



Health4Life  
Conference 2007

## Programme



**Thinking, Feeling, Being**  
Critical Perspectives and Creative Engagement  
in Psychosocial Health

**Ag Smaoineamh, ag Mothú, a Bheith Ann: Peirspictíochtaí Criticiúla  
agus Rannpháirtíocht Chruthaíoch i Sláinte Síceasóisialta**

10-12 September 2007  
Dublin City University

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## A welcome from Chris Stevenson



Dear Colleagues,

Rapid and often unpredictable change continues to be characteristic of health and health care provision. Key issues include, working from an evidence base, targeting the whole person, technological innovation, complex ethical and legal challenges, new policy initiatives and increased public and professional expectations. The School of Nursing, DCU is responding to these challenges through its inter-disciplinary, inter-organisational research portfolio, Health4Life. The highly successful inaugural Health4Life conference brought together people with different relationships with research, novices and experts, academics and service providers, to debate cutting edge research, engage in research learning and establish fruitful research collaborations.

We are pleased to welcome you to our second Health4Life conference 'Thinking, Feeling, Being: Critical Perspectives and Creative Engagement in Psychosocial Health.' The conference offers a further opportunity for continued dialogue, critical discourse and research linking. We have gathered together internationally renowned speakers as well as local and national talent who will offer wide ranging, sometimes controversial and sometimes conflicting, perspectives on psychological health. It is our intention to celebrate tensions between perspectives by creating a dialogical space that circumvents entrenched monologues and pushes the boundaries of understanding. I hope you enjoy this important, stimulating and mind changing conference, and look forward to meeting you.

Best wishes,

Chris Stevenson

Head of School, Department of Nursing, DCU

## A welcome from Pamela Gallagher

Dear Delegates,

I would like to welcome you to the 2<sup>nd</sup> Annual Health4Life Conference. Health4Life represents the evolving and vibrant inter-professional research portfolio of the School of Nursing here at Dublin City University. It incorporates an exciting range of over-arching research themes that are pivotal to the ongoing development of knowledge in the healthcare sector. These themes include 'Care and Presence', 'Judgement and Decision Making', 'Psychosocial Health', 'Education Process' and 'Infection and Immunity'. We are constantly striving to extend our research programmes and to develop partnerships. Each year in the Health4Life conference, we focus on one of our research themes and invite practitioners, service users, academics and researchers to explore, debate and share the most topical issues and cutting edge research within the field. We are delighted that we are hosting this conference in collaboration with our partner, HealthQWest, a research consortium for the West of Scotland ([www.healthqwest.org](http://www.healthqwest.org)).



Our organizing committee have worked extremely hard to make this conference an enriching and stimulating experience for all delegates. We hope that you enjoy the conference and take the opportunity to listen to and discuss the emerging issues and debates with old and new friends and colleagues.

We look forward to seeing you and hope that you will join us again next September when our focus will be on judgement and decision-making in healthcare practice.

Best wishes,

Dr. Pamela Gallagher

Director of Research, Department of Nursing, DCU

## Timetable

### Monday 10<sup>th</sup> September

- 0830 Registration  
Chair Mr Liam Mac Gabhann
- 0900 Opening Remarks – Welcome (Prof Anne Scott)
- 0915 Keynote Address – Assoc Prof Priscilla Ridgway  
*Overtuning Deadening Myths of Chronicity: Listening for Stories of Resilience*
- 1000 Refreshment Break
- 1020 Performance – (Discussion facilitated by Ms Liz Hickey)



Is There Anything We Can Do?  
Written by Mary Moynihan and Paul Kennedy  
Performed by Margaret Toomey

- 1115 Keynote Address – Prof Arthur Frank  
*How Stories Make Experience Possible, and How They Make Life Dangerous*

Chairs:	A Denise Proudfoot	B Mary Kirwan	C Gerard Clinton	D Richard Lakeman
1200	The Labyrinth: A Pathway to Healing and Growth Mr Tony Christie	Ways of living in the moment Ms Mary Maddock	Integrated approach to trauma and phobia Mr Findlay Collins	Ordinary psychotherapy with extraordinary experience Mr Richard Lakeman
1300	Lunch			
1400	A Denise Proudfoot	B Mary Kirwan	C Gerard Clinton	D Angela Cocoman
	The Labyrinth as a Tool for Psychosocial Healing Mr Tony Christie	Irish Voices Mr Brian Hartnett	Clubhouse: Recovery, Innovation & Change Ms Carmel Doyle	The Divided Self and the Good Enough Psychiatric Nurse Prof Tony Warne & Ms Sue McAndrew
1430		The Body in Process M John Keane	Promoting and Supporting Recovery: The Scottish Experience Ms Taryn Carlton	The Dish of Your Discourse: A Carer's Perspective on 'Treatment, Language and Empowerment Dr Tess Maginess

- 1500 Refreshment Break
- 1525 Keynote Address – Prof Phil Barker  
*What's the point?: The death of vocation in the age of celebrity*
- 1610 Panel Discussion (Chair – Paddy McGowan)
- 1715 Close
- 1730 Drinks at Matt Weldon's Bar

**Tuesday 11th September**

0845 Registration

Chair - Mr Martin Rogan

0915 Keynote Address – Prof Thomas Szasz

*Psychopathology: Mendacity and Metaphor*

1000 Keynote Address – Prof Paul Verhaeghe

*“Chronicle of a death foretold”: the end of psychotherapy*

1045 Refreshment Break

1110 Panel Discussion (Chair Prof Chris Stevenson)

	A Liz Hickey	B Imelda Coyne	C Mary Kirwan	D Emer Ward
1200	Partnership and Participation in the Mental Health Services: Facilitating Service User Involvement Shari McDaid, Liz Brosnan & Louie Maguire	Escaping from Babel: Hosting Therapeutic Conversations With Children and Adolescents Mr Andrew Duggan	The Role of Advocacy in Promoting Recovery in Mental Health Mr Joe Keane	Music in mental health settings: A social language Mr Kevin O'Shanahan
1300	Lunch			
	A Liz Hickey	B Imelda Coyne	C Mary Kirwan	D Emer Ward
1400	Disability and Power: locus of control for the selective use of prosthetics for people with limited mobility Dr Kerry Greer	The 'Recovery Context Inventory': A personal recovery environment audit tool Mr Tom O'Brien	Don't ask me how I cope, but don't tell them how I do: Humorous reflections of a palliative care bereavement counsellor. Mr Mark Gibney	Therapy in the 21st century: Wounded healers, suffering and the psychotherapeutic process Ms Benig Mauger
1430	The impact of supported employment on quality of life and mental health of people with intellectual disabilities: What happens when the job breaks down? Dr Pauline Banks	FRED - Rehabilitation: A New Zealand Perspective Mrs Jennie Synnott	The dream catcher: Dying to escape the sado-masochistic fag machine Ms Sue McAndrew	An analysis of the need for counselling and prison based addiction treatment in one Irish Prison Mr Gerard Moore & Ms Rita Glover
1500	Innovations in Educational Evaluation Dr Margaret Webb, Ms Eileen Courtney, Ms Therese Leufer and Mr Gerard Clinton	Supporting parents and carers of young people with deliberate self-harm Ms Carole Boylan	Surviving being suicidal: What money can't buy and statistics can't tell us Mr Richard Lakeman	A grounded theory study of recovering from recurrent mental health problems Ms Yulia Kartalova-O'Doherty
1530	Refreshment Break			

	A John Keane	B Pamela Gallagher	C Mary Kirwan	D Deirdre Corby
1600	Discovering intra cultural meanings and mutual understandings in a hostile place Mr Liam Mac Gabhann	Applying a mindfulness-based approach to understanding obesity and enabling positive behaviour change. Mr Michael Daly and Professor Malcolm MacLachlan (supervisor)	Another Way Mrs Joan Hamilton	International Festival: A Means of Promoting Inter-Culturalism & Parental Involvement in the Primary School Ms Marie Reidy
1630	I had a dream (but I got committee membership): authority, representativeness, collusion and protest in the service user movement Mr. Jim Walsh, Paddy McGowan & Richard Lakeman	Relationship of Social Comparison Processes to Physical and Mental Adjustment and Levels of Depression Among Stroke Support Group Attendees Ms Claire Tobin	Recovery Alliance Theory: A Fresh Look at our Common Humanity Dr Eamon Shanley and Maureen Jubb	Communicating with children in a technological age. Ms Veronica Lambert

1700 Close

1900 Conference Dinner – Jameson’s Distillery

### Wednesday 12<sup>th</sup> September

0900 Registration

Chair – Prof John Cutcliff

0930 Keynote Address – Prof Dawn Freshwater

*Culture, understanding and narrative: Embodying psycho-social symbols of health*

1015 Keynote Address – Dr Siobhán Barry

*'Advances in Psychiatric Care & Treatment'*

1100 Refreshment Break

	A Denise Proudfoot	B Maureen Jubb	C Therese Danaher	D Pamela Gallagher
1130	Research for the Community – Science Shop Ms Nora Shovelin	It's good go talk: distress disclosure and psychological wellbeing Mr Mark Ward	Re-defining Empowerment in Mental Health: The connection to 'Power to' Ms Shari McDaid	Grieving for myself – a phenomenological hermeneutical study of women's lived experience of postnatal depression Ms Denise Lawler
1200	"If I am not me who am I." Working with a person after a brain injury. Mr Keith Oulton	Partners in Words or Deeds? Evidence of Strategic and Therapeutic Partnerships in Mental Health. Ms Liz Brosnan	Foucauldian interpretations of risk, power and gender in mental health nurses' descriptions of managing aggression and violence in their practice. Dr Anne Matthews and Angela Cocoman & Prof aritta Välimäki	Embodiment, illness and medical treatment: a phenomenological study Ms Grainne Ni Mhaille

1230	Forum Theatre Presentation - Schizophrenia Ireland, Women Together Network.  Ms Marie McNamara	A relational-recovery oriented perspective of the psychotic experience: tuning into and making meaning out of "madness" - a virtual reality workshop	Colouring in the landscape of emotionality: Painting clinical reflection  Prof Tony Warne & Ms Sue McAndrew	An investigation of the potential psychosocial implications of genetic testing for breast ovarian cancer outside the customary clinical setting  Ms Ann Buckmaster
1300		Dr David Cameron & Mr Paddy McGowan	Facilitating expressions of the self: Being a children's nurse  Dr Imelda Coyne & Ms Emer Ward	Accounting for MRSA: Organisational change and hospital-acquired infections in the Irish health care system  Siobhan MacDermott & DCU Organisational Process Research Group
1315	Closing Remarks			
1330	Lunch and finish			

## Poster Presentations

- HRB National Psychological Wellbeing and Distress Survey - Dr Donna Doherty
- Irish Internet users searching for health information online: An analysis of key demographic and self-reported mental health characteristics - Ms Silvia Gallagher
- NPIRSCOMCAR – A database to capture both inpatient and community care mental health services activity in Ireland - Mr Derek Beattie
- Re-admissions to Irish Psychiatric Units and Hospitals 2001-2005 - Ms Antoinette Daly
- Risk factors that influence suicidal behaviour in men - Ms Elizabeth McAdam & Ms Susan Hourican
- The concept of 'Hopelessness' in Mental Health - Ms Fiona Horgan
- The Psychological Consequences of Perceived Stigma in a Non-Clinical Sample - Ms Maeve Proctor & Mr Roger Woodward
- Facilitating the process of recovery and choice within a social housing mental health project in Ireland - Ms Teresa Tuohy
- Waiting for a kidney transplant: The experience of being a patient on haemodialysis therapy - Ms Aoife Moran , Prof Anne Scott & Prof Philip Darbyshire

## Keynote Speakers



### Professor Phil Barker

Phil Barker was the UK's first Professor of Psychiatric Nursing Practice at the University of Newcastle, England. He has held Visiting professorships at several European and Australasian universities, including Barcelona, Tokyo and Sydney. At present, he is Visiting Professor at Trinity College Dublin, Ireland and Honorary Professor at the University of Dundee, Scotland. According to Google Scholar he is the most cited living psychiatric nurse theorist. He was elected a Fellow of the Royal College of Nursing, UK, in 1995, one of the very few psychiatric nurses to receive this honour. In June 2000, he was invited to the Society of Medical Sciences, at the Faculty of Medicine, at the University of Tokyo, where he received the 'Red Gate' Award for Distinguished Professors, from Professor Kurita, Professor of Psychiatry at the University of Tokyo. In 2006 he was awarded a Blackwell's Lifetime achievement award for his contribution mental health nursing. Phil has collaborated with Thomas Szasz and Loren Mosher among others and he continues to be one of the most influential advocates for the recovery of 'personhood' in mental health care.

### *The death of vocation in the age of celebrity*

Western society is assumed to have passed the 'end of history' or, in some ridiculous sense, is 'post' the past. This may be no more than a common misconception, shaped by assorted, often competing, contemporary pseudo-philosophies; each with something to gain from the emergent confusion.

If a 'mental health field' exists it might be characterised as 'post-caring' or 'post-vocational'. What once was a simple quasi-medical business is now overwhelmed with a burgeoning army of disciplines, activists, 'carers', 'experts by experience' and others with financial or political interests. If this field of human activity ever had a point this has now become something of a blunt instrument.

The world of mental health – like aspects of contemporary Western society – is all 'surface and signifiers'. Some disciplines claim allegiance to particular intentions, but what they 'say' and what they 'do' are often in conflict. Drawing upon my limited understanding of Zen, 1950s advertising psychology and the late writings of Samuel Beckett, I propose that anyone with a genuine interest in 'mental health' should say less, but more simply; and do more, but with genuine purpose.



### Dr Siobhán Barry

Dr Siobhán Barry is a Consultant Psychiatrist and the Clinical Director of The Cluain Mhuire Service (St John of God Community Mental Health Service), Blackrock, Co Dublin. She is a native of Cork, a medical graduate of University College Cork and was awarded a higher degree in Medicine (MD) from Trinity College Dublin based on original research into neuroendocrine aspects of depression, in 1991. She has published in international peer reviewed journals and has contributed to a number of books on mood disorders, has co-written reports on the Irish mental health services on behalf of the Irish Psychiatric Association and has acted as a consultant assisting Joint Oireachtas Committees in compiling reports on The Treatment of Cocaine Addiction - with particular reference to the Irish experience (2005); What Everybody Needs to Know about Cannabis (2006) and The High Rates of Suicide in Ireland (2006).

She is a founder member of the Irish Psychiatric Association (1999) & is their current Public Relations Officer. She is a co-editor of a book on mental health "Understanding Mental Health" published by Blackhall Press in March 2006.

 **'Advances in Psychiatric Care & Treatment'**

The presentation will discuss some specific advances in psychiatric care and treatment in an Irish context. Current national Irish health and mental health policy will be referenced, as will the Irish mental health legislative framework in which any advances arise. The question for discussion is whether these advances are likely to give rise to better outcomes for those who use our psychiatric services

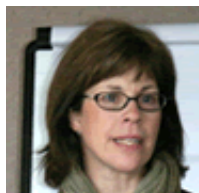


**Professor Arthur Frank**

Arthur Frank is author of an illness memoir, *At the Will of the Body* (1991, new edition 2002); a study of illness narratives, *The Wounded Storyteller: Body, Illness, and Ethics* (1995); and an argument for the possibility of actual dialogue in health care, *The Renewal of Generosity: Illness, Medicine, and How to Live* (2004). He is currently writing a book with the working title, *Letting Stories Breathe*, about how stories make experience possible and make life social. His longer-term research involves changes in the narrative resources that shape illness experience. Dr. Frank is an elected fellow of The Hastings Center, a pre-eminent bioethics center, and an elected fellow of The Royal Society of Canada. He is Professor of Sociology at the University of Calgary and lectures internationally.

 ***How Stories Make Experience Possible, and How They Make Life Dangerous***

In *The Wounded Storyteller* (1995), I described how stories can rescue people from the narrative wreckage of illness. Today, the relation between stories and experience seems more complicated than it seemed then. Stories allow people to segment the world's flow and flux into what is known as experiences. To the extent that individuals and communities can choose the stories they tell, stories can heal. But stories also have a trickster side: they cause mischief and grief. This lecture explores humans' need for stories, and stories' danger for humans



**Professor Dawn Freshwater**

Professor Dawn Freshwater currently holds a professorial position within IHCS at Bournemouth University in the UK. She was also recently appointed to the Research Chair at Peel Health Campus, Western Australia. In her role as Chair in Applied Research (Mental Health) at IHCS, she directs the Centre for Excellence in Applied Research Mental Health and has been the lead for

the Academic Research Centre in Practice for Mental Health and Primary Care for the last 5 years. She is also visiting Professor at the University of Greenwich to Counselling and Psychotherapy Programmes in the School of Social Science.

Professor Freshwater undertook her training as a nurse in the United Kingdom 25 years ago and holds a Bachelor of Arts in Nursing and Education with Honours from Manchester University and the Royal College of Nursing. She received her doctorate in 1998 from the University of Nottingham and also holds a Diploma in Clinical Supervision (Counselling and Mental Health) and a Diploma in Jungian Psychotherapy. Having completed her advanced psychotherapy training she has been a registered UKCP psychotherapist and supervisor for 5 years with over 15 years experience as a practitioner in the NHS and private practice, which she maintains today. Her most recent education was Senior Strategic Management/Leadership Programme with the Leadership Foundation, Hefce in the UK.

In 2002 Professor Freshwater was awarded Fellow of the Royal College of Nursing (FRCN) for her outstanding contribution to nursing through research, reflective practice, clinical supervision and practice development in mental health. In June 2004 at the 26th Annual Conference of the International Association for Human Caring Professor Freshwater was elected President of this Association. The central purpose of the IAHC is to serve as an international, scholarly forum for all interested in the advancement of the knowledge of human care and caring. Professor Freshwater is also an active member of Sigma Theta Tau having been the recipient of the Distinguished Researcher Award in 2000 and developed the recent publication on Reflective Practice along with the reflective practice taskforce. Dawn is also an executive member of The Florence Nightingale Foundation, where she sits on the research scholarship panel.

As a writer, Dawn has authored/edited 12 books, some of which have been translated into different languages, including Italian, Hebrew and Chinese, with a further 2 due for publication in 2006. She has been a primary contributor to a number of other books and has authored over 100 peer reviewed papers and co-edited texts relating to innovative research methods, practice improvement, reflective practice and therapeutic nursing. Her research income to date exceeds £1million. Dawn was appointed Editor of Blackwell's prestigious international journal 'Journal of Psychiatric and Mental Health Nursing' in 2004.

 **Culture, understanding and narrative: Embodying psycho-social symbols of health**

Through the centuries, symbols, in their infinite variety, have enriched the life of the mind. Cultures in all parts of the world have developed and built upon an understanding of symbols and symbol systems to promote spiritual, bodily and intellectual well-being. In this paper I assume that the most powerful symbols come from archetypal energy, that is aspects of the collective unconscious. Paradoxically cultures are diverse in that they see the precise relationship between the human body and spirit differently. I will briefly explore the symbolic vocabularies of mental healthcare in different cultures through the medium of myth. Myths are symbolic narratives that were once of central importance in all cultures and it was through these allegorical tales that a society could establish and explore its identity. As a culture advances, there is a tendency to regard the beliefs of previous generations as primitive or superstitious. Stripped from their context, symbols diminish in power. I argue that symbols are prerequisites of our social existence and examine how practitioners can rediscover healing symbols afresh in order to constellate a sense of culture, society and identity within mental health care today.



