

Collected Abstracts

“Thinking Outside the Box - Developing Mental Health Services”

Slieve Russell Hotel, Co. Cavan

20th and 21st October 2005

Session A – Thursday 20 October 2005 at 11.30am-12.45pm

Workshop 1: Creative groupwork for managing depression and anxiety by Helen McCrarren, Social Worker, St. Davnett’s Hospital, Monaghan and Nicki Morphey, Occupational Therapist, Dept. of Psychiatry, Cavan General Hospital, Cavan.

This paper will outline a twelve week programme currently being run in the Cavan mental health service.

The programme has been jointly designed by a Social Worker and an Occupational Therapist.

The aim of the course is to teach a number of strategies/techniques/coping skills for clients to manage their depression/anxiety more effectively.

It provides a therapeutic environment where clients can discuss their illness.

Clients get support from their peers as they learn new skills and try out new behaviours.

It is intended that this paper will describe:

- the benefits of group work
- the value of co-facilitation using two disciplines
- the client group
- the screening and assessment procedures
- the programme content
- the outcome measures
- programme evaluations
- its place within the service
- the challenges
- where to from here

Workshop 2: The Caspar Project by Lelia Fitzsimons, Project manager; Christine Mullan, Research Officer; and Fiona Rollock, Project Worker; Voypic

There is evidence that looked after children and care leavers are at higher risk of developing mental health problems and have fewer protective factors compared to their

peers in the general population. Many research projects derive insight from carers (or other adults around the child) but few gather the direct perspectives of young people who are using these services. The Caspar project, however, seeks to fuse the two perspectives with a view to shaping future service provision in relation to social work in general, and mental health social work in particular.

The CASPAR Project is a research and developmental project which aims to achieve an evidence base regarding the emotional, psychological and mental health needs of Looked After Children and Care Leavers aged 12-25 (through a literature review and direct consultation with young people). Secondly, the project aims to outline the current response of social and healthcare services to this vulnerability in Northern Ireland. Since the project will focus on protective factors and support for young people, it will provide a useful indication of the interface between children's services, CAMHS (Child and Adolescent Mental Health Services) and Adult Mental Health provision.

The research will highlight examples of good practice alongside gaps in provision. Endorsed by the Eastern Health and Social Services Board, and informed by a group of professionals and practitioners, the project will use the research evidence base to influence change both legislatively and within organizations by developing a regional strategy for best practice.

There are two stages in the Caspar research. Firstly, there is direct consultation with young people and secondly consultation with field social workers, foster carers, residential workers and birth parents. By October 2005, the first stage (consultation with young people) will be complete and the workshop will serve as a discussion forum regarding the findings of the research so far.

Workshop 3: Staff training for working with adult survivors of sexual abuse by Deidre Kane, CMHT, Enniskillen

Childhood sexual abuse is one of the most difficult issues facing staff who work in the health and social services today. While there is greater awareness of the long-term impact of sexual abuse into adulthood many practitioners do not feel confident or competent in dealing with this issue. As a consequence adult survivors report that not all responses experienced by them have been appropriate or supportive either in hospital or community settings as in many instances there is a failure by professionals to fully understand the impact of sexual abuse and its aftermath.

In 1999 the findings of the Heather Report, commissioned by the Interagency Group on Adult Survivors of Sexual Abuse in the WHSSB area, recommended among other things, the need for provision of relevant training for staff at various levels within the voluntary and statutory sectors in their work with adult survivors.

This paper outlines the development and evaluation of a training programme designed initially for various staff groupings within the mental health sector and the response

received to this. It considers the literature on child sexual abuse, its impact and the link between childhood abuse and later mental health problems. It discusses the experiences of survivors within the mental health system and the trend towards medicalisation of social distress, particularly at times of hospitalisation. It focuses on the role social work has within this system, the challenges it faces and the responsibilities it has to be involved in improving the lives of adult survivors given its core values.

