rituals? Do they work? And if so, how? The sheer variety of healing rituals makes it difficult to generalize a single mechanism for their efficacy. The evidence suggests that they “work” primarily by strengthening relationships between therapists, clients, and the various beings, techniques, tools or substances that they employ. In this sense, they are similar to the so-called “placebo effect,” which should not be regarded as an exotic oddity, but rather as a fundamental part of all forms of healing.

Dr. Sax will develop these ideas in his talk, and later, participants in his workshop will be encouraged to exchange their experiences of the successful use of therapeutic rituals in clinical practice. We will conclude by conducting a healing ritual of our own.

Thursday 26th June: Performances, workshops and papers

There will be three parallel morning performances, one lunchtime performance, one lunchtime book launch, and a choice of afternoon workshops / performance on day two of the Conference. Please select from the following:

Morning performances: 11.30 - 12.00

Phil Thomas - short story: *The Little Red Alfa*

Central Teaching Hub, Lecture Theatre A

Bill's increasingly elaborate business plans get out of control to such an extent that he loses control and ends up in hospital with a diagnosis of hypomania. The problem is that he hates taking the medication the doctors give him, so he stops taking it the minute he is discharged, which is why he promptly ends up back in hospital again. After many years of this cycle of admissions and discharges, Bill and his wife renegotiate the way they make sense of his difficulties, and as a result agree a planned, gradual reduction of his medication following his next admission. This appears to work well at first, but he finds it really difficult to take the final step and stop taking the medication completely. Until, that is, he turns up for his last appointment in a shiny new motor car.

North End Writers - *Our Kind*

Central Teaching Hub Lecture Theatre B

North End Writers is a Liverpool based charity that offers events, groups, projects and creative opportunities to people who love to write, who have missed out on opportunities or just have something to say. *Our Kind* gives a glimpse of the range of their work from previous projects *Writing Well* *Writing Green*, *Only You Can Tell It* and *Living Room* - with readings from Jim Bostock, Julia Price and Pauline Rowe and music from young Liverpool musician Linus.

Mersey Care NHS Trust Service User & Carer Equality Forum ('I=U') *Talking Heads* (Performance & Discussion)

Central Teaching Hub Lecture Theatre C

'Talking Heads' is a lively short three-hander featuring a 'ward round' (multi-disciplinary team) meeting between a service user and first a 'bad', then a 'good' psychiatrist, with additional silent actors. One actor plays both psychiatrists in turn, whilst the other two present the service user's 'outer' & 'inner' voice reactions to the encounters. Highlighting diversity issues, it contrasts power relationship im/balance as well as a staid biomedical with a more holistic approach. It is therefore highly relevant to psychiatric practice in challenging times.

This short play was initially conceived & performed for Mersey Care's 2012 Social Care Conference, & was warmly received, with enthusiastic written feedback from Merseyside & beyond. The main actors are service users with actual hospital experience, who themselves created the script.

1.00- 1.50 pm: Lunchtime performance

Central Teaching Hub Lecture Theatre B

Elly Litvak – *Now Who's Talking?* 20 minute documentary followed by a Q&A session

This DVD documentary shows people's process of embarking on and completing a recovery writing program developed by Elly. The programme is eight weeks and culminates in participants sharing their stories as part of a community event. During the eight weeks they focus on their journey to wellness through the use of a workbook, the arc of recovery, group participation with Elly as writing/recovery coach and group facilitator. Elly is an ardent believer in healing through arts and performance. She is founder of two Canadian theatre companies for people with the lived experience, *Puzzle Factory* and *The Looney Awards: Not Just another Recovery Awards Show*, a play where people wrote and scripted their personal stories of recovery in the context of theatre. Elly lives in Toronto, Canada where she is a recovery specialist and family mental health navigator for a large city hospital.

1.30 pm: Lunchtime book launch

***Psychiatry in Context: Experience, Meaning and Communities* by Phil Thomas**

Central Teaching Hub Lecture Theatre C

This book concerns the central role of contexts in understanding psychosis and distress. The contexts in which we exist, historical, cultural, social, political, economic and interpersonal, shape and give meaning to our lives for good or for bad. The opportunities we have through narrative to talk about our experiences and the contexts in which they are embedded play a vital role in the task of making sense of our lives, in health, when we are distressed, or overwhelmed by psychosis. Scientific research has played an important role in helping us to understand how contexts of adversity, such as trauma, abuse, and experiences of racism can lead to psychosis, and such research will continue to contribute to our future understanding of and responses to psychosis. However, this book argues that if we are to prioritise the role of values and ethics in mental health care, we must engage actively with the contexts of patients' lives, through narrative and by working closely with the systems of help and support to be found in the communities in which people live.

Workshops session one (12.00 – 1.00pm)

Workshop A

Rameri Moukam - Pattigift

Central Teaching Hub, Lecture Theatre A

In the workshop we will facilitate experiential exercises, in racial identity development, so that participants can explore the different stages of their own racial identity development. We will explore concepts in spirit and spirituality as a foundation for good mental health and wellbeing within the African – African Caribbean communities and other means of re-establishing ourselves in the world. This will include the need for African Centered psycho education.

Workshop B

Bhargavi Davar, philosopher and social science researcher: *Gender, Culture and Mental Health*

Central Teaching Hub, Lecture Theatre B

The workshop on Hearing Voices will aim to engage participants, from a multi-cultural perspective, on voice hearing experiences, local knowledge and practices, rationale for interventions, if any; and finally, inventorying kinds of interventions that we can draw from around the world. Case studies and audio visuals will make the session interactive and lively.

Workshop C

Liverpool Community Development Workers Team - *BME Recovery Scoping Study in Liverpool*

Central Teaching Hub, Lecture Theatre C

This workshop will discuss the findings of the ongoing scoping study on Black and Minority Ethnic (BME) recovery models and patterns that represent the cumulative experience of Community Development Workers over six years of Delivering Race Equality in Liverpool. The aims of the study are to explore the concept of mental distress and recovery based on the experiences and beliefs of BME people in Liverpool; to evaluate approaches to recovery that will take into consideration BME people's identities and experiences; to contribute to the knowledge base on recovery, resilience and the development of programmes of work to support BME people.