**Professor Paul Verhaeghe**

Professor Paul Verhaeghe is senior professor at the University of Ghent (Belgium) and head of the Department for Psychoanalysis and Counselling Psychology. He teaches clinical psychodiagnostics and psychoanalytic psychotherapy and works as a psychoanalyst in private practice as well. His first book *Does the Woman Exist?* (1999) is a comprehensive study of hysteria based on Freud and Lacan. His second book *Love in a Time of Loneliness* (2000) brings a critical analysis of our contemporary love life; it became an international bestseller and was published in 8 different languages. A selection of his papers was published as *Beyond Gender. From Subject to Drive*, where he reconsiders the role of sexuality. His latest book *On Being Normal and Other Disorders: a Manual for Clinical Psychodiagnostics* (2004) received the Goethe Award for Psychoanalytic Scholarship (2007) and is considered to be a psychoanalytic answer to the failure of the DSM. His contemporary research focuses on the so-called 'new' forms of psychopathology.

 **"Chronicle of a death foretold": the end of psychotherapy**

My generation has lived in the heyday of psychotherapy and we may see the demise of it as well. The confluence of three issues threatens the vitality of psychotherapy and may prove lethal: The rise of protocol-based treatments makes psychotherapy much less efficient and will reinforce a pharmacological approach; The contemporary social discourse installs the idea that everyone should receive everything without a personal effort (just think of the ads saying "because you deserve it"); Finally and most importantly, contemporary psychopathology has changed in such a way that in many cases, psychotherapy doesn't work. If we want to avoid our disappearance, it is time to think about action.

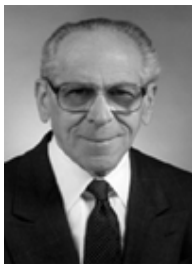
### **Associate Professor Priscilla Ridgway**



PhD is an Assistant Professor at the Yale University School of Medicine, Department of Psychiatry, in the Program for Recovery and Community Health, New Haven, Connecticut. Her more than 30-year career in mental health spans direct practice, consumer advocacy/human rights protection, program design and administration, policy analysis and planning, training, consultation and research. Ridgway was a Branch Director of the Center for Psychiatric Rehabilitation at Boston University, and later coordinated a statewide Recovery Paradigm Project in Kansas, from 1999-2004. Her work includes designing and conducting recovery trainings; qualitative research on the processes of hope and recovery; co-authoring *Pathways to Recovery: A Strengths Recovery Self-Help Workbook* (Ridgway, McDiarmid, Davidson, Bayes, et al. 2002), and designing evaluation procedures for recovery oriented programs and systems, including the Recovery Enhancing Environment Measure (REE) and an national effort (Onken, Dumont, Ridgway, Dornan and Ralph, 2002, 2005) to conduct research on consumer perspectives on what helps and what hinders recovery and create a set of systems-level performance measures--the ROSI (Recovery Oriented Systems Indicators). Ridgway recently worked for Advocates for Human Potential, Inc. as part of a team developing a resource kit on best practices in permanent supportive housing. Ridgway has personal experience of mental health recovery; having experienced brain trauma and post traumatic stress disorder.

### ***Overturing Deadening Myths of Chronicity: Listening for Stories of Resilience***

The mental health field is undergoing a paradigm shift, moving from predicting permanent disability for people experiencing prolonged psychiatric disorder to acknowledging and actively supporting the enduring potential for rebound and recovery. A shift in paradigms moves us into a new world, and can reveal aspects of our former worldview that were hidden or unspoken. Under the chronicity paradigm ignorance of recovery led to myths that deadened or actively killed mind, body, and spirit. If we are to leave the old paradigm behind and co-create a new culture, we must listen for the stories of resilience that will enliven us, and the work we do, as people in recovery and as helpers.



### **Professor Thomas Szasz**

Thomas Szasz, A.B., M.D., D.Sc. (Hon.), L.H.D. (Hon.), is Professor of Psychiatry Emeritus at the State University of New York Upstate Medical University, in Syracuse, New York. He is the author of 33 books, among them the classic, *The Myth of Mental Illness* (1961) and, more recently, *Faith in Freedom: Libertarian Principles and Psychiatric Practices* (2004), *"My Madness Saved Me": The Madness and Marriage of Virginia Woolf* (2006), *Coercion as Cure: A Critical History of Psychiatry* (2007) and *The Medicalization of Everyday Life: Selected Essays* (scheduled for publication in the fall of 2007). Dr. Szasz is also the author of many essays, book chapters, book reviews, and miscellaneous pieces in both professional and popular publications and the contributor of a bimonthly column to the magazine *The Freeman*.

Dr. Szasz is widely recognized as the world's foremost critic of psychiatric coercions and excuses. He maintains that just as we reject using theological claims about people's religious states (heresy) as justification for according them special legal treatment, we ought to reject using psychiatric claims about people's mental states (mental illness) as justification for according them special legal treatment.

Dr. Szasz has received many awards for his defence of individual liberty and responsibility threatened by the Therapeutic State, a modern form of totalitarianism masquerading as medicine. A frequent and popular lecturer, he has addressed professional and lay groups, and has appeared on radio and television, in North, Central, and South America as well as in Australia, Europe, Japan, and South Africa. His books have been translated into every major and many less than major languages.

 **Psychopathology: Mendacity and Metaphor**

Although we tend to view illness as a disvalue, there are many circumstances in which it is useful to be ill or be so regarded by others, that is, to malingering or imitate being ill.

Imitation and incentives for it are ubiquitous, reflected in the many words we have for various aspects of the act, such as: camouflage, chicanery, deception, disguise, dishonesty, distortion, duplication, duplicity, copy, counterfeit, fabrication, fakery, falsification, forgery, fraud, identity theft, impersonation, invention, lie, malingering, mendacity, misrepresentation, perjury, pretense, prevarication, simulation. The imitation of illness is memorably portrayed by Molière (1622-1673) in his famous comedy, "The Imaginary Invalid" (*Le malade imaginaire*). Molière wrote this play shortly before his death and died while performing it, of hemorrhage from pulmonary tuberculosis.

Now, I wish to call your attention to a very important cultural-conceptual change since Molière's times. Today, the medical profession – in alliance with the state – defines imaginary illnesses as real illnesses, in effect abolishing the notion of pretended illness. Malingering has become a disease "just as real" as melanoma.

The result is an astonishing social phenomenon: we recognize every imitation of an "original" as a "copy" -- but one. Counterfeit art is "forgery." Counterfeit testimony is "perjury." But counterfeit illness is "mental illness," "a disease like any other."

How did this mass belief / delusion based on pharmacratic faith come about? Suffice it here to say that it came about because medicine, allied with the state – much as formerly church and state had been allied – decided to politicize, and in effect abolish, the objectively identifiable boundaries between unwanted diseases of the body and unwanted behaviors of individuals. In medicine, and only in medicine, do authorities with the power to distinguish originals from forgeries authenticate counterfeit illness as real illness.

The consequences of this policy – economic, legal, medical, moral, philosophical, political, and social – are momentous: counterfeit disability, counterfeit disease, counterfeit doctoring, and the bureaucracies administering and adjudicating these matters make up a substantial part of the national economies of modern western societies.

Let us remember that, according to classic, pathological-scientific criteria, disease is a product manufactured by the body, in the same sense that urine is a product manufactured by the body; whereas diagnosis is a product manufactured by persons, in the same sense that a work of art is manufactured by a person. In 1952, when the American Psychiatric Association (APA) published the first edition of its Diagnostic and Statistical Manual of Mental Disorders (DSM), it did not include hysteria in its roster of mental diseases. The term's historical and semantic allusions to women and uteruses was too embarrassing. However, the APA did not declare hysteria to be a nondisease; instead, it renamed it "conversion reaction" and "somatization disorder."

If we dispense with the somatic pathological criterion of disease, we destroy the rational basis for distinguishing real, medical diseases of the body from fake, psychiatric diseases of the "mind" (and other nondiseases). This is what Charcot and Freud did and what modern psychiatry and medicine do: there are no necropsy findings verifying DSM diagnoses. Since there is no objective method for detecting the presence of mental illness, there is also no objective method for establishing its absence. The claim that a mental illness is a brain disease is profoundly self-contradictory: a disease of the brain is a brain disease, not a mental disease.

Addiction is one of modern psychiatry's paradigmatic mental diseases, routinely "treated" with imprisonment by judges and coercion by psychiatrists. Nevertheless, in the August 15, 2007 issue of the prestigious *Journal of the American Medical Association*, we read: "... decades of comprehensive genetic and neurobiological research have provided indisputable evidence that addiction is brain disease resulting from mesolimbic brain dysregulation that, if diagnosed in a timely fashion, can be properly treated. Addiction meets all characteristics of the disease concept, i.e. (1) a clear biological basis; (2) unique, identifiable signs and symptoms; (3) a predictable course and outcome; and (4) the inability to control the cause of the disease." Q.E.D.

## Abstracts

### **A grounded theory study of recovering from recurrent mental health problems**

Ms Yulia Kartalova-O'Doherty & Ms Donna Tedstone Doherty

The purpose of this presentation is to inform the audience about an on-going study undertaken by the Mental Health Research Unit of the HRB. The aim of this study is to analyse individual processes and desired outcomes of recovering from recurrent mental health problems. Recurrent mental health problems are described as having occurred more than once over a period of two or more years. Eligible participants will include those who have experienced recurrent mental health problems for two or more years, consider themselves in improvement and feel reasonably well to participate in individual interviews. A modified grounded theory approach will be used for the purposes of this study. Semi-structured individual interviews will be employed to collect information on individual experiences and views on recovering. To facilitate maximum variation sampling, the project will be carried out in suburban and rural areas and will include users of various mental health services and participants of peer support groups. It is estimated that 40-50 in-depth interviews will be sufficient for theoretical saturation. The study findings will inform service providers, researchers and other stakeholders in the area of mental health on concepts, processes and desired outcomes of recovery in an Irish context. It is also hoped that the findings will help in shaping recovery-oriented programmes for persons with mental health problems and their families. An MHRU researcher Yulia Kartalova-O'Doherty is leading the project. (Presentation)

### **A relational-recovery oriented perspective of the psychotic experience: tuning into and making meaning out of "madness": A virtual reality workshop**

Dr David Cameron & Mr Paddy McGowan

Working from the premise that schizophrenia is best viewed as an essentially contested concept the workshop argues that the causal attributions made and search for meaning of impending "madness" by someone labelled the "patient" and someone called the practitioner are important factors which mediate recovery. The work-shop is informed (led) by the unique blend-synthesis of the lived learned experiences and meeting of minds of (i) an individual whose voice hearing experiences were synonymous with being diagnosed with schizophrenia from which he recovered with the help of professionals and survivors and (ii) a psychologist who worked for some ten-years in residential therapeutic communities with people whose voice hearing experiences and associated internal and external distress were synonymous with a diagnosis of schizophrenia. The workshop draws on, integrates and assigns equal weight and validity to these overlapping yet different perspectives giving foremost authority to the subjective experience of the person who owns the experience, as well as their attempts to make sense of them. The workshop has three inter-related dimensions. The first virtual reality component uses special audio-visual effects alongside interactive exercises to replicate-authenticate and in some instances activate or reactivate the internal and external trauma and distress of a "voice hearing" experience. The second component outlines and examines the theoretical and clinical implications of the robust relationship between childhood sexual abuse and or childhood physical abuse and psychotic experiences. Finally, the third component uses case material to outline an alternative framework for accepting, thinking about and working with so-called psychotic experiences. (Workshop)

## **Accounting for MRSA: Organisational change and hospital-acquired infections in the Irish health care system**

The Organisational Process Research Group (DCU)  
Siobhan MacDermott, Colleen O'Neil, Mary Clynes, Nora Kilkullen, Stephanie Lawrence, Sara Raftery & Sabina Stan

MRSA is a significant challenge for hospitals and other healthcare institutions in Ireland. While the Celtic Tiger was taking off at the turn of the millennium, Irish hospitals were experiencing one of the highest rates of MRSA infections in Europe. This has had significant implications for patients' physiological, psychological and social health, as well as for the functioning and finances of the health care system.

Owing to a recent increase in media and political attention, public awareness of MRSA has heightened. As one of the most pressing social problems of the day, MRSA has become more than a simple bug - a window into the contradictions of Ireland's new prosperity. This goes with efforts to make MRSA visible by rendering rates of infection public and establishing causal links between the infection and subsequent deaths in hospitals.

Many researches dedicated to the MRSA infection approached it from a bio-technical perspective, which decomposed factors influencing the infection in discrete individual items such as sterilisation, compliance, surveillance or hand-washing. Our project investigates MRSA infection as a matter of larger organisational processes in hospitals, such as power relations between different healthcare professions or government and health agency policies. While some critiques of the government's focus on hand washing pointed towards the importance of prevention, our project shows that prevention is to be understood not only in terms of individual action, but also in those of the collective action demanded from governments and management. (Discussion)

## **An analysis of the need for counselling and prison based addiction treatment in one Irish Prison**

Mr Gerard Moore & Ms Rita Glover

There is a growing trend in the consumption of psychoactive substances, and an increase in the associated health problems and crime. Scope exists for health and social gain amongst drug users. Significant numbers of drug users continue use during imprisonment. Health care in prison is an area of increasing international concern. The Prison Health Care Services endorses the equivalence of health care between the community and the prison population. This research investigate the needs of Prisoners for prison based addiction treatment in the context of planning the development of a high-quality, coherent, effective service. Information regarding, the extent of addiction treatment required, the size of the affected population and the form of counselling that might support and integrate well within the prison was required. Best practice in national and international prison based counselling and addiction treatment were explored. Information was generated from a literature review, focus groups and a self report form. Focus group material was audio taped, transcribed and analysed. Fifteen focus groups with prisoners, their families, prison staff, voluntary services, probation and welfare and health care staff were conducted. Drug use was reported as endemic, attitudes of prisoners and staff indicated there was a deficiency in the quality and availability of services. Incentives to change drug use behaviour were unapparent. Attitudes included the belief that cannabis use was relatively harmless in comparison to opiate use. Staff, service providers and prisoners unlike prisoners' families and voluntary agencies had difficulty identifying the variety and value of available services. Services were un-coordinated with limited communication between prison and community. Data analysis identified short and long term recommendations indicting that service providers and prisoners believed they are inadequately resourced in comparison to other prisons. Findings indicated that a significant number of resources in education and health care could be utilised more effectively (Presentation)

## **An investigation of the potential psychosocial implications of genetic testing for breastovarian cancer outside the customary clinical setting**

Ms Ann Buckmaster

To date, genetic testing has been carried out mostly through mainstream medical establishments such as clinics and hospitals, however this is changing with the arrival of direct-to-consumer (DTC) genetic testing. Genetic testing has drifted from the customary clinical setting (with restrictive entry criteria) into the offices of GPs and the homes of consumers (Williams-Jones, 2003). The aim of this research is to look at experiences and opinions of genetic testing for breastovarian cancer in a clinical setting and ascertain any potential psychosocial issues which may emerge as a result of genetic testing away from the customary clinical setting. Semi-structured interviews were conducted with eight female participants from seven families (age range: 42-61 years) who had undergone genetic testing within a clinical setting. Transcripts were analysed using Interpretative Phenomenological Analysis (IPA). In general, participants had a positive experience of genetic testing for breastovarian cancer within a clinical setting. An overlying theme in those that had suffered from cancer previously was that the testing process was considered insignificant in comparison to other experiences related to the disease. Overall participants expressed concern surrounding genetic testing outside the clinical setting, in particular with regard to the seriousness of the result and lack of assessment of recipient characteristics prior to testing. The implications of the findings are discussed in light of future policy relating to new technologies in this area. (Presentation)

## **Another Way**

Mrs Joan Hamilton

This is a presentation to highlight the uphill struggle to start anything that is "new" or "different". It is not an academic paper but the story of a personal journey: Slí Eile was set up by a small group of parents who all, like myself, had a son or daughter caught up in the revolving door of the psychiatric system. We all felt that whilst the drug treatment they received on admission to hospital appeared to help at the time, when they were discharged back home, without any support or without having addressed the cause of their distress, inevitable they became isolated and distressed once more and ended up back in hospital. As time went by, the length of stay in hospital became longer and the time at home became shorter. As parents we all shared the same feelings of helplessness and hopelessness and felt there had to be "another way". Slí Eile - Another Way - was set up to explore ways of helping people caught up in the revolving door of the psychiatric system to break that cycle and to recover within a supported, transitional housing environment. After two failed attempts due to opposition and stigma, our first project opened in September of last year. We have five tenants and plan to extend the house to accommodate a further two or three. Negotiations are under way to develop another two similar projects within the next three years. (Presentation)

## **Applying a mindfulness-based approach to understanding obesity and enabling positive behaviour change.**

Mr Michael Daly & Prof Malcolm MacLachlan (supervisor)

Obesity has been partially attributed to 'mindless' or automatic behaviours brought about by environmental causes (e.g. the ready availability of cheap high-calorie food). A relationship has also been proposed between obesity and a form of emotional dysregulation involving functional binge eating which acts to direct attention away from negative thoughts and emotions. Recent research suggests that an individual's current level of expendable self-regulatory resources mediates the relationship between (i) automatic attitudes and eating (ii) negative thoughts and affect, and eating. Excessive efforts to monitor behaviour or suppress thoughts and emotions deplete such regulatory resources thus increasing the likelihood of overeating. Mindfulness describes the practice of self-regulating attention in an accepting and non-judgemental way in order to bring about an enhanced awareness of present experience. Mindfulness training can

help interrupt an existing connection between an environmental trigger and an impulsive reaction (e.g. snacking) and can prevent the conversion of internal experiences (e.g. negative emotions and thoughts) to overt behaviour (e.g. binge eating). Mindfulness approaches mould self-monitoring into a non-judgemental journaling process which does not rely on deliberate self-control. A mindfulness approach should therefore not bring about the negative depletion effects associated with 'willpower' based techniques. Discussion relates the similarities and differences between mindfulness approaches and other techniques which also off-set effortful top-down control permitting novel unconscious processes to function from the bottom up (e.g. implementation intentions). The ways in which a mindfulness approach considers and enables the person in a broader sense than other such techniques are then detailed. (Presentation)

### **Clubhouse: Recovery, Innovation & Change**

Ms Carmel Doyle

This workshop will give an overview of the basic tenets of the clubhouse model. A clubhouse is a community of people with mental health difficulties who work together towards the common goal of recovery. Insight into the personal experience of members in the EVE clubhouses will be provided. The workshop will outline how the clubhouse work-ordered day functions, and the role this plays in confidence building, employment preparation, and recovery. The clubhouse performs various functions with members such as providing access to employment and education opportunities, running a social programme, and creating a vibrant community of members. How these operate, and the success we have met with at the EVE clubhouses, will be outlined. The member-led nature of the clubhouse will be discussed as cited in 'A Vision for Change' (2005)." (Presentation)

### **Colouring in the landscape of emotionality: Painting clinical reflection**

Prof Tony Warne & Ms Sue McAndrew

This presentation symbolically draws on the film the Wizard of Oz in terms of its delivery. It invites the audience to travel along a yellow brick road, and at the end of this road to peer through a curtained aperture to reveal the 'truth'. The presentation utilises 13 yellow stepping stones, each containing a segment of the story. At the end of this yellow brick road will be a small tube, that each audience member will be invited to peer through in order to obtain the final message of the presentation. The presentation can be laid out on a floor or along a wall. If on the floor, we would prefer there to be a normal step space between each stepping stone. Each stepping stone will also be entitled with a single four letter word that takes the traveller from a place called BODY to one called SOUL by simply changing just one letter in each word on each stepping stone. (Creative Presentation)

### **Communicating with children in a technological age.**

Ms Veronica Lambert

Lansdown (1996 pg 63) refers to play as "the food and drink of mental growth" and therefore "an essential requirement for a child's well-being and development". Thus, it is not surprising that play activities are recommended as an integral part of a child's hospital stay. The last few years has witnessed a monumental change in play activities with a substantial increase in technologies such as game consoles. While notwithstanding the extreme benefits of such play activities for children, especially in hospital, the impact of these technologies on child health professional interactions has not been challenged. In this paper the growing use of entertainment technology in hospital for children, and the impact this technology may have on child health professional interactions will be examined. The data presented emerged from an ethnographic study, exploring the nature of communication for children admitted to a specialist paediatric hospital. The study took place in one 35 bedded children's ward with 49 children aged 6-16 years with a variety of medical surgical problems. Data was collected using semi-participant observations, informal interviews, draw and write and a child-friendly stick-a-star quiz.