The learning gained from the project is explored with particular emphasis on partnership, the training process and issues of change and leadership discussing relevant theory and literature in these areas. The project's accomplishments and the important role that social work played within it provides motivation for the proactive involvement of social work in other similar areas of partnership work using their experience and expertise with vulnerable and marginalised groups.

Workshop 4: WRAP: From Maintenance to Recovery: The Challenges of the Recovery Approach for Mental Health Practice, Service Delivery and Future Innovation by Patsy Tams and Sonia Flanagan

Recovery in mental health is not a new phenomenon but it is beginning to emerge as an innovative development in the Irish Mental Health System. The concept of recovery and development of recovery orientated services and practices are well advanced in a considerable number of states in the US and in New Zealand (Allott and Logan than, 2003). In 2001, a training seminar on Wellness Recovery Action Planning (WRAP), was organised by the Mid-Western Health Board. The training was given by Mary Ellen Copeland, who developed the programme with other people who use services, from the USA in 1997. WRAP is a self-management recovery system designed to decrease symptoms, increase responsibility and improve the quality of life for people who experience psychiatric symptoms (Copeland, 2003).

This workshop presentation explores and highlights the importance of recovery as a paradigm shift from the maintenance model of mental health service delivery. In doing so, we will advocate the WRAP model as a practical approach to recovery within a mental health setting. We will outline the main principles of the model, how it is used and the main findings directly from the recovery group facilitated in our sector. These will address user defined outcomes. Future directions for the use of WRAP will be explored and will include the need for a systematic service user evaluation of the model. WRAP accords well with the value base, ethics and practice of social work. As such, it calls for the urgency of social workers to take the lead in promoting a model, which seeks to recognise and maximize the strengths of service users to recover from mental health difficulties and lead valuable lives in the wider community. The challenges for practice, service delivery and future innovation will be explored.

Workshop 5: ICT as a tool for mental health practitioners by Margaret Cullen, Armagh and Dungannon H&SS Trust

In 1996 following a Departmental report “Analysis of Business and information Requirements - Community Information Systems” the vision of PCIS (Person-centred Community Information System) was born. PCIS is a major change project within all community Trusts in Northern Ireland. Described as the biggest ICT development within Health and Social Services in the last decade, it aims to establish a single integrated health and social service record for all clients. Electronic records will be centred on the client as opposed to professional demarcated boundaries, involving a massive cultural shift along with business change projects to modernise, improve and develop service provision.

Procurement is now in its final stage and implementation planned for Jan/Feb. 2006. As one of the lead Trusts in this project Armagh and Dungannon with its Southern Board colleagues have been asked to pilot the mental health functionality for the whole Region. Thus, it is envisaged that 2006 will bring the implementation of both the core functionality of referral, registration, assessment and discharge and the additional requirements needed by our mental health Directorate.

Presentation Aims

- To raise awareness of PCIS, i.e. what it entails, its potential impact, the inherent skills development, and a particular focus on the Mental Health arena
- To provide a practical demonstration of the achievable vision/benefits
- Obtain feedback from practitioners and academics regarding potential issues, solutions and/or gaps.

The presentation would be an honest overview providing an opportunity for dialogue around solutions. It will also address two of the conference themes, i.e. (i) the impact on mental health social work of organisation change and (ii) survival skills for social workers.

Workshop 6: Lessons from psychoanalytic psychotherapy within two mental health services in Ireland by Paul Quinn, Social worker & psychotherapist, St Patricks Hospital, Dublin 8 and Claire Hawkes, Psychotherapist, Schizophrenia Ireland

Psychotherapy means literally, taking care of the psyche. There are many different types of psychotherapy. Psychoanalytic psychotherapy has particular characteristics that distinguish it from other therapies. What the technique of psychoanalysis aims to do is to go beyond what the client or patient (meaning the one who suffers) is already aware of

and reach towards the unconscious causes of their suffering. Psychoanalysis focuses on the subjectivity of the individual

In this paper we will attempt to give a brief outline of Freudian and Lacanian psychoanalysis. In particular we will look at the fundamental rules and concepts that inform this practice.

