

WORKSHOPS

Brian Langshaw- Day 1, Room 1, 11.30am

Welcome to the sorting office.

This workshop will explore the value and utility of current diagnostic labels used across mental health services today. Specific focus will be on the usefulness of these diagnoses and the impact upon treatments applied. Issues of stigma, insight, discrimination and prejudice will central to the workshop addressing the impact to the individual, family and friends. Personal, social and political challenges will be tabled inviting discussion and debate as to the way forward.

Brian Langshaw
MSc, BA (Hons), RMN.

Brian has over 26 years of involvement in mental health care provision from a variety of care settings, employing a wide range of therapeutic interventions.

Brian is actively involved in research at the Spectrum Centre, Lancaster University. He is currently working as a research therapist on national research trial funded by (NIHR) investigating the feasibility and outcome of implementing a Recovery Based CBT intervention with individuals with a diagnosis of bipolar affective disorder. He has recently completed work on two Randomized Controlled Trials (RCTs) as part of the Spectrum Centre, taking on the lead therapist role. The two studies principally focused on the exploring the acceptability and feasibility of a group psycho-education approach and implementing a time-limited CBT approach for anxiety problems with individuals with a diagnosis of bipolar affective disorder. Results from both studies are currently being reviewed, with publication of the results expected before the end of 2013.

Rachel Waddingham- Day 1, Room 2, 11.30am

'Don't Cage The Voices': Working with children and young people who hear voices

Abstract: Voice Collective is a London-wide project supporting children and young people who hear voices, see visions and have other unusual experiences. This workshop shares what they have learnt about developing peer support opportunities and creative ways of working with young people in distress. Participants will have the opportunity to explore ways of applying these ideas in the 'real world' in order to better support children and young people who are struggling to cope with the voices they hear. For more information on Voice Collective, please see: www.voicecollective.co.uk

Chris Tandy- Day 1, Room 3, 11.30am

Whose Evidence Base?

Using the wisdom of voice hearers to change Mental Health Practice

Mental health professionals constantly cite the need for evidenced based practice within mental health care, including voices and paranoia. The Hearing Voices movement worldwide over the past 26 years has helped voice hearers accept, understand and reclaim their lives. It could be argued that these positive outcomes constitute 'evidence based' successes for voice hearers' and are influential factors for personal recovery.

Despite the wealth of personal narratives and recovery stories worldwide from voice hearers many mental health professionals, voice hearers, family and friends continue to rely upon

professionally driven approaches. These include medical treatments as well as pinning faith upon psychological based approaches that have a limited and questionable evidence base to support them.

It will:

Identify the transformational process of utilising the HVN philosophy and pioneering approaches within shared training initiatives. In particular the significance of using peoples narratives to understand voices. Shared training initiatives include; The Maastricht interview for voices, voice profiling, coping strategies, co-facilitating HVN groups, trauma triad approach to help voice hearers

Highlight the impact and influence that this work has had upon re-writing curricula for nationally available accredited graduate and postgraduate training programmes.

Question and examine existing training initiatives available to mental health workers to understand and work with people who experience psychosis.

Chris is an Education and Practice Consultant with the training team at the Institute of Mental Health in Nottingham.

Chris, is a qualified mental health nurse with 30 years' experience. He has worked for many years alongside people who experience psychosis within community settings. Chris has specific interest in recovery orientated practice and social inclusion approaches. He has a MSc in Psychosocial Interventions, a PGCE teaching award and has wide ranging experience nationally teaching mental health and social care training programmes. Over the past two years year Chris has developed strong ties with Pete Bullimore and his team at Sheffield and delivers joint training initiatives and helps to facilitate the Sheffield Hearing Voices group.

Olga Runciman, Day 1, Room 4, 11.30am

“Postpsychiatry, Mental Distress and the Chemical Solution”

My workshop will be based on my thesis of the same title where I investigate the subjective experience of taking psychiatric drugs as someone who has been labeled schizophrenic, contra what psychiatry says they experience. I have focused on seven qualitative interviews spanning those positive towards the drugs to those who no longer take them and I have done this from the perspective of contributing to the development of postpsychiatry, which naturally involves the HVN viewpoint. I will present what has come out of my investigation leaving time for discussion.