The workshop will present the findings of responses of people from local BME communities, and look at how these correspond to existing theories and practices relating to mental health and recovery.

Workshop D

Mimi Gashi, Diversity Co-ordinator, Elaine Brown, Monitoring and Research worker and Jennifer New: *Sahir House - Issues facing LGBT people seeking asylum*

Central Teaching Hub, Lecture Theatre D

This workshop will look at the asylum process related to Lesbian, Gay, Bisexual and Trans (LGBT) asylum seekers, the decision making process, and the impact of this. It will examine the issues LGBT asylum seekers face in the UK i.e. often discriminated against by their community and peers, ostracised by their family and the impact on their mental health. The presenters will consider the impact of these issues on LGBT asylum seekers' mental and physical health and will look at referral pathways and the barriers to accessing services faced by LGBT asylum seekers.

The workshop will raise awareness of issues faced by LGBT asylum seekers in the asylum process and the impact on their mental health; facilitate an understanding of the needs of LGBT asylum seekers and what are the referral pathways into mental health services. Finally, it will aim to empower individuals to better help and support those who are LGBT and seeking asylum.

Workshop E

Harry Gijbels, Senior Lecturer, School of Nursing and Midwifery; Lydia Sapouna, Lecturer, School of Applied Social Studies, University College Cork

Critical Voices Networks in Mental Health: Opportunities and Challenges

Chadwick Building, Barkla Lecture Theatre

Over recent years critical thinking and new approaches have emerged to address concerns about a mainly bio-psychiatric approach to mental health provision in Ireland. Key 'actors' in the development of such new approaches and critical thinking are diverse, representing people who describe themselves as service users, survivors, patients, members of the mad community, carers, family members, practitioners, professionals, academics, and members of the public. A critical perspectives' conference, organised annually since 2009 by the presenters, is one attempt at providing these 'actors' with opportunities to present, discuss and debate critical and creative perspectives, initiatives and approaches in mental health. At the 2010 conference, the Critical Voices Network Ireland (CVNI) was formed. The CVNI provides a democratic space with no hierarchical structures, open to everybody who wishes to join its discussions through a Facebook page, e-list, a website, and regular national and regional meetings. Through the CVNI an environment has been created where different and sometimes conflicting voices and agendas can be heard and respected rather than silenced.

This is not always an easy exchange. Challenging mental health practice can be unsettling as it may require one's position of certainty to be reviewed and possibly relinquished. In this workshop a brief overview of the work of the CVNI will be presented, followed by a discussion around the issues which have arisen since the formation of the network, which will include themes such as formal structures versus a network; engaging with the media/ issues of representation; working inside or outside systems.

Workshop F

Dr. Sam Warner, Consultant clinical psychologist and research fellow, Manchester Metropolitan University - *Trauma-evidence and the expert witness: Using the Human Rights Act and other laws to protect service-users in uncaring and abusive services*

Chadwick Building, Rotblat Lecture Theatre

In this workshop, I draw on my experience of working as an expert witness to highlight some of the ways legislation, such as the Human Rights Act (HRA), can be used to secure the best interests of adults and children who would otherwise be victimised by uncaring and sometimes abusive mental health and social care services. Alongside the HRA, I outline key laws and guidance that shape mental health and safeguarding practices and which provide 'social frameworks' for understanding the needs of vulnerable adults and children. I explain how I present trauma-evidence that explicitly recognises the social foundations of mental distress in order to demonstrate how to positively and effectively challenge the assumed authority of biological psychiatry in legal contexts. I identify key issues faced by service-users who have been made subject to the Law, and who have won their legal battles. I focus on individuals who battled to leave unsafe and controlling enforced care; fought not to be returned to services in which they had previously been violently and sexually assaulted; and strove to stay in safe services when they were pressed to move on (largely for monetary reasons) to inadequate and potentially abusive and/ or neglectful care.

There will be opportunity throughout this workshop to ask questions about, and to share knowledge and experience of, using the Law to secure the human rights of mental health and social care service users, as both adults and children.

Workshop G

60 min showcase: Martin Green and Julie McKiernan – Newfound Theatre Company:

The Domino Effect

Chadwick Building, Main Lecture Theatre

In May 2013, the RBUF Drama Project Group, facilitated by Martin (actor) and Julie (writer), explored service user/carer views on a range of key mental health topics in a bespoke piece of drama entitled 'The Domino Effect'. This was performed as part of the Mental Health Involvement Day at Rochdale Town Hall. The issues raised were then discussed in facilitated groups and fed back to everyone. The drama had an impact on its audience, "*Really good initiative to bring people together, and the interactive drama was particularly useful and effective, engaging more people*", but particularly on its participants: "*I felt important and have lots more confidence now. I got a lot out of it and my mental health has improved.*" In fact, all of the participants agreed that their general wellbeing had increased as a result of taking part, and felt that their concerns about mental health had been heard as a result of the project. Using case studies and extracts from the script (possibly performed by some of the original participants) we would like to share our experiences of running the project and how the script evolved from workshop exercises and discussions based around the social injustice and abuse of human rights experienced by patients in psychiatric care. Although this was a self-advocacy project covering a lot of serious issues, the resulting drama was also entertaining and the support workers commented that they had never heard so much laughter coming from the meeting room.

Parallel presentation and music performance (3.00 - 4.00 pm)

Symposium

Liverpool Psychosis Research Group, Institute of Psychology Health and Society, University of Liverpool: *Psychosis in Context*

Central Teaching Hub, Lecture Theatre A

One of the goals of the Liverpool Psychosis Research Group is:

'To research the psycho-social causes of psychotic experiences such as hearing voices and having unusual beliefs'. This symposium presents three examples of our work.

'CAN POVERTY DRIVE YOU MAD?'

Professor John Read

John will summarise the research showing that, contrary to the 'medical model' emphasis on genes and neurotransmitters, poverty, and relative poverty, are, powerful predictors of who ends up experiencing psychosis and being diagnosed with 'schizophrenia'. The implications for mental health service provision and for primary prevention will be discussed.

‘THE PROSOCIAL PLACE PROGRAMME’

Professor Rhiannon Corcoran

Rhiannon will present the rationale, ethos and aims of this research programme that explores the basis of the so-called urbanicity effect from a psychological perspective. She will summarise some of the initial research exploring the relationship of the urban environment to mental health and wellbeing.

