Dear Colleagues,

Reading through this edition of Perspectives it struck me that the summer at ISPS UK has been seasoned with a real sense of growth and change. This involves us saying a fond farewell to some valued and valuable members of the committee, as well as welcoming in some new voices to add fresh ideas and inspiration into our work. Beyond the workings of the committee, this sense of movement can be found in each of this editions contributions. Anna, the mother of a son who has struggled with psychosis, shares a powerful and moving description of her changing relationship with ‘psychosis’. The feedback from our Open Dialogue event, and the latest POD training module, speaks to me of personal journeys and a real sense of excitement - and desire - for a more humane and collaborative mental health system. Yet change on this level requires a herculean effort and can, often, be hard to imagine outside of the relative safety of our conferences, networks and collaborations. How can we maintain our enthusiasm and passion for this as the summer fades?

“Yesterday I was clever, so I wanted to change the world. Today I am wise, so I am changing myself.” - Rumi

For me, this is about recognising that I can be humble in the changes that I’m trying to make. Open Dialogue, and many psychological and social approaches, require us to make real changes to our selves and the way we are in the world and in our relationships. This is my anchor, and this is what this issue has helped remind me of.

To conclude, I’m privileged to hand over to Vasilli for one final time - and extend our heartfelt thanks to his contributions as both a committee member and editor.

"I have been asked to write a couple of words as I am stepping down from the committee and the editorial group of our newsletter- -Perspectives. It feels like a decade ago since the moment that I was encouraged to be involved with ISPSUK by John Gale (thank you John!). During this time I have been privileged to meet so many committed, knowledgeable and passionate people that I have learned from and inspired by. I want to express my gratitude to all of you. Hope to meet more of you at our local and international events and continue the exchanges in our newsletter and email list.

I am hopeful that that values that ISPSUK is championing will continue to permeate and affect positive change in the field of psychosis.”

With best wishes, Rai Waddingham, on behalf of the editorial team.
The Media Response Team has had its first result: our response to a news item in June about the Care Quality Commission review of the care given to people in mental health crises was published in the Guardian Online. You can read it at http://www.theguardian.com/society/2015/jun/17/early-care-can-prevent-mental-health-crisis

The approach that seems to work is to make a simple point that sheds fresh light on a particular aspect of a relevant news story. If you see an item in the national news that you think an ISPS perspective can shed fresh light on, please get in touch with me or Ali.

This way we not only contribute to national debate but also start to get ISPS better known.

### ISPS Conferences—Save the dates!


2016. Autumn 2016, London. Fourth ISPS UK annual psychodynamics and psychosis conference: Trauma and psychosis: perspectives on psychodynamics This conference had been originally planned for February, but will now be held in the autumn. Details to be announced in due course. www.ispsuk.org


### Non-ISPS Conferences


2015. December 5th, Leamington Spa. Soteria Network AGM and open event Contact Shirley Smith shirley232@btinternet.com

2015. December 7th, 17th & 18th. Hearing voices group facilitation jwetherell@mindincamden.org.uk<mailto:jwetherell@mindincamden.org.uk>

An interview with Nigel Bunker as he steps down as Trustee of the Executive Committee

What first led you to ISPS?
First was a presentation by Brian Martindale (who was then ISPS UK Chair) at an event at the Tavistock. It was not a brilliant conference, but Brian’s contribution shone out. It drew on real experience of and engagement with psychosis, in order to home in on what really mattered – he could see the wood for the trees, and because of that could communicate simply and effectively, both to the family in the case he discussed, and to us in the audience.

The second major event was the first time I went to an ISPS residential conference (in Manchester). It was so refreshing to see people drawing on different perspectives – professionals from different disciplines, service users, family members, therapists from different orientations – in an essentially collaborative way. I remember going to a presentation by Gráinne Fadden (whose approach was a long way from my familiar ways of working) and realising the seriousness and intensity of her commitment to working with families; it gave me a new respect for her work, and led me to rethink some of my own attitudes.

What do you like most about the organisation?
As I said before, that sense of it providing a place where service users, their families and friends, and all sorts of professionals can learn from each other, and work together to influence the kinds of options available to people with psychosis. That may sound rather bland, but I think it’s a good deal more difficult than it seems. I’ve not encountered anything quite like it anywhere else.

Can you sum up your time on the Committee in 3 words?
Busy, fascinating, involving.

Do you have any favourite moments?
Some years ago at a residential conference in Derbyshire Gráinne Fadden interviewed Janey and Michael Antoniou, and David and Ann Shiers onstage about their experiences of psychosis in the family. The atmosphere in the hall was electric – despite all the proper precautions having been put in place, there was the tension and impact that goes with people having the courage to talk without scripts about deeply personal events in their lives and within their relationships.

Also, last autumn, during the day conference organised jointly with the Tavistock, I felt a surge of pride in ISPS when I reflected that I didn’t think any other organisation could have drawn together that kind of combination of talented people to discuss research on therapeutic approaches to psychosis.

What are your plans now?
Ever since I retired from the NHS 4 years ago I’ve been wanting to travel, so that’s something I’ll be doing more of, including in our beloved campervan. Also since retirement I’ve been able to enjoy getting a bit fitter, and now there will be a bit more time for tennis (the forehand definitely needs improvement). I’ll be staying with ISPS as a member, of course, and working alongside Alison Summers as co-editor of the book series for another year.
An interview with Nigel Bunker as he steps down as Trustee of the Executive Committee (cont.)

**Do you have any advice for new (or existing) members?**
Well, I’ve always found the conferences, and above all the residential conferences, valuable and satisfying, so I’d say go to them if you possibly can.

**What has ISPS done that you are most proud of?**
It’s stuck to the task of thinking about a whole range of social and psychological approaches involving a variety of people, rather than promoting any single approach or group. And of course it’s always been there to counter any ideas that psychosis is intractable, or solely biological.

**Do you have any hopes for what we might achieve in the next few years?**
On the one hand the future seems particularly difficult because mental health services are suffering so much through squeezed funding. On the other, I do think that history is probably on the side of ISPS – that in the long run services will become more therapeutic in their approach, if only gradually. It would be marvellous if ISPS were able to play a part in NICE moderating its current extreme and, I think, irrational approach towards what it considers evidence.