The findings illustrated that children in hospital were continuously engaged in a range of activities, which kept them “busy”. However, arguably, health professionals had to compete against the busyness of children, in order to communicate effectively with them. Alternatively, innovative modes of communication are required to keep abreast with modern technologies and enable health professionals to effectively engage with and capture children’s interest. (Presentation)

## **Disability and Power: Locus of control for the selective use of prosthetics for people with limited mobility**

Dr Kerry Greer

Wheelchair users are typically perceived as ‘needy’ and treated by others, including health professionals as ‘sick’ people. These dependencies (wheelchair and medicine) coincide with many images that depict wheelchair users with health professionals or aids. Wheelchair users are seen as Patients who are subject to expert assessment and prescription. Oliver (1993) argued that the rehabilitation industry is geared to force ‘non walkers’, or ‘nearly non walkers’ to walk! This paper argues that long term mobility is usually not a medical issue: it’s an imposition due to physical limitations or a choice between nearly walking (often painful, slow and tedious) and acceptable pain free mobility. This choice should not be made by medical professionals but by the individuals themselves. Many wheelchair users’ immobility is a result of chronic illnesses or an injury for which there is no cure. e.g. chronic rheumatoid arthritis. These individuals need no contact with health professionals with regard to their mobility. A large number of ‘nearly walkers’ would benefit from the selective use of a range of prosthetic devices, from walking sticks to powered wheelchairs as a function of environmental constraints. This paper uses statistical and anecdotal evidence to argue that wheelchair users be regarded as individuals with preferences and rights to choose their prosthetic devices (e.g. crutches vs chair; or powered wheelchair vs self driven wheelchairs) as a function of current situations. The criteria should be no different to those that govern whether an able-bodied person CHOOSES to walk to the library or take the car! (Presentation)

## **Discovering intra cultural meanings and mutual understandings in a hostile place**

Mr Liam MacGabhann

Acute inpatient psychiatric care perhaps epitomises an institutional asylum culture that policy, rhetoric and innovative approaches to care have had little impact on. The postmodern promises with partnership approaches to values and ethics based care in a ‘postpsychiatric’ world (Bracken and Thomas 2001) seem somewhat out of place. With consistent reports of meaningless days, lack of therapy, overmedication and custodial care, to name but a few misdemeanours (Sainsbury Centre for Mental Health 1998, Department of Health and Children 2002, Irish Advocacy Network 2004), one wonders at the capacity of such hostile badlands to withstand the onslaught of ‘better approaches to care’. The culture of acute inpatient care remains one of social control, coercion and segregation from society. Where meanings for distress can be found in psychiatric diagnosis, alleviated by the panacea of medication and state sponsored medical dominance (Hall 2004). Other professions such as nursing perpetuate this culture through disempowerment by medical authority or embracing bio-power as an empowering strategy (Roberts 2005). Against this backdrop it is difficult for service users to explore, alleviate or articulate their distress without assimilation. As it is difficult for nurses and psychiatrists to step outside their cultural comfort zone and to join them in their quest. This paper reports on part of a participatory action research inquiry in acute inpatient care. The process of inquiry led inpatients and psychiatric nurses as co-participants to a ‘communicative space’ away from the gaze of the Panopticon. Here they discovered a dialogue that enabled co-creation of meanings for distress and common understandings on how to alleviate this in therapeutic interactions.

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- Irish Advocacy Network (2004) What We Heard: Report prepared on behalf of expert group on mental health policy. Department of Health and Children, Dublin.
- Roberts, M. (2005) The production of the psychiatric subject: power, knowledge and Michel Foucault. *Nursing Philosophy*, 6, 33-42.
- Sainsbury Centre for Mental Health (1998) Acute Problems. The Sainsbury Centre for Mental Health, London. (Presentation)

### **Don't ask me how I cope, but don't tell them how I do: Humorous reflections of a palliative care bereavement counsellor.**

Mr Mark Gibney

This presentation is a light hearted anecdotal narrative insight into how I cope in my role as a Palliative Care Bereavement Counsellor. In my professional role I am challenged daily by my client's emotional profiles, as they confront their naked desperation of human frailty and loss. The inconvenient visitor of death and dying enters and distempers their peaceful lives. The role of a Counsellor listening to their shattered lives is not an easy task. The vicarious nature of bereavement counselling can project one to walk up to the edge of their own issues of grief and loss. I recognise that my true professional self is what animates me to take myself lightly and my work seriously. The value of humour in my life is a powerful and effective antidote to my work stress, it procures a dynamic shift from emotional fatigue of "Grim and Bear it" to a coping strategy of "Grin and Share it" with my professional colleagues. As a professional, I can allow myself to be authentic when I engage in subjective truths. I believe it promotes a recalibration of my professional boundaries. The central theme to this presentation is to promote and reflect the value and beliefs that suggest when laughter is humble, when it is not based on self esteem; it protects the emotional milieu of my daily relationship with bereavement. (Presentation)

### **Embodiment, illness and medical treatment: a phenomenological study**

Ms Grainne Ni Mhaille

Despite approaches in health psychology aiming to challenge the mind-body split the general conception of the body derives from dualism. Therefore, the body is reduced to the status of an object or as entirely discursively produced. According to Merleau-Ponty, human beings are embodied. We do not just have a body; we experience the body and experience the world through the medium of the body. An empirical study was carried out to assess how the idea of embodiment can be included in discursive approaches to illness and health care by critically examining the relationship between the person's conceptualization of the body and the experience of medical situations. 13 semi-structured interviews were carried out with participants who had undergone radiation therapy or are undergoing haemodialysis. A phenomenological analysis was performed in which embodiment is seen as the ground for self identity and culture. Emergent themes illustrate that embodied experiences can foster changes in self identity and alter experiences of the social world. Narratives concerning loss of self and changed social relationships are elaborated. Embodiment was also found to be important in emotional experiences of medical treatment and recovery from illness. Theoretical inferences regarding the role of the body in the experience of health and illness are made. Embodied existence is meaning and purposeful. Therein, the body is an important actor in the experience of illness and healthcare and must be theorised in discursive research. (Presentation)

## **Escaping from Babel - Hosting Therapeutic Conversations With Children and Adolescents.**

Mr Andrew Duggan

Traditional psychiatry and psychotherapy with children has involved trying to understand the cause of their problems. This has often led to a focus on the deficiency and lack of resources of the child or their family. The result of this paradigm is that problems are identified, interpretations, assumptions and hypothesis are given, and children, adolescents and their parents become dependant on the expertise of the psychiatrist or therapist. The consequence of this has been a rise in diagnosis and the use of medication to control children's behaviour. It has created a culture of 'mother blame' and has restricted the voice of the child to define their own problems and their preferred futures. This gathering will explore how we can move beyond the traditional comfort, fit and hierarchy of psychiatric and psychotherapeutic language, towards language and conversations that emphasise the expertise of children and adolescents to define and solve their own difficulties, and become case consultants in their own lives. It will illustrate how we can 'give voice' to children and their parents, in order that they can challenge the unhelpful beliefs and myths that professionals hold about the nature, cause and solutions to their difficulties. (Workshop)

## **Facilitating expressions of the self: Being a children's nurse**

Dr Imelda Coyne & Ms Emer Ward

This paper presents data from a reflective exercise completed by student nurses (N=37) on a one year Higher Diploma in Children's Nursing course. The reflections arose from the students' first clinical placement on a children's ward and focused on a significant communication incident for each student. All of the students were qualified in another nursing discipline (registered general, mental health, and intellectual disability) and were undertaking this course to gain a qualification as a children's nurse. The students are non super-numerary full time paid employees of the children's hospital for the duration of their programme.

The reflections provided rich insights into the students experiences of adapting to a different clinical environment, of sick children and their families. The students encountered many unfamiliar and uncertain situations wherein they felt sometimes out of their depth. They described a range of emotions that were: feeling inadequate, sad, overwhelmed, guilty, nervous, awkward, shocked, anxious, frightened and embarrassed. Although the incidents revealed many strong emotions, and frequent feelings of inadequacy, the students appeared to cope by drawing upon their own resources, observing qualified children's nurses communicating with children and asking for assistance from nurses, doctors and parents. Preceptors played significant role in supporting these students. Likewise students were not afraid to seek help and guidance from more expert parents on how to proceed when encountering communication difficulties with a child. The students approached the children and families in a sensitive and empathic manner that was commendable considering that they had only 3 weeks of theory before this placement. Eliciting children and parents feelings and responding accordingly was a central theme in the students accounts. This data challenges some of the existing research on role transition from staff nurse to student children's nurse in that it reveals the strengths rather than the deficits of student nurses. These findings illustrate the importance of being there as a caring presence for hospitalised children and families. (Presentation)

## **Facilitating the process of recovery and choice within a social housing mental health project in Ireland**

Ms Teresa Tuohy

The way in which you are and I am, the manner in which we humans are on earth is...dwelling (Heidegger, 1971:147) The Irish mental health policy document, A Vision for Change, (Department of Health and Children, 2006), recommends that recovery should inform every aspect of service delivery. Findings from a recent study of community residential mental health services in Ireland (Health Research Board, 2007) indicate that the goal of a recovery oriented service remains, as yet, an aspiration. To provide an innovative approach to community residential care, and to break the cycle of readmissions, Sli Eile Housing Association was set up, opening its first social housing project, Villa Maria, in September 2006. The creative assimilation and integration of Rapoport's (1960) therapeutic community principles, Glasser's (1998) Choice theory, and Copeland's (2002) recovery model (WRAP) provide staff and tenants with a recovery framework in a supportive therapeutic environment. This innovative approach, the sli eile (another way) approach to supporting people with mental health problems in their recovery, is being facilitated by an experienced mental health nurse, employed as a strategic development worker. The presentation will focus on the development and implementation of this approach, drawing on the experiences of both the staff and the tenants. The presentation will be shared between the strategic development worker, who will provide an overview of the project and share some of the recent developments, and one of the tenants, who will share her experiences of living in this therapeutic community. (Poster)

## **Forum Theatre Presentation. Schizophrenia Ireland, Women Together Network.**

Ms Marie McNamara and the Women Together Network

The work of Augusto Boal and Theatre of the Oppressed has been well documented as a way of using theatre to make sense of life and as a means of giving people the strength and confidence to overcome their oppressions. Forum Theatre provides an ensemble of techniques and approaches in which the common element is to seek to make the power of drama a force for change. It is available and accessible to everyone by actively addressing the external and internal oppressions in any given situation. Forum works through the process of anger, provocation and liberation by moving the Protagonist from the monologue of oppression to the dialogue of empowerment, from the individual to the general. This is not formal therapy, but the therapeutic effect of the process of such work is transforming, empowering and life enhancing.

The Women Together Network was formed through Schizophrenia Ireland in response to an identified need to collectively address specific mental health issues in the lives of women, particularly through the Arts and creativity. The oppressed become the dispossessed. The creative process of working towards this presentation enables the dispossessed to become the rehabilitated and recover that indefinable 'something' that has been lost through oppression and disempowerment. Through active participation in body and image work, the women have discovered the powerful expression of emotion and tragedy allowed in Forum, discovering and stimulating the desire for change within and without, whilst at the same time experiencing the fun and hilarity of working together in the face of adversity. Self expression, creativity and imaginations are stimulated, individual and group dynamics, issues and stories are shared, skills and strategies are explored in an atmosphere of solidarity and confidence. The audience can actively share in all of this. The presentation by its very nature includes the audience as 'Spect-Actors' - this is not passive theatre. Debate, discussion and participation are encouraged and actively facilitated.

The play presents the protagonist experiencing a series of crises which she fails to overcome, she fights but does not win. The question is always 'What could the protagonist have done in order to win?' This is a group of actors telling a significant story of oppression, but the game of Forum is to invite alternatives. Many different solutions can be enacted in the course of a single Forum, there may not be a happy ending but in the process of engagement and participation

there will inevitably be a pooling of knowledge, ideas and experience from what ideally is an audience of the similarly oppressed and/or those in solidarity. In the context of the themes of the Health4Life Conference, and in the anticipated atmosphere of innovation, emotional engagement and awareness, this presentation gives delegates a unique opportunity to actively engage, and in the words of Boal himself..

"For the love of humanity; let us all be artists, let us all be madmen.. Let us be mad artists, let us be artists...mad!" (Workshop)

### **Foucauldian interpretations of risk, power and gender in mental health nurses' descriptions of managing aggression and violence in their practice.**

Dr Anne Matthews (DCU), Angela Cocoman (DCU), Prof Anne Scott (DCU),  
Prof Maritta Välimäki (University of Turku, Finland)

Ideas on risk and power permeated the writings of the social philosopher Michel Foucault. Within the postmodern tradition of multiple and fluid interpretations of phenomena and events, Foucault was interested in the dispersal of power and the "micro-politics" of everyday life. This presentation reports on secondary analysis undertaken from a Foucauldian perspective of data on mental health nurses' descriptions of their everyday practices in the management of aggression and violence. The data were collected for a European study funded under the European Union Leonardo da Vinci Education and Culture programme. Within this study practising mental health 23 nurses (8 male and 15 female) from one service took part in four focus groups which were held between January and March 2007. The areas which were discussed included: practices in the management of violence and aggression, the use of restraint and seclusion, nurses' thoughts and feelings about this area of practice and current and desirable levels of education and support for nurses related to this area of practice. The themes of risk and power and their intersection with gender appeared to be an interwoven within the findings being provisionally analysed. The key components of Foucault's ideas of risk and power (including surveillance, the "clinical gaze", confinement, the fallacy of super-structural power, the exercise of dispersed power) will be outlined and the research findings related to these. How nurses spoke about risk and power will also be linked to gender, in terms of gendered perceptions of risks of violence, physical male strength and male and female approaches and interactions in situations of violence or aggression. Based on this analysis, the key implications for mental health care and nursing practice will be outlined. (Presentation)

### **FRED - Rehabilitation: A New Zealand Perspective**

Mrs Jennie Synnott

I would like to deliver a presentation and discussion on a Functional Rehabilitation Education and development package (FRED). A programme that I believe shows advanced rehabilitative practice and significant service user involvement. It is a comprehensive three phase package that has been implemented and delivered in New Zealand. The presentation would begin with the history of FRED and its application in NZ to both adult and forensic psychiatry, including adaptation of FRED to include Maori and Pacific Island culture. There are three definitive features of FRED:

- (1) Assessment and entry level,
- (2) Skill acquisition,
- (3) Auditable review and outcome with resetting.

The initial level had a rateable assessment tool which identifies rehabilitation need and will be explained in the presentation. This stage also includes a risk assessment and a self assessment that is completed by the service user. Following this stage we progress to the skill acquisition level and rehabilitation planning that provides for the supported shift of power from the service to the person. This is achieved by task dissemination, assisted achievement, education and empowerment. Finally I will present the review assessment in detail. The presentation will

end with an exploration of FREDs limitations, the changes that would need to be made to adapt to peoples needs in Ireland. Time allowing I will also highlight the regional and national awards that are credited to FRED and our team. I believe that this presentation would cover several themes the conference is centered around, service user involvement, family/society and an example of international best practice. (Presentation)

### **Grieving for myself: A phenomenological hermeneutical study of women's lived experience of postnatal depression**

Ms Denise Lawler

This presentation sets out to provide the audience with a deeper insight into the lifeworld of women who have lived through an episode of postnatal depression. A phenomenological hermeneutic approach was used to describe the women's experiences and a purposeful sample of seven women agreed to participate in the study. In-depth interviews were audio-taped and transcribed verbatim with consent. Transcriptions were processed using the hermeneutic circle: dialogue, fusions of horizons and metaphors to understand the meaning of the experience and the transcript interpretations were confirmed by the participants. Findings are presented under four existential life worlds - lived space, lived body, lived relations and lived time. All of the women in the study experienced a loss of their former self as they embarked on their transition to motherhood. The women vividly described their brokenness and sorrow as they struggled to come to terms with their new body image and their new role as mother. It was after they had experienced a cycle of grief that they were able to accept their new self and motherhood. These women accepted their experience as being 'normal'. They felt they had to experience death of their former self before giving birth to the new woman. This perception of 'normal experience' challenges midwives and mental health workers to redefine the meaning of normal and to review the consequences of labelling women as suffering from postnatal depression. The study calls for a review of current antenatal preparation for parenthood and challenges midwives to review commonly accepted beliefs that almost every woman naturally adjusts to the role of mother when their baby is born. New approaches to education are required to prepare women for the possible event of experiencing this sometimes 'natural' metamorphic state after the birth of their baby. (Presentation)

### **HRB National Psychological Wellbeing and Distress Survey**

Dr Donna Doherty

There is little information available on the level of psychological distress in the Irish population or the use of health care services and professionals for mental health problems. The HRB Psychological Wellbeing and Distress Survey (NPWDS) aimed to address this gap in information. The NPWDS was a telephone survey of a nationally representative random sample of 2,711 adults aged 18 years and over and living in private households. The data was collected between the period December 2005 and April 2006 over three two-week intervals. The main aims of the survey were to:

- Produce data of a representative sample of the population in relation to mental health issues.
- To determine the proportion of the Irish population who were experiencing psychological distress or had experienced psychological distress in the previous year.
- To describe the help-seeking behaviour of the Irish population for mental health problems including primary care, mental health services and the use of other professionals support persons in the previous year.