‘ARE THERE DIFFERENT PATHWAYS FROM DIFFERENT CHILDHOOD ADVERSITIES TO DIFFERENT ‘SYMPTOMS’ OF PSYCHOSIS?’

Professor Richard Bentall

Richard will summarise the research which suggests that, rather than looking for the causes of broad diagnostic categories like ‘schizophrenia’, hearing voices (‘auditory hallucinations’) and feeling that everyone is against you (‘paranoid delusions’) may be better understood by examining the specific pathways from specific types of childhood adversity to these different types of experiences.

Music Performance

Dylan Tighe - songs from his debut album

Central Teaching Hub, Lecture Theatre B

Dylan Tighe is a musician, theatre-maker and writer from Dublin. His debut album 'Record' forms the basis of his multi-format project of the same name based on his experience of distress, rejection of psychiatry, diagnosis, and recovery. The album was described by RTÉ as "*a deeply personal and deeply moving piece of work*". In this performance Dylan will play songs from his album which deals with his experiences of mental health issues and offers an alternative record of distress, interspersed with reflections on the project. The performance will be 20 / 30 minutes, followed by questions and discussion.

Workshop

Phil Thomas, Rai Waddingham and Adam Jhugroo - *Coming off Antipsychotic Medication*

Central Teaching Hub, Lecture Theatre C

'Antipsychotic' medication has been the main professional intervention for people who hear voices or have unusual beliefs for 60 years. Some people find these drugs helpful, but many people do not. The drugs either have little or no effect on their experiences, or they are incapacitated by distressing side effects and are unable to function as a result. Many are told they must stay on them for many years if they are to avoid the risk of a 'relapse'. This is despite the growing evidence that 'relapse' may at least in part be primarily related to drug discontinuation or dose reduction. Although there are some excellent resources to advise people who are thinking of coming off, there are very few personal stories setting out people's experiences.

The purpose of the Coming Off book is to publish a collection of 30 - 50 stories of people's experience of coming off antipsychotic drugs. This workshop will set out why we think there is a need for a book that brings these stories together, how we have recruited people who wanted to share their stories, outline some of the ethical and other issues this raises, and share what we have learnt from the stories we have collected so far.

Workshops session three (4.00 - 5.00 pm)

Workshop A

Professor William S. Sax: *The Place of Ritual in Clinical and Psychiatric Practice*

Central Teaching Hub, Lecture Theatre A

“Ritual” is a tricky concept, for many reasons. Many health professionals believe that ritual is the opposite of science, and therefore that it has no place in modern health care. Others argue that modern medicine (including psychiatry) is full of rituals, even though clinicians and others may be unaware of this fact.

Some of the definitions of “ritual” advanced by anthropologists and others are quite complex, but for practical purposes we can define ritual as a sequence of fixed words and actions that are strictly followed by a group of ritual participants. What about healing rituals? Do they work? And if so, how? The sheer variety of healing rituals makes it difficult to generalize a single mechanism for their efficacy. The evidence suggests that they “work” primarily by strengthening relationships between therapists, clients, and the various beings, techniques, tools or substances that they employ. In this sense, they are similar to the so-called “placebo effect,” which should not be regarded as an exotic oddity, but rather as a fundamental part of all forms of healing.

Dr. Sax will develop these ideas in his talk, and later, participants in his workshop will be encouraged to exchange their experiences of the successful use of therapeutic rituals in clinical practice. We will conclude by conducting a healing ritual of our own.

Workshop B

Sahir House - *Supporting survivors of rape and torture whilst in the asylum process*

Central Teaching Hub, Lecture Theatre B

This workshop will be delivered by the Sahir House counselling coordinator and co-hosted with another colleague from the same team. Their presentation will discuss the psychological impact on rape and torture survivors and their process/journey to recovery.

The process and treatment of those survivors in the asylum process and the disbelief by the Home Office (looking at initial decisions overturned at the appeal stage as a result of this “disbelief”) will be explored. In particular, it will look at the treatment of individuals detained who have been survivors of torture and rape.

Focussing on a real case study of a survivor, the workshop will aim to increase awareness of the issues faced by asylum seekers who are survivors of rape and torture in the asylum process; to facilitate a better understanding of the referral process within mental health services; and to increase awareness of services who help and support survivors and those that are also affected, i.e. family members. There will be an opportunity for questions and discussion.

Workshop C

Family Refugee Support Project (FRSP) Showcase

Central Teaching Hub, Lecture Theatre C

FRSP is a local charity working with refugee and asylum seeking families affected by trauma. The project provides specialist trauma counselling with individuals and families, and uses the medium of horticulture to support healing. In addition, the project works holistically to support families in identifying practical ways through an often hostile and alien environment that can put up barriers to healing and recovery. The project is essentially focused on the Human Rights of family members. Recently the project has developed a mentoring training programme to assist families in moving forward from therapy, enhancing skills for their future in the UK.

The project has a showcase comprising composite life stories based on clients' experiences of exile and use of the project to be offered for discussion and exploration by participants.

The work will be presented by staff and project peer mentors touching on:

- the importance of respecting clients self-definition of trauma and recovery
- the need for an holistic approach to healing
- the recognition of the impact of outside factors on mental well-being
- the importance of long-term work in light of the above factors

Workshop D

WISH Showcase - Gender Equality and Mental Health

Central Teaching Hub, Lecture Theatre D

The Women's Mental Health Network (WMHN) is a partnership of user-led organisations from a range of sectors, in which Wish is the lead organisation. The WMHN has come together to form an evidence-based campaigning platform, to give women a voice to influence and improve services, to be gender-sensitive and to better meet their needs. The group will pilot & evaluate local campaigns prioritised by women members and disseminate results nationally through, for example, NICE (National Institute for Health and Care Excellence). The network will have an advisory group made up of key organisations. The WMHN is to be launched in Spring 2014 and Wish would like to showcase the early findings of the evidence collection.

The women who are the focus of this work have numerous common/shared experiences, including trauma and abuse, low self-esteem, few qualifications, disrupted parenting and difficult relationships. Common coping mechanisms include self-injury, substance misuse and eating disorders. Complexities and vulnerabilities, including mental health needs, personality disorders and convictions can lead to involvement in the criminal justice or mental health system, drug and alcohol services or struggling in the community, with difficulties such as housing, finance, relationships and children in care.