One extra comment is that it’s in many ways a good time from my point of view to step down from the committee, because I think in most ways it’s working particularly well at present, and has a good group of members on it.

A. Fasianos 1994
‘From Dialogue to Neighborhood’ was the theme of the ISPS 19th International Congress earlier this year, which took me, a Mum from Yorkshire, to New York City not only to attend the conference but also to deliver my first workshop.

The conference provided a great selection of workshops and presentations varied in subject and perspectives, providing me with new awakenings to assist me in my fluctuating journey alongside my son. I was intent to make the most of the week and commenced with a pre-conference workshop, ‘Open Dialogue and Psychosis’ delivered by Mary Olsen, I left the room with these words in mind, as Mary contemplated, "Wouldn’t it be wonderful if we could teach every family how to respond and reflect?"

As a mother supporting my son in his recovery from psychosis I feel obliged to Open Dialogue and network meetings which has assisted me to discover new ways of being with my son and his experiences. If we are to believe that psychosis does not just happen to the person? Rather, it happens to the whole family, then it makes sense to implement dialogical discussions with family from the start. A framework quite different from other methods of family support, as being dialogical does not have an agenda other than whatever my son and I desire to deliberate. ‘Being with’ the family rather than ‘doing to’ has given me a way to sustain a positive relationship with my son nurturing our own way forward to begin to live both our lives again.

Many family members: Mums, Dads, grandparents, siblings and partners alike found each other and sought the occasion to distribute thoughts and ideas. These conversations are no longer the mutterings detached from presentations delivered by professionals, as family members were facilitating their own workshops throughout the conference. The recognised lived experience of the family within ISPS allow family networks to feel respected, reputable and a requisite in the recovery of their loved ones.

For the family, it is often difficult to leave such an influential, moving conference behind. For some, returning to their loved ones can feel isolating and alone. Surviving day by day, witnessing the pain of our loved ones proves heartrending. ISPS conferences remind us that we are not alone and I always take home with me in my thoughts encouragement and hope from the conference. Where some loved ones may not be ready to begin their recovery journey, the families can continue to hold the hope for them with new ideas and knowledge gained.
From DNA to Neighborhood: Relationship and Experience in Psychosis—An International Dialogue Feedback from New York Conference (cont.)

In my own workshop I shared a ‘thank you letter’ I wrote to psychosis, a documentation of my own journey from a hopeless, helpless situation transforming into a letter of hope and thanks for the message psychosis had for me. There are many admirable people who I have met, shared and cried with who have supported me on my recovery journey and many of them are part of another family in my life, my ISPS family.

“Dear Psychosis” by Anna Arabskyj

Dear Psychosis,

You came, as an intruder, with no invite or warning, changing my life into an absurdity I could not comprehend. With no caution you carried chaos and confusion, panic, fear and disbelief into my home. Well, I had news for you, psychosis, you had chosen the wrong house.

Help had arrived and it would only be a matter of time before the medication would destroy you and crush you. No more than you deserved. Your presence was not appreciated with your voices and your visions and your rituals to be obeyed, constantly pulling my son deeper into your insane world. What you did not anticipate was that I would stand fast in your way. Your madness would torment and frighten my son ruthlessly, but you could not harm me. You might have my son scared of your visions and beliefs but I was not afraid of you and you knew it. That’s why you made me his protector in your senseless world. My son held me hostage, seldom letting me out of his sight. Now you had us both isolated and in your presence. You finally twisted a fear in me as you shocked me with your terror. You amplified your greatness and intensified your determined persecution, giving neither of us any peace, rest or resistance to your power.

The medication failed miserably to rid you from us and I fell into a pit of helpless, defenceless hopelessness. I gave up on hope and recovery, putting all my efforts into how to cope with each hour, day, week and month, enduring and surviving your merciless influence over my son.

You observed the pain of my sorrow and loss, a future with no hope and my exhausting exposure to my son’s suffering and distress, creating your latest abstract performance for the day. You overpowered me and you finally broke me. Tears followed where you claimed I was faking it and laughed hysterically in my face. I felt alone, criticised, invisible, disbelieved and unheard with no way out of this cruelty. I grieved in solitude, full of self-pity, longing to give in and curl up and die.

It would have been so much easier to have been shown earlier how to understand you and what you were trying to tell me but my instinct was to defend, stand guard and push you out. I never showed you any respect, compassion or understanding. When you were at your most terrifying, I wasn’t listening and this is when I should have been listening the most, as these were the parts of my son that had been wounded the most.

The encouragement to change was slow. With the inspiration of a handful of people I was
enlightened to gradually initiate some understanding of why you desired our attention so much. The family therapist, Val Jackson who described you as a metaphor for something my son could find no language to express himself.

My neighbour, Eric Greenwood became a good friend through the entirety of my son’s experience. He suggested I watch the Eleanor Longden TED Talk. Eleanor described, ‘the mother who would wait, for however long it took, for her daughter to come back to her.’ I wanted to be that mum.

This was the point where my isolating existence you had created started to turn around and the words of Eleanor’s Mum would become my mantra, for I had found a position from where I could begin to stand up to you.

From hopelessness, I found a new strength built on all I had left, the love a mother has for her son, the family therapist, ever informative, Eric’s support and a plagiarised commitment to never give up and wait, for however long it took, for my son to come back to me. Your planned journey for me had begun.

I could not find a way to communicate or even acknowledge you, but I found others who had. I learned of new ways of understanding you. I was surrounded with books and papers all with concepts and philosophies of you and your affiliation with my son.

For the first time, I could make connections and attempt some meaning behind your existence. I introduced and developed a new dialogue about my son, as I realised that he did not have a breakdown, but a breakthrough. The words of Michael White could have been written explicitly for us. ‘My son is not the problem. The problem is the problem. ‘We’ are just experiencing the problem’.

You allowed me to grow massively as a person, a person I had no idea I was about to become. You reminded me how I had overcome my own past crises, always surviving against the odds. I gained spirited, character building insight that I knew I could get through this crisis too. Being hurt by my own past life, has given me substance, compassion, made me wiser and more knowledgeable. I found new opportunities to become visible, believed and heard through meeting others who had survived you and were living their lives. Their skills, enthusiasm and drive created positive changes in me that were now sustainable. Finding like-minded people kept up my energy levels and in time my vitality would begin to inspire others.