We will then explore its application in work undertaken with clients from both services . We will elaborate on the above and illustrate with examples from our clinical practice.

Session B – Thursday 20 October 2005 at 3.30pm-4.45pm

Workshop 7: Informing and enhancing professional mental health social work practice: A review of the potential role of service users with a diagnosis of personality disorder by Julia Warrener

The aim of this presentation is twofold; firstly to consider why the knowledge base of mental health social work appears limited in relation to personality disorder and secondly to suggest that extending dialogue with service users may inform and enhance both social work knowledge and practice in this area. Historical factors related to the construction of the disorder within psychiatry are considered, as possible reasons for the apparent absence within social work literature. Critiques of current definitions and classifications of personality disorder are also considered, as are the consequences of such a powerful and stigmatizing label. It is suggested that the factors which have contributed to the marginalization of personality disorder within both general mental health services and mental health social work, should act as a reason for action for social work, given the professions history and value base of challenging discrimination. Additional social policy and legislative drivers are also considered and it is suggested that mental health social work needs to extend its knowledge base and develop practice in the area of personality disorder. It is proposed that through dialogue which attempts to understand the lived experience of service users including their experience of mental health social work, shared understandings may be developed. A conclusion is drawn that through such a process mental health social work may develop its understanding of personality disorder and consequently develop practice in this area, with potentially enhanced outcomes for those service users who are so labelled.

Much of the literature used in this presentation is taken from the literature review for the authors current PhD research.

Workshop 8: Understanding Mental Illness: A Child's Perspective by Celine O' Connor, Adult Mental Health Social Worker, c/o Ballyfermot Mental Health Centre, Upper Ballyfermot Road, Dublin 10 and Aisling Coffey, Adult Mental Health Social Worker, C/O St Columba's, Armagh Road, Crumlin, Dublin 12

One of the least documented effects of community psychiatry is the impact and the experiences parental mental illness can have on a child's life.

Having a parent with a mental illness can place a child at a disadvantage in many areas. The child has a higher risk of inheriting mental illness, may be exposed to upsetting experiences, disruption in care and separation from the ill parent. Furthermore many of these children take on caring tasks and in effect, parent their parent. The literature tells us that these children are generally ignored by the adult mental health services, except in instances of suspected abuse. It is apparent however from the limited studies in this area that these children have unfulfilled needs in the area of information, support and guidance.

To address some of the above needs, a programme was developed by Claidhe Mor, a community family centre and Vicki Somers, based on research carried out by the latter.

This programme covers the following areas and is based on a step-by-step workbook:

- How children experience and understand mental illness in their family.
- How they view the adult mental health service.
- It seeks to uncover any unmet needs of the children and takes measures to address these needs.
- It offers peer support
- Enhancement of coping skills..

In the workshop:

- We will present the results of our programme with the children.
- We hope to draw our colleagues' attention to the needs of children with a mentally ill parent, especially their need for accurate information on mental illness.
- We would hope to generate debate on the place for such programmes in light of the move towards more holistic and inclusive approach to service users their families and carer's (who can often be children).
- The group's programme, aims, issues, benefits and limitations will be discussed

This workshop aims to be a useful description of innovative practice in mental health social work. It encompasses many of the key conference themes such as the issues around service users and carers, social work identity, alternative therapies and most importantly survival skills for social workers, bringing the fun back in!

Workshop 9: The dynamics of attachment in adult life: an account of a research project by Dr Una McCluskey, Senior Lecturer in Social Work, University of York

This workshop presents the results of an ongoing research project into the process of affect regulation and dysregulation, crucial for addressing what is happening at the core of the person.

Our earliest experiences of being met and meeting others is deeply embedded in our unconscious non-verbal cues and behavioural patterns. These patterns are automatically evoked in situations that arouse the dynamics of attachment (fear, fatigue and threat to life,) and often determine the inner sense of successful or unsuccessful relational meetings.