The system fails women by providing inadequate, inflexible support, often too late and uncoordinated, with a medical model focus and disempowering practices that women perceive as punishment. This presentation will show why services need to be integrated and recovery focussed, based on a social model which takes into account women's specific gendered experiences and needs.

Workshop E

Cheryl Prax - *Speak Out Against Psychiatry*

Chadwick Building, Barkla Lecture Theatre

I am a member of 'Speak Out Against Psychiatry' (SOAP), 'Network Against Psychiatric Assault' (NAPA) and 'Mind Freedom International' (MFI). SOAP is based in the UK but the last two are based in the US.

I was an ordinary member of the public until in August 2009 I was wrongly sectioned and spent 8 days in a mental hospital. It was the worst week of my life and changed my life for ever. In this workshop I present the first speech I made at the first SOAP protest, talk of my hospital experience and about SOAP's work to bring awareness to the general public.

As well as working full time as an Office Manager and caring for my disabled husband I now campaign for more humane methods of dealing with human distress. With a radical manifesto I was voted in as a Public Governor in my local Mental Health Trust. Last year I had the opportunity to inspect and report on the hospital where I was incarcerated.

Paper: Session F

Chadwick Building, Rotblat Lecture Theatre

Sara Cooper '*You have nothing to lose but your chains: Applying a critical perspective to research on scaling-up mental health care in Africa*'

The high levels of untreated mental illness in Africa, together with ubiquitous calls for the widespread scale-up of services to redress this situation, have recently gained considerable attention within the global health arena. This paper, which forms part of my PhD study, looks critically at some of the knowledge assumptions and associated power dynamics underpinning contemporary research on scaling-up mental health care in Africa. It is insisting that without such a critical engagement, the knowledge produced and the strategies proposed may end up being inappropriate and oppressive, albeit unknowingly.

I demonstrate how two concepts, scientific-evidence and human rights, appear to frame such research. Drawing on strands of critical sociological and postcolonial thought, I highlight some of the problematic ways in which these concepts are playing out. The notion of 'scientific evidence', with its assumptions of 'objectivity' and 'definitiveness', might be marginalizing other potentially meaningful ways of constituting knowledge about mental health care. Likewise, the concept of human rights, with its epistemic underpinnings of naturalism and normativity, tends to disregard the potential pluralism of moral ideas and notions of personhood.

My key argument is that meeting the diverse and complex mental health care needs of people on the African continent necessitates fostering a more democratic archive of knowledge. I consider how generative dialogues, across different knowledge traditions and moral landscapes might be nurtured within this research field. At a time when a plethora of programmes are being executed to transform mental health care provision in Africa, these kinds of conversations are indispensable and urgent.

Day three: Friday 27th June

Creating and Developing Healing Communities

- 9.00** Coffee and Registration
- 9.30** Welcome and Introduction
Richard Bentall, Institute of Psychology, Health and Society, University of Liverpool
- 9.45** Plenary session: Community Development in helping to reshape the relationship between the community sector and mental health services
Alison Gilchrist
Chair: Phil Thomas
- 10.30** Coffee
- 10.45** Plenary Session: Recovery and Community Narratives
Professor Brendan Stone
Chair: Phil Thomas
- 11.30** Parallel performance (choose one from 2 – see pages 31-32 for details)
- 12.00** Parallel workshop sessions (choose one from 7 – see pages 32-35 for details)
- 13.00** Lunch and lunchtime performance
- 14.00** Plenary Session: Reading As If For Life: Seeing the benefits of shared group reading
Professor Philip Davis and Dr. Josie Billington, The Reader Project.
Chair: Claire Stevens
- 14.45** Coffee
- 15.00** Parallel workshop sessions (choose from 6 – see pages 35 -38 for details)
- 16.00** Plenary Session: Recovery as Social Action
Jacqui Dillon
Chair: Peter Stasny
- 17.00** Close

Please note: the opening address and all plenary sessions will take place in the Central Teaching Hub, Lecture Theatre A on the first floor.

Friday 27th June: Plenary speakers

Alison Gilchrist, Independent Community Development Consultant

Alison has been involved in community development for more than 30 years: as neighbourhood worker, lecturer, writer, trainer, manager, director, policy advisor and researcher. She joined the Community Development Foundation in 1999 as Regional Links Manager, liaising with Government Offices and the regional development agencies across England to advise them on how community development approaches can be used in a range of different policy areas, notably regeneration, cohesion and community involvement.

Her role changed in 2003 to Director of Practice Development, when she became a member of the senior management team. Her team covered the Practice Links team, Wales and the European and International Unit, responsible for 'learning from experience, in order to improve practice and influence policy'. During this time, she managed research projects and wrote guides to networking, community cohesion and equalities work. She now works as an independent consultant.

Keynote Address: Community development in helping to reshape the relationship between the community sector and mental health services

An essential aspect of community development is the emergence and maintenance of patterns of connections and relationships that assist the healing processes and contribute to both prevention and recovery. The presentation will consider how people's networks can offer safety nets, signposts, sanctuary and solace. It will present practical examples that have used a community development approach to identify needs, set up groups and create spaces where people experiencing mental health difficulties can share experiences in a supportive environment and pursue activities that promote well-being alongside community members with similar interests and diverse backgrounds.

Professor Brendan Stone, School of English, University of Sheffield: *Recovery and Community Narratives*

Brendan Stone is well-known for his work on 'Storying Sheffield', a groundbreaking project in which narrative and storytelling are utilised in a variety of contexts to enhance our understandings of society, people, and culture. The project includes modules in which undergraduate students and people from the city with no family background in higher education work and study together to produce, record, and collect stories, fragments of stories, and many other diverse representations of the lives of Sheffield people, and the 'life' of Sheffield.

He is currently working with a range of initiatives in which service-users are supported in using creative arts and digital media to explore and communicate their experience and influence healthcare policy and practice. He is also a long-time mental health service-user, and has a strong commitment to the rights and empowerment of individuals using mental health services and/or living with mental distress. He is committed to promoting service-user led research wherever this is feasible.

