



The College of Psychiatry of Ireland  
Coláiste Síciatrachta na hÉireann

## The College of Psychiatry of Ireland

### Press Statement and Report - 17<sup>th</sup> April 2012

#### **“Recovering a life not just recovering from an illness” key message at Social Psychiatry Conference**

The recent Spring Conference of the College of Psychiatry of Ireland held in Galway focussed on the theme of Social Psychiatry and Recovery with guest international and national speakers. Through plenary sessions and workshops, almost 400 delegates spent the two days being informed of recent developments in psychiatry and discussing how practice of psychiatry can be improved in order to facilitate those who use the service, achieving recovery, in the sense of living a fulfilling and satisfying life.

Addressing the conference Dr Anthony McCarthy, President of the College of Psychiatry, encouraged delegates *“to fight for sufficiently resourced multi-disciplinary teams across the Mental Health Service without which we so often do not, and will not, have the space and time to really engage with and listen to our patients in the manner they deserve.*

Continuing he said *“the complexity of the interaction we have with patients is sometimes misunderstood and /or portrayed in a negative light in the media and other forums. A perception or message is given that we focus only on the biological aspect of the person, only on the solution with a pill and not on the social, cultural and psychological aspects of the whole person.*

Dr McCarthy outlined the role of the Psychiatrist and of the multidisciplinary team as looking at the whole person, their individual problems and circumstances and to provide the most appropriate and effective help whether this is through psychological therapy, social support and intervention or medication.

Commenting on the theme of the conference Dr McCarthy said *“This conference gives us an opportunity to further reflect on our practice and what recovery means to patients, and how we can put improvements in place in our own services that truly aid recovery.*

*There are many aspects to recovery. Possibly the key starting point is the provision of real hope, that recovery can and does occur, and real listening to our patients’ perspectives and preferences. However, the vital social and psychological elements of our work can only be provided if we have the multidisciplinary personnel in our teams, and so often we do not, as well as appropriate and necessary biological treatments many of our patients require as part of their recovery, which we must be confident about asserting.*

*As psychiatrists, we have an expertise in psychotherapy and social factors in illness along with a knowledge and understanding of the importance of biological influences on behaviour and emotion, and the vital contribution of medical treatments for recovery. This two day conference serves to further integrate these different knowledge bases.”*

## Report

### Day 1

#### **Social Psychiatry - Is there any other kind? Neuroimaging & Research**

Professor Colm McDonald, who leads Neuroimaging Research at NUI Galway, addressed the impact of **social factors** on the anatomy and physiology of the brain. He reported on research findings which have clearly challenged the traditional dualistic thinking of brain as separate to mind. Delegates heard from Professor McDonald how *“research shows the effect on the brain of the interaction of both social risk factors and biological risk factors and the importance of looking at both. Because of progress with neuroimaging & research, brain abnormalities associated with social risk factors can be seen even in the absence of diagnosis”* He gave several examples of brain plasticity and how the brain can be changed by adjusting to environmental stimuli, psychotherapy and specific medications. His talk emphasised the importance for psychiatrists to understand the complex interactions within the brain, the role of social factors and psychotherapy in bringing about brain changes, and how any discussions around psychiatry need to ensure social factors are given sufficient weight when we are studying the biology of the brain.

**Are Current Principles of Mental Health Care still valid?** was addressed by Professor Norman Sartorius who has headed up the World Health Organisation’s programme in Epidemiology and Social Psychiatry for the last forty five years.

*“Trends show that less care is being given ‘invisibly’ now across many countries as the formation of communities has changed. The concept of health care in the community emerged in the ‘50s but the concept of ‘community’ back then does not match the reality of community today where we have smaller families, apartments blocks and so on.*

*Around 28% of households in London, UK are one person households. Cities in other societies show similar patterns of single dwelling households. We cannot ‘assume’ care will happen at home or in the community anymore as the caring potential of families is diminished”* Professor Sartorius explained.

**Challenging Current Paradigms,** Professor Sartorius informed delegates of up to date trends relevant to mental health care in the context of many different existing paradigms and how they can be addressed. He emphasised the need for a more caring, compassionate approach, which addresses the need to provide services in an equitable manner, to see health as a dimension rather than a state, and to provide the service individuals are looking for. Professor Sartorius criticised our current diagnostic manuals and procedures. People come to doctors not because they have five symptoms but because they are distressed. He spoke of the need for psychiatrists and GPs to work together and with other professionals, and the need to avoid fragmentation of medicine, which occurs in many specialties. There is a need to address the individual’s problems in the context of the individual and his life. He commented that in his work world wide, he had never seen services change by introducing mental health policy, they change by cultural change and individual and local initiatives. Professor Sartorius concluded by saying that *“the need for public health cannot exclusively be based on prevalence, demand or effective intervention alone”*.