When therapist and client meet, each bring their own attachment experiences into the interaction. Often enough these match well, and the care-giving activities of the therapist are successful in meeting the care-seeking impulses in the client. However we often encounter moments when the efforts of client and therapist to meet fails. These failures can be seen in the vitality affects of both parties.

In this workshop, Dr Una McCluskey will present extended attachment theory as developed by Dr Dorothy Heard and Dr Brian Lake. In addition to care-seeking and care-giving, . extended attachment theory introduces four further biologically based motivational systems, interest sharing, sexuality, self-defence and the personally created external supportive environment. These systems interact as one process to maintain the maximum degree of well being for the individual.

Una McCluskey has identified patterns of interaction associated with effective and ineffective care-giving. Through analysis of video material she has identified five typical care-seeking styles and five typical care-giving responses, which together form patterns of interaction, which are clearly associated with discrete vitality affects. Participants in this workshop will get to hear about the research, see video images of individual interaction depicting the different patterns of interaction, and have time to discuss the arousal of the different motivational systems and the implications for therapeutic work with individuals, couples and groups

Workshop 10: The development and operation of the North and West Belfast Trauma Resource Centre: Thinking outside a traditional statutory mental health service by Bernie Kelly, Manager/Social worker; Mary Corry, Therapist; Geraldine Magee, Occupational therapist; Denise McHugh, Therapist; Geordie McRobert, Therapist; Anne MacSherry, Physiotherapist; and Martin Dorahy, Clinical Psychologist

The religious, cultural and social divisions which characterised Northern Ireland prior to the late 1960s, manifest after this time in civil and sectarian violence. What escalated

rapidly to unpredictable widespread violence lead into a protracted period of “low intensity urban guerrilla warfare” (Muldoon, 2004). Whilst remaining somewhat precarious, the installation of a greater sense of certainty regarding a peace future for Northern Ireland has been facilitated by political accords such as the Good Friday Agreement. In light of such developments, attention has been shifted from violence itself and onto its psychological cost. Communities in North and West Belfast have bore the brunt of the last 30 years of violence with troubles-related death and injury being higher than in any other area of Northern Ireland (Fay, Morrissey & Smyth, 1997). Yet, absence from the service provision in North and West Belfast was a mental health resource offering dedicated treatment for those traumatised by the Troubles. After several years of negotiating, planning and fostering links between the statutory and voluntary services, the North and West Belfast HSS Trust in conjunction with a 3 year funding grant from the Belfast Regeneration Office established the Trauma Resource Centre. As well as being the first statutory service of its kind in the area, it is also unique in that 1) it operates from a community model where voluntary agencies have the same referring rights as those from the statutory sector, and 2) it operates as a true multidisciplinary team, with physical, occupational and psychological therapies being offered. This paper outlines the development of the service and its operation since the team came together in February 2005. This paper directly addresses the conference themes by presenting the development of a mental service that operates considerably differently to other statutory and voluntary services in Northern Ireland.

Workshop 11: An evaluation of the impact of using a Wellness Recovery Action Plan (WRAP) in a group context on the quality of life of participants by Mary Kelleher and Lorna Loftus, Cluain Mhuire Family Centre in Blackrock, Co.Dublin. Cluain Mhuire provides a community mental health service to a catchment area population of approximately 172,000 people aged 16 years upwards.

Mary Ellen Copeland’s Wellness Recovery Action Plan (WRAP) has been widely used in the USA and the UK for some time, and more recently, elements of it have been incorporated into the practice of many Irish mental health social workers. We were interested in using WRAP in a group context, and evaluating the impact on service user’s quality of life.

The study comprises three 12 week group programmes based on Mary Ellen Copeland’s WRAP material. A WRAP is a document drawn up by a mental health service user based on the key recovery concepts of hope, personal responsibility, self-advocacy, education and support.