The findings showed that 12% of the population are experiencing psychological distress at a given point in time, while 14% have experienced mental health problems in the last year. Approximately 9% of respondents reported that they had attended a general practitioner in the previous year specifically for mental health problems. Those who had spoken to the general practitioner about mental health problems had, on average, done more often than those with physical health problems. The proportions of respondents reporting attending mental health

services were much less than the proportion reporting attending general practice for mental health problems. The survey provides an indication on the extent of psychological distress in the Irish population and the extent of service use for mental health problems. (Poster)

### **I had a dream (but got committee membership): authority, representativeness, collusion and protest in the service user movement**

Mr Jim Walsh, Mr Paddy McGowan & Mr Richard Lakeman

The user movement is commonly understood to have been formed during the 1960s. At the heart of the movement was human rights and the deinstitutionalisation of the so called 'mentally ill'. Like all social movements the mental health user movement has experienced various transformations over time. User involvement is now a relatively common occurrence in the drawing up of policy and legislative documents, in the planning and development of mental health services and research projects. These advances are primarily attributable to the user movement. Indeed, we now have service users asked to present at major mental health conferences, carrying out their own research projects and running their own services with some individuals reaching the dizzy heights of becoming authors of academic papers and books. The audience will be encouraged to reflect on the user movement, its legacy and transformative processes. The three presenters will be challenging participants to think critically about the current state of the user movement and 'what it has become'. For example:

- Has user involvement become a means by which services control the social agenda originally set out by the user movement?
- Has a hierarchy of service users developed mirroring that which exists within mental health services? Consequently, has the social status and levels of freedom for those deemed mentally ill improved since the 1960s?

The presenters will address these controversial issues. Debate and dialogue with the audience to critically examine this will follow. (Discussion)

### **If I am not me who am I?: Working with a person after a brain injury.**

Mr Keith Oulton

Disability gets constructed by society in a specific way. A discourse becomes dominant, is assigned truth status. These "truths" are even more evident when talking about brain injury. Every person is different and much depends on the extent of the injury but frequently people with brain injury are told:

- The old personality and self are gone due to the damage
- They have to reinvent or retrain a new self which will never be same as the old self.
- Anger is a symptom of this grief and loss or a failure to go through the process
- There is a similar process that all people go through

This presentation shows a twenty seven minute taped interview with a couple who talk about their experience of life after a brain injury. It is not a therapy session but a review of the work done over a year and a half. This couple were keen to make the tape for others to see it as it shows another story of brain injury, a story that allowed this woman to discover things about herself that she thought were lost. Throughout the sessions the focus was on:

- Identifying their skills to respond to a dramatic change in their lives
- Recognising what of the self or old personality was the same and what was different
- Developing a range of responses to difficult situations
- Identifying what works and does not work in stressful situations. (Presentation)

## **Innovations in Educational Evaluation**

Dr Margaret Webb, Ms Eileen Courtney (DCU), Ms Therese Leufer (DCU) and Mr Gerard Clinton (DCU)

This paper presents an innovative evaluation process whereby students were asked to evaluate an "Introduction to Recovery in Mental Health" module, undertaken as part of a FETAC level 5 award. The evaluation process required students to reflect upon what they had gained from participating in the module, and to represent their learning and achievements in terms of a personal journey. Thirteen students, incorporating both service users and service providers, participated in the evaluation process. Working in groups of 4-5 they used drawing or other artwork to represent their own personal learning journeys.

Journeys through the module were metaphorically represented in various ways. These included landscapes, various recreational and competitive activities, and representations of the concept of metamorphosis. All essentially involved the personal turbulence involved in moving from a place of darkness (represented in colour / shading) to a place of light (represented in shading / sunshine).

This novel and innovative process of evaluation is significant in its ability to explicate areas of personal development not easily illuminated through conventional evaluation methodologies. The evaluation process provided participants with an opportunity to uncover the deep learning that occurs as result of participation in the Recovery Module. (Presentation)

## **Integrated approach to trauma and phobia**

Mr Findlay Collins

After several years of academic work and research within the field of evidenced based practice the University of Paisley have researched various models of intervention and devised a model that incorporates a client-centred and a cognitive behavioural approach, that is firmly grounded in a paradigm embracing the work of among others Rogers, Bandura, Rotter, Gendlin and Seligman. The University of Paisley have incorporated this model into a named pathway degree course. Elements of the model have also been incorporated into the Higher Diploma of Education for Mental Health Nurses. Several organizations have also integrated this approach into their clinical practice. The organizations include:

- P.E.T.A.L. (People Experiencing Trauma and Loss, an organization that support individuals who have lost a loved one through suicide or murder.
- RAMH (Renfrewshire Association for Mental Health) who have used our methods to train their counsellors.
- Lanarkshire Mental Health Trust in the acute and older adult sectors.

This unique approach can be adapted for most clinical settings that provide support for mental health interventions, including trauma, phobias, substance abuse, severe and enduring mental illnesses. The facilitators are also accredited in Neurolinguistic Programming and Emotional freedom technique which had been incorporated in their delivery. We would welcome the opportunity to share our approach with the delegates of your conference within a workshop setting (Workshop)

## **International Festival: A Means of Promoting Inter-Culturalism & Parental Involvement in the Primary School**

Ms Marie Reidy

The Language Support teachers at Scoil Naomh Brid in Celbridge have noticed, over the years, a reluctance on the part of International Parents to become involved in school activities and Parents' Groups. This reluctance continues the isolation felt by International parents and their children. Goals and Objectives The teachers decided to hold an International Festival which would promote inter-culturalism within the school community. They hoped to foster

understanding and participation amongst the Staff, parents and children of both Irish and International Students.

The Festival took place in March during the European Week against Racism to coincide with national activities in the media. Each class prepared a project on the home country of International students in that class. A project on Ireland was also presented. During the school day, parents were invited to come in and share one part of their culture with a few classes. The entire school community and local school representatives were invited to attend an evening of music, dance and food from around the world. The result was overwhelming—an indication of how anxious International parents are to share their cultures. The response was also indicative of the interest Irish parents have in newcomer cultures. Unfortunately, not many parents have the necessary platform to share their culture or to participate in Irish life. Qualitative research was performed post-Festival to see if attitudes had been changed. The results were shared within the school community. (Presentation)

### **Irish Internet users searching for health information online: An analysis of key demographic and self-reported mental health characteristics**

Ms Silvia Gallagher

This paper investigates the prevalence of Internet use in Ireland, and provides an analysis of the demographic and self-reported mental health characteristics of respondents who had searched for health information online. The willingness of respondents who had not used the Internet as a source of information on health to potentially do so was also explored. A representative sample (n=2,711) aged 18 years and over, living in private households in Ireland was surveyed via telephone. Initial results show that over half of the respondents (58%) had used the Internet (at some stage for any purpose) and 49% of these respondents had used it as a source of information on health. Significant differences were found between age groups, geographical areas, educational levels and employment status, supporting the concept of a 'digital divide' in both general Internet usage and searching for health information online. A high willingness to use the Internet for health information by respondents who had never done so was also shown, which is an encouraging result for the Internet being used more fully in future health promotion. Furthermore, findings revealed that a high percentage of respondents surveyed (60%), who had experienced a mental, nervous or emotional problem, had used the Internet as a source of information on health. More research needs to be conducted into the specific activities of online health information seekers in order to properly provide for their needs. A up-to-date review of Irish health websites should also be undertaken to ascertain the quality of their content. (Poster)

### **Irish Voices**

Mr Brian Hartnett

I first started hearing voices around 1990 in London. It crept into my life slowly – a bit like the Martians in War of the Worlds - insidious. By the time I realised I had a problem it was too late to turn back. I was immersed in it up to my neck and sometimes I felt I was drowning in a sea of confusion. Of course I had many ideas about how it worked. Telepathy, drugs & alcohol, spirits, madness...one thing for sure it was here to stay and I had to go through a lot dark tunnel to come out the other side and get back to reality. I did the best I could with coping but I became more and more alienated from family and friends. Eventually I came back to Ireland in the mid 90s. My dad suggested I go to a psychiatrist. I had no knowledge of Schizophrenia so it came as a shock when I was diagnosed with the illness. I was advised to take my pills and get on with it. There was no information given or any further advice. I was just lucky I didn't end up in a psychiatric ward. Mum and Dad looked after me for a while before I moved into a flat in town. I still had my design degree behind me and my Dad who was working in the area was able to keep a stream of work coming in. I was still hearing voices during this time. I kept it to myself because I didn't think it was something that could be talked about. When my Dad retired the work stopped coming in. I wasn't able to get the work in myself so I decided to do a

masters in multimedia so I could update my skills and get into website design. When I finished the masters I tried freelancing for a while but it didn't work out and I ended up doing security work in a Dell factory. This was very depressing and I thought I was never going to get back to being a designer. But help was on the way... I had heard of Schizophrenia Ireland and I went along to a meeting of a self help group. I knew nothing about Schizophrenia. It had been ten years since the voices started and five since I was diagnosed and put on medication. I have never met someone with the same or similar experiences. I was amazed when I found out the no one at the meeting heard voices – I thought that everybody with schizophrenia did. The group really helped and I made new friends. I began to open up about my inner world. One night a man visited the group from an organisation called the Irish Advocacy Network (IAN). Paddy McGowan explained about peer advocacy in mental health and explained that training for advocates was coming up. I did the training and became a full time advocate with IAN in the midlands. I am four years in the job now and I love my job. I visit psychiatric facilities in my area providing a confidential, non advisory, non judgemental listening ear to my peers who have mental health difficulties like voice hearing. I even got to make use of my design skills by doing the IAN website and literature. In my spare time I have set up an organisation called Hearing Voices Ireland (HVI). I have received a lot of support and good will in setting up a network of self help groups for people who hear voices and their carers. We are currently seeking funding for this venture. I am no longer ashamed or guilty about my voices. They have guided me on my journey – one which continues today. (Presentation)

### **It's good go talk: Distress disclosure and psychological wellbeing**

Mr Mark Ward

This paper investigated the relationship between levels of distress disclosure and psychological wellbeing in the general population. Two measures of psychological wellbeing were used – the 12-item General Health Questionnaire (GHQ12) and a self-reported rating of participants' mental health in the previous 12 months. Distress disclosure was measured using a 12-item Likert scale called the Distress Disclosure Index. Distress disclosure was defined as an individual's willingness to disclose distressing personal information to others. A nationally representative sample of 2,711 adults aged 18 years and over living in private households in Ireland was surveyed. Four socio-demographic determinants of levels of distress disclosure were explored including gender, age, marital status and geographic location. The association between distress disclosure and psychological wellbeing was investigated. The Distress Disclosure Index was found to be a statistically valid, unidimensional measure. Statistically significant differences were found in levels of distress disclosure in terms of the four socio-demographic variables and significant correlations were found between levels of distress disclosure and psychological wellbeing. Those most willing to disclose distressing information to others were females and those in the younger age groups. Furthermore a greatest willingness to disclose distressing information was related to better mental health. The findings have important implications for the promotion of psychological health and wellbeing and help seeking behaviour. (Presentation)

### **Music in mental health settings - a social language**

Mr Kevin O'Shanahan

Since March 2007, Kevin O'Shanahan, a musician and psychiatric nurse, has been working as Musician in Residence with the Waterford Healing Arts Trust where he facilitates social interaction between mental health clients in acute and community contexts through participatory music workshops. Kevin's residency and proposed workshop is based on a recognition of the efficacy of music as a therapeutic tool, particularly in the area of mental health, where other forms of verbal communication are not always effective. It is based on a belief that for many service users, the issues of social exclusion and the need for a more holistic approach to emotional distress needs to be given greater priority within the health system. Kevin is drawing upon his experience of working on a European Music in Hospitals Exchange Programme in UK and France and a recent pilot music project in Uganda. Kevin will host a music workshop which aims to:

- Explore the potential of music making as a means of communication in the provision of holistic healthcare
- Demonstrate the relationship between music, creativity and psychosocial health Give an insight into the growing international movement around music in healthcare settings
- Make a case for the place of music within current psychiatric care.
- Participants will: Understand the role of Music in Hospitals as a practice, which is distinct from Music Therapy Experience the social benefit of music making in a group setting. Explore opportunities for the use of Music in mental health settings (Workshop)

### **NPIRSCOMCAR: A database to capture both inpatient and community care mental health services activity in Ireland**

Mr Derek Beattie

The aim of this poster presentation is to outline details of NPIRSCOMCAR, the new mental health information system that is currently being developed by the Mental Health Research Unit (MHRU) of the Health Research Board (HRB). The MHRU manages and maintains the National Psychiatric Inpatient Reporting System (NPIRS) which collects data on all admissions and discharges to inpatient services nationally. In response to changing patterns of patient care, the HRB developed a Microsoft Access database called COMCAR (COMMUNITY CARE) in 2003. COMCAR was designed to record activity at community care level. In 2005, a decision was taken to combine both COMCAR and NPIRS into a single integrated web-based application. NPIRSCOMCAR will record and report data in real time on mental health activity in both hospital and community care facilities. It is envisaged that NPIRSCOMCAR will be implemented in approximately 56 psychiatric hospitals units and up to 1000 community care facilities. The Health Research Board is working in collaboration with the Health Service Executive (HSE) on the NPIRSCOMCAR project and it has been agreed that the first pilot site for the project will be in Donegal beginning in early 2008. End-users of NPIRSCOMCAR will be able to create reports on activity in all community settings, including day hospitals, day centres, outpatient clinics, community residences and in psychiatric liaison services which can be used for service monitoring, policy and planning, clinical decision making, health promotion and research purposes. The MHRU will also have access to anonymised national data for research and analysis. (Poster)

### **Ordinary psychotherapy with extraordinary experience**

Mr Richard Lakeman

People who may be considered 'psychotic', 'disordered' or 'deluded' are often excluded from formal psychotherapy. Nevertheless, the everyday interactions between people can be helpful and therapeutic. This workshop focuses on introducing and practicing a basic model of empathic communication at the supportive end of the psychotherapeutic continuum that might be employed when people express bizarre or contrary ideas.

See: Lakeman, R. (2006). Adapting Psychotherapy to Psychosis. Australian e-Journal for the Advancement of Mental Health, 5(1).

URL: <http://www.auseinet.com/journal/vol5iss1/lakeman.pdf>

(Workshop)

### **Partners in Words or Deeds? Evidence of Strategic and Therapeutic Partnerships in Mental Health.**

Ms Liz Brosnan

Working in Partnership is the cornerstone of advances in person centred psychiatric care and treatment. Indeed, a core component of current policy ('Vision for Change') is working in partnership. Little is known about the current level of partnership working, nor the types of partnerships that exist in the Irish mental Health services. This study aimed to examine partnership practice from a service users' and carers' perspective. Four focus groups of

service users and one of carers were convened to elicit their experiences of partnerships. We asked how people were involved in planning services (strategic partnerships) and how people were involved in their own care (therapeutic partnership). Discussions were thematically analysed. For presentational purposes, narrative text highlighting the themes was digitally recorded using actors to demonstrate their significance. No evidence emerged of involvement by service users or carers in the planning of services. The term partnership was not clear to the participants or relevant to their experiences. Although some reported involvement in their care, an overall lack of equal relationships was evident in terms of communication, consultation, and being treated with dignity and respect. We need to translate words into deeds if true partnership is to be achieved. Partnerships should be the cornerstone of mental health service development. Recommendations included developing strategic partnerships at all levels, therapeutic partnerships as a core element of the care planning process, the allocation of a key worker for service users, promoting the support that voluntary groups offer, and training for staff on recovery focused practice. (Presentation)

## **Partnership and Participation in the Mental Health Services: Facilitating Service User Involvement**

Ms Shari McDaid, Ms Liz Brosnan & Ms Louie Maguire

Partnership and participation are key elements of the recovery approach to mental health care and are essential to changing power relations in the mental health system. This workshop will explore user involvement in the mental health services from a service user perspective. The workshop will demonstrate the obstacles faced by service users participating in advisory committees. There will be an opportunity for open discussion on the process of user involvement and on whether user involvement in the mental health services is an effective way for service users to achieve their aims. As part of the discussion, two service users will share their personal experience of involvement.

The workshop will consist of:

- 1) a role play exercise to demonstrate the obstacles faced by service users in advisory committees;
- 2) discussion on the types of obstacles faced by service users and the positive outcomes of involvement, during which service user members of the team will share their experiences of being involved on committees;
- 3) an open discussion;
- 4) a brief presentation of results of research conducted in the Republic of Ireland on user involvement.

This research showed that through participation, service users can experience equality, respect and a sense of being able to have an impact. However, service users face potential barriers to participation in terms of cultural resources, respect and recognition, economic resources, mental and physical resources, and skills deficits. Recommendations from the research on how to support service users to participate on committees will be shared. (Workshop)

## **Promoting and Supporting Recovery: The Scottish Experience**

Ms Taryn Carlton

The Scottish Recovery Network is part of the Scottish Executive's National Programme for Improving Mental Health and Wellbeing. The vision of the National Programme is to improve mental health and well-being for everyone living in Scotland and improve the quality of life and social inclusion of people experiencing a mental health problem. The Scottish Recovery Network (SRN) works to achieve the fourth key aim of the National Programme to promote and support recovery from long term mental health problems.

SRN are involved in a number of areas of work, including the development of a Scottish Recovery Indicator tool, a recovery training framework for mental health nurses and the

promotion of formalised peer support. We also develop resources and offer considerable support to local areas working to promote recovery at the same time as leading research around recovery. SRNs Narrative Research Project is one of the key areas of work. In 2005 SRN travelled around Scotland and interviewed 67 people about their experiences of recovery and the things that helped and hindered them on their journeys.

This presentation will offer an introduction to the Scottish Recovery Network and its work with a particular focus on the Narrative Research Project and the initial findings. It will look at some of the opportunities and challenges of promoting recovery through a national network approach. (Presentation)

## **Re-admissions to Irish Psychiatric Units and Hospitals 2001-2005**

Ms Antoinette Daly

*Background:* The re-admission rate has been proposed as one indicator of the effectiveness of the transition from in-patient to community care (Lien, 2002) with some studies proposing that the increasing number of re-admissions to psychiatric hospitals is a consequence of the policy of deinstitutionalisation and the resulting transition to community care (May, 1976; Kastrup, 1987a; Kastrup, 1987b). Several factors have been found to be predictors of re-admissions. The aim of this study was to identify factors which may predict re-admissions to Irish psychiatric units and hospitals and to attempt to identify the specific characteristics (demographic and clinical), if any, of those who were frequently re-admitted. Secondly, it attempted to identify 'frequent users' (ie those with four or more re-admissions) of the in-patient services as a subgroup of all re-admissions.

*Method:* First admissions (N=3,473) to the National Psychiatric In-patient Reporting System (NPIRS) were extracted for 2001 and followed retrospectively for the five-year period 2001–2005.

*Results:* Thirty-seven per cent (n=1,274) of first admissions in 2001 (N=3,473) had one or more re-admissions during the study period while 7% (n=246) were identified as 'frequent users'. The strongest predictors of re-admission were gender, age, hospital type, primary diagnosis and having a secondary diagnosis. Significant predictors of frequent use included gender, age, marital status, socio-economic group and length of stay.