#### **Recovering a Life with Mental Health Problems: A Social Model of Disability**

*“Recovering a life not recovering from a mental illness”* was the key message as to what Recovery means, given by Dr Rachel Perkins who outlined that personal recovery means that people want to lead fulfilling and satisfying lives. Dr Perkin is Chair of Equality 2025, the UK cross Government strategic advisory committee on issues related to disabled people. She spoke on the value of the

mental health arena adopting a social model of disability in enabling people with mental health conditions to rebuild their lives and participate as equal citizens.

*“Recovery is a personal journey of discovery”* she explained to delegates, *“discovering & using your own resources - where that journey needs hope, taking back control and an opportunity to participate and contribute”* Asking delegates *“What are the mental health equivalents of the wheelchair, the ramp, the automatic speech and hearing aids and where and what are the barriers and how do we break them down?”* Dr Perkins suggested that a social model of mental health services is needed where a shift from reducing symptoms to enabling people to rebuild their lives is paramount to Recovery.

To finish the plenary session of the day Professor Chris Williams, from the University of Glasgow, gave a participatory presentation instructing psychiatrists on the use of use Cognitive Behavioural Therapy in their day to day practice.

## Day 2

Dr Jed Boardman and Dr Mike Slade, both practising in London, and Dr Glenn Roberts from Devon, spoke on implementing Recovery in mental health services. Dr Boardman provided delegates with ten key challenges for organisational change to enable mental health services take a more Recovery oriented approach. Reiterating what previous speakers had outlined Dr Boardman explained that *“Recovery is a process which involves both clinical recovery and social recovery. Recovery is not a new method of treatment. It is a civil rights movement”*

Professor Mike Slade also addressed the definition of Recovery. In using the term in relation to an attitude within mental health services, we are not just talking about clinical recovery, or cure from an illness. Instead we are talking of Recovery in the sense that the person can lead a fulfilling, contributing and satisfying life. Personal recovery is about regaining a sense of personal identity. It is the role of the mental health services to facilitate this recovery.

He spoke about two types of experts needed on the Recovery process - the patient and the mental health professional, a values based expert and an evidence based expert and the final decision is left with the patient. *“Hope is an evidence based attitude Recovery involves living as well as possible - both clinical recovery and personal Recovery.”*

Dr Roberts explained Recovery as *“how to live well in the context of ongoing issues”* and spoke about how if psychiatrists want to change the mental health services then *“they need to challenge bad practice and implement good practice. A Recovery oriented psychiatrist would understand the difference between personal recovery and clinical recovery and examine how Recovery oriented practice can be applied in a service day to day.”*

Dr Roberts outlined steps that individual psychiatrists and the College of Psychiatry can take to further develop recovery focused service. He praised the ideals addressed in ‘A Vision for Change’ and finished his presentation by showing a video presentation of Devon recovery, a celebration of Recovery held in his local service.

Dr Ena Lavelle, a member of the College Faculty of Social & Rehabilitation Psychiatry, presented findings of a Mental Health Commission funded research on the impact of Rehabilitation services in Ireland, which she led. This study showed that individuals who had access to specialist rehabilitation services were eight times more likely to progress, in terms of work and accommodation, that those who were on a waiting list for such a service.

A number of workshops were also held, which gave delegates practical information on improving practice. Delegates reported finding the conference stimulating and informative.

Dr Anne Jeffers, Director of the College External Affairs & Policy commenting on the conference reported, *“This conference has enabled Psychiatrists to debate the many facets of our treatments as Psychiatrists, and as leaders of the mental health teams. The College of Psychiatry fully supports the introduction of Recovery focussed, community based services and we are happy to work with other groups in introducing this.*

*Essential to this introduction are well resourced community mental health teams and the introduction of specialist services, such as Rehabilitation services.*

*The College has repeatedly called for the introduction of a Mental Health Directorate, as outlined in ‘A Vision for Change’, which can ensure resources are allocated equitably, and the cultural change addressed at our conference can begin”.*

[For the Full Spring Conference 2012 programme please click here.](#)

#### **Photos attached**

Ends

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