The study commenced in March 2005 and will run over a two year period. It will provide a longitudinal study of participant’s views of the usefulness of this approach and the impact on their quality of life. Each group will be asked to complete eight questionnaires over twelve months, including a World Health Organisation, Quality of Life Measurement Tool (WHOQoL – BREF).

We invited service users whose mental health is stable and are interested in developing a more active role in their recovery and staying well. We have had six participants attending the first group, on a weekly basis for a two-hour session.

We are interested in presenting our study at the conference, either in a presentation format or at a workshop. The study will be running for eight months at the time of the conference and our second group programme should be completed. We would present our findings so far and a participant from the first group has agreed to provide feedback from the user's perspective.

Workshop 12: Compassion Fatigue, What is it, who is at risk and how can we prevent it? by Laura Thompson, Principal Social Worker in the North Tipperary Adult Mental Health Service based in Nenagh. Laura is a doctoral student at University College Dublin and is researching stress and burnout in mental health professionals.

Stress and burnout are familiar concepts to everyone as occupational hazards associated with most jobs. Recent research has highlighted a specialised type of stress and burnout known as compassion fatigue, that is specific to workers in the helping professions. Compassion fatigue is a form of "caregiver burnout" that is associated with being compassionate and empathic in order to establish and maintain therapeutic alliances with people who are in emotional distress. Related concepts include countertransference, secondary traumatic stress, and vicarious traumatisation.

This workshop will provide definitions and information on compassion fatigue as it relates to mental health social workers. We will look at risk factors and prevention strategies. Workshop participants will be invited to share personal, professional and organisational prevention strategies. We will explore the use of the multidisciplinary team as a possible support mechanism. Participants will have the opportunity to self assess risk of compassion fatigue through the application of the ProQOL-R III Professional Quality of Life (Compassion Satisfaction and Fatigue Subscales - Revision III).

Session C – Friday 21 October 2005 at 11.15am-12.30pm

Workshop 13: Detaining voluntary patients in psychiatric hospital. An examination of the use of holding powers in Northern Ireland hospitals by Dr Roger Manktelow, University of Ulster at Magee

Article 7 (2) of the Mental Health (Northern Ireland) Order 1986 provides the power to detain patients who have entered hospital voluntarily. Individuals who have entered hospital voluntarily (including general hospital) may be held for a period of up to seventy

two hours against their will when it is felt that an application for assessment (compulsory admission) is required. This procedure is undertaken by the completion of what is known as a Form Five by a medical officer. Such scenarios might occur when a patient has been aggressive or threatened aggression to staff or self, when a patient is not willing to remain in hospital or when a patient refuses prescribed medication.

An analysis of the Annual Reports of the Mental Health Commission which contain information on the use of compulsory admission powers reveals that these holding powers are employed surprisingly frequently. For example, for the period April 2003 - 2004, there were 1498 patients who were compulsorily admitted to hospital. However, 45% of this total consisted of 657 individuals who had entered hospital voluntarily but who were subsequently held for a period of seventy-two hours whilst an application for assessment was completed.

The author seeks to investigate the possible explanations as to why the detention of voluntary patients in psychiatric hospitals is such a frequent occurrence. Specific areas of interest are the extent to which approved social workers might be involved in the use of such procedures and in what circumstances such powers might be employed. It may well be necessary to revise the prevailing view of applications for admissions for assessment as taking place in the community. Furthermore, the training of approved social workers may need to consider the special skills required to undertake assessments in hospital rather than community.

This paper relates to the conference themes of evidence-based practice and the impact on mental health social work of legislative and organisational change.

Workshop 14: The application of Cognitive Behavioural Therapy in Mental Health Social Work Practice by Sean Quinn, Mental Health Department, Daisy Hill Hospital, Newry

For the purpose of the conference submission I would propose to examine the application of Cognitive Behavioural Therapy in Mental Health Social Work Practice. I feel it relates well to all the conference themes, ie service user and carers perspective, it is well evidence based, the social work role is well identified within mental health team, it meets legislative and policy guidelines, social work skills and practice is enhanced and rejuvenated, there is evidence to reflect recovery for clients and it stands as a complementary alternative therapeutic intervention in current Mental Health Practice.