I made mistakes with you, learned from them and moved on. I learned how to support my son
and not rescue him. I learned not to give in to guilt and stood up to it, defying all those discourses out there that tell you to always put others before yourself. I discovered what I needed to do for my own sanity and learned how to take time away from you and your world. While you continued to hold my son powerless, I could begin to give significance to his experience and that his recovery was now possible. Hope had returned and recovery was now inevitable.

And then you became quiet and created a void of emptiness for us to rebuild our existence in the world from scratch. I can still feel you, I know you are still there, but you keep your distance, giving us an opportunity to re-write the ending to this story, however long it may take.

I thank you for coming into my son’s life, however painful it has been, with your metaphorical lingo, images and coded beliefs. You gave my son the rebirth, to begin the life he was supposed to live, but had somehow lost his way. Thank you, for showing me how complacent I had become in my own life and I thank you for the people I have met who have shared thoughts and ideas, giving me a fresh released hope for the future. For the admirable, special people who made me feel alive again and empowered me to experience happiness as if it was for the first time ever.

If you ever feel the need to come into our home again, I will not stand fast in your way. I will welcome you and believe in you. I will advocate your presence and with my son, together we will normalise the significance you bring and the emotions you need my son to address. You taught me how to live life for the here and now instead of planning too far into the future. I am now living my life as I intended to. I know what has happened today but nobody knows what tomorrow will bring. I can only be prepared.

Thank you,
Your friend and believer,

Anna

By Jane Hetherington

In March I attended the New York International Society for Psychological Approaches to Psychosis (ISPS) Conference the theme being “Relationship and Experience in Psychosis—An International Dialogue”. In ISPS “we understand that mental or psychiatric disorders are dimensional disorders, where the final breakdown- psychosis-is often a reversible condition, preceded by a state of depression and anxiety too overwhelming for the psycho-biological regulatory system to handle”. The understanding being that psychosis could be an experience that may arise with anyone given sufficient stress at a time when the self is in a vulnerable condition. The ISPS perceives the chaotic and complex symptoms of a psychotic breakdown as meaningful and the comprehension of these delusions as being significant as they are signals to the external world. ISPS believes in the importance of the comprehension of the presenting symptoms as a subliminal form of human communication, the understanding and exploration of which is essential to a healing, therapeutic relationship between the individual and the clinician. ISPS is also concerned in the development of services that reflect these considerations and principles, incorpo-
rating the relational model.

The 4 day conference brought together a diverse and fascinating group of individuals from many different countries, services users, carers, researchers, administrators and clinicians all with an aim to improve services for those individuals experiencing psychological distress. The days were full and if I have one complaint it is the variety and number of presentations. I was to my frustration unable to attend some that would have been of considerable interest, the breadth of knowledge and the quality of the presentations and discussions were impressive. I was also encouraged by the wide range of workshops on issues of diversity and difference across a broad spectrum of understanding and I have made some good and supportive contacts.

My interest is primarily currently in Open Dialogue as I am participating in the NHS pilot scheme involving the peer supported open dialogue training (POD) in Kent (KMPT). A colleague from NELFT was also in attendance and we spread ourselves over the presentations that related to Open Dialogue. Mary Olsen gave a pre-conference workshop on Open Dialogue which covered some of the issues that she discussed with us on the second module. There were a considerable number of workshops dealing with various aspects of Open Dialogue from academic and pragmatic considerations including a presentation by the New York based “Parachute Project” on POD.

On a personal note my presentation caused me huge levels of anxiety not so much because of the content as I had enjoyed assimilating the material and incorporating comments from attendees on the POD training course. I therefore felt reasonably comfortable in relation to the subject matter, unfortunately I found myself situated in the auditorium (a vast and unfriendly space). A sleepless night ensued with in addition concerns in relation to the technology, all however went well and I presented the material to a receptive, diverse audience including Mary Olsen!

Lisa Forestell from the Western Massachusetts Recovery Learning Community / HVN USA with Rai Waddingham
I was fortunate to attend this Open Dialogue event organised by ISPS and hosted in the Confer-encing and Business Centre at 54 St James Street, Liverpool. Having heard only a small amount about Open Dialogue before this but being impressed by its inclusive, respectful ethos and posi-tive outcome rates I was hoping to leave the event with both a greater understanding of Open Dialogue and some ideas about how (and whether) this could be implemented in the NHS service where I work. I was not disappointed. All the speakers were clearly passion-ate about Open Dialogue and I found their enthusiasm to be infec-tious.

Russell Razzaque from North East London NHS Foundation Trust gave a fascinating introduction to Open Dialogue (OD), describing the positive outcomes from research studies, where OD is currently practised, the Core Principles of OD and how OD works in his Trust. His talk certainly left me excited by OD and keen to hear more about it. Catherine Kinane from Kent & Medway NHS and Social Care Part-nership Trust then considered why we should think about implement-ing OD now in a time of austerity. She described OD as “Empowering for families… liberating for staff” and stated that she feels OD fits well in the 5 year projection for the NHS. Catherine also described the value of training existing influential figures within communities in OD, which was an exciting concept for everyone inter-ested in making services more person-centred, accessible and normalising.

Yasmin Ishaq from Kent & Medway Early Intervention Service described how OD is being used in her service, which was particularly interesting and inspiring for me as a team member of an Early Intervention Service. Yasmin described their approach as “solution-focussed rather than problem-focussed” and “Being with rather than being about”. She also described relationships as “The immune system of so-ciety”, reiterating the importance of working with families and significant others to promote healing – a quote I found very moving.

Open Dialogue trainer Mark Hopfenbeck from Gjovik Uni-iversity College Norway gave another inspiring talk about what OD is like in practice, particularly focusing on the atti-tudes OD practitioners need to hold. He spoke of “Being a human being with a fellow human being” and “Fellow trav-
ellers on a journey – we don’t know where it will end”. Mark also talked about Peer-Supported Open Dialogue with its values of openness, authenticity and unconditional warmth, and the messages “It is normal to be different” and “We trust that you know what’s right for you”.

We were then given the opportunity to practice having a dialogical conversation. Unfortunately, due to the acoustics of the room, our table found it very difficult to hear each other. We also felt quite unclear about how to do the task, having not seen a dialogical conversation demonstrated at this point. This was the one slightly disappointing part of an otherwise exceptionally good day for me.