*Conclusions:* Patients with severe psychotic illnesses, because of the nature of their illnesses, will require frequent in-patient admissions and thus re-admissions will continue to be a feature of in-patient services regardless of any future any expansion in community-based services. Resources invested in community psychiatric facilities need to be examined given the apparent insignificant impact of investments to date in reducing in-patient re-admissions (Poster)

## **Recovery Alliance Theory: A Fresh Look at our Common Humanity**

Dr Eamon Shanley & Ms Maureen Jubb

What is it about mental health nurses and their encounters with service users that differentiate them from their colleagues? Is it the ambiguous situations they come across, or perhaps the use of everyday language? Certainly we know they engage with service users in varied situations and at different times within the context of their own lives. Perhaps then their ability to use self-disclosure emphasises their humanness and gives the nurse a more panoramic view of service users' lives and experiences. This use of a wide angle lens by nurses compares to the narrow focus used by their colleagues. It is this level of intimate contact that distinguishes the work of mental health nurses in experiencing a greater sense of a common humanity with service users. This paper takes a fresh look at our common humanity through a new theory of mental health nursing that recognises its unique profile. The Recovery Alliance Theory (RAT) is a mid-range theory based on humanistic philosophy. The RAT is the outcome of collaboration between service users, mental health nurses, educationalists and managers and forms the basis of a system of mental health nursing practice, namely Partnership in Coping (PinC). (Presentation)

## **Re-defining Empowerment in Mental Health: The connection to 'Power to'**

Ms Shari McDaid

Power and empowerment reverberate across the field of mental health. Yet often the term 'empowerment' is used without relating it to a proper conception of power. This has resulted in confusion between empowerment and practices that focus on the individual. The danger of individualising 'empowerment' has long been recognised (see Ward & Mullender 1991, Riger 1993, Baistow 1995, Anderson 1996, Ryles 1999, Barnes & Bowl 2001, Fondacaro & Weinberg 2002). However, rarely has empowerment been critiqued on the basis of a theory of 'power to' or generative power. There is a need to re-connect empowerment to the idea that the powerless can become powerful, and to spell out how such a rise in power occurs. In this paper, I aim to critique the individualising conception of empowerment and to re-define empowerment as rooted in collective action. I will use Hannah Arendt's power theory to define empowerment as a process where power is generated by a social group who engage in collective action (Arendt 1958, 1965, 1972). Further, I will draw on Axel Honneth's 'struggles for recognition' (Honneth 1991 & 1995) to argue that empowerment in relation to people with a diagnosis of mental illness refers distinctively to their action to make public claims for respect and recognition. Defining empowerment on the basis of a theory of generative political/cultural power clarifies why it cannot refer to personal development; empowerment can only refer to what people with a diagnosis of mental illness do together to claim equality, respect and recognition in society. (Presentation)

## **Relationship of Social Comparison Processes to Physical and Mental Adjustment and Levels of Depression Among Stroke Support Group Attendees**

Ms Claire Tobin

10,000 people experience a stroke each year in Ireland. Volunteer support-groups constitute one of the few community resources available to survivors to aid rehabilitation. These groups provide a social outlet and access to therapeutic services in an emotionally supportive setting. Feelings of vulnerability and uncertainty post-stroke influence an individual's ability to make objective self-evaluations. Patients may compare themselves with similar others to get a foothold for their self-perception. Support-groups fit the prototype environment for such social comparisons to occur. Stroke survivors may increase their well-being through selectively seeking and interpreting social comparison information. Forty-one support-group attendees were interviewed to examine the prevalence of 4 social comparison strategies: upward-identification (perceiving better-off others as a potential future), upward-contrast (perceiving better-off others negatively), downward-identification (perceiving worse-off others as a potential future), and downward-contrast (perceiving worse-off others positively). The relationship of these strategies to physical adjustment, mental adjustment, and levels of depression was examined. Positive social comparison strategies were more prevalent than negative strategies. In regression models, upward-identification significantly predicted physical adjustment, whereas upward-contrast and downward-identification significantly predicted mental adjustment. Furthermore, upward-contrast comparisons were significantly related to levels of depression. While positive social comparison strategies increased levels of physical well-being, mental and emotional well-being were adversely affected by the use of negative social comparison strategies. This is the first study that has found that positive and negative interpretations may have an independent influence on separate aspects of health outcomes. Modification of social comparison strategies may offer opportunities for rehabilitation to improve stroke patient outcomes. (Presentation)

## **Research for the Community: Science shop**

Ms Nora Shovelin

This presentation will outline the aims and achievements of science shops internationally and at Dublin City University. Science shops are places where community organisations can commission research that will be of benefit to society. Many science shops are located in universities and much of the research is carried out by students who receive credits for this work as part of their courses. Because the research is intended to benefit society it is expected that it should have clear outcomes and that these outcomes should be publicised. This service is non-profit making and is aimed at community groups rather than at individuals. The European Commission is currently promoting the establishment of science shops which it views as having two useful functions. They provide answers to research questions for the public and they upskill researchers by providing them with real-life research opportunities. These shops originated in the Netherlands in the 1970s as a way of democratising science and changing practices within universities. Originally the shops offered research in natural sciences but the areas of research on offer now cover the social sciences and other areas that individual shops may be able to offer. DCU is in the process of setting up a science shop. We currently have one EU-funded project underway in partnership with Cairde, an NGO working to reduce health inequalities among ethnic minorities and with the Science Shop at Queen's University, Belfast, a well-established science shop that specialises in undergraduate research. The project which will run over 18 months consists of an analysis of mental health needs among immigrant communities. (Presentation)

## **Risk factors that influence suicidal behaviour in men**

Ms Elizabeth McAdam & Ms Susan Hourican

The rate of suicide in Ireland among men aged 15-34 has steadily been increasing over the past decade. According to the Central Statistics Office, male suicides in Ireland accounted for 18 per 100,000 population in 2003 (Central Statistics Office 2007). The World Health Organisation has compiled a list of the suicide rates for each country. In Ireland the rate of suicide among males in 2005 was 21.4 per 100,000. This is in comparison to a rate of 10.8 per 100,000 in the United Kingdom (World Health Organisation 2007). It is an area that has attracted lots of interest from the media and from suicide support groups who are calling for more research into the area of suicide. A review of the literature sheds some light on the reasons why young males may contemplate or carry out suicide. (Poster)

## **Supporting parents and carers of young people with deliberate self-harm**

Ms Carole Boylan, Dr Sophia Morgan, Ms Sinead Byrne, Prof Carol Fitzpatrick, Dr Hilary Graham, Ms Julie Howley, & Ms Sinead Crowley

*Background:* Being the parent/carer of a young person who has engaged in suicidal behaviour is a frightening experience. There is little 'evidence-based practice' to guide professionals in how best to provide support for such parents/carers. This project set out to seek the views and needs of parents/carers of young people with suicidal behaviour, and to develop and evaluate a programme incorporating these.

*Methods:* The parents/carers of all young people who had attended The Children's University Hospital with self-harm over a three year period were invited to participate in qualitative focus group discussions about their support needs. Discussions were recorded, transcribed and submitted to thematic analysis. An eight week group programme covering the emergent themes was then developed for parents/carers of young people with self-harm. Participants for this programme were recruited from Child and Adolescent Mental Health Services and Family Support Services across Dublin. The programme will be evaluated using both quantitative and qualitative measures.

*Results:* The main themes to emerge from the focus group discussion included needs for: peer support for parents/carers; information about suicidal behaviour in young people; skills for parenting an adolescent; help re-establishing family structures/boundaries after an incident of self-harm; advice on handling threats or further incidents of self-harm.

Preliminary results of the first programme have shown significant benefit to participants.

*Conclusion:* Given the international endorsement of the importance of involving service users and carers in service development, we adopted a qualitative research approach to developing a programme informed by the needs of parents and carers. The first two programmes involving thirty parents/carers have already run since January 2007, with initial results being available for the Conference. (Presentation)

## **Surviving being suicidal: What money can't buy and statistics can't tell us**

Mr Richard Lakeman

Increasing prosperity has not led to a reduction in suicide in most countries and neither has investment in epidemiological / risk factor focused research. Suicide is a pressing public policy issue and social concern but it also reflects an intensely personal struggle. This paper presents a review of the very limited literature examining the suicidal experience from the point of view of the suicidal person. It considers how people live with being suicidal. (Presentation)

## **The Body in Process**

Mr John Keane

This paper has its genesis in the corporeal intentionality of Merleau-Ponty. I will develop this sense of corporeal intentionality through the work of the pragmatists (such as Dewey and James), using Gendlin's theory of the body to develop a sense of an interactional body that resists the reductionism implicit in materialistic and instrumentalist notions of the body. The theme of stoppages as a means of considering the body in process will be developed. All of this will be contextualised through the narrative case studies of people who have experienced chronic illness in their lives. I will then ask what this "kind" of interactional concept of the body can contribute to contemporary discourse. (Presentation)

## **The concept of 'Hopelessness' in Mental Health**

Ms Fiona Horgan

Hope is central to life and is a construct which is central to nursing (Miller, 2007). Many definitions exist however in its simplest form, hope is the belief that things can be different and for those experiencing mental distress, it lies at the very heart of their willingness and ability to take on the challenge of rebuilding their life (Basset and Repper, 2005). Within the literature, hopelessness is significantly correlated with depression and has been identified as a significant risk factor for suicide. Edwin Schneidman (1987) referred to the sense of powerlessness; and impotence underlying feelings of hopelessness in suicidal individuals. Although it is only one of a number of risk factors for suicide, hopelessness is a psychological variable which is subject to direct clinical intervention, unlike many demographic variables. The literature refers to two linked, interpersonal processes which are key in intervening with hopelessness in the suicidal client; engagement and inspiring hope (Cutcliffe and Barker, 2002). Basset and Repper (2005) suggest that workers as well as users need to have hope if there is to be recovery following mental illness and this presentation will consider the crucial role of hope both for those with mental health problems and for those working in mental health services. It will also embrace approaches to engaging with hopelessness and inspiring hope and tools available to measure hope e.g. the Miller Hope Scale (MHS) will be presented. (Poster)

## **The Dish of Your Discourse: A Carer's Perspective on 'Treatment, Language and Empowerment**

Dr Tess Maginess

The themes of this conference usher a new approach towards how we might consider evidence based practice, in relation to current policies and theoretical models of person-centered, psychosocial 'interventions'. The foundation of this paper will be an 'evidence based' evaluation of the 'positive risk' and 'recovery model' praxis of the new Southern Trust Home Treatment and Crisis Response Service, from the perspective of a carer (the author), and will proceed to relate this experiential learning to current policy and theory.. The paper will consider research and policy in the field of mental health but will also refer to broader contexts including Social Model approaches to disability, extended to a rights based model through Equal Opportunities and Disability legislation in the two parts of the island and the sometimes contravening Corpratist model of Consumer Choice. The paper will examine how it is that 'traditional routes' characterised by medical, academic and policy jargon may fail to engage service users and carers, due to its hermeneutic character. The paper will argue that this idiolect becomes a foreign and 'imperial' language, rooted in an unquestioning power dynamic and suggests how .the power imbalance can be challenged and interrogated by the 'subverted' and subversive language of people directly affected by mental distress. The patronising dichotomy between 'real' (objective) research and 'worthy' (subjective) research, often modelled as 'story' will be examined. The paper will conclude by suggesting an emancipatory learning paradigm, led by users and carers and co-negotiated within a psychosocial, person-centered framework with 'professionals'. (Presentation)

## **The Divided Self and the Good Enough Psychiatric Nurse**

Prof Tony Warne & Ms Sue McAndrew

Like other professional groups, mental health nurses will often find themselves entangled or seduced by paradoxical polarities. These polarities are revealed in claims of fiduciary versus self-interest or between the practical and the 'technical', the holistic and the fragmented and the 'art' or 'science' of nursing. Nurses are not just required to work between such polarities, they are also systematically pinned down in terms of different types of knowledge, stages of development, and typologies of role. These various characterisations and emplotments imply different sorts of denouement which mental health nurses are regularly consigned to, threatened with, or rescued from. The story of the harassed and divided mental health nurse is a familiar one, and so too are the narratives of redemption, whereby 'substantive selves' and 'core moral purposes' are preserved via ethical codes and professional regulation.

This presentation explores the impact for the individual nurse and on mental health nursing practice of two competing registers: the 'economy of performance' (manifest by the audit culture) and various 'ecologies of practice' (professional dispositions and commitments individually and collectively engendered). In particular we are concerned with the exploration of questions about the relation of 'self', 'identity' and 'professionalism' within these two registers. Our concern is that in the oscillations set up by these registers many mental health nurses retreat to a position of being a good enough psychiatric nurse, rather than addressing their personal and professional consequences of the divided self. Approaches for providing organisational 'containing' and 'holding' responses are highlighted and discussed. (Discussion)

## **The dream catcher: Dying to escape the sado-masochistic fag machine**

Ms Sue McAndrew

The essence of mental health nursing lies within the therapeutic relationship. Integral to this process is giving recognition to the significance of the unconscious. One way of accessing the unconscious both in the therapeutic and research encounter would be to use free association and dream reconstruction, sometimes referred to as the dramaturgical approach. This paper explores the early lived experiences of Carl, a 35 year old gay man. His history has been characterised by periods of suicidality linked to coming to terms with his homosexuality. Free association narrative interviewing was used to explore Carl's early intimate family experiences. However, the catalysis for Carl's story is his re-occurring dream of being trapped in a cigarette vending machine, full of blades which, at the whim of his family pressing a button, will cut him up whilst they watch. For Carl, his dream was the manifestation of what it felt like to begin to comprehend his difference in terms of the acceptability of his sexuality by an all pervading culture of heterosexism. Carl's self blame is metaphorically represented by his entrapment in the machine, a sado-masochistic dream, whereby he was trapped in his sexual sense of self and where his family have the potential to destroy him. This paper explores the way free association narrative interviewing, and more specifically dreams, can be used to provide important opportunities for practitioners to better understand and give meaning to the unconscious intra, inter and extra-personal conflict that can lead to suicidality. (Presentation)

## **The impact of supported employment on quality of life and mental health of people with intellectual disabilities: What happens when the job breaks down?**

Dr Pauline Banks

*Background:* Supported employment is seen as a central means of improving the social and economic position of people with intellectual difficulties (PwID), and is thought to have a positive effect on their health and well being. However, research in the general population has shown that although unemployment is associated with deteriorating mental health and a greater risk of suicide, work can also be stressful.

*Aims:* To examine the impact of the transition to supported employment on the quality of life and mental health of PwID.

*Methods:* The study adopted a longitudinal approach, interviewing participants (n=49) who had entered supported employment, 3+ hours per week within three months of starting work and again nine months later. Where possible a family member or support worker, was also interviewed. PwID were involved in advising the research team in the development stages, and throughout the study.

*Findings:* Analysis of scores derived from standardised scales measuring quality of life, anxiety and depression, loneliness, and social comparison found no association, positive or negative, with employment. However, analysis of the qualitative data painted a rather different picture. Thirteen of the 49 jobs secured broke down between times 1 and 2. One of the most striking findings from this study was the significance that participants associated with employment in terms of the gap that job breakdown created in their lives.

*Conclusion:* The findings of this study have significant implications for supported employment providers in terms of the way in which they prepare people for employment and the level of support they provide following breakdown. (Presentation)

## **The Labyrinth as a Tool for Psychosocial Healing**

Mr Tony Christie

This presentation looks at the modern uses of the labyrinth, and in particular its use as a complementary and alternative approach to personal development and psychosocial wellbeing. The labyrinth is an ancient symbol that benefits the user by quieting the mind, promoting relaxation, and helping people to tap into their creative energy. When walked (as a form of walking meditation), the labyrinth is centering and balancing, and facilitates the user to access their innermost emotions and feelings as regards themselves and others. The labyrinth is a symbol for our journey in life. It consists of a circuitous path from the outside to the centre. The user is central to their labyrinth experience. People can walk the labyrinth on their own, or with a group. Communities can build their own labyrinth to walk. The labyrinth is a microcosm of our lives. It is an indicator of our psychosocial wellbeing. When we walk individually, we can experience those parts of ourselves that need healing. When we walk in a group we experience ourselves as regards others, where everything that happens can be seen as a metaphor for what happens in our wider lives. Labyrinths are emerging in places where people need both personal and psychosocial healing. Labyrinths are now found in prisons, healthcare settings, hospitals, hospices, churches and schools. The presentation will also consider the emerging research that is being carried out into the physiological and psychosocial effects of using the labyrinth. (Discussion)

## **The Labyrinth: A Pathway to Healing and Growth**

Mr Tony Christie

The labyrinth is re-emerging in society as a place where people can find balance and peace, and where they can relax and restore balance to their lives. The labyrinth is a symbol of our journey in life. Everything that happens on the labyrinth can be seen as a metaphor for life. Thus, as people walk and work with the labyrinth, Aims: The aims of this workshop are to:

- Increase awareness of the labyrinth as a tool for personal growth and psychosocial wellbeing
- To familiarize participants with the labyrinth through a guided labyrinth walk
- To allow participants to interact with a labyrinth, and experience the labyrinth for themselves.
- Consider Settings in which they might use the labyrinth as a tool for psychosocial healing

Outcomes: Participants will gain knowledge of the labyrinth, and the many uses for the labyrinth as a tool for improved psychosocial health. Participants will also experience for themselves how walking a labyrinth can help identify current issues in their lives, and how to use it to address these issues. Healthcare settings will consider installing labyrinths to complement their existing facilities and services. (Workshop)

## **The Psychological Consequences of Perceived Stigma in a Non-Clinical Sample**

Ms Maeve Proctor & Mr Roger Woodward

Research over the past number of decades indicates that individuals with mental health difficulties are likely to encounter discrimination and stigma in their lives. Modified labelling theory suggests that expectations of rejection may work to generate negative outcomes for these individuals. It has been noted that in this way stigma can act as a barrier to recovery and rehabilitation. Through the use of a postal questionnaire this study aimed to explore the psychological consequences for individuals who experience stigma. Ninety-four volunteers from the general public completed a battery of questionnaires. Results indicate that perceived experiences of stigma and discrimination were related to higher levels of shame, lower levels of positive mood and poor self-esteem. Expectations of rejection were found to mediate the

relationship between stigma and psychological outcomes in some cases. The clinical implications for those working with individuals experiencing stigma and directions for future research are also discussed. (Poster)

### **The 'Recovery Context Inventory': A personal recovery environment audit tool**

Mr Tom O'Brien

The 'Recovery Context Inventory': a personal recovery environment audit tool. The idea of 'recovery' from serious mental distress is emerging as a core construct in the consumer / survivor movement and the field of psychiatric rehabilitation. Concurrently, the results of longitudinal outcome studies support the view that people can achieve considerable recovery of psychosocial well-being. Developments in these areas have challenged the traditional belief that serious mental health difficulties are both intractable and beyond the control of the individual. Internationally, mental health systems are working to promote 'recovery-oriented' systems and benchmark mental health services against a recovery framework that will support the unique personal process of recovery.