Keynote address: Recovery and Community Narratives

“The truth of the person [...] might well become more clear in moments of interruption, stoppage, open-endedness – in enigmatic articulations that cannot easily be translated into narrative form.” Judith Butler, *Giving an Account of Oneself*

Using illustrations and examples from several community-based projects, this talk will outline means of working in mental health contexts which aim to support individuals to develop critical skills, and construct narratives through processes of critical engagement, creative endeavour, and solidarity. Drawing on a range of philosophy and critical theory, a set of simple principles and practices will be outlined, and a consideration of the ethics of ‘engagement’ will also be included.

Professor Philip Davis, University of Liverpool: *The Reader Project: Literature and Well-being*

Professor Philip Davis is Director of the Centre for Research in Reading, Information and Linguistic Studies (CRILS) at the University of Liverpool. The Centre consists of literary and linguistics scholars who have come out of the department of English Literature to collaborate with colleagues in Psychology and Medicine – in particular Professors Richard Bentall, Rhiannon Corcoran and Chris Dowrick – in the investigation of the real-world impact of read-aloud shared reading groups, developed through the outreach work of The Reader Organisation, in areas of mental health and well-being.

The project is currently the subject of an AHRC grant on Cultural Value. Philip Davis is the author of *Memory and Writing*, *The Experience of Reading*, *Real Voices: On Reading, Why Victorian Literature Still Matters*, and *Shakespeare Thinking*. His most recent publication *Reading and The Reader* is the first in paperback series of which he is general editor, the *Literary Agenda*, from Oxford University Press. He is editor of *The Reader* magazine.

Dr Josie Billington, deputy director of the Centre for Research into Reading, Information and Linguistic Systems (CRILS), specialises in Victorian literature and in research on reading and health. She has written on the work of Mrs Gaskell, Mrs Oliphant, George Eliot, Elizabeth Barrett Browning (with particular relation to Shakespeare), and Tolstoy. She has published extensively on the power of literary reading to influence mental health and well-being, particularly in the areas of depression and dementia ('Reading as a Participatory Art; An Alternative Mental Health Therapy' *Journal of Community Arts*, 2013; A Literature-Based Intervention for Older People Living with Dementia. *Perspectives in Public Health*, 2013; 'Get into Reading as an intervention for common mental health problems: exploring catalysts for change' *Medical Humanities* 2012) Dr. Billington is also engaged in interdisciplinary research projects related to reading in prisons, chronic pain, reading with children and families. Her current project is a book for Oxford University Press on 'Is Literature Healthy?'

Keynote address: *Reading As If For Life: Seeing the benefits of shared group reading.*

In this session you will be able to see video clips from reading groups conducted by the national outreach charity. The Reader Organisation. The recordings and transcripts arise out of work done by the University of Liverpool's Centre for Research into Reading (CRILS) for an Arts and Humanities Research Grant on Cultural Value, showing readers from a variety of

settings and backgrounds reading aloud and thinking together - live and alive - in relation to serious literary works.

The presenters, Philip Davis and Josie Billington, will be highlighting the sort of personal, emotional and mental processes involved in the readers' responses. The reading intervention, it will be argued, is therapeutic precisely by not being offered as a step-by-step programme in therapy to be applied to set 'cases' or named 'conditions'. It is rather an *implicit* psychotherapy that treats problems as part of a long-established, wider and deeper human norm as represented in the writings of centuries. Literature says to its readers: 'Nothing human is alien to me.' This is a keynote, then, in defence of active reading, of the achievement involved in *not* knowing in advance, of literature as a dynamic space for personal contemplation and the recovery of meaning.

Jacqui Dillon, National Chair of the Hearing Voices Network in England

Jacqui Dillon was born and bred in East London where she still lives. She is a respected campaigner, writer, international speaker and trainer specialising in hearing voices, 'psychosis', dissociation, trauma, abuse, healing and recovery. Jacqui has worked within mental health services for more than 15 years, in a variety of settings, including community, acute, low, medium and high secure settings, prisons, colleges and universities.

Jacqui is the national Chair of the Hearing Voices Network in England, Honorary Research Fellow at Durham University and Birmingham City University and Honorary Lecturer in Clinical Psychology at the University of East London. Along with Professor Marius Romme and Dr Sandra Escher she is the co-editor of *Living with Voices*, an anthology of 50 voice hearers' stories of recovery.

She is also co-editor of *Demedicalising Misery: Psychiatry, Psychology and the Human Condition and Models of Madness* (2nd Edition), has published numerous articles and papers and is on the editorial board of the journal *Psychosis: Psychological, Social and Integrative Approaches*.

Jacqui's experiences of surviving childhood abuse and subsequent experiences of using psychiatric services inform her work and she is an outspoken advocate and campaigner for trauma informed approaches to madness and distress.

Keynote address: Recovery as Social Action: The Personal *is* the Political

The concept of recovery within mental health has been crucial in providing a much needed antidote to the simplistic and pessimistic premise that human misery and distress are caused by chemical imbalances and genetic predispositions, as propagated by biomedical psychiatry and the pharmaceutical industries. The knowledge that people *can and do* recover from serious mental health issues has provided a much needed sense of optimism about the possibility of change.

However, there is a danger that as recovery becomes more widely adopted within mainstream mental health services, the concept will be colonised, so that it's most radical aspects are assimilated, and it simply becomes another method of controlling and coercing people. As well as this, the concept of recovery can individualise social problems, diverting

attention from addressing urgent social and economic problems, which frequently underlie madness and distress, and on collective, as opposed to individual, forms of support.

With this in mind, how do activists ensure that recovery retains its radical roots and guarantee that those with lived experience of madness and distress are the authors and arbiters of their own recovery stories? In this talk, Jacqui will explore these tensions and advocate the importance of collectively addressing oppressive political structures to improve individuals' personal experiences, so that the concept of 'the personal is the political' remains central to notions of recovery.

Friday 27th June: Performances, workshops and papers

There will be two parallel morning performances and a lunchtime poetry reading, as well as a choice of morning and afternoon workshops. Throughout the day, **PSS Creatives and Suitcase Ensemble** will deliver a series of pop up performances which will be inspired by participants' experiences of mental health and the key themes of INTAR 2014.