After lunch we were given a demonstration of a dialogical conversation, which was very useful, and we were given the opportunity to ask the presenters and demonstrators questions. The demonstration was another very moving part of the day, an opportunity to witness the power of such conversations and relationships. The day was rounded off with small-group discussions about what we can all do to take OD forward in our own areas and a final panel discussion.

Overall, I was extremely impressed with the day. I felt interested, moved, motivated and inspired by OD and I left feeling very hopeful that OD will find a prominent place in the NHS. Thank you to all involved for such a useful day.

I joined ISPS a couple of years ago having recovered from paranoid schizophrenia in 2004. I joined out of a desire to prevent some of my experiences as a patient from befalling other users of psychiatric services and from an awareness that medication is not necessarily the only answer to psychosis. Indeed some may argue that recovery is possible for a minority without medication. So what are these alternatives to medication? Broadly we could say that anything not involving medication is a psychological approach from Occupational Therapy, to Art Therapy to straight forward psychology. However there is much psychology to be explored even with the taking of medication, including with the “Open Dialogue” approach. I set off to Liverpool with all the optimism of a sunny spring day to find out what I could about this new Lapland-originating technique which promised so much.

Much of what I heard at the day conference chimed with what I had had to learn for myself during my 10 year war with the NHS as I desperately strove to (a) survive and (b) find a new foothold to the route back to being a happy and productive member of society. For example the basic premise of Open Dialogue (OD) is that persons with psychosis or indeed any mental health condition are not really sole individuals but components of a network, schizophrenia really being a group activity requiring a group treatment. This is true even of people with no family, say living on the street perhaps sat on a street corner each day and eg like me for long periods sleeping in a night shelter. In my case I did have my family but had severed links with them the only people who knew me being passers-by, street workers from a local charity, people at the night shelter.
and staff of one or two pubs. The central thrust of the OD approach was to “empower, not replace, the network the person in question was a member of” and to “open up to being uncertain about what was happening in front of us”.

We were then given some statistics on the effectiveness of OD against Treatment as Usual (TAU). In the data quoted in a 2 year follow up 100% of those on TAU were still taking medication but only 35% of those given OD whilst 50% of those on TAU had mild or no symptoms whereas it was 82% on OD. 57% of those on TAU had “front loaded care” but only 23% of those on OD still had it. We were told 78% having had a first episode were back to work with OD and 19% had relapsed after 2 years.

Next we were introduced to POD (Peer Supported OD) where peer support was defined as a system of giving and receiving help by “understanding another’s situation through the shared experience of emotional and psychological pain” (Mead 2003). I was reminded how at one of my most poorly moments as a patient, my first hospitalisation under the Mental Health Act, Kylie Minogue was in the charts and on the Radio 1 playlist with *Confide in Me* which has the line: “We all get hurt by love, and we all have a cross to bear, but in the name of understanding, the problem should be shared”. So I tweeted the video from the conference. We were told some of the core values of POD eg Openness, Authenticity and Unconditional Warmth. Along with these principles came no discussion of the patient without them present, a practice that was obviously in harmony with the “nothing about us without us” principle. This particularly interested me as having had schizophrenia I had been forced to adopt this approach due to my delusions of being spied upon which resulted in me being much more fair about what I said about people who were not present. I have noticed non schizophrenics often say things about people not present they would not dream of saying when they were there.

So how in practice do we carry out OD? We were told that the therapeutic potential is activated by collecting the patient’s network and the family’s network (if the patient has one) at the same place and the same time with the intention to form a tighter group. A flattened hierarchy was practised in the group (it was pointed out that typically a psychologist is on half the salary of a psychiatrist, something that rather horrifies me).

The delegates then got a chance to practise OD. Basically we got into groups of 5 or 6 and then one of the group told two of the group about a problem they had. Those two then discussed what they had said and finally another member of the group said what they thought about it. At the end of the day we watched some more experienced exponent of OD and this “dialogical practice” give a master class.

All in all a very interesting day and I will watch with interest to see the take up of OD around the country as, for many, anything is better than a medication that does not suit and with a cost to the nation of mental health conditions put at £100bn per annum there must be great scope for cost effective alternatives to medications that in many cases have only led to suicide, and don’t I know it.
Ever since Jaakko Siekkulu (sp) spoke of the 30+ years experience of Open Dialogue (OD) in Finland, it has been criticised repeatedly with the comment that 'what works in rural Finland will not work in urban England' opinion which was NOT evidence based. Four Trusts in England are now piloting OD and this day gave them an opportunity to report on their progress. The Trusts are NE London /Essex (London), Kent and Medway (Kent), Bradford and Nottingham. All sent delegates and we heard from a trainer from Norway, too.

DR Russell Razzaque the lead psychiatrist from the London Trust gave the historical background to OD, and its results, 74% of 'service users' back in their mainstream lives in 2 years, 86% in 5 years and drug use down to 35%. He described the 9 principles of OD including the equalities between all participants in the core supporters group (selected by the service user) and the reliance on the feelings generated in each member during meetings. OD is a true partnership working between family, social network and professionals.

Catherine Kinane (Exec Medical Director of Kent said her interest in OD had come from her involvement with carers; it had led to transformation in outcomes and with tangible difference to practice as clinical barriers had disappeared. This was endorsed by a carer from that Trust; her experience had been transformed by OD.

Mark Hopfenbeck from Norway spoke of OD as a social movement able to transform cultural relations throughout society. Ultimately it's about having one human being relate to another on an authentic level, truly person-centred care enabling all participants to improve their relationship skills in a fearless exploration of the inner world, no longer an individual's journey but one for everyone.

The contributions from Bradford and Nottingham were in similar vein and looking through my notes subsequently, I could not find any negative comments about the system - except perhaps a regret that it is taking so long to be taken up more widely. Even the less dramatic Triangle of Care, which bears some relationship though is less developed, and has been adopted by almost every English Trust, is not being put into practice.

OD is about democratic citizen participation, absolutely NOT about someone doing something to someone else. It allows everyone to get back into their lives rather than being a long term patient or carer, it saves lives and money in the long run.