Olga Runciman is an international trainer and speaker as well as writer, campaigner and artist. She sees the hearing voices movement as post-psychiatric, working towards the recognition of human rights while offering hope, empowerment and access to making sense of one's experiences on an individual level. She has worked extensively with trauma and abuse, voice hearing and other sensory experiences, as well as healing and recovery.

She is a board member of the Danish Psychosocial Rehabilitation network and the Danish organisation for Users and Psychiatric Survivors. She is a co-founder and board member of the Danish Hearing Voices network.

In the everyday, Olga is a psychiatric nurse working in social psychiatry, a soon-to-be certified psychologist as well as a psychiatric survivor. She lives in Copenhagen with her partner and two cats, and when she has a spare minute you can usually find her out and about camera in hand photographing. She is also a voice hearer.

Dr Neil Gordon, Demis Cunningham and Andrea Milligan- Day 1, Room 1, 14.00

Working positively with people who have 'been given a personality disorder diagnosis': Moving beyond labels and focusing on meaningful helping relationships, exploring the contribution of the National Knowledge and Understanding Framework (KUF)

Themes to be covered in the workshop include:

- *Exploring the participants' understanding of the concept of personality disorder and their hopes and goals in attending the workshop*
- *Reflecting critically on the potential usefulness and limitations of diagnostic labels*
- *The importance of collaborative relationships, shared understandings and ensuring the service user is at the heart of design and programme delivery*
- *Understanding personality difficulties as relational phenomena rooted in past learning and experience and the importance of reflecting upon and making sense of interpersonal dynamics*
- *The goals and philosophy of the KUF including a brief a review of what has been achieved in the last 5 years and the new challenges ahead*

Dr Neil Gordon- works clinically as a *Psychotherapist and is a Senior Fellow at the IMH.*, Nottingham. He holds a *Professional Doctorate in Psychotherapy and is an advanced accredited Schema therapist and Supervisor* with the International Society of Schema Therapy (ISST). He also has Masters Degrees in *Organisation Development and Consultancy, & Advanced Mental Health Practice* which inform his clinical supervision and organisational consultancy inputs to a range of practitioners and forensic teams. In his current role as Senior Fellow & Academic Consultant to the Institute of Mental Health, he is Masters Programme Lead for the Leeds based National Personality Disorder, Knowledge and Understanding Framework (KUF) commissioned by the Department of Health and Ministry of Justice. Neil has published on a wide range of topics including: personality disorder, organisational change, mental health education and qualitative research. In 2010 he co authored a textbook on *Working positively with the challenges of personality disorder in a forensic setting: a practitioner perspective.*

Andrea Milligan-is the current lead for the KUF BSc programme at the IMH, she is an accredited DBT therapist and has extensive clinical experience in community and hospital based forensic settings. Andrea has a Masters Degree in Working with Personality Disorder and has led the development of the new prison and probation focussed KUF learning materials. She has published on the topic of workforce development and currently works clinically in the forensic personality therapy team in Nottingham. Andrea also provides supervision and DBT consultancy to teams working with the challenges of personality disorder in the community.

Demis Cunningham -is a Senior KUF trainer and has been involved in developing and piloting new training packages, he campaigns tirelessly to improve understanding of personality disorder and supports the service user led organisation *Emergence* in building awareness of the organisation and the range of work it does in different settings. He also volunteers with his local probation Trust and is currently working with *Emergence* to bring the insights gained from this work into developing a shared understanding of involvement and involvement strategy for probation sites in Yorks and Humber.

Claire Shaw- Day 1, Room 2, 14.00

Self-harm and survival: a non-medical approach to self-harm.