Morning performances: 11.30 - 12.00

Out of Character Theatre Company in 'Disturbing Shakespeare'

Chadwick Building, Main Lecture Theatre

"I think you cope quite sensibly with the difficulty of living...We tremble in the balance, we don't fall, we flutter even though we may be uglier than bats."

Out of Character Theatre Company comprises people who use mental health services. The Company has been together for four years and works closely with York Theatre Royal and York St John University. We make challenging work for inquisitive audiences with the aim of transcending the boundaries of modern theatre and perceptions of mental health, claiming the territory between inspiration and medication. The performance will feature a series of short scenes exploring the theme of mental illness, power and perception taken from a range of Shakespeare's works.

Richard Adamson – When Richard met Betty

Central Teaching Hub, Lecture Theatre C

This presentation will explore the positive influence that dogs can have on an individual, a family and the wider community. I will look at the work with dogs that I have undertaken in the last three years. At the beginning of this time I was unwell, unemployed and using mental health services to cope with a longstanding depressive illness. In acquiring a family pet, Betty, a 6-week-old terrier, I began, reluctantly at first, to care for her. My involvement in her care has grown exponentially and although a dog-owner previously, at this juncture in my life I took my interest in the positives that a dog contributes to health and wellbeing to another level. Three years on sees me running a dog-walking business and the director of a social enterprise that aims to educate and celebrate the health benefits of being around dogs.

The presentation will introduce the delegate to my story of recovery and the support I have received along the way from dogs, owners and other interested parties within the wider society. Hopefully it will inform and educate on the subject of dogs and health and stimulate debate and questions that I will try to answer.

Workshops session one (12.00 – 1.00pm)

Workshop A

Brendan Stone

Central Teaching Hub, Lecture Theatre A

The workshop will demonstrate means of working with narrative and representation in mental health contexts, and include a chance for discussion, debate and participation.

Workshop B

VoiceBox Inc - *Voices from the Brink*

Central Teaching Hub, Lecture Theatre B

This workshop / showcase is by members of a self-support group (people in early recovery from alcohol, substance and food addictions) who came together in 2013 as part of an informal learning project hosted through The Brink alcohol-free bar in Liverpool. In this session we will:

1. Describe how our group came together through informal contacts at The Brink, our values and commitment to empowerment and 'Curious Connected Co-creation'
2. Showcase a number of short films and photo-journals that give a voice to recovery and its meaning for individuals involved in the project. The key themes of the films relate to individuals and their recovery, development of assets, skills, self-esteem and confidence.
3. Model how The VoiceBox, an innovative approach using film media, was used to gather the voices of people who traditionally have not been heard by others outside recovery groups or who find it difficult to express themselves in regularly used approaches to involvement and evaluation.
4. Discuss the impact of the process of producing the films upon those who took part. We will also describe the benefits the films and the approach may provide for commissioners (e.g. in relation to service evaluation and development), service providers (e.g. for client feedback and service redesign) and for individuals in treatment and early stage recovery (e.g. through providing inspiration and support). This will also include how we set up a social action research project with Manchester Metropolitan University.

Workshop C

Jacqui Dillon - *Making Sense of Voices*

Central Teaching Hub, Lecture Theatre C

There is a growing body of evidence which views hearing voices as a meaningful response to disturbing and overwhelming life experiences that can be understood and integrated into a person's life. In this workshop we will explore the subjective experience of hearing voices and innovative approaches to support people in making sense of voice hearing experiences.

Workshop D

Alison Gilchrist – *Community Development and Mental Health Services*

Central Teaching Hub, Lecture Theatre D

This session will be an opportunity to explore in greater detail how community development methods and values have been used to create supportive services and non-stigmatised spaces that help people experiencing mental ill-health to recover from crises and become more resilient.

After some brief input from Alison following on from the earlier presentation, participants will work together to discuss how the application of core community development (CD) principles and processes provides alternative modes of ‘therapy’, based on values of empowerment, respect and dignity for the individual and collective decision-making/action.

Using the experiences and ideas that participants bring to the workshop, we will examine the potential for community-based initiatives and also explore some of the challenges/issues arising from the ‘social model’ of mental health, for example in relation to inclusion, recovery, equalities and cultural diversity.

Workshop E

Lisa Rossetti – *The Story Café*

Chadwick Building, Barkla Lecture Theatre

The Story Café is a participative workshop which has run for some years in mental health settings with both staff and service users. As part of my Masters in Applied Storytelling for Health and Social Care, I evaluated The Story Café methodology and impacts using a robust academic process. My research suggests that participating in creative practices such as storytelling has a positive Wellbeing impact and can strengthen the therapeutic relationship between staff, carer and service user; also improving reflective and listening skills, compassion and empathy.

This workshop will provide an experiential introduction to using Stories for Wellbeing, presenting some key principles of using stories for Wellbeing in mental health and Recovery settings. Participants will be encouraged to share and explore insights together in a “Reflective Story Circle”.

The benefits of participating in a Story Café:

- Supports service users to improve their confidence and wellbeing, as well as communication and social skills
- Offers service users a safe way to explore personal life issues
- Allows service users to feel “heard”, respected and valued, increasing their self-esteem and dignity
- Through group participation, service users also gain a social role and identity

Workshop F

Tseren Gibbens and Roberta Casadio - *Recovery's experience of running recovery houses in both Scotland and Italy*

Chadwick Building, Rotblat Lecture Theatre

This workshop will explore Working to Recovery's (run by Ron Coleman & Karen Taylor) experience of running recovery houses in both Scotland & Italy. Both quite unique, one funded by our company profits and donations and free to the end user, the other funded by parents to enable their adult (children) to embark on a recovery journey.