This paper will outline progress to date on the development of a 'Recovery Context Inventory'. This context measure will provide a validated tool to assess the degree to which interpersonal, service and wider community aspects of a person's environment support or inhibit their recovery. The instrument will be underpinned by an ecological conceptualisation of the personal recovery process and is being developed with key stakeholder groups from Ireland and the United Kingdom, using a mixed methods approach. Information will be provided on the utility and innovative features of the proposed instrument. Relevance to Theme: the RCI is a context measure, underpinned by a rigorous consensus-based ecological understanding of the person's recovery process, that will facilitate personally directed and tailored recovery-oriented action planning. (Presentation)

### **The Role of Advocacy in Promoting Recovery in Mental Health**

Mr Joe Keane

The Irish Advocacy Network (IAN) is an island wide organisation made up of consumers and survivors of the mental health services in Ireland, carrying a wealth of experience and empathy to their clientele. It has been in existence since 2001 and has steadily grown. IAN has advocates operating in most of the acute psychiatric units in the country, as well as the Central Mental Hospital and provides a peer support advocacy service to people who request it. This consists of listening ear, information provision and promoting choice for mental health consumers enabling people to have their voices heard within the mental health service. The ultimate goal is that people would become empowered to take back control of their life situation and achieve recovery. This notion also stretches to encouraging people to be active citizens. IAN has conducted audits of the mental health services for the HSE (formerly the Regional Health Boards) as well as conducting research for Amnesty International, around human rights within the acute psychiatric units. The organisation works closely with the Mental Health Commission and the Inspector for Mental Health Institutions submitting reports around peoples experiences of the mental health service. This workshop will include:

1. Discussion on advocacy, self-advocacy and how it supports and encourages recovery from mental difficulties.
2. Small groups exploring how people can practically engage in advocacy and self-advocacy as well as supporting people towards recovery.
3. General feedback to the larger group on outcomes from discussion and chart these on a flip-chart. (Workshop)

## **Therapy in the 21st century: Wounded healers, suffering and the psychotherapeutic process**

Ms Benig Mauger

Over half a century after Jung, in an increasingly fragmented world, man is still in search of his soul, and the demand for therapy is on the increase. Despite being told that wholeness lies within and that living soulfully involves accepting our wounds as our greatest gifts, in our 'quick fix' society, we either look for answers and speedy resolutions outside of ourselves, or we remain trapped in our wounds. In this context, what is the role of the psychotherapist? Are we healing hurts or promoting dependency and a culture of 'woundology'? Is there a middle ground? Revisiting the myth of Chiron, the Wounded Healer and outlining the importance of creative suffering in the development of consciousness and the healing process, the author suggests that the capacity to endure and transcend is an essential part of adult life, the healing process and the psychotherapeutic model involving both therapist and client. Presenting suffering as a training in healing, the author proposes that therapy in the 21st century is about creating a model of psychotherapeutic care that is empowered yet still vulnerable. This presentation explores the mythical, emotional and spiritual dimensions of therapy and healing and its relevance to our lives today as both practitioners as 'service users'. (Presentation)

## **Waiting for a kidney transplant: The experience of being a patient on haemodialysis therapy.**

Ms Aoife Moran, Prof Anne Scott, Prof Philip Darbyshire

*Background:* Haemodialysis is one form of renal replacement therapy for patients with end stage renal disease (ESRD). It requires the person to comply with a strict regime of dialysis, medications, and dietary and fluid restrictions. These patients are also dependent on the haemodialysis machine for survival, and must accept frequent interaction with the healthcare team. The lifestyle disruptions caused by haemodialysis therapy can make it difficult for some patients to adapt to the treatment.

*Aim:* The aim of the study is to provide a detailed description of the experience of being a patient on haemodialysis therapy.

*Methodology:* The methodology employed is interpretive phenomenology. The setting for the study is a haemodialysis unit based in the Republic of Ireland. A purposive sample of sixteen participants, aged from 20-70 years was recruited. Two qualitative interviews were conducted with each participant. Interpretive data analysis was used to analyse the data.

*Findings:* The findings indicate that the experience of waiting for a kidney transplant is significant for the participants in the study. Their experience of waiting for a transplant was found to have two themes: living in hope, and uncertainty. This paper highlights that the experience of waiting for a transplant was significant for the participants in the study. The findings provide a new insight into the experience of being a patient on haemodialysis therapy.

*Conclusions:* The patient's experience is the most appropriate starting point for providing effective, patient-centred care. It is anticipated that the findings from this study could be used to improve existing healthcare strategies and contribute to evidence-informed practice. (Poster)

## **Ways of living in the moment**

Ms Mary Maddock

Mary is a former nun and psychiatric survivor. Believing in the myth of 'mental illness', for 20 years she was, as she describes herself, a psychiatric slave chemically lobotomised by the drug treatment which deprived her of her humanity. With the help of people like Dr. Peter Breggin and Dr. Terry Lynch and MindFreedom International, she had her eyes opened and today is a liberated drug-free woman and active campaigner for a non-violent revolution in psychiatry.

She is a founder member of MindFreedom Ireland and a member of the Boards of MindFreedom International and ENUSP (European Network of Users/Survivors of Psychiatry). She is also a member of INTAR (International Network Towards Alternatives for Recovery), Cork Advocacy Network and Sli Eile. She has spoken widely in the media and is co-author with her husband Jim of their recently published book 'Soul Survivor – A Personal Encounter with Psychiatry' which coincides with the Campaign to Abolish the Schizophrenia label (CASL).

Her dream would be to see: a) an end to forced 'treatments' and guardianship b) for people labelled with 'mental illness' to be recognised as citizens by the law c) for many Soteria-type communities to be established d) that people like herself who are destroyed and crippled by psychiatric drugs will have safe supported havens to detox and recover and e) that a human model of recovery will become the norm rather than the exception.


Mary has two grown up daughters, teaches piano and lives in Cork (Workshop)

## Contributors

Numerous people have contributed to 2007 Health4Life conference. The following are brief biographies provided by presenters and facilitators:

### Dr Pauline Banks

Senior Research Fellow - HealthQWest

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I have been a core member of HealthQWest, a research consortium in the West of Scotland, and a Senior Research Fellow in the School of Health Studies at Bell College since July 2005. Previous posts have included Depute Director, Strathclyde Centre for Disability Research, University of Glasgow (1999-2005), and Research Fellow, Centre of Gerontology and Health Studies, University of Paisley (1995- 1999). I am a member of the British Psychological Society Scotland Committee, and the British Society of Gerontology Scotland Organising Group.

My own research interests focus primarily on the impact of a variety of conditions on those affected and their families. Recent projects have investigated the impact of supported employment on the mental health of people with learning disabilities, and the service needs of younger people with long-term conditions including Parkinson's, stroke, and muscular dystrophy, and their families. Current research focuses on the introduction of care management for older adults and people with long-term illness, the information needs of amputees and their families, and patient and carer involvement in research.

### Mr Derek Beattie

Research and Information Analyst - Health Research Board

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I am a researcher and data analyst with experience in the areas of disability and mental health. I graduated with a B.A. in History and Political Science from the University of Dublin, Trinity College in 2002 and secured my M.Sc. in Applied Social Research from the same university in 2005.

After completing my Masters degree, I worked as a research assistant with the National Disability Authority. Working both independently and as part of a team, my research work mainly concentrated on the area of disability and social inclusion and specifically on the housing needs of people with disabilities.. Since November 2006, I have been working as a research and information analyst in the Mental Health Research Unit of the Health Research Board in Dublin. I am responsible for preparing statistical reports on activity in acute psychiatric settings and have played a key role in the development of NPIRS/COMCAR, the new mental health database which will record data on activity in both acute and community care facilities. I have also contributed to the diverse work of the Unit's research group. I have produced research reports and presented research findings at conferences in Ireland.

### Ms Liz Brosnan

Research & Resource Officer, Western Alliance for Mental Health

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I began my career as a Clinical Psychologist but became a user of the mental health services for a good number of years, and can say I know intimately many of the obstacles people face coming to believe in the possibility of Recovery, not to mention finding a way out of the labyrinth that obscures the exits from the MH system.

My first steps towards Recovery included 'Pathways', a Service User led research project in Galway. This gave me the opportunity to reconnect with my skills and abilities, and to believe in myself again, to expect more than the disabling and hope sapping self identity of a Long Term Service User.

I was a founder member of Cruinniú in 2001, a user led drop-in centre in Galway, and on the management committee of the Irish Advocacy Network since 2003 and a research consultant with Women Together Network since 2006. I've been an active member on many other consultative committees, representing the service user perspective nationally at the N.D.A, M.H.C., C.S.O plus local HSE working groups. I have also been involved in developing core teaching material for the MQI pilot course and delivering seminars in NUI Galway and TCD.

I have been working for the Western Alliance for Mental Health since 2003. This work has resulted in a widely recognised report on partnerships with service users, What Part of the Picture? It has also led to many other projects, including an active Recovery Project with Galway Mental Health Services

### **Dr David Cameron**

Head of Research - Threshold

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Currently I am employed (part-time) as Head of Research of Threshold a psychodynamically oriented Belfast-based voluntary Mental Health organisation and also work as an associate (part-time) lecturer with Dublin City University School of Nursing. To date (unlike Paddy) (fortunately or perhaps unfortunately) I have not heard "voices" and therefore, speak with a less distinguished, less authoritative and unavoidably less empathic outside-in "voice". As a mental-health professional my perspective is necessarily informed by theoretical presuppositions and the best available scientific evidence but is also firmly grounded in the lived learned experience (professional-personal) of spending some ten years working in residential therapeutic communities with people (like Paddy) whose voice hearing experiences and associated internal and external distress were synonymous with a diagnosis of schizophrenia. This lived learned experience of bearing witness to and tolerating each of the others full "biological" cycles of ordered and disordered behaviour, madness-sanity as well as the full gamut of related human emotions has had a powerful and lasting impact on my perspective and formulation of mental-health / illness. These experiences integrated with emerging scientific evidence (or lack of) have led me (like Paddy) as with more eminent colleagues, to conclude that "part theories whether psychoanalytic, cognitive behavioural, neurotransmitter, genetic traumatic etc. are unlikely to unravel [either] the conundrum of schizophrenia [or the schizophrenic conundrum]" (Mosher, 2001, p. 14). I am published in the field of specialised psychotherapy research and clinical commentary, a member of the International Society of the Psychological Treatments of the Schizophrenias (ISPS) and an associate group member of the Association of Therapeutic Communities.

### **Ms Taryn Carlton**

Information Support Officer - Scottish Recovery Network

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I have worked as part of the Scottish Recovery Network since its launch back in December 2004. My current role is to assist with the promotion of recovery by gathering, summarising and producing information for sharing and also contributing to awareness raising efforts. Prior to taking up my current post I worked as a research assistant on the SRN Narrative Research Project and over the past two years I have worked to share the stories and findings from this project. In 2006, I edited and collated the booklet "Journeys of Recovery", which contains stories from the narrative research project; over 20,000 of these booklets have been distributed within Scotland, the UK and internationally. Also, in this coming October I will be involved in the launch of the eagerly awaited report from the project in Glasgow, followed by 5 dissemination events across Scotland. Before joining SRN I worked in information and research roles within the voluntary and public sectors in Canada.

## Mr Tony Christie

Labyrinthireland  
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🌐 www.labyrinthireland.com

In 2005, I founded the organisation 'labyrinthireland' to raise the awareness and use of labyrinths as a tool for personal and spiritual growth. I have been working with labyrinths for a number of years, and found using the ancient pattern of the labyrinth to be a wonderfully centering and balancing experience. For me, walking the labyrinth has heightened my self awareness, brought me a sense of peace, and is a wonderful tool for reflection and for seeking answers to questions in my life. As my knowledge and experience grew, I decided to share my experiences with others.

I trained as a Labyrinth Facilitator in Chartres, France with Lauren Artress, author of 'Walking a Sacred path'. I am a Veriditas Certified Labyrinth Facilitator. I have also trained with Master labyrinth maker, Robert Ferré of labyrinth Enterprises, St Louis, MO, USA. I am a member of The Labyrinth Society (TLS). I have visited labyrinths around Ireland, Europe and the USA, to experience the settings for both ancient and modern labyrinths.

I design and build labyrinths for all occasions and events. I facilitate guided labyrinth walks for individuals and groups. In my workshops, I teach about the labyrinth, particularly how to use the labyrinth as a safe space to explore our journey in life. I also present workshops on the history and mythology of labyrinths, and their many uses in a wide variety of cultures and settings.

For further information please check out my website.

## Mr Findlay Collins

Lecturer - University of Paisley  
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I have been involved in mental health one way or another for over 35 years. My main interest now is incorporating various models of intervention and applying them using a paradigm that myself and a colleague Dave Deady who by the way has been involved in mental health longer than I have, have developed.

Our paradigm embraces both cognitive behavioural and client centred as well as utilising skills and theories from nlp which I am an accredited practitioner but also eft which Dave is deeply involved. Our practice methods have been used in trauma, dependence, and general psychotherapy.

Our model of practice is presently offered at the University of Paisley in a named pathway leading to a Bsc.

I hope to generate some interest and discussion at the conference and look forward to meeting fellow practitioners

## Dr Imelda Coyne

Senior Lecturer, Dublin City University  
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I am the Academic Lead for the Child Health Team and Programme Director for the Higher Diploma in Children's Nursing in the School of Nursing, Dublin City University, Ireland. Previous posts include: Academic Director and Programme Chair for the BSc in Nursing undergraduate degree; Director of the Diploma in Nursing and one year top-up degree BNS programme. My clinical experience is in the area of children's nursing and I specialised in neonatal intensive care, cardiac intensive care and gastrointestinal intensive care prior to working in academia. I have over twenty years in children's nursing firstly as a practising nurse and then as a lecturer. My research primarily focuses upon: family centred care, children's nurses contribution to care, child and adolescent mental health services, and children's participation in consultation and decision-making.

### **Dr John Cutcliffe**

Professor - University of Texas  
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Dr. Cutcliffe holds the 'David G. Braithwaite' Endowed Professorial Chair in Nursing at the University of Texas (Tyler). He also holds the Associate Dean: Psychiatric Nursing position at Stenberg College, Vancouver, Canada and Adjunct Professor of Nursing at the University of Ulster, U.K.

He has a clinical and educational background in international psychiatric nursing have worked/studied in four different countries. His research to date as Principal and Co-investigator has attracted over \$3,000,000 in extra-mural funding; he has published 7 books and over 130 papers/book chapters. He sits (or has sat) on the editorial boards of eight nursing and/or health related journals. His commitment to and achievements in psychiatric nursing research were recognized by the federal government of Canada when he was awarded with the citation of being one of the 'Top Twenty Young Researchers in all Canadian Academic Disciplines'.

His principal research focus remains on suicide and caring for suicidal people. He continues in the roles Assistant Editor: International Journal of Nursing Studies, Canadian Representative for the International Association for Suicide Prevention and was recently elected as the Director of the International Society of Psychiatric Nurses (Education and Research Division).

### **Mr Michael Daly**

School of Psychology - Trinity College  
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I was awarded a BA in Psychology at Trinity College Dublin in 2005. I then worked as a research assistant in the Trinity College Institute of Neuroscience where we investigated the neuropsychology and genetics of ADHD. Following this I moved to the Educational Research Centre (ERC) in Drumcondra, Dublin in 2006 where I was involved in the management of an international survey of teachers and learning. During my time at the ERC I also completed research on admissions procedures to medical courses and public opinions on education. I returned to Trinity College in April of 2007 to begin a PhD which aims to specify the ways in which states of mindfulness can be explained by aspects of both culture and cognition and also how these factors together act to influence time-perspectives and behaviours in obesity. This project will be carried out within the Global Health Research Group and is supervised by Professor Malcolm MacLachlan author of the book 'Embodiment: Clinical, critical and cultural perspectives on health and illness' published in 2004 and also of 'Culture and Health' (2006), and co-editor of the forthcoming 'Psychoprosthetics: The State of the Knowledge' (New York: Springer, 2007).

### **Ms Antoinette Daly**

Research Officer - Health Research Board  
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I am a research psychologist and have been employed as a Research Officer with the Mental Health Research Unit (MHRU) of the Health Research Board (HRB) for a number of years. I have been involved in numerous research projects in the MHRU and I have worked extensively on the National Psychiatric In-patient Reporting System (NPIRS). NPIRS is the only national psychiatric in-patient database in Ireland and I have produced annual reports based on the database and on the psychiatric in-patient census for a number of years.

### **Dr Donna Doherty**

Senior Researcher - Mental Health Research Unit  
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Following completion of my undergraduate degree in Psychology from the University of Ulster, I graduated with a PhD in Psychology from the University of Ulster in 2000. My research interests include health service research, the interface between primary care and secondary care, and psychosocial and cognitive rehabilitation. I have worked extensively in the area of health service research and have presented research findings at national and international conferences. I have also published nationally and internationally on my research interests. I have wide experience in working in partnership with both academic researchers and health service providers.

Some of the work that I have been involved in included an evaluation of an addiction treatment programme and the cognitive and psychosocial recovery of clients following completion of the treatment programme. As public health researcher I was involved in an audit of acute myocardial infarction patients and the evaluation of the time to treatment and to measure care and treatment in relation to international gold standards. As senior researcher, within the Mental Health Research Unit, my work is varied and includes both management and research functions. I have just completed an evaluation of the community residential facilities for those with enduring mental illness and am currently working on the HRB National Psychological Wellbeing and Distress Survey. This biennial survey will investigate mental health and wellbeing in the Irish population and health service use and the use of health professionals and support persons for mental health problems.

### **Mr Andrew Duggan**

Senior Lecturer - University of Huddersfield  
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Andrew is a child therapist currently working as a Senior Lecturer in Health and Community studies at the University of Huddersfield. He has presented numerous workshops and seminars in the UK and Internationally on the use of solution-focused and narrative ways of helping children, adolescents and their families give voice to the labels and diagnosis that result from a Western dominated bio-medical model of child psychology and psychiatry.

He is currently undertaking a PhD looking at the effects of 'mother-blame' on mothers who have been given a diagnosis of mental ill-health.

### **Ms Silvia Gallagher**

Researcher - Health Research Board  
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I am currently employed as a Data Analyst in the Mental Health Research Unit of the Health Research Board. In 2004, I completed my undergraduate degree in Philosophy and Sociology at the University of Dublin, Trinity College and at present, I am completing my MSc in Applied Social Research at the same university. Previously, I was employed by the Commission to Inquire into Child Abuse where I was involved in researching historical legal documents to assist the work of the Commission. I also performed in depth content analysis of qualitative interviews and conducted quantitative research into the spatial distributions of Industrial Schools. Since commencing employment in the Health Research Board, I have been using its National Psychological Wellbeing and Distress Survey to analyse data on Internet use in Ireland for health matters. I have a special interest in e-inclusion and e-accessibility issues. I am also presently undertaking quantitative research into the prevalence of prescribed psychotropic drug use in Ireland.

### **Mr Mark Gibney**

Palliative Care-Bereavement Counsellor - Murwillumbah Community Health Centre  
(NSW, Australia)

✉ marcus.gibney@ncahs.health.nsw.gov.au

My name is Mark Gibney and I am a Counsellor/Psychotherapist in Palliative Care and Bereavement Counselling. I currently work for the North Coast Area Health Service based at Murwillumbah Community Health in the northern part of New South Wales, Australia

I have qualifications in Psychology, Psychiatry and Psychotherapy and my working background includes research and education.

Over the last twenty years my clinical practice has been in Paediatric and Adult Palliative Care and Bereavement Counselling. I have presented at several national and international venues on topics related to my area's of clinical expertise.