In this informal, participative workshop, Clare will draw from research, guidelines and personal experience. Participants will be encouraged to construct an individual understanding of self-harm; which can underpin empathic, holistic strategies for living and working with the issue.

Clare Shaw is a key figure in the UK self-harm survivor movement; and a renowned trainer, speaker and consultant on the issue of self-harm. Her work is grounded not only in academic and professional knowledge, but also in her own experiences. This combination of personal, professional and academic expertise, along with a deep personal passion and commitment for the issues she addresses, means that Clare's work has gained a national audience and influenced practice across the UK and beyond. www.clareshawconsultancy.co.uk

Larry Lee- Day 1, Room 3, 14.00

Before Psychotic Break: Recovery & Emancipation Model

Having completed a seven year study, I am interested in discussing recovery & emancipation model that is grounded in accounts of learners with learning difficulties & disabilities (LLDD).

Consisting of Enmeshment, Defensive Disability Language, Public Performances and Power Plays, workshop participants will go away with an understanding of what has been identified as Students' Variable Processing in learning & social environments.

Whilst specific discussion specific to LLDD, findings from study could have implications for work involving 'others' experiencing mental distress that is linked to labelling and stigmatisation.

Dr. Larry Lee is currently Head of Behavioural Assessment & Support Unit & Professional Counsellor at an Independent Specialist College near Borderlands. His research-based approach is grounded in what has been identified as Students' Variable Processing within learning & social environments. Using a narrative assessment linked to 'Broken-Person', there is quantifiable evidence of reductions in generalised anxiety and challenging behaviours of students referred to a programme consisting of Focus Groups, Behavioural Sports Therapy & Experiential Person-Centred Counselling.

Sue Walker- Day 1, Room 4, 14.00

Open Dialogue

Open Dialogue is the way of working in Western Lapland in Finland. It is their mental health service. Core characteristics of the Open Dialogue approach are responding immediately to a distressed individual and those who are close to them. Dialogue meetings are set up with the client and the family and social network take part in very regular meetings- daily at first and making sure all voices are definitely heard. The staff work in pairs and all decisions and plans are made in the presence of the client and their social network and with their full involvement. Medication is used sparingly and after considerable discussion and never immediately and hospital admissions are rare. At 2 years 85% of clients are in work or study which is an amazing statistic. This way of working has been practised for 20 years and is very well researched by Jaakko Seikkula and others and there is a great wealth of published articles about Open Dialogue available on the internet

Jaakko Seikkula spoke at a Soteria conference in Derby in Nov 2011 and I started learning more and obtained the film called Open Dialogue. This is a documentary made by an American psychotherapist called Dan Mackler and if you have not seen the film it is well worth it. We got our copy from the States but it is now available from PCCS books and there are clips on Youtube.

Who are Open Dialogue Nottingham?

Last October the film Open Dialogue made by Dan Mackler was shown in Nottingham. Since then a group of people have been meeting monthly to explore the ideas and principles raised in the film and how they can be put into practice locally. We are an informal group of interested individuals with a passion to get more dialogue into mental health services.

Kate Crawford- 16.00-16.30

Personal Narrative of lived experiences and mental health services

Kate started hearing voices aged four. She would see visions of a man and woman in period clothing and also a little girl but they never spoke.

After her mum died she was placed in children's homes. In later years she became homeless, she then met a man who she fell pregnant to. Kate now has four children.

Through abusive relationships and constant pressure from social services, she felt she couldn't take anymore and made a suicide attempt. She was admitted to a psychiatric hospital and given a diagnosis of post traumatic paranoid schizophrenia.

Phil Thomas- Day 2, Room 1, 9.30am

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

Learning Outcomes:

Familiarity with the basic theory underpinning narrative psychiatry

An understanding of the role of narrative psychiatry in clinical practice.

Through a simple exercise, understand the significance of engagement in different narrative forms for clinical practice with people who experience psychosis.