We will share what we have learned so far, the wonderful recovery journeys and the mistakes we have made on the way. The involvement of families and the community has been paramount in making these projects successful. Running this workshop will be people who have been through the recovery house in UK and have gone on to work in both projects, Tseren Gibbens, and the manager of the Italian house & Director of Working to Recovery Italia, Roberta Casadio. For more information please go to <http://www.workingtorecovery.co.uk/recovery-house-farm>

Paper session G (two papers)

Lydia Sapouna, School of Applied Social Studies University College Cork Ireland – *Beyond Diagnosis: the transformative potential of the arts in mental health*

Chadwick Building, Main Lecture Theatre

This paper is based on an evaluation of the Arts + Mind research project and explores relationships between the 'arts' and mental health care. The Arts + Minds project involved the delivery of art programmes (music and animation workshops) to mental health service users in three sites in Cork city and county in Ireland. The paper will specifically focus and reflect on research findings demonstrating the transformative potential of the arts to create environments conducive to recovery by nurturing creativity, encouraging the expression of emotion and the telling of stories. Such environments provide service users with opportunities to discover untapped and unrecognised strengths, and to interact with mental health staff as 'peers' and fellow artists. Most importantly such spaces provide opportunities for people to see themselves and to be seen by others as individuals beyond their diagnosis.

This kind of environment however is not necessarily compatible with the culture currently dominating mental health services. In evaluating the contribution of arts in mental health care we cannot ignore the tensions between art as a form of creative expression and dominant mental health practice which, because of the prevailing biomedical focus, has not traditionally encouraged creativity of expression. Moving beyond the general agreement on the positive contribution of arts into mental health care, this presentation will highlight that such a contribution is not a mere matter of 'adding' art programmes into the current mental health services. It will be argued that a meaningful partnership between the art sector and mental health services is not just a technical measure but will also require a radical shift in the way we understand, respond to and engage with human distress.

Roz Oates – *Poetry and Story-Telling as Therapeutic Strategies for Assisting Voice-Hearers*

Traditionally, psychiatry considers that patients who hear voices that cannot be heard by others lack the capacity to construct a consistent and reliable narrative about their

experience (Frith and Johnstone, 2003). However, some voice-hearers do record their experiences, and the research of the psychiatrist Marius Romme and the journalist Sandra Escher has found 'that patients diagnosed with schizophrenia were able to relate their experience of hearing voices to stressful and traumatic events in their life history'. They suggest that keeping a diary is one effective method for the voice-hearer to gain some control of their voices.

Drawing on my Ph.D. research with the 'Hearing the Voice' team at Durham University, in this paper I will look at how narrative can be used to externalise voices and improve voice-hearers' relationship with them. Research has shown that creating poetry can be helpful as a therapy for schizophrenia, as the process releases emotions in the individual, which can be communicated to a therapist (Shafi, 2010). Furman (2003) is another who has argued that poetry should be used to help patients to manage their anxiety, cope with stress and to express their emotions. My paper will look at how poetry and story-telling can assist voice-hearers, and how bridges can be made between fractured parts of the self, in order to rebuild confidence and the sense of a positive identity. I shall examine with examples the ways in which voice-hearers have used poetry and story-telling, not only to make sense of the content of the voices, but also to use them as a source of creativity.

Lunchtime performance: Clare Shaw, poetry reading
Central Teaching Hub, Lecture Theatre C

Workshops session two (3.00 - 4.00 pm.)

Workshop A

The Reader Organisation

Central Teaching Hub, Lecture Theatre A

For ten years and more now, The Reader Organisation has been bringing people together in weekly groups to read stories and poems aloud together, and to reflect on them in the light of their personal experience. We believe that great literature provides us with vital information about being human and opens up our imaginative lives. It gives us a language for meaningful communication, revealing what is both common and unique about our thoughts.

This non-clinical, whole population approach to wellbeing is growing rapidly across the country. We provide open community reading groups, courses for recovery colleges, and volunteer projects, while our Reader-in-Residencies bring this recovery-oriented intervention to people in inpatient and secure settings in mental health services.

Our proposed workshop aims to give delegates a sense of how the reading groups work and their potential for transforming lives through experiencing the benefits for themselves. The session will be co-facilitated by a project worker and one of our group members who has lived experience of mental health problems and who has never presented at a conference before. The session will include:

- A Short Introduction
- The Reading and Sharing of a Short Story and Poem

Workshop B

The Rainbow Writers: 'What's Your Story?' creative writing workshop

Central Teaching Hub, Lecture Theatre B

A workshop which brings to life all of the themes of the conference by focussing on the “What’s your Story?” course for people with personal experience of mental distress, commissioned by Writing on the Wall and Liverpool Mental Health Consortium and delivered by Clare Shaw. Writing on the Wall is a literature organisation working with diverse communities across Merseyside to celebrate writing. “What’s your Story?” supports personal development through creative writing for people in communities traditionally excluded from literature. Liverpool Mental Health Consortium offers those who have experienced mental distress opportunities to develop a collective voice.

The workshop will tell the story of the course, with group members reflecting on the experience. Workshop participants will be encouraged to participate in a brief writing exercise and to experience for themselves the power of the word.

Following from the success of the course outlined above, members of the “What’s your Story?” writing group will perform work produced during the course; along with work inspired by or about the course. Performance pieces include poetry and prose, and focus on issues directly related to mental health – such as the experience of living with Bipolar Disorder; recovery; and accounts of surviving mental health services – as well as wider issues such as childhood, bereavement and other life experiences and reflections. The group performed to a large public audience on World Mental Health Day 2013, and all evidence suggests that the audience was moved, uplifted and inspired by a series of high-quality performances of well-written pieces.

Workshop C

Catherine Bebb and Elissa Thompson - *The development of a peer support network for people with a diagnosis of Borderline Personality Disorder*

Central Teaching Hub, Lecture Theatre C

We will provide an interactive workshop based on our experiences of developing a peer-support network for individuals with a diagnosis of BPD; due to begin in Bradford in January 2014. The workshop will begin with a description of the group, its value-base and aims. The group developed as we felt, as qualified nurses and service users, disempowered by services. We feel there is little provision for clients’ emotional needs and emotional expression is often seen in a negative light. Our network will include a weekly group meeting, a website and an interactive Twitter page.

The workshop will be led by the two facilitators. Group members will be invited to participate in the planning and delivery of the workshop in whatever way feels appropriate for them. The workshop will go on to encourage general discussion around existing ways of working with people with this diagnosis, which we believe are not only ineffective but also damaging. We will provide evidence, reflect on experiences and promote discussion around dominant approaches within services. The final section of the workshop will focus on traditional views on personality disorder. We are robustly critical of the label “BPD”. We believe the diagnosis to be culturally-biased and gender-biased, and to have little validity or reliability. We will present evidence and perspectives to facilitate a thoughtful deconstruction of the diagnosis; an examination of more helpful alternatives; and a reflection on how this plays out within our peer support group.