The concept of problem definition, assessment and potential resolution is at the heart of the social work process and translates across the programmes of care. Traditionally in both pre and post qualifying training the social work profession has sought to understand and apply an eclectic range of psychotherapeutic interventions. While this has been successful, the advent of evidence based practice dictates that professionally qualified social workers must be experts in their own right and offer highly skilled researched based interventions. Since obtaining the advanced diploma in Cognitive Behavioural

Therapy I have been able to push beyond the detail of my original practice and to effectively use Cognitive Behavioural Therapy in care management.

The outline of the proposal is as follows:-

1. A brief history of the development of Cognitive Behavioural Therapy.
2. A rationale for the application of Cognitive Behavioural Therapy within Mental Health Practice.
3. Mapping the CBT process, ie problem definition, goal setting, application of a treatment model, validated questionnaires and evidence based measurement scales. Relapse prevention and aftercare.
4. A case study to illustrate the effectiveness of treatment.
5. Implications for Social Work Training.

Workshop 15: Kildare West Wicklow Schizophrenia Family Education Programme by Frank Browne, Principal Social Worker, St Lomans Hospital, Palmerstown, Dublin 20

The Kildare West Wicklow Schizophrenia Family Education programme was put together by a fully multidisciplinary working committee 2003/4.

Working groups were established to review relevant literature and material, to agree areas to be included in the programme and to place in 6 separate sections as preparation for the planned 6 evening programme.

Three research instruments were used to review the outcomes and the programme's effectiveness. These related to 1. Knowledge of schizophrenia. 2. Burden of caring. 3. Mental health of Carer.

I will refer in detail to the programme I facilitated and the research undertaken with those carers, commenting on improvements achieved in 1 and 2 research assessment tools.

The workshop will refer to the micro issues around preparation such as the 2 day group skills training for interested staff in addition to the programme, the support achieved from the professionals in the mental health service as a whole and in particular the consultants who agreed to completing referrals for individual families confirming diagnosis of the carers' relative and ensuring the diagnosis was explained in advance.

The programme has operated in each of Kildare West Wicklow's 5 sectors at least once and the proposed workshop would be able to demonstrate the process, method and outcome of our programme which has had much positive feedback. The aim of the workshop would be to motivate other practitioners to undertake such a programme and provide the means to do so.

Workshop 16: Understanding Mental Distress through Critical Reflection, Issues for Social Work Education by Lydia Sapouna, Lecturer, Department of Applied Social Studies, University College Cork

This paper will explore how critical reflectivity can facilitate student and professional social workers to develop a better understanding of mental distress and actively seek to change the exclusion experienced by people with mental health problems. The discussion is focused on the challenges I encounter as a social work educator when considering and reviewing the aims of my teaching in the area of mental health.

The opportunity, nine years ago, to develop a course on mental health social work was an exciting prospect, as it provided a platform to debate a neglected area of social care in Ireland. However, I found that designing a course on such a crucial but neglected topic was far from a straightforward task. An initial preoccupation with the 'perfect curriculum' was soon replaced with a concern about the validity of 'acceptable knowledge'. The prevailing top down construction of 'acceptable knowledge' has historically led to the exclusion of mentally ill people and the devaluation of other ways of knowing, such as developing knowledge based on their own experiences. If social work education is to contribute to changing the place of mental distress in the social world, it cannot be based on a similar model of knowledge production and application. A central argument in this discussion will be that a search for certainty and truth has led to technical/ procedural approaches of knowing and practising in social work, which overlook the ambiguity and painful complexities of human life. This may ultimately lead to further marginalisation of mental distress.