My presentation will take a light hearted narrative approach into how I cope and unpack my professional observations as I witness the emotional fragility and strengths of my clients.

I wish to state that my work although sad and tragic at times is quiet spiritually refreshing for me in my daily life.

### **Ms Rita Glover**

Lecturer - Dublin City University

✉ rita.glover@dcu.ie

I am the Pathway Leader for the MSc / Graduate Diploma in Counselling and Psychotherapy at Dublin City University. I completed a Post Graduate Diploma in Guidance and Counselling in 1996 and a Masters in Education in 2001 at Queens University Belfast. I am a member of the British Association of Counselling and Therapy and an accredited member of the British Association of Sexual and Relationship Therapy and work in clinical practice. I have conducted research in the areas of Domestic Violence [2001], Mediation and Alternative Dispute Resolution [1996], Enhancing Emotional Well Being in Victims of Domestic Violence [2004/5] and Prisoners needs in relation to addiction counselling. Additional to my teaching and research work in DCU I have been active in developing AKOS – The centre for psychological health and well being at the School of Nursing which in addition to providing therapy will be a resource for student placement and research in the area of Counselling and Psychotherapy.

### **Dr Kerry Greer**

Lecturer in Psychology – University of Limerick

✉ kerry.greer@mic.ul.ie

I am a Lecturer in Psychology and founding member of the Psychology Department at Mary Immaculate College, University of Limerick. As an academic I have designed and delivered third level courses in both the UK and Ireland. My research interests focus on aspects of individual and group decision making. My work outside the academic sector includes the areas of Risk Management, Emergency Planning, Crime and Health. My current research interests include factors that impact on decision making in the caring professions, Partner Perceptions in Chronic Illness and Disability.. Together with my colleague Dr Suzanne Egan, and members Lorraine Whisker and Mary Varley, I formed the Chronic Illness and Disability Research Interest Group (CIDRIG) in 2006. The work I am presenting at this conference is a result of this collaboration. I am fortunate to be an Honorary Research Fellow in Psychology at University College London and wish to acknowledge the access to their facilities that this endows.

### **Mrs Joan Hamilton**

Executive Director- Slí Eile  
✉ slieileha@eircom.net

I was born in Jersey, Channel Islands and relocated to County Cork with my Irish husband in 1967. We have two daughters and four sons. Initially I worked in the family custom-made furniture business and then went on to set up my own food processing business, involving budgeting, marketing, human resources, with sales to the national supermarket chains and the catering market

I served on the Boards of both Ballyhoura Failte - supporting and developing small businesses and tourism projects and Ballyhoura Development - in the administration of Leader Funding

In 2000, I was co-founder of a lobby group, Cork Advocacy Network, and two years later, Slí Eile Housing Association Ltd

I left school at fifteen but over the past decade I have attended third level adult education in the following:- Community Development; Interpersonal Communication; Disability Studies; Applied Social Studies in Counselling and last month I completed my Certification Week for Choice Theory and Reality Therapy with the William Glasser Institute of Ireland.

My vision for the setting up of Slí Eile, as an environment for the process of recovery, grew out of my long experience as a mother watching my youngest daughter suffer deterioration in the traditional psychiatric system.

In December 2005 I received an Award from Social Entrepreneurs Ireland and the financial and mentoring support I receive through this award enables me to continue to work in a voluntary capacity as Executive Director of Slí Eile

### **Mr Brian Hartnett**

Manager of Hearing Voices Ireland (HVI) & Regional Peer Advocate Irish Advocacy Network  
✉ voicesireland@gmail.com

I grew up in Limerick in the 70s. It was a bleak place and I always wanted to get out of it. I was lucky to get into college in Dublin. My career as a designer looked certain but disaster was waiting around the corner.

I lost my way in the early 90s in London and I have been not just rebuilding but reinventing myself ever since.

Voice hearing has been part of my life for a long time. I have set up an organisation called Hearing Voices Ireland (HVI) through which I am reaching out to fellow voice hearers. This is an important part of my recovery. I am looking forward to the conference for this reason.

### **Ms Fiona Horgan**

Clinical Placement Co-ordinator - St John of God Hospital, Stillorgan  
✉ fiona.horgan@sjog.ie

I am a registered Psychiatric Nurse having trained in St John of God Hospital, Stillorgan and received my Diploma from University College Dublin. I have been working in the area of education in the position of Clinical Placement Co-ordinator in St John of God Hospital for the last 2 years. My previous employment was within the Cluain Mhuire Community Service where I worked in an Acute Day Hospital with responsibility for facilitating and developing therapeutic groups including anger management and anxiety management, as well as assessing and working with clients with a variety of mental health difficulties on an individual basis. Having previously completed my BSc in Nursing Management in University College Dublin, I am currently undertaking an MSc in Mental Health in Trinity College Dublin. I have a particular interest in the area of suicide and suicide prevention and am undertaking research in this area

as part of my MSc. It was through work on this research that I became interested in the area of hopelessness in mental health.

### **Ms Susan Hourican**

Lecturer – Dublin City University

For the past 5 years I have been working as a lecturer in Dublin City University. I have vast experience as a qualified psychiatric and general nurse both in the USA and Ireland. I am Discipline Leader for General Nursing on the Post Graduate Programme. I am involved in teaching and supervising research proposals on the undergrad programmes. Previous to this I was teaching in Connolly School of Nursing for two years. My research interests are in Intercultural Health and Healthcare focusing on the needs and experiences of healthcare delivery by and to persons of different ethnic groups: in mental health, maternity, physical rehabilitation and community/public health settings. I have an interest in the experiences of multicultural nursing students. I am also interested in students learning environment both in the classroom and in clinical practice. I have developed innovated teaching through simulation exercises to promote clinical judgement and decision making skills.

### **Ms Maureen Jubb**

Lecturer - Dublin City University

✉ maureen.jubb@dcu.ie

I am a lecturer in Mental Health Nursing at Dublin City University. Prior to moving to Ireland from Australia, I worked as a Community Mental Health Nurse, Suicide Intervention Officer and Duty Officer and, whilst a Project Officer and Training Consultant for the Department of Health in Western Australia, was actively involved in the establishment of clinical outcome measures for all mental health services in Western Australia. I also played a major part in establishing a Nursing Practice Development Unit. My research interests include the development and trialling of a new system of nursing intervention and a program of clinical supervision for mental health clinicians.

I have also had several published articles and presented conference papers at both national and international level.

### **Ms Yulia Kartalova-O'Doherty**

Researcher - Mental Health Research Unit

✉ ykartalova@hrb.ie

I am a social researcher with practical experience of qualitative, quantitative, and mixed methods research in the areas of mental health, drug misuse, cross-cultural communication, and education. I earned my B.A. in teaching foreign languages at the Moscow State Linguistic University in 1989; an M.A. in T.E.S.O.L. at the University of Northern Iowa in 1995; and an M.Sc. in Applied Social Research at the University of Dublin, Trinity College in 2004. My research interests include personal growth, adaptation, psychological well-being, mental health, learning, and multiculturalism. I have published in the U.S.A. and Ireland in the areas of my research interests, and have presented research findings at conferences. I have been working as a researcher in the Mental Health Research Unit of the Health Research Board in Dublin since January 2005. I have led an HRB exploratory study on experiences, needs, and support requirements of families with enduring mental illness in Ireland (Kartalova-O'Doherty, Tedstone Doherty & Walsh, 2006). I am currently undertaking work-related Ph.D. research on the process of recovering from recurrent mental health problems in an Irish context.

## Mr John Keane

Postgraduate Student – Dublin City University  
✉ keanefocus@gmail.com

I am a PhD student in the school of nursing at Dublin City University. The title of my research thesis is Chronic Illness, Freedom and the Active Human Imagination. In this work I will analyse the philosophical presuppositions implicit in contemporary models of care. I am also proposing that we define a notion of the body that differs from the physiological body – a notion that is suited more to the realm of care than to that of treatment. My background is in Philosophy, having gained my BA and MA in the Milltown Institute of Philosophy and Theology. My MA (by research) was an exploration of the similarities between Focusing (developed out of Gendlin's philosophy of implicit entry) and narrative (as instanced by Arendt in The Human Condition).

## Mr Joe Keane

Irish Advocacy Network  
✉ thecitizen@eircom.net

Joe has worked with IAN as Regional Advocate for the South-West Region of the country since 2002. This entails calling to the acute psychiatric units of the region. He is also involved with Training and Development and has a wide experience of this area having worked as training officer in the Kerry Citizens Information Service. Having completed a post graduate in Training and Development out of The University of Bradford he went on to design and deliver courses with the Kerry Education Services (formerly the VEC) covering areas such as 'active citizenship' and 'rights and entitlements' including Labour, Family, Consumer, Equality and Disability legislation with a heavy emphasis on 'self-advocacy' and the practical ways of 'supporting' self-advocacy.

This was followed up with an 'Introduction to Advocacy' which was run over a number of weekends in University College Cork (UCC) and saw a large number of participants, both undergraduates as well as post-graduate involvement.

Advocacy and Mental Health featured in Joe's employment as early as 1995 when a colleague, Kieran Crowe and himself founded the Kerry Advocacy Network (KAN), of which Joe was chairman, and with an initial number of six trained 'peer' advocates took on the role of 'information provision and support' into the acute psychiatric unit of Kerry General Hospital (KGH). KAN eventually came to a close two years on due to lack of funding. The project was relatively small and this whole area of peer advocacy in Mental Health was very new to Ireland. At that particular period in time, it was very difficult to attract funders to resource this new concept. However there was no shortage of funding on offer from the major large pharmaceutical companies who immediately took great interest in the work and were willing to put up substantial amounts. However, KAN felt that this was an inappropriate source for resources to come from as it raised questions of independence, ownership and direction as well as possibly leading to a potential conflict of interests.

Since joining IAN Joe has been on the Mental Health Qualification Initiative (MQI). In partnership with the other members he has developed module materials around Advocacy and Independence and Recovery in Mental Health. He was involved with delivery of the pilot programme of MQI in Dublin City University (DCU) this year. He is also involved with An Bord Altranais in developing a Post Registration Higher Diploma in Psychiatric Nursing. He is constantly looking at ways that consumers of the Mental Health services can feed into practical ways of influencing current policy and the way our culture views Mental Health and those who suffer.

### **Mr Richard Lakeman**

Lecturer - Dublin City University

✉ richard.lakeman@dcu.ie

🌐 <http://www.testandcalc.com/Richard/ricprof.htm>

I am a nurse by background. I moved to Dublin with my family in 2007. I previously lived in Townsville, North Queensland (Australia) where I was involved in setting up a homeless outreach team, and was a clinical nurse consultant on a mobile intensive treatment team. I was involved with facilitating a number of large conferences. I have an interest in professional ethics and was a member of the training committee of the Australian Health Research Ethics Committee. I have an interest in extraordinary experiences, how people cope and helping people cope with them. My research to date has explored computer mediated communication, how people cope with hearing voices, and family/carer participation in mental health care. More recently I have developed an interest in more ordinary experience such as suicidal thoughts and feelings.

### **Ms Veronica Lambert**

Lecturer - School of Nursing, Dublin City University

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I am a Registered General and Children's Nurse and hold a degree of Bachelor of Nursing Studies. Recently I took up post as Lecturer in the School of Nursing, Dublin City University. Prior to this I worked as a Nurse Tutor and Clinical Education Facilitator at the Children's University Hospital, Temple Street. My clinical nursing background is in both medical and surgical nursing in the care of infants and neonates. For the past four years I have been engaged in my PhD at the School of Nursing and Midwifery, Trinity College Dublin, of which the first two years were funded by the Office of Minister for Children. I have, to date, presented various aspects of my PhD work both nationally and internationally, which focuses on the nature of communication for children admitted to a specialist children's hospital. An area of particular interest to me is research methodologies to actively engage children in research.

### **Ms Denise Lawler**

Lecturer in Midwifery - Trinity College Dublin

✉ lawlorde@tcd.ie

I am a lecturer in midwifery in the School of Nursing and Midwifery, Trinity College Dublin. I am a qualified nurse, midwife and nurse /midwifery tutor and I have over twelve years experience as a midwife. I qualified as a nurse/midwifery tutor in 2000 and became a member of the teaching unit in the Coombe Women's Hospital. I was appointed Acting Principal Tutor in 2006. Currently I am completing an MA in International Relations. My research to date has focused on women's experiences of postnatal depression. Other research interests include organisation and provision of midwifery care, women's health and experiences in pregnancy, childbirth and motherhood, transition to motherhood, women's human rights and vulnerable groups.

### **Mr Liam MacGabhann**

Lecturer in Practice - Dublin City University

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In 1988 I qualified as a mental health nurse and headed off from Ireland with my new found insights to change the world. Spending most of my early career in England with some brief sojourns in Australia and the Middle East, I have pretty consistently worked with people whom some would classify as having a serious psychotic illness, and more specifically concentrating on acute mental health care. Roles have varied with the common grounding of practice at the centre of each one. As a nurse, researcher/practitioner and in practice/service development. In 2001 I returned to Ireland with my family and now find myself somewhere between an ivory tower and lived experiences, as a lecturer in practice. I practice on an acute psychiatric

admission ward and co-ordinate the developing postgraduate mental health nursing programme at Dublin City University. My clinical research focus generally centres on the relationships and understandings of nurses/mental health professionals and patients/service users in relation to mental health, illness and health care. I recognised earlier on that one way to push the boundaries of nursing was to seek academic pursuits in other areas. Beginning with a grounding in Health Studies for my first degree and then going on to complete a Masters in Sociology of Health and Health Care. For my sins returning to nursing and presently completing a taught doctorate in Nursing Science. Thankfully I have found new insights, lost some along the way and am still trying to change the world.

### **Ms Mary Maddock**

Director of MindFreedom Ireland and board member of ENUSP (European Network of UserSurvivors of Psychiatry)

✉ [marymaddock@hotmail.com](mailto:marymaddock@hotmail.com)

Mary is a former nun and psychiatric survivor. Believing in the myth of 'mental illness', for 20 years she was, as she describes herself, a 'psychiatric slave' chemically lobotomised by the drug treatment which deprived her of her humanity. With the help of people like Dr.Peter Breggin and Dr. Terry Lynch and MindFreedom International, she had her eyes opened and today is a liberated drug-free woman and active campaigner for a non-violent revolution in psychiatry.

She is a founder member of MindFreedom Ireland and a member of the Boards of MindFreedom International and ENUSP (European Network of Users/Survivors of Psychiatry). She is also a member of INTAR (International Network Towards Alternatives for Recovery), Cork Advocacy Network and Sli Eile. She has spoken widely in the media and is co-author with her husband Jim of their recently published book 'Soul Survivor – A Personal Encounter with Psychiatry' which coincides with the Campaign to Abolish the Schizophrenia label (CASL).

Her dream would be to see: a) an end to forced 'treatments' and guardianship b) for people labelled with 'mental illness' to be recognised as citizens by the law c) for many Soteria-type communities to be established d) that people like herself who are destroyed and crippled by psychiatric drugs will have safe supported havens to detox and recover and e) that a 'human model' of recovery will become the norm rather than the exception.

Mary has two grown up daughters, teaches piano and lives in Cork.

### **Dr Tess Maginess**

Senior Teaching Fellow - School of Education, Queen's University, Belfast

✉ [t.maginess@qub.ac.uk](mailto:t.maginess@qub.ac.uk)

I am a Senior Teaching Fellow in the School of Education, Queen's University, Belfast, where I coordinate the Open Learning Programme. I studied literature in Trinity College and did a doctorate in Canada on Flann O'Brien. I have been involved in many different fields and have published and broadcast on literature, community development, arts, and disability, social inclusion and inclusive/emancipatory research methodologies. I edited And Never Dared Ask, a manual for service users and carers, produced as an emancipatory research project with an Armagh based disability group, in partnership with Queen's. I am currently researching learning paradigms which would link policy to practice and genuinely empower users and carers within the mental health nexus and also writing on the functions of madness in Irish literature. I am a carer, and have direct experience of the mental health system and the policy context behind initiatives such as Home Treatment.

### **Dr Anne Matthews**

Lecturer - School of Nursing - Dublin City University  
✉ anne.matthews@dcu.ie

I am a nurse and a midwife and currently work as a Lecturer in Nursing at DCU. I have previously worked at the City Roads Crisis Intervention Centre in London, the Department of Social Policy and Social Work at University College Dublin, the Centre for Social Research of the University of Malawi and the Irish Council for Children's Hospitals' Care. I completed a Social Science Degree at University College Dublin and an MSc in Social Policy and Planning from the London School of Economics and Political Science. My PhD thesis, completed in 2006 at DCU, was entitled 'Past and present perspectives on power and empowerment in midwifery in Ireland'

### **Ms Benig Mauger**

Psychotherapist, writer, and lecturer  
✉ benmau@iol.ie  
🌐 www.soul-connections.com

I am Jungian Psychoanalytic Psychotherapist in private practice with a background in childbirth education, founding the Holistic Birth Centre in London in the 1980s. A founder member of the Irish Analytical Psychology Association (IAPA), I returned to Ireland with my family in 1995. A writer, lecturer and pioneer in pre-and perinatal psychology, I write and teach extensively and am on the editorial board of the International Society of Pre and Perinatal Psychology and Medicine (ISPPM). I am the author of 'Songs from the Womb-Healing the Wounded Mother (Collins Press, 1998) and 'Reclaiming Father-The Search for Wholeness in Men, Women and Children' (Soul Connections, 2004). I am a frequent speaker at national and international congresses and travel internationally to teach, lecture and run workshops. My next book 'Love in a Time of Broken Heart' is due for publication early 2008. My more recent work involves the weaving together of insights gained from Jungian depth psychology, spirituality and healing. Though still concerned with pre-and perinatal work, my focus has broadened and moved to the inner workings of intimate relationships and our search for wholeness.

### **Ms Elizabeth McAdam**

I am a General Nurse with experience of working with mental patients both on general and mental health wards. My research interest is in mental health, with a particular focus on suicide prevention.

### **Ms Sue McAndrew**

Nurse Lecturer - University of Leeds  
✉ s.l.mcandrew@leeds.ac.uk

I have worked for the past 30 years in mental health nursing, initially undertaking my RMN at a private hospital and later in my career enjoying posts in neuropsychiatry, community mental health nursing, primary mental health nursing and as a marital and sex therapist. Since 1992 I have been employed at the University of Leeds as a lecturer in mental health nursing, but retaining one day per week as a primary mental health nurse in a GP's surgery. At the surgery I see those who are considered to have the 'less complex' common mental health problems. Within the University I have responsibility for the Post Graduate Pre- Registration Mental health Course in addition to various other modules.

During the past 5 years I have enjoyed a writing partnership with my colleague Professor Tony Warne and we have been fortunate to have had 16 articles published and presented numerous papers at National and International conferences. We have also edited a book focusing on service user involvement in healthcare education and are currently commissioned to edit a second book on innovations in mental health education. I have also co-edited a book on sexual health and how this important topic can be addressed by healthcare professionals. My interests

lie in psychoanalytic and managerial discourse in terms of mental health education, organisation and practice, and in particular how mental health nurses are prepared to work with the emotional turmoil often presented by those who experience mental distress.