Philip Thomas worked as a full-time consultant psychiatrist in the NHS for over twenty years, and left clinical practice in 2004 to focus on writing and academic work. He has published over 100 scholarly papers mostly in peer-reviewed journals, latterly in philosophy and its relevance to madness and society. He has worked in alliance with survivors of psychiatry, service users and community groups, nationally and internationally. Until recently he was chair of Sharing Voices Bradford, a community development project working with Black and Minority Ethnic communities. He is a founder member and co-chair of the Critical Psychiatry Network.

Torsten Shaw- Day 2, Room 2, 9.30am

Bitter Pills – psychiatry, drugs and how to come off them

In this workshop we will consider:

- **The profound effects a drug based approach has had on mental health services and the broader cultural understandings of what it is to be ‘mad’**
- **How drugs are used in psychiatry**
- **Coming off psychiatric drugs (this will draw on recent work with a ‘coming off’ group)**
- **Our own experiences and understandings of using psychiatric drugs**
- **How we might ensure that support is available to everyone that wants to come off**

Torsten Shaw – Founding Director Making Waves

I became interested in psychiatry and ‘mental health’ as a teenager because of my experiences and those of people close to me. I soon came to realise that it promoted the view that ‘mental illness’ resulted from broken brains and genes or personal inadequacy rather than greedy and dysfunctional societies.

I first worked in day and residential services for people with ‘learning disabilities’. My frustration at these services led me to train as a social worker. However by the time I had finished the course I realised I did not want to be in a job with so much coercive power. So I worked in a number of small voluntary sector projects in ‘mental health’.

I joined Nottingham Advocacy Group in 1997, which I had understood to be a progressive peer run project but which in fact was both conservative and far to close to the local trust to provide any meaningful critique. This disappointment led me to set up a local peer run organisation and in 2003 Making Waves was born.

Hugh Middleton- Day 2, Room 3, 9.30am

The Classic Sick Role: History, Consequences and Alternatives

In this workshop I want to consider what it means to be “ill” from a sociological perspective. My starting point will be Talcott Parsons’ classic description of the sick role and I want to develop where it came from, what it is and means, and how it doesn’t work for what we call “mental illness”. It doesn’t work, either, for people with permanent physical disabilities, and it has taken the best part of a century for the Disability Rights Movement to have that fully recognised. What are the parallels here with the mental health services survivor movement, and what are the differences?

Hugh Middleton has been an NHS consultant psychiatrist in Nottinghamshire for nearly twenty years. He is also Associate Professor in the School of Sociology and Social Policy at the University of Nottingham, and Co-Chair of the Critical Psychiatry Network.

Redmond O’Hanlon- Day 2, Room 4, 9.30am

Psychiatry as art form: silence, listening and story-making

There is much evidence of a crisis of meaning in psychiatry, to which the rise of the CPN is a happy response. I think that one of the reasons for this is its lack of real creativity, so we might look at some of the reasons for this. For Jung, creativity is a primary human need, and in any creative therapy what, in my view, must be foregrounded is not the mere expression of suffering, but the symbolic transformation of raw experiences into registered life events. I would like to explore some ways in which psychiatrists might become more creative and poetic in their «reading» of patients, conceived not as problems to be solved or machines to be fixed, but as mysteries to be contemplated, and held deeply enough over time to allow them put together their narratives, which are often unspeakable horror stories. (Bion said that in the consulting room there should be two frightened people!)

I shall suggest that a psychiatrist will need to develop a very special quality of presence, and often of silence, and become increasingly poetic-musical in their listening if they are ever to create enough trust to allow patients to elaborate and play with other more creative and enabling stories than they started out with.

I come from a background in the humanities, with three graduate degrees in Psychology, Literature and Philosophy, from universities in Ireland, England and France. I did a mod. lit. D.Phil at Oxford. I've been doing a lot of work on personality disorders and on the transformation of depression through poetry and fiction. I gave a few papers recently at international personality disorder conferences in which I argued for the necessity of certain arts therapies in the healing of traumatic memories in PTSD and Borderline PD.