Workshop D

Laura Delano and Peter Stasny - *Organised self-help and mutual support as alternatives to the traditional mental health system: lessons from history and promising directions*

Central Teaching Hub, Lecture Theatre D

This workshop will examine the history and promises of the “self-help revolution” led by those labelled “mentally ill” beginning in the 1970s, examining successes and failures in order to better understand potential ingredients for a sustainable, grassroots, independent mutual support and “self-help” enterprise going forward.

Workshop Outline

1. *History* - We will chart the history of the self-help movement by looking at grassroots and government-funded groups, placing its origins in the context of broader liberationist movements like women’s rights, disability rights, gay rights, civil rights. We will highlight important activists, as well as broader organizations with the goal of understanding their intentions and their achievements
2. *An Examination* - Next, we will examine some of the reasons why this movement has not yet sustainably achieved many of its promises (i.e. keeping people out of hospitals, reducing forced interventions, providing alternative and safe spaces for people in crisis). This may include cooptation, the advent of the recovery paradigm, power politics and continuing institutionalization of persons with psych disabilities, among other causes.
3. *Potential Ingredients* - Finally, we discuss potential ingredients for a successful, alternative, autonomous support movement. Using certain current promising examples (Hearing Voices Network, ‘Anonymous’ groups, Runaway Houses, Dialogues, etc.) we consider some of the elements that should be in place for alternative support to be independent, effective, non-coopted, and widely accessible, such as restorative justice, harm-reduction strategies, dialogical practices, and safe-spaces/sanctuaries.

Paper session E

Paper: Rory Doody - *Presentation on Service provider / peer / service user research*

Chadwick Building, Barkla Lecture Theatre

Dr Pat Bracken and I have taken it upon ourselves to review and take stock of the many recent and new aspects of our service. We wish to present this service provider/ peer/ service user research under the theme of ‘Creating and Developing Healing Communities’.

In 2010 the WCMHS launched ‘Moving West Cork Mental Health Service in a Recovery Direction’. “When we talk about services ‘moving in a recovery orientation’ we are talking about services that seek *to make the non-technical aspects of mental health of primary importance.*” This leads to meaningful engagement with our chosen ImROC principles:

1. Changing the nature of day-to-day interactions and the quality of experience
2. Delivering comprehensive, service user led education and training programmes
3. Establishing a ‘Recovery Education Centre’ to drive the programme forward

‘Non-technical’ has certainly come to the fore and speaking from a service user perspective the time is right to move from “passive co-operation to active participation in our recovery”

through opportunities in Dialogues, Open Dialogue, Peer Support, Hearing Voices Support Group, Advancing Recovery in Ireland, Research on, by and for carers and the 'Cumasa Bus' mentioning a few.

We know why we need recovery underpinning all we do, let us demonstrate how we do it.

Showcase F

Joan Hamilton & Harry Gijbels – *The Sli Eile Farm: a community living farm project for people experiencing mental health difficulties*

Venue: Chadwick Building, Main Lecture Theatre

Drawing on the rich and varied experiences gained since opening its first supported housing project in September 2006, *Sli Eile* (www.slieile.ie) opened a farm project in December 2012. Adopting community living as *Another Way* (*Sli Eile* in Gaelic) for people experiencing mental health difficulties, the *Sli Eile* Farm, at Burton Park, Mallow, Co Cork, Ireland, offers a place where people experiencing mental health difficulties can find acceptance, safety and support to recover. It provides a supportive living environment, for up to 16 people, where safety and acceptance combine with support and meaningful occupation in facilitating each tenant in achieving their life goals.

Building on the experience of how meaningful occupation impacts on personal responsibility, self-respect and acceptance of others, the tenants experience the responsibilities required in the running of a community farm, such as animal husbandry, horticulture, running a bakery, cooking and household chores. The farm provides a structure that offers support for people working to regain control of their lives, with tenants who have progressed towards taking more responsibility now providing peer support for those newly arrived. The farm has established fruitful integration with the local community. In this showcase, representatives of staff and tenants will present an overview of the farm project from its opening in December 2012 to the present day, with a focus on the practice and experience of tenants, staff, volunteers, and the local community. Following the overview, a group discussion will be facilitated by the presenters to explore key issues with the audience.

Exhibitions

Jessica Weaver

Is Liverpool a Welcoming Place for Asylum Seekers and Refugees?

This project was developed to offer an insight into the lived experiences of asylum seekers and refugees who are dispersed to Liverpool. All photographs in this exhibition were taken by members of the refugee and asylum seeker community of Liverpool as part of a participatory photography project. Our desire as a group is to provoke questions about how welcoming a place Liverpool is today for new people seeking sanctuary in the city.

The photographers invite you, with their images of both the welcoming and unwelcoming sides of Liverpool, to see the city from another perspective.

Keith Croft

This exhibition forms a gallery of digital artwork by local artist **Keith Croft**. *"For me, painting can be a form of catharsis. It's also an expression of feelings that can't be made into words. I was diagnosed with a personality disorder and I've often experienced depression and anxiety. For me this often brings up strong feelings, good and bad, which are difficult to manage. But as an artist this is my greatest strength and resource."*

Shared Pathways

Recovery: the journey not the destination

An exhibition comprising samples of artwork by service users. Some of this work has won prestigious accolade in awards, some of the samples are brand new and all of the images are testament to expressing ourselves in our recovery journey. We believe expression through creativity to be valuable, and we engage in this work with commitment.

Val Walsh

Poetry collection: Love and Power

Without implying a binary, even at the level of 'obstacles' and 'solutions', the grouped poems variously speak to issues of power, abuse and responsibility; healing, recovery and collective process / co-creativity. This experiential evidence and reflection is framed by the conference themes, and provides open-minded readers with opportunities for both identification (as, and/or with), and challenge.

In this way poems can contribute to both healing awareness and political consciousness: not because they speak 'about' stuff, but because, as poems, they *are*. In a process of co-production with the reader, they conjure new territory, new landscapes of consciousness that can prepare us for action and change in the 'real' world.