This is practice based evidence, and as important as evidence based practice
The meeting was well attended, the speakers' passion for OD enthused the audience and there was a lively participation throughout. The venue was much appreciated and the food, though not the best I've had there, was OK.
In a world where words such as 'participation' and 'involvement' are woven into the fabric of most mental health services, why is it that we - at ISPS UK - felt it important to devote a conference to the challenges of walking alongside one another?

ISPS is a diverse organisation that brings together people from different life and professional experiences. We're united by our commitment to psychological and social approaches to psychosis - but that is a broad umbrella that could hide a multitude of differences, tensions and opportunities. There really is no typical ISPS member, and as we become ever more diverse there are many more opportunities for us to learn from one another. However, this brings its own challenges ... as we grow and change there is a real potential for some of our membership to feel split off, alienated or othered.

These reflections - prompted by the welcome feedback from members - inspired us to look more closely at how we can better navigate some of the tensions and opportunities inherent in collaborations between those of us with lived and/or professional experience of 'psychosis'.

Rather than host this as a traditional conference (with the 'experts' speaking to the audience about how we can collaborate) we were influenced by Mary Robson's skilled facilitation of the Critical Mental Health Nurses' Network in Durham to do something more fluid. Our day was based around three themes, with all attendees invited to put themselves forward to contribute a provocation to help stimulate thoughts, ideas and discussions.

Such a decision came with a degree of trepidation ... would anyone come? Thankfully about 65 people registered (most than we had anticipated) from a variety of backgrounds. As the day approached we were full of anticipation ...

**Theme 1: 'Them & Us' or 'Only Us'?**

Mirabai (founder of the 'Only Us' campaign) spoke first, followed by Eoin and then Ruth. The provocateurs explored some of the subtleties of the idea of 'us' and 'them', far beyond 'those with a diagnosis' and 'those without'. They looked at the human tendency to 'other', and the divisions that go beyond those with (and without) the experience of psychosis.

We heard how the 'Us' can get smaller and smaller, dividing and isolating us from one another. We also heard how a premature move to 'only us' could invite more elephants into the room ... leaving people with experience of difference and oppression feeling unable to articulate this with-
Walking Alongside Feedback from London Conference

out causing offence.

It seems like a real balance between retaining our own individuality and uniqueness, whilst finding solidarity with others. Between recognising and validating power imbalances and experiences of discrimination whilst recognising those things that we all share. A complex web of similarities and differences, perhaps.

However, even in our discussions it was so easy to slip into 'othering' a particular group. As @rootsvoices highlighted, we cannot speak about any one professional group in general terms. But keeping to the 'I' language and keeping a check on our own assumptions is a challenge indeed. However, it's one I think we should continually work at.

As the discussions concluded we made a 'sticky wall' full of hexagons ... over the day people were encouraged to come up and move the hexagons around to find links between different themes

**Theme 2: Whose Journey Is It? Care, Ownership & Control**

For this theme, our provocations were provided by Richard, Roz, Angela and Adam. The themes explored by provocateurs ranged from a very intense readings centred on the (mis)use of power in services from Nathan Filer's Shock of the Fall and the an except from the report on David (Rocky) Bennett's death to a parent's exploration of the way her own journey intersects with that of her child. A survivor researcher shared some of her experiences of the way her lived experience impacts on her role as a researcher. We also heard an important reminder of the potential harms of therapy (something we don't always talk about in polite circles).

The group discussions were diverse - engaging with these themes in different ways. The 'hex-a-wall' grew to include some amazing plasticine aeroplanes representing freedom and journeys ... talk of space and opportunities for progressive practice ... alongside a
recognition of environments of terror and coercion. The tension between these looked stark, to me, on the wall ... echoing some of the challenges we faced in our discussions. How can we reconcile these two faces of mental health ‘care’?

Theme 3: How can we walk alongside? Examples from real life - big or small

In our third theme we asked provocateurs to speak about times when they feel they have walked alongside someone else, even for a moment. Joel, Anna, David and Isabel spoke about some of their own experiences ... bringing to our attention the possibilities that exist for us to connect with one another (and how precious and challenging this truly is).

In pairs and small groups, we shared our own experiences of these connections. When coming back together, for the final feedback of the day, we looked at what helps us to walk alongside one another.

We even challenged why we always need to 'walk alongside' ... maybe sometimes 'sitting alongside' is better if that's what someone needs or wants.

Finally, we looked at the challenge of knowing whether or not we truly manage to walk alongside one another. We recognised that it is important to recognise that the connection we feel is not always experienced by the person we are with ... and that sometimes we only know whether or not we made these connections in hindsight.

It was suggested that perhaps this awareness is good in and of itself ... as long as we continually try to challenge ourselves to find ways of getting closer to walking alongside one another for more of the time. These little moments of connection can make a big difference and they are really worth nurturing.

Thank you to everyone who took part in the day. I hope that we continue these conversations as we find ways to be alongside one another (within ISPS UK and beyond)! Let’s invite those elephants for a cup of tea :)
‘Inside Looking Out – Outside Looking In’

This title is simply how it feels as a non-professional who has had 25 years in and around services as carer, Carers Support Worker and Champion for Better Engagement with Carers. The presentation from Catherine Gamble recounted the history of Psychosocial Intervention Implementation and why it seemed to be an uphill journey. As I worked to establish Carer Services in my ‘parish’ I learned from Thorn trained nurses who had struggled for recognition, supervision and dedicated time. The case for working with families had a strong basis from research; Julian Leff considered that it was as effective as medication, though both ‘Family Work’ and pharmacy were best!

By 2005 the implementation of the National Service Framework (1999) had resulted in the appointment of several hundred Carers Support Workers (CSWs) across England. There was not a clear plan of action and I was invited to create one with a group of carers; examples of Best Practice were provided by CSWs from around England. The approach was solution focused; to look at snags in the service, identified by carers, and reference examples of better practice. So the concept of a Triangle of Care was created aiming to place carers (family and friends) as part of the treatment and care team.

The handbook was published during 2010 and launched in the summer at a time when there were no levers or organisational instruments such as NIMHE to provide a strategic impetus. In the last 5 years, The Triangle of Care has been adopted by half of the 55 English mental health Trusts which are currently in the process of implementing its ‘Key Elements’ and adopting ‘The Best Practice’ solutions. It is a triumph for hard, painstaking work and networking to expand the list of Members; and here comes a connection with the implementation of Psychosocial Interventions!