Social work education has to promote debates for an understanding of the experience, as well as the 'making of', mental distress. A critical reflective framework was found a useful tool to facilitate such a debate by focusing not only on what we know, but also on how we know and by challenging domination at the multiple levels of external structures, social relations and personal constructions (Fook, 2002). Applying this approach in the area of mental health may enable course participants to:

- consider the barriers of communication between 'sanity' and 'insanity' by linking students' own experiences with the experience of mental distress;
- examine and challenge how we construct the meaning of mentally ill health; and
- critically explore and challenge the power relations implicit in all stances (personal, social, structural) towards mental health.

This discussion will not provide a neat instrumental application of critical reflection in the classroom. It will be rather an exploration of the 'sense-making' process of mental health issues within social work education and the role of critical reflection in this process.

Workshop 17: 'Experts by experience' by Magdalene O'Reilly, Catherine McGrogan and Maeve Mills

As reluctant 'experts by experience' in the field of mental health, we are survivors of a system which is not really working. The revolving door syndrome of hospital readmissions or lifelong drug dependency and personal loss of self worth and dignity as well as the growth of suicide attest to this. There is an urgent need to re- think and radically change much of what is currently being offered as therapeutic treatment.

Service users (and the term is not flattering but stigmatising) need to be listened to and respected as partners and participants in the growth of a better response to the 'crisis' of mental health. Together we can shape a future which will allow for the development of a more holistic and person centred response to a growing social need. People who 'come in to the system' should not leave it 'scarred', stigmatised and drug dependent. They need to be listened to with respect, given time to explore what has triggered their 'crisis' and what lies deep within their life history . It is no answer to be handed a prescription and given a diagnosis and told that you have a 'severe and enduring' illness, which is likely to recur... when what is really wrong is that you are 'heart sick' with the stuff that life has thrown at you. In many cases the current system disempowers, stigmatises and renders the 'sufferer' more unfit for life than they were before coming for help. People who feel defeated by life need to be respectfully and gently nurtured back to feeling confident and worthwhile; they need life-giving therapeutic experiences not incarceration in hospitals, and certainly not enforced detention without trial and the attendant public humiliation. Old ways like these have no place in a civilised modern society.

There are better ways. Self-help groups, therapies including art and drama, writing, relaxation, yoga, swimming, etc. Peer advocacy is a vital component in future strategies and is already working effectively in places in Ireland and Britain. Crisis outreach teams and houses need to replace institutionalised responses. There is so much we can do. We are enthusiastic, energetic and capable. Please do not dismiss us. Together we can make it happen!

Workshop 18: PROSPECT – New Approaches to working with people with Mental Health difficulties, their Families and Health and Social care Professional by Susan Mc Feely (Schizophrenia Ireland), Susan Kirkwood, (EUFAMI) Maria Moniz (AEIPS, Portugal), Pat Bracken (Royal College of Psychiatrists, UK), Brigitta Margusson (Sahlgrenska, Sweden).

In this paper I aim to introduce Prospect a new and innovative training programme focusing on Recovery for both people with self-experience and their relatives and the issue of Citizenship for Health and social care professional .I will also outline its development and its planned implementation.

PROSPECT aims to develop and promote vocational training and education to open up and support new perspectives for social integration and employment of people with a

mental health difficulties and their family carers. The programme draws on best practice from within the EUFAMI partner organisations and its networks. In addition, it seeks to sensitise social and health care professionals to new approaches to working with people with mental health difficulties

The European Federation of Family Associations of People with Mental Illness (EUFAMI) represents voluntary organisations throughout Europe who seek to promote the interests and well-being of people with a mental illness, their family and carers.

This paper outlines a new and innovative training initiative devised by EUFAMI. It brings together the work of 14 EUFAMI partner organisations from across Europe, and three specialised agencies in the field of training, psycho-social integration and psychiatric rehabilitation. The programme contains three strands for different target groups: those with self-experience of mental illness; their family and carers, and health and social care professionals.