I completed the first draft of my book on narrative a few months ago.

I recently moderated a panel session at the Columbia/King's College London conference on Narrative Medicine. Much of my long university teaching career in UC, Dublin, Oxford and the US was centred on the novel, narrative theory and autobiography. I even managed to get to a short list of five for an international fiction prize!

Mat Rawsthorne and Rachael Matharoo- Day 2, Room 1, 11.30am

Co-production in Training and Practice

Mat will be presenting with Rachael Matharoo who is a CAMHS Peer Support Worker for Rotherham, Doncaster and South Humber NHS Trust.

We will be looking at "Co-Production in training and practice". It will be an interactive, experiential workshop which will bring to life the principles of co-production and give participants an opportunity to gain skills and tools they can take away to enhance their own practice.

Steve Pearce- Day 2, Room 2, 11.30am

Belongingness: a missing part of psychiatric practice

The title of my talk is 'Belongingness: a missing part of psychiatric practice'. Abstract: Belongingness is a fundamental human need and motivation, and essential to mental wellbeing. Psychiatric practice ignores it. Along with empowerment, it forms the cornerstone of therapeutic community practice. In this workshop we will examine how the lessons of TCs in these areas can benefit the wider mental health system.

Dr Steve Pearce is a consultant psychiatrist in Oxford, specialising in personality disorder. He is president of the British and Irish Group for the Study of Personality Disorder and editor of the International Journal of Therapeutic Communities. He chairs the Community of Communities, a Royal College of Psychiatrists quality network of therapeutic communities.

Sally Bramley and Shaun Hunt- Day 2, Room 3, 11.30am

Work matters

This workshop will use lived experience to explore the meaning of work, challenge the assumption that people with mental health issues can't work and identify ways in which individuals can be supported to fulfill their vocational aspirations.

Shaun is an Employment Support Worker working for Sheffield Health and Social Care Trust within Vocational Services. Shaun also works at the Trust's Training Department as part of the RESPECT

team. His role is to recruit and co-ordinate volunteers to share their lived experience of using mental health services during staff training sessions.

Shaun has a long history of using mental health services himself and is passionate about using his own experiences in working with both staff and service users.

Sally is an Occupational Therapist with a lead role for vocational rehabilitation which provides support and paid work for mental health service users. Sally believes that peoples employment aspirations are best fulfilled by removing the barriers which exist between service users and service providers and combining the skills and expertise of both.

Steven Coles- Day 2, Room 4, 11.30am

Power Dynamics: Marginalised Voices, Strengthened Voices

The workshop will use theory, examples, exercises and debate to discuss the dynamics of power in mental health services. Power is central to understanding emotional distress and suffering, and the responses of mental health services. Power can restrict and be repressive, though all of us need power to live in the world. Within mental health services some voices dominate and others are quietened. The workshop will consider: what power is; how power is used in services; how some viewpoints marginalise alternative perspectives; and consider case material of how quietened voices could become louder.

Steven Coles is a Clinical Psychologist working in Adult Mental Health Services in Nottingham. He was co-editor of 'Madness Contested: Power and Practice' (PCCS Books, 2013) and a key contributor to the Division of Clinical Psychology's (DCP) position statement 'Classification of behaviour and experience in relation to functional psychiatric diagnoses: Time for a paradigm shift' (BPS, 2013). He recently became the DCP ethics representative.

Rex Haigh, Pauline Fair, Jan Lees, Fiona Lomas and Diana Whitehouse- Day 2, Room 1, 14.00pm

Relationships come first: an open group

Relationships with family, friends, self and others are demonstrated using the dynamic of a therapeutic community. As well as relationships with other individuals, this includes abstract ideas such as relationships with addictive substances, food, authority and self-destructiveness.

This will include the following themes: boundaries, containment, belongingness, attachment, inclusion, confrontation, support, challenge, medication, peer-help, avoidance, scapegoating, empowerment, transparency, openness, honesty, contracts, consequences, playfulness and reality-testing.