If we accept the simple aim of Health Services is to improve the wellness of patients, it becomes clear that there are differences between mental and physical health situations. In the latter it is usually the patient who decides they are unwell and so book in with their GP. On the one hand, in mental illness, the patient is often unable or unwilling to recognise their declining state; and others take on the role of guiding to sources of help. A second difference is in the part played by the environment – the milieu - in the struggle to regain wellness. Psychiatry is much more than diagnosis and pills as every nurse understands. A key aspect is a therapeutic relationship with other people – a broken arm will in time heal itself but not a broken mind on its own.

The patient needs an environment which is ideally non-threatening, supportive, engaged and hopeful, if they are to recover wellness. Which brings in the need for friends and family. In turn, these need recognition, information and support to remain positive and helpful. There is a vital role for nurses in whatever field, in all of this. They can engage with carers and encourage colleagues in their encounters to also support those who give care and support, to their patients.

The task of persuading Trusts to adopt the ‘family friendly response which is self evidently in everyone’s interest’ has not always been straightforward. I think there are parallels with past attempts to implement PSI Strategies. The bald truth is that in an organisation the Trust Senior Leadership Team ‘may not get it’! ‘It’ here is the importance and self interest which comes from
recognising the role of carers and creating staff roles and practices to engage with them. If Members of the Board, Senior Managers, Directors, Business Directors, Ward Managers do not think that the body of relatives and friends are in need of a service then individual staff who believe in the importance of PSIs or ‘Triangles of Anything’ are swimming against a tide of indifference. If a Trust has not thought to appoint a Strategic Lead to Promote Carer Matters and see that work is done to identify carers: to ensure that staff receive training in Carer Awareness: staff understand the implications of the ‘Mental Health Act Guidelines on Sharing Information’ and recognising ‘Significant Others’, then little will happen and if it happens by chance, it is likely to whither.

After 5 years of observing the implementation of the TOC, a pattern emerges of why some Trusts are struggling and others forge ahead. Those with the strong carer supportive foundations in place enjoy success, they have wide ownership and recognition of carer matters; they have leadership in place and strategies to implement ‘the plan’. As part of the TOC implementation, PSIs play an important part in validating the purpose, providing evidence for the practice and training programmes for adopting the practice.

Of all professionals, nurses have the largest contribution to offer in delivering the TOC, not just in their daily contact with patients and their carers, but as Carer Champions in their different services, as initiators and creators of Good Practice and in Leadership Roles. In all of which they will gain greater job satisfaction as well as the gratitude of friends and family.

The Workshop discussions touched on two frustrations. One was about leadership in the multidisciplinary teams, particularly in inpatient facilities. The second concerned professional practices. Some specialities were ‘accused’ of not sharing their specific objectives with the nurses. A scenario was described in which a Psychologist or Occupation Therapist takes patients from the ward and after a session returns them – never appraising the rest of ‘the team’ of their approach or how this might be supported by other staff. When asked the naive questions “Who is in overall control, directing the realisation of the Care Programme for each patient?” There was no clear response.

A member of this group Adam Trimlett explained his research on ‘First Perspective’. This focuses on the patient’s uniqueness and so the need for an individual recovery strategy. He argued that patients are not a homogenous group but have unique needs and in their personal journey need help and support from people, professionals and others around them. This would involve not just carers, peers, nurses, HCAs but people the person has a connection with and who will go beyond medical matters in addressing the obstacles which are limiting the scope and scale of personal recovery.

At a time of challenged resources - buildings, services and people - it is tempting to regard these aims as difficult to realise, yet the alternative of just thinking of the person in terms of a diagnosis, will fail to find and understand the underlying issues which are obstructing their path to greater wellness!

I will conclude by suggesting that friends and family may well hold these insights and through them and because of their continuing engagement, they offer hope – a vital component of the path towards recovery.
I had been viewing this week with a degree of trepidation as I had found the first week quite difficult, the days were long and challenging. I along with other members of the team experienced periods of feeling unwell. So I decided to plan my days on the 2nd Module in accordance with this and give myself more time alone to read, reflect and relax in my room, practicing some self-regulation and it worked as I found this module more rewarding. That being said I felt I made more contact with those outside my team (whom I am now relatively comfortable with) and I felt this contact was helpful, meaningful and real. There was a quality and depth to the conversations I had this week that was perhaps not present on the first week. I am beginning to put trust in the larger group and self-disclose at a level I would not have considered before.

I have done some Family therapy training but I felt quite rusty so the genogram exercise was useful professionally but opened up a discussion with my partner in the genogram pair discussion which I found revealing and which I am still reflecting on. I have been considering what I filter and why, when I share with others.

I and some other professionals experienced a sense of disempowerment, a contributory factor may have been what I perceive to be a dismissal of psychotherapy and psychology an inference that we need to relearn our skills in adopting POD. Jaakko Seikkula and Mary Olsen are both however psychotherapeutically trained and this informs their work as was evident in the discussions that arose. There are elements of Karl Rogers writings in the 1960’s and 70’s the core conditions, unconditional positive regard and the spiritual aspect to his thinking that he adopted in the latter part of his life. Open Dialogue is clearly also driven by psychoanalytic thinking as the early Finnish team had an influential psychoanalyst working with them. The work of Bowlby in relation to attachment theory and later Stern’s concepts are also pivotal to dialogical thinking, as of course is the body of systemic family work. Fundamentally at the core of this approach is the importance of the therapeutic relationship which all research concludes is the catalyst for an engagement and subsequent successful outcomes. As a psychotherapist I therefore need to use the thinking but adapt my technique and for me who has never worked with families or couples this is a distinct shift. I therefore felt more confident towards the end of the week when I made a concerted effort to participate. I know I learn more when I contribute.

I was very moved by some of the personal histories that were revealed, as I am by the postings on Fronter but felt happier about being able to respond in person to some very moving revelations. I was tearful on three occasions on the last day unprecedented in any other setting or training, there was a resonance with what was being shared and a mutuality in this experience.
This is an important and challenging addition to the lexicon, thoughtful, rigorous, invaluable, comprehensive and authoritative. The 26 contributors, including 10 from outside the UK, are outspoken, well established, internationally recognised academics, activists and researchers; many have personal experience of being given psychiatric ‘labels’ at some time. Their passion and specialist expertise is apparent throughout, and the international contributors add revealing insights to other societies and cultures.