### **Ms Shari McDaid**

Equality Studies Centre, UCD  
✉ shari\_hello@yahoo.ie

I am a doctoral candidate at the Equality Studies Centre in the School of Social Justice, University College Dublin. My research explores the empowerment potential of user involvement in the mental health services. For this project, I have engaged in Participatory Action Research with service users/survivors in Ireland. The practical outcomes of this research are available in a policy paper entitled Equal and Inclusive User Involvement in the Mental Health Services in Ireland: Results from Participatory Action Research published through the Equality Studies Centre and available at [www.ucd.ie/esc/html/shari\\_mcdaid.pdf](http://www.ucd.ie/esc/html/shari_mcdaid.pdf). I have conducted training with the interim National Service User Executive of the Health Service Executive, and have delivered a lecture to the Masters in Human Development Programme at St. Patrick's College, Dublin on the topic of power and empowerment in the mental health services. I have a B.A. in philosophy from Northwestern University and an M.A. in Social Science from the Open University. I am also a Policy & Public Affairs Advisor at the National Disability Authority where my policy work includes communications issues for people with disabilities, representation of people with disabilities in the media, and the interface between ageing and disability. Previous to this, I worked as Policy & Administration Manager at Schizophrenia Ireland, and prior to this, I worked with homeless people in London.

### **Mr Paddy McGowan**

Expert by Experience - Dublin City University, School of Nursing

Originally from Omagh in County Tyrone I am currently employed as a lecturer with DCU School of Nursing. I recovered from Schizophrenia with the support of other survivors and professionals and can speak authoritatively and humanely from the inside out, relying not on the presuppositions of dubious and largely unproven scientific theories, but from reflecting sensitively, honestly and often painfully on the experience of "hearing voices" synonymous with a diagnosis of schizophrenia. I was involved in organising the first "Voices" conference in Derry in November 1999. As a member of the Institute for Recovery in Mental Health and a prominent member of the International Network of Treatments Alternatives for Recovery (INTAR) I am committed to creating alternatives to the so-called medical or maintenance model. I set up the first user group in Ireland in 1994 and was the founder and first Chief Executive Officer of the Irish Advocacy Network, heavily involved in developing peer advocacy training alongside staff awareness training in user empowerment and advocacy to an accredited degree level. I served on the National Disability Association's Ad Hoc Focus Group on Mental Health and the Management Committee of the United Kingdom Advocacy Network. I have also been instrumental in designing and implementing user led research focusing on user-satisfaction with statutory mental health services throughout Ireland and continue to lecture on mental-health advocacy and recovery oriented approaches to severe psychiatric disability in Universities and Colleges locally, nationally and internationally, alongside facilitating training for mental-health and allied professionals, families and carers.

### **Ms Marie McNamara**

Theatre Practitioner - Drama Facilitator - Forum Theatre  
✉ mfgmcmamara@eircom.net

I am an Actor, a Drama Facilitator, a Forum Theatre Specialist and a part time Public Health Nurse... I graduated from the Gaiety School of Acting in 2000, followed by performances in several Dublin Theatres. This varied and happy combination has led me very firmly into the area of Arts and Health and has enabled me to work with extraordinary people in many contexts. Further training includes Facilitation with the HSE, Theatre through Reminiscence

with Age Exchange in London, and this year, with an award from the Arts Council, I had the honour of training with Adrian Jackson and Augusto Boal in Theatre of the Oppressed/Forum Theatre. Recent projects include Drama work with Headway Ireland, the Peter Bradley Foundation and the National Rehabilitation Hospital Rehabilitative Training Unit, all with people with Acquired Brain Injury, Theatre through Reminiscence with older people in Dalkey Day Centre in collaboration with Deilg Inis Theatre Co. and currently the same process with residents of Leopardstown Park Hospital. I am also working with women from the Primary Health Care programme for Travellers in Newcastle, Co. Wicklow.

I have a passionate belief in people and their creative potential. I believe in how much the creative process can contribute to Health and Well Being in any context and be therapeutic in its effect in the realisation of beneficial personal potential which spills out into life itself, as well as bringing fun and hilarity into potentially very serious situations. My wish is to continue to work through the drama process and Theatre of the Oppressed/Forum Theatre within the context of health promotion and social inclusion.

### **Mr Gerard Moore**

Lecturer - School of Nursing, Dublin City University  
✉ gerry.moore@dcu.ie

I am a lecturer in Mental Health at Dublin City University where I coordinate the MSc / Graduate Diploma in Counselling and Psychotherapy (couples and relationships). Prior to working in DCU I was an Assistant Director of Nursing in the mental health services. Additional to my psychiatric and general nurse qualifications, I have completed a BA in psychoanalytic studies and an MSc in Psychotherapy and as a member of the Association of Psychoanalytic Psychotherapy in Ireland practice as a psychoanalytic psychotherapist. During the past five years I have been involved in a number of research projects in the areas of harm reduction for addiction, dual diagnosis and most recently prisoner's needs in relation to addiction counselling. I am currently a PhD student conducting research on the management of transference in the Irish mental health services.

### **Ms Grainne Ni Mhaille**

School of Psychology - Trinity College, Dublin  
✉ nimhailg@tcd.ie

I graduated in 2005 with a BA in Psychology. Since then I have been pursuing a PhD that aims to explore critically the specific way in which embodied being influences experience and sense of self. To investigate this issue an empirical study which explores the experience of medical technology is currently being carried out. This is being carried out from a phenomenological perspective. The project is supervised by Dr. Jean Quigley. I would like to acknowledge the help of the Irish Kidney Association and the Irish Cancer Society in carrying out this project. This study is funded by the Irish Research Council for the Humanities and the Social Sciences.

### **Mr Tom O'Brien**

Principal Psychologist - Eve Limited  
✉ tobrien@eve.ie

Tom O'Brien is the Principal Psychologist with EVE Limited, a major provider of community-based vocational and psychosocial rehabilitation services to adults who experience mental health difficulties. EVE is a wholly owned subsidiary of the Health Service Executive. He is a Registered Psychologist and a Registered Family (Systemic) Therapist and has worked in a variety of capacities in the disability sector. Tom has presented on mental health-related matters at a number of national and international conferences and has published in the area. He teaches on post-graduate Rehabilitation programmes and has a particular interest in the topic of recovery from mental health difficulties.

A major recovery research project entitled 'Understanding Recovery in Context' is being led by EVE, under his direction and is being supported by the Health Service Executive; The School of Psychology, University College Dublin and the Irish Advocacy Network.

### **Mr Kevin O'Shanahan**

Musician in Residence - Waterford Healing Arts Trust  
✉ WHAT@maila.hse.ie

I am a musician whose goal is to facilitate music making with others in a way that inspires creativity and draws on the strengths of participants to make music together in an enjoyable and informal manner. I have been performing/recording music in a professional capacity since 1994 and I have received a number of awards from the Arts Council for collaborative work with artists from other disciplines.

My academic qualifications include a Degree in Business Studies. In 2001 I graduated with a Diploma in Psychiatric Nursing, and was awarded the Dr. H.H Steward prize by The National University of Ireland for outstanding academic results. I have seen in my work as a psychiatric nurse the therapeutic role music and the arts can play in the provision of quality holistic health care.

I am currently Musician in residence with Waterford Healing Arts Trust (WHAT), an arts programme based in Waterford Regional Hospital. In this role I am facilitating participatory music making sessions in acute and community mental health settings. This residency will be evaluated based on the response of clients and musicians involved. In 2006, I participated in a European Music in Hospitals exchange project with WHAT and partner organisations from Manchester and France. In May 2007, I participated in a pilot study to investigate the possibility of developing partnerships in Uganda in developing the role of music and art in hospitals.

I am committed to facilitating access to music for individuals and groups who may have experienced emotional difficulties and social exclusion. I believe music and the arts should be considered as an integral means of enhancing the therapeutic environment, and not as a luxury, available on an ad hoc basis.

### **Mr Keith Oulton**

Clinical Manager - Peer Counselling Service - Irish Wheelchair Association  
✉ keith.oulton@iwa.ie

I trained as a psychologist and family therapist and have been working in the disability sector since 1991. I joined the Irish Wheelchair Association in 2001 to manage the peer counselling service, This is an innovative service that provides emotional supports/counselling to people with disability by other trained people with disability. Since 2000 my work has been greatly influenced by the training I did in narrative therapy and community work with Michael White in the Dulwich Centre, Australia. This training has transformed my way of working and In addition to working with the Irish Wheelchair Association I jointly run a training company that offers training in Narrative therapy practice. We have trained a significant number of psychologists, social workers, therapists and community workers in this way of working.

### **Ms Maeve Proctor**

✉ kakie\_celala@yahoo.co.uk

I gained my BA in Psychology from Trinity College Dublin in 2003. I have recently completed my MSc in Applied Psychology at the University of Ulster, Jordanstown. I have held a number of positions working with disability groups. This has included care work with individuals with learning disabilities and the elderly. I spent a year as a teacher working with a class of teenagers with severe and profound learning disabilities. I have also worked as a rehabilitation training officer on a programme for those who have experienced brain injuries. I then spent over a year working on a home care team in a community adult mental health service. Recently

I have worked in a research capacity on the National Stroke Audit with the Royal College of Surgeons in Ireland.

### **Ms Denise Proudfoot**

Lecturer – Dublin City University  
✉ denise.proudfoot@dcu.ie

I am a dual qualified (RPN/RGN) nurse with several years' experience in the areas of mental health, sexual health promotion and HIV/AIDS. Much of my clinical experience has been within the NHS in London. During my time in London I held a variety of positions which included sexual health advisor, nurse manager in a high support addictions clinic, CNS in HIV/Mental health. I was awarded a MSc in Health promotion/Health Education from Kings College, London University in 1998.

Currently I am employed in DCU as a nurse lecturer and teach on a variety of programmes within the school. My research interests are in the areas of nurse education, HIV/AIDS, women's health and health/ mental health promotion. I am due to commence doctorate in Health programme at Bath University in September.

### **Ms Marie Reidy**

Language Support Teacher  
✉ reidymarie@hotmail.com

I was raised in the USA and my international experience began when I spent two years in boarding school in Ireland at age eleven. My undergraduate work was done at the University of Notre Dame (BA in Modern Languages and a Secondary School Teaching Certificate). My Junior Year was spent in Angers, France. After graduation I received a French Government Teaching Assistanceship and returned to France for another two years, teaching at French secondary schools and at a private Language School. Upon my return I completed an MA in Applied Linguistics/TESOL at the University of Illinois Chicago-Circle. For the last twenty years I have taught English as an Additional Language in both public and private schools to all age groups in Ireland, France and the USA. I am currently teaching EAL at Scoil Naomh Brid in Celbridge.

### **Mr Martin Rogan**

*National Mental Health Directorate*

I have worked in the Health Services for the past twenty four years. I qualified in Psychiatric Nursing at St Loman's Hospital before studying General Nursing at Waterford Regional Hospital. I spent much of my career in Community Psychiatry and as a Nurse Manager and Nurse Teacher. I have spent 5 years working in the Voluntary sector with the National voluntary group, Mental Health Ireland, first as a Development Officer and later as Deputy CEO. I returned to the then South Western Area Health Board's Planning & Development Department as Director for Mental Health & Addiction and later became Assistant Chief Executive Officer. As Assistant National Director with responsibility for Mental Health, I play a central role in strategy, service planning & development, policy formation, service quality and monitoring. I also provide the executive support to the HSE's Expert Advisory Group for Mental Health. I led the HSE Mental Health Act Implementation Project and Co-chair the Vision for Change Implementation Group.

### **Dr Eamon Shanley**

Lecturer (Nursing, Midwifery & Health Systems) - University College Dublin  
✉ eamon.shanley@ucd.ie

I have worked in the university sector for over 20 years including five years as Professor of Mental Health Nursing in a jointly funded post in Western Australia. I played a lead role in managing change and introduced clinical innovations in the health services and advanced research and education. My main research areas are mental health service delivery in particular the development and evaluation of mental health nursing practice and older people's service delivery. I am currently lecturing in Mental Health Nursing, University College Dublin. I have produced 4 books and over 50 papers.

### **Mrs Jennie Synnott**

Staff Nurse – West Cork Mental Health Services  
✉ jesynnott@eircom.net

I'm a psychiatric nurse who has spent the last six years working in New Zealand as a Rehabilitation Specialist. The service provided by Health Waikato encompassed people with Severe Enduring Mental Illness and people within the Forensic Service. My background prior to this includes Psychosocial Training with both Kings College London and Southampton University. I have worked internationally for many years and am now working for West Cork Mental Health Services.

### **The Organisational Process Research Group**

Affiliated to the School of Nursing – Dublin City University  
Contact: Sabina Stan  
✉ sabina.stan@dcu.ie

The Organisational Process Research Group in the School of Nursing at DCU started its activity at the beginning of 2007. The group reunites faculty with various backgrounds (general, paediatric and intellectual disability nursing, but also social sciences). The majority of its members have an established experience in nursing practice and teaching, while another of the members has a strong research experience in social science research dealing with health care systems. Besides their varied previous research interests (nurse education and communication processes, children's health, health care policies and governance), the group shares a newly developed interest in approaching processes in the health care sector, and especially those affecting nursing work, from a broad and dynamic organisational perspective. Its first project will be presented here in a work-in-progress format, and will try to interrogate the continuous salience of hospital acquired infections in Irish hospitals.

Current members of the group include: Siobhan MacDermott, Colleen O'Neil, Mary Clynes, Nora Kilcullen, Stephanie Lawrence, Sara Raftery, and Sabina Stan

### **Ms Teresa Tuohy**

Strategic Development Coordinator - Sli Eile Housing Association  
✉ teresagtuohy@yahoo.ie

I am a psychiatric nurse and have a Masters in Counselling Psychology. I have worked in the area of mental health in the UK and in Ireland, in a variety of community and in-patient settings, including primary care, continuing care and elderly care. I am also a qualified nurse lecturer with extensive experience in teaching at both undergraduate and postgraduate levels.

Currently I am employed as Strategic Development Co-ordinator, with Sli Eile Housing Association, facilitating the development of an innovative social housing project, where people are supported in recovering their mental health.

### **Mr Jim Walsh**

Lecturer - Dublin City University  
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Jim used mental health services for approximately 14 years. During that time he became actively involved in various mental health initiatives set up with the specific aim to improve the status of people experiencing psychological and emotional distress within mental health care systems. He was employed by a health trust in Northern Ireland for approximately 4 years; first as a Day Care Worker and later taking on the role as the Mental Health Alliance Coordinator (the Mental Health Alliance is a collaborative initiative made up of mental health service users, carers and professionals. It was established to develop services in partnership). He is involved in several local, national and international user and carer initiatives – the Irish Advocacy Network, the Institute for Mental Health Recovery and the International Network of Treatment Alternatives for Recovery (INTAR, <http://www.intar.org/>). He now works as a lecturer in mental health at the School of Nursing, Dublin City University.

### **Ms Emer Ward**

Lecturer - Dublin City University  
✉ emer.ward@dcu.ie

I am a nurse lecturer in DCU, with extensive experience in general and paediatric nursing practice and education. My particular interests are the art of nursing, teaching and learning using stories and poetry. I have also had some short stories and poetry published. Other interests include reflection, sociology, communication, death and bereavement, personal development and stress management. My clinical area of interest is in tissue viability and wound care, having won awards for this nationally and from the European Wound Care Association (EWCA) for literature reviewed and documentation devised. I was a founder member and chair of the first Wound Care Management Committee on the island of Ireland. I am currently undertaking an MSc in Education and Training Management, E-Learning Strand, in DCU, incorporating e-learning into my areas of interest.

### **Prof Tony Warne**

Professor in Mental Health Care - Institute of Health and Social Care Research,  
University of Salford  
✉ a.r.warne@salford.ac.uk

I started working in mental health care in 1975. Over the next 20 years I gained extensive experience in nursing and service management, working in a variety of different specialist mental health service environments and contexts. I left the NHS in 1995 to join Manchester Metropolitan University, Department of Health Care Studies as a teacher and researcher. In 2006, I was appointed Professor in Mental Health Care at University of Salford.

The focus for my research interest is on inter-personal, intra-personal and extra-personal relationships. My research has centred around exploring the impact of such relationships on nursing practice, policy, organisation and education using psychodynamic and managerialist analytical discourses. Much of my research has involved mental health nursing, although I have also worked in other areas of nursing and health care. I am keen to further develop my work in exploring the use of rhetorical narratives as these are used as organisational defence mechanisms.

I am a Clinical Associate for the Healthcare Commission and have been a Magistrate for 13 years, with a special interest in the mentally disordered offender. I have published extensively and I am the Co-Editor and author of the book Using Patient Experience in Nurse Education.

## **Dr Margaret Webb**

✉ mwebb@eve.ie

Dr. Margaret Webb is the General Manager of E.V.E. Limited and is a registered Psychologist with the Psychological Society of Ireland. Since graduating, she has worked exclusively in rehabilitation, initially with the National Rehabilitation Board and then with Rehab as a Psychologist. In 1991, she joined E.V.E. as a Senior Psychologist and became General Manager in 1997. Her research interests have focused on the area of Quality of Life Assessment and Recovery in mental health services. She has pioneered the introduction of the Clubhouse model of service in Ireland and serves on a variety of statutory and non-statutory fora promoting the development of recovery-oriented programmes and practices. She was a member of the advisory subgroups who assisted in the development of the national mental health policy document, A Vision for Change (2006).

## **Women Together Network**

'The Mission of WTN is to create an empowering, holistic inclusive environment which promotes equality and respect for women with mental health difficulties.'

The Women Together Network was formed in 2004 on the invitation of staff in Schizophrenia Ireland.

It was formed to help women with a diagnosis of Schizophrenia or related mental illness and that these women could be given a voice in this country .It gives support to who feel alone and isolated, for those women who joined and those who have yet to join. It reduces isolation and loneliness and is beneficial for good mental health, it gives the women more of a say in mental health Policy in the community, with the support of Schizophrenia Ireland.

There is a social side to it too, we chat during meals and free time at our meetings in Dublin and Limerick which are good weekend breaks away. There have been fears and tears and sweats, but no threats.

WTN gives access to information on our illness, around policy, research, drama and creative writing. We learn a lot from each other and from our facilitators. We learn that we are not bad. We are good, but it is our illness, which we never asked for nor deserve, that is bad. We have to accept it; if we rebel we are losers. Everyone is nice and friendly and extremely talented.

WTN is of women, for women, by women and with women with mental health difficulties.

## Organising Committee

The following people formed the organising committee for this event:

- Ms Briega Casey
- Ms Liz Hickey
- Ms Maureen Jubb-Shanley
- Mr John Keane
- Mr Richard Lakeman (Convenor)
- Mr Liam MacGabhann
- Ms Denise Proudfoot
- Ms Eimear Stewart (Conference Administrator)
- Mr Jim Walsh

## Sponsors

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*An Chomhairle Náisiúnta d'Fhorbairt  
Ghairmiúil an Altranaís agus  
an Chnáimhseachais*

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The picture of The Hill of Tara is reproduced with permission of Michael Slavin, author of "The Book of Tara" (1996, Wolfhound Press). This site was the ancient seat of the High Kings of Ireland and in Irish mythology was the dwelling place of the gods. The Irish name Teamhair na Rí literally means "Tara of the Kings".