Rachel Waddingham- Day 2, Room 2, 14.00pm

'Don't Cage The Voices': Working with children and young people who hear voices

Abstract: Voice Collective is a London-wide project supporting children and young people who hear voices, see visions and have other unusual experiences. This workshop shares what they have learnt about developing peer support opportunities and creative ways of working with young people in distress. Participants will have the opportunity to explore ways of applying these ideas in the 'real world' in order to better support children and young people who are struggling to cope with the voices they hear. For more information on Voice Collective, please see: www.voicecollective.co.uk

Simon Mullins- Day 2, Room 3, 14.00pm

The Insect in the Room

The insect in the room: Using Kafka's story Metamorphosis to explore the origin and meanings of traumatic voices

'Gregor Samsa awoke from uneasy dreams to discover that he had been turned into a giant insect'. This is the first line of Kafka's powerful tale of a man transformed overnight without any explanation. He responds with dignity and learns to embrace his new identity. He loves climbing the walls of his room and for part of the story we see Gregor enjoying his new abilities with a genuine sense of acceptance and freedom. However this is overshadowed by the alienation he suffers at the hands of those around him. They see his insect form as verminous and lock him away. No-one including Gregor seeks to understand why this has happened to him. His family and wider community cannot accept what they don't understand. They see him as grotesque and a tragedy unfolds for Gregor.

When people who hear voices present to psychiatric services they are frequently diagnosed as schizophrenic and the voices are routinely seen as a symptom of a 'brain' disease. Like Gregor their 'back-story' is often ignored and there is no search for meaning or understanding. This response can lead to alienation from the person's narrative that holds the potential source of recovery. Childhood trauma is seen in many of the stories of people who hear voices. After being abused, children awake the next morning to an 'uneasy' reality but they are not turned overnight into 'schizophrenics' until they see a psychiatrist. In the workshop we will look at the evidence linking childhood trauma with 'voices' and other experiences described as psychotic. We will also explore Gregor's transformation and try to understand how one's thoughts and bodily experiences can become so disturbing that to survive we must believe that they belong to someone else.

Rufus May and Elisabeth Svanholmer, Day 2, Room 4, 14.00pm

'Understanding our sensitivity'

The ability to sense things strongly is often judged as a weakness (or seen as part of mental illness) but it can be seen as an ability that needs to be honoured.

The workshop would look at

- identifying our particular sensitivities
- ways to recognise and understand our past experiences in a positive light
- ways to look after our sensitivity and ourselves when we are overwhelmed
- ways to honour our sensitivity and its creative potential

Rufus May works as a psychologist in the NHS. He has been facilitating Hearing voice groups for 12 years. He is interested in training and facilitating dialogues that help people reconnect and grow after confusing and distressing life events. He also organises monthly Evolving Minds public meetings which look at different approaches to emotional wellbeing and living in what is often a mad world. His interest in creating healing community is originally rooted in his own experiences of confusion, psychiatry and recovery.

Elisabeth Svanholmer is a Danish Hearing Voices Network trainer and facilitator. She used psychiatric services for 7 years in her twenties and her recovery journey has inspired her to use her own experiences of learning to live with voices and other unusual experiences to help others. Her interests are in organising and facilitating creative and supportive spaces for people to dialogue about their experiences and learn from each other's wisdom and expertise.

Wendy Micklewright- 16-16.30pm

Question and Answer session on Telepathy

I am a 53 years old survivor of the mental health system.

**I am a voice hearer with no diagnosis.
I take no drugs legal or illegal.**

I have not visited a doctor in ages and I am not ill.

My sister is also a voice hearer, but she has not been so lucky.

I have hallucinated since childhood.

I believe the voices to be other people, I can chat to my voices without speaking out loud. I try to provide accurate information into the voices and I am very uncomfortable with some advice given to voice hearers in reality.

I attend a voice hearing group in Richmond Surrey, which I want to my MP to keep open.

The group has had a psychologist and an occupational therapist available at different time.