The book comprises 350 pp, with 39 pp of references and a further comprehensive index of 17 pp.

So many perspectives are ignored because they are uncomfortable and too complex for contemporary sound bite or tweeting culture, but they’re explored here. They include the inadequacies of the law, common practices and politics (especially ‘austerity’ policies), social justice, unequal power relations within and between communities of interests, ever escalating inequalities of resources, finance, education, contacts, employment, oppressions, the context of traumatised lives, the easy option to criminalise and to pathologise some people as ‘other’ and the terror, panic and confusions of the psychotic experience itself.

Psychosis is movingly described as ‘a turbulent river of change without knowing how to swim’, being lost in ‘a strange and mysteries country without guide or map’, ‘unable to understand signs’.

The book’s purpose is not to discredit medical in favour of social models but to examine all considerations in order to raise the level of debate, thereby generating practical, productive and humane ways forward.

It’s also about valuing the participation of all citizens, and so developing a society in which everyone can thrive and none are condemned to some limited stereotype. We know that mental health problems are rising; they’re being created by current austerity measures with more ripening for the future. The need for practical human resolutions has never been greater in modern times. Differences, overlaps and interconnections between and within different individuals, movements, countries and cultures are creatively described. This is not to mask or diminish them but to acknowledge and celebrate that diversity.

Language and knowledge is open to different interpretations; it is often contentious or ‘nettlesome’. Despite inevitable nettle stings, working in cross sectioned alliances with imagination and comprehensive engagement is the only way to achieve meaningful progress locally, nationally and internationally.

This book posits a new pedagogy for uncertain times, it informs, it raises many questions it is timely and relevant as mental health issues, and the devastated lives which result, rise year on year. I have no hesitation in recommending it.

Dr. Judith Varley  Former Academic, Committee Member of I.S.P.S. U.K. Committee Member of S.P.N
ISPS UK Perspectives (formerly ISPS UK Newsletter) is primarily a magazine for ideas, news and debate. It is for all members who come from many different backgrounds including professionals, services users and family members.

A contribution should therefore avoid jargon, be clear and readily understood and normally be around 500 words in length. Referencing is not required.

We welcome contributions from everyone and would encourage you to submit any articles to: Ali Haddock (admin@ispsuk.org).

**Deadline for the next issue is: March 2nd 2016.**

Don’t forget to follow ISPS UK through Twitter, Facebook and Linked in

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**Networking ISPS UK email group**

Don’t forget that you do not need to wait until the next Newsletter if you have something to say or want to hear what others have on their minds! The ISPS UK email discussion group is alive and lively - and for all members with email access. If you are not signed on contact our Administrator, Ali Haddock admin@ispsuk.org
A national conference for people with personal experience of psychosis, their family, friends and anyone who works to support them.

**Therapeutic Relationships:**
Challenges for Mental Health services and those who use them

Wednesday 7th - Thursday 8th September 2016
@ Peter Chalk Centre, Streatham Campus, University of Exeter

**Speakers include:** Gwen Adshedd, Marcus Evans, Suman Fernando, Mark Hopfenbeck, Eleanor Longden, Rose McCabe, Silje Marie Strandberg & Lone Viste Fagerland

NICE guidelines recommend ‘best practice’ based on a ‘model’ of care. However there is considerable evidence that the therapeutic relationship is at least as important than the approach used. In this conference experts by experience, family members, friends and professionals from multiple and varied backgrounds will come together to consider the importance of the therapeutic relationship throughout the lived experience of psychosis. Book your place now at [www.tinyurl.com/isps-2016](http://www.tinyurl.com/isps-2016)

Topics to be covered include: Personal accounts of what can help/hinder the development of therapeutic relationships; How organisations can help/hinder the development of therapeutic relationships; Specific difficulties in this area experienced by members of black and minority ethnic groups; Open Dialogue approaches; Compassion - for others, ourselves and our experiences; Attachment theory – how this may help us understand relationships.

In addition to speaker led sessions there will be a full programme of workshops and paper/research presentations covering a wide range of topics relevant to the conference theme. If you are interested in presenting then look out for the call for papers and workshop abstracts later this autumn.

**Conference fees** (includes conference dinner, but not accommodation):
- ISPS UK Members - £210 (Early Bird), £260 (Standard)
- Non-Members - £260 (Early Bird), £320 (Standard)
- Subsidised Rate - £105 (see website for more information)

TO JOIN ISPS UK:
[www.ispsuk.org](http://www.ispsuk.org)
OR EMAIL:
admin@ispsuk.org

ISPS UK Charity No: 1098909
The ISPS UK Residential Conference takes place every two years and is a great opportunity to catch up with the latest thinking in research and practice that supports psychological and social approaches to working with people experiencing psychosis.

**Therapeutic Relationships**

Challenges for mental health services and those who use them

Speakers include: Gwen Adshead, Marcus Evans, Suman Fernando, Mark Hopfenbeck, Eleanor Longden, Rose McCabe, Silje Marie Strandberg and Lone Viste Fagerland

**Call for Papers**

Proposals invited for papers, workshops and posters around the conference themes.

Closing date for proposals: 31 January 2016

The broad theme of the conference is **therapeutic relationships**; this arises out of concern that for people experiencing psychosis many things frequently get in the way of therapeutic relationships with mental health practitioners despite these being a crucial part of care. NICE guidelines recommend ‘best practice’ based on a ‘model’ of care. However there is considerable evidence that the therapeutic relationship is at least as important as the approach used and for many peer led support has been invaluable. Engaging and working in a helpful way with families and friends is also of key importance.

In this conference experts by experience, family members, friends and professionals from multiple and varied backgrounds will come together to consider the importance of the therapeutic relationship throughout the lived experience of psychosis. We are aiming for the conference to offer participants an opportunity to focus on how to manage these challenges, and to go away informed and inspired.
Topics we hope to cover include:

- Personal accounts of what can help/hinder the development of therapeutic relationships
- How organisations can help/hinder the development of therapeutic relationships
  Specific difficulties in this area experienced by members of black and minority ethnic groups
- Open Dialogue approaches
- Compassion - for others, ourselves and our experiences
- Attachment theory – how this may help us understand relationships
- A focus on the specifics of interactions between professionals and people with lived experience – what can we learn from this

We welcome proposals for workshops, papers and posters on the conference theme and related topics

All proposals

Abstracts are accepted on the condition that presenting author(s) will register for the conference. They should be in English, in typescript, and no more than 250 words in total; including any references, any description of the approach to be used etc.

They should include:

- The title of the paper, poster or workshop.
- For the author and all co-authors, full name, title, affiliations.
- For the corresponding author, contact e-mail address, day-time telephone number and postal address.
- A clear statement of the topic to be covered and a concise summary of key points.
- If you are describing research, the abstract should follow a conventional structure (aim, methods, results, discussion and conclusion), and should include a summary of findings. Research abstracts which do not include findings will not be accepted. New research presentations will be accepted on the understanding that appropriate ethical standards will have been adhered to.
- Please select up to 5 key words which describe the content of your presentation.
- For workshops, please include information about objectives and teaching approaches. There is an understanding that workshops will be participatory and encourage open discussion.

Preferred format and length

Paper: 15-30 minutes
Workshop: 1-1.5 hours
Symposium (linked papers): 1-1.5 hours
Posters: Each poster having A1 space allocated for presentation

Closing date

31 January 2016
Please submit abstracts to Ali Haddock at conference@ispsuk.org

Selection of presentations

Decisions will be based on the quality of the abstract, and abstracts of presentations accepted for the event will be published in a conference booklet. As there will be a limited number of oral presentations, you may be invited to present your material as a poster.

Final date for notification of decision: 22 March 2016
The next ISPS international conference is taking shape!

The conference will be about change on all levels - individual, services, and society. It will be about changing attitudes, mobilising public opinion, disseminating positive practice, and targeting new participants, and we are aiming for a focus not just on the things that need to change, but on solutions and ways forward.

We are delighted that our plenary speakers will include Alison Brabban, Jacqui Dillon, Grainne Fadden, Kwame McKenzie, Jim van Os, and Rachel Waddingham.

One of our aims with this conference will be to work together with partners in other organisations, reaching out well beyond our traditional allies to try and make the conference not just about change, but also a step towards change. A number of organisations have already pledged support. If you could act as a link person with an organisation of which you yourself are a member, please do get in touch. (Contact: isps@isps.org).

Booking will open towards the end of the year, but you can register your interest now, and make sure you are informed when booking starts by contacting isps@isps.org.

Alison Summers
Co-ordinator of conference organising group

Website: www.isps2017uk.org
Twitter hashtag: #isps2017uk
To register your interest in receiving further details, contact isps@isps.org
Making Real Change Happen

The 20th International Congress of the ISPS will take place in the city of Liverpool, UK
August 30 - September 3, 2017

Contact: isps@isps.org or visit www.isps2017uk.org
Twitter: #isps2017uk

Plenary Speakers will include:

Alison Brabban, Jacqui Dillon, Grainne Fadden, Jim van Os

Other speakers will include: Richard Bentall, Jim Geekie, Peter Kinderman, Eleanor Longden, Brian Martindale, John Read, Rai Waddingham

See more at: http://tinyurl.com/isps-change
Local Groups

ISPS UK has local networks in many parts of the UK – we are aiming to have them in all parts. Local networks operate in different ways, but usually they arrange meetings where members can get together, either with an invited speaker or to share members’ own experiences. Most meetings are open to professionals, service users and carers, and welcome non-members as well. A few are more specialised – e.g. reflective practice, research planning. This page shows the contact persons/convenors for the local ISPS UK networks, and announcements of meetings or other events that have been arranged. (Convenors should send info on forthcoming events to Ali Haddock at admin@ispsuk.org ) As the website develops, local networks will be able to use it to let members know what they are doing, and members will be able to use it to find out what’s going on locally. If in doubt, please make contact with your local contact person, who will be greatly encouraged to hear from you.

NORTH WEST Vacant

NORTH EAST Angela Kennedy, Newcastle. angela.kennedy6@nhs.net

SCOTLAND Alf Gillham, Glasgow. alfredgillham@yahoo.com

SOUTH EAST/SOUTH COAST Bill McGowan, Brighton. B.McGowan@bton.ac.uk

SOUTH WEST Neil Thomas, Somerset neil.thomas@sompar.nhs.uk

WEST MIDLANDS Grainne Fadden, Birmingham. Grainne.Fadden@bsmhft.nhs.uk

YORKSHIRE AND HUMBERSIDE Vacant

Other Networks

Psychodynamics and Psychosis Network
Chris Douglas. chrisdouglas@tinyworld.co.uk
Who Can Join ISPS?
ISPS welcomes anyone interested in psychological approaches to psychosis – nurses, psychiatrists, psychologists, social workers, arts therapists, occupational therapists, psychotherapists, academics, students, managers, service users and carers. We believe that there is a useful place for many approaches and many perspectives.

NEW FOR THIS YEAR
In order to make ISPS UK membership accessible to people on a very low income (unwaged, minimum waged and students) we are offering an ISPS UK Network Only membership option. This entitles the member to all the benefits of being a member of ISPS UK (listed below). ISPS UK Network Only members are not members of the International ISPS and, as such, are not entitled to vote in international matters or receive a year’s subscription to the journal Psychosis.

What Are The Benefits of Membership?
ISPS UK member benefits
You will receive Perspectives (the ISPS UK e-newsletter) three times a year
You will receive monthly e-bulletins from the ISPS UK Chair
You will be kept informed of conferences and get reduced rates at ISPS conferences
You can join the ISPS UK e-mail discussion group – for information, discussion and debate
You can join or help to develop meetings of local groups and interest sections
You will be a member of ISPS UK and entitled to vote in ISPS UK matters

Additional benefits for full ISPS (international network) members
You will receive the journal Psychosis four times a year
You will receive the International ISPS Newsletter
You can buy books in the ISPS series at reduced rates
You will be a member of ISPS International and entitled to vote in ISPS International matters

How Do I Join / Renew My Membership?
Please visit our website www.ispsuk.org or contact Ali in the office admin@ispsuk.org

Annual Membership Fees (2016)

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